



Azad Jammu and Kashmir
Multiple Indicator Cluster Survey
2007-2008



Azad Government of Jammu and Kashmir
Planning and Development Department

In collaboration with Federal Bureau of Statistics and
United Nations Children's Fund, Pakistan
August 2009



Azad Jammu and Kashmir Multiple Indicator Cluster Survey 2007-2008



**Azad Government of Jammu and Kashmir
Planning and Development Department**
In collaboration with Federal Bureau of Statistics and
United Nations Children's Fund, Pakistan
August 2009

CONTENTS

LIST OF TABLES AND FIGURES.....	III
ABBREVIATIONS.....	V
PREFACE	VI
FOREWORD	VII
ACKNOWLEDGMENTS	VIII
EXECUTIVE SUMMARY	IX
1 INTRODUCTION.....	1
1.1 BACKGROUND.....	1
1.2 SURVEY OBJECTIVES	2
2 SAMPLE AND SURVEY METHODOLOGY	3
2.1 SAMPLE DESIGN.....	3
2.2 QUESTIONNAIRES.....	4
2.3 TRAINING AND FIELDWORK.....	5
2.4 DATA PROCESSING.....	6
3 COVERAGE AND CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS	7
3.1 SAMPLE COVERAGE.....	7
3.2 CHARACTERISTICS OF HOUSEHOLDS.....	7
3.3 CHARACTERISTICS OF RESPONDENTS.....	9
4 CHILD MORTALITY.....	11
5 NUTRITION.....	13
5.1 NUTRITIONAL STATUS.....	13
5.2 BREASTFEEDING	15
5.3 SALT IODIZATION.....	18
5.4 VITAMIN A SUPPLEMENTS.....	19
6 CHILD HEALTH.....	21
6.1 IMMUNIZATION	21
6.2 TETANUS TOXOID.....	23
6.3 ORAL REHYDRATION TREATMENT.....	25
6.4 CARE SEEKING AND MEDICINE TREATMENT OF PNEUMONIA.....	28
6.5 CHILDHOOD ILLNESS.....	29
6.6 SOLID FUEL USE.....	29
7 ENVIRONMENT	31
7.1 WATER AND SANITATION.....	31
7.2 HYGIENE HABITS – WASHING HANDS.....	34
8 REPRODUCTIVE HEALTH	35
8.1 CONTRACEPTION.....	35
8.2 ANTENATAL CARE	35
8.3 ASSISTANCE AT DELIVERY.....	36
8.4 MATERNAL MORTALITY.....	38
9 EDUCATION	39
9.1 PRIMARY AND SECONDARY SCHOOL PARTICIPATION.....	39
9.2 ADULT LITERACY	43

9.3	ACCESS TO SCHOOL.....	44
9.4	COMMUNITY INVOLVEMENT IN THE SCHOOL.....	45
10	CHILD PROTECTION.....	46
10.1	BIRTH REGISTRATION.....	46
10.2	CHILD LABOUR.....	46
10.3	EARLY MARRIAGE.....	47
10.4	CHILD DISABILITY.....	49
11	HIV/AIDS	50
11.1	KNOWLEDGE OF HIV TRANSMISSION.....	50
12	ORPHANED CHILDREN	51
12.1	Orphans.....	51
13	ECONOMY RELATED INDICATORS.....	52
13.1	TELEPHONE LINES AND CELLULAR SUBSCRIBERS	53
13.2	Personal computer in use.....	53
13.3	Remittance from abroad.....	53
13.4	Average household size and number of persons per sleeping room	54
13.5	Zakat/donations.....	54
	REFERENCES	55

LIST OF TABLES AND FIGURES

TABLES

TABLE-1	SUMMARY TABLE OF FINDINGS	xv
TABLE-2	DISTRICT-WISE DISTRIBUTION OF SAMPLE HOUSEHOLDS	3
TABLE-3:	HOUSEHOLD SIZE.....	7

Household section

TABLE HH.1:	RESULTS OF HOUSEHOLD AND INDIVIDUAL INTERVIEWS	57
TABLE HH.2:	HOUSEHOLD AGE DISTRIBUTION BY SEX.....	58
TABLE HH.3:	HOUSEHOLD COMPOSITION.....	59
TABLE HH.4:	WOMEN'S BACKGROUND CHARACTERISTICS	60
TABLE HH.5:	CHILDREN'S BACKGROUND CHARACTERISTICS.....	61

Child Mortality section

TABLE CM.1:	CHILD MORTALITY	62
TABLE CM.2:	CHILDREN EVER BORN AND PROPORTION DEAD	62

Nutrition section

TABLE NU.1:	CHILD MALNOURISHMENT.....	63
TABLE NU.2:	INITIAL BREASTFEEDING	64
TABLE NU.3:	BREASTFEEDING	65
TABLE NU.3.A:	BREASTFEEDING	66
TABLE NU.4:	ADEQUATELY FED INFANTS.....	67
TABLE NU.5:	IODIZED SALT CONSUMPTION	68
TABLE NU.6:	CHILDREN'S VITAMIN A SUPPLEMENTATION	69
TABLE NU.6:	CHILDREN'S VITAMIN A SUPPLEMENTATION	70

Child health section

TABLE CH.1:	VACCINATIONS IN FIRST YEAR OF LIFE	71
TABLE CH.1C:	VACCINATIONS IN FIRST YEAR OF LIFE (CONTINUED)	71
TABLE CH.2:	VACCINATIONS BY BACKGROUND CHARACTERISTICS	72
TABLE CH.2C:	VACCINATIONS BY BACKGROUND CHARACTERISTICS (CONTINUED)	73
TABLE CH.3:	NEONATAL TETANUS PROTECTION	74
TABLE CH.4:	ORAL REHYDRATION TREATMENT.....	75
TABLE CH.5:	HOME MANAGEMENT OF DIARRHOEA.....	76
TABLE CH.6:	CARE SEEKING FOR SUSPECTED PNEUMONIA	77
TABLE CH.6A:	ANY ILLNESS DURING PAST TWO WEEKS	78
TABLE CH.7:	MEDICINE TREATMENT OF PNEUMONIA	79
TABLE CH.7A:	KNOWLEDGE OF THE TWO DANGER SIGNS OF PNEUMONIA	80
TABLE CH.8:	SOLID FUEL USE	81
TABLE CH.9:	SOLID FUEL USE BY TYPE OF STOVE OR FIRE.....	82

Environment section

TABLE EN.1:	USE OF IMPROVED WATER SOURCES	83
TABLE EN.2:	HOUSEHOLD WATER TREATMENT.....	84
TABLE EN.5:	USE OF SANITARY MEANS OF EXCRETA DISPOSAL	85
TABLE EN.5W:	SHARED USE OF IMPROVED SANITATION FACILITIES (WORKING TABLE).....	86
TABLE EN.7:	USE OF IMPROVED WATER SOURCES AND IMPROVED SANITATION	87
TABLE EN.8:	WASHING HANDS,	88

Reproductive health section

TABLE RH.1:	USE OF CONTRACEPTION	89
TABLE RH.3:	ANTENATAL CARE PROVIDER	90
TABLE RH.4:	ANTENATAL CARE.....	91
TABLE RH.4W:	ANTENATAL CARE CONTENT (WORKING TABLE).....	92
TABLE RH.5:	ASSISTANCE DURING DELIVERY	93
TABLE RH.6:	MATERNAL MORTALITY RATIO	94
TABLE RH.7:	PROPORTION OF POPULATION COVERED BY LHW	95

Education section

TABLE ED.2:	PRIMARY SCHOOL ENTRY	96
TABLE ED.3:	PRIMARY SCHOOL NET ATTENDANCE RATIO.....	97
TABLE ED.4:	MIDDLE SCHOOL NET ATTENDANCE RATIO.....	98
TABLE ED.4W:	SECONDARY SCHOOL AGE CHILDREN ATTENDING PRIMARY SCHOOL	99

TABLE ED.4.A:	HIGH SCHOOL NET ATTENDANCE RATIO	100
TABLE ED.4.B:	HIGHER SCHOOL NET ATTENDANCE RATIO	101
TABLE ED.4.C:	PRIMARY SCHOOL GROSS ATTENDANCE RATIO	102
TABLE ED.4.D:	MIDDLE SCHOOL GROSS ATTENDANCE RATIO	103
TABLE ED.4.E:	HIGH SCHOOL GROSS ATTENDANCE RATIO	104
TABLE ED.4.F:	HIGHER SECONDARY SCHOOL GROSS ATTENDANCE RATIO	105
TABLE ED.5:	CHILDREN REACHING GRADE 5	106
TABLE ED.6:	PRIMARY SCHOOL COMPLETION AND TRANSITION TO MIDDLE EDUCATION	107
TABLE ED.7:	EDUCATION GENDER PARITY.....	108
TABLE ED.8. A:	ADULT LITERACY	109
TABLE ED.8. B:	ADULT LITERACY	110
TABLE ED.8. C:	ADULT LITERACY	111
TABLE ED.9:	ACCESS TO SCHOOL – PRIMARY SCHOOL	112
TABLE ED.10:	ACCESS TO SCHOOL – MIDDLE SCHOOL	113
TABLE ED.11:	ACCESS TO SCHOOL – SECONDARY SCHOOL	114
TABLE ED.12:	COMMUNITY INVOLVEMENT IN SCHOOL	115

Child protection section

TABLE CP.1:	BIRTH REGISTRATION	116
TABLE CP.2:	CHILD LABOUR	117
TABLE CP.2W:	CHILD LABOUR (WORKING TABLE)	118
TABLE CP.3:	LABOURER STUDENTS AND STUDENT LABOURERS	119
TABLE CP.5:	EARLY MARRIAGE	120
TABLE CP.10:	CHILD DISABILITY	121

HIV/AIDS section

TABLE HA.1:	KNOWLEDGE OF HIV EXISTANCE	122
TABLE HA.3:	AWARENESS OF HIV/AIDS TRANSMISSION	123
TABLE HA.5:	ATTITUDES TOWARD PEOPLE LIVING WITH HIV/AIDS	124
TABLE HA.10:	CHILDREN'S LIVING ARRANGEMENTS AND ORPHANHOOD	125
TABLE HA.12:	SCHOOL ATTENDANCE OF ORPHANED CHILDREN,.....	126

Economy related section

TABLE ER.1:	TELEPHONE LINES AND CELLULAR SUBSCRIBERS	127
TABLE ER.2:	PERSONAL COMPUTER IN USE.....	128
TABLE ER.3:	FAMILY MEMBER WORKING OUTSIDE	129
TABLE ER.4:	RECEIVED REMITTANCE FROM ABROAD	130
TABLE ER.5:	RECEIVED REMITTANCE FROM PAKISTAN	131
TABLE ER.6:	AVERAGE HOUSEHOLD SIZE AND AVERAGE NUMBER OF PERSONS PER SLEEPING ROOM	131
TABLE ER.7:	RECEIVED ZAKAT/DONATIONS WITH MEAN VALUE	132

FIGURES

FIGURE HH.1:	AGE AND SEX DISTRIBUTION OF HOUSEHOLD POPULATION
FIGURE CM.1:	UNDER-5 MORTALITY RATES BY BACKGROUND CHARACTERISTICS
FIGURE NU.1:	PERCENTAGE OF CHILDREN UNDER-5 WHO ARE UNDERNOURISHED
FIGURE NU.2:	PERCENTAGE OF CHILDREN 0-2 YEARS WHO STARTED BREAST FEEDING WITHIN ONE HOUR AND WITHIN ONE DAY OF BIRTH
FIGURE NU.3:	INFANT FEEDING PATTERNS BY AGE
FIGURE NU.4:	PERCENTAGE OF HOUSEHOLDS CONSUMING ADEQUATELY IODIZED SALT
FIGURE CH.1:	PERCENTAGE OF CHILDREN AGED 12-23 MONTHS WHO RECEIVE THE RECOMMENDED VACCINATIONS BY 12 MONTHS
FIGURE CH.2:	PERCENTAGE OF WOMEN WITH A LIVE BIRTH IN THE LAST 24 MONTHS WHO ARE PROTECTED AGAINST NEONATAL TETANUS
FIGURE CH.3:	PERCENTAGE OF CHILDREN AGED 0-59 MONTHS WITH DIARRHEA WHO RECEIVED ORAL REHYDRATION TREATMENT
FIGURE CH.4:	PERCENTAGE OF CHILDREN AGED 0-59 MONTHS WITH DIARRHEA WHO RECEIVED ORT OR INCREASED FLUIDS
FIGURE EN.1:	PERCENTAGE DISTRIBUTION OF HOUSEHOLD MEMBERS BY SOURCE OF DRINKING WATER
FIGURE ER.1:	OWNERSHIP OF HOUSEHOLD ASSETS

ABBREVIATIONS

AIDS	:	Acquired Immune Deficiency Syndrome
AJK	:	Azad Jammu and Kashmir
ASFR	:	Age Specific Fertility Rate
BOS	:	Bureau of Statistics
CDC	:	Communicable Disease Control
CSPRO	:	Census and Survey Processing System
EB	:	Enumeration Block
FBS	:	Federal Bureau of Statistics
GAR	:	Gross Attendance Rate
GPI	:	Gender Parity Index
HIV	:	Human Immunodeficiency Virus
IDD	:	Iodine Deficiency Disorder
IMR	:	Infant Mortality Rate
IUD	:	Intrauterine Device
LAM	:	Lactational Amenorrhea Method
LHW	:	Lady Health Worker
MCEB	:	Mean Number of Children Ever Born
MDGs	:	Millennium Development Goals
MICS	:	Multiple Indicator Cluster Survey
MICS-3	:	The third round of Multiple Indicator Cluster Survey
NAR	:	Net Attendance Rate
NGOs	:	Non-governmental Organization
OPV	:	Oral Polio Vaccine
ORS	:	Oral rehydration Therapy
ORT	:	Oral Rehydration Therapy
P&DD	:	Planning and Development Department
PDHS	:	Pakistan Demographic and Health Survey
PPB	:	Parts per Billion
PPM	:	Parts Per Million
PSLM	:	Pakistan Social and Living Standard Measurement Survey
PSUs	:	Primary Sampling Units
SPSS	:	Statistical Package for Social Sciences
SSUs	:	Secondary Sampling Units
STIs	:	Sexually transmitted Diseases
TFR	:	Total Fertility Rate
UN	:	United Nations
UNICEF	:	United Nations Children's Fund
UNGASS	:	United Nations General Assembly Special sessions
WFFC	:	World Fit for Children
WHO	:	World Health Organization

PREFACE

It is a matter of great pleasure and honor to see this user friendly document on the district-based Multiple Indicators Cluster Survey MICS 2007-08 (particularly with reference to earthquake vs non-earth quake affected areas) produced by P&D Department with the collaboration of UNICEF. MICS is a renewed & effective social development research tool used around the globe in various sectors with a good degree of statistical precision & a representative of indicators for social development.

In AJ&K, it is the first ever district based cross-Sectoral household survey conducted in the history of the state in terms of volume & diversity. Before MICS the reliable basic data regarding most common socio economic indices was not available in AJ&K. The MICS was launched with the aim to provide baseline data for the use of development planners, donors, implementing partners, to draw district based integrated development plans, quake rehabilitation programs and formulate poverty reduction strategy based on key socio-development indicators. This document is a source of valuable information for planners, policy makers and implementers. It is expected that this document will specifically help the government of AJK to;

- Plan, integrate, monitor and improve delivery of social services.
- Provide credible baseline to achieve MDG's and PRSP targets.
- Identify gaps in social development at district level and have a comparison between quake affected and non-affected areas and plan to bridge these gaps.
- Support decisions making in resource allocation.
- Effectively Monitor progress through repeat surveys.
- Strengthen capacity of social sectors development departments.

GoAJK is committed to boost economic & social development through better planning, management and monitoring & improved social services delivery.

Finally I would like to congratulate the P&DD & the MICS core staff for producing such a useful report. I wish to acknowledge the efforts of a number of line departments/organizations & individuals who contributed immensely towards the success of the survey.

(Chaudhery Lateef Akber)

Minister Planning & Development Department
Azad Government of Jammu & Kashmir

FOREWORD

The first ever Multiple Indicator Cluster Survey (MICS) was conducted in December 2007 to April 2008 with the largest sample size so far in AJK. The report of the same has been finalized and is being commissioned. It provides useful data on variety of key social-economic indicators at the State & districts level. The survey report will enable evaluation of the Past policies plans and programs and their reprioritization, problems identification and implementation of pertinent measures and interventions specifically focused at improving the delivery of services and plight of women and children.

The main objective of this survey is to update & compare the results of indicators at district level and provide information on the conditions of children and women by gender, age group, immunization coverage, birth registration, school enrollment, access to other social services and other important geographic features. The survey study helped the line departments and other stakeholders learn a lot and get on job training because of their active involvement through various phases of survey study, ranging from selection of statistical method, survey tool, field testing, data collation, rechecking, hand-on-computer analysis and discussion of the results in multiple stakeholders meetings.

This survey study is the first ever initiative of its kind in this region, which would have long lasting impacts on women and children development down the lane. I am confident that the planers, policy makers, implementers and supervisors would immensely benefit from the baseline information contained in the survey findings, which would facilitate launch of result oriented programs and projects and their implementation.

I take this opportunity to appreciate the cooperation and support extended by Federal Board of Statistics for drawing sampling frame, Technical and financial support of UNICEF in spearheading the MICS is gratefully acknowledged. I commend the efforts of Chief Statistics (Mr. Bashir Ahmed Choudhery) and his team for their hard work to make this happen. My special thanks also go to Health, Education, Local Government and Rural Development, Social Welfare Department and University of AJ&K for their inputs at various stages of the study. At the end I would welcome all the readers of this report to kindly give us their feed back to bring improvement in our first endeavor of baseline survey and data generation for use by policy makers, Planners, Implementers both in public & Private sector.

(Muhammad Yousaf)
Additional Chief Secretary (Development)

ACKNOWLEDGMENTS

The AJKMICS 2007-08 was an important study conducted with the participation of multiple stakeholders. The financial and technical resources were made available by UNICEF. The Federal Bureau of Statistics provided a sampling design and imparted training to the listers, selected from Local govt. and Rural Development Department for fresh listing of selected areas. Around 263 Clusters and 3900 Households were covered from urban & rural areas of the State by using a combination of random and systematic sampling techniques. The field work was started on 12th December 2007 and completed on 30th April 2008. This is the first ever attempt in the history of AJK that the indicators at State/ Districts level with special reference to earthquake affected and non-affected areas have been developed from a sample survey in the selected sectors i.e. education, health, water supply and sanitation, child rights and housing etc.

Therefore study report generated valuable information on the key social indicator by the State and the Districts as well as quake affected and non-affected areas, with urban versus rural and with gender segregation.

I would like to mention here that the AJK MICS initiative was spear headed by Mr. Muhammad Yousaf, the Additional Chief Secretary (Development), without his guidance and able leadership it could never have happened. The support extended by AJK University in selecting and training of the field staff is gratefully acknowledged. The field work of this survey was a mammoth task due to hilly and difficult terrain. The untiring efforts of regional supervisors, team supervisors, field enumerator (both male & female) in conducting households' survey, listing and interview are commendable.

I am thankful to all members of the Steering Committee and Coordination Committee for their keen interest, live discussions and valuable inputs in the meetings. The technical support provided by Federal Bureau of Statistics in sample design is also appreciated. The expert and robust support for data management extended by M/S Eycon (Pvt. Ltd.) is worth appreciation. I would like to thank Miss Ivena Bajelic for taking the time to data analysis & finalization of the findings of this survey with great skill.

On behalf of the people and Government of AJK, I would like to acknowledge the technical & financial assistance of UNICEF. Finally, I am grateful to the survey respondents who generously gave their time to provide the information that forms the basis of this report.

(Bashir Ahmed Ch.)
Chief Statistics
Coordinator MICS

EXECUTIVE SUMMARY

The AJK Multiple Indicator Cluster Survey (MICS) 2007-08 is a household survey focused on study of the situation of children and women in AJK. It is statistically representative at Districts and State levels allowing for comparison between the districts and earthquake and non earthquake affected areas. It was conducted during December 2007 to April 2008 by the planning and Development Department (P&DD) Government of AJK, with active technical & financial support from UNICEF. The Federal Bureau of Statistics (FBS) provided the sample and trained the listers for household listing. Local Government & Rural Development Department provided their staff for fresh listing of selected urban and rural blocks.

The main objective of the survey was to collect the latest, reliable and gender segregation social and economic development information of households, children and women at districts levels (especially by earthquake affected and non-affected areas) for gaps identification, efficient planning and resource allocation on need basis. Its results will support the AJK Poverty Reduction Strategy, and will also serve as benchmark for the Millennium Development indicators and monitor progress on the achievement.

Sample

The multistage sample was done by the FBS, to ensure statistical validity; a reasonably large sample size (proportionate to district population) was selected for each district, with a total size of 263 clusters and 3900 households. It was the largest sample size of this type ever conducted in the history of AJK. The response rate of the selected households was 97.3 % which was very high and remarkable considering the tight scheduled, difficult terrain and harsh weather conditions.

Methods

The field staff was selected from line departments and private sector in consultation with the AJK University. For proper logistic and communication the teams were divided into two regions. The regional supervisor was responsible to provide logistic and guidance during field operations. Quality control was enhanced by conducting surprise field inspection by the Coordinator, UNICEF and line department officials. Eycon Solution, an Islamabad – based firm was hired for data entry. Data was entered in Kashmir Plan House and all questionnaires were double entered and internal consistency checks were performed. An international consultant Ivena Baielic analyzed the data using the latest sample techniques.

Results

The survey results provide a suitable baseline for further monitoring at the district and State levels. The MICS Survey results are discussed below:

Child Related Indicators

Child Mortality

The Infant Mortality Rate (IMR) is estimated at 62 per thousand live births while under five years child mortality rate (U5MR) is around 96 per thousand live births in AJK. It is to be noted that both infant and under five mortality rates are higher among boys at 66 and 99 per 1000 live births as compared with 58 and 92 per 1000 live births for girls respectively. The infant and under-5 mortality rates are higher in rural and earthquake affected areas.

Nutritional Status

Approximately 20% i.e. one in five children under age five in AJK are moderately underweight and 7 % are classified as severely underweight. 38% percent of children are stunted or too short for their age and 7% are wasted or too thin for their height. Girls appear to be slightly more likely to be underweight, stunted, and wasted than boys.

Breastfeeding

Although 95% of children aged 0-23 months have ever been breastfed, around 57% of children aged less than four months are exclusively breastfed, a level considerably lower than recommended. Exclusive breastfeeding rate for six months of age declines to 47%. At age 6-9 months, 28% of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 71 % of children are still being breastfed and by age 20-23 months, one half of children are still breastfed. Girls are more likely to be exclusively breastfed than boys.

Salt Iodization

In only 12 % of households, salt was found to contain 15 parts per million (ppm) or more of iodine. Use of iodized salt was lowest in the Bagh district (7%) and highest in the Sudhnuti (22%). Around one fifth (20%) of urban households were found to be using adequately iodized salt as compared to only 11% in rural areas.

Vitamin A Supplements

Within the six months prior to the MICS, 70 % of children aged 6-59 months received a high dose Vitamin A supplement. Approximately 8% did not receive the supplement in the last 6 months but did receive an earlier dose. Less than one percent (0.4%) of children received a Vitamin A supplement at some time in the past but their mother/caretaker was unable to specify the date. 69% of rural children and 81% of urban children receive a Vitamin A supplement in the last 6 months.

Oral Re-hydration Treatment

Overall, 17 % of fewer than five children had diarrhoea in the two weeks preceding the survey. During the episode of diarrhoea about 44 % received fluids from ORS packets and 13% received recommended homemade fluids and 43 % of children with diarrhoea did not receive any treatment.

Immunization

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. Approximately 87 % of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 82 percent. The percentage declines for subsequent doses of DPT to 78 percent for the second dose, and 68 % for the third dose. Similarly, 86 % of children received Polio 1 by age 12 months and this declines to 62 percent by the third dose. The coverage for measles vaccine

by 12 months is lower than for the other vaccines at 62 %. In some cases measles was administered to children over 12 months of age. It was also noted that while children received the measles dose on time, they had not necessarily received all of the earlier scheduled vaccinations which has an impact on their fully immunised status. As a result, the percentage of children who had all eight recommended vaccinations by their first birthday is low at only 37%.

Care Seeking and Medicine Treatment of Pneumonia

16% of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. The proportion of children with suspected pneumonia is significantly higher among children in Poonch and Neelum districts at 26 and 21 %, respectively.

Of all children with suspected pneumonia children, 77% were taken to an appropriate care provider. 89% of under-5 children with suspected pneumonia had received medicine during the two weeks prior to the survey. The use of medicines is higher among boys and children living in urban settlements.

Childhood Illness

Around 41 % of mothers reported some illness of their under five children. Children living in urban settlements and earthquake affected areas are more likely to develop some of the childhood illnesses. Illness presence was higher among children aged 0-23 months, compared to children in other age groups.

Birth Registration

Only the birth of every fourth child under five years in AJK has been registered. Children in the rural and earthquake affected areas are somewhat less likely to have their births registered than other children.

Child Disability

About 13 % of children 2-9 years of age have at least one reported disability. This percentage is higher in the poorest quintile at 17% compared to 8 % in the richest quintile.

Child Labour

3% of children in AJK aged 5 to 14 years are involved in child labour, mainly unpaid domestic work and family business.

Orphans

67% of children aged 0-17 years in AJK are living with both parents. In AJK, 0.3 % of children aged 10-14 have lost both parents. Among those only 84 % are currently attending school. Among the children ages 10-14 who have not lost a parent and who live with at least one parent, 90 % are attending school. This would suggest that double orphans are disadvantaged compared to the non-orphaned children in terms of school attendance.

Women Related Indicators

Contraception

Adolescents and younger women are far less likely to use contraception than older women. Only about 10% of married women aged 15-19 currently use a method of contraception compared to 24 % of 20-24 year olds, and 29 % of older women.

Women's education level is associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 29 % among those with no education to 35 % among women with primary or middle education. Percentage of women with secondary or higher education is little lower at 32 %.

Tetanus Toxoid

Approximately 57 % of women who gave birth in the two years preceding the survey received at least 2 tetanus toxoid injections during last pregnancy.

The educational level of women correlates strongly with the likelihood of receiving tetanus toxoid injections. While only 43 % of women without any formal education received tetanus protection, 62 % of women with primary and 72% of women with middle or secondary education did

Assistance at Delivery

About 40 % of births occurring in the two years prior to the MICS survey were delivered by skilled personnel. The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled person. Still, a high percentage of births are delivered by traditional birth attendants or relative/friend; 25 and 31 %, respectively. Approximately 34 % of women that gave birth in the two years prior to survey had delivery in a health facility.

Maternal Mortality

Maternal mortality is defined as the death of a woman from pregnancy-related causes, when pregnant or within 42 days of termination of pregnancy. The estimated maternal mortality level in AJK is at 201 per 100,000 live births (or alternatively approximately 2 deaths per 1000 live births).

Early Marriage

Estimated indicator is the percentage of women 15 to 19 years of age that are married. Findings reveal that around 8% of all women aged 15 to 19 in AJK are married. Percentage of young married women is highest in Neelum, where almost every third young women is married. On the other hand, share of young married women is lowest in Muzaffarabad, at 5%.

Knowledge of HIV/ AIDS Transmission

The HIV module was administered to ever married women 15-49 years of age. Almost one third of interviewed women have heard of AIDS. However, the percentage of women who know the ways of preventing HIV transmission is only 17 percent. Seventy one percent of ever married women aged 15-49 agreed with at least one discriminatory statement

towards people with HIV/AIDS, while only 29 % expressed accepting attitudes. Less than 1% of women would not care for a family member who was sick with AIDS, 16 % would keep a secret if a family member gets sick, 17 % would not buy fresh vegetables from person with HIV/AIDS and 14 % believe that a female teacher with HIV should not be allowed to work.

Household related indicators

Solid Fuel Use

Overall, 88 % of all households in AJK are using solid fuels for cooking. Use of solid fuels is lower in urban areas (50 %), but very high in rural areas, where almost 93% of households are using solid fuels. 87 % of households are using wood as the main fuel for cooking. Approximately 11 % of households are using gas, while the share of other fuels is less than 1%.

Water and Sanitation

Overall, 57 % of the population has access to improved drinking water sources – 80 % in urban areas and 55 % in rural areas 62% of the population of AJK is living in households using improved sanitation facilities. This percentage is 94 in urban areas and 58 % in rural areas

Hygiene habits - washing hands

Overall, 97% of the AJK population wash their hands before a meal and after using the toilet.

Education

Primary and Secondary School Participation

68 % of children of primary school age in AJK are attending primary school or middle or higher school. However, almost one third of the children are out of school when they are expected to be participating in school. School attendance in the Neelum is significantly lower than in the rest of the AJK at 52 %. Situation in Kotli and Muzaffarabad is also under total AJK level i.e. at 62 and 64% respectively. The situation in other districts is better, with primary school attendance rates ranging from 71% in Mirpur up to 76% in Bhimber.

More dramatic than in primary school where 32 % of the children are not attending school at all, is the fact that 42 % of the children of middle school age are attending middle school. Of the remaining 58 % some of them are either out of school or attending primary school. Only one fourth of children of high school age and only 14 % of children of higher secondary school age actually attend required school.

Adult Literacy

Literacy rate of AJK is 64.8%, Gender differences are considerable, males are more literate than females, 76.8 comparing to 52.8%. Literacy rate is highest among young population, aged 15 to 24 years, at 82 %.

Economy Related Indicators:

Telephone lines and cellular subscribers:

Approximately every fifth person in AJK has access to a fixed phone in their house, while 70% live in the household where at least one member owns a mobile phone.

Personal computer in use:

Only 8 % of population in AJK live in the households that have personal computer.

Remittance from abroad:

Less than half households in AJK (44 %) have a family member working outside AJK. 17% of households received remittance from abroad, mostly those from Mirpur and Kotli districts. This indicates that the household socio-economic status in AJK is strongly influenced by remittance from abroad. A much higher percentage of households 31 % are receiving remittance from Pakistan.

Average household size and mean number of persons per sleeping room:

Average household size in AJK is 6.6 members. Considering that the household size is quite high, there is possibility that houses are overcrowded. Mean number of persons per sleeping room is one of the main indicators of household socio-economic status. In AJK, the average number of persons per sleeping room is 3.3.

Zakat/donations:

Approximately 39 % of households in AJK received zakat/donations. Zakat was received in significant higher percentage among households living in the earthquake affected areas 66%.

Table-1 **Summary Table of Findings**
MICS and MDG Indicators, the State of Azad Jammu and Kashmir, 2007-08

Topic	MICS INDICATOR NUMBER	MDG INDICATOR NUMBER	INDICATOR	VALUE	UNIT
Child Mortality	1	13	Under five mortality rate	96	Per1000 live births
	2	14	Infant mortality rate	62	Per1000live births
Nutrition	6	4	Under weight prevalence	20	Percent
	7		Stunting prevalence	38	Percent
	8		Wasting prevalence	7	Percent
	15		Exclusive breastfeeding rate	47	Percent
	16		Continued breastfeeding rate	50	Percent
	17		Timely complementary feeding rate	28	Percent
Child Health	25	15	Tuberculosis immunization coverage	87	Percent
	26		Polio immunization coverage	62	Percent
	27		DPT immunization coverage	68	Percent
	28		Measles immunization children	62	Percent
	31		Fully immunization children	37	Percent
	22	29	Medicine treatment of suspected pneumonia	89	Percent
Environment	24				
Environment	11	30	Use of improved drinking water sources	57	Percent
	12	31	Use of improved sanitation facilities	62	Percent
Reproductive health	21	19c	Contraceptive prevalence	31	Percent
	4	17	Skilled attendant at delivery	40	Percent
	5		Institutional deliveries	34	Percent
Education	55	6	Net primary Schools attendance rate	68	Percent
	61	9	Gender parity index	0.97	Percent
Child Protection	62		Birth registration	24	Percent
HIV/AIDS	AJK MICS Specific		Awareness about HIV prevention Methods among ever married women aged 15-49	17	Percent

1 INTRODUCTION

1.1 Background

This report is based on the Azad Jammu and Kashmir Multiple Indicator Cluster Survey, (AJK MICS), conducted in 2007-2008. This survey was conducted as a collaboration of the Planning and Development Department of the State Government of Azad Jammu and Kashmir, and the Federal Bureau of Statistics, Government of Pakistan, Islamabad; with financial and technical support provided by UNICEF, Muzaffarabad. The AJK Multiple Indicator Cluster Survey, although not part of a Global MICS project being conducted in many countries, derives from the same guidelines, definitions, and recommendations prepared for the regular MICS surveys, after adaptation to the local context. The survey provides valuable information on the situation of children and women in the State of Azad Jammu and Kashmir, and was based, in large part, on the needs to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of 'A World Fit For Children', adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task (see the table below).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (A World Fit for Children, paragraph 60)

"...We will conduct periodic reviews at the national and subnational levels of progress in order to address obstacles more effectively and accelerate actions...." (A World Fit for Children, paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"... As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the Millennium Declaration (paragraph 31) calls for periodic reporting on progress:

"...We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

In order to prepare sustainable development plans and monitoring systems for delivery of social services and indicators of children and women wellbeing, the State Government of Azad Jammu and Kashmir has committed itself to develop the information system that would generate the information required for policy formulation, planning and monitoring of social development.

This report presents the results of the indicators and topics covered in the survey-1.

1.2 Survey Objectives

The 2007 – 2008 AJK Multiple Indicator Cluster Survey has the following primary objectives:

- To establish a credible baseline for monitoring the socioeconomic status throughout AJK, with special focus on AJK districts;
- To empower planners and policy makers with knowledge of critical socioeconomic conditions;
- To provide up-to-date information for assessing the situation of children and women in AJK; as well as to assist government in establishing child-focused benchmarking for measuring progress and reporting on Millennium Development Goals and the government's long term plans;
- To contribute to the improvement of data and monitoring systems in AJK and to strengthen technical expertise in the design, implementation, and analysis of such systems.
- The results of the AJK MICS survey should contribute, as much as possible, to the harmonization of actual needs and available resources, with the goal to improve status of women and children in all districts in an efficient manner, and to fulfil the most important development objective — a better life.

Although not a part of a global MICS project, AJK MICS 2007-2008 derives from the definitions and guidance developed for the global MICS project. For more information on the definitions, numerators, denominators and algorithms of Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) indicators covered in the survey: see Chapter 1, Appendix 1 and Appendix 7 of the *MICS Manual Multiple Indicator Cluster Survey Manual 2005: Monitoring the Situation of Children and Women*, also available at www.childinfo.org. Many indicators included in this survey are specific for AJK MIC survey and their description will be provided in full comprehensive report.

2 SAMPLE AND SURVEY METHODOLOGY

2.1 Sample Design

The sample for the 2007-2008 AJK Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on a large number of indicators on the situation of children and women at the State level, for urban and rural areas, and for the 8 districts: Muzaffarabad, Poonch, Mirpur, Kotli, Bagh, Bhimber, Sudhnuti and Neelum. Moreover, the sample was designed in a manner that it enables deeper analysis of existing disparities at a district level, with special focus on the earthquake affected and non – affected areas.

Districts were identified as the main sampling domains, and the sample was selected in two stages. Across all districts, 263 census enumeration areas were selected. In order to obtain reliable estimates for each district, the allocation targeted with the probability proportional to the district's size needed to be adjusted. Because the sample frame (AJK population census of 1998) was not up to date, household lists in each selected enumeration area were updated before the selection of households. After a household listing was carried out within the selected enumeration areas, a systematic sample of 3,900 households was drawn. All selected enumeration areas were successfully visited during the fieldwork. Because the distribution of selected enumeration areas between sampling domains was not proportional to the census distribution of population, and consequently neither was the final household distribution, the sample is not self-weighting. Therefore, for reporting State level results, sample weights are applied.

Table-2 District-wise distribution of Sample Households

Stratum No.	Administrative Units	Primary Sampling Units (PSUs)			Secondary Sampling Units (SSUs)		
		Urban Blocks	Rural Villages	Total	Urban H. Holds	Rural H. Holds	Total
1	Muzaffarabad	14	24	38	168	384	552
1	Bagh	10	22	32	120	352	472
1	Poonch	11	21	32	132	336	468
1	Sudhnuti	7	24	31	84	384	468
1	Neelum	3	27	30	36	432	468
2	Kotli	10	22	32	120	352	472
2	Mirpur	15	23	38	180	368	548
2	Bhimber	7	23	30	84	368	452
	G.Total	77	186	263	924	2,976	3,900

2.2 Questionnaires

Three sets of questionnaires were used in the survey: 1) a household questionnaire to collect information on all de jure household members, the household and the dwelling; 2) a women's questionnaire administered in each household to women aged 15-49 who have ever been married; and 3) an under-5 questionnaire, administered to mothers or caretakers of all children under 5 years of age in the household. The questionnaires included the following modules:

The Household Questionnaire included the following modules:

- Household listing
- Education
- Child Disability
- Child Labour
- Maternal Mortality
- Water and Sanitation
- Household characteristics
- Salt Iodization

The Questionnaire for Individual Women was administered to all ever married women aged 15-49 years living in the selected households, and included the following modules:

- Child Mortality
- Maternal and Newborn Health
- Contraception
- HIV/AIDS
- Tetanus Toxoid

The Questionnaire for Children Under Five was administered to mothers or caretakers of children under 5 years of age living in the selected households. Normally, the questionnaire was administered to mothers of under-5 children; in cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Birth Registration
- Vitamin A
- Breastfeeding
- Care of Illness
- Immunization
- Anthropometry

The questionnaires are based on the MICS3 model questionnaires prepared for global MICS project. To select the most important topics to be covered by the survey, many

consultations with Planning and Coordinating Committee were held and following these consultations, model MICS3 questionnaires were adjusted to reflect the specific needs of planners and policy makers in AJK. The AJK MICS questionnaires encompassed a number of important additions to obtain the missing data that are valuable in learning about the AJK's population in general and status of women and children in particular. From the MICS3 model English version, the questionnaires were translated into Urdu and were pre-tested during November 2007, in both urban and rural settlements in AJK. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. A copy of the AJK MICS questionnaires is provided in Appendix F.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, and measured the weights and heights of children under 5 years of age. Details and findings of these measurements are provided in the respective sections of the report.

2.3 Training and Fieldwork

In order to help the field teams ensure collection of quality data and maintain the required standards of quality data collection, comprehensive guidelines were prepared for the entire process of the survey. These included appropriate methodological guidelines for collecting data (filling in the questionnaires), guidelines for sampling the households in the field and guidelines for anthropometric measurements which were developed before the start of the fieldwork.

Direct implementers of the field work were interviewers, supervisors and editors. Criteria for selection of interviewers and supervisors were their qualifications, communication skills, experience in field work and knowledge of the region where research was conducted.

For conducting the fieldwork for the AJK MICS, 19 teams were formed (each team consisted of 2 members – one male and one female interviewer). One supervisor was in charge for three teams, while there was one editor per six teams on average. Supervisors and interviewers, all highly skilled professionals with previous experience in similar surveys, were trained for six days in November-December, 2007. A training manual was developed with the assistance of a professional training institution called 'Empowerment through Creative Integration (ECI)' and their staff co-facilitated the training sessions, using participatory approaches. Training sessions included lectures on interview techniques and the contents of the questionnaires, questions and answers and most importantly, dummy exercises of interviewing and filling in questionnaires inside the classroom through the famous interactive approach of role plays. Interviewers received additional specialised training on anthropometric measurements facilitated by Dr. Huma Sajjad, in charge of the Therapeutic Feeding Centre, Abbas Institute of Medical Sciences, Muzaffarabad, AJK. Participants also conducted field based interviews in rural and urban locations in and around Muzaffarabad to practice their new skills and knowledge as well as to improve the questionnaires based on the field testing. To this end, each one of training participants administered upto three questionnaires in the field as part of their training. These locations were chosen in such a manner that they were not part of the actual sample.

The Planning and Development Department, Government of AJK assumed overall responsibility for data collection under the supervision of the Chief Statistical Officer. Fieldwork began in December 2007 and concluded in April 2008. It took a little more time than anticipated because some geographical areas in the field were inaccessible due to snow in winter.

2.4 Data Processing

Data entry was carried out in the Plan House, Planning and Development Department, Government of AJK in Muzaffarabad. A team of eight data entry operators and six supervisors entered the day using CSpPro software on eight microcomputers.

In order to ensure quality control, all questionnaires were entered twice (double data entry) and internal consistency checks were performed. Procedures and standard programs developed under the global MICS3 project and adapted to the AJK questionnaire were used throughout the process. Data processing began after data collection in April 2008 and finished in July 2008. Data analysis was carried out using Statistical Package for the Social Sciences (SPSS). The analysts developed model syntax and tabulation plans to help them effectively perform this highly important task.

3 COVERAGE and CHARACTERISTICS of HOUSEHOLDS and RESPONDENTS

3.1 Sample Coverage

The total sample size of MICS AJK was 3,900 households of which 3,822 were found occupied during the field enumeration. Out of the 3,822 occupied households, 3,719 were successfully interviewed, i.e., household response rate of 97.3 percent. In the interviewed households, 3,843 ever married women (age 15-49) were identified. Of these, 3,593 were successfully interviewed, i.e., a response rate of 93.5 percent. In addition, 3,088 children under age five were listed in the household questionnaire while questionnaires were completed for 2,947, i.e., a response rate of 95.4 percent. Overall response rates for the women and children under five years was 91.0 and 92.9 percent respectively. (Table HH.1).

Response rates are similar across urban and rural areas. Lower response rates are noted in earthquake non – affected areas; Kotli, Sudhnuti and Mirpur district. Response rate in district Mirpur was the lowest compared with the rest of the districts, i.e., around 92 percent. The low response rate in Mirpur is mainly a consequence of respondent's refusal to participate in the survey, particularly in some selected enumeration areas around Mangla Dam, where many of selected households were suspicious and apprehensive that the outcome of the survey would result in the dislocation of these settlements to another area, as a part of the dam raising project. Regional and team supervisors contributed extra efforts needed to gain the trust of the respondents and assure that the selected households participated in the survey.

3.2 Characteristics of Households

The age and sex distribution of survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 3719 households successfully interviewed in the survey, 2,467 household members were listed. Of these, 12,394 were males, and 12,276 were females. These figures also indicate that the survey estimated the average household size at 6.6 members and that male to female ratio is at 101/100.

Table-3: Household Size

District Name	Muzaffarabad	Poonch	Mirpur	Kotli	Bagh	Bhimber	Sudhnuti	Neelum	Total
Average number of household members	5.8	6.8	6.7	7.3	6.8	6.7	6.6	7.6	6.6

The age and sex distribution of the surveyed population is in accordance with the population estimates based on the 1998 Census data, as well as vital statistics and migration data. AJK is characterised by a high proportion of children and a low proportion of elderly. The proportion of children under aged 5 – 9 in the AJK population is highest (about 15 percent), and then in each subsequent age band the proportion of the population progressively decreases.

The share of children aged 0 – 14 years is high, at 44 percent. Approximately half of the population is in the working age group, while percentage of elderly aged 65 and more years is

lowest, at only 4 percent. These results indicate that the total dependency ratio (the ratio of the economically dependent part² of the population to the productive part) is at 95 percent, with higher share of child dependency ratio (87 percent). These results show that there is an increased burden on the productive part of population to support upbringing of the young, economically dependent part of population.

As a basic check on the quality of age reporting, the percentage of missing data is shown in the Table HH.2 and Table DQ.1 in Appendix D. The age of almost all the surveyed population was collected. As a consequence of respondents not knowing the exact year of birth, a high share of surveyed population are recorded as being the boundary age along five year age bands, meaning respondents believed to be for example age 28 or 29 are instead recorded as being age 30. Although there is no way to verify the exact date of birth of respondents, it seems unlikely that the population would be so evenly distributed in such intervals.

Figure HH.1: Age and Sex Distribution

Figure HH.1: Age and Sex Distribution

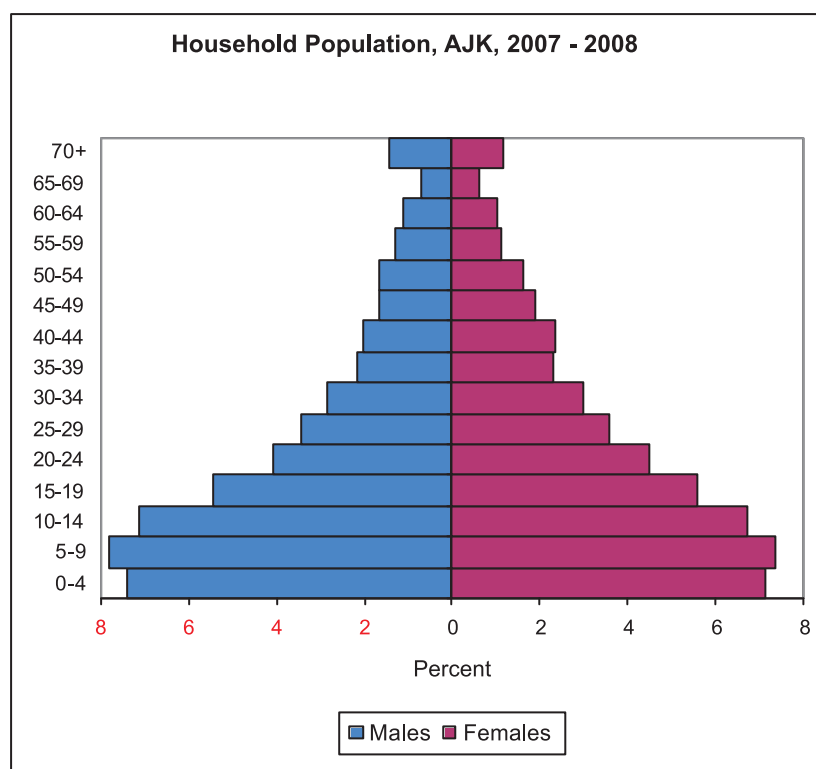


Table HH.3 provides basic background information on the households. Within households, the sex of the household head, district, earthquake effected/non effected areas, urban/rural status, and number of household members. These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report. In addition to being useful in

³ Unless otherwise stated, "education" refers to educational level attended by the respondent throughout this report when it is used as a background variable.

⁴ Principal components analysis was performed by using information on the ownership of household goods and amenities

interpretation of survey results, background characteristics serve as a basic check on sample implementation.

The totals of weighted and unweighted numbers of households are equal, since sample weights were normalized (See Appendix A). The table also shows the proportions of households where at least one child under 18, at least one child under 5, and at least one eligible woman age 15-49 were found.

Looking at the number of households in each background category, we can notice a significant difference between weighted and unweighted numbers of households in each district. In order to gain qualitative results at the district level it was necessary to over-sample some districts, and later by using sample weights, the model was adjusted to the estimated AJK population data for the year 2006.

About 12 percent of households are urban, while the rest are rural. Approximately 44 percent of household live in earthquake non-affected areas, while 56 percent is in affected areas. The weighted district wise distribution is in accordance with the estimated population data; Muzaffarabad district comprises the largest number of households with nearly one fourth of the total, while the smallest number of households is from Neelum district at 4 percent. In 80 percent of interviewed households the head of the household is male.

The majority of households have between four to seven household members. In 80 percent of interviewed households, lives at least one woman aged 15 to 49, and in almost one half of interviewed households at least one child under 5 years of age. The population of AJK is “young”, with at least one child under 18 in 86 percent of households.

3.3 Characteristics of Respondents

Tables HH.4 and HH.5 provide information on the background characteristics of female respondents 15-49 years of age and of children under age 5. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of women and children, the tables are also intended to show the numbers of observations in each background category. These categories are used in the subsequent tabulations of this report.

Similar as with the description of households’ background information, the weighted numbers ever married women and children under 5 by each district are significantly different than unweighted numbers, due to over-sampling. By using sample weights, the model was adjusted to estimated population data.

Table HH.4 provides background characteristics of ever married female respondents 15-49 years of age. The table includes information on the distribution of women according to district, earthquake affected and non affected areas, urban-rural settlements, age, motherhood status, education³ and wealth index quintiles⁴.

³ Unless otherwise stated, “education” refers to educational level attended by the respondent throughout this report when it is used as a background variable.

⁴ Principal components analysis was performed by using information on the ownership of household goods and amenities

Approximately, one fifth of interviewed eligible women live in Muzaffarabad district, and 18 percent in Kotli. Distribution of the eligible women among Bagh, Mirpur, Poonch and Bhimer is between 11 and 13 percent. The lowest share of eligible women is in Sudhnuti and Neelum, at 8 and 5 percent, respectively. This pattern is expected and follows the population estimation data for the year 2006.

Approximately same number of ever married women aged 15-49 years lives in earthquake affected and non affected areas. Majority of women (89 percent) live in rural settlements.

The majority of the sample are married women of 30–34 years of age, i.e. around 19 percent. The proportion of young women is significantly lower: there are 4 percent of women aged 15–19 and 13 percent of women in 20–24 age groups. The distribution of the interviewed women by motherhood status is as follows: 85 percent of women have given birth, compared to 15 percent that have never given birth. More than one half of interviewed women have no education (53 percent), while the proportion of women with primary, middle or higher education varies from 13 to 18 percent.

As far as wealth index quintiles are concerned, distribution is approximately the same (20%), with somewhat less women living at the poorest households, about 19 percent.

Some background characteristics of children under 5 are presented in Table HH.5. These include distribution of children by several attributes: sex, district, type of settlement and area of residence, age in months, mother's or caretaker's education and wealth.

The percentage of boys is somewhat higher than share girls in the under-5, 51 comparing to 49 percent. Age distribution of children 0–59 months is well balanced. District wise distribution indicates that majority of under-5 children live in Muzaffarabad (19 percent), while the proportion is lowest in Neelum, at 6 percent. Also higher share of under-5 children is in rural areas (90 percent) and earthquake affected areas (56 percent).

The distribution of mothers according to education is approximately the same as in the women's sample. This is not the case with mothers with no formal education; the proportion is lower than in the women's sample and is around 46 percent. For children whose mother did not live in the household the educational level of the caretaker was taken into consideration.

(assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample. The assets used in these calculations were as follows: number of rooms for sleeping per member; floor, roof and walls material of dwelling; type of water and sanitation; the type of fuel used for cooking; electricity, gas, radio/tape recorder, television, cable tv, telephone, mobile telephone, computer, internet, refrigerator, air conditioner, washing machine/dryer, air cooler or fan, microwave, sewing machine, trunk/boxes, stove, iron, turbine, watch, bicycle, motorcycle, animal drawn-cart, car/truck. Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households they were living in. The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

Share of children under-5 live in the poorest household is highest, at 23 percent. With each quintile increase in household wealth, percentage of children is decreasing, with 18 percent of children 0 – 59 months living in the fourth and the richest wealth quintile.

4 CHILD MORTALITY

One of the overarching goals of the Millennium Development Goals (MDGs) and the World Fit for Children (WFFC) is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective. Measuring childhood mortality may seem easy, but attempts using direct questions, such as “Has anyone in this household died in the last year?” give inaccurate results. Using direct measures of child mortality from birth histories is time consuming, more expensive, and requires greater attention to training and supervision. Alternatively, indirect methods developed to measure child mortality produce robust estimates that are comparable with the ones obtained from other sources. Indirect methods minimize the pitfalls of memory lapses, inexact or misinterpreted definitions, and poor interviewing technique.

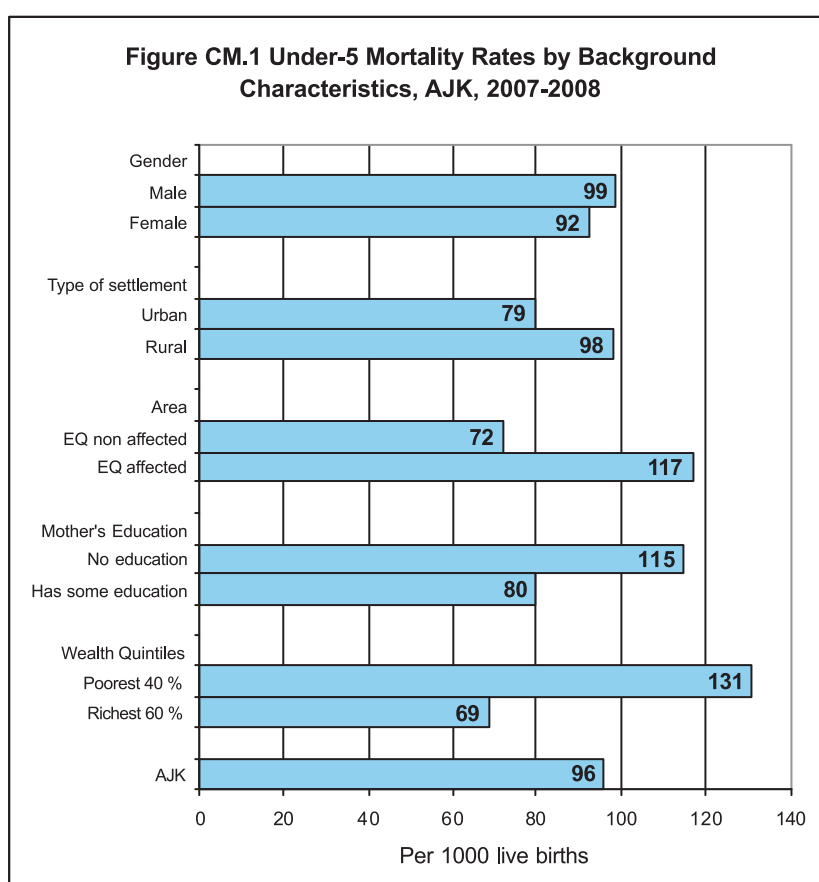
The infant mortality rate is the probability of dying before the first birthday. The under-five mortality rate is the probability of dying before the fifth birthday. In MICS surveys, infant and under five mortality rates are calculated based on an indirect estimation technique known as the Brass method (United Nations, 1983; 1990a; 1990b). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five-year age groups of women. The technique converts these data into probabilities of dying by taking into account both the mortality risks to which children are exposed and their length of exposure to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in region, the East model life table was selected as most appropriate. All estimates have been calculated by averaging mortality estimates obtained from women aged 25–29 and 30–34.

Table CM.1 provides estimates of child mortality by various background characteristics, while Table CM.2 provides the basic data used in the calculation of the mortality rates for the AJK total. The infant mortality rate is estimated at 62 per thousand live births, while the probability of dying under-5 mortality rate (U5MR) is around 96 per thousand live births. These estimates have been calculated by averaging mortality estimates obtained from women age 25-29 and 30-34, and refer to mid 2005. There is some difference between the probabilities of dying among males and females; both infant and under five mortality rates are higher among boys, at 66 and 99 per 1000 live births; while figures for girls are 58 for infant and 92 per 1000 live births for under-5 mortality rate.

Infant and under-5 mortality rates are higher in rural and earthquake affected areas. Infant mortality rate is 53 per 1000 live births in urban, compared to 63 per 1000 live births in rural settlements. Similarly under-5 mortality rate rises from 79 per 1000 live births in urban up to 98 per 1000 live births in rural areas. Children living in earthquake affected areas are more at risk than other children in AJK. Both infant and under-5 mortality rates are considerably higher; in

non affected areas infant mortality rate is estimated at 49 per 1000 live births while in affected areas it is 74 per 1000 live births. Under-5 mortality rate rises from 72 per 1000 live births in non affected up to 117 per 1000 live births in affected areas.

There are also significant differences in mortality in terms of mother's educational levels and household wealth⁵. In particular, probabilities of dying among infants and under-5s whose mother doesn't have formal education are considerably higher than the AJK average. Similarly, infant and under-5 mortality rates are considerably higher among children living in the poorest or second (poorest 40 percent) wealth quintile groups (IMR at 82, UFMR at 131 per 1000 live births), compared to children from middle, fourth or richest quintile (richest 60 percent) (IMR at 47, UFMR at 69 per 1000 live births).



⁵Results are estimated using the Brass method, in order to obtain qualitative findings, grouping of some background variables was necessary. Mother's education was grouped in two categories: Without any formal education/With some education. Also wealth index quintiles are regrouped into: poorest/second (poorest 40%) and middle/fourth/richest (richest 60%).

5 NUTRITION

5.1 Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

Malnutrition is associated with more than half of all children deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and for those who survive, have recurring sicknesses and faltering growth. Three-quarters of the children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability. The Millennium Development target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. The World Fit for Children goal is to reduce the prevalence of malnutrition among children under five years of age by at least one-third (between 2000 and 2010), with special attention to children under 2 years of age. A reduction in the prevalence of malnutrition will assist in the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is the new WHO reference, which was made available in April 2006. Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of the reference population.

Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered *moderately or severely underweight* while those whose weight-for-age is more than three standard deviations below the median are classified as *severely underweight*.

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately or severely stunted*. Those whose height-for-age is more than three standard deviations below the median are classified as *severely stunted*. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Finally, children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted*, while those who fall more than three standard deviations below the median are *severely wasted*. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

In MICS, weights and heights of all children under 5 years of age were measured using anthropometric equipment recommended by UNICEF (UNICEF, 2006). Findings in this section are based on the results of these measurements.

Table NU.1 shows percentages of children classified into each of these categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes the percentage of children who are overweight, which takes into account those children whose weight for height is above 2 standard deviations from the median of the reference population.

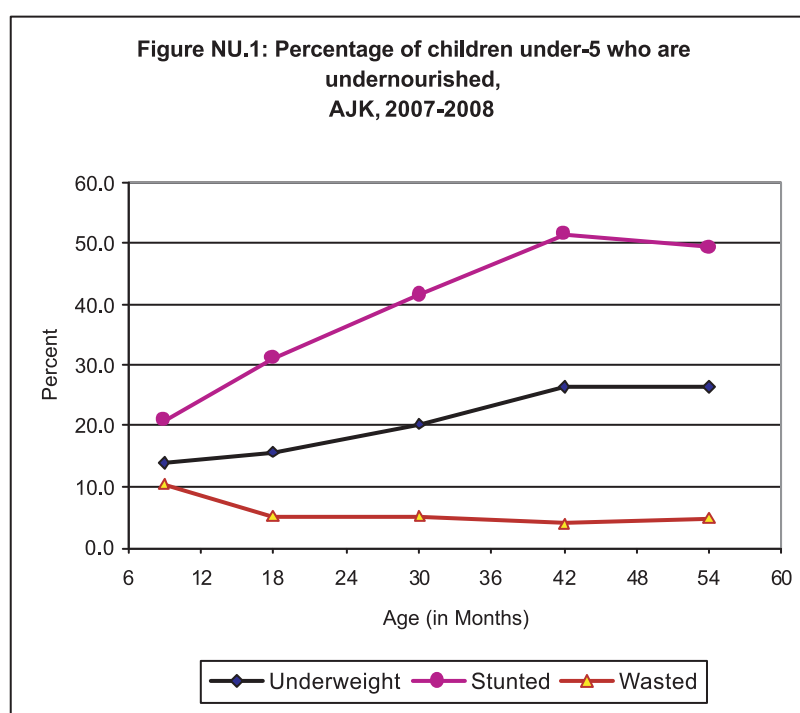
In Table NU.1, children who were not weighed and measured and those whose measurements are outside a plausible range are excluded. In addition, a small number of children whose birth dates are not known are excluded. This leads to approximately 10 percent of children under 5 who are not included in analysis of anthropometric measurements.

Approximately one in five children under age five in AJK are moderately underweight (20%) and 7 percent are classified as severely underweight (Table NU.1). Thirty eight percent of children are stunted or too short for their age and 7 percent are wasted or too thin for their height.

Children under five living in Neelum are most likely to be undernourished; with even more than one half of the children considered stunted. Level of underweight prevalence is also higher compared to other districts, at 31 percent. Nutritional status of children living in Muzaffarabad is the worse throughout AJK, while children from Mirpur district are in best position regarding all three nutritional indicators; underweight prevalence is at 31 percent, stunting at 24 percent and wasting at 5 percent.

Those children whose mothers have secondary or higher education are the least likely to be underweight and stunted compared to children of mothers with no education. Girls appear to be slightly more likely to be underweight, stunted, and wasted than boys. The age pattern shows that a higher percentage of children aged 36 – 47 months and 48-59 months are undernourished according to all three indices in comparison to children who are younger (Figure NU.1). The deterioration starts between 12 and 23 months of age which is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.

Approximately 7 percent of children are overweight, with children in Muzaffarabad more likely to be overweight.



5.2 Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Fit for Children goal states that children should be exclusively breastfed for 6 months and continue to be breastfed with safe, appropriate and adequate complementary feeding for up to 2 years of age and beyond.

WHO/UNICEF have the following feeding recommendations:

Exclusive breastfeeding for first six months

Continued breastfeeding for two years or more

Safe, appropriate and adequate complementary foods beginning at 6 months

Frequency of complementary feeding: 2 times per day for 6-8 month olds; 3 times per day for 9-11 month olds

It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators of recommended child feeding practices are as follows:

Exclusive breastfeeding rate (< 6 months & < 4 months)

Timely complementary feeding rate (6-9 months)

Continued breastfeeding rate (12-15 & 20-23 months)

Timely initiation of breastfeeding (within 1 hour of birth)

Frequency of complementary feeding (6-11 months)

Adequately fed infants (0-11 months)

In addition, AJK specific indicators are calculated (ever breastfed children aged 0-23 months and percentage of children aged 6 to 11 months who are breastfed and received solid/mushy food).

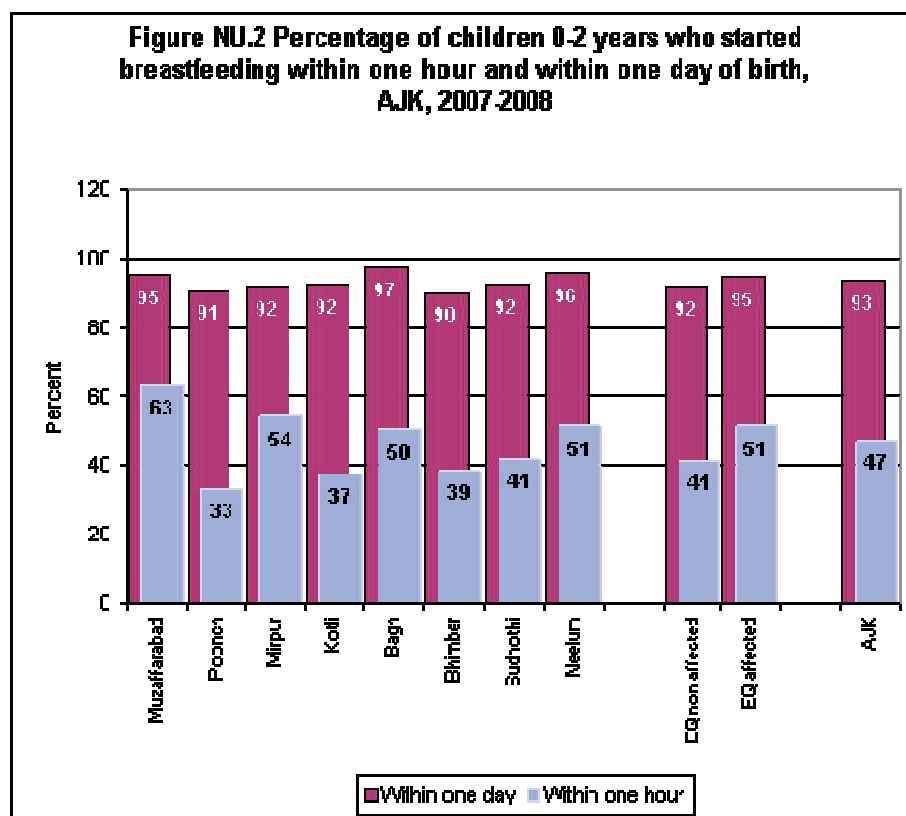
Table NU.2 provides the proportion of children aged 0 to 23 months who started being breastfed within one hour of birth, and children who started being breastfed within one day of birth (which includes those who started within one hour).

Timely initiation of breastfeeding is very important step in management of lactation and establishment of physical and emotional boundary between mother and a baby. Somewhat less than one half of the children aged 0 to 23 months started being breastfed within one hour of birth (47 percent), while considerably high share of newborns in AJK, 93 percent, start breastfeeding within one day of birth. The practice of breastfeeding within one hour of birth is much more present in Muzaffarabad (63 percent) and Mirpur (54 percent) districts; than in Kotli and Poonch (37 and 33 percent, respectively). Infants from earthquake affected areas are more likely to start breastfeeding on time; 51 percent of infants started breastfeeding within one hour of birth; compared to 41 percent of infants from earthquake non-affected areas. Infants from urban settlements in higher percentage started being breastfed on time than those from rural settlements; 52 percent of urban compared to 47 percent of rural babies are breastfed within one hour of birth.

No variations in timely initiation of breastfeeding are found in the terms of mother's education and household wealth.

In Table NU.3, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. Exclusively breastfed refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age.

In Table NU.3 and NU.3.A, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. Exclusively breastfed refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life (separately for children up to four months and up to six months of age), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age. Also, tables shows the results about ever breastfed children aged 0-23 months, complementary feeding of children 6-11 months and continued breastfeeding of children at 12-23 months of age.

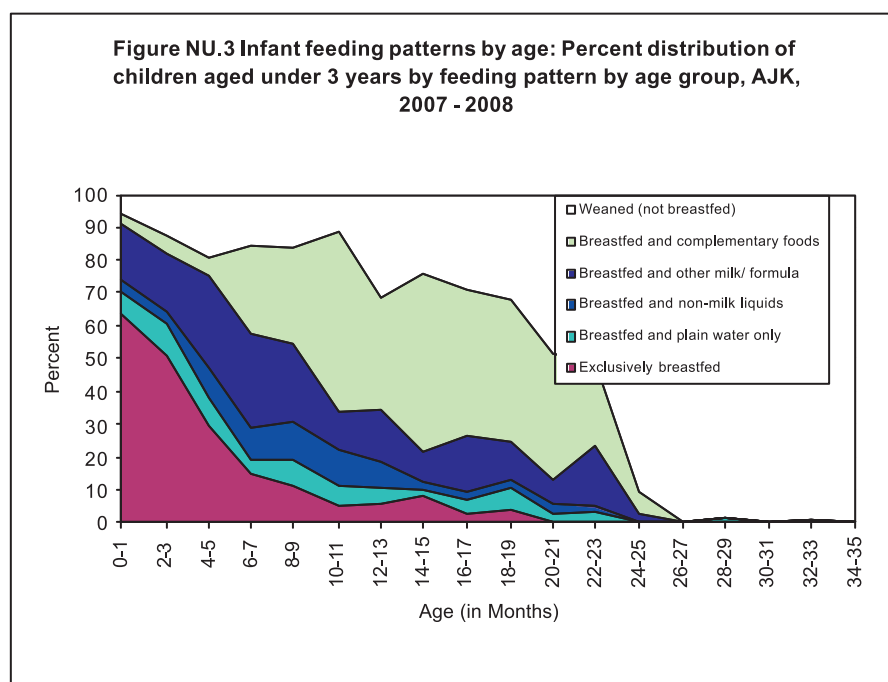


Although 95 percent of children aged 0-23 months have ever been breastfed, around 57 percent of children aged less than four months are exclusively breastfed, a level considerably lower than recommended. Exclusive breastfeeding rate for six months of age declines to 47 percent. At age 6-9 months, 28 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 71 percent of children are still being breastfed and by age 20-23 months, one half of children are still breastfed.

Girls are more likely to be exclusively breastfed than boys. They also had higher rates for timely complementary feeding than boys. On the other hand continued breastfeeding of children at both ages 12-15 and 20-23 months of age is more prevalent among boys.

Children living in the poorest household are more likely to be both exclusively breast fed and continued to be breastfed, but the complementary feeding rate is lower among the poorest children.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. Even at the earliest ages, the majority of children are receiving liquids or foods other than breast milk. By the end of the sixth month, the percentage of children exclusively breastfed is below 15 percent. Only about 9 percent of children are receiving breast milk after 2 years.



The adequacy of infant feeding in children under 12 months is provided in Table NU.4. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding. Infants aged 6-8 months are considered to be adequately fed if they are receiving breast milk and complementary food at least two times per day, while infants aged 9-11 months are considered to be adequately fed if they are receiving breast milk and eating complementary food at least three times a day. Approximately 47 percent of children aged 0-5 months are exclusively breastfed. Only 16 percent of infants aged 6-8 months and 17 percent of babies 9-11 months are breastfed and are receiving complementary food the least recommended number of times. As a result of these feeding patterns, only one third of all infants (aged 0-11) are adequately fed. Recommended feeding pattern is higher among children living in Neelum and Mirpur than in other districts. On the other hand children living in Bhimber district are in the worst position regarding adequate feeding.

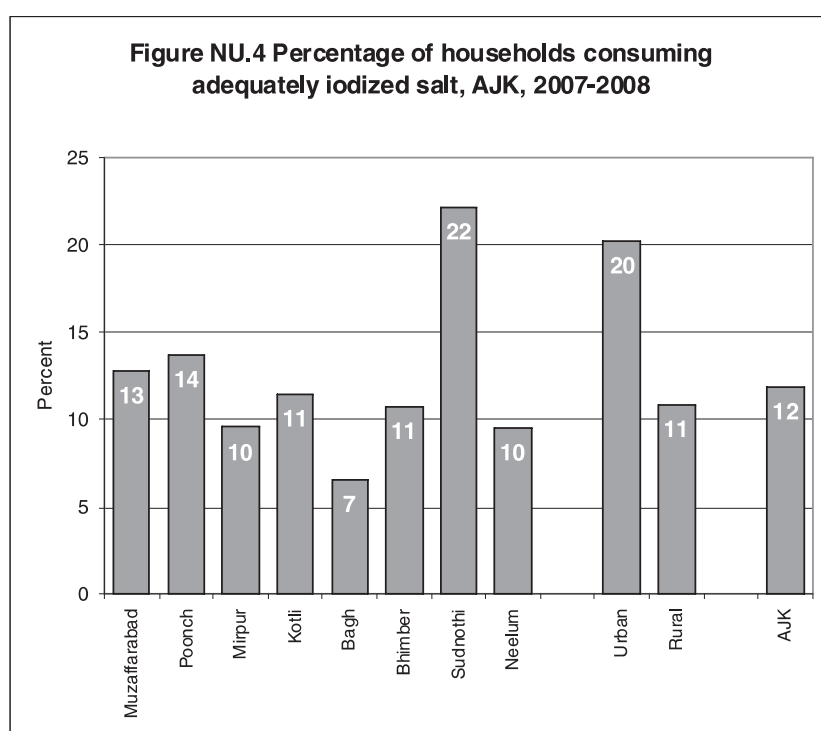
The MICS AJK results clearly provide an indication of the problems that need to be addressed, such as the early introduction of other milk and formula, tea or water and the lack of exclusive breastfeeding. On the other hand semi-solid and solid food is not introduced in child's diet at the recommended age.

5.3 Salt Iodization

Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The international

goal is to achieve sustainable elimination of iodine deficiency by 2005. The indicator is the percentage of households consuming adequately iodized salt (>15 parts per million).

In about 97 percent of households, salt used for cooking was tested for iodine content by using salt test kits and testing for the presence of potassium iodate. Table NU.5 shows that in a very small proportion of households (0.1 percent), there was no salt available. In only 12 percent of households, salt was found to contain 15 parts per million (ppm) or more of iodine. Use of iodized salt was lowest in the Bagh district (7 percent) and highest in the Sudhnuti (22 percent). Around one fifth (20 percent) of urban households were found to be using adequately iodized salt as compared to only 11 percent in rural areas. The difference between the richest and poorest households in terms of iodized salt consumption is around 8 percent, with higher share of the richest households using adequately iodized salt (Figure NU.4).



5.4 Vitamin A Supplements

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is quite prevalent in the developing world and particularly in countries with the highest burden of under-five deaths.

The 1990 World Summit for Children set the goal of virtual elimination of vitamin A deficiency and its consequences, including blindness, by the year 2000. This goal was also endorsed at the

Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly's Special Session on Children in 2002. The critical role of vitamin A for child health and immune function also makes control of deficiency a primary component of child survival efforts, and therefore critical to the achievement of the fourth Millennium Development Goal: a two-thirds reduction in under-five mortality by the year 2015.

For countries with vitamin A deficiency problems, current international recommendations call for high-dose vitamin A supplementation every four to six months, targeted to all children between the ages of six to 59 months living in affected areas. Providing young children with two high-dose vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating vitamin A deficiency and improving child survival. For countries with vitamin A supplementation programs, the definition of the indicator is the percent of children 6-59 months of age receiving at least one high dose vitamin A supplement in the last six months. Based on UNICEF/WHO guidelines, children aged 6-11 months should be given one high dose Vitamin A capsules and children aged 12-59 months given a vitamin A capsule every 6 months.

Within the six months prior to the MICS, 70 percent of children aged 6-59 months received a high dose Vitamin A supplement (Table NU.6). Approximately 8 percent did not receive the supplement in the last 6 months but did receive an earlier dose.. Less than one percent (0.4 percent)of children received a Vitamin A supplement at some time in the past but their mother/caretaker was unable to specify when. Vitamin A supplementation coverage is lower in the Neelum district than in other districts (51 percent). Higher percentage of children living in the earthquake non-affected areas received a high dose of Vitamin A supplement than children living in earthquake affected areas, 76 compared to 66 percent. Also, children from rural settlements can be considered more vulnerable than urban children; while 96 percent of rural children receive a Vitamin A supplement in the last 6 months, 81 percent of urban children did.

The age pattern of Vitamin A supplementation shows that supplementation in the last six months rises from 62 percent among children aged 6-11 months to 70-72 percent among older children.

The mother's level of education is also related to the likelihood of Vitamin A supplementation. The percentage receiving a supplement in the last six months increases from 68 percent among children whose mothers have no education to 73 percent of those whose mothers have primary education and 76 percent among children of mothers with secondary or higher education. Interesting finding is that the share of children receiving vitamin A in the last 6 months is the lowest among children whose mother has middle education, at 66 percent.

Household wealth and vitamin A supplements are strongly correlated; while only 61 percent of children living in the poorest households received it according to AJK defined schedule, almost 78 percent of children from the richest households did.

Majority of children that received vitamin A supplement (72 percent) received it on the NID campaign (Table NU.6A). This percentage is highest in the Mirpur district at 82 percent and lowest in the Muzaffarabad at 53 percent. Seventeen percent of children aged 6-59 months that received vitamin A received it during the routine visit to health centre, while the share of children that received vitamin A in some other health facility is lower than 5 percent.

6 CHILD HEALTH

6.1 Immunization

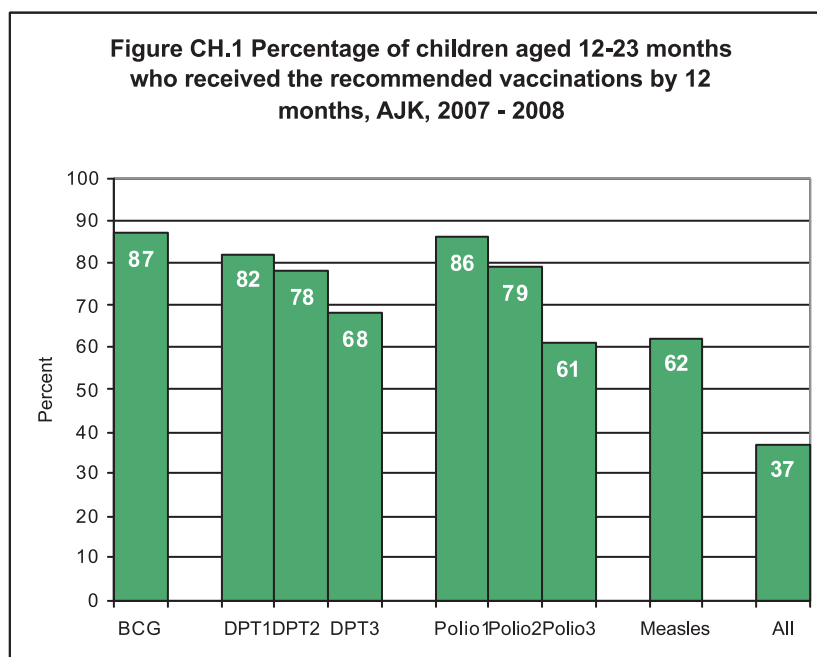
The Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still 27 million children overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

A World Fit for Children goal is to ensure full immunization of children under one year of age at 90 percent nationally, with at least 80 percent coverage in every district or equivalent administrative unit.

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. Mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the AJK MICS questionnaire for children under five.

Overall, 39 percent of children had health cards (Table CH.2). If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and, for DPT and Polio, how many times. The percentage of children aged 12 to 23 months who received each of the vaccinations is shown in Table CH.1. The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

Table CH I presents the immunisation status of children by antigen. Approximately 87 percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 82 percent. The percentage declines for subsequent doses of DPT to 78 percent for the second dose, and 68 percent for the third dose (Figure CH.1). Similarly, 86 percent of children received Polio 1 by age 12 months and this declines to 61 percent by the third dose. The coverage for measles vaccine by 12 months is lower than for the other vaccines at 62 percent. In some cases measles was administered to children over 12 months of age. It was also noted that while children received the measles dose on time, they had not necessarily received all of the earlier scheduled vaccinations which has an impact on their fully immunised status. As a result, the percentage of children who had all eight recommended vaccinations by their first birthday is low at only 37 percent.

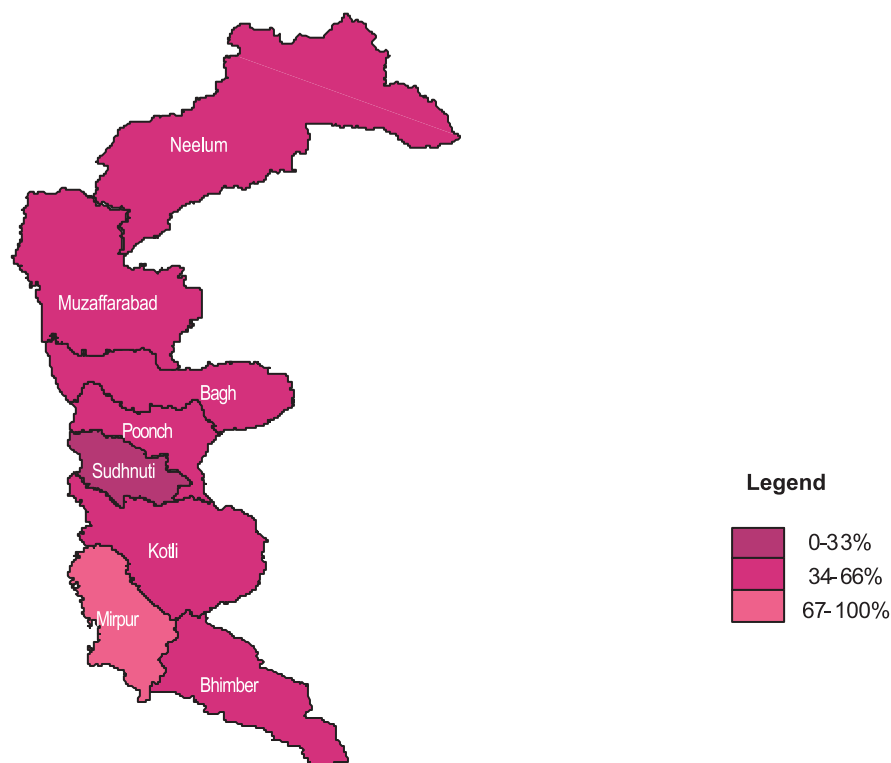


In AJK, the immunization program is extended with three doses of hepatitis B vaccine. According to the AJK defined schedule child should receive all three doses of hepatitis B vaccine before reaching one year of age. Immunization coverage for hepatitis B immunization is presented in Table CH.1c. The results are analysed based on the information from vaccination cards and mothers' reports. Due to the recent initiation of hepatitis B vaccine, only 35 percent of children aged 12 to 23 months have received first dose of the vaccine before first birthday. The percentage is even lower for second dose, at 33 percent received second dose, while 31 percent of children aged 12 to 23 months received third dose according to predefined time table.

Tables CH.2 and CH.2c show vaccination coverage rates among children 12-23 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' reports.

District wise distribution indicates that the lowest share of fully immunized children is in Neelum, at only 15 percent. The highest percentage of children aged 12 – 23 months that received all recommended vaccination is at Mirpur, at 77 percent and Poonch, at 62 percent. The share of fully immunized children in other districts ranges from 34 to 47 percent.

Percentage of children currently vaccinated against childhood diseases



Girls are less likely to be fully immunized than boys; while 41 percent of girls aged 12-23 months have received all recommended vaccinations, the percentage is considerably higher among boys, at 49 percent. Since there are no indications that health facilities and their staff discriminate children by gender, these differences are presumably caused by parents' favour of boys.

Children living in earthquake non-affected areas, urban settlements and the richest households are more likely to be fully immunized than other children.

Of particular significance is the finding that 9.2% of children aged 12-23 months who never received any of the vaccinations and as such have no access to immunisation services.

6.2 Tetanus Toxoid

One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. In addition, another goal is to reduce the incidence of neonatal tetanus to less than 1 case of neonatal tetanus per 1000 live births in every district. A World Fit for Children goal is to eliminate maternal and neonatal tetanus by 2005.

Prevention of maternal and neonatal tetanus is to assure all pregnant women receive at least two doses of tetanus toxoid vaccine. However, if women have not received two doses of the vaccine during the pregnancy, they (and their newborn) are also considered to be protected if the following conditions are met:

i) Received at least two doses of tetanus toxoid vaccine, the last within the prior 3 years; ii) Received at least 3 doses, the last within the prior 5 years; iii) Received at least 4 doses, the last within 10 years; iv) Received at least 5 doses during lifetime.

Table CH.3 in the report shows the protection status from tetanus of women who have had a live birth within the last 24 months. Figure CH.2 shows the protection of women against neonatal tetanus by major background characteristics.

Approximately 57 percent of women who gave birth in the two years preceding the survey received at least 2 tetanus toxoid injections during last pregnancy. The percentage varies considerably among districts. While 72 percent of women from Mirpur received the least recommended number of doses, the shares drops down to 43 percent in Muzaffarabad and to only 24 percent in Neelum. Women living in earthquake non-affected areas are more likely to receive at least two doses of tetanus toxoid during pregnancy; the percentage is at 68 percent; compared to only 50 percent of women from non-affected areas. Similar pattern is observed regarding type of settlement; while 67 percent of urban women is protected against tetanus, only 56 percent of rural women is.

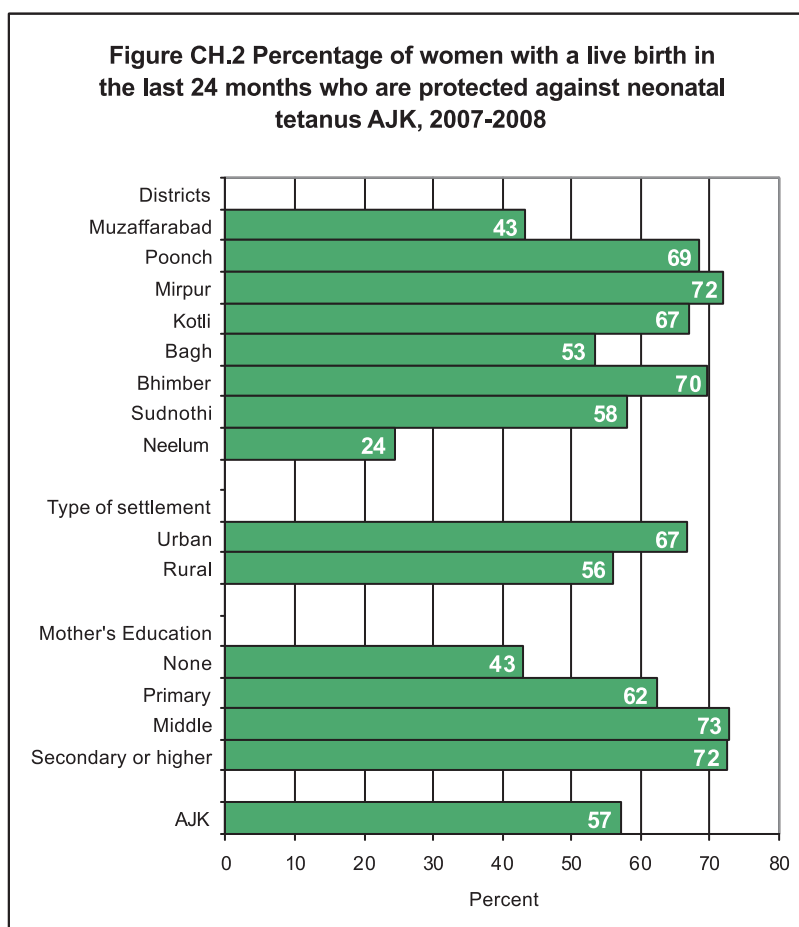
The educational level of women correlates strongly with the likelihood of receiving tetanus toxoid injections. While only 43 percent of women without any formal education received tetanus protection, 62 percent of women with primary and 72 percent of women with middle or secondary education did.

Similar distribution is noticed regarding the wealth of the household women is living in. While the share of women that have received at least two doses of tetanus toxoid during last pregnancy is at 35 percent among the poorest households, the share is increasing with each increase of wealth quintile group, reaching 74 percent among the women from the richest households.

Table CH.3 also shows that the share of women who have received only one dose of tetanus toxoid is considerably higher than the share of women who received minimum number of recommended doses, at 61 percent.

Average number of tetanus toxoid injections during last pregnancy, among pregnant women that received them is 2.7. No significant differences among various background characteristics are found.

One in ten women received at least one tetanus toxoid injection before last pregnancy. The average number of injections received before pregnancy among women that received the injections is 3.2.



6.3 Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

The goals are to: 1) reduce by one half death due to diarrhoea among children under five by 2010 compared to 2000 (A World Fit for Children); and 2) reduce by two thirds the mortality rate among children under five by 2015 compared to 1990 (Millennium Development Goals). In addition, the World Fit for Children calls for a reduction in the incidence of diarrhoea by 25 percent.

The indicators are:

Prevalence of diarrhoea

Oral rehydration therapy (ORT)

Home management of diarrhoea

(ORT or increased fluids) AND continued feeding

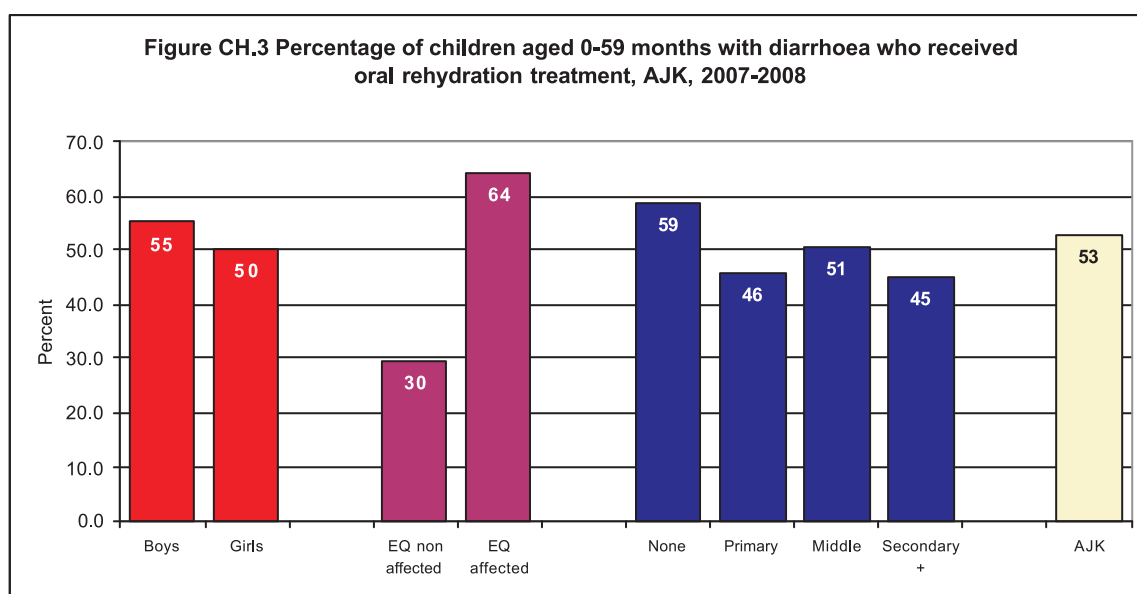
In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

Overall, 17 percent of under five children had diarrhoea in the two weeks preceding the survey (Table CH.4). Diarrhoea prevalence was highest in Poonch and Bagh, at 26 percent. Approximately 18-19 percent of children from Mirpur and Neelum and 12-14 percent of children from Muzaffarabad, Kotli and Sudhnuti had diarrhoea in the two weeks preceding the survey. The share of children with diarrhoea was lowest in Bhimber, at 7 percent.

Diarrhoea prevalence does appear to differ among children living in earthquake affected and non affected areas. An interesting finding is that the percentage of children with diarrhoea is higher among urban than rural children.

The peak of diarrhoea prevalence occurs in the weaning period, among children age 6-23 months. Diarrhoeal prevalence is somewhat lower for children whose mothers have higher education for those living in the richest households.

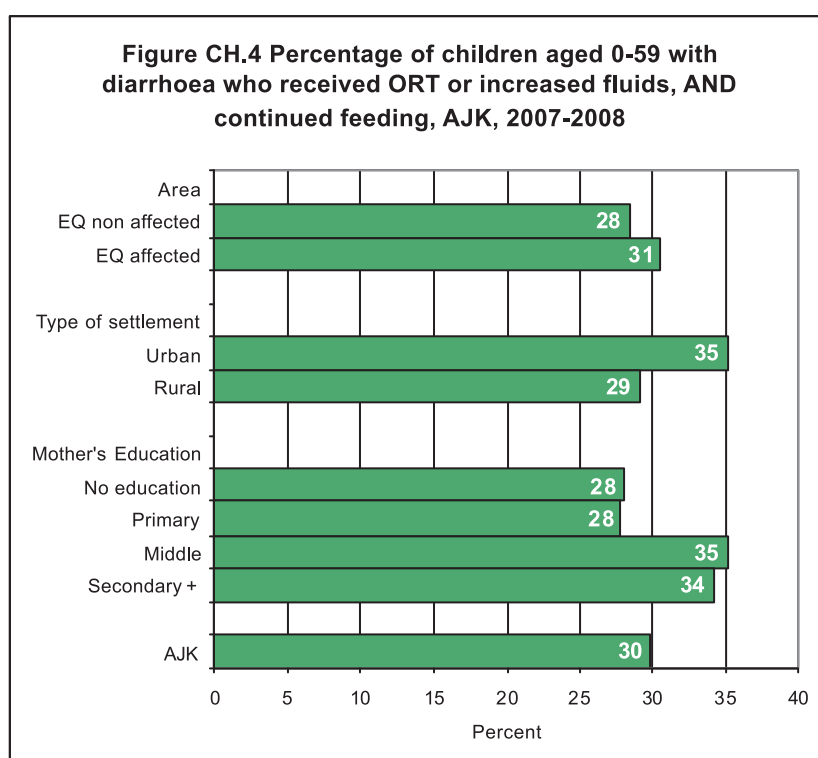
Table CH.4 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100. About 44 percent received fluids from ORS packets and 13 percent received recommended homemade fluids. Of concern is that 44 percent of children with diarrhoea did not receive any treatment. Interestingly, children of mothers with higher education are less likely to receive oral rehydration treatment than other children. Also, ORT usage rate is higher among boys than among girls. Approximately 53 percent of children with diarrhoea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).



More than one third (37 percent) of under five children with diarrhoea drank more than usual while 58 percent drank the same or less (Table CH.5). Around 48 percent ate somewhat less, same or more (continued feeding), but almost half of the children (49 percent) ate much less or ate almost none. Given these figures, only 16 percent children received increased fluids and at the same time continued feeding. Combining the information in Table CH.5 with those in Table CH.4 on oral rehydration therapy, it is observed that 30 percent of children either received ORT or fluid intake was increased, and at the same time, feeding was continued, as is the recommendation.

There are significant differences in the home management of diarrhoea by background characteristics. In earthquake affected areas only a 15 percent of children increased fluids AND continued feeding, while the figure is 18 percent in earthquake non-affected areas. Due to the reverse situation regarding ORT use, share of children that received ORT or increased fluids AND continued feeding is higher in earthquake affected areas, at 31 percent, compared to 28 percent among children from non affected areas.

Children of mothers with secondary or higher education are more likely to receive home management of diarrhoea than average child in AJK. Also children living in the richest households are in advanced position compared to others; both home management of diarrhoea and percentage of children that received ORT or increased fluids AND continued feeding are highest among richest children; at 24 and 37 percent respectively.



6.4 Care Seeking and Medicine Treatment of Pneumonia

Pneumonia is the leading cause of death in children and the use of antibiotics in under-5s with suspected pneumonia is a key intervention. A World Fit for Children goal is to reduce by one-third the deaths due to acute respiratory infections.

Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were NOT due to a problem in the chest and a blocked nose. The indicators are:

i) Prevalence of suspected pneumonia; ii) Care seeking for suspected pneumonia; iii) Medicine treatment for suspected pneumonia; iv) Knowledge of the danger signs of pneumonia

Table CH.6 presents the prevalence of suspected pneumonia and, if care was sought outside the home, and the site of care. Sixteen percent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. The proportion of children with suspected pneumonia is significantly higher among children living in Poonch district and Neelum, at 26 and 21 percent, respectively.

Of all children with suspected pneumonia, 77 percent were taken to an appropriate health care provider. Boys and younger children were taken to an appropriate health provider more often. Also, higher share of children living in urban settlements and those whose mothers have secondary education or higher were taken to receive adequate medical help.

Table CH.7 presents the use of medicines for the treatment of suspected pneumonia in under-5s by sex, age, district, area, type of settlement, mother education, and socioeconomic factors. In AJK, 89 percent of under-5 children with suspected pneumonia had received medicine during the two weeks prior to the survey. The use of medicines is higher among boys and children living in urban settlements. The percentage was considerably higher in Muzaffarabad district, where all children with suspected pneumonia received a medicine, while the percentage declines to only 82 percent in Sudhnoti district. The table also shows that medicine treatment of suspected pneumonia is very low among the children living in the poorest households (86 percent), and among children of mothers/caretakers with no formal education. An interesting finding is that the children living in earthquake non-affected areas are less likely to receive a medicine than children from earthquake affected areas. This may be an indication of the better availability of health services and awareness creation on health issues after the earthquake.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.7A. Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, only 10 percent of women know of the two danger signs of pneumonia – fast and difficult breathing. The most commonly identified symptom for taking a child to a health facility is if child develops a fever, at 67 percent. Approximately 23 percent of mothers identified fast breathing and 17 percent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider.

The percentage of mothers who know the two danger signs of pneumonia is extremely low among mothers from Poonch and Mirpur, where almost none of the mothers could identify both dangerous signs of pneumonia. In contrast, mothers living in Sudhnuti and Kotli are most

familiar with these two signs (20-21 percent). A mother's educational level is an important factor in recognising symptoms of pneumonia, since a higher share of women with secondary or higher education named both signs.

6.5 Childhood Illness

Aside from diarrhoea and suspected pneumonia in the AJK MICS, mothers of children under five were asked if their children had any illness in the two weeks preceding the survey.

Around 41 percent of mothers reported any illness of their under five children. The presence of any illness was highest in Poonch, at 56 percent and Bagh at 52 percent. Also, children in Mirpur had reported illness in higher percentage than other children in AJK. Illness presence was lower in Neelum, at 41 percent. Approximately one third of children in Sudhnuti, Muzzafarabad, Bimber and Kotli had some of the childhood illnesses in the two weeks before the survey. Children living in urban settlements and earthquake affected areas are more likely to develop some of the childhood illnesses.

Illness presence was higher among children aged 0-23 months, compared to children in other age groups.

6.6 Solid Fuel Use

More than 3 billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuels leads to high levels of indoor smoke, a complex mix of health-damaging pollutants. Also, cooking and heating with solid fuels leads to high levels of environmental damaging pollutants. The main problem with the use of solid fuels is products of incomplete combustion, including CO, polyaromatic hydrocarbons, SO₂, and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

Overall, 88 of all households in AJK are using solid fuels for cooking. Use of solid fuels is lower in urban areas (50 percent), but very high in rural areas, where almost 93 percent of households are using solid fuels. Usage of solid fuels is highest in Neelum and Sudhnuti, 98 and 99 percent, respectively, while the share of households using it is significantly lower in Mirpur district, at 54 percent. Households in earthquake affected areas are more likely to use solid fuels than those living in non – effected settlements.

Differentials with respect to household wealth and the educational level of the household head are also considerable. While all the poorest households are using solid fuels for cooking, only one half of the richest household does. Similarly, with each increase of educational level of the head of the household the usage of solid fuels for cooking is declining.

The results clearly indicate that the percentage of solid fuel usage is high due to high level of usage of wood for cooking purposes. 87 percent of households are using wood as the main fuel for cooking. Approximately 11 percent of households are using gas, while the share of other fuels is less than 1 percent.

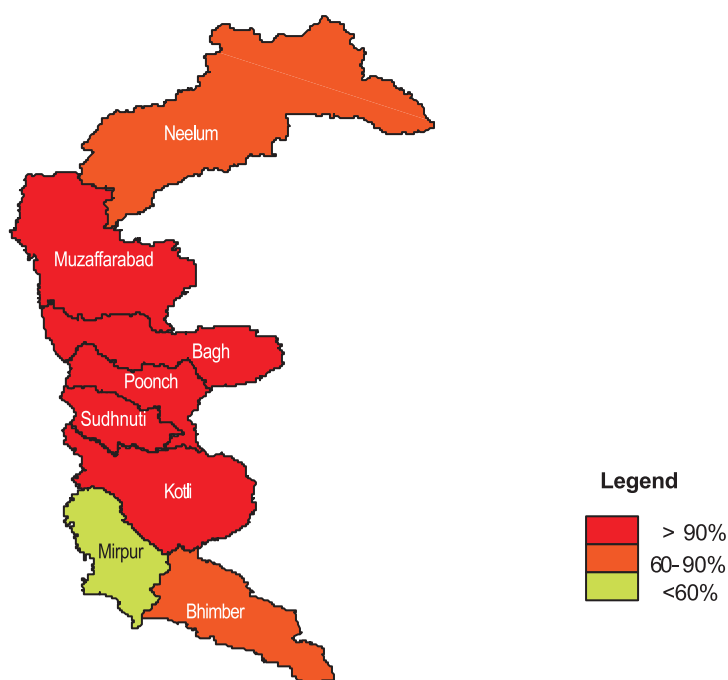
Usage of wood as fuel for cooking is widely spread across all districts, with the exception of Mirpur, where significantly lower percentage of households use it (52 percent). Instead, they use gas for cooking (used by 41 percent of households). On the other hand gas usage is lowest in Sudhnuti and Neelum, less than 2 percent of households from these districts are using gas as a main fuel for cooking.

There are considerable differences in type of fuel used for cooking in the terms of household wealth. While wood usage is widely spread among the poorest households (almost all poorest households are using it), the gas usage is more common among the richest one; while there are no poorest households that are using gas as the main fuel for cooking, more than one half of the richest households does.

Solid fuel use alone is a poor proxy for indoor air pollution, since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires. Use of closed stoves with chimneys minimizes indoor pollution, while open stove or fire with no chimney or hood means that there is no protection from the harmful effects of solid fuels. The type of stove used with a solid fuel is depicted in Table CH.9.

Only 6 of households that are using solid fuels are using closed stove. Unfortunately, significantly higher, remaining percentage is using open stove. The distribution varies among regions and areas of residence; with high share of households in Poonch that are using closed stove (20 percent). Differences regarding education of household head and wealth are also noticeable; while only 3 percent of the poorest households are using closed stove, share of closed stove usage is 6 percent among the richest households. Similarly, while only 4 percent of households where the household head has no education are using close stove, almost every tenth household among those where household head has secondary or higher education does so.

Use of solid fuels for cooking purposes



7 ENVIRONMENT

7.1 Water and Sanitation

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one-third.

The list of indicators used in MICS are as follows:

Water

i) Use of improved drinking water sources; ii) Use of adequate water treatment method; iii) Time to source of drinking water; iv) Person collecting drinking water

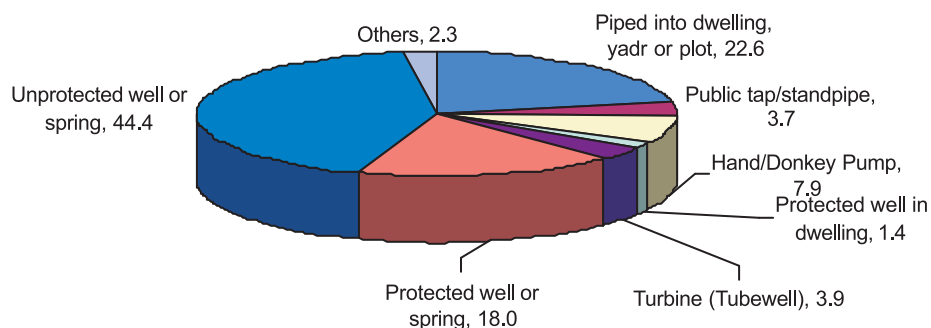
Sanitation

i) Use of improved sanitation facilities; and ii) Sanitary disposal of child's faeces

The distribution of the population by source of drinking water is shown in Table EN.1. The population using *improved drinking water sources* are those who use any of the following types of supply: piped water (into dwelling or yard), public tap/standpipe, hand pump, donkey pump, turbine/tubewell, protected well, protected spring or rainwater collection. Overall, 57 percent of the population has access to improved drinking water sources – 80 percent in urban areas and 55 percent in rural areas. The situation in the Sudhnuti and Poonch is considerably worse than in other districts; only 35 - 36 percent of the population in these districts gets its drinking water from an improved source. On the other hand, considerably higher percentage of population in Mirpur district uses water from improved source; approximately 92 percent. The population living in earthquake affected areas are more vulnerable compared to those living in non affected settlements; as only 46 percent of household population living in affected areas get drinking water from improved water sources compared with the 70 percent of the population in non effected areas.

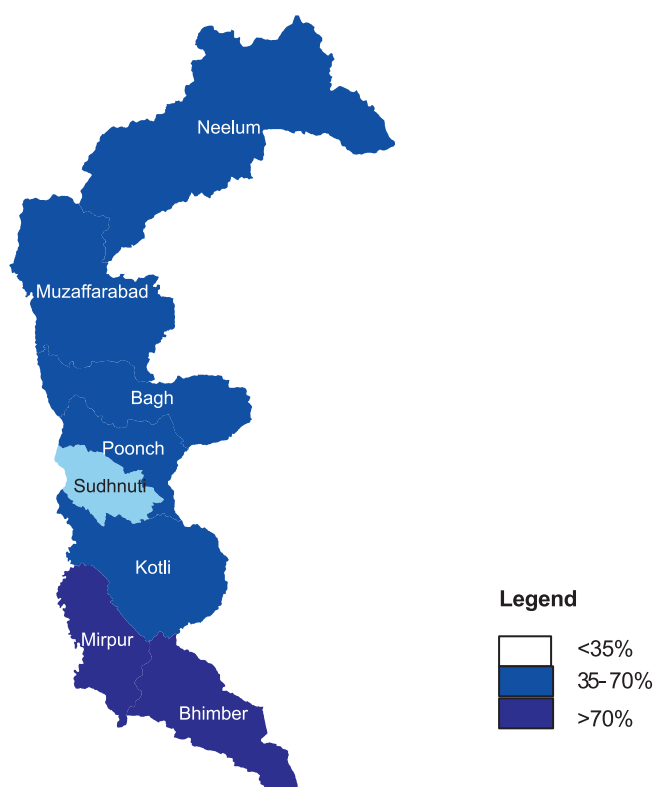
Household socio-economic status and source of drinking water are strongly correlated; with each quintile increase in household wealth, the share of population using improved water sources increases. While less than one third of population living in the poorest households have access to improved water source, the percentage rises up to 88 percent among population from the richest households.

Figure EN.1 Percentage distribution of household members by source of drinking water, AJK, 2007 - 2008



The source of drinking water for the population varies strongly by district (Table EN.1). In the Mirpur district, 53 percent of the population uses drinking water that is piped into their dwelling. In the Muzaffarabad and Bagh, 29 and 26 percent respectively use piped water into their dwelling. In contrast, only about 15 percent of those residing in the Neelum, 12 percent in Kotli, 11 percent in Bhimber, 6 percent in Sudhnuti and around 3 percent of those in the Poonch have piped water.

Map EN1. Proportion of population with sustainable access to an improved water source



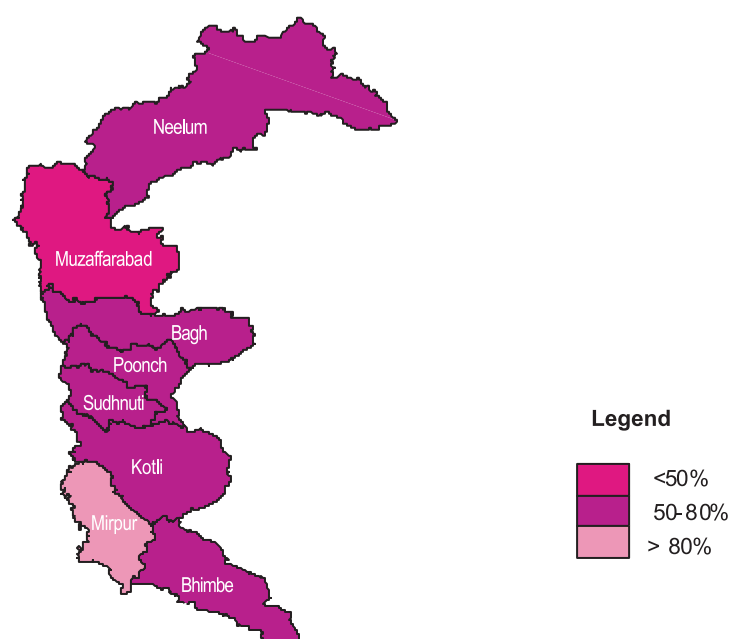
Use of in-house water treatment is presented in Table EN.2. Households were asked of ways they may be treating water at home to make it safer to drink – boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered as proper treatment of drinking water. The table shows the percentages of household members using appropriate water treatment methods, separately for all households, for households using improved and unimproved drinking water sources.

In AJK, only 5 percent of the population applies appropriate water treatment method. Use of appropriate water treatment in large part depends on the district the household lives in. While in Bagh 12 percent of the population appropriately treats water to make it safer, only 2 percent of the Kotli population does the same. Share of population that treats water is higher in urban and earthquake affected areas. More importantly, only 4 percent of the population that has an unimproved water source uses appropriate water treatment. The socioeconomic status and educational level of the head of the household have a great influence on practising water treatment. Wealthier households and those with highly educated heads of the household appropriately treat their drinking water more often than poorer households and those with less educated heads of the family.

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. Improved sanitation facilities include: flush toilets connected to sewage systems, septic tanks or pit latrines, ventilated improved pit latrines and covered pit latrines.

Sixty two percent of the population of AJK is living in households using improved sanitation facilities (Table EN.5). This percentage is 94 in urban areas and 58 percent in rural areas. Residents of the Muzaffarabad are much less likely than others to use improved facilities. Most of this population uses rivers, bush, fields, or has no facilities. In contrast, the most common facilities in other areas of the AJK are flush toilets with connection to a sewage system or septic tank.

Map EN 2. Use of improved sanitation facilities



An overview of the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal is presented in Table EN.7. Overall, less than one half (41 percent) of the population in AJK has access to improved water sources and sanitation. Population living in the earthquake affected areas is in jeopardized position comparing to others, only 29 percent of them has access to both improved water and sanitation. The most vulnerable group are people living in the poorest households, where only 6 percent of population has access to both improved water sources and sanitation facilities.

7.2 Hygiene habits – washing hands

Overall, 97 percent of the AJK population wash their hands before a meal and after using the toilet. The percentage is highest in Muzaffarabad district where the entire surveyed population reported the practice of these two positive hygiene habits. The percentage of the population in Bagh is somewhat less (92 percent). With each increase in household wealth quintile and educational level of the head of the household, increases the percentage of population that are adopting the good practices hand washing.

8 REPRODUCTIVE HEALTH

8.1 Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births; and 3) limiting the number of children. A World Fit for Children goal is access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.

Current use of contraception was reported by 31 percent of women who are currently married (Table RH.1). The most popular methods are injection and female sterilization, each used by 6 percent of married women in AJK. The next most popular method is condom, which accounts for 5 percent among married women. Between three and four percent of women reported use of the lactational amenorrhea method (LAM), the IUCD, the pill and periodic abstinence. Less than one percent use withdrawal. Male sterilization as a means of contraception is practically non-existent.

The contraceptive prevalence rate is highest in the Mirpur and Kotli at 41 percent and almost as high in the Bhimber at 38 percent. Thirty percent of married women in the Muzaffarabad and 28 percent in the Poonch use a modern method of contraception. In the Sudhnuti and Bagh, contraceptive prevalence is at 25 and 23 percent, respectively. In Neelum district contraceptive use is rare; only 12 percent of married women reported using any method. There are considerable differences in the contraception usage in earthquake affected and non – affected areas; the percentage of married women using some kind of contraceptive method is 38 percent in non – effected areas compared to 26 percent in affected areas. Similar differences are noted among urban and rural settlements; a significantly higher percentage of urban married women are using some form of contraceptive method.

Adolescents and younger women are far less likely to use contraception than older women. Only about 10 percent of married women aged 15-19 currently use a method of contraception compared to 24 percent of 20-24 year olds, and 29 percent of older women.

Women's education level is associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 29 percent among those with no education to 35 percent among women with primary or middle education. Percentage of women with secondary or higher education is little lower at 32 percent.

8.2 Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. The antenatal period also provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for

both the mother and infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which include:

i) Blood pressure measurement; ii) Urine testing for bacteriuria and proteinuria; iii) Blood testing to detect syphilis and severe anemia; iv) Weight/height measurement (optional)

Coverage of antenatal care (by a doctor, nurse/midwife, lady health visitor or lady health worker) is relatively high in AJK with 69 percent of women receiving antenatal care at least once during the pregnancy. The low levels of antenatal care is found in Poonch and Mirpur (88 and 86 percent respectively), while the lowest level is in the Neelum, at only 24 percent. Antenatal care coverage is some 20 percent more in urban areas compared to rural areas. Also, women living in earthquake non affected areas are more likely to receive antenatal care; 78 percent, compared to 63 percent of women from earthquake affected areas. Lower antenatal care coverage was found among the less educated women and women from the poorest households.

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding is presented in Table RH.3. In 52 percent of cases, a medical doctor provides the care, while the share of nurse/midwife providing antenatal care is 14 percent. Antenatal care provided by doctor was the highest in Bhimber, at 65 percent; and Poonch, at 64 percent. On the other hand doctor provided antenatal care in only 15 percent of cases in Neelum.

The types of services pregnant women received are shown in table RH.4. Regarding the content of antenatal care received, 50 percent of women in AJK have their urine and 43 percent their blood sample taken, while 61 percent have blood pressure measured. However, a high percentage (65 percent) of women are not weighed. The requisite interventions are more frequently reported by urban, more educated and wealthier women.

Almost none of the women that gave birth in the two years preceding the survey reported the visit of lady health worker during the last month of pregnancy. The situation is similar across AJK districts and areas of residence.

8.3 Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency. A World Fit for Children goal is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the Millennium Development target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The AJK MICS included a number of questions to assess the proportion of births attended by a skilled attendant. A *skilled assistance at delivery* is defined as assistance provided by a medical doctor, nurse or midwife or lady health visitor. .

About 40 percent of births occurring in the two years prior to the MICS survey were delivered by skilled personnel (Table RH.5). This percentage is highest in the Mirpur district, at 61 percent and Kotli at 54 percent. The share of women that delivered with the assistance of a skilled person drops to 49 percent in Poonch, 44 percent in Bhimber, and Sudhnuti. Women living in Muzaffarabad and Neelum are less likely to have delivery assisted by skilled personnel; only 26 percent of women from Muzaffarabad and 8 percent of women from Neelum had skilled assistance at delivery.

The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled person. Percentage rises from 28 percent among women without formal education, up to 52 percent among those with middle school and 57 percent among women with secondary or higher education.

Women living in the poorest households are more at risk compared to the women from the other socio – economic groups. Only every fifth woman from the poorest household was delivered with skilled personal assistance. With each quintile increase of household wealth the chances that women will be delivered with the skilled personal assistance are higher; around one third of women from the middle wealth quintile and two thirds from the richest households had skilled assistance at delivery.

A little less than one in three of the births (29 percent) in the two years prior to the MICS survey were delivered with assistance by a medical doctor. Nurse/midwife assisted with the delivery of 10 percent of births and lady health visitor. Still, a high percentage of births are delivered by traditional birth attendants or relative/friend; 25 and 31 percent, respectively. In the Neelum even 71 percent of births are delivered with the assistance of relative or friend. On the other hand the higher percentage of births assisted by the traditional birth attendant is in Bhimber district, at 38 percent.

Approximately 34 percent of women that gave birth in the two years prior to survey had delivery in a health facility. District wise distribution of institutional deliveries is similar to the distribution of skilled attendance at the delivery; women living in Mirpur districts are more likely to deliver their baby in health facilities than women living in other districts. On the contrary, the women from Neelum are in the most deprived position, only 3 percent of births in Neelum were delivered in health facilities.

Delivery in health facilities is more frequent in urban (62 percent), than in rural settlements (31 percent). Similarly, percentage of institutional deliveries is much higher in earthquake non – affected areas (46 percent) compared to affected ones (26 percent).

More educated and wealthier women are more likely to deliver in health institutions; the percentage is more than two times higher among women with secondary or higher education comparing to non educated women. Similarly, percentage rises from only 17 percent among women living in the poorest households, up to 31 percent among those living in the middle socio - economic group, and up to 62 percent among women from the richest households.

8.4 Maternal Mortality

The complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. It is estimated worldwide that around 529,000 women die each year from maternal causes. And for every woman who dies, approximately 20 more suffer injuries, infection and disabilities in pregnancy or childbirth. This means that at least 10 million women a year incur this type of damage.

The most common fatal complication is post-partum haemorrhage. Sepsis, complications of unsafe abortion, prolonged or obstructed labour and the hypertensive disorders of pregnancy, especially eclampsia, claim further lives. These complications, which can occur at any time during pregnancy and childbirth without forewarning, require prompt access to quality obstetric services equipped to provide lifesaving drugs, antibiotics and transfusions and to perform the caesarean sections and other surgical interventions that prevent deaths from obstructed labour, eclampsia and intractable haemorrhage. One MDG target is to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

Maternal mortality is defined as the death of a woman from pregnancy-related causes, when pregnant or within 42 days of termination of pregnancy. The maternal mortality ratio is the number of maternal deaths per 100,000 live births. In MICS, the maternal mortality ratio is estimated by using indirect sisterhood method. To collect the information needed for the use of this estimation method, adult household members are asked a small number of questions regarding the survival of their sisters and the timing of death relative to pregnancy, childbirth and the postpartum period for deceased sisters. The information collected is then converted to lifetime risks of maternal death and maternal mortality ratios⁶.

AJK MICS results on maternal mortality are shown in Table RH.6. The results are also presented only for the national total, since maternal mortality ratios generally have very large sampling errors.

The estimated maternal mortality level in AJK is at 201 per 100,000 live births (or alternatively approximately 2 deaths per 1000 live births).

⁶ For more information on the indirect sisterhood method, see WHO and UNICEF, 1997.

9 EDUCATION

9.1 Primary and Secondary School Participation

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the Millennium Development Goals and A World Fit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

The indicators for primary, middle and secondary school attendance include:

Net intake rate in primary education

Net primary school attendance rate

Gross primary school attendance rate

Net middle, high and higher secondary school attendance rate

Gross middle, high and higher secondary school attendance rate

Net primary school attendance rate of children of middle and secondary school age

Female to male education ratio (or gender parity index - GPI)

The indicators of school progression include:

Survival rate to grade five

Transition rate to middle school

Net primary completion rate

Of children who are of primary school entry age (age 5 at the beginning of a school year) in AJK, only 35 percent are attending the first grade of primary school (ED.2). Sex differentials are significant; while only 29 percent of girls of primary school entry age are actually in school; the share of boys is considerably higher, at 40 percent. Also, differentials are present by district, earthquake affected and non affected areas as well as urban-rural settlements. In the Sudhnuti, for instance, the value of the indicator reaches 49 percent, while it is only 27 percent in the Neelum district. Children's participation to primary school is timelier in urban areas (37 percent) than in rural areas (34 percent). A positive correlation with mother's education and socioeconomic status is observed; for children age 5 at the beginning of a school year, whose mothers have at least secondary school education, 43 percent were attending the first grade. In rich households, the proportion is around 49 percent, while it is 22 percent among children living in the poorest households.

In order to get the closer picture of children's school participation, usually two sources are used: enrolment data⁷, which are usually based on administrative records or compiled from surveys and censuses, and attendance data from household surveys. In AJK MICS Net Attendance Rate (NAR) was analysed. The standard definition of the NAR is "Number of pupils in the official

⁷ The indicator is calculated as the number of enrolled students within the appropriate age cohort according to school records as reported to ministries of education, divided by the number of children of primary/middle/secondary school age.

age group for a given level of education who attend school in that level, expressed as a percentage of the population in that age group.” (EFA) UNICEF uses a modified definition of the NAR that also considers children who are attending higher levels of education. The modified primary NAR is the percentage of children of primary school age that is attending primary or middle/secondary school. The standard definition of the primary NAR would exclude children in middle/secondary school and thus slightly underestimate the actual level of participation in the education system. The modified middle/high or higher secondary NAR is the percentage of children of middle/high or higher secondary school age that is attending middle school or higher. The modified definitions of the primary and middle NAR have been applied to generate the estimates in the AJK in 2007 – 2008.

Table ED.3 provides the percentage of children of primary school age attending primary or middle or higher school. Overall, 68 percent of children of primary school age in AJK are attending primary school or middle or higher school. However, almost one third of the children are out of school when they are expected to be participating in school.

Substantial differences are not found between urban and rural areas; and more importantly, nor between earthquake affected and non – affected areas.

School attendance in the Neelum is significantly lower than in the rest of the AJK at 52 percent. Situation in Kotli and Muzaffarabad is also under total AJK level, at 62 and 64 percent, respectively. The situation in other districts is better, with primary school attendance rates ranging from 71 percent in Mirpur up to 76 percent in Bhimber.

Considerable differences are found in the terms of household wealth and school attendance. While only 56 percent of children of primary school age are attending primary school; the share of children attending primary school from the richest households is 78 percent.

At the AJK level, there is virtually no difference between male and female primary school attendance, the difference of two percent more boys in primary school compared to girls is not statistically significant.

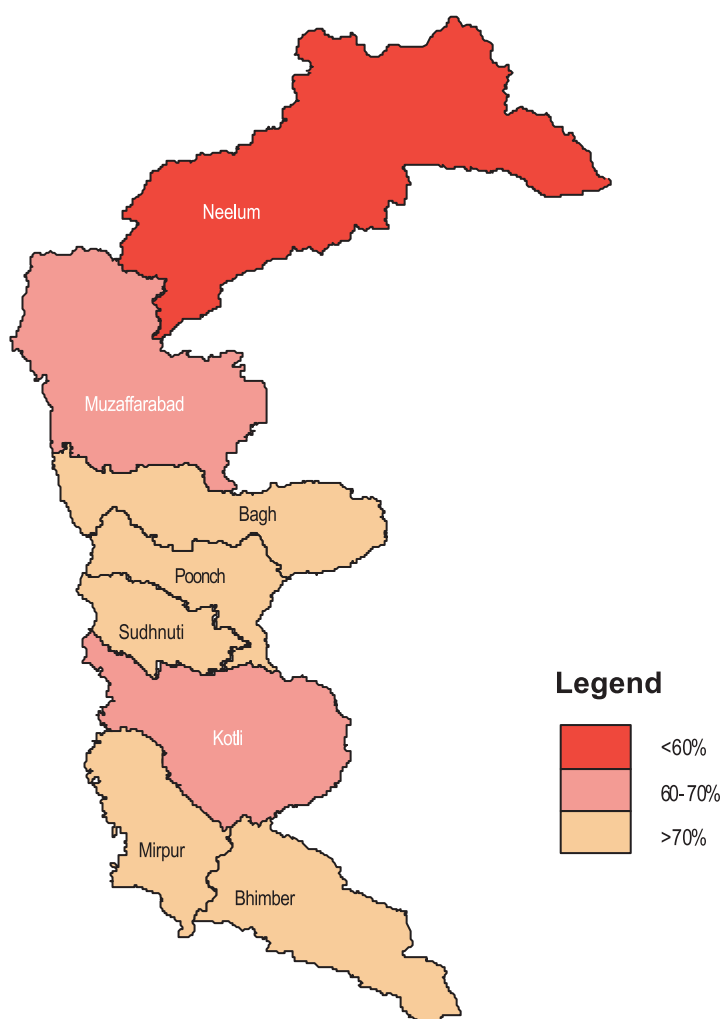
The middle school net attendance ratio is presented in Table ED.4. More dramatic than in primary school where 32 percent of the children are not attending school at all, is the fact that 42 percent of the children of middle school age are attending middle school. Of the remaining 58 percent some of them are either out of school or attending primary school (see below).

This percentage is the lowest in the Neelum district, (20 percent) and among the children living in the Muzaffarabad, 34 percent. In urban areas, 54 percent of children attend school while for rural areas it is 40 percent. Sixty one percent of AJK children of age 12 years attend middle school, while only 21 percent of children of age 10 attend secondary school. The attendance of secondary school is strongly determined by the socio-economic status of the households. It ranges from 26 percent in the poorest quintile to 57 percent in the richest quintile. There is a higher proportion of girls (43 percent) of this age attending middle school than of boys (40 percent).

The primary school net attendance ratio of children of middle school age is presented in Table ED.4W. One in three (29 percent) of the children of middle school age are attending primary school when they should be attending middle school. The remaining 29 percent are not

attending school at all; they are children out of school since we already indicated that 42 percent of them were attending middle school.

Net attendance ratio at primary level



The high and higher secondary school net attendance ratios are presented in the Tables ED4.A and ED4.B. Only one fourth of children of high school age and only 14 percent of children of higher secondary school age actually attend required school. Children living in the Poonch and Mirpur, as well as those from urban settlements and the richest households are more likely to attend high or higher secondary school at AJK defined age.

Table ED.4.C to ED.4.F present results about gross primary and middle school attendance. Gross attendance rates present number of pupils in a given level of education, regardless of age, and are expressed as a percentage of the population in the theoretical age group for the same level of education. According to the definition of the indicator it is natural and expected that gross attendance rates are higher than net attendance rates. Primary school gross attendance rate is at 99 percent, and it is higher among boys (103 percent), children living in the Bhimber and

Sudhnuti districts, earthquake non-affected and urban areas. Also, primary school gross attendance rate is higher among children living in the richest households comparing to the children from the poorest wealth index quintile.

Middle school gross attendance rates are presented in the table ED.4.B. Gross middle school attendance rate in AJK is at 77 percent. Rates are the highest among children from Poonch (90 percent), urban settlements (89 percent), and the richest households (86 percent).

High and higher secondary gross attendance ratios are also higher than net attendance ratios; at 61 and 54 percent, respectively. Gender differences are considerable, with only 57 (48) percent of girls in high (higher secondary) school comparing to 87 (60) percent of boys. Household wealth status is strongly correlated with attendance rates; rates for both high and higher secondary school are significantly higher among children living in the richest households.

The percentage of children entering first grade who eventually reach grade 5 is presented in Table ED.5. Of all children starting grade one, the majority of them (99 percent) will eventually reach grade five. Notice that this number includes children that repeat grades and that eventually move up to reach grade five. Somewhat lower percentage of children living in Poonch (97 percent) and Neelum and Mirpur (96 percent) entering first grade will eventually reach grade 5.

The net primary school completion rate and transition rate to middle education are presented in Table ED.6. At the moment of the survey, only 45 percent of the children of primary completion age (9 years) were attending the last grade of primary education. This value should be distinguished from the gross primary completion ratio which includes children of any age attending the last grade of primary. There are significant variations in primary school completion across sex or urban and rural areas; with more boys and urban children of primary school completion age that are attending the last grade of primary school. The lowest percentage of children attending the last grade of primary education can be observed in the poorest wealth quintile. This percentage is lower among children living in the Neelum district (20 percent), the Muzaffarabad district (28 percent), and among children whose mothers have no education (41 percent).

The middle school transition rate measures the proportion of children transitioning directly from primary school to secondary school. Luckily, 95 percent of the children that completed successfully the last grade of primary school were found at the moment the survey to be attending the first grade of middle school. There is virtually no difference between urban and rural children, or males and females; however children from the second wealth quintile are significantly less likely to transition to secondary school (only 90 percent) than other children.

The ratio of girls to boys attending primary and middle education is provided in Table ED.7. These ratios are better known as the Gender Parity Index (GPI). Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The last ratios provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary education tend to be boys. The findings shows that gender parity for primary school is close to 1.00 (0.97), indicating no difference in the attendance of girls and boys to primary school. However, the indicator drops to 0.95 for the primary school age children living in the poorest households, which indicate that the girls from the poorest households are more vulnerable, compared to boys.

9.2 Adult Literacy

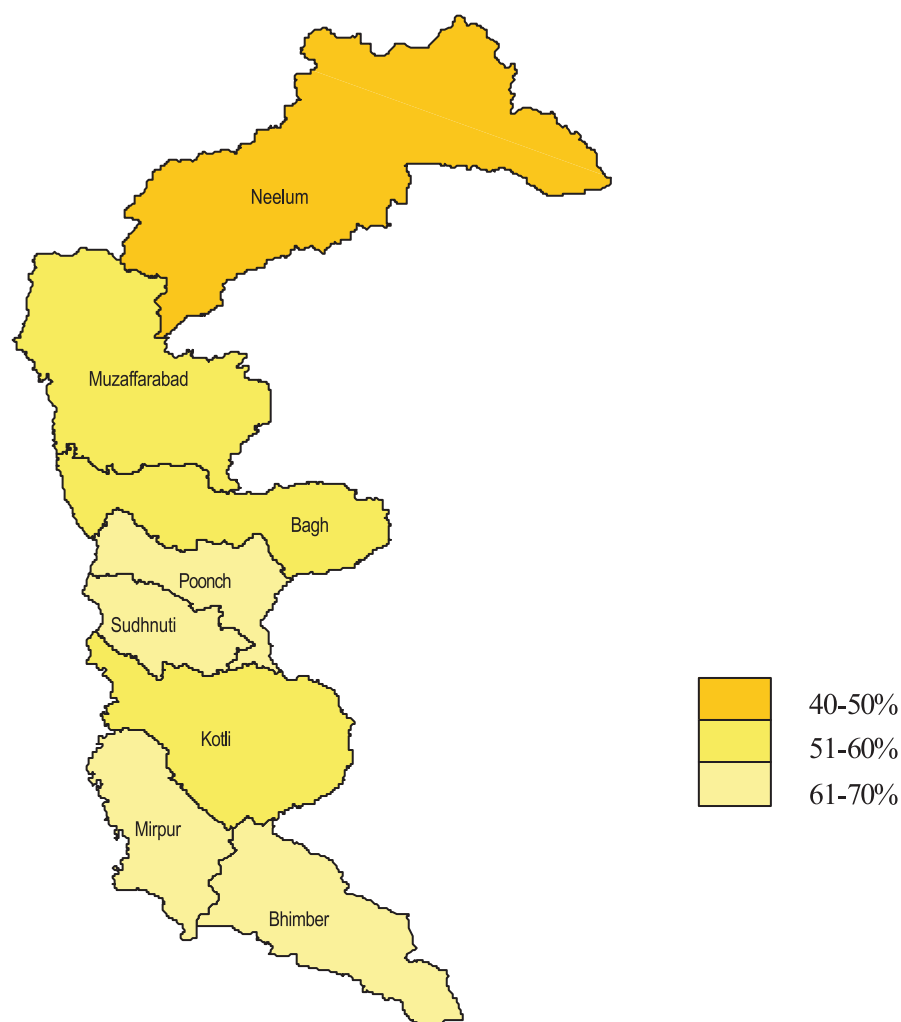
One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In AJK MICS, literacy was assessed on the questions about ability of household members aged 10 years and above to read. Question about adult members' knowledge to read in Urdu, English, Kasmiri or some other language was administered to main household respondent for all members aged 10 years and above that live in the household. The percent literate is presented in Tables ED.8A-ED.8.C.

Literacy rate is highest among young population, aged 15 to 24 years, at 82 percent. Young population living in Bhimber and Mirpur is more literate than other young people, at 91 and 88 percent respectively. Young population in Neelum is less literate; literacy rate of population aged 15-24 is the lowest in this district, at only 60 percent. Young population living in earthquake non affected areas and urban settlements is more likely to be literate than those living in earthquake affected and rural areas. Gender differences are considerable, males are more literate than females, 88 comparing to 77 percent. Household socioeconomic status is strongly correlating with likelihood of being young people being literate; while only 61 percent of population living in the poorest households is literate, the percentage is 86 percent among those living in the households that are in the middle socioeconomic group and 95 percent among young people living in the richest households.

Share of literate population aged 15 years and above and 10 years and above is presented in Tables ED.8B and ED.8C. Percentage of literate adult population is much lower than among young people, at only 61 and 65 percent, respectively. District wise distribution of literate population aged 15 years and above or 10 years and above is similar to one among population 15-24 years, with majority of literate persons living in Mirpur and Bhimer. Adult population in Neelum is at lowest literacy level. Difference in literacy rates among males and females is even more emphasized, with only 53 percent of women aged 10 years and above and 47 percent of women aged 15 years and above considered literate, while these percentages among male population are 75 and 77 percent, respectively. Younger the person is higher are the chances that s/he can read; with age increasing share of population that can read is rapidly decreasing. Higher level of literacy among younger population may suggest that the younger generations has more opportunity for learning.

There is a marked difference in literacy by household's wealth status, ranging from 42 percent among population aged 15 years and more living in the poorest households to 75 percent among adult population living in the richest households. Similarly, literacy rates among population 10 years and above vary from 47 in the lowest wealth quintile up to 78 percent in the highest wealth quintile.

Adult Literacy (population aged 15 years and above)



9.3 Access to school

Access to primary, middle and secondary school is presented in the tables ED.9, ED.10 and ED.11. Both governmental and private primary schools are more available to children than middle and secondary schools. For approximately 82 – 84 percent of households, governmental primary schools are located at the areas that are at the distance of less than 2 km for their home. Private primary schools are at the distance of less than 2 km for home for 79 percent of households. The accessibility of Government primary schools in terms of proximity is better in the earthquake non-affected areas, urban settlements and Neelum district. A sharp contrast is that private primary schools are closer to the children living in Mirpur and Bhimber, and those living in the richest households, which is direct consequence of uneven distribution of household wealth across the districts.

The availability of primary schools, middle and secondary schools is found to be a constraining factor. For only 58-59 percent of children government middle school is at the distance of less than 2 km, while government secondary schools are even less available; with 51-53 percent of children living at the distance of less than 2 km from school. The situation with private middle and secondary schools is similar; with somewhat lower percentage of households living at the distance of less than 2 km from the private secondary schools, 49 percent.

Differences between availability of boys and girls schools are not considerable for any type of school observed.

9.4 Community involvement in the school

MICS AJK questionnaire included question regarding community involvement to school. Main household respondent was asked is s/he or any other member of the household was involved in any school management affairs.

In approximately one half of the households one of the household members was involved in the school management affairs. This involvement is highest in the Muzaffarabad district, at 59 percent; while households from the Bagh district participate at school management affairs less than those from other districts; only 31 percent of households reported involvement in school affairs. Participation is much higher in urban (68 percent) compared to rural settlements (49 percent). Differences in involvement between households living in earthquake affected and non affected areas are not considerable. Involvement in any school management affairs is the highest among households with more educated household head as well as in the rich households, at 68 and 64 percent, respectively.

10 CHILD PROTECTION

10.1 Birth Registration

The Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The World Fit for Children states the goal to develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The indicator is the percentage of children under 5 years of age whose birth is registered.

Only the birth of every fourth child under five years in AJK has been registered (Table CP.1). Children living in Muzaffarabad district are less likely to have their birth registered, with only 12 percent of children under 5 registered. The share of registered children is highest in Mirpur, with 38 percent of registered children, while situation in other districts is pretty equally distributed; percentage of children whose birth has been registered ranges from 23-28 percent. Children in the rural and earthquake affected areas are somewhat less likely to have their births registered than other children.

There are no significant variations in birth registration across sex. On the other hand, age differences are noticeable. The older the child is, the better is the chance that the birth will be registered: the indicator rises from only 14 per cent among children aged 0-11 months to 36 per cent among children aged 48-59 months, which indicates delayed registration. Birth registration is highly correlated with mother's educational status. The percentage of registered births is highest among children whose mothers have secondary or higher education (34 per cent). Similarly the birth registration is higher among children from the richest households; while only the births of 16 percent of the poorest children has been registered, the share registered children living in the richest households is 38 percent.

Among those whose births are not registered, lack of knowledge that child should be registered appears to be the main reason (49 per cent). Cost, lack of time, missing of other documentation and distance from the place of birth are also mentioned as the reasons for not registering the child. High share of parents (13 percent) didn't name the exact reason why child birth has not been registered.

10.2 Child Labour

Article 32 of the Convention on the Rights of the Child states: "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development..." The World Fit for Children mentions nine strategies to combat child labour and the MDGs call for the protection of children against exploitation. In the MICS questionnaire, a number of questions addressed the issue of child labour, that is, children 5-14 years of age involved in labour activities. A child is

considered to be involved in child labour activities at the moment of the survey if during the week preceding the survey:

Ages 5-11: at least one hour of economic work or 28 hours of domestic work per week.

Ages 12-14: at least 14 hours of economic work or 28 hours of domestic work per week.

This definition allows differentiation between child labour and child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of child labour since some children may be involved in hazardous labour activities for a number of hours that could be less than the numbers specified in the criteria explained above. Table CP.2 presents the results of child labour by the type of work. Percentages do not add up to the total child labour as children may be involved in more than one type of work.

Three per cent of children in AJK aged 5 to 14 years are involved in child labour, mainly unpaid domestic work and family business. This result is pretty low and can be consequence of parents not reporting that child is involved in some type of work.. District wise distribution indicates that the proportion of children involved in child labour is highest in Neelum, encompassing approximately 6 percent of children aged 5 to 14. The pattern is the same as that at the AJK level, in that they are mainly involved in unpaid and domestic work. On the other hand, children from Muzaffarabad and Poonch are the least involved in child labour, 1 and 2 percent, respectively. Urban children are less likely to be involved in labour (2 percent) than rural children (3 percent). The poorest children, children whose mothers have no education, and those aged 12-14 are the most exploited groups with regard to child labour. A total of 5 per cent of children from the poorest households and 3 per cent of children whose mothers have never attended school are involved.

Table CP.3 presents the percentage of children classified as student labourers or as labourer students. Student labourers are children who attended school and were involved in child labour activities at the time of the survey. More specifically, out of 85 per cent of the children aged 5-14 attending preschool or school, 2 per cent also were involved in child labour. The proportion of student labourers is the highest among children from the Neelum, Sudhnuti, rural areas and the poorest households.

On the other hand, out of children classified as child labourers, the vast majority also attended school (61 percent).

10.3 Early Marriage

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 million women aged 20-24 were married/in union before the age of 18. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws that condone the practice.

In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of

poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination against Women mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..." While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights - such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices - and is frequently addressed by the Committee on the Rights of the Child. Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages and the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. Child marriage was also identified by the Pan-African Forum against the Sexual Exploitation of Children as a type of commercial sexual exploitation of children.

Young married girls are a unique, though often invisible, group. Required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still children themselves, married girls and child mothers face constrained decision-making and reduced life choices. Boys are also affected by child marriage but the issue impacts girls in far larger numbers and with more intensity.

Research suggests that many factors interact to place a child at risk of marriage. Poverty, protection of girls, family honour and the provision of stability during unstable social periods are considered as significant factors in determining a girl's risk of becoming married while still a child. Women who married at younger ages were more likely to believe that it is sometimes acceptable for a husband to beat his wife and were more likely to experience domestic violence themselves. The age gap between partners is thought to contribute to these abusive power dynamics and to increase the risk of untimely widowhood.

Estimated indicator is the percentage of women 15 to 19 years of age that are married. Findings are provided in the Table CP.5. Around 8 percent of all women aged 15 to 19 in AJK is married. Percentage of young married women is highest in Neelum, where almost every third young women is married. On the other hand, share of young married women is lowest in Muzaffarabad, at 5 percent. There are no significant differences in terms of type of settlement or earthquake affected and non affected areas. Household wealth strongly correlates with the likelihood of early marriage, the share of young married women is highest among those living in the poorest and second wealth quintile households.

10.4 Child Disability

One of the World Fit for Children goals is to protect children against abuse, exploitation, and violence, including the elimination of discrimination against children with disabilities. For children age 2 through 9 years, a series of questions were asked to assess a number of disabilities/impairments, such as sight impairment, deafness, and difficulties with speech. This approach rests in the concept of functional disability developed by WHO and aims to identify the implications of any impairment or disability for the development of the child (e.g. health, nutrition, education ,etc.). Table CP.10 presents the results of these questions.

About 13 percent of children 2-9 years of age have at least one reported disability. This percentage is higher in the poorest quintile at 17 percent compared to 8 percent in the richest quintile. Children living in the Neelum district are more likely to have at least one reported disability. A contrary, 8 percent of children aged 2-9 years from Mirpur district have at least one reported disability.

Four percent of children are having difficulty speaking and cannot be understood in words, 3 percent have difficulty in walking moving, moving arms, weakness or stiffness. 2 percent of children have no understanding of instructions and 1 percent has difficulty seeing, either in the daytime or at night. In thirteen percent of children aged 3-9, their mothers or caretakers believe that their speech is not normal; with a significantly high percentage of children living in Muzaffarabad, where one third of mothers or caretakers reported this disability. Every fifth child aged 2 is reported as not being able to name at least one object.

11 Hiv/Aids

11.1 Knowledge of HIV Transmission

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step toward raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions although some appear to be universal (for example that sharing food can transmit HIV or mosquito bites can transmit HIV). The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. The HIV module was administered to ever married women 15-49 years of age.

One indicator which is both an MDG and UNGASS indicator is the percent of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women were asked whether they knew that there are ways to prevent HIV transmission. The results are presented in Table HA.3. In AJK, almost one third of the interviewed women have heard of AIDS. However, the percentage of women who know of ways of preventing HIV transmission is only 17 percent. Women living in the richest households, more educated women and those living in the Mirpur district and urban areas are more aware of AIDS and the ways of preventing it than other women in AJK.

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions: 1) would care for family member sick with AIDS; 2) would buy fresh vegetables from a vendor who was HIV positive; 3) thinks that a female teacher who is HIV positive should be allowed to teach in school; and 4) would not want to keep HIV status of a family member a secret. Table HA.5 presents the attitudes of women towards people living with HIV/AIDS.

Seventy one percent of ever married women aged 15-49 agreed with at least one discriminatory statement towards people with HIV/AIDS, while only 29 percent expressed accepting attitudes. Less than 1 percent of women would not care for a family member who was sick with AIDS, 16 percent would keep a secret if a family member gets sick, 17 percent would not buy fresh vegetables from person with HIV/AIDS and 14 percent believe that a female teacher with HIV should not be allowed to work.

Urban women (34 percent) are more likely to express accepting attitudes than rural women (27 percent). Women aged 20-24 are most likely to show accepting attitudes. Seventeen percent of women with no education agree with none of the discriminatory statements, compared to even 40 percent of those with secondary or higher education. Women living in the richest households are expressing less discriminatory attitude comparing to the poorest women; 35 compared to 16 percent.

12 ORPHANED CHILDREN

12.1 Orphans

Children who are orphaned may be at increased risk of neglect or exploitation if the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs.

To monitor these variations, a measurable definition of orphaned children needed to be created. The UNAIDS Monitoring and Evaluation Reference Group developed proxy definition of children who have been affected by adult morbidity and mortality. This should capture many of the children affected by AIDS in countries where a significant proportion of the adults are HIV infected. This definition classifies children as orphaned if they have experienced the death of either parent.

The frequency of children living with neither parent, mother only, and father only is presented in Table HA.10. Sixty seven percent of children aged 0-17 years in AJK are living with both parents. This percentage is somewhat lower in the Sudnohti district (55 percent) and earthquake affected areas (65 percent). Sixty three percent of children aged 15-17 years are living with both parents, which is lower than share of children in other age groups.

One of the measures developed for the assessment of the status of orphaned children relative to their peers looks at the school attendance of children 10-14 for children who have lost both parents (double orphans) versus children whose parents are alive (and who live with at least one of these parents). If children whose parents have died do not have the same access to school as their peers, then families and schools are not ensuring that these children's rights are being met.

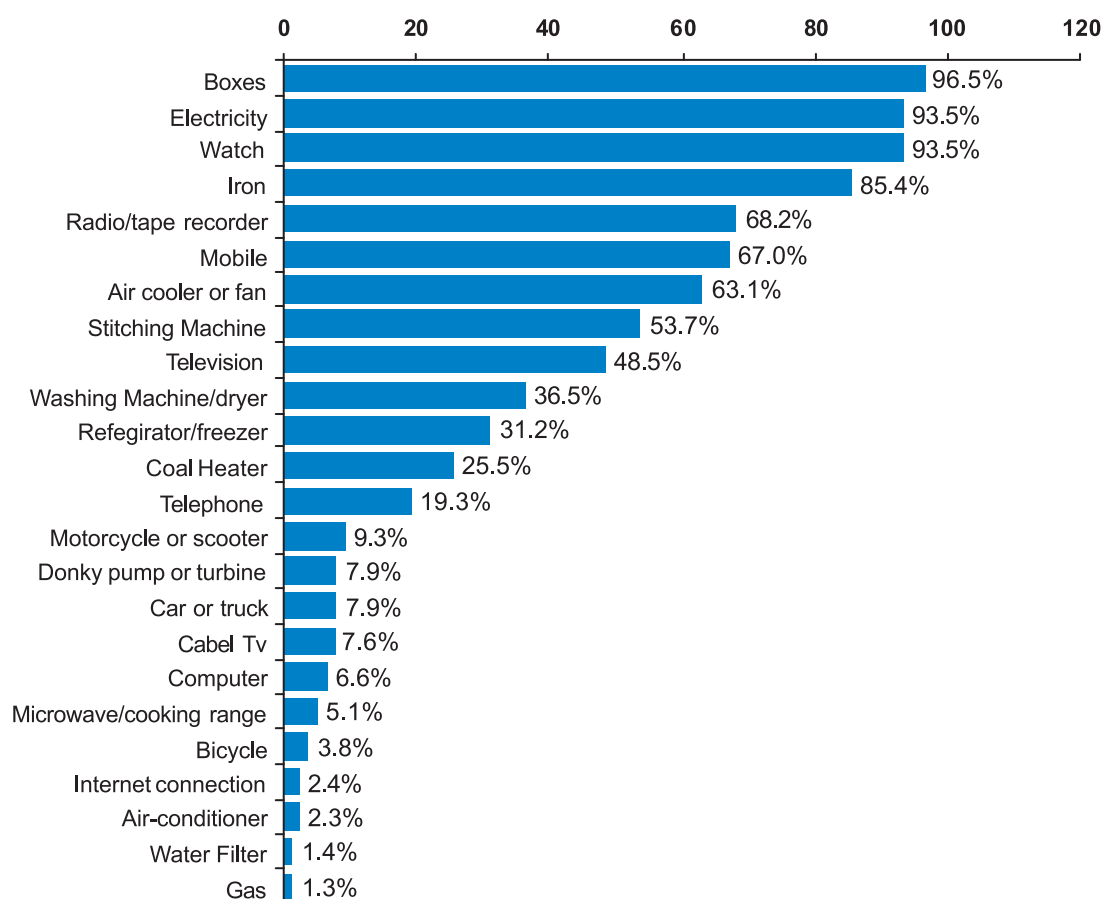
In AJK, 0.3 percent of children aged 10-14 have lost both parents (Table HA.12). Among those only 84 per cent are currently attending school. Among the children ages 10-14 who have not lost a parent and who live with at least one parent, 90 percent are attending school. This would suggest that double orphans are disadvantaged compared to the non-orphaned children in terms of school attendance.

13 ECONOMY RELATED INDICATORS

MICS AJK included separate modules regarding socioeconomic status of households and AJK population living arrangements. Findings from these AJK specific topics are presented in the tables ER.1 to ER.7.

Figure ER.1 presents percentage of households that own different household asset. Possession of assets included in the questionnaire was also used for the calculation of the household wealth index score and they are directly correlating household and household members' wellbeing.

Figure ER.1. Ownership of household assets, AJK, 2007 - 2008



13.1 Telephone lines and cellular subscribers

Percentage of household members that have access to a telephone line or live in the household where at least one of household members has a mobile phone is presented in the table ER.1. Approximately every fifth person in AJK has access to a fixed phone in their house, while 70 percent live in the household where at least one member owns a mobile phone. Both percentages are significantly higher in the Mirpur and Kotli districts and urban settlements. Population living in Neelum in the lower percentage have access to both telephone and mobile phone; the shares are only 7 and 5 percent, respectively. As expected; with each increase of household wealth index quintile the accessibility of fixed and cell phones is rising; while only 0.2 (29) percent of the population living in the poorest households have telephone (cell phone); the percentage among population living in the richest households is 55 (96) percent. Education of the head of the household is also correlating with phone accessibility, more educated the household head is higher is the chance of household member to have both fixed or mobile telephone.

13.2 Personal computer in use

Only 8 percent of population in AJK live in the households that have personal computer. Personal computers are more present in Mirpur district (16 percent), urban settlements (24 percent) in the households where household head has secondary school or higher (17 percent) and among richest households.

13.3 Remittance from abroad

Less than half households in AJK (44 percent) have a family member working outside AJK. This percentage is higher among households from Poonch district (55 percent), Kotli (51 percent), rural settlements (46 percent) and those with the uneducated household head (52 percent) (Table ER.3).

Seventeen percent of households received remittance from abroad, mostly those from Kotli, earthquake non affected areas and urban settlements. The share of households that are receiving remittance from abroad is lower among poorest households, at only 9 percent; and that it increases with the increase of household wealth; reaching 34 percent among richest households. This indicates that the household socio-economic status in AJK is strongly influenced by remittance from abroad.

A much higher percentage of households, 31 percent, is receiving remittance from other parts of Pakistan. The percentage is higher among households living in Muzaffarabad, at 59 percent and Sudhnuti, at 45 percent. Also, higher share of households from earthquake affected areas and rural settlements are receiving remittance from Pakistan. The situation regarding household wealth is opposite to one regarding remittance from abroad, with the lowest share of the richest households that are receiving remittance from Pakistan.

13.4 Average household size and number of persons per sleeping room

As mentioned at the beginning of final report according to the survey average household size in AJK is 6.6 members. Considering that the household size is quite high, there is a possibility that houses are overcrowded. Mean number of persons per sleeping room is one of the main indicators of household socio-economic status. In AJK, the average number of persons per sleeping room is 3.3. Somewhat lower result is found in the Mirpur district, 2.7 and in the richest households, 2.6.

13.5 Zakat/donations

Approximately 39 percent of households in AJK received zakat/donations. In average, the total donation amount received is Rs. 111.0. Higher percent of households in Muzaffarabad (83 percent) received donations with the total amount received higher than the rest of AJK. The lowest percent of households in Bhimer (1 percent), Kotli (3 percent), and Mirpur (7 percent) received zakat.

Zakat was received in significantly higher percentage among households living in the earthquake affected areas (66 percent) than in non-affected areas (4 percent). Higher percentage of the poorest households and those from the second wealth index quintile received zakat.

References

- Boerma, J. T., Weinstein, K. I., Rutstein, S.O., and Sommerfelt, A. E. , 1996. Data on Birth Weight in Developing Countries: Can Surveys Help? *Bulletin of the World Health Organization*, 74(2), 209-16.
- Blanc, A. and Wardlaw, T. 2005. "Monitoring Low Birth Weight: An Evaluation of International Estimates and an Updated Estimation Procedure". *WHO Bulletin*, 83 (3), 178-185.
- Filmer, D. and Pritchett, L., 2001. Estimating wealth effects without expenditure data – or tears: An application to educational enrolments in states of India. *Demography* 38(1): 115-132.
- Rutstein, S.O. and Johnson, K., 2004. *The DHS Wealth Index*. DHS Comparative Reports No. 6. Calverton, Maryland: ORC Macro.
- UNICEF, 2006. *Monitoring the Situation of Children and Women. Multiple Indicator Cluster Survey Manual*, New York.
- United Nations, 1983. *Manual X: Indirect Techniques for Demographic Estimation* (United Nations publication, Sales No. E.83.XIII.2).
- United Nations, 1990a. *QFIVE, United Nations Program for Child Mortality Estimation*. New York, UN Pop Division
- United Nations, 1990b. *Step-by-step Guide to the Estimation of Child Mortality*. New York, UN
- WHO and UNICEF, 1997. *The Sisterhood Method for Estimating Maternal Mortality. Guidance notes for potential users*, Geneva.
- www.childinfo.org.

Tables:

The tables included in this Final report are shown with breakdowns by background characteristics such as gender, district, earthquake affected and non-affected areas, urban-rural residence, mother's education and wealth index quintiles.

The sample sizes are not always large enough to produce reliable estimates for all these breakdowns, so for proportions or percentages, the recommended minimum size of the denominator is 25 unweighted cases. A percentage with an unweighted denominator less than 25 cases is not shown in the table, while a percentage based on less than 50 cases is shown in parentheses.

Each table has footnotes which indicate the MICS, MDG and AJK MICS specific indicators included in the table.

Table HH.1: Results of Household and Individual Interviews
Numbers of households, women and children under 5 by results of the household, women's and under-five's interviews, and household, women's and under-five's response rates, AJK, 2007-2008

	District Name								Area		Type of settlement	
	Muzaffarabad	Poonch	Mirpur	Kotli	Bagh	Bhimber	Sudhnuti	Neelum	EQ non affected	EQ affected	Urban	Rural
Sampled households	552	468	548	472	472	452	468	468	1,860	2,040	924	2,976
Occupied households	551	451	539	448	472	448	445	468	1,806	2,016	902	2,920
Interviewed households	546	448	495	430	471	435	427	467	1,720	1,999	869	2,850
Household response rate	99.1	99.3	91.8	96.0	99.8	97.1	96.0	99.8	95.2	99.2	96.3	97.6
Eligible women	450	464	496	461	504	456	466	546	1,803	2,040	880	2,963
Interviewed women	443	414	447	420	488	437	430	514	1,664	1,929	816	2,777
Women response rate	98.4	89.2	90.1	91.1	96.8	95.8	92.3	94.1	92.3	94.6	92.7	93.7
Women's overall response rate	97.6	88.6	82.8	87.4	96.6	93.1	88.5	93.9	87.9	93.8	89.3	91.5
Eligible children under 5	326	361	385	381	426	331	319	559	1,361	1,727	643	2,445
Mother/Caretaker Interviewed	323	329	363	354	421	326	299	532	1,289	1,658	601	2,346
Child response rate	99.1	91.1	94.3	92.9	98.8	98.5	93.7	95.2	94.7	96.0	93.5	96.0
Children's overall response rate	98.2	90.5	86.6	89.2	98.6	95.6	89.9	95.0	90.2	95.2	90.0	93.7

Table HH.2: Household Age Distribution by Sex

Percent distribution of the household population by fiveyear age groups and dependency age groups, and number of children aged 0-17 years, by sex, AJK, 2007–2008

	Age Groups	Sex				Total	
		Male		Female			
		Number	Percent	Number	Percent	Number	Percent
Age	0-4	1,821	14.7	1,749	14.2	3,570	14.5
	5-9	1,916	15.5	1,815	14.8	3,731	15.1
	10-14	1,756	14.2	1,652	13.5	3,408	13.8
	15-19	1,346	10.9	1,378	11.2	2,724	11.0
	20-24	1,006	8.1	1,101	9.0	2,108	8.5
	25-29	849	6.9	882	7.2	1,732	7.0
	30-34	698	5.6	731	6.0	1,429	5.8
	35-39	533	4.3	568	4.6	1,102	4.5
	40-44	506	4.1	576	4.7	1,082	4.4
	45-49	410	3.3	466	3.8	876	3.6
	50-54	414	3.3	398	3.2	812	3.3
	55-59	317	2.6	277	2.3	593	2.4
	60-64	270	2.2	247	2.0	517	2.1
	65-69	182	1.5	145	1.2	327	1.3
	70+	356	2.9	282	2.3	638	2.6
	Missing/DK	14	0.1	8	0.1	21	0.1
Dependency age groups	<15	5,494	44.3	5,216	42.5	10,710	43.4
	15-64	6,349	51.2	6,625	54.0	12,974	52.6
	65+	538	4.3	426	3.5	964	3.9
	Missing/DK	14	0.1	8	0.1	21	0.1
Age	Children aged 0-17	6,313	50.9	6,094	49.6	12,407	50.3
	Adults 18+/Missing/DK	6,081	49.1	6,182	50.4	12,263	49.7
Total		12,394	100.0	12,276	100.0	24,670	100.0

Table HH.3: Household Composition
Percent distribution of households by selected characteristics, AJK, 2007- 2008

		Weighted percent	Number of households weighted	Number of households unweighted
Sex of household head	Male	79.7	2,965	3,005
	Female	20.3	754	714
District Name	Muzaffarabad	24.4	908	546
	Poonch	13.2	491	448
	Mirpur	11.0	407	495
	Kotli	17.4	645	430
	Bagh	12.6	469	471
	Bhimber	10.2	381	435
	Sudhnuti	7.2	270	427
	Neelum	4.0	148	467
Area	EQ non affected	44.3	1,648	1,720
	EQ affected	55.7	2,071	1,999
Type of settlement	Urban	11.1	411	869
	Rural	88.9	3,308	2,850
Number of household members	1	1.4	53	46
	2-3	12.4	460	439
	4-5	24.5	912	864
	6-7	28.0	1,042	1,054
	8-9	18.5	687	726
	10+	15.2	565	590
Total		100.0	3,719	3,719
At least one child aged < 18 years		85.8	3,719	3,719
At least one child aged < 5 years		49.5	3,719	3,719
At least one woman aged 15-49 years		80.0	3,719	3,719

Table HH.4: Women's Background Characteristics

Percent distribution of women aged 15-49 years by background characteristics, AJK, 2007-2008

		Weighted percent	Number of women	
			Number of women weighted	Number of women unweighted
District Name	Muzaffarabad	19.6	705	443
	Poonch	13.8	495	414
	Mirpur	11.1	397	447
	Kotli	18.3	657	420
	Bagh	13.3	478	488
	Bhimber	11.0	395	437
	Sudhnuti	8.3	297	430
	Neelum	4.7	167	514
Area	EQ non affected	47.0	1,688	1,664
	EQ affected	53.0	1,905	1,929
Type of settlement	Urban	11.3	406	815
	Rural	88.7	3,182	2,775
Age	15-19	3.6	130	137
	20-24	13.5	484	555
	25-29	18.9	679	776
	30-34	19.0	683	679
	35-39	15.8	567	622
	40-44	15.9	572	488
	45-49	13.3	478	336
Motherhood status	Ever gave birth	85.3	3,066	3,060
	Never gave birth	14.7	527	533
Education	None	53.0	1,906	1,781
	Primary	15.9	570	557
	Middle	13.4	482	513
	Secondary or higher	17.7	635	742
Wealth index quintiles	Poorest	18.8	675	722
	Second	20.2	726	652
	Middle	20.1	721	640
	Fourth	21.0	756	740
	Richest	19.9	715	839
Total		100	3,593	3,593

Table HH.5: Children's Background Characteristics Percent distribution of children under five years of age by background characteristics, AJK, 2007-2008				
		Weighted percent	Number of under-5 children	
			Number of under-5 children weighted	Number of under-5 children unweighted
Sex	Male	51.0	1,504	1,490
	Female	49.0	1,443	1,457
District Name	Muzaffarabad	19.3	570	323
	Poonch	13.6	402	329
	Mirpur	10.4	307	363
	Kotli	18.3	540	354
	Bagh	14.9	438	421
	Bhimber	10.2	299	326
	Sudhnuti	7.0	207	299
	Neelum	6.2	184	532
Area	EQ non affected	44.4	1,307	1,289
	EQ affected	55.6	1,640	1,658
Type of settlement	Urban	10.4	306	601
	Rural	89.6	2,641	2,346
Age	< 6 months	12.1	357	356
	6-11 months	10.8	318	309
	12-23 months	20.3	598	590
	24-35 months	19.2	566	560
	36-47 months	19.1	564	580
	48-59 months	18.5	545	552
Mother's education	None	46.2	1,361	1,365
	Primary	18.1	534	491
	Middle	16.2	477	462
	Secondary or higher	19.5	575	629
Wealth index quintiles	Poorest	23.3	687	727
	Second	22.0	648	574
	Middle	19.1	563	511
	Fourth	18.0	531	516
	Richest	17.6	517	619
Total		100.0	2,947	2,947

Table CM.1: Child Mortality
Infant and under-five mortality rates, AJK, 2007 – 2008

		Infant Mortality Rate*	Under-five Mortality Rate**
Sex	Male	66	99
	Female	58	92
Type of settlement	Urban	53	79
	Rural	63	98
Area	EQ non affected	49	72
	EQ affected	74	117
Mother's education	None	73	115
	Has some education	53	80
Wealth index quintiles	Poorest/Second	82	131
	Middle/Fourth/Richest	47	69
Total	Total	62	96

* MICS indicator 2; MDG indicator 14

** MICS indicator 1; MDG indicator 13

Note to the table: Data are not presented at the district level due to the low number of observed cases.

For the same reason disaggregated groups per mother's education and wealth index are grouped into presented categories in the table above.

Table CM.2: Children Ever Born and Proportion Dead

Mean number of children ever born, children surviving and proportion dead by age of women, AJK, 2007 – 2008

		Mean number of children ever born	Mean number of children surviving	Proportion dead	Number of women
Age	15-19	0.4	0.3	0.1	130
	20-24	1.2	1.1	0.1	484
	25-29	2.2	2.0	0.1	679
	30-34	3.5	3.2	0.1	683
	35-39	5.0	4.3	0.1	567
	40-44	5.4	5.0	0.1	572
	45-49	6.2	5.4	0.1	478
Total		4.0	3.3	0.1	3,593

This table provides the basic data needed to calculate indirect estimates of infant and child mortality. The number of children ever born for each woman is obtained by assigning a value of zero to women who have never given birth (CM1=2) and by the response to the question that sums the number of children in the Child Mortality Module for those women who have given birth (CM9). The proportion dead is based on the answers to CM8.

Estimation of mortality rates should be preceded by some basic checks of data quality. Programs to perform data quality analyses are available from UNICEF New York.

The table above will need to be run separately for each background characteristic in table CM.1 to produce the input data needed to estimate the infant and under five mortality rates in table CM.1.

Table NU.1: Child Malnourishment
Percentage of children aged 0-59 months who are severely or moderately malnourished, AJK, 2005

		Weight for age: % below -2 SD*	Weight for age: % below -3 SD	Height for age: % below -2 SD**	Height for age: % below -3 SD	Weight for height: % below -2 SD***	Weight for height: % below -3 SD	Weight for height: % above +2 SD
Sex	Male	20.8	6.7	38.2	19.1	7.3	2.7	6.2
	Female	19.8	6.6	37.2	17.2	6.6	1.9	6.1
District Name	Muzaffarabad	22.6	8.7	50.3	29.0	9.2	3.0	12.3
	Poonch	15.5	2.2	34.5	12.5	4.7	1.2	5.3
	Mirpur	11.9	3.9	23.8	11.0	5.3	1.7	6.6
	Kotli	21.2	6.3	33.9	13.4	7.8	3.1	3.0
	Bagh	22.2	9.1	41.9	21.3	6.1	1.9	7.0
	Bhimber	20.3	6.1	26.1	10.9	8.3	3.0	3.0
	Sudhnuti	19.7	4.8	36.3	15.1	6.3	1.7	4.0
	Neelum	31.0	13.2	54.5	34.7	6.1	2.2	4.2
Area	EQ non affected	19.0	5.6	30.3	12.8	7.1	2.6	4.0
	EQ affected	21.3	7.5	43.8	22.6	6.8	2.1	7.9
Type of settlement	Urban	12.3	3.5	27.7	11.0	4.9	1.8	7.5
	Rural	21.2	7.0	38.9	19.0	7.2	2.4	6.0
Age	< 6 months	14.9	5.7	18.0	11.3	17.4	6.3	7.7
	6-11 months	13.9	4.0	21.0	8.6	10.6	4.3	4.8
	12-23 months	15.7	5.3	31.1	15.6	5.2	1.6	6.9
	24-35 months	20.5	8.2	41.8	20.4	5.3	1.8	5.5
	36-47 months	26.5	7.6	51.5	23.2	3.9	0.5	5.2
	48-59 months	26.5	7.8	49.4	23.9	4.9	1.8	6.7
Mother's education	None	26.0	8.8	47.6	24.6	7.3	2.1	6.2
	Primary	20.2	7.0	33.7	16.2	8.6	2.1	4.0
	Middle	13.5	4.2	29.9	13.4	5.5	2.8	6.5
	Secondary or higher	12.2	3.2	24.4	8.8	5.9	2.5	7.4
Wealth index quintiles	Poorest	30.2	10.9	52.0	26.5	9.0	3.5	6.8
	Second	22.2	7.1	39.4	19.7	6.3	0.7	5.4
	Middle	19.2	6.3	39.4	19.6	7.0	2.5	7.8
	Fourth	15.3	5.3	31.8	12.7	7.0	3.2	4.0
	Richest	10.9	2.1	21.3	9.6	4.9	1.6	6.4
Total		20.3	6.7	37.7	18.2	6.9	2.3	6.1

* MICS indicator 6; MDG indicator 4

** MICS indicator 7

*** MICS indicator 8

Table NU.2: Initial Breastfeeding

Percentage of children aged 0-2 years who were breastfed within one hour of birth and within one day of birth, AJK, 2007-2008

		Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of children aged 2 years and less
District Name	Muzaffarabad	63.0	95.2	290
	Poonch	33.0	90.8	172
	Mirpur	53.8	92.0	114
	Kotli	37.5	92.3	222
	Bagh	50.0	97.3	182
	Bhimber	38.6	90.4	127
	Sudhnuti	41.5	92.5	82
	Neelum	51.3	95.6	83
Area	EQ non affected	41.2	91.7	527
	EQ affected	51.5	94.8	746
Type of settlement	Urban	51.5	94.9	128
	Rural	46.7	93.3	1,145
Age	< 6 months	44.3	95.2	357
	6-11 months	47.0	96.1	318
	12-23 months	49.1	91.1	598
Mother's education	None	50.4	93.9	564
	Primary	40.1	95.1	241
	Middle	44.6	93.0	209
	Secondary or higher	48.9	91.5	259
Wealth index quintiles	Poorest	48.7	94.9	288
	Second	51.0	95.2	295
	Middle	42.8	90.6	254
	Fourth	47.3	92.8	230
	Richest	45.1	93.2	206
Total		47.2	93.5	1,273

* AJK MICS specific indicator

		Table NU.3: Breastfeeding Percent of living children according to breastfeeding status at each age group, AJK, 2007-2008									
		Children 0-3 months		Children 0-5 months		Children 6-9 months		Children 12-15 months		Children 20-23 months	
		Percent exclusively breastfed	Number of children	Percent exclusively breastfed	Number of children	Percent receiving breastmilk and solid/mushy food	Number of children	Percent breastfed	Number of children	Percent breastfed	Number of children
Sex	Male	54.9	114	44.0	177	22.7	100	73.2	118	52.8	67
	Female	58.9	118	50.9	179	31.8	121	69.9	131	47.6	67
Area	EQ non affected	64.6	97	50.9	161	23.8	88	65.5	98	47.8	58
	EQ affected	51.0	136	44.4	197	30.2	133	75.3	151	52.1	76
Type of settlement	Urban	52.1	29	46.7	40	(32.9)	21	(75.4)	24	(46.8)	15
	Rural	57.3	204	47.4	317	27.1	199	71.0	226	50.6	120
Mother's education	None	57.6	100	50.8	147	20.7	96	80.3	109	50.2	69
	Primary	(51.4)	43	39.5	78	(31.6)	33	(63.7)	43	-	27
	Middle	(65.7)	38	51.7	62	(27.0)	40	(66.4)	39	-	19
	Secondary or higher	52.8	51	44.8	69	(38.5)	52	64.1	58	(28.8)	19
Wealth index quintiles	Poorest	61.4	54	54.3	79	17.9	44	81.8	49	(58.9)	38
	Second	59.4	58	52.5	71	(33.9)	58	(83.4)	60	(37.8)	33
	Middle	(37.6)	33	36.8	65	(24.4)	53	(60.7)	53	-	24
	Fourth	(60.6)	57	47.0	86	(23.1)	31	(59.1)	43	-	21
	Richest	(56.6)	31	43.7	57	(38.7)	35	68.8	46	(68.6)	19
Total		56.7	233	47.3	357	27.7	221	71.4	249	50.2	134

Note to the table: Data are not presented at the district level due to the low number of observed cases.

	Children 6-11 months		Children 12-23 months		Children 0-23 months	
	Percent receiving breastmilk and solid/mushy food *	Number of children	Percent breastfed*	Number of children	Percent breastfed**	Number of children
Sex						
	Male	150	67.3	296	94.8	623
	Female	168	64.6	302	94.9	649
District Name						
	Muzaffarabad	(47.1)	68.4	129	96.8	290
	Poonch	(43.5)	65.4	84	93.3	172
	Mirpur	(30.1)	59.0	56	92.6	114
	Kotli	(29.3)	62.5	104	93.5	222
	Bagh	(16.1)	68.9	97	97.3	182
	Bhimber	(37.0)	73.0	50	92.9	127
	Sudhnuti	-	56.9	42	93.4	82
	Neelum	(43.1)	72.2	36	97.1	83
Area						
	EQ non affected	31.9	62.9	241	93.1	527
	EQ affected	38.7	68.0	357	96.1	746
Type of settlement						
	Urban	41.3	55.7	56	96.1	128
	Rural	35.4	67.0	542	94.7	1,145
Mother's education						
	None	34.1	71.9	277	95.0	564
	Primary	38.6	65.8	111	96.3	241
	Middle	35.2	59.9	90	93.0	209
	Secondary or higher	38.5	56.9	120	94.7	259
Wealth index quintiles						
	Poorest	37.9	71.0	142	96.5	288
	Second	37.0	70.6	140	96.2	295
	Middle	27.4	64.0	117	92.5	254
	Fourth	37.7	56.2	95	94.5	230
	Richest	43.6	63.8	104	94.0	206
Total		318	66.0	598	94.9	1,273
* AJK MICS specific indicator						

Note: Figures presented in () represent data based on the 25-49 unweighted cases

** represent data based on the 0-24 months unweighted cases

Table NU.4: Adequately fed infants

Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, AJK, 2007 – 2008						
	0-5 months exclusively breastfed	6-8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	9-11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	6-11 months who received breastmilk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	Number of infants aged 0-11 months
Sex						
	Male	44.0	13.2	18.1	15.7	31.0
	Female	50.9	19.0	16.7	18.0	34.9
District Name						
	Muzaffarabad	(39.2)	25.2	31.3	28.4	33.9
	Poonch	(40.7)	36.3	8.2	22.5	31.7
	Mirpur	(48.4)	12.9	25.2	19.5	36.4
	Kotli	(53.2)	7.6	8.0	7.8	34.0
	Bagh	(56.8)	6.5	6.1	6.3	31.3
	Bhimber	(45.3)	7.4	15.5	10.0	27.5
	Sudhnuti	(53.3)	5.3	1.5	2.5	30.0
	Neelum	49.7	22.1	32.1	27.8	40.4
Area						
	EQ non affected	50.9	8.4	12.6	10.3	33.1
	EQ affected	44.4	22.3	20.2	21.2	32.9
Type of settlement						
	Urban	46.7	29.3	28.7	28.9	38.8
	Rural	47.4	15.3	15.8	15.5	32.3
Mother's education						
	None	50.8	10.2	20.7	15.5	33.6
	Primary	39.5	9.5	9.2	9.3	27.3
	Middle	51.7	23.7	22.2	23.1	38.1
	Secondary or higher	44.8	25.7	14.2	20.4	32.7
Wealth index quintiles						
	Poorest	54.3	13.6	15.5	14.6	35.9
	Second	52.5	15.7	13.3	14.4	31.9
	Middle	36.8	16.5	14.8	15.7	25.7
	Fourth	47.0	17.3	26.9	21.8	37.8
	Richest	43.7	20.0	23.0	21.4	33.9
Total		47.3	16.4	17.4	16.9	33.0
* MICS indicator 18, ** MICS indicator 19						

Table NU.5: Iodized salt consumption
Percentage of households consuming adequately iodized salt, AJK, 2007 - 2008

	District Name	Percent of households in which salt was tested	Number of households interviewed	Percent of households with salt test result				Total	Number of households in which salt was tested or with no salt
				Percent of households with no salt	Not iodized 0 PPM (no colour)	Less than 15 PPM (weak colour)*	15 PPM or more (strong colour)*		
District Name	Muzaffarabad	93.7	908	0.0	71.8	15.5	12.8	100	851
	Poonch	99.6	491	0.4	66.1	19.8	13.7	100	491
	Mirpur	98.4	407	0.2	69.1	21.2	9.6	100	401
	Kotli	99.0	645	0.0	73.6	15.0	11.4	100	639
	Bagh	97.0	469	0.0	72.4	21.0	6.6	100	455
	Bhimber	99.2	381	0.0	78.6	10.6	10.8	100	378
	Sudhnuti	98.7	270	0.0	54.4	23.4	22.2	100	266
	Neelum	97.5	148	0.0	80.6	9.9	9.5	100	144
	EQ non affected	98.9	1648	0.0	70.8	16.7	12.5	100	1,631
Area	EQ affected	96.2	2071	0.1	71.0	17.6	11.4	100	1,995
	Urban	97.9	411	0.2	59.3	20.3	20.2	100	403
Type of settlement	Rural	97.4	3,308	0.1	72.3	16.8	10.8	100	3,222
	None	97.0	1603	0.0	72.8	15.5	11.7	100	1,555
	Primary	98.0	672	0.0	71.9	18.3	9.8	100	658
	Middle	99.2	588	0.1	70.3	19.1	10.6	100	584
	Secondary or higher	96.5	856	0.2	67.0	17.9	14.9	100	828
Wealth index quintiles	Poorest	94.9	790	0.2	81.0	12.0	6.8	100	752
	Second	96.5	776	0.0	71.8	16.8	11.4	100	749
	Middle	97.9	752	0.0	67.6	19.6	12.8	100	736
	Fourth	99.7	703	0.0	66.0	19.3	14.6	100	701
	Richest	98.5	697	0.1	67.4	18.3	14.2	100	688
Total		97.4	3,719	0.1	70.9	17.2	11.9	100	3,626

*MICS indicator 41

Table NU.6: Children's vitamin A supplementation

Percent distribution of children aged 6-59 months by whether they have received a high dose vitamin A supplement in the last 6 months AJK, 2007 – 2008									
		Percent of children who received Vitamin A:						Total	Number of children aged 6-59 months
		Within last 6 months*	Prior to last 6 months	Not sure when	Not sure if received	Never received Vitamin A	DK		
Sex	Male	70.3	8.1	0.5	2.0	19.0	0.1	100	1,326
	Female	70.4	8.5	0.3	2.0	18.7	0.2	100	1,260
District Name	Muzaffarabad	62.4	6.0	0.2	3.4	27.9	0.0	100	487
	Poonch	80.4	8.9	0.0	1.5	9.2	0.0	100	357
	Mirpur	83.1	5.4	0.7	0.6	10.2	0.0	100	273
	Kotli	76.5	9.3	0.5	1.5	12.2	0.1	100	473
	Bagh	62.1	4.8	0.9	2.0	30.1	0.0	100	396
	Bhimber	71.2	13.4	0.4	2.8	11.1	1.1	100	261
	Sudhnuti	69.1	7.4	0.0	1.0	22.5	0.0	100	185
	Neelum	50.9	17.3	1.0	2.1	28.6	0.0	100	157
Area	EQ non affected	76.2	9.0	0.4	1.5	12.5	0.3	100	1,147
	EQ affected	65.6	7.7	0.4	2.3	24.0	0.0	100	1,441
Type of settlement	Urban	81.4	5.8	0.6	1.6	10.5	0.2	100	266
	Rural	69.0	8.6	0.4	2.0	19.9	0.1	100	2,322
Age	6-11 months	62.2	2.4	0.5	1.5	33.1	0.3	100	318
	12-23 months	71.7	6.5	0.3	1.9	19.6	0.0	100	598
	24-35 months	72.0	8.9	0.5	2.4	16.0	0.2	100	566
	36-47 months	70.0	11.4	0.6	1.8	15.9	0.3	100	564
	48-59 months	72.0	9.9	0.2	2.0	15.9	0.0	100	542
Mother's education	None	68.1	7.9	0.6	2.0	21.4	0.0	100	1,214
	Primary	73.5	9.5	0.5	2.5	14.1	0.0	100	456
	Middle	66.1	9.3	0.2	1.6	22.1	0.7	100	415
	Secondary or higher	76.2	7.4	0.1	1.8	14.6	0.0	100	503
Wealth index quintiles	Poorest	61.2	9.5	0.5	1.7	27.1	0.0	100	608
	Second	67.6	8.2	0.4	1.3	22.6	0.0	100	576
	Middle	71.4	4.8	0.3	3.6	19.9	0.0	100	498
	Fourth	77.2	10.7	0.4	1.2	10.4	0.1	100	445
	Richest	77.9	8.3	0.5	2.2	10.5	0.6	100	461
Total		70.3	8.3	0.4	2.0	18.9	0.1	100	2,588

*MICS indicator 42

Table NU.6: Children's vitamin A supplementation

Percent distribution of children aged 6-59 months by whether they received a high dose Vitamin A supplement in the last 6 months, AJK, 2007-2008

		Place child got last Vitamin A dose:						Total	Number of children aged 6-59 months that received Vitamin A
		On routine visit to health centre	Sick child visit to health centre	NID campaign	In school	DK	Missing		
Sex	Male	17.8	4.1	70.3	4.6	0.2	3.0	100	1,048
	Female	15.7	5.4	73.6	2.8	0.1	2.5	100	1,000
District Name	Muzaffarabad	28.3	7.7	53.4	10.0	0.5	0.0	100	334
	Poonch	20.0	1.7	76.5	1.5	0.0	0.3	100	319
	Mirpur	9.8	0.4	87.5	2.0	0.0	0.3	100	244
	Kotli	5.2	4.7	82.4	1.2	0.2	6.4	100	408
	Bagh	41.8	1.7	44.3	9.2	0.0	3.0	100	269
	Bhimber	6.5	11.6	78.8	0.3	0.0	2.9	100	225
	Sudhnuti	3.2	6.2	81.3	1.2	0.0	8.1	100	141
	Neelum	8.1	5.5	83.1	1.4	0.0	2.0	100	109
Area	EQ non affected	6.1	5.3	83.5	1.2	0.1	3.8	100	986
	EQ affected	26.7	4.1	61.2	6.1	0.2	1.8	100	1,062
Type of settlement	Urban	12.8	1.5	76.5	6.8	0.3	2.1	100	234
	Rural	17.3	5.1	71.3	3.3	0.1	2.8	100	1,815
Age	6-11 months	21.2	4.6	67.6	2.2	0.0	4.4	100	208
	12-23 months	16.7	5.6	71.2	3.5	0.0	2.9	100	469
	24-35 months	14.4	7.1	73.6	1.9	0.0	2.9	100	462
	36-47 months	18.6	3.3	72.8	3.2	0.5	1.6	100	464
	48-59 months	15.3	2.7	72.0	7.1	0.0	2.9	100	445
Mother's education	None	19.6	4.8	69.5	3.6	0.3	2.2	100	931
	Primary	10.2	3.7	76.0	4.1	0.0	6.0	100	380
	Middle	16.8	4.5	73.4	4.0	0.0	1.4	100	317
	Secondary or higher	16.4	5.6	72.5	3.5	0.0	2.0	100	421
Wealth index quintiles	Poorest	17.6	6.0	69.9	4.0	0.0	2.4	100	433
	Second	20.8	5.3	66.4	3.7	0.0	3.8	100	438
	Middle	21.1	4.7	68.2	4.7	0.5	0.8	100	381
	Fourth	11.9	4.0	78.3	2.1	0.0	3.8	100	394
	Richest	12.1	3.4	77.4	4.2	0.2	2.8	100	402
Total		16.8	4.7	71.9	3.7	0.1	2.8	100	2,048

Table CH.1: Vaccinations in first year of life

Percentage of children aged 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday
AJK, 2007 - 2008

	BCG *	DPT 1	DPT 2	DPT 3 **	Polio 0	Polio 1	Polio 2	Polio 3 ****	Measles ****	All *****	None	Number of children aged 12-23 months
Vaccination card	37.6	36.3	34.4	31.9	26.9	37.5	35.2	30.8	28.9	23.0	-	598
Mother's report	51.0	47.2	44.6	39.4	23.0	49.6	45.4	34.1	39.5	21.5	9.2	598
Either	88.6	83.5	79.0	71.4	50.0	87.0	80.6	64.9	68.4	44.5	9.2	598
Vaccinated by 12 months of age	87.0	81.9	77.6	68.0	49.6	85.9	78.6	61.5	62.0	36.8	9.2	598

* MICS Indicator 25
 ** MICS Indicator 26
 *** MICS Indicator 27
 **** MICS Indicator 28 ; MDG Indicator 15
 ***** MICS Indicator 31

Table CH.1c: Vaccinations in first year of life (continued)

Percentage of children aged 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, AJK, 2007 - 2008

	HepB1	HepB2	HepB3*	Number of children aged 12-23 months
Vaccination card	36.3	34.9	33.1	598
Mother's report	0.0	0.0	0.3	598
Either	36.3	34.9	33.4	598
Vaccinated by 12 months of age	35.0	33.5	31.1	598

* MICS Indicator 29
 ** MICS Indicator 30

Table CH.2: Vaccinations by background characteristics														
Percentage of children aged 12-23 months currently vaccinated against childhood diseases, AJK, 2007 - 2008														
													Percent with health card	Number of children aged 12-23 months
Sex		BCG	DPT1	DPT2	DPT3	Polio 0	Polio 1	Polio 2	Polio 3	MMR	All	None		
	Male	86.2	83.0	78.7	73.2	52.0	84.2	77.5	64.4	70.8	48.6	11.2	41.5	296
	Female	90.9	84.1	79.4	69.6	47.9	89.7	83.6	65.4	66.1	40.5	7.2	37.2	302
District Name	Muzaffarabad	88.2	73.8	69.3	62.6	41.3	84.0	82.2	68.3	60.4	34.2	11.2	26.8	129
	Poonch	89.4	95.4	82.0	78.6	23.2	95.7	86.3	80.5	79.6	61.9	3.1	52.1	84
	Mirpur	98.6	97.2	97.2	85.6	91.5	98.6	96.8	89.6	88.8	77.2	1.4	56.6	56
	Kotli	91.3	88.5	88.0	84.0	55.4	89.7	75.2	54.8	75.2	42.1	7.2	35.3	104
	Bagh	84.5	73.7	70.2	56.2	47.7	80.7	75.9	62.8	58.9	41.7	14.3	39.1	97
	Bhimber	95.6	93.0	91.3	84.5	73.5	94.7	92.4	66.7	69.9	47.5	4.4	52.5	50
	Sudhnuti	91.0	92.2	89.0	79.9	60.5	84.9	78.3	48.5	72.5	32.0	5.6	39.2	42
	Neelum	64.1	59.3	49.0	40.3	25.4	61.0	51.5	30.3	39.1	14.7	30.5	22.2	36
Area	EQ non affected	94.0	91.9	90.8	83.5	68.9	92.4	84.0	64.2	76.9	50.0	5.3	43.9	241
	EQ affected	84.9	77.9	71.1	63.2	37.3	83.4	78.3	65.4	62.7	40.7	11.8	36.3	357
Type of settlement	Urban	97.5	94.2	91.5	81.8	68.9	93.1	85.2	68.5	81.5	49.7	1.0	46.0	56
	Rural	87.7	82.4	77.7	70.3	48.0	86.4	80.1	64.6	67.1	43.9	10.0	38.6	542
Mother's education	None	84.3	78.5	70.9	64.4	44.0	83.1	75.3	57.1	63.2	40.9	13.4	34.7	277
	Primary	84.6	83.0	80.9	75.7	47.0	87.2	83.3	73.8	66.2	52.6	11.5	46.9	111
	Middle	97.1	94.7	93.3	85.6	62.4	89.1	83.3	67.1	77.9	50.6	2.9	40.9	90
	Secondary or higher	95.9	87.3	85.5	72.8	57.2	94.3	88.4	73.2	75.4	40.7	2.0	41.9	120
Wealth index quintiles	Poorest	76.4	69.8	62.7	56.6	30.8	76.0	68.4	53.8	54.8	37.5	20.1	28.5	142
	Second	83.5	77.2	73.2	67.0	39.4	82.7	77.9	64.3	55.0	36.5	14.4	35.1	140
	Middle	93.9	90.2	80.8	70.1	54.2	93.7	89.1	76.1	76.9	51.7	3.8	48.3	117
	Fourth	97.0	94.4	94.9	84.6	55.4	93.1	85.2	70.5	78.3	50.3	0.9	39.1	95
	Richest	98.3	93.4	92.7	86.6	80.5	94.7	87.1	63.5	86.3	51.4	0.9	50.0	104
Total		88.6	83.5	79.0	71.4	50.0	87.0	80.6	64.9	68.4	44.5	9.2	39.3	598

Table CH.2c: Vaccinations by background characteristics (continued)
 Percentage of children aged 12-23 months currently vaccinated against childhood diseases
 AJK, 2007 – 2008

		HepB1	HepB2	HepB3	Percent with health card	Number of children aged 12-23 months
Sex	Male	37.8	35.8	36.4	41.5	296
	Female	34.8	34.0	30.4	37.2	302
District Name	Muzaffarabad	23.1	22.6	21.6	26.8	129
	Poonch	50.0	43.0	40.5	52.1	84
	Mirpur	55.1	56.6	54.7	56.6	56
	Kotli	32.6	31.7	32.2	35.3	104
	Bagh	34.9	32.2	31.7	39.1	97
	Bhimber	52.1	52.1	45.4	52.5	50
	Sudhnuti	35.2	37.7	37.7	39.2	42
	Neelum	16.6	16.5	12.4	22.2	36
Area	EQ non affected	42.0	42.0	40.4	43.9	241
	EQ affected	32.5	30.2	28.7	36.3	357
Type of settlement	Urban	41.5	38.5	39.7	46.0	56
	Rural	35.8	34.5	32.7	38.6	542
Mother's education	None	31.2	29.2	27.2	34.7	277
	Primary	42.5	41.3	40.0	46.9	111
	Middle	39.6	38.9	37.0	40.9	90
	Secondary or higher	40.0	39.2	38.8	41.9	120
Wealth index quintiles	Poorest	26.0	23.4	22.8	28.5	142
	Second	31.7	31.6	29.2	35.1	140
	Middle	43.9	42.6	38.5	48.3	117
	Fourth	37.6	34.5	36.9	39.1	95
	Richest	46.8	46.7	44.5	50.0	104
Total		36.3	34.9	33.4	39.3	598

Table CH.3: Neonatal tetanus protection

Percentage of mothers with a birth in the last 24 months protected against neonatal tetanus, AJK, 2007 2008

		Received at least 1 tetanus toxoid injection during last pregnancy	Received at least 2 tetanus toxoid injection during last pregnancy*	Mean number of injections during last pregnancy	Received at least 1 tetanus toxoid injection before last pregnancy	Mean number of injections before last pregnancy	Number of mothers
District Name	Muzaffarabad	46.6	43.4	2.8	8.2	3.0	261
	Poonch	72.8	68.5	2.8	21.6	3.8	152
	Mirpur	76.3	72.1	2.8	15.3	3.2	102
	Kotli	69.7	66.9	2.6	6.4	2.9	204
	Bagh	58.3	53.3	2.3	7.3	2.3	161
	Bhimber	73.4	69.9	2.7	9.2	3.6	119
	Sudhnuti	64.6	57.8	2.7	12.0	3.3	75
	Neelum	30.6	24.3	2.4	7.8	2.4	77
Area	EQ non affected	71.4	67.7	2.7	9.3	3.3	485
	EQ affected	53.9	49.5	2.7	11.4	3.2	666
Type of settlement	Urban	71.2	66.8	2.8	17.3	3.8	113
	Rural	60.2	56.1	2.6	9.7	3.1	1,037
Age	15-19	72.1	71.0	2.4	0.0	-	34
	20-24	64.2	59.6	2.7	5.7	3.4	264
	25-29	68.0	65.2	2.6	10.4	2.8	336
	30-34	58.1	52.8	2.8	12.8	3.4	286
	35-39	55.6	52.9	2.6	15.9	3.7	158
	40-44	44.8	34.1	2.3	17.0	2.7	54
	45-49	24.6	24.6	3.6	0.0	-	19
Education	None	46.7	42.9	2.7	9.2	2.8	523
	Primary	68.4	62.2	2.5	14.0	2.9	213
	Middle	76.1	72.9	2.8	7.0	4.1	186
	Secondary or higher	76.0	72.5	2.7	12.9	3.8	227
Wealth index quintiles	Poorest	40.0	35.0	2.6	9.1	3.0	264
	Second	54.8	49.7	2.7	9.0	3.0	266
	Middle	69.1	66.9	2.7	10.4	3.1	221
	Fourth	71.1	69.1	2.7	9.6	3.6	208
	Richest	80.0	74.1	2.7	15.5	3.5	191
Total		61.3	57.2	2.7	10.5	3.2	1,151

* AJK MICS specific indicator

Table CH.4: Oral rehydration treatment

Percentage of children aged 0-59 months with diarrhoea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), AJK, 2007- 2008

		Had diarrhoea in last two weeks	Number of children aged 0-59 months	Drank fluid made from special packet (ORS)	Given recommended home fluids	No treatment	ORT use rate *	Number of children aged 0-59 months with diarrhoea
Sex	Male	16.9	1504	46.9	11.3	43.3	55.2	255
	Female	17.3	1441	39.8	14.1	45.0	50.0	249
District Name	Muzaffarabad	12.6	570	50.0	16.7	38.6	58.9	72
	Poonch	25.9	402	48.3	24.5	31.6	65.4	104
	Mirpur	18.2	307	26.9	7.0	66.6	30.8	56
	Kotli	13.9	540	18.0	8.5	71.2	26.5	75
	Bagh	26.0	438	66.1	9.3	22.5	74.2	114
	Bhimber	6.9	299	-	-	-	-	21
	Sudhnuti	13.3	207	-	-	-	-	28
	Neelum	19.5	184	42.4	12.3	42.2	52.9	36
Area	EQ non affected	12.9	1307	24.0	6.6	68.0	29.6	169
	EQ affected	20.5	1640	53.4	15.6	32.0	64.4	336
Type of settlement	Urban	20.3	306	33.9	12.2	55.1	41.9	62
	Rural	16.8	2641	44.9	12.7	42.5	54.3	443
Age	< 6 months	20.2	353	35.3	8.8	58.2	38.9	71
	6-11 months	26.0	318	42.5	9.4	48.7	49.3	82
	12-23 months	23.8	598	43.0	16.5	38.5	55.9	142
	24-35 months	15.5	566	47.6	14.8	38.4	59.0	88
	36-47 months	11.5	564	54.9	13.7	30.1	68.2	65
	48-59 months	10.3	542	37.3	8.0	58.2	39.9	56
Mother's education	None	18.8	1361	47.9	14.4	39.9	58.6	256
	Primary	19.5	534	36.2	12.0	49.1	45.6	104
	Middle	14.7	477	38.2	13.9	48.0	50.7	70
	Secondary or higher	13.1	575	43.9	6.2	47.5	44.9	75
Wealth index quintiles	Poorest	20.3	687	52.5	16.3	32.0	65.4	139
	Second	15.6	648	36.2	15.6	45.6	50.3	101
	Middle	18.1	563	48.1	8.9	42.5	52.4	102
	Fourth	16.4	531	41.5	9.4	51.7	46.9	87
	Richest	14.7	517	33.1	10.6	57.3	40.0	76
Total		17.1	2947	43.5	12.6	44.1	52.8	505

* MICS Indicator 33

Table CH.5: Home management of diarrhoea

Percentage of children aged 0-59 months with diarrhoea in the last two weeks who took increased fluids and continued to feed during the episode, AJK, 2007 – 2008

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who drank more	Children with diarrhoea who drank the same or less	Children with diarrhoea who ate somewhat less, same or more	Children with diarrhoea who ate much less or none	Home management of diarrhoea *	Received ORT or increased fluids AND continued feeding **	Number of children aged 0-59 months with diarrhoea
Sex	Male	1,504	33.9	60.9	49.2	47.6	15.3	30.4	255
	Female	1,441	39.7	54.0	46.6	49.4	16.9	29.5	249
District Name	Muzaffarabad	570	46.1	53.0	48.0	52.0	18.2	29.1	72
	Poonch	402	43.8	49.3	46.0	47.1	19.2	37.0	104
	Mirpur	307	40.2	55.5	72.0	28.0	27.0	44.4	56
	Kotli	540	32.0	64.4	50.0	41.0	15.5	18.6	75
	Bagh	438	29.0	65.4	31.6	67.4	5.8	22.7	114
	Bhimber	299	-	-	-	-	-	-	21
Area	Sudhnuti	207	-	-	-	-	-	-	28
	Neelum	184	35.5	60.7	42.1	55.0	15.9	31.2	36
	EQ non affected	1,307	32.0	60.8	59.7	35.7	18.4	28.4	169
	EQ affected	1,640	39.0	56.0	41.8	55.1	14.8	30.6	336
Type of settlement	Urban	306	42.0	54.8	60.3	37.6	24.1	35.1	62
	Rural	2,641	35.9	58.0	46.0	50.2	14.9	29.2	443
Age	0-11 months	671	18.9	69.7	52.1	40.7	9.5	23.5	154
	12-23 months	598	45.2	52.5	40.1	58.9	15.8	26.2	142
	24-35 months	566	50.2	48.3	45.6	52.9	26.2	39.3	88
	36-47 months	564	33.9	61.5	63.9	33.0	15.9	44.0	65
	48-59 months	542	45.5	47.6	39.4	56.4	18.0	24.6	56
Mother's education	None	1,361	36.1	58.4	42.9	52.7	15.0	28.0	256
	Primary	534	45.3	47.5	47.4	49.5	16.8	27.9	104
	Middle	477	31.4	64.4	55.3	44.4	15.7	35.1	70
Wealth index quintiles	Secondary or higher	575	31.6	62.6	58.0	37.4	18.6	34.2	75
	Poorest	687	36.0	58.4	40.1	55.0	12.0	28.6	139
	Second	648	39.2	56.9	42.9	52.1	17.0	28.5	101
	Middle	563	36.9	57.1	39.9	56.7	14.7	24.4	102
	Fourth	531	34.9	56.6	57.7	40.8	16.2	33.7	87
Total	Richest	517	36.5	59.0	67.8	30.5	23.7	37.0	76
		2,947	36.7	57.6	47.8	48.6	16.0	29.9	505

* MICS indicator 34

** MICS indicator 35

	Had acute respiratory infection	Number of children aged 0-59 months	Govt. health centre		Govt. health post	Village health worker	Mobile/ outreach clinic	Other public clinic	Private hospital	Private physician	Pharmacy	Mobile clinic	Other private medical	Relative or friend	Other	Any appropriate provider *	Number of children aged 0-59 months with suspected pneumonia
			hospital	centre													
Sex	Male	1,504	27.9	3.7	2.6	7.8	-	0.1	14.3	19.5	6.8	0.2	1.4	-	0.4	77.5	274
	Female	1,441	25.4	3.1	2.3	10.4	-	0.6	9.5	23.0	3.8	0.4	0.5	0.1	1.0	75.1	200
District Name	Muzaffarabad	570	45.9	9.8	9.2	-	-	-	11.1	14.3	8.6	-	1.1	-	-	91.4	67
	Poonch	402	28.4	-	-	10.3	-	-	7.5	24.6	7.2	0.4	-	-	-	71.2	108
	Mirpur	307	24.8	2.6	0.2	5.2	-	-	23.4	28.3	-	1.6	-	-	-	86.1	56
	Kotli	540	9.9	-	-	12.9	-	-	9.5	40.6	2.9	-	-	-	-	72.8	52
	Bagh	438	14.8	8.1	4.7	8.4	-	1.4	21.9	6.3	4.2	-	2.5	-	2.1	68.2	84
	Bhimber	299	32.5	-	-	6.7	-	-	-	40.8	10.2	-	2.5	-	-	82.5	42
	Sudhnuti	207	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26
	Neelum	184	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39
Area	EQ non affected	1,307	23.2	0.9	0.1	9.7	-	-	10.9	33.3	3.5	0.5	0.6	-	-	79.2	165
	EQ affected	1,640	28.9	4.8	3.7	8.5	-	0.5	13.0	14.4	6.6	0.1	1.3	-	1.0	75.1	309
Type of settlement	Urban	306	36.8	-	-	2.8	-	-	23.7	18.8	-	0.9	1.5	0.3	0.2	84.5	51
	Rural	2,641	25.7	3.8	2.7	9.6	-	0.3	10.9	21.2	6.2	0.2	1.0	-	0.7	75.6	423
Age	0-11 months	675	27.5	4.8	0.6	8.5	-	-	10.8	24.3	9.8	-	1.1	-	0.5	77.6	116
	12-23 months	598	28.2	4.0	3.3	8.0	-	-	12.9	21.4	2.7	1.0	0.4	0.1	-	79.1	130
	24-35 months	566	26.6	4.5	1.8	6.7	-	1.9	16.2	18.5	6.4	-	2.8	-	0.7	78.9	79
	36-47 months	584	19.8	-	6.8	9.9	-	-	9.9	22.9	1.9	-	-	-	2.7	69.3	78
	48-59 months	545	31.6	2.8	-	12.4	-	-	11.6	15.2	6.6	-	1.5	-	-	75.2	70
Mother's education	None	1,361	30.9	3.3	1.5	11.1	-	0.7	7.1	17.4	7.5	-	0.9	0.1	1.0	72.9	212
	Primary	534	21.5	6.8	8.6	9.5	-	-	9.3	18.1	2.7	-	3.2	-	-	76.9	99
	Middle	477	23.0	3.0	-	5.3	-	-	19.1	29.0	4.7	1.1	-	-	1.2	80.4	83
	Secondary or higher	575	27.0	-	-	6.0	-	-	22.4	25.7	4.6	0.6	-	-	-	81.7	80
wealth index	Poorer	687	27.0	7.7	2.6	19.2	-	-	5.7	12.3	2.8	-	1.3	0.1	0.3	75.8	117
	Second	648	26.2	1.7	5.7	5.6	-	0.3	1-	18.5	13.0	-	-	-	1.0	67.9	108
	Middle	563	33.3	4.9	3.0	11.5	-	1.4	10.9	13.6	1.0	-	3.0	-	2.1	81.7	82
	Fourth	531	26.0	-	-	3.8	-	-	17.9	32.5	3.1	-	1.1	-	-	81.3	90
	Richest	517	21.8	1.9	-	1.1	-	-	20.1	31.8	6.7	1.7	-	-	-	78.5	77
Total		2,947	26.9	3.4	2.5	8.9	-	0.3	12.2	21.0	5.5	0.3	1.1	-	0.7	76.5	474

* MICS indicator 23

Table CH.6a: Any illness during past two weeks Percentage of children aged 0-59 months that had any illness during past two weeks, AJK, 2007 - 2008			
		Had any illness during past two weeks	Number of children aged 0-59 months
Sex	Male	41.6	1,504
	Female	40.6	1,441
District Name	Muzaffarabad	33.6	570
	Poonch	55.6	402
	Mirpur	49.8	307
	Kotli	32.4	540
	Bagh	51.9	438
	Bhimber	32.5	299
	Sudhnuti	33.0	207
	Neelum	41.2	184
Area	EQ non affected	35.9	1,307
	EQ affected	45.2	1,640
Type of settlement	Urban	48.2	306
	Rural	40.3	2,641
Age	0-11 months	45.4	675
	12-23 months	49.5	598
	24-35 months	41.3	566
	36-47 months	32.6	564
	48-59 months	35.2	545
Mother's education	None	40.2	1,361
	Primary	45.0	534
	Middle	39.8	477
	Secondary or higher	40.6	575
wealth index quintiles	Poorest	41.7	687
	Second	39.2	648
	Middle	42.2	563
	Fourth	42.6	531
	Richest	39.9	517
Total		41.1	2,947
* AJK MICS specific indicator			

Table CH.7: Medicine treatment of pneumonia
Percentage of children aged 0-59 months with suspected pneumonia who received medicine treatment, AJK, 2007 – 2008

		Percentage of children aged 0-59 months with suspected pneumonia who received medicines in the last two weeks *	Number of children aged 0-59 months with suspected pneumonia in the two weeks prior to the survey
Sex	Male	90.0	274
	Female	87.7	200
District Name	Muzaffarabad	100.0	67
	Poonch	90.6	108
	Mirpur	88.9	56
	Kotli	82.7	52
	Bagh	83.5	84
	Bhimber	92.1	42
	Sudhnuti	81.5	26
	Neelum	87.7	39
Area	EQ non affected	85.9	165
	EQ affected	90.7	309
Type of settlement	Urban	90.4	51
	Rural	88.8	423
Age	0-11 months	90.0	116
	12-23 months	91.7	130
	24-35 months	87.0	79
	36-47 months	84.4	78
	48-59 months	89.7	70
Mother's education	None	86.5	212
	Primary	89.9	99
	Middle	91.6	83
	Secondary or higher	91.7	80
Wealth index quintiles	Poorest	85.9	117
	Second	89.3	108
	Middle	89.8	82
	Fourth	90.2	90
	Richest	91.1	77
Total		89.0	474

* AJK MICS specific indicator

Table CH.7A: Knowledge of the two danger signs of pneumonia

Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, AJK, 2007 - 2008

Percentage of mother/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:		Mothers/ caretakers who recognize the two danger signs of pneumonia										Number of mothers/caretakers of children aged 0-59 months	
District Name	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has cough	Is weeping bitterly/ itching/ diarrhoea	Is injured	Has other symptoms	Mothers/ caretakers who recognize the two danger signs of pneumonia	Number of mothers/caretakers of children aged 0-59 months
Muzaffarabad	5.9	29.6	77.7	30.1	12.1	0.4	3.7	7.8	2.5	-	14.7	9.1	570
Poonch	1.0	33.4	45.3	7.4	11.1	1.1	25.8	0.8	0.3	1.3	3.6	0.3	402
Mirpur	2.1	3.0	63.9	16.1	13.1	0.6	17.4	6.8	9.3	0.7	6.3	0.7	307
Kotli	17.3	50.4	71.4	37.9	34.3	19.2	14.1	14.3	10.5	-	13.0	21.3	540
Bagh	8.9	22.3	58.5	24.8	12.1	3.1	15.7	14.2	5.1	-	12.5	8.1	438
Bhimber	11.8	49.2	76.9	4.0	6.3	3.4	2.8	26.6	19.7	-	37.1	3.2	299
Sudhnuti	18.4	51.5	74.1	29.1	25.0	21.3	12.5	11.3	12.2	-	16.3	2-	207
Neelum	14.9	35.8	72.0	30.5	25.1	15.4	11.0	15.6	4.8	-	19.2	14.8	184
Area	12.1	45.2	71.1	23.6	21.5	11.1	11.8	15.1	12.4	0.2	17.5	11.9	1,307
EQ non affected	9.5	30.2	64.0	23.4	13.9	3.9	13.6	8.6	3.3	0.3	11.8	7.8	1,640
EQ affected	6.8	25.0	67.6	22.5	2-	3.5	14.4	10.7	7.5	-	10.8	9.9	306
Type of settlement													
Rural	11.1	38.2	67.1	23.6	16.9	7.5	12.6	11.6	7.3	0.3	14.7	9.6	2,641
None	9.2	37.1	67.4	25.3	17.0	6.4	11.1	10.9	5.3	0.3	11.3	9.8	1,361
Primary	11.8	39.6	65.2	21.0	16.0	8.5	11.3	13.0	10.3	0.4	18.1	9.1	534
Middle	11.1	32.9	70.3	25.4	18.0	9.5	12.4	12.7	10.2	-	20.7	11.6	477
Secondary or higher	12.4	36.7	65.6	19.9	18.5	5.4	18.6	10.6	7.1	0.2	12.6	8.0	575
Poorest	12.0	33.4	63.6	23.2	15.5	6.0	13.0	9.6	4.8	0.2	10.4	9.5	687
Second	7.9	32.4	69.1	26.3	17.9	7.1	12.8	11.5	4.1	0.2	17.5	11.3	648
Middle	11.9	43.1	68.2	25.7	15.2	7.1	11.9	9.7	7.3	-	13.8	10.2	563
Fourth	10.8	42.2	65.6	20.7	18.9	8.1	12.4	12.7	10.6	0.5	16.2	7.5	531
Richest	10.6	34.4	69.9	20.6	19.3	7.4	14.0	14.9	11.4	0.4	14.1	9.4	517
Total	10.6	36.8	67.2	23.5	17.3	7.1	12.8	11.5	7.3	0.3	14.3	9.6	2,947

Table CH.8: Solid fuel use
Percent distribution of households according to type of cooking fuel, and percentage of households using solid fuels for cooking, AJK, 2007 – 2008

		Type of fuel using for cooking												Solid fuels for cooking *	Number of households	
		Electricity	Liquid propane gas (LPG)	Natural gas	Biogas	Kerosene	Coal/lignite	Charcoal	Wood	Straw /shrubs/grass	Animal dung	Agric ultural crop residue	Sar (type of wood near Jehlum river)			Total
District Name	Muzaffarabad	0.1	6.6	-	-	-	0.3	-	92.6	0.5	-	-	-	100	93.4	908
	Poonch	-	7.7	-	-	-	-	-	92.3	-	-	-	-	100	92.3	491
	Mirpur	-	41.2	4.4	0.2	0.5	-	-	52.3	0.7	-	0.2	0.6	100	53.8	407
	Kotli	0.1	12.6	-	-	-	0.5	-	86.6	0.2	-	-	-	100	87.3	645
	Bagh	-	4.8	-	-	-	-	0.6	94.4	0.3	-	-	-	100	95.2	469
	Bhimber	0.1	11.3	-	-	-	-	-	87.6	0.1	0.9	-	-	100	88.6	381
	Sudhnuti	-	1.4	-	-	-	-	0.4	97.9	0.3	-	-	-	100	98.6	270
	Neelum	0.2	1.6	-	-	-	0.2	0.2	97.8	-	-	-	-	100	98.2	148
Area	EQ non affected	-	18.0	1.1	-	0.1	0.2	-	79.8	0.3	0.2	-	0.1	100	80.7	1,648
	EQ affected	-	5.9	-	-	-	0.2	0.2	93.4	0.3	-	-	-	100	94.1	2,071
Type of settlement	Urban	0.3	44.9	4.2	-	0.5	-	-	49.6	0.4	-	0.2	-	100	50.1	411
	Rural	-	7.1	-	-	-	0.2	0.1	92.1	0.3	0.1	-	0.1	100	92.9	3,308
Education of household head	None	-	5.4	0.3	-	0.1	-	0.2	93.5	0.5	-	-	-	100	94.1	1,603
	Primary	-	8.8	0.5	-	-	-	-	90.3	0.1	0.2	0.1	-	100	90.7	672
	Middle	0.1	9.9	0.6	-	-	0.3	-	88.4	0.1	0.4	-	0.3	100	89.5	588
	Secondary or higher	0.2	25.0	0.7	0.1	0.1	0.5	0.1	73.1	0.2	-	-	0.1	100	74.0	856
Wealth index quintiles	Poorest	-	-	-	-	-	-	-	99.6	0.4	-	-	-	100	100	790
	Second	-	0.1	-	-	-	-	-	99.3	0.5	-	-	-	100	99.9	776
	Middle	-	1.4	-	-	-	0.4	0.3	97.6	0.2	-	-	-	100	98.6	752
	Fourth	0.1	7.2	0.1	-	0.3	0.2	0.1	91.6	0.3	0.1	-	-	100	92.4	703
	Richest	0.1	51.0	2.5	0.1	-	0.3	-	45.2	0.1	0.3	0.1	0.3	100	46.3	697
Total		-	11.2	0.5	-	0.1	0.2	0.1	87.4	0.3	0.1	-	0.1	100	88.2	3,719
* MICS indicator 24: MDG indicator 29																

* MICS indicator 24; MDG indicator 29

Table CH.9: Solid fuel use by type of stove or fire
Percentage of households using solid fuels for cooking by type of stove or fire, AJK, 2007 – 2008

		Stove type					Total	Number of households using solid fuels for cooking
		Open fire	Open stove	Closed stove	Other	Missing		
District Name	Muzaffarabad	0.4	96.6	3.0	-	-	100	848
	Poonch	0.3	80.2	19.6	-	-	100	453
	Mirpur	-	95.8	3.9	-	0.3	100	219
	Kotli	0.3	99.3	0.3	-	-	100	563
	Bagh	-	90.8	8.9	-	0.3	100	446
	Bhimber	-	99.1	0.6	-	0.3	100	338
	Sudhnuti	-	92.4	6.1	0.3	1.2	100	266
	Neelum	0.5	96.7	1.9	-	0.8	100	145
Area	EQ non affected	0.1	98.3	1.4	-	0.2	100	1,330
	EQ affected	0.3	90.9	8.6	-	0.3	100	1,948
Type of settlement	Urban	0.1	88.8	10.7	-	0.4	100	206
	Rural	0.2	94.2	5.3	-	0.2	100	3,073
Education of household head	None	0.4	95.5	3.9	-	0.2	100	1,509
	Primary	-	93.5	6.4	-	0.1	100	609
	Middle	-	94.6	5.1	0.2	0.2	100	526
	Secondary or higher	0.1	89.9	9.6	-	0.4	100	634
wealth index quintiles	Poorest	0.3	96.9	2.6	-	0.2	100	790
	Second	0.1	93.4	6.2	-	0.2	100	775
	Middle	0.6	90.6	8.3	0.1	0.4	100	741
	Fourth	-	94.5	5.4	-	0.1	100	649
	Richest	-	93.9	6.1	-	-	100	323
Total		0.2	93.9	5.7	-	0.2	100	3,279

Table EN.1: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, AJK, 2007 - 2008

		Main source of drinking water																Improved source of drinking water	Total	Numbers of household members	
		Improved sources								Unimproved sources											
		Piped into dwelling	Piped into yard or plot	Public tap /standpipe	Hand Pump	Donkey Pump	Protected well in dwelling	Turbine (Tubewell)	Protected well	Protected spring	Rainwater collection	Unprotected well in dwelling	Unprotected spring	Tanker-truck	Cart with small tank/drum	Surface water (river, stream, dam, lake, pond)	Bottled/cane water				Others
District Name	Muzaffarabad	29.3	3.0	2.9	0.2	0.0	0.1	0.0	1.1	15.5	0.0	0.1	2.0	45.5	0.0	0.0	0.2	0.0	0.1	100	5,278
	Poonch	3.0	0.9	0.1	1.5	0.2	0.8	0.0	7.4	22.1	0.0	0.1	11.	52.4	0.0	0.0	0.4	0.0	0.0	100	3,346
	Mirpur	52.9	0.4	2.2	6.1	9.9	7.2	2.0	10.2	0.4	0.3	2.8	2.1	0.0	3.0	0.2	0.0	0.0	0.2	100	2,712
	Kotli	11.8	3.4	7.5	10.9	1.9	1.6	3.7	7.3	10.6	0.0	0.2	7.8	30.3	0.0	0.0	1.5	0.0	1.6	100	4,714
	Bagh	25.8	1.2	1.7	0.2	0.0	0.0	0.1	0.8	20.9	0.0	0.0	2.4	46.3	0.0	0.0	0.0	0.0	0.7	100	3,178
	Bhimber	10.7	1.2	9.5	17.6	12.2	1.1	28.7	3.2	3.6	0.0	2.2	4.4	3.7	0.0	0.0	0.5	0.0	1.4	100	2,534
	Sudhnuti	6.3	3.9	0.9	4.5	0.0	0.5	0.8	2.6	15.1	0.0	0.0	2.4	61.6	0.0	0.0	1.4	0.0	0.0	100	1,790
	Neelum	14.6	5.7	2.6	0.0	0.0	0.0	0.0	0.0	22.5	0.0	0.0	2.4	48.4	0.0	0.0	3.8	0.0	0.0	100	1,119
Area	EQ non affected	20.6	2.3	5.8	10.6	5.8	2.7	8.5	6.6	7.2	0.1	1.3	5.0	20.8	0.7	0.1	1.0	0.0	1.0	100	11,407
	EQ affected	20.0	2.2	1.8	0.5	0.0	0.2	0.0	2.5	19.1	0.0	0.0	4.4	48.4	0.0	0.0	0.5	0.0	0.2	100	13,263
Type of settlement	Urban	52.6	0.9	1.1	3.6	2.5	1.9	3.0	3.0	10.9	0.0	0.4	1.9	15.4	1.9	0.0	0.2	0.0	0.6	100	2,801
	Rural	16.1	2.5	4.0	5.4	2.7	1.3	4.0	4.6	13.9	0.0	0.6	5.1	38.3	0.1	0.0	0.8	0.0	0.6	100	21,869
Education of household head	None	18.7	1.9	4.8	4.9	2.7	1.4	3.4	4.2	13.0	0.1	0.7	5.4	36.6	0.6	0.0	0.7	0.0	0.8	100	12,389
	Primary	21.7	3.6	2.3	6.5	2.1	1.0	5.4	2.8	13.5	0.0	0.1	3.4	36.5	0.0	0.0	0.8	0.0	0.3	100	4,723
	Secondary +																				
Wealth index quintiles	Poorest	21.9	2.0	2.7	4.7	3.2	1.5	3.8	5.6	14.5	0.0	0.8	4.3	33.6	0.2	0.0	0.8	0.0	0.4	100	7,558
	Second	6.9	3.4	3.2	0.5	0.0	0.0	0.2	0.7	16.6	0.0	0.0	3.2	63.4	0.0	0.1	1.8	0.0	0.0	100	4,992
	Middle	14.6	2.7	5.1	1.4	0.0	0.4	0.7	3.0	16.1	0.0	0.0	5.4	49.4	0.0	0.0	1.1	0.0	0.1	100	4,950
	Fourth	17.4	1.7	2.9	4.6	0.4	0.8	2.1	3.8	18.2	0.0	0.2	7.8	39.3	0.0	0.0	0.5	0.0	0.4	100	4,899
	Richest	24.5	3.1	4.6	9.2	3.9	1.3	7.4	5.6	12.2	0.0	0.8	5.7	19.2	0.6	0.0	0.2	0.0	1.7	100	4,920
		38.3	0.5	2.5	10.2	9.3	4.4	9.4	8.9	4.7	0.2	2.1	1.5	6.4	1.1	0.0	0.0	0.0	0.6	100	4,910
Total		20.3	2.3	3.7	5.2	2.7	1.4	3.9	4.4	13.6	0.0	0.6	4.7	35.7	0.3	0.0	0.7	0.0	0.6	100	24,670

* MICS indicator 11; MDG indicator 30

* MICS indicator 11; MDG indicator 30

Table EN.2: Household water treatment

Percent distribution of household population according to drinking water treatment method used in the household, and percentage of household population that applied an appropriate water treatment method, AJK, 2007 - 2008

District Name	Water treatment method used in the household							All drinking water sources: Appropriate water treatment method *		Improved drinking water sources: Appropriate water treatment method	Number of household members	Unimproved drinking water sources: Appropriate water treatment method	Number of household members
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other	Don't know				
Muzaffarabad	93.0	5.9	0.1	0.1	0.6	-	0.1	-	-	6.5	5,278	9.6	2,747
Poonch	95.1	3.8	-	-	0.2	0.2	0.5	-	-	4.2	3,346	4.1	1,203
Mirpur	93.1	1.9	-	1.1	3.9	-	-	-	-	5.8	2,712	5.5	2,484
Kotli	96.0	1.2	-	1.6	0.4	-	0.5	0.2	-	1.7	4,714	2.4	2,763
Bagh	87.3	10.4	0.6	0.9	0.7	-	-	-	-	11.8	3,178	15.6	1,609
Bhimber	96.1	2.0	-	1.3	0.4	-	0.2	-	-	2.4	2,534	2.7	2,223
Sudhnuti	95.4	2.7	-	1.6	-	-	0.4	-	-	2.7	1,790	0.8	618
Neelum	94.1	5.1	-	0.3	-	-	0.2	-	-	5.1	1,119	5.7	508
Area	EQ non affected	95.4	1.7	-	1.4	1.2	-	0.3	0.1	2.9	11,407	3.3	7,997
EQ affected	92.2	6.4	0.2	0.3	0.4	0.1	0.2	-	-	7.0	13,263	9.6	6,157
Type of settlement	Urban	86.9	6.8	0.2	1.0	4.8	0.1	-	-	11.8	2,801	12.7	2,229
Rural	94.5	3.9	0.1	0.8	0.3	-	0.3	-	-	4.2	21,869	4.8	11,925
Education of household head	None	93.5	4.0	-	1.3	0.6	-	0.3	0.1	4.6	12,389	5.8	6,837
Primary	93.5	4.7	0.4	0.3	0.7	0.2	0.3	-	-	5.9	4,723	6.4	2,785
Secondary +	94.1	4.2	0.1	0.4	1.1	-	0.2	-	-	5.3	7,558	6.3	4,532
Poorest	95.3	3.7	-	0.9	-	-	-	-	-	3.7	4,992	4.2	1,575
Second	93.8	4.6	-	0.6	-	-	0.3	0.1	-	4.6	4,950	6.3	2,174
Middle	94.1	4.0	0.4	1.1	-	0.2	0.2	-	-	4.6	4,899	5.5	2,540
Fourth	96.0	3.1	0.1	0.2	0.5	-	0.2	-	-	3.6	4,920	3.9	3,531
Richest	89.1	5.5	-	1.3	3.5	-	0.5	-	-	9.0	4,910	8.7	4,333
Total	93.7	4.2	0.1	0.8	0.8	-	0.2	-	-	5.1	24,670	6.1	14,154

* MICS indicator 13

Table EN.5: Use of sanitary means of excreta disposal
Percent distribution of household population according to type of toilet facility used by the household, and the percentage of household population using sanitary means of excreta disposal, AJK, 2007 – 2008

		Type of toilet facility used by household										Percentage of population using sanitary means of excreta disposal *	Number of households members	
		Improved sanitation facility					Unimproved sanitation facility							
		Flush to piped sewerage system	Flush to septic tank	Flush to pit (latrine)	Ventilated Improved Pit latrine (VIP)	Covered pit latrine	Uncovered pit	Public/ communal latrine	No facilities or bush or field	Other	Missing			Total
District Name	Muzaffarabad	4.6	27.9	13.3	1.8	1.5	1.1	0.1	49.7	-	-	100	49.1	5,278
	Poonch	-	54.0	5.1	1.1	1.9	0.2	0.1	33.0	4.6	-	100	62.1	3,346
	Mirpur	19.0	72.7	1.8	-	0.2	-	-	6.4	-	-	100	93.6	2,712
	Kotli	1.3	49.1	9.9	-	0.1	0.6	0.2	38.2	-	0.5	100	60.4	4,714
	Bagh	0.3	33.8	18.6	1.5	2.9	2.7	0.1	39.3	0.8	-	100	57.1	3,178
	Bhimber	2.6	60.5	1.5	-	-	-	0.6	33.8	0.9	0.2	100	64.5	2,534
	Sudhnuti	1.6	38.9	15.9	0.1	-	0.3	-	42.8	0.4	-	100	56.5	1,790
	Neelum	0.8	31.0	23.3	2.8	4.3	1.8	0.1	35.9	-	-	100	62.2	1,119
Area	EQ non affected	5.8	56.0	6.7	-	0.1	0.3	0.2	30.3	0.3	0.2	100	68.6	11,407
	EQ affected	2.0	36.4	13.5	1.6	2.1	1.3	0.1	41.6	1.4	-	100	55.6	13,263
Type of settlement	Urban	23.3	66.1	3.8	0.3	0.2	0.2	0.1	5.3	0.7	-	100	93.7	2,801
	Rural	1.3	42.8	11.2	0.9	1.3	0.9	0.2	40.4	0.9	0.1	100	57.6	21,869
Education of household head	None	3.3	44.1	9.2	0.7	1.0	0.5	0.1	40.1	0.7	0.2	100	58.3	12,389
	Primary	3.1	43.7	11.6	1.0	1.5	0.8	0.4	37.0	0.9	-	100	60.9	4,723
	Secondary +	4.9	48.8	11.6	1.0	1.4	1.4	0.1	29.8	1.0	-	100	67.7	7,558
Wealth index quintiles	Poorest	0.1	6.2	6.9	1.2	1.5	1.0	0.1	82.7	0.3	-	100	15.9	4,992
	Second	0.8	25.5	14.4	1.5	1.9	1.2	0.2	53.1	1.5	-	100	44.0	4,950
	Middle	1.2	47.3	17.3	1.4	2.1	1.1	0.5	27.5	1.5	-	100	69.4	4,899
	Fourth	2.8	69.4	9.9	0.1	0.6	0.9	-	15.9	0.3	0.1	100	82.8	4,920
	Richest	14.1	79.7	3.4	-	-	-	-	1.8	0.5	0.5	100	97.2	4,910
Total		3.8	45.5	10.4	0.9	1.2	0.8	0.2	36.4	0.8	0.1	100	61.7	24,670

* MICS Indicator 12: MDG Indicator 31

* MICS Indicator 12; MDG Indicator 31

Table EN.5w: Shared use of improved sanitation facilities (working table)

Percent distribution of household population using improved sanitation facilities by the number of households using the facility, AJK, 2007 - 2008

		Number of households using the improved sanitation facility										Total	Number of households members using improved sanitation facilities
		1	2	3	4	5	6	7	8	Ten or more households	DK	Missing	
Type of toilet facility used	Flush to piped sewerage system	93.6	4.9	0.6	0.2	-	-	-	-	0.2	0.6	-	929
	Flush to septic tank	92.7	5.2	1.2	0.4	0.1	0.1	-	-	0.1	0.2	0.1	11,217
	Flush to pit (latrine)	92.0	5.6	2.1	0.2	-	0.1	-	-	-	0.1	-	2,560
	Ventilated Improved Pit latrine (VIP)	82.7	9.0	-	-	-	-	-	-	8.3	-	-	211
	Covered pit latrine	88.2	11.3	-	-	-	-	0.2	0.4	-	-	-	295
District Name	Muzaffarabad	92.5	5.3	0.6	0.6	-	-	-	-	1.0	-	-	2,589
	Poonch	91.7	7.4	0.6	-	-	-	-	-	-	0.4	-	2,078
	Mirpur	93.0	3.8	2.0	0.1	0.2	-	-	-	-	0.6	0.3	2,539
	Kotli	89.5	7.4	3.0	0.1	0.1	-	-	-	-	-	-	2,850
	Bagh	91.2	6.4	1.4	0.8	-	0.1	-	-	-	0.1	-	1,814
	Bhimber	96.0	3.7	-	0.3	-	-	-	-	-	-	-	1,635
	Sudhnuti	94.5	2.9	0.2	1.2	-	0.6	-	-	-	0.5	-	1,011
	Neelum	95.3	3.3	0.9	-	-	-	0.1	0.2	-	0.2	-	696
	EQ non affected	92.5	5.0	1.8	0.3	0.1	0.1	-	-	-	0.2	0.1	7,831
	EQ affected	92.3	5.9	0.8	0.4	-	-	-	-	0.3	0.2	-	7,381
Type of settlement	Urban	92.9	3.8	2.1	0.1	0.2	0.1	-	-	0.3	0.5	-	2,626
	Rural	92.3	5.8	1.1	0.4	-	0.1	-	-	0.1	0.2	0.1	12,586
Education of household head	None	92.4	5.4	1.2	0.6	-	-	-	-	0.3	0.2	-	7,219
	Primary	91.9	5.7	1.5	0.2	0.2	-	-	-	-	0.4	-	2,876
	Secondary +	92.6	5.4	1.4	0.1	-	0.1	-	-	0.1	0.1	0.2	5,117
wealth index quintiles	Poorest	85.4	13.6	1.0	-	-	-	-	-	-	-	-	792
	Second	92.2	5.9	0.3	1.1	-	0.4	-	-	-	0.1	-	2,177
	Middle	90.9	6.1	1.7	0.5	0.1	-	-	-	0.5	0.2	-	3,399
	Fourth	93.3	3.9	2.3	0.1	-	-	-	-	-	0.1	0.2	4,073
	Richest	94.0	4.7	0.7	0.1	-	-	-	-	0.1	0.4	-	4,771
	Total	92.4	5.4	1.3	0.3	-	0.1	-	-	0.2	0.2	0.1	15,212

<p>Table EN.7: Use of improved water sources and improved sanitation</p> <p>Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, AJK, 2007 – 2008</p>				
District Name	Percentage of household population using improved sources of drinking water *	Percentage of household population using sanitary means of excreta disposal **	Percentage of household population using improved sources of drinking water and using sanitary means of excreta disposal	Number of household members
Muzaffarabad	52.0	49.1	30.3	5,278
Poonch	35.9	62.1	23.5	3,346
Mirpur	91.6	93.6	87.2	2,712
Kotli	58.6	60.4	43.1	4,714
Bagh	50.6	57.1	33.3	3,178
Bhimber	87.7	64.5	59.1	2,534
Sudhnuti	34.5	56.5	21.4	1,790
Neelum	45.4	62.2	30.8	1,119
EQ non affected	70.1	68.6	54.6	11,407
EQ affected	46.4	55.6	28.9	13,263
Urban	79.6	93.7	75.6	2,801
Rural	54.5	57.6	36.3	21,869
None	55.2	58.3	37.1	12,389
Primary	59.0	60.9	40.9	4,723
Secondary +	60.0	67.7	46.8	7,558
Poorest	31.6	15.9	5.6	4,992
Second	43.9	44.0	19.1	4,950
Middle	51.8	69.4	36.1	4,899
Fourth	71.8	82.8	58.2	4,920
Richest	88.3	97.2	85.7	4,910
Total	57.4	61.7	40.8	24,670
* MICS indicator 11; MDG indicator 30				
** MICS indicator 12; MDG indicator 31				

Table EN.8: **Washing hands,**
Proportion of population washing hands before meal and after using a toilet, AJK, 2007 - 2008

		Proportion of population washing hands before meal and after using a toilet	Number of household members
District Name	Muzaffarabad	100	5,278
	Poonch	96.7	3,346
	Mirpur	98.8	2,712
	Kotli	96.6	4,714
	Bagh	92.1	3,178
	Bhimber	97.1	2,534
	Sudhnuti	98.7	1,790
	Neelum	96.9	1,119
Area	EQ non affected	97.6	11,407
	EQ affected	96.9	13,263
Type of settlement	Urban	99.3	2,801
	Rural	97.0	21,869
Education of household head	None	96.7	12,389
	Primary	97.2	4,723
	Secondary +	98.1	7,558
wealth index quintiles	Poorest	92.7	4,992
	Second	97.7	4,950
	Middle	97.1	4,899
	Fourth	98.9	4,920
	Richest	99.8	4,910
Total		97.2	24,670
* MICS AJK specific indicator			

Table RH.1: Use of contraception
Percentage of women aged 15-49 years current married or in union who are using (or whose partner is using) a contraceptive method, AJK, 2007 – 2008

District Name	Percent of women (currently married or in union) who are using:											Total	Any modern method	Any traditional method	Any method *	Number of women currently married or in union
	using any method	Female sterilization	Male sterilization	Pill	IUCD	Injection	Condom	Foam/jel	LAM	Periodic abstinence	Withdrawal	Other				
Muzaffarabad	70.4	2.7	0.0	3.3	1.7	5.3	2.8	0.0	7.6	3.9	1.3	1.2	100	13.9	29.6	671
Poonch	71.8	4.3	0.0	3.6	2.1	6.4	3.0	0.0	5.1	3.7	0.0	0.0	100	8.8	28.2	481
Mirpur	59.5	11.1	0.2	2.2	3.3	2.5	10.7	0.0	4.1	5.7	0.7	0.0	100	10.5	40.5	381
Kotli	59.5	6.7	0.0	2.8	5.0	7.8	6.2	0.0	4.5	2.8	4.7	0.0	100	12.0	40.5	638
Bagh	77.4	4.1	0.0	1.1	2.4	7.1	4.6	0.3	0.4	2.7	0.0	0.1	100	3.2	22.6	461
Bhimber	62.1	9.5	0.0	3.4	4.4	5.7	4.9	0.0	3.8	1.6	4.6	0.0	100	9.9	37.9	381
Sudhnuti	74.9	4.1	0.0	2.0	6.2	5.9	2.0	0.0	0.5	3.3	0.8	0.2	100	4.9	25.1	287
Neelum	88.2	1.2	0.0	0.5	1.4	3.8	1.7	0.4	2.2	0.3	0.0	0.2	100	2.7	11.8	164
Area	62.6	8.0	0.0	2.7	4.6	5.5	6.4	0.0	3.7	3.2	3.2	0.0	100	10.1	37.4	1,629
EQ non affected	74.0	3.4	0.0	2.5	2.1	6.1	3.2	0.1	4.4	3.3	0.5	0.5	100	8.6	26.0	1,834
EQ affected	58.2	9.9	0.0	3.8	4.1	4.2	8.6	0.0	3.2	5.9	1.6	0.7	100	11.3	41.8	390
Urban	70.0	5.0	0.0	2.5	3.1	6.1	4.2	0.1	4.2	2.9	1.8	0.2	100	9.1	30.0	3,068
Rural	89.8	0.0	0.0	0.0	0.0	0.2	1.4	0.0	8.5	0.0	0.0	0.0	100	1.6	10.2	124
Age	76.0	0.0	0.0	1.3	1.9	3.4	5.6	0.0	8.4	2.4	1.0	0.0	100	12.3	24.0	472
15-19	71.0	1.0	0.0	2.6	2.4	8.0	6.9	0.2	5.0	1.9	0.9	0.1	100	21.1	29.0	664
20-24	66.6	4.2	0.0	2.8	4.4	7.6	4.8	0.0	4.1	3.1	1.5	0.8	100	23.9	33.4	664
25-29	60.1	9.1	0.1	3.4	5.6	5.5	4.6	0.0	5.0	3.3	3.1	0.0	100	28.3	39.9	553
30-34	66.6	11.0	0.0	2.4	3.1	4.8	4.2	0.0	0.1	4.0	3.3	0.5	100	25.5	33.4	535
35-39	67.4	10.8	0.0	3.7	2.7	5.7	1.8	0.1	0.5	6.1	1.0	0.1	100	24.8	32.6	451
40-44	99.4	0.1	0.0	0.0	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.1	100	0.5	0.6	522
45-49	78.0	1.2	0.0	1.7	0.1	2.6	5.2	0.0	8.7	2.2	0.2	0.0	100	10.9	11.1	440
Number of living children	71.4	0.2	0.0	2.2	2.8	5.8	7.2	0.3	4.9	3.5	1.4	0.4	100	18.4	28.6	487
0	64.6	5.2	0.0	2.7	3.9	6.4	7.1	0.0	5.4	3.5	1.1	0.0	100	25.2	35.4	471
1	55.8	10.5	0.0	3.9	5.2	8.5	4.6	0.0	3.5	4.4	3.1	0.4	100	32.8	44.2	1,542
2	70.7	6.1	0.0	2.0	3.4	6.1	2.5	0.0	3.6	2.9	2.3	0.3	100	20.2	29.3	1,826
3	65.5	6.8	0.1	5.2	2.7	5.1	5.0	0.0	5.4	2.5	1.7	0.0	100	24.9	34.5	557
4+	65.1	4.1	0.0	2.4	3.3	7.2	7.3	0.0	4.8	4.6	0.6	0.6	100	24.3	34.9	463
Education	67.9	3.9	0.0	2.3	3.3	4.6	8.9	0.2	3.8	3.8	1.1	0.1	100	23.3	32.1	618
None	75.1	2.3	0.0	1.7	3.0	6.4	1.8	0.0	5.6	2.6	1.1	0.4	100	15.2	24.9	653
Primary	73.2	3.9	0.0	2.5	2.2	5.1	3.3	0.2	3.7	3.4	1.8	0.6	100	17.3	26.8	692
Middle	70.9	5.0	0.0	1.4	2.7	7.8	3.4	0.1	3.9	3.2	1.6	0.0	100	20.4	29.1	698
Secondary or higher	66.0	6.4	0.0	3.3	4.3	5.3	4.8	0.0	4.3	2.9	2.5	0.2	100	24.1	34.0	738
Poorest	58.3	10.2	0.1	4.0	4.1	4.6	10.0	0.0	3.0	4.1	1.6	0.1	100	33.0	41.7	683
Poorer	68.6	5.6	0.0	2.6	3.3	5.8	4.7	0.1	4.1	3.2	1.8	0.3	100	22.1	31.4	3,464
Poor																
Second																
Middle																
Fourth																
Richest																
Total																

* MICS indicator 21; MDG indicator 19C

Table RH.3: Antenatal care provider

Percent distribution of women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, AJK, 2007 – 2008

Person providing antenatal care													Any skilled personnel *	Number of women who gave birth in the preceding two years
Medical doctor	Nurse/midwife	Lady health visitor (LHV)	Lady health worker (LHW)	Traditional birth attendant	Relative/Friend	Other/missing	No antenatal care received	Total						
District Name	Muzaffarabad	42.8	11.8	-	1.8	3.5	16.1	-	24.0	100	56.4	261		
	Poonch	64.3	20.9	2.2	0.7	1.1	-	-	10.7	100	88.2	152		
	Mirpur	61.5	24.6	0.1	-	0.9	-	0.8	12.1	100	86.2	102		
	Kotli	60.0	10.9	3.4	0.2	-	7.4	3.0	15.1	100	74.5	204		
	Bagh	43.7	17.3	5.5	1.8	3.0	1.5	1.4	25.9	100	68.3	161		
	Bhimber	65.9	11.2	2.6	-	-	0.8	0.2	19.4	100	79.6	119		
	Sudhnuti	62.9	5.5	0.2	1.7	-	4.5	-	25.1	100	70.4	75		
	Neelum	15.0	2.9	3.0	3.2	1.8	10.8	-	63.1	100	24.3	77		
Area	EQ non affected	62.1	13.2	2.1	0.3	0.2	3.8	1.5	16.7	100	77.8	485		
	EQ affected	45.2	14.0	2.2	1.7	2.6	8.1	0.3	26.0	100	63.0	666		
Type of settlement	Urban	70.6	17.7	0.2	0.4	0.4	2.4	0.2	8.2	100	88.8	113		
	Rural	50.3	13.3	2.4	1.2	1.7	6.7	0.9	23.6	100	67.1	1,037		
Age	15-19	33.5	15.6	6.8	7.0	5.4	7.7	-	24.0	100	62.9	34		
	20-24	59.8	12.7	1.2	0.1	0.9	6.2	-	19.1	100	73.9	264		
	25-29	56.5	14.7	3.5	0.9	1.3	5.5	0.9	16.8	100	75.5	336		
	30-34	50.6	12.5	2.2	0.7	1.3	4.7	1.9	26.0	100	66.0	286		
	35-39	43.6	13.0	0.8	3.2	3.6	10.3	0.5	25.0	100	60.6	158		
	40-44	44.2	17.0	-	-	-	6.7	-	32.1	100	61.2	54		
	45-49	30.3	19.8	-	-	-	8.0	-	42.0	100	50.1	19		
Education	None	37.0	14.9	0.9	1.9	1.4	10.5	0.7	32.7	100	54.7	523		
	Primary	55.3	13.9	3.0	0.3	0.7	4.1	2.7	19.9	100	72.6	213		
	Middle	67.3	12.7	4.2	-	4.0	2.0	-	9.9	100	84.2	186		
	Secondary or higher	72.6	11.6	2.5	0.8	0.6	2.2	-	9.6	100	87.6	227		
Wealth index quintiles	Poorest	31.0	14.4	2.2	1.3	2.4	10.4	1.0	37.2	100	48.9	264		
	Second	45.0	13.0	1.9	1.3	1.8	7.9	0.6	28.4	100	61.2	266		
	Middle	55.0	15.4	1.5	2.1	1.9	5.9	0.4	17.8	100	74.0	221		
	Fourth	61.8	11.9	4.6	0.4	0.7	4.6	1.3	14.8	100	78.7	208		
	Richest	78.6	13.7	0.4	0.2	0.5	0.6	0.8	5.2	100	92.9	191		
Total		52.3	13.7	2.1	1.1	1.6	6.3	0.8	22.1	100	69.3	1,151		

* MICS indicator 20

* MICS indicator 20

Table RH.4: Antenatal care

Percentage of pregnant women receiving antenatal care among women aged 15-49 years who gave birth in two years preceding the survey and percentage of pregnant women receiving specific care as part of the antenatal care received, AJK, 2007 - 2008

		Percent of pregnant women receiving ANC one or more times during pregnancy*	Percent of pregnant women who had:				Number of women who gave birth in two years preceding survey
			Blood sample taken	Blood pressure measured	Urine specimen taken	Weight measured	
District Name	Muzaffarabad	76.0	35.4	47.6	42.3	32.3	261
	Poonch	89.3	68.3	87.0	73.2	52.1	152
	Mirpur	87.9	68.6	77.7	71.7	59.1	102
	Kotli	84.9	37.0	68.7	47.5	22.1	204
	Bagh	74.1	34.0	55.6	41.5	41.5	161
	Bhimber	80.6	39.9	65.9	50.8	25.8	119
	Sudhnuti	74.9	54.5	63.4	58.4	30.1	75
	Neelum	36.9	11.3	18.0	16.2	12.1	77
	EQ non affected	83.3	46.3	69.2	54.5	32.1	485
	EQ affected	74.0	40.3	55.5	46.7	36.5	666
Type of settlement	Urban	91.8	63.0	79.6	68.9	49.1	113
	Rural	76.4	40.7	59.2	47.9	33.0	1,037
Age	15-19	76.0	44.3	47.6	51.6	26.9	34
	20-24	80.9	45.7	66.5	55.0	35.1	264
	25-29	83.2	48.2	67.8	53.4	39.0	336
	30-34	74.0	43.0	57.2	50.6	34.5	286
	35-39	75.0	33.3	52.9	38.2	32.5	158
	40-44	67.9	28.3	56.3	42.9	25.1	54
	45-49	58.0	24.7	41.7	24.7	9.8	19
Education	None	67.3	29.1	45.5	37.7	24.5	523
	Primary	80.1	42.9	66.5	52.2	33.7	213
	Middle	90.1	57.0	77.8	61.7	36.7	186
	Secondary or higher	90.4	62.9	79.1	66.6	57.0	227
Wealth index quintiles	Poorest	62.8	25.4	40.7	32.8	26.3	264
	Second	71.6	37.2	55.2	42.6	28.9	266
	Middle	82.2	46.0	62.7	54.5	41.2	221
	Fourth	85.2	51.0	71.6	56.0	30.1	208
	Richest	94.8	62.3	85.1	72.0	51.2	191
Total		77.9	42.9	61.2	50.0	34.6	1,151

* MICS indicator 44

* MICS indicator 44

Table RH.4w: Antenatal care content (working table)

Percentage of pregnant women receiving specific care as part of the antenatal care provided, among women aged 15-49 years who gave birth in two years preceding the survey and received antenatal care, AJK, 2007 - 2008

	Percent of pregnant women who had:					Number of women who gave birth in two years preceding survey and received antenatal care
	Blood sample taken	Blood pressure measured	Urine specimen taken	Weight measured		
District Name						
Muzaffarabad	46.6	62.6	55.6	42.5		199
Poonch	76.5	97.4	82.0	58.4		135
Mirpur	78.0	88.4	81.5	67.2		90
Kotli	43.5	80.9	55.9	26.0		173
Bagh	45.9	75.0	56.0	56.0		119
Bhimber	49.5	81.7	62.9	32.0		96
Sudhnuti	72.7	84.6	78.0	40.2		56
Neelum	30.6	48.8	43.9	32.8		28
EQ non affected	55.6	83.0	65.4	38.5		404
EQ affected	54.5	75.0	63.1	49.3		492
Urban	68.7	86.8	75.1	53.5		104
Rural	53.2	77.5	62.7	43.2		793
Age						
15-19	58.4	62.7	67.9	35.4		26
20-24	56.6	82.3	68.1	43.4		214
25-29	58.0	81.4	64.1	46.9		280
30-34	58.1	77.3	68.3	46.6		211
35-39	44.4	70.5	50.9	43.4		118
40-44	41.6	82.9	63.1	37.0		37
45-49	42.5	71.8	42.5	16.9		11
Education						
None	43.3	67.6	56.0	36.4		352
Primary	53.5	83.0	65.1	42.1		171
Middle	63.2	86.4	68.4	40.7		168
Secondary or higher	69.6	87.6	73.7	63.0		205
Wealth index quintiles						
Poorest	40.5	64.9	52.2	41.9		166
Second	52.0	77.1	59.5	40.3		191
Middle	56.0	76.3	66.3	50.2		182
Fourth	59.9	84.0	65.8	35.3		177
Richest	65.8	89.8	76.0	54.1		181
Total	55.0	78.6	64.1	44.4		897

Table RH.5: Assistance during delivery

Percent distribution of women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, AJK, 2007 – 2008

		Person assisting at delivery:							Total	Any skilled personnel *	Delivered in health facility **	Number of women who gave birth in preceding two years
		Medical doctor	Nurse/midwife	Lady health visitor (LHV)	Lady health worker (LHW)	Traditional birth attendant	Relative/friend	Other/missing				
District Name	Muzaffarabad	24.7	1.0	0.3	2.1	31.0	38.0	0.8	2.1	28.1	23.4	261
	Poonch	35.5	10.4	3.1	1.8	28.8	20.2	0.0	0.3	50.7	42.3	152
	Mirpur	37.9	17.8	0.0	0.7	33.8	8.4	0.8	0.6	56.4	58.6	102
	Kotli	35.7	15.1	1.9	2.0	15.6	25.6	4.0	0.0	54.7	46.6	204
	Bagh	15.7	11.4	0.6	2.2	28.9	36.2	2.0	3.1	29.8	25.5	161
	Bhimber	28.7	14.5	0.7	1.3	37.6	15.1	1.4	0.5	45.3	34.3	119
	Sudhnuti	31.6	7.0	0.0	2.0	10.4	41.3	5.5	2.3	40.5	39.1	75
	Neelum	6.2	1.8	0.0	1.8	10.5	71.1	0.4	8.3	9.7	3.5	77
Area	EQ non affected	34.1	14.7	1.0	1.6	24.2	21.2	2.9	0.3	51.4	45.5	485
	EQ affected	22.9	5.7	1.0	2.0	27.1	37.5	0.9	2.8	31.6	26.0	666
Type of settlement	Urban	44.0	13.0	0.0	1.1	29.0	10.2	1.8	1.0	58.1	61.8	113
	Rural	25.8	9.2	1.1	1.9	25.5	32.9	1.8	1.8	37.9	31.2	1,037
Age	15-19	29.8	17.0	0.0	0.0	20.0	30.9	0.0	2.4	46.7	37.5	34
	20-24	31.5	7.3	1.0	2.2	26.2	30.4	0.6	0.7	42.0	36.6	264
	25-29	29.2	10.5	1.0	1.6	25.4	28.5	2.2	1.6	42.3	36.9	336
	30-34	26.9	10.7	0.7	2.2	24.8	29.9	2.8	1.9	40.6	34.0	286
	35-39	17.4	7.6	0.6	2.3	29.3	37.2	2.0	3.6	27.9	22.9	158
	40-44	33.8	4.5	0.0	0.0	32.0	28.9	0.0	0.8	38.4	38.4	54
	45-49	17.9	21.9	11.2	0.0	11.2	34.5	1.4	2.0	51.0	33.0	19
Education	None	17.1	10.1	0.7	1.6	25.3	41.8	0.7	2.5	29.6	23.1	523
	Primary	25.6	8.9	0.3	2.3	28.1	30.2	4.2	0.3	37.2	31.5	213
	Middle	40.2	8.3	1.5	2.1	26.2	20.4	0.8	0.5	52.1	46.1	186
	Secondary or higher	43.3	9.8	1.6	1.7	24.8	13.8	2.6	2.4	56.4	52.6	227
Wealth index quintiles	Poorest	13.0	6.9	0.6	1.0	25.5	48.3	1.1	3.5	21.6	17.9	264
	Second	22.4	6.5	0.9	1.8	26.3	37.9	2.1	2.2	31.5	26.4	266
	Middle	26.3	7.0	0.0	1.6	31.8	29.7	2.5	1.1	34.9	30.6	221
	Fourth	34.0	15.3	2.6	3.0	20.8	21.7	1.7	0.8	54.9	43.5	208
	Richest	49.6	13.9	0.9	2.0	24.5	7.1	1.5	0.5	66.4	61.7	191
Total		27.6	9.5	1.0	1.8	25.9	30.7	1.8	1.8	39.9	34.2	1,151

* MICS indicator 4; MDG indicator 17

* MICS indicator 5

Table RH.6: Maternal mortality ratio

Lifetime risk of maternal death and proportion of sisters dying of maternal causes, AJK, 2007 - 2008

	Number of adult household respondents	Sisters who reached age 15	Sisters who reached age 15 (adjusted)	Sisters who reached age 15 and who died	Maternal deaths	Adjustment factor	Sister units of risk exposure	Lifetime risk of maternal death	Percent of sisters dying of maternal causes	Total fertility rate 10-14 years ago	Maternal mortality ratio *
Respondent age 15-19	2,716	4,682	11,835	62	5	0.107	1,266	0.004	8.7	-	-
20-24	2,105	4,666	11,794	105	11	0.206	2,430	0.004	10.4	-	-
25-29	1,729	4,430	11,197	103	16	0.343	3,840	0.004	15.0	-	-
30-34	1,425	4,007	4,007	128	9	0.503	2,016	0.004	7.0	-	-
35-39	1,096	3,136	3,136	185	25	0.664	2,083	0.012	13.5	-	-
40-44	1,078	2,867	2,867	184	21	0.802	2,300	0.009	11.5	-	-
45-49	876	2,273	2,273	150	7	0.900	2,045	0.003	4.5	-	-
50-54	811	1,934	1,934	214	14	0.958	1,853	0.008	7.0	-	-
55-59	590	1,350	1,350	210	13	0.986	1,331	0.010	6.0	-	-
60+	1,489	3,047	3,047	1,061	39	1.000	3,047	0.013	4.0	-	-
Total	13,913	32,392	53,440	2,402	161	.	22,210	0.007	7.0	4	201

* MICS Indicator 3; MDG Indicator 16

See Graham, W. W. Brass and R. Snow 1989. Estimating maternal mortality: the sisterhood method. Studies in Family Planning 20(3):125-135

MMR (Maternal Mortality Ratio) = $(1 - (1 - LTR)(1/TFR)) * 100000$, where LTR is Lifetime risk of maternal death and TFR is Total Fertility Rate

** Sisters aged 15+ for the first three age groups are adjusted to be equal to the number of respondents in the age group tiers the average number of sisters to respondents aged 30+

Table RH.7: Proportion of population covered by LHW
AJK, 2007 – 2008

		Percent of women who were seen by a LHW during last month	Number of women who gave birth in preceding two years
District Name	Muzaffarabad	0.1	261
	Poonch	0.1	152
	Mirpur	0.1	102
	Kotli	-	204
	Bagh	0.1	161
	Bhimber	0.1	119
	Sudhnuti	0.1	75
	Neelum	0.1	77
Area	EQ non affected	0.1	485
	EQ affected	0.1	666
Type of settlement	Urban	0.1	113
	Rural	0.1	1,037
Age	15-19	-	34
	20-24	0.1	264
	25-29	0.1	336
	30-34	0.1	286
	35-39	0.1	158
	40-44	0.2	54
	45-49	-	19
Education	None	0.1	523
	Primary	0.1	213
	Middle	0.1	186
	Secondary or higher	0.1	227
Wealth index quintiles	Poorest	0.1	264
	Second	0.1	266
	Middle	0.1	221
	Fourth	0.1	208
	Richest	0.1	191
Total		0.1	1,151

* AJK Specific indicator

Table ED.2: Primary school entry

Percentage of children of primary school entry age attending grade 1, AJK, 2007 - 2008

		Percentage of children of primary school entry age currently attending grade 1 *	Number of children of primary school entry age
Sex	Male	40.3	425
	Female	29.1	405
District Name	Muzaffarabad	30.2	193
	Poonch	26.7	94
	Mirpur	35.1	90
	Kotli	33.7	168
	Bagh	42.7	103
	Bhimber	41.5	77
	Sudhnuti	48.8	60
	Neelum	27.2	45
Area	EQ non affected	37.3	384
	EQ affected	32.7	447
Type of settlement	Urban	37.9	87
	Rural	34.5	743
Age at the beginning of school year	5	34.8	830
Mother's education	None	34.4	504
	Primary	23.3	123
	Secondary +	43.0	203
Wealth index quintiles	Poorest	22.3	201
	Second	30.1	159
	Middle	51.6	161
	Fourth	26.2	164
	Richest	48.5	145
Total		34.8	830

* MICS Indicator 54

Table ED.3: Primary school net attendance ratio
Percentage of children of primary school age attending primary or secondary school (NAR), AJK, 2007 - 2008

		Male		Female		Total	
		Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio	Number of children
District Name	Muzaffarabad	62.9	405	65.0	437	64.0	842
	Poonch	70.8	242	72.8	216	71.7	458
	Mirpur	69.2	176	72.6	197	71.0	373
	Kotli	64.2	377	59.9	365	62.1	742
	Bagh	79.4	255	68.6	234	74.2	489
	Bhimber	75.8	201	75.4	176	75.6	377
	Sudhnuti	75.0	135	73.9	152	74.5	287
	Neelum	56.4	109	46.3	101	51.6	210
Area	EQ non affected	69.1	870	67.6	856	68.4	1,726
	EQ affected	68.5	1,031	66.2	1,020	67.4	2,052
Type of settlement	Urban	67.7	202	71.2	182	69.4	384
	Rural	69.0	1,699	66.4	1,694	67.7	3,393
Age at beginning of school year	5	40.3	425	29.1	405	34.8	830
	6	58.9	373	58.6	377	58.7	750
	7	74.4	398	76.2	387	75.3	785
	8	87.7	331	86.8	312	87.3	644
	9	88.3	375	88.5	394	88.4	769
Mother's education	None	66.9	1,276	65.1	1,236	66.0	2,512
	Primary	71.4	295	63.6	246	67.8	541
	Secondary +	74.1	331	74.1	394	74.1	725
Wealth index quintiles	Poorest	60.2	482	51.0	452	55.8	935
	Second	67.7	401	66.6	380	67.2	781
	Middle	74.2	362	72.2	379	73.2	741
	Fourth	68.3	342	71.7	354	70.0	695
	Richest	77.7	314	78.0	312	77.9	626
Total		68.8	1,901	66.8	1,876	67.8	3,777
* MICS indicator 55; MDG indicator 6							

<p>Table ED.4: Middle school net attendance ratio Percentage of children of middle school age attending middle or higher school (NAR), AJK, 2007 – 2008</p>						
	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio	Number of children
District Name						
Muzaffarabad	30.4	246	38.8	211	34.3	457
Poonch	53.3	125	58.1	120	55.7	245
Mirpur	36.6	88	52.6	117	45.8	205
Kotli	42.2	212	33.3	163	38.3	375
Bagh	46.8	136	44.6	149	45.6	286
Bhimber	43.5	115	52.5	88	47.4	203
Sudhnuti	37.3	74	44.5	73	40.9	147
Neelum	24.3	46	15.9	43	20.2	89
EQ non affected	40.3	476	43.6	435	41.9	911
EQ affected	39.5	566	43.4	528	41.4	1,094
Type of settlement						
Urban	48.9	108	59.6	108	54.2	215
Rural	38.8	934	41.5	856	40.1	1,790
Age at beginning of school year						
10	18.4	318	23.5	248	20.7	566
11	38.0	414	44.5	389	41.2	803
12	64.3	310	57.5	326	60.8	636
Mother's education						
None	36.6	751	38.7	673	37.6	1,424
Primary	41.5	153	53.7	128	47.0	281
Secondary +	55.8	136	54.9	161	55.3	297
Mother not in household	100	1	.	0	100	1
Wealth index quintiles						
Poorest	28.3	248	21.9	181	25.6	429
Second	37.4	209	25.4	188	31.7	397
Middle	38.3	191	48.8	207	43.8	398
Fourth	47.7	190	55.7	199	51.8	389
Richest	50.8	203	63.7	188	57.0	391
Total	39.9	1,042	43.5	963	41.6	2,005

* MICS indicator 56

Table ED.4w: Secondary school age children attending primary school
Percentage of children of secondary school age attending primary school, AJK, 2007 - 2008

	Male			Female			Total
	Percent attending primary school	Number of children	Percent attending primary school	Percent attending primary school	Number of children	Number of children	
District Name							
Muzaffarabad	41.1	246	32.8	37.3	211	457	
Poonch	23.8	125	12.3	18.2	120	245	
Mirpur	33.2	88	19.8	25.5	117	205	
Kotli	31.3	212	35.7	33.2	163	375	
Bagh	30.4	136	16.8	23.3	149	286	
Bhimber	22.3	115	24.0	23.1	88	203	
Sudhnuti	38.8	74	27.3	33.1	73	147	
Neelum	40.6	46	25.7	33.4	43	89	
Area							
EQ non affected	30.9	476	28.1	29.6	435	911	
EQ affected	34.3	566	22.7	28.7	528	1,094	
Urban	23.9	108	16.5	20.2	108	215	
Rural	33.7	934	26.2	30.1	856	1,790	
Age at beginning of school year							
10	51.8	318	42.3	47.6	248	566	
11	31.3	414	21.8	26.7	389	803	
12	15.0	310	16.1	15.6	326	636	
Mother's education							
None	33.1	751	27.7	30.6	673	1,424	
Primary	36.8	153	13.3	26.1	128	281	
Secondary +	26.3	136	23.9	25.0	161	297	
Mother not in household	-	1	-	-	0	1	
Wealth index quintiles							
Poorest	43.3	248	36.2	40.3	181	429	
Second	36.6	209	30.6	33.8	188	397	
Middle	32.4	191	22.3	27.1	207	398	
Fourth	27.8	190	21.8	24.7	199	389	
Richest	20.8	203	15.8	18.4	188	391	
Total	32.7	1,042	25.1	29.1	963	2,005	

<p>Table ED.4.A: High school net attendance ratio</p> <p>Percentage of children of high school age attending high or higher secondary school (NAR), AJK, 2007 - 2008</p>						
District Name	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio	Number of children
Muzaffarabad	12.4	152	14.4	164	13.5	315
Poonch	35.0	73	38.3	69	36.6	143
Mirpur	29.6	78	25.8	62	27.9	140
Kotli	28.6	119	21.7	127	25.1	245
Bagh	30.9	79	25.7	75	28.4	154
Bhimber	24.8	62	40.5	60	32.5	123
Sudhnuti	27.2	42	13.6	43	20.3	86
Neelum	16.8	32	6.4	22	12.5	54
EQ non affected	27.8	292	25.7	288	26.8	580
EQ affected	22.4	346	21.1	335	21.7	680
Urban	35.9	72	34.6	65	35.3	137
Rural	23.4	565	21.9	558	22.7	1,123
Age at beginning of school year	12.8	340	13.1	295	13.0	635
14	38.6	298	32.3	328	35.3	625
Mother's education	19.7	459	17.5	445	18.6	905
None	38.3	87	35.1	84	36.7	171
Primary	40.1	64	44.5	65	42.3	130
Secondary +						
Mother not in household	32.4	27	29.9	27	31.1	54
Wealth index quintiles	15.6	132	6.7	123	11.3	255
Poorest	14.3	134	14.1	118	14.2	252
Second	22.3	128	24.6	122	23.4	250
Middle	30.0	126	22.7	133	26.3	260
Fourth	44.7	117	47.2	125	46.0	242
Richest	24.9	638	23.2	622	24.1	1,260
Total						

Table ED.4.B: Higher school net attendance ratio Percentage of children of higher secondary school age attending higher secondary school or higher (NAR), AJK, 2007-2008						
	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio	Number of children
District Name						
Muzaffarabad	7.5	120	3.8	117	5.6	237
Poonch	10.1	71	22.5	76	16.5	148
Mirpur	11.2	56	22.3	46	16.2	102
Kotli	17.5	102	19.5	108	18.5	211
Bagh	20.9	57	15.0	75	17.5	132
Bhimber	20.1	56	16.8	56	18.5	111
Sudhnuti	13.0	39	12.1	47	12.5	86
Neelum	10.7	20	5.1	24	7.7	45
EQ non affected	16.0	247	17.9	247	17.0	494
EQ affected	11.3	274	12.0	303	11.7	577
Urban	28.0	62	29.3	62	28.7	125
Rural	11.6	459	12.8	488	12.2	947
Age at beginning of school year	9.3	291	8.6	279	8.9	569
15	19.0	231	20.8	271	20.0	502
16	11.5	383	9.5	385	10.5	768
Mother's education	19.4	47	37.2	40	27.6	88
Primary	30.5	38	52.6	40	41.8	78
Secondary +						
Mother not in household	11.4	53	9.5	85	10.2	138
Wealth index quintiles						
Poorest	5.0	79	3.0	115	3.8	194
Second	7.8	104	4.6	115	6.1	219
Middle	9.1	108	11.0	112	10.0	220
Fourth	13.3	125	17.2	97	15.0	222
Richest	30.5	106	38.7	111	34.7	217
Total	13.6	522	14.6	550	14.1	1,072

Table ED.4.C: Primary school gross attendance ratio
Percentage of children of any age attending primary or middle school, AJK, 2007 – 2008

		Male	Female	Total
District Name	Muzaffarabad	104.8	94.3	99.3
	Poonch	95.5	98.4	96.9
	Mirpur	105.2	100.8	102.9
	Kotli	100.1	89.0	94.6
	Bagh	107.3	96.5	102.2
	Bhimber	111.1	100.9	106.4
	Sudhnuti	111.4	100.6	105.7
	Neelum	87.6	63.3	75.9
Area	EQ non affected	105.1	96.2	100.7
	EQ affected	101.6	92.4	97.1
Type of settlement	Urban	94.2	95.3	94.7
	Rural	104.3	94.0	99.2
Mother's education	None	104.1	94.9	99.6
	Primary	105.8	90.8	99.0
	Secondary +	95.5	93.1	94.2
Wealth index quintiles	Poorest	95.2	78.7	87.2
	Second	102.4	97.5	100.0
	Middle	109.2	100.2	104.6
	Fourth	98.6	97.0	97.8
	Richest	114.4	102.0	108.2
Total		103.2	94.2	98.7
* MICS AJK specific indicator				

Table ED.4.D: Middle school gross attendance ratio
Percentage of children of any age attending middle school or higher, AJK, 2007 - 2008

		Male	Female	Total
District Name	Muzaffarabad	72.8	78.6	75.5
	Poonch	88.2	92.0	90.1
	Mirpur	87.0	81.3	83.7
	Kotli	88.3	66.2	78.7
	Bagh	65.8	62.6	64.1
	Bhimber	82.7	76.2	79.9
	Sudhnuti	83.7	86.5	85.1
	Neelum	63.3	33.7	49.1
Area	EQ non affected	85.3	74.4	80.1
	EQ affected	74.7	74.4	74.5
Type of settlement	Urban	88.0	89.5	88.7
	Rural	78.5	72.5	75.7
Mother's education	None	78.0	69.0	73.7
	Primary	71.2	81.2	75.7
	Secondary +	77.8	70.2	73.7
Wealth index quintiles	Poorest	56.1	48.4	52.9
	Second	85.5	59.1	73.0
	Middle	85.1	81.2	83.0
	Fourth	95.4	89.5	92.4
	Richest	81.8	91.4	86.4
Total		79.5	74.4	77.1
* MICS AJK specific indicator				

Table ED.4.E: High school gross attendance ratio

Percentage of children of any age attending high school or higher secondary school, AJK, 2007 - 2008

		Male	Female	Total
District Name	Muzaffarabad	64.7	30.8	43.6
	Poonch	57.3	92.5	89.1
	Mirpur	86.0	68.4	66.3
	Kotli	64.6	53.9	54.5
	Bagh	55.2	66.2	66.9
	Bhimber	67.6	85.4	79.7
	Sudhnuti	74.2	58.7	67.1
	Neelum	75.6	19.7	35.0
Area	EQ non affected	45.7	63.2	63.9
	EQ affected	64.6	52.1	58.5
Type of settlement	Urban	64.7	96.7	82.6
	Rural	70.1	52.6	58.3
Mother's education	None	64.0	38.0	41.6
	Primary	45.2	60.5	60.6
	Secondary +	60.8	76.7	72.7
	Mother not in household	68.6	53.6	76.2
Wealth index quintiles	Poorest	99.3	22.3	33.8
	Second	44.4	46.8	50.2
	Middle	53.1	60.2	60.7
	Fourth	61.3	53.5	66.8
	Richest	80.8	102.2	95.0
Total		87.2	57.2	61.0
* MICS AJK specific indicator				

Table ED.4.F: Higher secondary school gross attendance ratio
Percentage of children of any age attending higher secondary school, AJK, 2007 - 2008

		Male	Female	Total
District Name	Muzaffarabad	34.9	24.9	29.9
	Poonch	68.8	69.4	69.1
	Mirpur	86.9	87.7	87.3
	Kotli	63.7	49.2	56.2
	Bagh	90.1	37.9	60.3
	Bhimber	61.3	67.5	64.4
	Sudhnuti	42.8	46.6	44.9
	Neelum	40.5	13.9	26.0
Area	EQ non affected	65.2	59.8	62.5
	EQ affected	56.0	39.4	47.3
Type of settlement	Urban	113.9	111.7	112.8
	Rural	53.1	40.5	46.6
Mother's education	None	14.4	11.2	12.8
	Primary	23.5	37.2	29.8
	Secondary +	36.1	56.1	46.4
	Mother not in household	11.4	11.1	11.2
Wealth index quintiles	Poorest	22.6	7.1	13.4
	Second	28.9	25.9	27.3
	Middle	48.2	43.8	45.9
	Fourth	61.5	57.3	59.7
	Richest	130.2	112.3	121.1
Total		60.4	48.5	54.3
* MICS AJK specific indicator				

Table ED.5: Children reaching grade 5						
Percentage of children entering first grade of primary school who eventually reach grade 5						
AJK, 2007 - 2008						
		Percent attending 2nd grade who were in 1st grade last year	Percent attending 3rd grade who were in 2nd grade last year	Percent attending 4th grade who were in 3rd grade last year	Percent attending 5th grade who were in 4rd grade last year	Percent who reach grade 5 of those who enter 1st grade *
Sex	Male	100	99.9	99.7	99.7	99.3
	Female	100	99.7	99.9	99.3	98.9
District Name	Muzaffarabad	100	100	100	100	100
	Poonch	100	98.8	100	98.6	97.5
	Mirpur	100	100	99.1	97.3	96.4
	Kotli	100	100	100	100	100
	Bagh	100	100	100	100	100
	Bhimber	100	100	100	100	100
	Sudhnuti	100	100	100	100	100
	Neelum	100	98.4	97.4	100	95.8
Area	EQ non affected	100	100	99.8	99.4	99.2
	EQ affected	100	99.6	99.8	99.6	99.0
Type of settlement	Urban	100	100	99.1	100	99.1
	Rural	100	99.8	99.9	99.5	99.1
Mother's education	None	100	99.9	99.7	99.5	99.2
	Primary	100	98.8	100	100	98.8
	Secondary +	100	100	100	100	100
	Mother not in household	-	-	75.5	82.7	-
Wealth index quintiles	Poorest	100	99.3	99.7	100	99.0
	Second	100	99.7	99.8	99.1	98.6
	Middle	100	100	99.5	100	99.5
	Fourth	100	100	100	100	100
	Richest	100	100	100	98.6	98.6
Total		100	99.8	99.8	99.5	99.1
* MICS Indicator 57 : MDG Indicator 7						

Table ED.6: Primary school completion and transition to middle education
Primary school completion rate and transition rate to secondary education
AJK, 2007 - 2008

		Net primary school completion rate *	Number of children of primary school completion age	Transition rate to middle education **	Number of children who were in the last grade of primary school the previous year
Sex	Male	42.6	318	95.3	319
	Female	47.5	248	94.2	267
District Name	Muzaffarabad	28.3	123	98.3	105
	Poonch	65.6	63	91.0	95
	Mirpur	61.8	59	95.5	60
	Kotli	48.1	113	91.4	133
	Bagh	39.6	76	98.4	67
	Bhimber	55.5	61	92.1	60
	Sudhnuti	37.9	46	99.5	45
	Neelum	19.7	25	100	21
Area	EQ non affected	51.0	273	93.4	290
	EQ affected	39.0	293	96.2	297
Type of settlement	Urban	58.7	66	95.9	65
	Rural	42.9	499	94.7	521
Mother's education	None	40.5	376	95.0	403
	Primary	52.2	95	89.9	87
	Secondary +	53.5	93	100	85
	Mother not in household	-	0	100	5
Wealth index quintiles	Poorest	17.8	122	95.2	91
	Second	39.8	118	90.4	116
	Middle	46.4	98	97.5	124
	Fourth	55.0	108	95.6	135
	Richest	66.5	120	95.0	122
Total		44.8	566	94.8	586

* MICS Indicator 59; MDG Indicator 7b

** MICS Indicator 58

Table ED.7: Education gender parity
Ratio of girls to boys attending primary education and ratio of girls to boys attending middle education AJK, 2007 - 2008

		Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Middle school net attendance ratio (NAR), girls	Middle school net attendance ratio (NAR), boys	Gender parity index (GPI) for middle school NAR*
District Name	Muzaffarabad	65.0	62.9	1.03	38.8	30.4	1.27
	Poonch	72.8	70.8	1.03	58.1	53.3	1.09
	Mirpur	72.6	69.2	1.05	52.6	36.6	1.44
	Kotli	59.9	64.2	0.93	33.3	42.2	0.81
	Bagh	68.6	79.4	0.87	44.6	46.8	0.97
	Bhimber	75.4	75.8	0.99	52.5	43.5	1.20
	Sudhnuti	73.9	75.0	0.99	44.5	37.3	1.19
	Neelum	46.3	56.4	0.82	15.9	24.3	0.65
Area	EQ non affected	67.6	69.1	0.98	43.6	40.3	1.09
	EQ affected	66.2	68.5	0.97	43.4	39.5	1.11
Type of settlement	Urban	71.2	67.7	1.05	59.6	48.9	1.21
	Rural	66.4	69.0	0.96	41.5	38.8	1.08
Mother's education	None	65.1	66.9	0.98	38.7	36.6	1.07
	Primary	63.6	71.4	0.89	53.7	41.5	1.29
	Secondary +	74.1	74.1	1.00	54.9	55.8	0.98
	Mother not in household	-	-	-	-	100	-
Wealth index quintiles	Poorest	51.0	60.2	0.85	21.9	28.3	0.77
	Second	66.6	67.7	0.98	25.4	37.4	0.68
	Middle	72.2	74.2	0.97	48.8	38.3	1.30
	Fourth	71.7	68.3	1.05	55.7	47.7	1.18
	Richest	78.0	77.7	1.00	63.7	50.8	1.25
Total		66.8	68.8	0.97	43.5	39.9	1.10

* MICS Indicator 61; MDG Indicator 9

Table ED.8. A: Adult literacy
Percentage of population age 15 - 24 that are literate
AJK, 2007 - 2008

		Percentage literate(adult literacy rate) *	Number of population aged 10 years or more
District Name	Muzaffarabad	74.0	1,016
	Poonch	89.5	706
	Mirpur	88.2	496
	Kotli	81.6	958
	Bagh	79.4	586
	Bhimber	90.6	500
	Sudnothi	85.1	364
	Neelum	59.1	189
Area	EQ non affected	85.5	2,248
	EQ affected	78.7	2,565
Type of settlement	Urban	89.3	575
	Rural	80.9	4,238
Sex	Male	87.5	2,344
	Female	76.5	2,468
Age	15-19	83.6	2,714
	20-24	79.7	2,098
Wealth index quintiles	Poorest	61.1	816
	Second	75.1	983
	Middle	85.8	1,019
	Fourth	88.8	1,011
	Richest	94.6	984
Total		81.9	4,812

* MICS Indicator 60; MDG Indicator 8

Table ED.8. B: Adult literacy
Percentage of population aged 15 years and above that are literate
AJK, 2007 - 2008

		Percentage literate(adult literacy rate) *	Number of population aged 15 years or more
District Name	Muzaffarabad	56.5	2,889
	Poonch	67.6	2,002
	Mirpur	65.2	1,625
	Kotli	58.4	2,677
	Bagh	59.4	1,719
	Bhimber	64.0	1,439
	Sudhnuti	65.1	1,013
	Neelum	43.5	528
Area	EQ non affected	62.0	6,555
	EQ affected	59.6	7,336
Type of settlement	Urban	73.2	1,687
	Rural	59.0	12,205
Sex	Male	74.5	6,880
	Female	47.3	7,012
Age	15-19	83.6	2,714
	20-24	79.7	2,098
	25-29	74.7	1,726
	30-34	66.6	1,425
	35-39	53.0	1,092
	40-44	45.0	1,082
	45-49	42.4	870
	50-54	34.6	807
	55-59	30.9	588
	60-64	25.6	512
	65-69	29.3	324
	70+	21.9	633
	Missing/DK	7.3	21
Wealth index quintiles	Poorest	41.7	2,495
	Second	52.9	2,692
	Middle	62.6	2,777
	Fourth	67.5	2,914
	Richest	75.3	3,014
Total		60.8	13,892

* MICS Indicator 60; MDG Indicator 8

Table ED.8. C: Adult literacy
Percentage of population aged 10 years and above that are literate
AJK, 2007 - 2008

		Percentage literate (adult literacy rate) *	Number of population aged 10 years or more
District Name	Muzaffarabad	61.9	3,520
	Poonch	70.3	2,304
	Mirpur	67.6	1,902
	Kotli	63.0	3,171
	Bagh	63.5	2,072
	Bhimber	68.7	1,701
	Sudhnuti	69.1	1,200
	Neelum	46.6	646
Area	EQ non affected	66.1	7,752
	EQ affected	63.6	8,763
Type of settlement	Urban	75.3	1,967
	Rural	63.3	14,549
Sex	Male	76.8	8,252
	Female	52.8	8,263
Age	10014	86.1	2,624
	15-19	83.6	2,714
	20-24	79.7	2,098
	25-29	74.7	1,726
	30-34	66.6	1,425
	35-39	53.0	1,092
	40-44	45.0	1,082
	45-49	42.4	870
	50-54	34.6	807
	55-59	30.9	588
	60-64	25.6	512
	65-69	29.3	324
	70+	21.9	633
	Missing/DK	7.3	21
Wealth index quintiles	Poorest	47.1	3,054
	Second	58.1	3,222
	Middle	67.2	3,301
	Fourth	71.2	3,424
	Richest	77.7	3,514
Total		64.8	16,515

* MICS Indicator 60; MDG Indicator 8

Table ED.9: Access to school – primary school

AJK, 2007 – 2008

	Primary - Govt, Boys				Primary - Govt Girls				Primary - Pvt, Boys				Primary - Pvt. Girls			
	less than 2 km	2-5 Km	More than 5 km	less than 2 km	2-5 Km	More than 5 km	less than 2 km	2-5 Km	less than 2 km	2-5 Km	More than 5 km	less than 2 km	2-5 Km	More than 5 km	less than 2 km	2-5 Km
District Name																
Muzaffarabad	75.5	19.9	4.5	77.6	20.0	2.5	77.4	18.6	4.0	77.2	18.9	4.0	77.2	18.9	4.0	4.0
Poonch	69.7	19.4	10.9	82.0	12.3	5.7	68.1	18.1	13.8	68.0	18.4	13.6	68.0	18.4	13.6	13.6
Mirpur	83.9	11.3	4.8	85.5	10.6	3.9	86.7	9.2	4.1	86.0	10.0	4.0	86.0	10.0	4.0	4.0
Kotli	91.0	7.3	1.7	90.8	7.9	1.2	78.8	15.4	5.9	78.7	15.6	5.6	78.7	15.6	5.6	5.6
Bagh	87.1	11.7	1.2	87.6	8.9	3.5	82.2	10.2	7.5	82.0	10.4	7.6	82.0	10.4	7.6	7.6
Bhimber	88.0	11.3	0.7	88.0	11.5	0.5	85.1	14.2	0.7	84.7	15.0	0.4	84.7	15.0	0.4	0.4
Sudhnuti	84.0	12.3	3.7	82.5	14.7	2.8	82.9	13.0	4.1	82.0	13.6	4.4	82.0	13.6	4.4	4.4
Neelum	93.7	6.0	0.4	89.5	9.4	1.1	84.7	13.2	2.1	84.3	12.9	2.7	84.3	12.9	2.7	2.7
EQ non affected	87.8	9.7	2.5	88.1	10.0	1.9	83.1	12.8	4.1	82.9	13.2	3.9	82.9	13.2	3.9	3.9
EQ affected	78.0	16.8	5.1	81.7	14.8	3.6	75.6	16.7	7.7	75.3	17.0	7.7	75.3	17.0	7.7	7.7
Urban	89.5	9.0	1.5	89.7	8.8	1.5	92.5	6.7	0.8	92.5	6.7	0.8	92.5	6.7	0.8	0.8
Rural	81.3	14.4	4.3	83.8	13.2	3.0	76.9	16.2	6.9	76.4	16.7	6.8	76.4	16.7	6.8	6.8
None	81.7	14.6	3.8	84.1	13.0	2.9	76.8	17.4	5.7	76.7	17.8	5.5	76.7	17.8	5.5	5.5
Primary	81.6	15.2	3.2	82.9	15.0	2.2	77.0	16.8	6.2	77.0	17.2	5.8	77.0	17.2	5.8	5.8
Middle	83.3	11.4	5.3	84.6	11.0	4.4	79.4	12.5	8.1	78.3	13.4	8.3	78.3	13.4	8.3	8.3
Secondary or higher	83.1	12.8	4.2	86.2	11.7	2.2	84.5	10.3	5.2	84.0	10.5	5.4	84.0	10.5	5.4	5.4
Poorest	78.6	18.8	2.6	79.8	16.8	3.4	69.8	23.1	7.1	69.3	23.9	6.8	69.3	23.9	6.8	6.8
Second	78.8	14.5	6.7	81.7	13.9	4.3	70.1	21.9	8.1	69.6	21.9	8.5	69.6	21.9	8.5	8.5
Middle	81.8	13.4	4.9	84.6	12.7	2.7	78.7	14.3	7.0	78.0	14.8	7.2	78.0	14.8	7.2	7.2
Fourth	85.6	12.0	2.5	87.5	10.9	1.6	83.2	10.1	6.6	83.0	11.2	5.8	83.0	11.2	5.8	5.8
Richest	87.4	9.4	3.2	89.2	8.6	2.1	90.4	7.4	2.2	90.5	7.3	2.3	90.5	7.3	2.3	2.3
Total	82.2	13.8	4.0	84.4	12.7	2.9	79.1	14.8	6.1	78.8	15.3	6.0	78.8	15.3	6.0	6.0
* AJK MICS Specific indicator																

Table ED.10: Access to school – middle school

AJK, 2007 - 2008

District Name	Middle - Govt, Boys			Middle - Govt Girls			Middle - Pvt, Boys			Middle – Pvt. Girls		
	less than 2 km	2-5 Km	More than 5 km	less than 2 km	2-5 Km	More than 5 km	less than 2 km	2-5 Km	More than 5 km	less than 2 km	2-5 Km	More than 5 km
Muzaffarabad	48.6	42.1	9.3	51.4	35.3	13.3	39.5	37.0	23.5	39.4	36.9	23.6
Poonch	41.3	37.4	21.3	44.9	34.5	20.6	50.3	21.2	28.5	49.5	21.6	28.9
Mirpur	78.1	16.2	5.7	76.7	17.1	6.2	79.8	13.7	6.5	79.6	14.1	6.3
Kotli	56.8	27.2	16.0	57.6	29.8	12.5	62.9	25.4	11.7	64.6	21.9	13.5
Bagh	72.7	21.7	5.6	63.2	27.0	9.8	63.1	31.6	5.3	61.7	32.9	5.4
Bhimber	61.3	33.2	5.5	54.1	35.4	10.4	68.2	22.1	9.6	68.7	22.6	8.7
Sudhnuti	58.5	30.7	10.7	60.8	30.1	9.1	52.1	34.7	13.3	48.6	37.4	14.0
Neelum	71.3	25.1	3.6	64.7	25.9	9.4	58.0	26.7	15.3	56.0	36.5	7.4
EQ non affected	65.6	24.7	9.7	64.0	26.4	9.6	69.9	20.8	9.3	70.6	19.9	9.5
EQ affected	54.0	34.6	11.4	53.3	32.6	14.1	48.2	30.2	21.6	47.5	30.6	21.8
Urban	81.5	15.8	2.6	80.9	15.5	3.6	86.2	11.2	2.6	86.4	11.2	2.5
Rural	55.2	32.9	12.0	54.2	32.2	13.6	53.7	28.3	18.0	53.3	28.2	18.5
None	56.2	32.7	11.1	55.9	30.4	13.7	52.3	29.2	18.4	51.6	29.4	19.0
Primary	56.5	34.0	9.5	55.5	35.5	9.0	57.9	26.6	15.5	57.7	26.0	16.3
Middle	60.1	27.2	12.7	58.7	25.8	15.4	56.0	25.6	18.4	55.7	25.7	18.6
Secondary or higher	63.9	26.5	9.6	62.2	27.7	10.1	71.1	19.2	9.7	71.5	19.1	9.4
Poorest	46.6	39.0	14.4	49.6	31.2	19.2	35.3	31.2	33.5	32.9	31.1	36.0
Second	52.7	36.3	11.0	49.4	34.6	16.0	42.3	35.8	21.9	42.1	35.5	22.4
Middle	53.8	32.2	14.0	56.1	33.5	10.4	52.7	31.4	15.9	52.5	31.5	16.1
Fourth	62.9	27.5	9.6	58.1	32.2	9.7	67.5	22.5	10.0	66.9	23.2	9.9
Richest	78.7	16.9	4.4	76.4	18.4	5.2	81.8	13.3	4.9	82.6	12.7	4.7
Total	58.7	30.6	10.7	57.7	30.0	12.3	58.6	25.7	15.7	58.4	25.6	16.0

* AJK MCS Specific indicator

Table ED.11: Access to school – secondary school
AJK, 2007 - 2008

	Secondary - Govt, Boys			Secondary - Govt, Girls			Secondary - Pvt, Boys			Secondary - Pvt, Girls		
	less than 2 km	2-5 Km	More than 5 km	less than 2 km	2-5 Km	More than 5 km	less than 2 km	2-5 Km	More than 5 km	less than 2 km	2-5 Km	More than 5 km
District Name	Muzaffarabad	45.0	33.3	21.7	40.7	35.3	24.0	29.1	33.8	37.1	33.8	37.1
	Poonch	40.2	39.4	20.4	36.4	36.0	27.6	38.3	32.2	29.5	37.9	32.6
	Mirpur	86.7	10.7	2.7	91.8	6.3	1.9	68.0	19.7	12.3	68.0	19.9
	Kotli	61.4	25.6	13.0	56.8	26.4	16.9	56.2	20.5	23.3	57.2	19.8
	Bagh	52.3	32.5	15.2	46.5	34.7	18.8	54.7	31.7	13.6	54.3	31.9
	Bhimber	49.9	38.1	12.0	54.6	36.0	9.3	50.6	38.3	11.1	50.7	38.1
	Sudhnuti	36.4	29.2	34.4	35.5	25.2	39.3	34.0	30.5	35.5	37.1	30.3
	Neelum	55.9	27.7	16.4	56.5	22.0	21.5	14.5	23.3	62.2	37.7	44.6
Area	EQ non affected	63.0	24.9	12.1	63.8	23.0	13.2	58.7	24.4	16.8	59.4	24.2
	EQ affected	45.6	34.2	20.2	41.4	34.5	24.0	38.1	32.6	29.2	38.0	33.0
Type of settlement	Urban	86.0	11.8	2.2	85.9	12.3	1.8	84.4	11.7	3.9	84.2	11.8
	Rural	49.1	32.5	18.5	46.6	31.7	21.6	40.7	32.2	27.1	40.9	32.3
Education of household head	None	49.0	31.7	19.3	46.1	31.1	22.7	42.2	29.9	27.8	42.4	30.4
	Primary	49.9	35.4	14.7	50.0	32.7	17.3	47.6	32.1	20.3	48.0	31.3
	Middle	54.6	26.1	19.4	50.9	27.4	21.7	48.0	30.6	21.5	48.0	30.3
	Secondary or higher	62.8	25.8	11.4	61.9	25.1	12.9	60.2	22.1	17.7	60.2	22.5
Wealth index quintiles	Poorest	36.6	38.6	24.8	30.2	36.9	32.9	23.2	33.0	43.8	24.0	31.8
	Second	39.8	38.2	21.9	36.6	37.5	25.9	28.3	39.5	32.2	28.0	40.2
	Middle	51.8	30.2	18.0	46.3	32.7	21.0	40.0	30.6	29.4	40.5	30.9
	Fourth	61.6	25.4	13.1	60.3	27.2	12.4	54.0	27.5	18.6	54.3	27.8
	Richest	79.2	16.7	4.1	83.3	12.7	4.0	73.9	19.1	7.0	73.6	19.2
Total		53.3	30.1	16.6	51.4	29.4	19.2	48.8	28.4	22.8	48.9	28.5

* AJK MICS Specific indicator

Table ED.12: Community involvement in school AJK, 2007 - 2008		
	Community involvement in school	Number of households
District Name	Muzaffarabad	908
	Poonch	491
	Mirpur	407
	Kotli	645
	Bagh	469
	Bhimber	381
	Sudhnuti	270
	Neelum	148
Area	EQ non affected	1,648
	EQ affected	2,071
Type of settlement	Urban	411
	Rural	3,308
Education of household head	None	1,603
	Primary	672
	Middle	588
	Secondary or higher	856
	Poorest	790
Wealth index quintiles	Second	776
	Middle	752
	Fourth	703
	Richest	697
Total		3,719
* AJK Specific indicator		

Table CP.1: Birth registration

Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, AJK, 2007 – 2008

		Birth is registered *	Don't know if birth is registered	Number of children aged 0-59 months	Birth is not registered because:						Total	Number of children aged 0-59 months without birth registration	
					Costs too much	Must travel too far	Didn't know child should be registered	Late, didn't want to pay fine	Doesn't know where to register	Other			Don't know
Sex	Male	23.9	2.0	1,504	1.9	15.7	48.0	0.9	10.2	10.7	12.6	100	961
	Female	24.4	3.2	1,441	1.6	15.0	49.5	1.1	8.9	10.3	13.7	100	907
District Name	Muzaffarabad	12.2	1.2	570	0.4	15.1	36.8	1.0	13.0	7.5	26.3	100	480
	Poonch	28.4	2.1	402	1.3	32.5	47.6	4.9	4.3	6.9	2.4	100	274
	Mirpur	38.0	3.5	307	1.7	1.1	45.4	0.0	6.5	16.3	29.0	100	158
	Kotli	28.5	2.0	540	4.1	10.1	51.0	0.0	14.4	16.5	3.9	100	291
	Bagh	22.2	4.6	438	1.0	17.7	57.0	0.0	5.0	9.7	9.6	100	267
	Bhimber	22.7	3.7	299	5.0	4.2	60.5	0.0	5.0	16.0	9.3	100	143
Area	Sudhnuti	23.6	2.1	207	0.4	18.0	45.8	0.0	17.2	13.1	5.4	100	127
	Neelum	23.1	1.9	184	1.6	13.4	66.5	0.0	8.8	2.3	7.4	100	130
	EQ non affected	28.3	2.8	1,307	3.2	7.9	50.4	0.0	11.5	15.9	11.1	100	696
	EQ affected	20.8	2.4	1,640	0.9	19.7	47.7	1.6	8.5	7.4	14.3	100	1174
	Urban	39.0	2.4	306	1.5	2.5	54.2	0.3	8.6	14.5	18.5	100	149
	Rural	22.4	2.6	2,641	1.8	16.4	48.2	1.0	9.7	10.2	12.7	100	1721
Age	0-11 months	14.1	1.1	675	1.6	14.1	44.0	0.8	10.2	15.7	13.5	100	507
	12-23 months	20.5	4.2	598	0.7	19.5	44.3	1.3	10.3	9.9	13.9	100	387
	24-35 months	26.2	1.3	566	1.2	14.1	51.3	1.8	10.0	11.6	10.0	100	347
	36-47 months	26.6	4.3	564	2.1	12.2	55.1	0.0	8.0	6.1	16.5	100	334
	48-59 months	35.8	2.1	545	3.4	17.1	52.2	1.1	9.0	6.0	11.2	100	295
Mother's education	None	18.7	2.5	1,361	2.4	13.1	53.4	0.3	11.6	5.8	13.4	100	976
	Primary	22.4	3.7	534	2.1	18.6	46.8	3.7	4.6	11.7	12.5	100	333
	Middle	30.3	2.0	477	0.1	11.0	43.8	0.0	10.2	19.5	15.4	100	254
Wealth index quintiles	Secondary or higher	33.5	2.1	575	0.5	22.3	39.9	1.0	8.4	17.0	11.0	100	305
	Poorest	15.5	1.4	687	3.5	15.8	54.0	1.1	10.9	4.3	10.4	100	523
	Second	20.2	3.9	648	0.4	20.3	45.4	1.3	7.9	12.7	12.0	100	453
	Middle	24.7	2.0	563	1.7	22.3	39.9	1.4	12.1	8.6	14.0	100	347
	Fourth	26.2	2.7	531	1.8	8.4	52.8	0.6	9.1	13.6	13.7	100	317
Total	Richest	38.0	3.0	517	0.3	3.3	51.0	0.0	6.9	19.2	19.4	100	228
		24.1	2.6	2,947	1.7	15.3	48.7	1.0	9.6	10.5	13.1	100	1869
* MICS Indicator 62													

Table CP.2: Child labour							
Percentage of children aged 5-14 years who are involved in child labour activities by type of work, AJK, 2007-2008							
		Working outside household		Household chores for 28+ hours/week	Working for family business	Total child labour *	Number of children aged 5-14 years
		Paid work	Unpaid work				
Sex	Male	0.3	0.7	0.8	1.0	2.8	3,672
	Female	0.0	0.3	2.4	0.5	3.1	3,467
District Name	Muzaffarabad	0.2	0.4	0.1	0.1	1.0	1,675
	Poonch	0.2	0.2	1.3	0.2	1.9	845
	Mirpur	0.1	0.2	1.6	0.6	2.4	713
	Kotli	0.1	1.0	2.0	0.7	4.0	1,368
	Bagh	0.1	0.4	2.3	1.6	4.3	920
	Bhimber	0.3	0.0	2.0	0.5	2.9	731
	Sudhnuti	0.0	0.9	2.3	1.1	4.3	520
	Neelum	0.1	0.7	3.1	3.5	6.4	367
Area	EQ non affected	0.1	0.5	2.0	0.7	3.5	3,244
	EQ affected	0.2	0.4	1.2	0.8	2.5	3,896
Type of settlement	Urban	0.2	0.5	0.7	0.5	1.8	736
	Rural	0.2	0.5	1.7	0.8	3.1	6,404
Age	5-11 years	0.0	0.6	0.7	0.9	2.2	5,066
	12-14 years	0.4	0.1	3.7	0.4	4.8	2,074
School participation	Yes	0.0	0.4	1.1	0.5	2.1	6,069
	No	0.9	0.7	4.2	2.0	7.7	1,070
Mother's education	None	0.2	0.4	1.8	0.9	3.3	4,852
	Primary	0.2	0.8	1.1	0.4	2.5	1,014
	Secondary +	0.0	0.7	1.0	0.4	1.9	1,272
	Mother not in household	0.0	0.0	0.0	0.0	0.0	1
Wealth index quintiles	Poorest	0.4	0.5	2.1	1.7	4.6	1,655
	Second	0.0	0.8	1.8	0.6	3.1	1,463
	Middle	0.1	0.1	1.4	0.4	1.9	1,421
	Fourth	0.1	0.3	1.7	0.7	2.8	1,340
	Richest	0.2	0.7	0.8	0.2	1.8	1,261
Total		0.2	0.5	1.6	0.7	2.9	7,140
* MICS Indicator 71							

Table CP.2w: Child labour (working table)

Child labour (working table)												
Percentage of children aged 5-14 years who are currently working and the percentage who are involved in child labour activities (to be eliminated), by type of work, AJK, 2007 - 2008												
		Any paid child work outside the household	Paid labour (to be eliminated) outside the household	Any unpaid child work outside the household	Unpaid labour (to be eliminated) outside the household	Any Household chores	Household chores for 28+ hours/week	Any child labour for family business	Any child labour (to be eliminated) for family business	Any child work	Total child labour *	Number of children 5-14 years of age
Sex	Male	0.4	0.3	0.7	0.7	46.7	0.8	1.5	1.0	3.2	2.8	3,672
	Female	-	-	0.4	0.3	48.9	2.4	0.7	0.5	3.4	3.1	3,467
District Name	Muzaffarabad	0.4	0.2	0.6	0.4	41.2	0.1	0.2	0.1	1.2	1.0	1,675
	Poonch	0.3	0.2	0.3	0.2	55.6	1.3	0.6	0.2	2.5	1.9	845
	Mirpur	0.1	0.1	0.3	0.2	47.7	1.6	0.7	0.6	2.6	2.4	713
	Kotli	0.2	0.1	1.1	1.0	52.5	2.0	1.3	0.7	4.5	4.0	1,368
	Bagh	0.1	0.1	0.5	0.4	49.1	2.3	2.2	1.6	4.9	4.3	920
	Bhimber	0.5	0.3	-	-	42.3	2.0	0.6	0.5	2.9	2.9	731
Area	Sudhnuti	-	-	0.9	0.9	46.7	2.3	1.2	1.1	4.5	4.3	520
	Neelum	0.1	0.1	0.8	0.7	50.8	3.1	4.2	3.5	7.2	6.4	367
	EQ non affected	0.2	0.1	0.6	0.5	48.6	2.0	1.0	0.7	3.8	3.5	3,244
Type of settlement	EQ affected	0.3	0.2	0.6	0.4	47.0	1.2	1.1	0.8	2.9	2.5	3,896
	Urban	0.2	0.2	0.7	0.5	40.9	0.7	0.5	0.5	2.1	1.8	736
Age	Rural	0.3	0.2	0.6	0.5	48.5	1.7	1.2	0.8	3.5	3.1	6,404
	5-11 years	-	-	0.6	0.6	37.6	0.7	0.9	0.9	2.2	2.2	5,066
School participation	12-14 years	0.8	0.4	0.5	0.1	72.6	3.7	1.6	0.4	6.1	4.8	2,074
	Yes	0.1	-	0.6	0.4	49.7	1.1	0.8	0.5	2.5	2.1	6,069
Mother's education	No	1.0	0.9	0.8	0.7	36.4	4.2	2.7	2.0	8.0	7.7	1,070
	None	0.3	0.2	0.4	0.4	49.7	1.8	1.2	0.9	3.5	3.3	4,852
	Primary	0.2	0.2	1.0	0.8	51.7	1.1	0.9	0.4	3.1	2.5	1,014
	Secondary +	-	-	1.0	0.7	37.2	1.0	0.8	0.4	2.7	1.9	1,272
Wealth index quintiles	Mother not in household	-	-	-	-	10-	-	-	-	-	-	1
	Poorest	0.6	0.4	0.5	0.5	49.6	2.1	2.2	1.7	4.9	4.6	1,655
	Second	0.1	-	1.0	0.8	48.8	1.8	0.8	0.6	3.4	3.1	1,463
	Middle	0.1	0.1	0.2	0.1	46.8	1.4	0.5	0.4	2.2	1.9	1,421
	Fourth	0.1	0.1	0.4	0.3	49.8	1.7	1.5	0.7	3.4	2.8	1,340
Total	Richest	0.4	0.2	0.9	0.7	43.0	0.8	0.2	0.2	2.2	1.8	1,261
		0.3	0.2	0.6	0.5	47.7	1.6	1.1	0.7	3.3	2.9	7,140
* MICS Indicator 71												

* MICS Indicator 71

Table CP.3: Labourer students and student labourers

Percentage of children aged 5-14 years who are labourer students and student labourers, AJK, 2007- 2008							
	Percentage of children in child labour *	Percentage of children attending school ***	Number of children aged 5-14	Percentage of child labourers who are also attending school **	Number of child labourers aged 5-14	Percentage of students who are also involved in child labour ****	Number of students aged 5-14
Sex							
	Male	87.4	3,672	65.8	103	2.1	3,209
	Female	82.5	3,467	56.1	108	2.1	2,860
District Name							
	Muzaffarabad	78.6	1,675	48.4	16	0.6	1,316
	Poonch	94.8	845	97.3	16	1.9	801
	Mirpur	88.3	713	46.0	18	1.3	630
	Kotli	86.1	1,368	60.8	54	2.8	1,178
	Bagh	83.9	920	52.0	40	2.7	772
	Bhimber	90.6	731	57.3	21	1.8	662
	Sudhnuti	88.2	520	88.8	22	4.3	459
	Neelum	68.1	367	47.6	24	4.5	250
Area	EQ non affected	87.8	3,244	62.7	113	2.5	2,849
	EQ affected	82.7	3,896	58.6	97	1.8	3,220
Type of settlement							
	Urban	89.0	736	59.1	14	1.2	655
	Rural	84.6	6,404	60.9	197	2.2	5,415
Age							
	5-11 years	84.2	5,066	71.9	110	1.9	4,265
	12-14 years	87.0	2,074	48.5	100	2.7	1,805
Mother's education							
	None	82.8	4,852	54.2	160	2.2	4,019
	Primary	87.8	1,014	82.1	26	2.4	890
	Secondary +	91.0	1,272	82.0	24	1.7	1,158
	Mother not in household	100	1	-	0.0	0.0	1
Wealth index quintiles							
	Poorest	76.0	1,655	52.9	77	3.2	1,258
	Second	81.6	1,463	52.9	46	2.0	1,193
	Middle	86.6	1,421	66.2	28	1.5	1,231
	Fourth	90.2	1,340	69.9	37	2.1	1,209
	Richest	93.5	1,261	82.1	23	1.6	1,178
Total		85.0	7,140	60.8	210	2.1	6,069
** MICS Indicator 72							
**** MICS Indicator 73							

Table CP.5: Early marriage
Percentage of women aged 15-19 in marriage, AJK, 2007 - 2008

		Percentage of women 15-19 years married/in union *	Number of women aged 15-19 years
District Name	Muzaffarabad	5.2	268
	Poonch	6.8	195
	Mirpur	6.5	128
	Kotli	7.3	295
	Bagh	6.8	178
	Bhimber	8.1	146
	Sudhnuti	6.4	116
	Neelum	29.5	52
	EQ non affected	7.4	665
	EQ affected	7.7	714
Type of settlement	Urban	6.2	159
	Rural	7.7	1,220
Wealth index quintiles	Poorest	9.0	271
	Second	10.7	264
	Middle	8.9	282
	Fourth	6.3	285
	Richest	2.9	275
	Total	7.5	1,378
* MICS Indicator 68			

Table CP.10: Child disability

Percentage of children 2-9 years of age with disability reported by their mother or caretaker according to the type of disability, AJK, 2007 - 2008

District Name	Percentage of children aged 2-9 years with reported disability by type of disability										Number of children aged 2-9 years	Speech is not normal	Number of children aged 3-9 years	Cannot name at least one object	Number of children aged 2 years
	Delay in sitting or standing or walking	Difficulty seeing, either in daytime or at night	Appears to have difficulty hearing	No understanding of instructions	Difficulty in walking, moving, weakness or stiffness	Have fits, become rigid, lose consciousness	Not learning to do things like other children his/her age	No speaking cannot be understood in words	Appears mentally backward, dull, or slow	Percentage of children 2-9 years of age with at least one reported disability*					
Muzaffarabad	1.6	1.1	1.7	2.8	3.0	2.3	3.1	3.7	2.1	11.8	1191	33.6	1,059	15.5	131
Poonch	2.5	0.6	1.7	1.8	3.0	1.8	2.5	3.1	4.3	11.9	716	6.4	635	15.6	81
Mirpur	1.6	0.4	1.2	0.7	1.4	1.1	2.1	3.8	1.0	8.4	594	6.1	520	24.7	74
Kotli	1.2	2.4	2.0	4.6	2.7	3.7	2.2	4.7	1.5	15.1	1126	2.2	994	26.4	131
Bagh	2.5	1.9	1.8	2.0	3.8	1.7	2.0	4.0	3.7	14.1	763	8.5	662	18.8	101
Bhimber	1.2	0.8	1.2	1.1	1.9	3.5	4.4	3.5	1.5	11.3	592	9.6	514	16.4	77
Sudhnuti	2.1	2.3	3.2	2.3	3.3	2.4	1.8	4.9	2.3	13.8	432	9.9	387	14.5	45
Neelum	3.5	2.4	1.1	2.5	3.3	1.8	3.1	6.1	4.1	16.0	325	19.3	289	15.6	36
Area															
EQ non affected	1.4	1.6	1.9	2.6	2.3	2.8	2.7	4.2	1.5	12.5	2652	5.5	2,334	22.3	318
EQ affected	2.2	1.3	1.6	2.4	3.3	2.1	2.6	3.9	3.3	13.0	3087	19.1	2,728	16.4	359
Type of settlement															
Urban	1.6	0.9	1.0	2.5	2.2	1.6	2.3	3.3	1.1	10.4	594	9.6	517	13.4	77
Rural	1.9	1.5	1.8	2.5	2.9	2.5	2.7	4.2	2.6	13.0	5145	13.2	4,545	19.9	600
Age of child															
2-4	1.8	1.1	1.2	3.1	2.6	2.7	3.5	7.2	2.3	14.8	2008	12.3	1,331	19.2	677
5-6	1.3	0.9	1.5	2.4	2.4	2.9	2.1	2.1	2.4	10.9	1553	15.2	1,553	.	0
7-9	2.3	2.2	2.4	2.0	3.3	1.8	2.1	2.6	2.6	12.2	2178	11.4	2,178	.	0
Mother's education															
None	1.8	1.3	1.6	2.5	2.7	2.2	2.6	3.5	2.2	12.0	3443	13.9	3,099	24.6	344
Primary	2.5	1.8	2.9	2.6	3.6	2.9	3.8	5.1	3.1	15.4	911	11.9	784	11.8	127
Secondary +	1.7	1.7	1.4	2.6	2.6	2.6	2.0	4.7	2.6	13.0	1385	10.6	1,179	14.6	206
Wealth index quintiles															
Poorest	3.2	2.3	1.7	3.1	5.1	2.4	3.5	5.4	3.9	17.0	1397	14.5	1,246	22.4	151
Second	2.2	1.2	2.1	3.9	2.9	2.2	2.0	3.4	2.7	12.2	1175	14.4	1,023	19.8	152
Middle	1.3	1.0	1.8	1.2	2.4	2.4	2.4	3.1	2.3	11.2	1112	16.5	994	17.5	118
Fourth	1.2	2.0	2.2	2.2	2.0	3.9	2.7	4.6	2.1	14.1	1039	10.5	913	17.2	125
Richest	0.8	0.5	0.8	1.9	0.9	1.2	2.2	3.5	0.7	7.9	1017	7.1	885	18.1	132
Total	1.9	1.5	1.7	2.5	2.8	2.4	2.6	4.1	2.4	12.8	5739	12.8	5,062	19.2	677

* MICS Indicator 101

Percentage of ever married women aged 15-49 years who have heard about HIV/AIDS, AJK, 2007-2008			
Table HA.1: Knowledge of HIV existence			
		Heard of AIDS	Number of women
District Name	Muzaffarabad	30.4	705
	Poonch	31.0	495
	Mirpur	55.1	397
	Kotli	33.8	657
	Bagh	25.0	478
	Bhimber	40.0	395
	Sudhnuti	27.0	297
Area	Neelum	13.0	167
	EQ non affected	38.2	1,688
	EQ affected	28.0	1,905
Type of settlement	Urban	60.0	406
	Rural	30.0	3,182
Age	15-19	26.2	130
	20-24	31.3	484
	25-29	43.0	679
	30-34	34.1	683
	35-39	31.3	567
	40-44	29.2	572
	45-49	26.4	478
Education	None	17.0	1,906
	Primary	34.0	570
	Middle	50.0	482
Wealth index quintiles	Secondary or higher	68.2	635
	Poorest	9.3	675
	Second	22.0	726
	Middle	31.0	721
	Fourth	39.0	756
	Richest	62.0	715
Total		33.0	3,593

Table HA.3: Awareness of HIV/AIDS transmission
Percentage of ever married women aged 15-49 years who knows the ways of preventing HIV/AIDS transmission, AJK, 2007 - 2008

		Knows that there are ways to prevent HIV transmission	Number of women
District Name	Muzaffarabad	11.6	705
	Poonch	19.3	495
	Mirpur	36.2	397
	Kotli	17.0	657
	Bagh	9.8	478
	Bhimber	16.2	395
	Sudhnuti	13.7	297
Area	Neelum	4.0	167
	EQ non affected	20.3	1,688
Type of settlement	EQ affected	13.0	1,905
	Urban	39.1	406
Age	Rural	13.6	3,182
	15-19	12.1	130
	20-24	17.0	484
	15-24	16.0	614
	25-29	20.3	679
	30-34	19.0	683
	35-39	14.6	567
	40-44	12.8	572
	45-49	14.5	478
Education	None	5.0	1,906
	Primary	12.8	570
	Middle	26.2	482
	Secondary or higher	46.8	635
Wealth index quintiles	Poorest	2.9	675
	Second	6.4	726
	Middle	12.6	721
	Fourth	19.1	756
	Richest	40.6	715
Total		16.5	3,593
* AJK MICS specific indicator			

Table HA.5: Attitudes toward people living with HIV/AIDS

Percentage of women aged 15-49 years who have heard of AIDS who express a discriminatory attitude towards people living with HIV/AIDS, AJK, 2007 - 2008

		Percent of women who:						Number of women who have heard of AIDS
		Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a teacher with HIV should not be allowed to work	Would not buy fresh vegetable from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	
District Name	Muzaffarabad	2.3	9.1	9.4	14.1	20.6	79.4	214
	Poonch	0.7	34.5	17.9	16.4	44.4	55.6	152
	Mirpur	-	10.5	15.9	21.5	30.7	69.3	219
	Kotli	-	21.1	19.6	20.6	33.9	66.1	216
	Bagh	-	3.1	5.9	10.7	12.1	87.9	119
	Bhimber	-	12.7	9.7	13.7	23.9	76.1	158
	Sudhnuti	0.8	19.5	21.1	20.9	36.0	64.0	79
	Neelum	1.4	17.6	13.7	14.7	26.8	73.2	21
Area	EQ non affected	0.1	14.9	16.3	19.1	30.1	69.9	645
	EQ affected	1.2	16.3	11.6	14.5	27.0	73.0	534
Type of settlement	Urban	0.4	13.4	17.3	22.7	33.8	66.2	242
	Rural	0.6	16.1	13.3	15.6	27.4	72.6	938
Age	15-19	-	(20.2)	(30.3)	(29.6)	(36.3)	(63.7)	34
	20-24	1.7	18.5	18.0	21.8	36.7	63.3	151
	25-29	0.1	14.5	9.4	14.8	24.0	76.0	290
	30-34	-	19.9	12.7	16.3	31.3	68.7	233
	35-39	0.6	14.3	17.2	21.8	30.9	69.1	178
	40-44	1.2	8.7	12.5	12.2	23.5	76.5	167
	45-49	0.8	16.1	16.3	14.1	27.1	72.9	126
Education	None	-	7.6	9.1	12.6	16.7	83.3	316
	Primary	-	9.3	14.9	13.4	23.2	76.8	192
	Middle	-	16.0	13.5	15.0	28.0	72.0	239
	Secondary or higher	1.6	23.9	17.8	22.9	40.3	59.7	433
Wealth index quintiles	Poorest	-	13.1	10.1	8.1	16.2	83.8	63
	Second	2.1	11.1	9.1	9.0	17.0	83.0	159
	Middle	0.9	16.4	8.6	12.2	24.2	75.8	223
	Fourth	0.2	15.9	16.6	18.7	31.2	68.8	295
	Richest	0.2	16.9	17.7	22.6	35.4	64.6	440
Total		0.6	15.6	14.1	17.0	28.7	71.3	1,180

* MICS Indicator 86

Table HA.10: Children's living arrangements and orphanhood													
Percent distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 years in households not living with abiological parent and percentage of children who are orphans, AJK, 2007-2008													
	Living with both parents	Living with neither parent			Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent *	One or both parents dead **	Number of children
		Only father alive	Only mother alive	Both are alive/dead	Father alive	Father dead	Mother alive	Mother dead					
Sex	Male	67.9	0.9	0.2	0.7	0.3	24.0	3.6	0.3	1.7	2.1	6.7	6,313
	Female	66.4	0.9	0.2	1.3	0.1	25.1	3.3	0.4	1.8	2.5	6.3	6,094
District Name	Muzaffarabad	66.7	1.8	0.2	0.7	0.3	21.4	5.4	0.3	2.9	3.0	10.6	2,744
	Poonch	58.4	0.5	0.3	2.6	0.3	32.0	3.8	0.7	1.0	3.7	5.8	1,568
	Mirpur	82.9	0.1	0.0	0.9	0.3	11.0	3.1	0.2	1.1	1.2	4.6	1,252
	Kotli	68.3	0.4	0.4	0.6	0.0	26.5	1.7	0.0	1.1	1.5	3.7	2,353
	Bagh	65.9	1.3	0.1	0.7	0.5	22.4	4.4	0.5	3.5	2.5	9.7	1,671
	Bhimber	66.2	0.7	0.2	0.5	0.0	29.2	2.1	0.1	1.0	1.3	3.9	1,262
	Sudhnuti	55.6	0.8	0.0	0.8	0.1	38.7	2.8	0.1	0.5	1.8	4.2	901
	Neelum	76.6	0.4	0.4	1.5	0.3	15.3	3.0	1.4	0.9	2.5	5.0	656
	EQ non affected	69.3	0.5	0.2	0.7	0.1	25.2	2.3	0.1	1.0	1.5	4.1	5,603
	EQ affected	65.3	1.2	0.2	1.2	0.3	24.0	4.4	0.5	2.3	2.9	8.5	6,804
Type of settlement	Urban	75.9	0.3	0.3	1.1	0.5	15.5	4.5	0.1	1.5	2.1	7.0	1,300
	Rural	66.1	0.9	0.2	1.0	0.2	25.6	3.4	0.4	1.8	2.3	6.4	11,107
Age	0-4 years	68.4	0.3	0.1	0.3	0.1	29.1	1.2	0.0	0.5	0.7	2.1	3,570
	5-9 years	68.4	1.0	0.2	0.8	0.1	24.8	2.8	0.3	1.6	2.1	5.7	3,731
	10-14 years	66.5	1.3	0.4	1.0	0.3	22.0	5.3	0.5	2.5	3.0	9.8	3,408
	15-17 years	63.0	1.0	0.2	2.7	0.6	19.5	6.1	0.6	3.1	4.5	10.9	1,697
Wealth index quintiles	Poorest	66.3	1.0	0.3	1.0	0.2	23.3	4.3	0.8	2.4	2.5	8.2	2,803
	Second	62.9	1.1	0.4	1.4	0.2	27.2	4.3	0.3	1.8	3.0	7.8	2,578
	Middle	64.9	1.3	0.0	1.0	0.2	27.2	2.5	0.1	2.2	2.5	6.2	2,447
	Fourth	67.9	0.6	0.3	0.4	0.0	26.2	2.7	0.2	0.8	1.4	4.4	2,346
	Richest	74.8	0.3	0.1	1.0	0.4	18.3	3.3	0.1	1.2	1.9	5.4	2,234
Total		67.1	0.9	0.2	1.0	0.2	24.5	3.5	0.3	1.7	2.3	6.5	12,407
* MICS Indicator 78: ** MICS Indicator 75													

Table HA.12: School attendance of orphaned children,
School attendance of children aged 10014 years by orphanhood, AJK, 2007-2008

		Percent of children whose mother and father have died	School attendance rate of children whose mother and father have died	Percent of children of whom both parents are alive and child is living with at least one parent	School attendance rate of children of whom both parents are alive and child is living with at least one parent	Double orphans to non orphans school attendance ratio*	Total number of children aged 10-14 years
Sex	Male	0.3	78.3	88.0	93.0	0.8	1756
	Female	0.2	82.4	90.0	87.0	0.9	1652
District Name	Muzaffarabad	0.2	100.0	84.3	88.5	1.1	826
	Poonch	0.7	54.0	85.9	96.1	0.6	409
	Mirpur	0.0	-	94.6	89.9	-	347
	Kotli	0.0	-	92.3	92.0	-	618
	Bagh	0.7	100.0	83.6	88.5	1.1	463
	Bhimber	0.0	-	94.3	91.4	-	342
	Sudnothi	0.0	-	94.4	93.8	-	240
	Neelum	0.5	34.0	91.5	72.7	0.5	164
	EQ non affected	0.0	-	93.5	91.5	-	1517
Area	EQ affected	0.5	79.6	85.3	88.9	0.9	1891
	Urban	0.0	-	89.9	91.4	-	353
Type of settlement	Rural	0.3	79.6	88.9	89.9	0.9	3055
	Poorest	0.4	54.0	85.7	82.7	0.7	742
	Second	0.4	81.1	87.5	86.9	0.9	710
	Middle	0.1	100.0	88.2	92.6	1.1	681
	Fourth	0.0	-	92.2	92.9	-	659
Wealth index quintiles	Richest	0.4	100.0	92.0	96.2	1.0	616
	Total	0.3	83.8	89.1	90.3	0.9	3408
* MICS Indicator 77; MDG Indicator 20							

Table ER.1: Telephone lines and cellular subscribers

AJK, 2007 - 2008

		Telephone lines	Mobile phones	Number of household members
District Name	Muzaffarabad	14.1	64.9	5,282
	Poonch	21.3	77.8	3,362
	Mirpur	35.1	93.9	2,710
	Kotli	29.3	77.1	4,734
	Bagh	17.6	59.9	3,156
	Bhimber	16.9	70.8	2,538
	Sudhnuti	17.7	77.7	1,797
	Neelum	6.8	4.6	1,091
Area	EQ non affected	26.4	79.7	11,437
	EQ affected	16.3	62.4	13,233
Type of settlement	Urban	44.7	89.9	2,796
	Rural	18.0	67.9	21,874
Education of household head	None	12.8	61.1	10,125
	Primary	19.3	72.7	4,696
	Middle	18.4	73.5	3,946
	Secondary or higher	38.2	82.6	5,903
Wealth index quintiles	Poorest	0.2	29.4	4,929
	Second	4.8	60.5	4,941
	Middle	14.1	78.1	4,927
	Fourth	31.3	88.1	4,942
	Richest	54.6	96.0	4,931
Total		21.0	70.4	24,670
MDG Indicator 47				

Table ER.2: Personal computer in use

AJK, 2007 - 2008

		Computer	Number of household members
District Name	Muzaffarabad	5.2	5,282
	Poonch	8.1	3,362
	Mirpur	16.2	2,710
	Kotli	9.5	4,734
	Bagh	5.4	3,156
	Bhimber	5.3	2,538
	Sudhnuti	4.4	1,797
	Neelum	2.0	1,091
Area	EQ non affected	9.6	11,437
	EQ affected	5.7	13,233
Type of settlement	Urban	23.9	2,796
	Rural	5.4	21,874
Education of household head	None	3.8	10,125
	Primary	5.6	4,696
	Middle	4.7	3,946
	Secondary or higher	17.1	5,903
Wealth index quintiles	Poorest	0.3	4,929
	Second	0.4	4,941
	Middle	2.2	4,927
	Fourth	5.3	4,942
	Richest	29.2	4,931
Total		7.5	24,670
MDG Indicator 61			

Table ER.3: Family member working outside
AJK, 2007 - 2008

		Family member working outside*	Number of households
District Name	Muzaffarabad	34.8	908
	Poonch	55.0	491
	Mirpur	36.4	407
	Kotli	51.1	645
	Bagh	42.1	469
	Bhimber	45.1	381
	Sudhnuti	63.7	270
	Neelum	32.0	148
Area	EQ non affected	47.7	1,648
	EQ affected	41.8	2,071
Type of settlement	Urban	33.2	411
	Rural	45.8	3,308
Education of household head	None	51.6	1,603
	Primary	41.7	672
	Middle	39.9	588
	Secondary or higher	36.4	856
Wealth index quintiles	Poorest	36.1	790
	Second	46.3	776
	Middle	47.1	752
	Fourth	45.7	703
	Richest	47.7	697
Total		44.4	3,719
* AJK MICS specific indicator			

Table ER.4: Received remittance from abroad
AJK, 2007 – 2008

		Received remittance from abroad*	Number of households
District Name	Muzaffarabad	4.8	908
	Poonch	23.0	491
	Mirpur	22.4	407
	Kotli	29.7	645
	Bagh	4.6	469
	Bhimber	25.6	381
	Sudhnuti	22.1	270
	Neelum	3.3	148
Area	EQ non affected	26.0	1,648
	EQ affected	9.4	2,071
Type of settlement	Urban	20.0	411
	Rural	16.4	3,308
Education of household head	None	17.1	1,603
	Primary	15.7	672
	Middle	16.2	588
	Secondary or higher	17.3	856
Wealth index quintiles	Poorest	4.5	790
	Second	12.3	776
	Middle	10.1	752
	Fourth	25.5	703
	Richest	34.1	697
Total		16.8	3,719

* AJK MICS specific indicator

Table ER.5: Received remittance from Pakistan
AJK, 2007 – 2008

		Received remittance from Pakistan*	Number of households
District Name	Muzaffarabad	58.5	908
	Poonch	27.5	491
	Mirpur	3.7	407
	Kotli	22.9	645
	Bagh	15.3	469
	Bhimber	17.2	381
	Sudhnuti	44.7	270
	Neelum	35.9	148
Area	EQ non affected	19.7	1,648
	EQ affected	39.4	2,071
Type of settlement	Urban	17.6	411
	Rural	32.3	3,308
Education of household head	None	35.9	1,603
	Primary	27.3	672
	Middle	25.8	588
	Secondary or higher	26.8	856
Wealth index quintiles	Poorest	34.7	790
	Second	40.8	776
	Middle	40.4	752
	Fourth	22.8	703
	Richest	12.2	697
Total		30.6	3,719

* AJK MICS specific indicator

Table ER.6: Average household size and average number of persons per sleeping room
AJK, 2007 - 2008

		Mean number of household members	Mean number of persons per sleeping room	Number of households
District Name	Muzaffarabad	5.8	3.5	908
	Poonch	6.8	3.3	491
	Mirpur	6.7	2.7	407
	Kotli	7.3	3.5	645
	Bagh	6.8	3.4	469
	Bhimber	6.7	3.3	381
	Sudhnuti	6.6	3.2	270
	Neelum	7.6	3.6	148
Area	EQ non affected	6.9	3.2	1,648
	EQ affected	6.4	3.4	2,071
Type of settlement	Urban	6.8	3.0	411
	Rural	6.6	3.4	3,308
Education of household head	None	6.3	3.4	1,603
	Primary	7.0	3.5	672
	Middle	6.7	3.4	588
	Secondary or higher	6.9	3.1	856
Wealth index quintiles	Poorest	6.2	4.1	790
	Second	6.4	3.5	776
	Middle	6.6	3.3	752
	Fourth	7.0	3.1	703
	Richest	7.1	2.6	697
Total		6.6	3.3	3,719

* AJK MICS specific indicator

Table ER. 7: Received zakat/donations with mean value
AJK, 2007 - 2008

		Household received any cash donations (Zakat)	Total donation amount received (Rs.)	Number of households
District Name	Muzaffarabad	82.8	113,308	908
	Poonch	46.5	83,895	491
	Mirpur	7.5	852,564	407
	Kotli	2.9	10,303	645
	Bagh	61.9	68,490	469
	Bhimber	1.2	36,844	381
	Sudhnuti	10.0	71,824	270
	Neelum	58.4	78,533	148
Area	EQ non affected	3.9	412,433	1648
	EQ affected	66.3	96,619	2071
Type of settlement	Urban	36.3	122,254	411
	Rural	39.0	109,437	3308
Education of household head	None	40.4	105,082	1603
	Primary	37.2	98,191	672
	Middle	34.7	107,848	588
	Secondary or higher	39.3	132,818	856
Wealth index quintiles	Poorest	51.0	89,405	790
	Second	51.0	92,383	776
	Middle	49.5	100,438	752
	Fourth	24.3	112,599	703
	Richest	13.7	315,069	697
Total		38.7	11,0763	3719

* AJK MICS specific indicator



