Khyber Pakhtunkhwa

Key Findings Report

Monitoring the situation of children and women

Multiple Indicator Cluster Survey

2016-17







Bureau of Statistics Planning & Development Department Government of Khyber Pakhtunkhwa



United Nations Children's Fund

Title page picture was taken by Ms Momina Shamrez (Editor, Shangla team) with the permission of the girl's mother in district Shangla, Khyber Pakhtunkhwa [Pakistan]



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March, 2018







The Khyber Pakhtunkhwa [Pakistan] Multiple Indicator Cluster Survey (MICS) was carried out during 2016-17 by the Bureau of Statistics (BoS), Planning and Development Department, Khyber Pakhtunkhwa (KP) in collaboration with the United Nations Children's Fund (UNICEF). It was conducted as part of the 5th global round of MICS. Major funding was provided by the Government of KP through Annual Development program. UNICEF provided technical support.

The global MICS programme was developed by UNICEF in the 1990s as an international household survey programme to collect internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies and programmes, and to monitor progress towards the Millennium Development Goals (MDGs), Sustainable Development Goals (SDGs) and other internationally agreed upon commitments. MICS is flexible to adjust country specific indicators to meet planning needs such as KP MICS, 2016-17 also collected data on 'safety nets'.

The objective of this report is to facilitate timely dissemination and use of findings from the KP MICS 2016-17 prior to the release of full tables and the final survey report that will contain detailed information on all survey findings by various demographic, social, economic and cultural characteristics. The final survey report is expected to be released in June, 2018.

More information on indicators and the analysis is available in the main final report: <u>http://www.pndkp.gov.pk</u> and <u>mics.unicef.org</u>

Suggested citation

Bureau of Statistics Khyber Pakhtunkhwa, Planning & Development Department, Government of the Khyber Pakhtunkhwa and UNICEF Pakistan, 2018. Multiple Indicator Cluster Survey, Key Findings Report.

Table of Contents

Foreword	2
ACKNOWLEDGEMENTS	3
Khyber Pakhtunkhwa MICS 2016-17, at a glance	4
CHILD MORTALITY	5
NUTRITION	6
CHILD HEALTH	8
WATER AND SANITATION	11
REPRODUCTIVE HEALTH	12
CHILD DEVELOPMENT	14
LITERACY AND EDUCATION	15
CHILD PROTECTION	17
HIV/AIDS	19
Access to mass media and ICT	20
SUBJECTIVE WELL-BEING	20
Notes	21

Foreword

Multiple Indicator Cluster Survey (MICS) is recognized globally. MICS provides a unique and comprehensive set of accurate, internationally comparable and reliable indicators. The Government of Khyber Pakhtunkhwa (KP) is committed to achieve Sustainable Development Goals (SDGs) set after the Millennium Development Goals (MDGs) vis-a-vis education and literacy, child mortality, nutrition, child health, reproductive health, antenatal and postnatal health checks, child development, water supply, sanitation, wealth quintiles, poverty status and others.

Bureau of Statistics (BoS) conducted this survey with a sample size of 22,140 households in 1,107 clusters covering all 25 districts of KP. MICS5 is the fourth MICS survey conducted in KP after three earlier rounds conducted in 2001, 2007 and 2008. Being comprehensive and the largest of its kind, MICS envisages more than 125 indicators covered in 33 modules. It is a district based unique survey that consists of three questionnaires on Household, Women and Children under-five.

UNICEF provided technical assistance and financial support ensuring completion of survey process adhering to the global MICS protocols at all the crucial stages of survey design, data collection, data processing, analysis, tabulation, report writing and dissemination of findings.

It is a matter of immense satisfaction that the survey has been completed, for the first time, in all 25 districts. The overall response rate exceeding 98 percent. The survey took more than the planned time due to on-going Zarb-e-Azb in some districts for security reasons, difficulty in access to hard-to- reach areas in harsh weather, blockages due to landslides in snow bound areas of Malakand and Hazara regions. The National Census conducted in March/April 2017 also caused extra efforts and extended period for data collection.

KP-MICS, 2016-17 provides baseline for a number of new social indicators which were not covered in earlier MICS surveys. The survey findings can contribute to realistic allocation of resources at district level, Annual Development Plans (ADPs), preparing district profiles, setting of goals and targets and monitoring progress on socio-economic development in the province. It can also be extremely useful for line departments, provincial planning institutions, district administration, politicians, local bodies, researchers, academicians, civil society organizations and donors. The results of vital common indicators of KP-MICS are, mostly, consistent with Health Survey conducted in the same year. The survey will be helpful particularly for KP government to allocate resources equitably and realistically among districts and to measure and monitor progress based on quantitative analysis of key social indicators.

Planning & Development Department, UNICEF and field data collection teams are highly appreciated for preparing an excellent report of KP- MICS. Special credit goes to Bureau of Statistics KP for their determined efforts and hard work. The information provided by respondents remains in trust and will be used for their own benefit at large.

This Key Findings Report on the summary results of KP-MICS will be followed by a final survey report containing detailed tables and information on division and district level disaggregated data.

Dr. Shahzad Khan Bangash

Additional Chief Secretary Planning and Development Department, Government of Khyber Pakhtunkhwa

ACKNOWLEDGEMENTS

KP-MICS, 2016-17 is the result of dedicated and devoted efforts of different departments and UNICEF. At the initial stages, Syed Zafar Shah, Ex Secretary P&D took keen interest and provided exceptional support to help and facilitate conducting MICS. The Government of the Khyber Pakhtunkhwa provided major contribution through the Annual Development Programme (ADP). UNICEF provided technical assistance and support with a moderate financial contribution.

Pakistan Bureau of Statistics (PBS) provided sample design for KP-MICS. Bureau of Statistics (BoS) conducted field work in all the 25 districts of KP. Tripartite monitoring by Government (more than ten senior officers from P&D Department KP and the Core Group members), UNICEF and Third party validation was extremely useful mechanism to ensure quality data collection. Data Processing Centre established by UNICEF played vital role in data entry and processing.

Mr. Muhammad Abid Wazir, Chief Economist and his predecessor Mr. Muhammad Ayaz, leading Technical Committee and myself leading Steering Committee for KP-MICS were determined to support throughout the MICS process continued over more than one year. Mr. Tariq Mahmood, Director BoS and his team worked hard in collaboration with and support of UNICEF for successful completion of the survey. Technical support of Mr. Mohammad Farooq, Head Core Group and the members of Core Group including Qazi Fahad and Mr. Abdullah was commendable. Mr. Khaleeq ur Rehman I/C Resource Centre P&DD provided consistent support facilitating PC-I and revisions and resolving operational issues faced in the field during data collection particularly in security risk areas where Zarb-e-Azb was also operational.

UNICEF team at Country, Regional and Headquarter level provided technical support efficiently and effectively in the entire process. The Government of KP highly acknowledges and appreciates their support and dedicated efforts particularly: Mr. Charles Nzuki, Chief Field Office and his predecessor Dr Francois Kampundu; Ms. Janette Shaheen Hussain, Chief PMER; Ms. Mussarrat Youssuf, Research and Evaluation Specialist, Ms. Shandana Aurangzeb, Reports Specialist; Mr. Faateh ud Din Ahmad, PME Officer; Mr Seifu Ali, Program Manager; Dr Shabbir Hussain, UNICEF MICS Consultant; Mr. Zaheer Ahmad Durrani PME Officer and Syed Natiq Kazmi, Information Management Officer, Peshawar.

All the Divisional Commissioners, Deputy Commissioners and Assistant Commissioners took keen interest and facilitated field work. The District Police Officer under the instructions of IGP provided security through mobile police squads. It was a great support as more than 200 female staff worked for many months in all districts for household data collection. District administration is highly appreciated for providing government accommodation for field data collection staff. Under the directions of Secretary Local Government, relevant Nazimeens and Councillors of Union Councils and Village Councils provided valuable support and facilitation in the field work. Communities, local leaders and members of the sampled households devoted their precious time. Data collection teams were enthusiastic and worked hard facing harsh weather and difficulties in accessing sampled houses of the clusters in hard areas. All of them are applauded for their dedicated hard work and support accomplishing KP-MICS successfully. I highly appreciate and congratulate all the MICS teams for doing great job of accomplishing KP-MICS successfully.

Zahir Shah Secretary Planning & Development Department, Government of Khyber Pakhtunkhwa

KHYBER PAKHTUNKHWA MICS 2016-17, AT A GLANCE

Survey implementat	Survey implementation					
Sample frame	1998 census 2015	Questionnaires	Household Women (age 15-49) Children under five			
opulleu	2013					
Interviewer training - Training of Trainers - Regional trainings	Aug - Sep 2016 Nov 16 - Jan 17	Fieldwork De	c 2016 to May 2017			
Survey sample						
Households		Children under five				
 Sampled Occupied Interviewed Response rate (Percent) 	22,140 21,317 20,995 98.5	 Eligible Mothers/caretakers interviewe Response rate (Percent) 	21,359 20,926 98.0			
Women Eligible for interviews Interviewed Response rate (Percent) 	37,669 36,703 97.4					

Survey population			
Average household size	7.6	Percentage of population living in - Urban areas	17.5
Percentage of population under:		- Rural areas	82.5
- Age 5	13.3		
- Age 18 Percentage of women age 15-49 years with at least one live birth in the last 2	47.9		
years	22.8		

Housing characteristics		Household or personal assets		
 Percentage of households with Electricity Finished floor Finished roofing¹ Finished walls Mean number of persons per room used for sleeping 	94.4 45.3 72.0 69.3 4.02	 Percentage of households that own A television A refrigerator Agricultural land Farm animals/livestock Percentage of households where at least a member has or owns a Mobile phone Car/van/jeep Bank account 	41.9 56.4 34.8 53.8 96.3 10.0 29.1	

¹ includes: metal/T-iron/Girders, wood/wooden beam/bricks, cements etc.

CHILD MORTALITY

Early childhood mortality					
Indic	Indicator #		Indicator	Description	
MICS	MDG/	SDG	Indicator	Description	Value ^A
1.2	4.2/3.2.1	Infar	nt mortality rate	Probability of dying between birth and the first birthday	60.0
1.5	4.1 /	Und	er-five mortality rate	Probability of dying between birth and the fifth birthday	74.0
patterr	of mortality	in Khyb		efer to February, 2015. The East Model was assumed to approximate n and calculations are based on the Time Since First Birth (TSFB) versi I	•





NUTRITION

Nutritional status ⁱ				
INDICAT	OR #	Indicator	Description	N . 1 .
MICS	MDG/SDG	Indicator	Description	Value
2.1a	1.8 /	Underweight	Percentage of children under age 5 who fall below	
2.1b		prevalence	(a) minus two standard deviations (moderate and	
		(a) Moderate and	severe)	20.8
		severe	(b) minus three standard deviations (severe)	
		(b) Severe	of the median weight for age of the WHO standard	7.5
2.2a		Stunting	Percentage of children under age 5 who fall below	
2.2b	/2.2.1	prevalence	(a) minus two standard deviations (moderate and	41.4
		(a) Moderate and	severe)	
		severe	(b) minus three standard deviations (severe)	20.7
		(b) Severe	of the median height for age of the WHO standard	
2.3a	/2.2.2	Wasting	Percentage of children under age 5 who fall below	
2.3b		prevalence	(a) minus two standard deviations (moderate and	8.0
		(a) Moderate and	severe)	
		severe	(b) minus three standard deviations (severe)	3.0
		(b) Severe	of the median weight for height of the WHO standard	
2.4	/2.2.2	Overweight	Percentage of children under age 5 who are above two	6.8
		prevalence	standard deviations of the median weight for height of	
			the WHO standard	

Figure 2: Underweight, stunted, wasted and overweight Children under age 5, KP-MICS, 2016-17





Breastfeeding	Breastfeeding and infant feeding				
INDICATOR #					
MICS MDG/SDG	Indicator	Description	Value		
2.5	Children ever breastfed	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at any time	94.5		
2.6	Early initiation of breastfeeding	Percentage of women with a live birth in the last 2 years who put their last new born to the breast within one hour of birth	19.7		
2.7	Exclusive breastfeeding under 6 months	Percentage of infants under 6 months of age who are exclusively breastfed ⁱⁱ	57.2		
2.8	Predominant breastfeeding under 6 months	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment ⁱⁱⁱ during the previous day	66.3		
2.9	Continued breastfeeding at 1 year	Percentage of children age 12-15 months who received breast milk during the previous day	76.7		
2.10	Continued breastfeeding at 2 years	Percentage of children age 20-23 months who received breast milk during the previous day	59.4		
2.11	Median duration of breastfeeding	The age in months when 50 percent of children age 0- 35 months did not receive breast milk during the previous day	22.4		
2.12	Age-appropriate breastfeeding	Percentage of children age 0-23 months appropriately fed ^{iv} during the previous day	55.9		
2.13	Introduction of solid, semi-solid or soft foods	Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	54.1		
2.14	Milk feeding frequency for non- breastfed children	Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	66.7		
2.15	Minimum meal frequency	Percentage of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times ^v or more during the previous day	74.8		
2.16	Minimum dietary diversity	Percentage of children age 6–23 months who received foods from 4 or more food groups ^{vi} during the previous day	18.4		
2.17a 2.17b	Minimum acceptable diet	 (a) Percentage of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Percentage of non-breastfed children age 6–23 months who received at least 2 milk feedings and had 	11.3		
		months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	11.0		
2.18	Bottle feeding	Percentage of children age 0-23 months who were fed with a bottle during the previous day	28.8		
Salt iodization	ו				
INDICATOR # MICS MDG/SDG	Indicator	Description	Value		
2.19	lodized salt consumption	Percentage of households with salt testing 15 parts per million or more	29.3		

Low	Low-birthweight					
INDICA	INDICATOR #					
MICS	MDG/SDG	Indicator	Description	Value		
2.20		Low-birthweight	Percentage of most recent live births in the last 2	32.4		
		infants	years weighing below 2,500 grams at birth			
2.21		Infants weighed at	Percentage of most recent live births in the last 2	15.6		
		birth	years who were weighed at birth			

CHILD HEALTH

Vacc	Vaccinations				
INDICA	TOR #	Indicator	Description		
MICS	MDG/SDG	indicator	Description	Value	
3.1		Tuberculosis immunization coverage	Percentage of children age 12-23 months who received BCG vaccine by their first birthday	71.5	
3.2		Polio immunization coverage	Percentage of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	52.7	
3.3		Diphtheria, pertussis and tetanus (DPT) immunization coverage	Percentage of children age 12-23 months who received the third dose of DPT vaccine (DPT3) by their first birthday	49.1	
3.4	4.3 /	Measles immunization coverage	Percentage of children age 12-23 months who received measles vaccine by their first birthday	46.9	
3.8		Full immunization coverage	Percentage of children age 12-23 months who received all ^{vii} vaccinations recommended in the national immunization schedule by their first birthday (measles by second birthday)	32.1	

Figure 3: Vaccinations by age 12 months, KP-MICS, 2016-17





Tetanus tox	oid		
INDICATOR # MICS MDG/SD	 G Indicator	Description	Value
3.9	Neonatal tetanus protection	Percentage of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	55.7
Diarrhoea			
	Indicator	Description	Value
MICS MDG/SD	Children with diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks	21.4
3.10	Care-seeking for diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	51.1
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	6.9
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre- packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	32.9
Acute Resp	iratory Infection	(ARI) symptoms	
INDICATOR MICS MDG/SD	Indicator	Description	Value
	Children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks	20.2
3.13	Care-seeking for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	59.4
3.14	Antibiotic treatment for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	39.9
Solid fuel us	se		
INDICATOR # MICS MDG/SD	G Indicator	Description	Value
3.15	Use of solid fuels for cooking	Percentage of household members in households that use solid fuels as the primary source of domestic energy to cook	68.9



Mala	Malaria/Fever				
INDICA	ATOR #		Description	Mahua	
MICS	MDG/SDG	Indicator	Description	Value	
3.15		Children with fever	Percentage of children under age 5 with fever in the last 2 weeks	34.7	
3.20		Care-seeking for fever	Percentage of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	69.5	
3.21		Malaria diagnostics	Percentage of children under age 5 with fever in the last2 weeks who had a finger or heel stick for malaria testing	9.8	
3.22	6.8/	Anti-malarial treatment of children under age 5	Percentage of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	1.4	
3.23		Treatment with Artemisinin-based Combination Therapy (ACT) among children who received antimalarial treatment	Percentage of children under age 5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy)	7.1	
3.25		Intermittent preventive treatment for malaria during pregnancy	Percentage of women age 15-49 years who received three or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their live birth in the last 2 years	0.6	

WATER AND SANITATION

Wat	Water and sanitation					
INDICA	TOR #	Indiantan	Description			
MICS	MDG/SDG	Indicator	Description	Value		
4.1	7.8/6.1.1	Use of improved drinking water sources ²	Percentage of household members using improved sources of drinking water	91.3		
4.2		Water treatment	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	1.8		
4.3	7.9/6.2.1	Use of improved sanitation (Not shared)	Percentage of household members using improved sanitation facilities which are not shared	77.8		
4.4		Safe disposal of child's stools	Percentage of children age 0-2 years whose last stools were disposed of safely	47.5		
4.5		Place for handwashing	Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present	69.1		
4.6	/6.2.1	Availability of soap or other cleansing agent	Percentage of households with soap or other cleansing agent	88.8		

Figure 4: Use of improved water and sanitation in urban and rural areas KP-MICS 2016-17



² Improved water sources include: piped water (in dwelling, compound, at the neighbor, public tap/stand pipe or coming from river), tube well, protected spring.

REPRODUCTIVE HEALTH

INDIC	ATOR #	Indicator	Description	Malua
MICS	MDG/SDG	indicator	Description	Value
		Total fertility rate	Total fertility rate ^A for women age 15-49 years	4.0
5.1	5.4/3.7.2	Adolescent birth rate	Age-specific fertility rate ^A for women age 15-19 years	62.0
5.2		Early childbearing	Percentage of women age 20-24 years who had at least one live birth before age 18	10.2
5.3	5.3/	Contraceptive prevalence rate	Percentage of women age 15-49 years currently married or who are using modern or traditional contraceptive method	32.5
5.4	5.6/13.7.1	Unmet need	Percentage of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	20.8

divided by the average number of women in that age group during the same period, expressed per 1,000 women. The age-specific fertility rate for women age 15-19 years is also termed as the adolescent birth rate.

The total fertility rate (TFR) is calculated by summing the age-specific fertility rates calculated for each of the 5-year age groups of women, from age 15 through to age 49. The TFR denotes the average number of children to which a woman will have given birth by the end of her reproductive years (by age 50) if current fertility rates prevailed.

Figure 5: Age-specific fertility rates by area, KP-MICS, 2016-17





Maternal and newborn health					
	OR # MDG/SDG	Indicator	Description	Value	
	5.5/ 5.5/	Antenatal care coverage	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth (a) at least once by skilled health personnel (b) at least four times by any provider	74.3 44.1	
5.6		Content of antenatal care	Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	56.1	
5.7	5.2/3.1.2	Skilled attendant at delivery	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	68.6	
5.8		Institutional deliveries	Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	64.5	
5.9		Caesarean section	Percentage of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	7.5	
Post-r	natal he	alth checks		-	
INDICAT MICS N	OR # MDG/SDG	Indicator	Description	Value	
5.10		Post-partum stay in health facility	Percentage of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	26.5	
5.11		Post-natal health check for the newborn	Percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	68.4	
5.12		Post-natal health check for the mother	Percentage of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	65.0	

CHILD DEVELOPMENT

Child	Child development					
	ATOR # MDG/SDG	Indicator	Description	Value		
6.1		Attendance to early childhood education	Percentage of children age 36-59 months who are attending an early childhood education programme	8.1		
6.2		Support for learning	Percentage of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	36.6		
6.3		Father's support for learning	Percentage of children age 36-59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days	2.8		
6.4		Mother's support for learning	Percentage of children age 36-59 months whose biological mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	4.1		
6.5		Availability of children's books	Percentage of children under age 5 who have three or more children's books	3.9		
6.6		Availability of playthings	Percentage of children under age 5 who play with two or more types of playthings	48.5		
6.7		Inadequate care	Percentage of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	7.3		
6.8	/4.2.1	Early child development index	Percentage of children age 36-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning	68.8		

LITERACY AND EDUCATION

Literacy and education ^{viii}				
INDICA	TOR #			-
MICS	MDG/SDG	Indicator	Description	Value
7.1	2.3/	Literacy rate among young women	Percentage of young women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	52.7
7.51		Literacy rate 10+ (Reported)	Percentage of household members age 10 years or older where it is reported that they are able to both read & write with understanding in any language excluding Quranic reading, if this was the only response	52.3
7.S2		Literacy rate 15+ (Reported)	Percentage of household members age 15 years or older where it is reported that they are able to both read & write with understanding in any language excluding Quranic reading, if this was the only response	49.6
7.S3		Literacy rate 15-24 Years (Reported)	Percentage of household members age 15-24 years where it is reported that they are able to both read & write with understanding in any language excluding Quranic reading, if this was the only response	68.6
7.2		School readiness	Percentage of children in first grade of primary school who attended pre-school during the previous school year	88.0
7.3		Net intake rate in primary education	Percentage of children of school-entry age who enter the first grade of primary school	22.5
7.4	2.1/	Primary school net attendance ratio (adjusted)	Percentage of children of primary school age currently attending primary or secondary school	57.8
7.S4		Primary school gross attendance ratio (adjusted)	Percentage of children of all age currently attending primary or secondary school	86.3
7.5		Secondary school net attendance ratio (adjusted)	Percentage of children of secondary school age currently attending secondary school or higher	39.7
7.\$5		Government school attendance rate (primary)	Percentage of children aged 5-9 years attending Government primary schools	65.1
7.6	2.2/	Children reaching last grade of primary	Percentage of children entering the first grade of primary school who eventually reach last grade	96.8
7.7		Primary completion rate	Number of children attending the last grade of primary school (excluding repeaters) divided by number of children of primary school completion age (age appropriate to final grade of primary school)	72.0
7.8		Transition rate to secondary school	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year divided by number of children attending the last grade of primary school during the previous school year	92.7
7.9	3.1/4.5.1	Gender parity index (primary school)	Primary school net attendance ratio (adjusted) for girls divided by primary school net attendance ratio (adjusted) for boys	0.82
7.10	3.1/	Gender parity index (secondary school)	Secondary school net attendance ratio (adjusted) for girls divided by secondary school net attendance ratio (adjusted) for boys	0.62

Figure 6: Education indicators by sex KP-MICS, 2016-17



Note: All indicator values are in percent



CHILD PROTECTION

Birth	Birth registration						
INDICATOR #							
MICS	MDG/SDG	Indicator	Description	Value			
8.1		Birth registration	Percentage of children under age 5 whose births are reported registered	19.1			
Child	d labour						
INDIC	INDICATOR #						
MICS	MDG/SDG	Indicator	Description	Value			
8.2	/8.7.1	Child labour	Percentage of children age 5-17 years who are involved in child labour ^{ix}	14.4			

Child	Child discipline					
INDIC	INDICATOR #					
MICS	MDG/SDG	Indicator	Description	Value		
8.3	/16.1.1	Violent discipline	Percentage of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	81.0		

Figure 7: Child disciplining methods, children age 1-14 years, KP-MICS, 2016-17





Early	Early marriage and polygyny					
	ATOR # MDG/SDG	Indicator	Description	Value		
8.4	/5.3.1	Marriage before age 15	Percentage of people age 15-49 years who were first married before age 15	7.7		
8.5	/5.3.1	Marriage before age 18	Percentage of people age 20-49 years who were first married before age 18	29.6		
8.6		Young people age 15-19 years currently married or in union	Percentage of young people age 15-19 years who are married	18.8		
8.7		Polygyny	Percentage of people age 15-49 years who are in a polygynous marriage	3.8		
8.8a 8.8b		Spousal age difference	Percentage of young women who are married or in union and whose spouse is 10 or more years older, (a) among women age 15-19 years, (b) among women age 20-24 years	22.3 15.8		
Attit	udes tow	vards domestic		1010		
INDICA						
MICS	MDG/SDG	Indicator	Description	Value		
8.12		Attitudes towards domestic violence	Percentage of people age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	75.1		
Child	dren's livi	ing arrangemer	nts			
	ATOR #					
MICS	MDG/SDG	Indicator	Description	Value		
8.13		Children's living arrangements	Percentage of children age 0-17 years living with neither biological parent	1.2		
8.14		Prevalence of children with one or both parents dead	Percentage of children age 0-17 years with one or both biological parents dead	3.5		
		purches acaa				

HIV/AIDS

HIV/	AIDS knc	wledge and at	titudes	
INDICA	ATOR #	Indicator	Description	Value
MICS	MDG/SDG			
-		Have heard of AIDS	Percentage of women age 15-49 years who have heard of AIDS	21.7
9.1	6.3/	Knowledge about HIV prevention among young people	Percentage of young women age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV ^x , and who reject major misconceptions about HIV transmission ^{xi}	1.7
9.2		Knowledge of mother- to-child transmission of HIV	Percentage of women age 15-49 years who correctly identify all three means ^{xii} of mother-to-child transmission of HIV	9.0
9.3		Accepting attitudes towards people living with HIV	Percentage of women age 15-49 years expressing accepting attitudes on all four questions ^{xiii} toward people living with HIV	20.2
HIV 1	testing			
INDICA	ATOR #	- . .		
MICS	MDG/SDG	Indicator	Description	Value
9.4		People who know where to be tested for HIV	Percentage of women age 15-49 years who state knowledge of a place to be tested for HIV	3.8
9.5		People who have been tested for HIV and know the results	Percentage of women age 15-49 years who have been tested for HIV in the last 12 months and who know their results	0.7
9.7		HIV counselling during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	0.4
9.8		HIV testing during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	0.3
Orph	nans	-		
INDICA	ATOR #	Indicator	Description	Value
MICS	MDG/SDG		-	
9.16	6.4/	Ratio of school attendance of orphans to school attendance of non-orphans	Proportion attending school among children age 10-14 years who have lost both parents divided by proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents	0.52



ACCESS TO MASS MEDIA AND ICT

Acce	Access to mass media						
INDIC	ATOR #	Indicator	Description	Value			
MICS	MDG/SDG	indicator	Description				
10.1		Exposure to mass media	Percentage of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	0.7			
Use	of inform	nation/commu	inication technology				
INDIC	ATOR #	lu di coto u	Description	Value			
MICS	MDG/SDG	Indicator	Description	value			
10.2		Use of computers	Percentage of women age 15-24 years who used a computer during the last 12 months	9.3			
10.3	/5.b.1	Use of internet	Percentage of women age 15-24 years who used the internet during the last 12 months	8.4			

SUBJECTIVE WELL-BEING

Subj	Subjective well-being					
INDICATOR #		In diaman	Description			
MICS	MDG/SDG	Indicator	Description	Value		
11.1		Life satisfaction	Percentage of young women age 15-24 years who are very or somewhat satisfied with their life, overall	92.6		
11.2		Happiness	Percentage of young women age 15-24 years who are very or somewhat happy	93.2		
11.3		Perception of a better life	Percentage of young women age 15-24 years whose life improved during the last one year, and who expect that their life will be better after one year	59.3		

NOTES

ⁱ Weight and height/length measurements were successfully completed for 96.0 and 93.3 percent of children under age 5, respectively

ⁱⁱ Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines

ⁱⁱⁱ Infants receiving breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)

^{iv} Infants age 0-5 months who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semisolid or soft foods

^v Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months

^{vi} The indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables

vii Full vaccination includes the following: BCG, Polio3, PENTA3 and Measles-1 (MCV1) as per the vaccination schedule in KP

viii Education indicators, wherever applicable, are based on information on reported school attendance (at any time during the school year), as a proxy for enrolment.

^{ix} Children involved in child labour are defined as children involved in economic activities at or above the age-specific thresholds, children involved in household chores at or above the age-specific thresholds, and children involved in hazardous work

* Using condoms and limiting sex to one faithful, uninfected partner

^{xi} The two most common misconceptions about HIV transmission are included in the indicator calculation: i) supernatural means and ii) mosquito bites

xii Transmission during pregnancy, during delivery, and by breastfeeding

xⁱⁱⁱ People (1) who think that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching, (2) who would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive, (3) who would not want to keep secret that a family member is HIV-positive, and (4) who would be willing to care for a family member with AIDS in own home