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**GUIDELINES FOR THE**

**CUSTOMISATION OF MICS QUESTIONNAIRES**

**March 2014**

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# INTRODUCTION

This document is intended to provide, to survey managers and other technical staff in countries conducting Multiple Indicator Cluster Surveys (MICS), an overview of the basic principles and approaches that need to be used for the customisation of standard MICS questionnaires. The document should be used together with the standard MICS questionnaires and other relevant survey tools, which can all be found on mics.unicef.org or childinfo.org/mics.

***Customisation*** (or adaptation) refers to the process during which the standard MICS questionnaires are tailored to the population/context where a MICS survey is being conducted (that is, a national MICS survey, or a MICS survey conducted for a population group or for a selected area within a country), using standard principles and approaches, while maintaining global comparability of the indicators that will be derived from the collected data.

The customisation process is by no means an easy and straightforward one. Without a detailed understanding of all the standard MICS survey tools and of the general principles and recommendations of the MICS programme, customisation of MICS questionnaires should not be attempted at country level without the assistance of a MICS expert. During the customisation process, it is also absolutely critical that lessons learned from previous data collection activities, including a previous MICS, are used effectively, and wherever necessary, tools are tested before final decisions are made. Testing may include organized pre-testing, field testing, piloting, and in some cases, cognitive testing. Analysis of raw data from previous surveys and data collection activities, as well as results from these efforts should also be undertaken for successful customisation of standard MICS questionnaires.

The standard MICS questionnaires in question (and covered in this document) are:

* The Household Questionnaire
* The Questionnaire for Individual Women
* The Questionnaire for Individual Men, and
* The Questionnaire for Children Under Five

Customisation covers the following types of changes to the standard MICS questionnaires:

1. ***Country-/Survey-specific modifications*** to already existing standard MICS questions and response codes as described in this document,
2. ***Deletions*** from the standard questionnaires, and
3. ***Additions*** to the standard questionnaires.

As further explained in this document, certain parts of the standard MICS questionnaires *must* be modified. Therefore, (a) above applies to all MICS surveys. Indeed, in several instances, the standard questionnaires include clear directives that a change or modification needs to be made. These cases are indicated using ***bold italic*** text such as “***the civil authorities***” in BR3 or “***insert local name for clear broth/clear soup***” in BD7[C], and, in certain central areas, such as on cover pages, in a rust colour (i.e., the name of the implementing agency needs to be inserted in a space that is simply shown as “*insert country-specific affiliation*”. When customising these, please use plain black text formatted as the surrounding text.

Similarly, response categories that require customisation are indicated with *italics*, such as “Region:” and response categories in HH7 and sometimes with ***bold italics***, such as “***Auxiliary midwife***” in MN2, MN17, PN13, and PN22 and “***Lactational amenorrhoea method***” in CP3. Please use plain text once customised.

No MICS survey is recommended to retain all of the modules and questions of the standard MICS questionnaires. First, there will always be some topics that will not be relevant in certain countries or regions, such as female genital cutting, polygyny, or malaria – which are all topics that are applicable in (relatively) well-defined regions of the world.

Second, decisions on the content of any MICS survey will ideally be made as a result of a thorough data gap assessment, generally based on the List of MICS Indicators, and, for example, when information is available from other recent data sources, certain modules or sets of questions will be dropped. The process and analysis involved in a comprehensive data needs assessment will vary, but is a crucial step in determining the content of the survey.

Determining what to exclude from the survey is a balancing act that should take data needs into account, but also learn from countless experiences of data quality issues as a result of overloaded questionnaires. Country priorities will guide decisions, but may also work against achieving an optimum questionnaire size if negotiations turn more political than technical.

A final consideration will also rest with the ability to implement an adequate sample size, as this is often constrained by budget on one hand and on the other the known data quality issues associated with large sample sizes. For instance, some indicators are difficult to measure in low fertility settings, demanding higher sample sizes or complicated sample designs. Unless such issues can be technically addressed, the exclusion of such indicators may be necessary.

In all MICS surveys, therefore, it is expected that (b) above will also be applicable.

Some MICS surveys may also add topics, modules and questions which are not already in the standard MICS questionnaires. These could include additions that the standard MICS questionnaires already point to (for example, adding household assets to the list already in the questionnaires), or additions of modules or sets of questions that are not covered in the standard MICS questionnaires.

From the onset of considerations of what could be added in the MICS you should know that you will be including questions or modules that are not part of the standard package. This will affect the technical support available as well as require changes and considerations throughout the package of tools available, from sampling, training, instructions, and data entry application to tabulations and reporting.

As with the above exercise of deleting from the questionnaires, your entry point should be the indicator list or, alternatively, the tabulation plan. Questionnaire design is secondary to the need for precise information on what such proposed additions would be measuring and how such would be presented.

Only when tabulations are clearly designed questionnaire design can commence. Some additions may only require that an extra column is inserted in an existing tables, others could be simple replications, and at the other end of the scale would be entirely new topics that require extensive work. The Global MICS team remains open to and flexible to additions under the appropriate circumstances, but experience shows that interest in new topics often does not extend beyond presenting the idea of additional questions, leaving the Survey Management team with the whole responsibility of designing, collecting, and presenting the information and often resulting in significant delays.

Only questions that are previously well-tested and validated should be included. A full MICS is not the right tool to experiment with data collection. Results from questions that are not validated may be completely misleading without an understanding of what is being measured. In worst case scenarios the additional effort may even reduce the quality of the rest of the survey.

Questions are often imported from other household surveys that have been conducted in the country. This does not necessarily mean that they are validated nor does it mean that such questions can work within the frame of a MICS. It is however a good place to start, but one should always consider the overall package of the MICS as a multiple indicator survey targeted at collecting data on women and children.

If additions are made, please ensure that formatting and coding follow the rules in place for the standard questionnaires. For entirely new topics it may be useful to build a new module and in other cases you will need to append to an existing module or insert within the existing flow.

# CONTENT AND FEATURES TO RETAIN

While this document is primarily about the customisation of standard MICS questionnaires, a certain amount of rigidity needs to be exercised when adapting standard MICS questionnaires to different contexts. Some features or content will need to be retained exactly as they are in the standard MICS questionnaires, to ensure internal consistency among various survey tools and to maintain (global) comparability. Indeed, a large number of questions and modules need to be kept exactly as they are during the adaptation process. Understanding what needs to stay exactly the same is important for successful adaptation at least as much as understanding what needs to be changed. In fact, retaining certain features and content of standard MICS questionnaires can also be seen as part of the customisation process.

MICS is a global household survey programme that is implemented in multiple countries and settings. Standard MICS questionnaires, together with the standard list of indicators, are designed to serve as a starting point for all surveys. As explained above, these standard questionnaires will need to be customised to each setting. However, during this process, several formatting conventions and questions need to remain intact in each survey.

There are several reasons why certain content and features need to be retained in all MICS surveys. In taking all customisation related decisions, these should be taken into account. The main criteria for retaining content and features of standard MICS questionnaires can be summarised as follows:

* Integrity of the survey tools

Decisions taken in one step influence others. Standard MICS questionnaires should not be seen in isolation from other standard MICS survey tools. In fact, there are various other survey tools that also use the same formatting and content as the questionnaires. For example, data entry programs use the question numbers that are in the standard MICS questionnaires. If changes are made in the standard MICS questionnaires to the question numbers, then the same changes will need to be made to the data entry programs. This will invariably increase the likelihood of errors in various steps of the survey process. Note that the same question numbers are also used in the tabulation syntax, in all the background documentation of the tabulation plan, indicator lists, all training documents, instructions for the field staff, and the like. In order to calculate the MICS indicators properly, you need to preserve the relevant questions and response categories as they are.

* Tested and validated questions

Unless indicated otherwise in this document, all the questions (and response categories) in the standard MICS questionnaires need to be kept in each survey exactly as they are shown. Changes/modifications are strictly not recommended as these questions have already been tested and validated exactly as they are, including, for instance, the ordering of questions in a module, and the exact choice of words. If certain changes/modifications are deemed absolutely necessary because of country-specific reasons, ensure to start a dialogue with members of the Global MICS Team to better understand implications of such changes, and/or how exactly these should be effected.

* Comparability

One of the essential features of the MICS programme is that comparability needs to be maintained between surveys in different countries and settings at various levels. If questions are changed to the extent that they are not comparable across countries, it will not be possible to generate comparable indicators from different settings. Even if questions have not been changed, but the question numbers have been changed, the data sets will be different from one survey to the other, making comparative analysis using multiple surveys a very painful process, and sometimes basically impossible.

* The quality assurance process

One might want to remember that there will be various experts involved in the implementation of the survey, as well as providing quality assurance support to all the surveys. Changing questionnaires beyond acceptable proportions will invariably make the quality assurance process much more difficult, and will also increase the likelihood of errors. A regional or global expert reviewing questionnaires, or reviewing tabulations or SPSS program syntax, will need to spend considerably more time to understand the changes made, ensure that the same changes are made in other survey tools, and interpret specifics in any survey tool in relation to changes in the questionnaires. At the least, changes in the questionnaires should be done in such a manner that they are visible, well documented and easily detected.

## General information

* Each module starts with question number “1” preceded by two letters indicating the topic. There are two exceptions to this rule: 1) In the Questionnaire for Individual Men, where the coding from the identical questions in the Questionnaire for Individual Women is retained with an added “M” in front of the two letters indicating the topic and 2) in the Household Characteristics module in the Household Questionnaire, where the first question is HC1A (customisation explained below).
* Question numbers appear in regular bold font (for example, “**HH1**”)
* Questions and introductions appear in small capital letters (for example, “On what day, month and year was (*name*) born?”) and must be read to the respondent.
* Italic text within parentheses in questions indicates that it must be replaced by the interviewer using information already collected in the interview, e.g. “(*name*)” in above must, in phrasing the question to the respondent, be replaced with the name of the household member.
* Questions that should not be asked to the respondent and must be completed by the interviewer have aqua coloured background and the question text is not in small capital letters.
* Instructions to interviewers appear in regular italic fonts (for example, “*After the household questionnaire has been completed, fill in the following information:*”
* Text in **lowercase** letters are response categories and questions to be completed by the interviewer in the Information Panels on the cover pages of each questionnaire.
* Response categories in ***italics*** are expected to be customised.
* **Questions are not expected to be customised** except for 1) parts indicated in italics, 2) those specifically mentioned in this manual or 3) with comparable concepts that should be used instead of the original wording to ensure appropriate understanding of the concept in local daily use. Strong evidence for other country-specific appropriate changes are of course for discussion.
* “Questions” or “filters” with Aqua colour background are to be completed by the interviewer (based on previous responses or observations) and should not be asked to the respondent.
* Two types of response categories: 1) **Numeric response codes**: Only one response can be circled and 2) **Alphabetical response codes**: Multiple responses can be circled.
* Coding of ‘Don’t know’ and ‘other’ follow a standard:

In numeric response codes:

8, 98, 998, 9998 = Don’t know / DK

6, 96, 996, 9996 = Other (*specify*)

In alphabetical codes where multiple responses are expected

X = Other (*specify*)

Y = None, No one, or (additional) Other (*specify*)

Z = Don’t know / DK

## Rules and Useful Tips for Customisation

While customising the survey questionnaires where a translation is involved, it is recommended that you

* + Check percentages of population speaking different local languages and consider translation to all major languages spoken among the survey population
  + Check previous surveys to see how the customisation was done
  + Consider the use of a language that could be understood by everyone
  + Pre-test the translated version to make sure that the questions are understood and the response categories are meaningful

Customisation of the Questionnaires, Modules, Questions, and Response Categories is necessary for at least two basic reasons:

* + No single country/survey is expected or recommended to use all of the modules in standard questionnaires
  + No single standard questionnaire can accurately represent all human experience around the globe

Customise to country/survey needs, but do not compromise global comparability.

For implementation or questionnaire flow, Check for all skips

For data analysis, Check for the indicators you need and ensure that all required questions to calculate the indicators are included

Retain the standard question numbers even if some of the questions within the module have been excluded. This is especially to assist the stage of data processing and for having datasets which are globally comparable. It will also prevent skip pattern problems. It does not matter (for interviewers as well as the respondent) if the numbering is not completely sequential.

If new questions are added, do not assign question numbers that are already being used in the model questionnaire.

* if inserting between two standard questions, use A, B, C; e.g., HC12A, HC12B to be inserted between HC12 and HC13
* if inserting at the end of the module; continue from the last question; e.g., CP4, CP5 after the standard question CP3

Understand what response categories are attempting to capture. Country-specific response categories may be already there, under a different terminology. In the same vein, you may add terms to an existing response category to make it more country-specific. For example, in answer “B” of WS7, you may add to “Add bleach / chlorine” the commercial name of a common chlorine-based water disinfection product used in your country.

Use the pre-test to see:

* if changes have affected the flow of the questionnaires;
* if response categories are comprehensive; any answer falling into the “other (specify)” category of a multiple choice question and that constitutes about 5 percent or more of all answers to that question should be considered as a serious candidate for a separate answer category of its own; and
* if translated questionnaires are working.

If not absolutely necessary, do not change ordering of modules or questions. Check with the MICS Team before attempting such a change.

It is very important that the eligibility criteria, usually expressed in age ranges, not be changed.

* Changes may result in the inability to measure the indicator
* Change can only be safe if done to capture a wider group, e.g.
  + asking men questionnaire to age group 15-59 rather than 15-49
  + asking Education module questions ED5-ED8 to age group 4-24 instead of 5-24

# CHANGING/MODIFYING STANDARD MICS QUESTIONNAIRES

This section is intended to outline the major changes and modifications that may need to be made to the standard MICS questionnaires.

The following general rules need to be taken into account when taking decisions to making changes or modifications to the standard MICS questionnaires:

* If available, use the previous surveys implemented under global survey programmes like MICS and/or DHS to help customisation of the questionnaires, especially the response categories. Do not make changes to questions or response categories blindly according to previous surveys; investigate the results and employ diligence.
* Always assess the implications of changes, in terms of (a) all other survey tools and (b) the technical aspects/validity; test rigorously, document, and modify all other relevant survey tools accordingly.

## Household Questionnaire

**Household Information Panel**

**HH1**

MICS uses anonymous cluster numbers. Use of real enumeration area codes from the sample frame may compromise confidentiality. Therefore, anonymous cluster numbers (from 001 to xxx, depending on the total numbers of clusters) are assigned to each selected enumeration area. The sequential coding of the cluster number should therefore be retained in all surveys.

**HH2**

As with HH1 above, anonymous household numbers should be used in MICS surveys. Household numbers from enumeration areas, building numbers in the regular address system, etc. should not be used. Households selected in each cluster should be numbered from 01 to xx (depending on the size of the cluster) prior to fieldwork and these numbers should be used by fieldwork teams to complete the questionnaires.

**HH3, HH4, HH16, and HH17**

Each interviewer, supervisor, field editor, and data entry clerk should be assigned two digit codes prior to the start of the survey. In experience, such numbers can even be assigned at the start of the fieldwork training and no particular pattern is necessary, i.e. there is no value added to for instance assigning supervisors with number 1-10, editors with 11-20, etc. If a few individuals change their positions during the course of fieldwork, it is absolutely necessary that they retain the same code throughout the survey.

If the total of these staff members exceed 99 three-digit codes are required and therefore the number of digit placeholders in HH3, HH4, HH16, and HH17 should be increased from 2 to 3.

**HH6**

Normally, this is expected to remain as it is on the standard questionnaires. In some surveys, however, survey managers prefer to incorporate further detail in the classification of place of residence. In such cases, it is recommended that HH6 remains intact, but an additional question is added to capture the extra information. In accordance with the general rule of customisation described above, the new question would be numbered HH6A. For example, HH6A may read like this: Capital city (1), Other urban (2), Rural (3). In such a case, it is advisable to remove HH6 from the questionnaire, but allow the variable to be generated according to standard in data processing, using the information collected in HH6A, i.e. recode HH6A=1,2 into HH6=1 and HH6A=3 into HH6=2.

**HH7**

Standard MICS questionnaires assume that regions are used as the main geographical or administrative divisions. Even when regions are used, the response categories should be replaced by the names of regions used in the survey. If other main types of divisions are used, such as states, provinces, districts, governorates, then HH7 should be modified to reflect this. In some cases, survey managers prefer to have an additional divisional identification to the questionnaires. If for example, in addition to regions, there is a request to also code the next level of administrative division, for example district, this then could be inserted as HH7A.

**HH8**

This question should be kept only if the survey is including a Questionnaire for Individual Men to be administered in a subsample of households. This question should be deleted if the Questionnaire for Individual Men is not included or if the Questionnaire for Individual Men is included and will be administered in all households.

As outlined above, in the event that this question is deleted, question numbers for the rest of the questions in this section should remain the same; no re-numbering of the questions should be attempted.

**HH9**

The categories of “Result of household interview:” should not be changed, even if other categories may be in use in other household surveys conducted in the country. The existing codes are used to calculate completion and response rates.

**Introductory sentences**

Replace ‘name of survey’ with the name of your survey.

Replace ‘***insert country-specific affiliation***’ with the name of the implementing agency in your country. Estimate the approximate duration of an interview from the pre-test and replace ‘***insert number***’ with this estimate.

Normally, further changes to the wording of these sentences are not required. However, if this is deemed necessary, the meaning of the sentences should remain intact.

**HH13A** & **HH13B**

Delete these questions if the survey does not include the Questionnaire for Individual Men.

Delete the interviewer instruction ‘if the household is selected for Questionnaire for Individual Men:’ if the survey includes all men.

**List of Household Members**

Check the definition of ‘household’ in use in your country. This will normally be the definition used in your census. Use this definition in the survey to ascertain the members of the households. Consult other MICS documents for definitions of households, such as the Manual for Mapping and Household Listing and the Instructions for Supervisors and Editors.

**HL5**

Check previous household data, census data, and consult experts: If dates of birth are unlikely to be known by the general population, you may remove this question. However, date of birth information must be collected in the individual questionnaires. If you remove HL5, you will also need to change the reference to this question in the instructions part of this module.

**HL6A**

This information is needed only for the construction of indicators on malaria, in conjunction with the Insecticide Treated Nets module. Keep this question if you are including this module. Otherwise, remove this question.

**HL7A**

Delete this question if the survey does not include the Questionnaire for Individual Men.

Delete the part of the instruction text stating ‘…and the household is selected for Questionnaire for Men’ if the survey includes all men.

**HL12A** & **HL14A**

Include these questions only if there is considerable migration to other countries and there is a considerable proportion of children whose parent(s) live abroad. If you have decided to remove these questions, the skip in the instruction text in HL12 and HL14 ‘…and go to HL13’ and ‘…and go to HL15’, respectively, should both be deleted.

**HL15**

This information will be used during the analysis of various indicators. While this information is compulsory for the child labour and child discipline modules, it is also used to match the household respondent and the mother/caretaker and compare the responses of the two, for various indicators that use children in their denominators.

**Education Module**

Customization should be founded on a description of the country’s education system, detailing starting age, different levels, number of grades at each level, ISCED comparison, etc. This information is a required appendix to the Survey Plan and Budget.

The age eligibility of 5-24 years for question regarding attendance during the current and previous school year may be expanded (to for instance age 4-24 years), but should not be limited (to for instance age 6-24 years). Such customisation may be very relevant in countries where pre-school is obligatory or very prevalent for kids younger than age 5. In such a case, it is important that the term “pre-school” is reviewed to ensure that it captures the appropriate terms used in the survey setting.

**ED4A**

If necessary, customise the levels indicated here. “Necessary” would for instance include education systems that have clear differentiation between junior and senior secondary schooling, where the questionnaire should better match the responses immediately obtained. It is important to retain ‘levels’ of formal school and not customise to, for instance, include various types of schools or degrees. As with all customisation, assess the impact with the broader implications in mind. This question is used to disaggregate results with the background characteristic of education level.

Any customisation here should be replicated in ED6 and ED8 here in the Education module, as well as in WB4 and MWB4 in the questionnaires for individual woman and men, respectively.

**ED4B**

If necessary, change the term ‘grade’ to the term used locally, such as ‘form’, ‘class’, or ‘year’.

Any customisation here should be replicated in ED6 and ED8 here in the Education module, as well as in WB5 and MWB5 in the questionnaires for individual woman and men, respectively.

**ED5 & ED7**

Adapt school year to match the country-specific school year(s) relevant to the timing of the fieldwork of your survey:

* If the survey is exclusively carried out during the 2013-2014 school year, then ED5 should refer to the 2013-2014 school year and ED7 to the 2012-2013 school year.
* If the survey is carried out after the end of 2013-2014 school year, but before the start of the 2014-2015 school year, then ED5 should refer to the 2013-2014 school year, and ED7 to the 2012-2013 school year.
* If the survey is carried out after the start of the 2014-2015 school year, then ED5 should refer to the 2014-2015 school year, and ED7 to the 2013-2014 school year.
* If the school year is equivalent to the calendar year, then use ‘2014 school year’ in ED5 and ‘2013 school year’ in ED7.
* If the survey fieldwork is conducted with interviews in two school years, the reference years need careful formulation. Please seek the guidance of the Global MICS Team.

**Selection of One Child for Child Labour/Child Discipline**

If the country decides not to use the Child Labour module, you will need to do the following:

* Change the title of the “Selection of one child for Child Labour/Child Discipline” to “Selection of one child for Child Discipline”.
* Change all references to “1-17 years” in SL1, SL2, SL2A and SL8 to “1-14 years.”
* Delete the Child Labour module.
* Delete CD1 and CD2 in the Child Discipline module.

If the country decides not to use the Child Discipline module, you will need to do the following:

* Change the title of the “Selection of one child for Child Labour/Child Discipline” to “Selection of one child for Child Labour”.
* Change all references to “1-17 years” in SL1, SL2, SL2A and SL8 to “5-17 years.”
* Delete CL1 in the Child Labour module.
* Delete the Child Discipline module.

**Child Labour Module**

**CL2**

In most surveys no change is necessary to the four questions [A]-[D] in CL2. However, please review to establish whether any country-specific example may be useful to include. All the activities listed in Questions [A] to [D] count as economic activities for the calculation of the child labour indicator and any additions or changes should be done according to the activities related to the individual question as described below.

Question [A] refers to a series of activities related to agriculture that the child may have worked on or helped with. [B] refers to a series of activities related to other types of family business, business that the child may own, or those owned by relatives, that the child may have worked with or without payment. [C] refers to producing or selling various types of products, such as articles, handicrafts, clothes, food or agricultural products. [D] is intended to capture all other activities for the production and/or distribution of goods and services that are not covered in the previous three questions. Please note that activities such as cleaning or cooking for the household are not meant to be captured here but in question CL10.

**CL5, CL6, and CL7**

The three questions are designed to establish whether the child is working under hazardous conditions and describe the most common hazardous conditions under which child labourers may work. It is necessary to review the conditions included in these questions (in particular those listed in CL7) to identify whether they are adequate in the country-specific setting. Child Labour experts should be consulted, for instance within the Ministry of Labour, UNICEF, ILO, or others, as should previous stand-alone child labour surveys or surveys that included modules on child labour, i.e. a labour force survey. Additional questions can be added either before CL5, CL6, or CL7 (or within CL7, before CL7[F]). The decision on placement should be evaluated based on the particular question.

On the first ‘Yes’ response to these three standard questions, the skip instruction points to the following set of questions (CL8). The list of conditions described in in CL7 should be arranged to first ask about the most prevalent condition, thus reducing the overall interview time. Please retain the codes and keep [F] as the final question, as it is meant to pick up any other hazardous situation not directly asked.

If the country is interested in detailed information on the hazardous conditions under which children may work, all the skips to CL8 in questions CL5, CL6 and CL7 can be removed. Removing the skips to CL8 allows information to be collected on the various hazardous conditions since it might be common for a child to be exposed to more than one of them. However, it is important to remember that removing these skips lengthens the interview.

If this customisation is adopted, it is not necessary to rearrange the questions in CL7 in order of prevalence.

**CL10**

This list includes the most common and time-consuming household chores. However, you may want to add country-specific chores that are not mentioned already. Please insert any additional chore above question [G] as this is meant to capture chores not specifically mentioned. Also, keep in mind that chores must not be economic activities as these are exclusively to be captured in CL2. In that respect also note that fetching water and collecting firewood is already asked in question CL9.

Consult with labour statistics experts on any desired changes to CL10.

**Child Discipline Module**

This module requires careful training of interviewers, editors, and supervisors. Questions in this module ask about disciplinary methods that may be very common and others that are strongly condemned, even prohibited, and attitudes towards methods of discipline vary a good deal among countries. Extra time is required to practice using these questions, in role-playing training sessions and during pilot study (field practice) interviews. Note that the field staff may have strong views on these disciplinary actions, and you must ensure that their views do not interfere with the collection of the information in the module.

Great care must be taken with the translation of questions in this module. The questions refer to disciplinary methods ranging from non-violent methods to psychological aggression and to physical punishment, so do not change the order of these questions. Note that we do not ask about the consequences of these actions, but only whether the actions have occurred. Practices common in one culture may be absent in another. The discipline items in the module have been chosen with expert assistance and aim to include behaviours that are universal – and that range from common behaviours to rare ones. When correctly translated, these practices should be understood and applicable in virtually all settings. Please read the instructions for each question to ensure that you and your translators know what is meant by each one.

**Household Characteristics Module**

**HC1A**-**HC1B**-**HC1C**

Questions on religion, language and ethnicity should be adapted to the country-specific setting. These questions are intended to identify the sociocultural background of the households. Some sociocultural groups tend to be more vulnerable or disadvantaged than others. Depending on the criteria used in your country to differentiate between these groups, you may want to delete one or two of these questions if only one of them is sufficient, or add a similar question which uses a criterion other than religion, ethnic group or mother tongue. For instance, in some countries, asking about the nationality may be necessary to differentiate between various groups.

**HC3**

Adapt the response categories to include locally relevant floor materials and to exclude those not applicable. If some material commonly used in the country is similar to another already included in one of the answer categories, you may simply add that material to the line.

**HC4**

Adapt the response categories to include locally relevant roof materials and to exclude those not applicable. If some material commonly used in the country is similar to another already included in one of the answer categories, you may simply add that material to the line.

**HC5**

Adapt the response categories to include locally relevant wall materials and to exclude those not applicable. If some material commonly used in the country is similar to another already included in one of the answer categories, you may simply add that material to the line.

**HC6**

Please refer to <http://www.eia.doe.gov/glossary/index.html> for descriptions of response categories. Some customisation in the answer categories might be necessary here. If available, use previous surveys implemented under global survey programmes like MICS and/or DHS to help customisation of this question. Do not make changes to response categories blindly according to previous surveys; investigate the results and employ diligence.

**HC8**

Each survey should add to the list at least five items of furniture (such as a table, a chair, a sofa, a bed, an armoire, or a cupboard or cabinet).

In addition, each survey should add at least four additional household appliances so that the list includes at least three items that even a poor household may have, at least three items that a middle income household may have, and at least three items that a high income household may have. Some possible additions are clock, water pump, grain grinder, fan, blender, water heater, electric generator, washing machine, microwave oven, computer, VCR or DVD player, cassette or CD player, camera, air conditioner or cooler, or sewing machine.

**HC9**

You may add other personal items to the list.

**HC12**

If measurement units other than hectares are commonly used, adapt the question to allow for the recording of commonly used units, e.g. acres or m2. For example, if respondents are expected to sometimes answer in hectares and sometimes in acres, you may change the question and answer categories as follows:

|  |  |  |
| --- | --- | --- |
| **HC12**. How many hectares or acres of agricultural land do members of this household own?  *Record the answer as stated by respondent by first circling the unit of measurement. If less than 1, record “00”. If 95 or more, record “95”. If unknown, circle “998”.* | Hectares 1 \_\_\_ \_\_\_  Acres 2 \_\_\_ \_\_\_  DK 998 |  |

**HC14**

Add country-specific animals to the list, as appropriate, such as oxen, water buffalo, camels, llamas, alpacas, ducks, or geese. Do not add an unspecific category such as “Other (specify)” unless it is only for purpose of pre-testing.

**Insecticide Treated Nets Module**

This module should be deleted in surveys that do not cover malaria-affected areas.

**TN5**

The response categories will require adjustment. Please consult the national malaria control programme for assistance in identifying brands of mosquito nets and obtaining photographs and/or descriptions of brand logos to serve as aids in the field. You should insert the brand names of permanently treated nets and pre-treated nets available in the country. You can also insert brand names of untreated nets if such are common, commonly known, and identifiable.

**Indoor Residual Spraying Module**

This module should be deleted in the household questionnaire in surveys that do not cover malaria-affected areas or where there is no organized indoor residual spraying programme in effect.

**IS2**

You may specify any common names of programs, companies, or NGOs that respondents will use, but retain the categories.

**Water and Sanitation Module**

**WS1**-**WS2**

From previous surveys and with expert advice, determine if any additional water sources are typically used in your locality and add these to the response categories in WS1 and WS2. Be sure to retain the categories (and delete only if you are certain that a category is not applicable in your survey) as well as the category headings shown in the questionnaire. These will determine the number of households to count in the numerator of the water and sanitation indicators (see MICS list of indicators).

**WS7**

(B): Free chlorine may be used in the form of liquid sodium hypochlorite, solid calcium hypochlorite and bleaching powder (chloride of lime).

(D): Ceramic may include clays, diatomaceous earth, glass and other fine particles.

**WS8**

Any other usual types of facilities that do not fit into these categories should also be listed here. However, be sure to retain the categories (and delete only if you are certain that a category is not applicable in your survey) shown on the standard MICS questionnaire.

**Handwashing Module**

**HW1**

If there is evidence that there are significant numbers of households (more than 5 percent) where there is no place for hand-washing, but rather, a movable object (such as a bucket, basin, container or kettle) is used by people to wash or rinse their hands, a separate code ‘4’ may be added to the response categories, as ‘Moving kettle/bowl/basin’. A skip to HW4 for that additional answer category must also be inserted.

**HW3A**-**HW3B**-**HW4**-**HW5B**

Adapt the questions so that locally used cleansing agents (ash/mud/sand) are only included if in use.

**Salt Iodization Module**

Salt containing 15 parts per million (ppm) or more of iodate/iodide is considered adequately iodized, in accordance with the internationally agreed indicator for iodized salt consumption. It is therefore important that the salt testing kits used in MICS surveys have a cut-off point of 15 ppm, even if a different cut-off point is commonly used in the country. Furthermore, every effort should be made to use only those kits that have a single cut-off; in other words, the solution in the kit should distinguish only between less than 15 ppm versus 15 ppm or greater, in addition to 0 ppm. Ensure that you have the appropriate test kit(s) for the type of fortificant(s) used in your country.

Normally, testing for either iodate or iodide is adequate, however, in a few countries both types of iodized salt are commonly available. This is typically the case for nations or areas where all or a significant proportion of available salt is imported. It is necessary to discuss this with appropriate experts, i.e. either UNICEF nutrition staff at the Country or Regional Office, the ministry of health, or the expert group engaged to customise the Breastfeeding and Dietary Intake module in the Questionnaire for Children Under 5.

If both types of salt are prevalent in the country, you must test for both methods of iodization. This will require the use of both types of test kits. The Salt Iodization module must be customised to include the results of both tests; the first test should be on the most prevalent method of iodization, as this will save lots of time in the field.

The following customisation example assumes that iodate is the most common method of iodization, as this is the case in most countries. Please note that questions are also inserted for the necessary re-checks for iodate and iodide, since this step may otherwise be skipped.

|  |  |  |
| --- | --- | --- |
| **salt iodization SI** | | |
| **SI1**. We would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?  *First test for iodate using the blue-capped test kit and circle the appropriate response code.* | Not iodized - 0 PPM 1  More than 0 PPM & less than 15 PPM 2  15 PPM or more 3  No salt in the house 4  Salt not tested  (*specify reason*) 5 | 2⇨HH20  3⇨HH20  4⇨HH20  5⇨HH20 |
| **SI2**. The salt did not react to my test, so I would like to perform more tests according to the method of testing that we use. May I have another sample of the same salt?  *Use the re-check solution from the blue-capped test kit on the fresh sample and perform another test. Circle the appropriate response code.* | Not iodized - 0 PPM 1  More than 0 PPM & less than 15 PPM 2  15 PPM or more 3  Salt not tested  (*specify reason*) 5 | 2⇨HH20  3⇨HH20  5⇨HH20 |
| **SI3**. *Take a fresh sample and test for iodide using the red-capped test kit. Circle the appropriate response code.* | Not iodized - 0 PPM 1  More than 0 PPM & less than 15 PPM 2  15 PPM or more 3  Salt not tested  (*specify reason*) 5 | 2⇨HH20  3⇨HH20  5⇨HH20 |
| **SI4**. *Use the re-check solution from the red-capped test kit on the fresh sample and perform another test. Circle the appropriate response code.* | Not iodized - 0 PPM 1  More than 0 PPM & less than 15 PPM 2  15 PPM or more 3  Salt not tested  (*specify reason*) 5 |  |

## Questionnaire for Individual Women

This questionnaire should only be administered by a trained female interviewer. It includes modules and questions on sensitive and private topics such as sexual behaviour, contraception and HIV/AIDS. The use of a male interviewer will result in the collection of unreliable information, if not jeopardize the administration of the questionnaire overall and lead to refusals.

It is also strongly recommended that interviewers make every attempt to interview women alone.

**Woman’s Information Panel**

**Introductory sentences**

Replace ‘name of survey’ with the name of your survey

Replace ‘***insert country-specific affiliation’*** with the name of the implementing agency in your country. Estimate the approximate duration of an interview from the pre-test and replace ‘***insert number***’ with this estimate.

**WM5, WM8, and WM9**

Please see customisation instruction to HH3, HH4, HH16, and HH17.

**Woman’s Background Module**

**WB4**

Any customisation here should match ED4A.

**WB5**

Any customisation here should match ED4B.

**WB6**

If there is evidence that significant proportions of women who have attended secondary school might be illiterate, and if there is interest in the country to generate data on this, the filter might be changed to allow literacy test to be administered to the secondary school attendants.

**WB7**

Arrange for cards with four simple sentences written on them pertaining to daily life. Give one copy of the card to each interviewer before fieldwork begins. If interviews will be conducted in more than one language, prepare cards for each language used in the interviews. The intention is to learn if the respondent is literate in any language. Adapt the list of sentences in the model questionnaire to include culturally relevant sentences.

Example sentences for literacy test:

1. The child is reading a book.

2. The rains came late this year.

3. Parents must care for their children.

4. Farming is hard work.

**Access to Mass Media and Use of Information/Communication Technology Module**

No changes are necessary.

**Fertility Module (Beware: only one of two options can be included in the questionnaire)**

Option 1 (Fertility Module): Include this module only when a Birth History is not planned for inclusion. Delete the Fertility/Birth History Module. If a Birth History is planned for inclusion, the Fertility Module should be deleted and only ‘Fertility/Birth History’ modules should be kept.

**CM13**

The reference year in the question “(month of interview) in 2011” should be changed to 2012, if the survey is being conducted in 2014.

**Fertility/Birth History Modules**

Option 2 (Fertility/Birth History Modules): Include these modules only when a Birth History is planned for inclusion. Delete the Fertility Module. If a Birth History is not planned for inclusion, the Fertility/Birth History modules should be deleted and only the Fertility module should be kept.

**CM13**

The reference year in the question “(month of interview) in 2011” should be changed to year of survey minus 2. For instance, if the survey is being conducted in 2014, the reference year should be changed to 2012.

**Desire for Last Birth Module**

No changes are necessary.

**Maternal and Newborn Health Module**

**MN2**

The categories of providers must be appropriately adapted and translated for the local context, based on the country’s health care system, experience from previous surveys, expert advice as well as the pre-test. It is important to maintain the broad categories shown here. We need to be able to distinguish between antenatal care provided by health professionals and care provided by others. You must give interviewers definitions of each type of provider during training. The category ‘Auxiliary midwife’ usually requires customisation based on the local term used in the country and must be shown separately (not to be aggregated with ‘Nurse/midwife’) as it is not considered as skilled health personnel.

**MN6**

Adapt the wording used to describe a tetanus toxoid injection, and any additional probing questions specifying the site most frequently used (in the arm or shoulder).

**MN12**-**MN16**

Questions MN12 to MN16 are appropriate for malaria-affected countries. In other countries, these questions are expected to be excluded and a different skip is required in MN8, MN9 and MN10 (skips to MN17 instead of MN12). Also, you are expected to delete the text related to these questions (MN12-MN16) in the Instructions for Interviewers.

**When MN12 to MN16 are not used:**

1. Change the following in **MN8**:

If a woman reported at least two tetanus injections during last pregnancy, the skip should go to MN17 instead of MN12.

1. Change the following in **MN9**:

A ‘NO’ or ‘DK’ answer should skip to MN17 instead of MN12.

1. Change the following in **MN10**:

A ‘DK’ answer should skip to MN17 instead of MN12.

Delete questions MN12-MN16 but do not renumber the remaining questions in this module as this might easily lead to incorrect skips or problems in the questionnaire and unnecessary changes to the data processing tools.

**MN14**

Check with the health authorities if chloroquine is still given in the country as part of the program to prevent malaria in pregnant women. If not, delete that answer category.

Provide interviewers with pictures or packages of typical anti-malarial medicines used in the country, to be shown to respondents during the interviews.

**MN17**

Coding categories should be developed locally and revised based on the pre-test. However, the broad categories must be maintained. Again, we need to know whether the person who assisted with the delivery was a health professional or another person.

**MN18**

Coding categories should be developed locally and revised based on the pre-test. Make sure to maintain the broad categories, so that you are able to distinguish between private and public health facilities, or other places.

**MN22**

If pounds instead of kilograms are used, adapt response categories to refer to pounds. If pounds as well as kilograms are used, adapt questionnaire to include separate categories for recording weight in pounds. Never allow entry of different units of weight in the same spaces.

**MN27**

Coding categories can be customised locally and revised based on the pre-test.

**Post-Natal Health Checks Module**

**PN13**

Coding categories should be developed locally and revised based on the pre-test. However, the broad categories must be maintained. Again, we need to know whether the person who provided the health check was a health professional or another person. Normally, these categories should be consistent with the categories in MN17.

**PN14**

Coding categories should be developed locally and revised based on the pre-test. Make sure to maintain the broad categories, so that you are able to distinguish between private and public health facilities, or other places. Normally, these categories should be consistent with the categories in MN18.

**PN22**

Coding categories should be developed locally and revised based on the pre-test. However, the broad categories must be maintained. Again, we need to know whether the person who assisted with the delivery was a health professional or another person. Normally, these categories should be consistent with the categories in PN13.

**PN23**

Coding categories should be developed locally and revised based on the pre-test. Make sure to maintain the broad categories, so that you are able to distinguish between private and public health facilities, or other places. Normally, these categories should be consistent with the categories in PN14.

**Illness Symptoms Module**

No changes are necessary. You may add symptoms that are shown to be prevalent in other surveys or you find prevalent during your pre-test, but it is important to do so without compromising the indicator calculation. Keep the rule of comparable concepts in mind.

**Contraception Module**

Each country coordinator will need to make decisions about how to introduce these questions. A suitable introduction should be provided to fieldworkers. Interviewers need to be especially skilled in bringing up these sensitive topics. As noted earlier, interviewers should always be female. Male interviewers should not be employed to ask women these questions.

Some countries may want to ask these questions on contraception only to women who have ever been married. In such cases, you may want to introduce a filter question before CP1, coded CP0, where the interviewer marks whether the woman has ever been married, and skips to the next module if the answer is ‘no’. This solution requires that the Marriage module is placed before the contraception module (typically before the Fertility (or Fertility/Birth History) module.

**CP3**

The response category LAM (Lactational Amenorrhoea Method) should be excluded in countries where there is no specific LAM programme (which trains and supervises women), as it can be easily confused with breastfeeding. Although LAM is a breastfeeding based method, a woman is required to meet a number of criteria in order to be considered a LAM user: Breastfeeding an infant less than 6 months old whose only source of nutrition is breastmilk, breastfeeding the infant at least every four hours during the day and at least every six hours at night, and not having had a period for at least 56 days after delivery. At the same time, breastfeeding should not be added as a separate contraceptive method category to the questionnaires, because it cannot be considered as a contraceptive method.

**Unmet Need Module**

No changes are necessary.

**Female Genital Mutilation/Cutting Module**

This module should be used only in countries in which female genital mutilation/cutting is practised.

If the Questionnaire for Individual Women does not include Birth History please see Appendix A for instructions on necessary adaptations. Regardless, the following must be considered as well:

**FG1, FG3, FG7, FG8, FG15, and FG20**

The term circumcision is used in these questions. As described earlier in this document, a term may be changed to a comparable concept to ensure appropriate understanding of the concept in local daily use.

**FG8**

You should adapt the coding categories locally and revise them based on information collected before the survey and on the pre-test. However the broad categories must be maintained. We are only interested in the detailed coding categories for ‘Health professional’ in countries where health professionals perform a large number of circumcisions.

**FG20**

You should adapt the coding categories locally and revise them based on information collected before the survey and on the pre-test. However, the broad categories must be maintained. We are only interested in the detailed coding categories for ‘Health professional’ in countries where health professionals perform a large number of circumcisions. Normally, these categories should be consistent with the categories in FG8.

**Attitudes toward Domestic Violence Module**

This module is only composed of one question.

Keep the situations as they are described in the module (A to E) since these will be used for cross-country comparisons. You may want to add other situations that you think may also be culturally relevant. However, be sure that the addition of any situation(s) reflects cultural expectations of women or their perceived status within society.

The purpose of this question is to capture the social acceptance of violence (in contexts where women have a lower status in society) as a disciplinary action when a woman does not comply with certain expected gender roles. For example, it would not be appropriate here to add the circumstance ‘if she steals’ since this is a behaviour (generally) unacceptable for both men and women. As mentioned, additions must be considered in the context of the cultural expectations specific to women. Therefore, common additions such “If she disrespects the mother-in-law” or “If she is unfaithful”, would not be applicable in all settings, i.e. they could be equally unacceptable for both sexes.

Although the question refers specifically to ‘husband’, this could be customised to read ‘husband/partner’ if non-marital unions are common in the country.

**Marriage/Union Module**

Adapt the terms and concepts used in this module to your country. In some countries, ‘visiting unions’ may be prevalent, for instance, where the man and woman live in different households but still consider their relationship a ‘union’. In some other cultures, only ‘civil marriages’ may be considered unions, and those in religious unions may not consider themselves as ‘married’ or even ‘in union’. Be very careful in the adaptation of the terms and concepts in the module. You may want to ask an additional question to inquire about the type of marriage/union. Contact the MICS regional coordinator if you intend to do so.

In other settings, questions relating to reproductive health and experiences may not be appropriate to ask women who have never been married. In such circumstances, the Marriage/Union Module should be placed earlier in the questionnaire, before the Fertility (or Fertility/Birth History) Module.

**MA3**-**MA4**

In countries where polygyny is not practised or is uncommon, the following two questions (MA3 and MA4) must be removed and all answers to MA2 should skip to MA7:

Change the following in MA2:

* If husband/partner’s age is given, add a skip to MA7;
* If husband/partner’s age is not known (‘DK’), add a skip to MA7.

After removing MA3 and MA4, do not renumber the remaining questions as this might easily lead to incorrect skips or problems in the questionnaire and unnecessary changes to the data processing tools.

**MA6**

Customise this question to the situation in your country and/or describe to the interviewers what each of the categories refers to. In some cultures, the word ‘marital’ is not used for informal unions; delete the word ‘marital’ from the question if necessary and ask “What is your status now: are you widowed, divorced or separated?”

**Sexual Behaviour Module**

This module should be included in countries where HIV/AIDS is a potential concern. It is intended to measure behaviours among women that puts them at increased risk of the human immunodeficiency virus (HIV) infection.

The placement of this module is important. It should be asked right after Marriage/Union module to ensure that rapport is built, but before HIV/AIDS module to avoid biasing responses.

Most of the indicators derived from this module are dependent on each other; care should be taken not to delete questions that contribute to the calculation of related indicators.

**HIV/AIDS Module**

Throughout this module the term “AIDS virus” is used although, technically speaking, AIDS is the disease caused by HIV. However, among the public, the term AIDS is known more widely compared to HIV and the distinction between AIDS and HIV may not be very clear. In order to avoid “Don’t know” responses to the question, this module uses the term AIDS virus. During the training, this should be emphasized and interviewers should know that the objective is to refer to the virus, not the illness.

Most of the indicators derived from this module are dependent on each other; care should be taken not to delete questions that contribute to the calculation of related indicators.

The questions HA3, HA5 and HA6 ask about local misconceptions and may be replaced by the most common misconceptions in your country. Examples include: “Can a person get HIV by hugging or shaking hands with a person who is infected?” and “Can a person get HIV by kissing someone who is infected?”.

It is important that any additions or deletions are based on evidence. This could be results from previous surveys or research. It is encouraged to add rather than delete as the indicator may suffer as opposed to expanding the evidence for future surveys. Also, any new questions, either replacing or in addition to the existing, must receive a new question number. For instance, if inserting an additional question between HA3 and HA4, the new question should be named HA3A.

**HA3**

Adapt the terms ‘witchcraft’ and ‘supernatural means’ in this question to those used locally. As stated above, you may even remove this question and/or add one referring to another local misconception, if the misconception about witchcraft is not common in your country.

**Maternal Mortality Module**

No changes are necessary.

**Tobacco and Alcohol Use Module**

**TA5**

Smoked tobacco products mentioned in question TA6 and TA8 should be customised locally, to only include those smoked tobacco products commonly used in the country.

**TA9**

Smokeless tobacco products mentioned in TA10 and TA12 should be customised locally, to only include those smokeless tobacco products commonly used in the country.

**TA15**

Alcoholic drinks mentioned should be customised locally, to only include those alcoholic drinks commonly consumed in the country.

**Life Satisfaction Module**

**LS5**

If the survey is conducted during school year, then the wording of the question should be “current school year”; if all or parts of the survey fieldwork is conducted during the break between school years, then the appropriate reference to the most recent school year should be used, such as “2012-2013 school year”. The question should be adapted accordingly, before data collection begins. Please refer also to customisation instructions for ED5 and ED7.

## Questionnaire for Individual Men

As majority of the modules and the questions in the questionnaire for individual men and the questionnaire for individual women are very similar, the instructions for filling in the questionnaire for individual men presented here only include the explanations about the additional questions or modules included.

While preparing the Instructions for Interviewers, please copy the explanations given for the Questionnaire for Individual Women and adapt the contents according to the modules included in your survey.

**Major differences from the questionnaire for individual women**

All the module abbreviations and question numbers in this questionnaire have an additional letter “M” to indicate the modules and questions are for individual men.

The term ‘woman’ has been replaced with ‘man’ in the module names, questions, and wherever necessary.

The term ‘husband’ has been replaced with ‘wife’ in the questions and wherever necessary.

## Questionnaire for Children Under Five

**Under Five Child Information Panel**

**Introductory sentences**

Replace ‘name of survey’ with the name of your survey.

When the questionnaires are customised, replace ‘***country-specific affiliation***’ with the name of the implementing agency in your country.

Estimate the approximate duration of the under-five’s interview during the pre-test and replace ‘***insert number***’ with this estimate.

**UF7, UF10, and UF11**

Please see customisation instruction to ‘HH3, HH4, HH16, and HH17’.

**Age Module**

The child’s date of birth is very important in this survey. For a number of indicators, including those on anthropometry, immunization and breastfeeding, we need to have the exact age of children in months to be able to calculate the relevant indicators.

**Birth Registration Module**

The necessary customization in this module should be based on documentation of current system and processes for birth registration and certification. This information is a required appendix to the Survey Plan and Budget.

**BR1**

A ‘birth certificate’ is a vital record that documents the birth of a child. This can be either the original document certifying the circumstances of the birth, or a certified copy or representation of the registration of that birth, depending on the practices of the country issuing the certificate.

You must be sensitive to legal issues surrounding birth registration. If there is a legal burden on parents to register every birth, and especially if sanctions are in place for non-registration, it may be difficult to obtain accurate responses to this question as well as the subsequent questions.

It is very important that the interviewer sees the certificate, if there is one. This document can also be used to check the correctness of date of birth and age information for the child.

**BR2**

In some countries, a child may not have been issued a birth certificate (or the birth certificate might have been lost) but the birth may still have been registered with the ‘civil authority’, sometimes referred to as the ‘civil registrar’. This is the official authorized to register the occurrence of a vital event (such as a live birth) and to record the required details. The registrar (or ‘civil authority’) will typically make a birth record (an entry in the birth register) that should contain, at a minimum: 1) the child’s name at birth, 2) the child’s sex, 3) the child’s date and place of birth, 4) the parents’ names and addresses, and 5) the parents’ citizenship.

**Early Childhood Development Module**

**EC5**

Supply appropriate local terms for these types of education programmes. If you are unsure of whether a programme qualifies as an ‘early childhood education programme’, contact the MICS regional coordinator.

**EC9**

During fieldwork training, together with the interviewers and other fieldwork staff, try to create a list of locally used simple and popular words (from poems, lullabies, or songs). This may help them to give examples if necessary, while asking this question.

**Breastfeeding and Dietary Intake Module**

Procedures for adapting this module to the local context are somewhat more complicated than most other modules in the MICS questionnaires and collaboration with local food and nutrition experts is highly recommended. The WHO document: “Indicators for assessing infant and young child feeding practices: Part II Measurement”, details steps for local level adaptation of these questions. It is on the memory sticks provided at the MICS workshops, but can also be found here:

<http://www.who.int/maternal_child_adolescent/documents/9789241599290/en/>

In summary, key steps for the survey management team to undertake include:

1. Discussion with UNICEF Country Office (or Regional Office) nutrition to identify appropriate local institutions or experts to support the customisation process. The implementing partner or the technical committee may also provide useful contacts. Experts must be able to develop a tool for national use, so look for people with experience throughout the country, not just in one small geographical area.
2. Meet with local institution/experts to go over ToR for the customisation work. See Appendix B for suggested ToR.
3. Review the adaptation proposed by local institution/experts.

If there is no interest in measuring dietary diversity, but a demand for breastfeeding indicators or any combination that will not require the entire module administered, please contact the Global MICS Team for assistance with customisation as this is not as straightforward as simply removing individual questions.

The below describes the items that require customisation and also details additional items that can be included in the adaptation process. It goes without further explanation that no item should be removed from the list unless evidence is overwhelming for deletion of perhaps inappropriate items, e.g. in some cultures yogurt or other fermented milk products such are not consumed at all and therefore deletion would be recommended. Such cases are extremely rare with the increasing globalization of the food culture.

If there is interest, for programming purposes for example, to know about any specific liquid or food item that is grouped with others it is possible to pull it out into a separate line item.

**BD7 – Liquid List**

There are a wealth of products and drinks available across the world. Only a thorough expert group can compile the most appropriate list to be included here. It is a balance of precision, practicality, and common products. Anything from some parents sweetening plain water to adding more or less milk to cocoa drinks should be considered, but not all included of course.

**BD7[B] - Juice or juice drinks**

**Why customise**: Juice and juice drinks are listed together because both are “allowed” in the definition of MICS Indicator 2.8 “Predominant breastfeeding under 6 months” and important to ascertain in terms of exclusive breastfeeding in many countries. As MICS only collected data to report on breastfeeding indicators prior to MICS 5, it was sufficient to group together in a single item. With the “Minimum Diet Diversity” indicator being added in MICS 5, 100% real juices made from real vitamin A rich fruits and vegetables, as well as 100% real juices made from other fruits and vegetables can be separated into different line items from non-nutritious drinks/beverages as they “count” under two of the seven food groups for the diet diversity score.

**What**: For any individual survey population, local experts will need to determine if:

1. **100% real juice made from vitamin A-rich fruits and vegetables** such as mango, carrot, papaya, etc., are commonly consumed by children under-three years of age.
2. **100% real juice made with other (non-vitamin A-rich) fruits and vegetables** are commonly consumed by children under three-years of age.
3. **Non-nutritious juice-type drinks/beverages can be easily distinguished from 100% real juices:** Non-nutritious juice-type drinks/beverages are defined as fruit or other flavoured water-based beverages that in some instances have high sugar content but little or no nutritional value/real fruit or vegetable content. These should only be separated if inter­viewers and mothers can easily distinguish between 100% real juices and non-nutritious drinks/beverages.

**How**: If any of the above leads to a suggested customisation, the original question [B] must be deleted and one, two, or all three of the below inserted and properly customised:

1. **[B1]** **100% real juice made from *insert locally available vitamin A-rich fruit or vegetable juices*.**

Insert vitamin A-rich fruits/vegetables such as mango, carrot, papaya, etc. that are commonly consumed as 100% juice by young children. Refer to BD8[G] below to identify vitamin A-rich fruits and vegetables.

1. **[B2]** **100% real juice made from any other fruits and vegetables such as *insert locally available fruit or vegetable juices*.**

List other fruits/vegetables that are commonly consumed as 100% real juice by young children.

1. **[B3]** **Any packaged sweet-tasting drink such as *insert brand names of non-nutritious “juice”-like drinks/beverages that young children commonly consume***.

An example of how an adapted question BD7[B] might look:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The following three items are specifically about juice or juice drinks:  [B1] 100% real juice made from mango, papaya or carrots | Vitamin A-rich 100% real juice | 1 | 2 | 8 |
| [B2] 100% real juice made from any other fruits or vegetables such as sugar cane, oranges, or apples | Other 100% real juice | 1 | 2 | 8 |
| [B3] Any packaged sweet-tasting drink such as Frooti, Tang, Real, or any similar packaged sweet tasting juice drink? | Non-nutritiousdrinks/beverages | 1 | 2 | 8 |

If the questionnaire is adapted to separate non-nutritious juice-drinks from 100% real juice, the interviewer instructions should mention how to handle additional brand names for packaged beverages if the respondent mentions any during the interview (whether it is 100% real juice or not). The recommendation would be for the interviewer to simply circle “1 – yes” under [B3] if a respondent provides the name of another packaged drink and not to probe to find out whether the other brand of drink is 100% real juice or not, as it would be too cumbersome while potentially not yielding an accurate response.

**Note:** Not all 100% real juices can be captured. There may be packaged juices in country that are made from 100% real fruits/vegetables, which do not contain any added sugar or added water. While these would ideally be listed under the 100% real juice lines of [B1] or [B2], the recommendation is not to list them at all as it would be too difficult to list all brands of packaged real fruit juice separately from all brands of non-nutritious drinks. However, should there be one or two very popular and easily distinguishable products on the market, these can be added to [B1] or [B2] (adding text to not confuse the respondent).

If the adaptations are made in the questionnaire to separate non-nutritious beverages from 100% real juice, the tabulation syntax for table NU.8 would need to change accordingly.

**BD7[C] – Clear broth/clear soup**

**Why customise:** Clear broths/soups are allowed under predominant breastfeeding as they are essentially water-based drinks. They are however of course not allowed under exclusive breastfeeding. The rationale for including clear broth in the liquid list is that it is often a first food for young infants but may not be considered as “food” and therefore might not be captured under BD8. If not captured, but indeed fed to young infants, estimates of exclusive breastfeeding could be inflated.

**What**: Clear broth is the clear liquid made by simmering vegetables, meat/bones/fat/other parts of animals (chicken, fish, beef etc.,) in excess water and draining the solids from the liquid. Feeding a child clear broth would provide them only with the clear liquid that has been drained from the solids. To justify acceptance of clear broth/clear soup under predominant breastfeeding it is essential that the local term selected is *not connoted* with any of the following:

* Broths/soups which are opaque/thick/not clear (e.g. where food such as grains, meat or vegetables have been blended in)
* Broths/soups which contain any pieces of food like meat, vegetables or grains

If other soups which are not water-based/not clear are consumed, these should be captured in the food list under question BD8 and notas a new separate item in BD7. Such a soup is not considered a liquid for estimation of exclusive and predominant breastfeeding among 0-5 month olds.

**How**: As the local terms used to describe broth varies across countries, the MICS template questionnaire requires that the local term(s) which best describe(s) “clear broth” to be inserted. When inserting the local term, remember to include all the different terms that may be used in different parts of the country. In many cases, you will be inserting the translated word(s) in the local language(s) as well.

No changes would be required to the syntax as you are simply specifying the term to apply to the standard definition for an existing line item.

**BD7[D] – Milk**

**Why customise:** Animal milk is obviously not allowed under exclusive breastfeeding, but it is also not allowed under predominant breastfeeding. However, in some cultures or countries all “milk” is not produced from animals. Soy milk or milk from nuts, such as almond milk is allowed under predominant breastfeeding, but at the same time these drinks must not count as milk feeds.

Additionally, sweetened, packaged (powder or liquid) dairy or non-dairy products are becoming increasingly popular across the world. It would benefit the precision of the data to also clearly distinguish between dairy and non-dairy milk-like products here if such is common in the country. In some countries, packaged beverages marketed towards children are referred to as “yogurt or milk” but actually contain little or no real dairy products, often having high sugar content and little or no nutritional value. If consumed commonly by the target population, the brand names for such non-dairy based products should also be added in an extra line. While doing so, we should also make use of brand names for the real dairy products, such a probiotic yogurt drinks in the respective line.

**What**: If such other “milk” products are commonly consumed in the country, we are obliged to help the interviewer and respondent and also improve our data. It is therefore suggested to split the item and adding a separate line for such non-dairy milk products (and even a third line to capture packaged products), while at the same time considering even more detail in the original line.

**How**: Below is an example from a country where the group of experts agreed that drinks made with Nesquick powders are widely consumed by children under age 2. They also agreed that certain parts of the population increasingly consume soymilk.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [C1] Milk such as tinned, powdered, or fresh animal milk? This includes chocolate milk made from Nesquick powder, but not non-dairy products, such as soymilk or almond milk | Milk | 1 | 2 | 8 |
| If yes: How many times did (name)drink such milk?  If 7 or more times, record '7'.  *If unknown, record ‘8’.* | Number of times drank milk \_\_\_ | | | |
| [C2] Soymilk such as Silksoy, Soyfresh, and Sofit or any other non-dairy milk-like product such as Yogi-yogi? | Non-dairy milk | 1 | 2 | 8 |

**BD7[D] – Infant formula**

**Why customise:** There are usually different brand names ofinfant formula in different countries. Naming the most common brands of infant formula available in your country might help with recall for respondents.

**Note:** While for plain milk and yogurt, a distinction is made between animal milk/yogurt and milk/yogurt made from legumes or nuts (e.g. soy milk, soy yogurt, almond milk, etc.), it is not necessary to make a distinction between animal milk based infant formula and infant formula based on other non-animal milks. This is because infant formula, whether legume-based or animal milk-based, is formulated and fortified to contain the same macro and micronutrient content with the aim of acting as a breast-milk substitute. Therefore, do not customise BD7[D] with a separation of animal milk-based and legume-based formulas unless there is a distinct need to obtain this information for other purposes than the standard indicators.

**BD7[O] – Country-specific additions:**

Water-based drinks are allowed under predominant breastfeeding. If there are other specific water-based liquids that are commonly fed to infants and/or young children in particular, these should be listed as separate line items.

Two types of other liquids could be considered for addition. Both should only be included if they are commonly consumed. If not commonly consumed we will accept that we sometimes will see these just in BD7[F] item where “any other” will be listed. [F] will only help us towards a precise measurement of exclusive breastfeeding, where no other liquid than breastmilk is allowed besides for medicinal purposes.

1. **Any other liquids/thin liquid-like items that are consumed commonly by infants under 6 months of age**

With adequate in-country adaptation, the list of liquids can become quite detailed depending on what items are commonly consumed by infants under six months of age. This is because the liquid list is meant to tease out the indicators of exclusive and predominant breastfeeding and many young infants are given a variety of liquids and liquid-like items (e.g. thin/watery porridge/gruel) well before they are given other foods. The detailed list of liquids in BD7 is intended to help ensure that complete information is available in order to classify the infant as exclusively breastfed, predominantly breastfed, or not. Other items could be sugary water, herbal infusions, such as gripe water, traditional fluids, etc., but also Coca-Cola or similar soft drinks that unfortunately are also increasing consumption among young children. Remember however, for water-based fluids we should keep just the children under 6 months in mind.

1. **Any other milk-based liquids commonly consumed by children under age 2**

Likewise, you will need to include any dairy-based liquid that is commonly consumed. This is most often tea/coffee/cocoa as detailed below. Again, with the aim of assisting the respondent, we should make sure that we specifically mention products or drinks that are commonly consumed, especially those that may have a somewhat confusing content.

Below two such items are described in detail, but only a careful assessment done by experts will reveal whether these or more items should be included and how.

**BD7[O] – Thin/Watery porridge/gruel**

**Why add**: Thin/watery porridges or gruels are often the first semi-solid foods given to infants, including infants less than 6 months of age. In some contexts, such gruels/porridges differ from porridges consumed by other age groups and are not considered “food” and may therefore be missed if only asked in BD8. When commonly fed to young infants, and easily distinguishable from other porridges that would be captured under BD8, this should be included as a separate line item under BD7 to ensure that this “first food” is not missed; capturing these is critical to accurate assessment of exclusive breastfeeding.

**What**: In many countries, there are different terms for different consistencies of porridge, with thin/watery porridges/ gruels often being fed only to very young infants or sick people. Thin/watery porridges would have a consistency that would allow all the contents to roll off a spoon if held upside down, and generally have very low nutritional content. A common example of a watery porridge is rice gruel that is used as a homemade treatment for diarrhoea in many countries. Thicker porridges, for example, as usually eaten by older children and adults, should be included with the grain or root/tuber food groups in BD8, as appropriate. It is not a problem to include porridge in both BD7 and BD8, as long as there is a clear distinction between the two types. The local term for thin/watery porridge made from any ingredient (e.g. grain-based, root/tuber based, etc.) should be included in BD7 of course.

**How**: Insert a new line with the local term for watery porridge/gruel as described above. The first additional item to the standard list should be coded BD7[O]. If there is more than one addition, please continue with BD7[P] and so on for any other additional items. When inserting the local term, remember to include all the different terms that may be used in different parts of the country. In many cases, you will be inserting the translated word(s) in the local language(s) as well.

**BD7[P] – Coffee/Tea/Cocoa**

**Why add**: Although large amounts of coffee and tea are not recommended for infants and young children, these line items could be included if they are consumed commonly by young children. While milk feeds are generally captured under BD7[D], many respondents would not respond correctly if their child drank coffee tea or cocoa made with milk. Coffee/tea/cocoa is considered a “problem liquid” as there are distinctions within it that impact on the calculation of a number of indicators and could warrant more than one category. Local experts will need to decide whether or not to count these as “milk feeds”. The decision depends on the usual preparation. In some places, when prepared for infants, these drinks are typically prepared with milk and very little or no water. If so, they can be counted as milk feeds. In other places, only trivial amounts of milk are added and they should not be counted as milk feeds. In other situations the amount may vary and survey managers will need to make a difficult judgment.

**What**: The local group of experts will need to evaluate the following:

* First, whether coffee/tea/cocoa is commonly fed to children under the age of 2 years. If not, there is no need to consider adding the additional item to BD7.
* Second, and only if yes to (i), how the drinks are prepared in terms of milk/dairy product content. Other ingredients such as sugar, honey, non-dairy creamers, soymilk do not matter – only animal milk, whether fresh, powdered, or tinned):
  1. Water-based with no milk/real dairy product
  2. Milk/dairy product-based with milk as less than half of the liquid
  3. Milk/dairy product-based with milk as at least half of the liquid

Only those preparations that are common should be included. (a) may be excluded if not commonly given to children under the age of 6 months.

The evaluation and distinction is important, because while none of these are allowed under exclusive breastfeeding, (a) is allowed in the definition of predominant breastfeeding, whereas (b) and (c) are not. Further, (c) would count as a feed/milk feed whereas (b) would not. Therefore, if item (c) is included, a further question would have to be added on how many times (c) it was consumed (as with all milk/dairy questions in BD7).

**How**: See example below of an adapted questionnaire where the local group of experts agreed that:

* Both milk-based and water-based teas are commonly consumed by children under age 2, including those under age 6 months.
* Milk-based tea is made with at least half of the liquid content being real dairy milk.
* Tea with less than half the liquid from milk is uncommon.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [P1] Clear tea/Tea made without milk /dairy products? | Water-based tea | 1 | 2 | 8 |
| [P2] Tea made with milk | Milk-based tea | 1 | 2 | 8 |
| If yes: How many times did (name) drink tea made with milk?  If 7 or more times, record '7'.  *If unknown, record ‘8’.* | Number of times drank milk-based tea \_\_\_ | | | |

**BD8 – Food List**

As for liquids, there is a wide variety of foods available across the world. However, remember that BD8 aims at establishing dietary diversity using a number of main food groups. Nevertheless, the expert group will also here compile the most appropriate list to be included here; again balancing precision, practicality, and common products and meals. All but the smallest seasoning and condiments in any dish should be considered, i.e. fresh fruit in yogurt or cereal, peas, grains, potatoes mashed into stews, etc. This list is somewhat easier than the liquids, but require much more work in interviewing and in training. As with the liquids, while existing line items can be split up into more line items, or new ones added, the line items in the template should not be combined.

**BD8[A] – Yogurt**

This question is intended to capture all types of yogurt (thick, think, liquid) and count as milk feeds.

Note that soy yogurt should not be included in this category, but rather grouped with legumes in BD8[M]. Also be aware that in some countries, there are packaged products which may be called yogurt, but actually are sweet drinks containing very little yogurt/milk. These should NOT be listed under BD8[A], but rather under other liquids in BD7[F].

**BD8[B] – (Fortified) baby food**

The question is already indicating that customisation is necessary. Please list all commercially fortified baby foods made from grains. For instance, if Cerelac dominates the market, the question should simply read: Any Cerelac? Another important category to consider are those that are provided through ration systems or similar programmes targeted at vulnerable populations, for which locally made items are often used, and for which a “brand name” may or may not exist. In such cases the best method may be to describe such packages.

**BD8[C] – Food made from grains**

The existing question may not require customisation, but would benefit from examples of local names that can improve recall. This category can include baby food that is not fortified.

**BD8[D] – Vegetables that are yellow or orange inside**

While the examples listed cover a large part of Vitamin A-rich vegetables across the world, there are certainly others to include. Classification into the vitamin A-rich fruit and vegetables groups BD8[D], [F], and [G] can be challenging. When reliable nutrient data is available on other locally available orange flesh vegetables/tubers, they can be classified as vitamin A-rich if they contain at least 120 retinol equivalents (RE) per 100 grams (equivalent to 60 retinol activity equivalents (RAE) for plant foods). The USDA Nutrient Database can be checked for nutrient composition of a variety of food items (<http://ndb.nal.usda.gov/ndb/search/list>) as can be local nutrient composition tables.

**BD8[E] – Foods made from roots**

The existing question may not require customisation, but would benefit from examples of local names that can improve recall.

**BD8[F] – Dark green, leafy vegetables**

Most medium to dark green leafy vegetables are high in vitamin A, and when available, can be confirmed with locally available nutrient composition tables as well as a list of green leafy vegetables that could fit here in the WHO IYCF Indicator Adaptation manual (<http://whqlibdoc.who.int/publications/2010/9789241599290_eng.pdf?ua=1>, p. 69). The existing question would benefit from examples of local names that can improve recall.

**BD8[G] – Vitamin A-rich fruits**

The question is already indicating that customisation is necessary. Note that ripe papaya, and especially ripe mango, are rich in vitamin A, while “green” (unripe) mango and papaya are not. This should be emphasized in interviewer training in countries where these fruits are sometimes eaten unripe. A list of common vitamin A rich fruits can be found on page 70 of http://whqlibdoc.who.int/publications/2010/9789241599290\_eng.pdf?ua=1. For other local and wild fruits, as with greens and tubers, nutrient content data may be unavailable or unre­liable. Such fruits should be classified with “other fruits and vegetables”.

**BD8[H] – Other fruits or vegetables**

The category is designed to capture any fruit or vegetable that is not specifically mentioned in above detailed categories.

**BD8[I] – Organ meat**

The existing question may not require customisation, but would benefit from examples of local names that can improve recall.

**BD8[J] – Flesh meat**

This group includes flesh foods. Any processed/cured products made from the meats (sausages, salamis, etc.) should also be included in this group. Flesh food from any animal commonly consumed by the target group should be added here (e.g. wild or domesticated animals (rabbit, yak, anteaters, etc.), amphibians/reptiles (frog, snake, etc.), rodents (rat, guinea pigs, etc.), etc.

**BD8[K] – Eggs**

This line item must remain separate – do not combine with any other line items as eggs are their own food category in the diet diversity score.

**BD8[L] – Fish and seafood**

Can include canned fish, fish eggs, snails, other seafood items such as squid, lobster, crab, octopus, etc. These and other commonly consumed seafood items consumed by young children in your population can be added to improve recall.

**BD8[M] – Legumes, nuts and seeds**

Be sure to include the names of different types of pulses, legumes, nuts and seeds (e.g. lentils, chick peas, lima beans, walnuts, groundnuts, sesame seeds, etc.) as well as products commonly made from seeds (e.g. spreads and pastes like tahini, hummus, and peanut butter, as well as milks like soymilk or almond milk). Tofu can also be added here.

Soy products often cause confusion (for example, soy milk or soy yogurt). For questionnaire and indicator calculations, all soy products can be classified with here with legumes and not with animal milk or yogurt. Optionally, soy milk can be added as a separate liquid category in BD7, if it is of inter­est.

Furthermore, “Milks” made from other nuts/seeds (e.g. groundnut milk, cashew milk, almond milk, sunflower seed milk) can also be added here if generally incorporated into recipes/ dishes. If they are commonly drunk as liquids, they can be included as a separate item under BD7.

**BD8[N] – Food made from milk**

The existing question may not require customisation, but would benefit from examples of local names that can improve recall.

**BD8[O] – Other foods**

As for Other Liquids described above, country-specific additions of extra categories can be very useful to ensure that the questionnaire does not fail to capture important foods consumed. These could in some instances even promote correct classification of previously mentioned foods. Such categories can also include separated categories that may be of interest to the survey, such as sweets, potato chips, cake, etc.

One important addition is however to be considered regardless of the above. If foods made with red palm oil, red palm nut, or red palm nut pulp sauce are consumed a separate line item/question must be added as such food counts towards vitamin A-rich food.

**Note:** Mixed dishes, containing a variety of food groups, that are commonly fed to young children may benefit from having separate line items. This is because respondents may not be able to remember all ingredients if asked in the list-wise approach employed in MICS. For example:

Tabouli is a mixed dish that contains: (i) BD8[F] Dark green leafy vegetables like parsley and cilantro; (ii) BD8[H] Other fruits and vegetables like tomatoes and onions; and (iii) BD8[C] Grains like couscous and bulgur.

Pakora is a mixed dish that contains:

Some sort of vegetable:

(i) BD8[H] Other fruits and vegetables like cauliflower or cabbage; and/or

(ii) BD8[F] Dark green leafy vegetables like spinach or fenugreek; and/or

(iii) BD8[D] Orange fleshed vegetables or tubers like sweet potatoes; and/or

(iv) BD8[E] Tubers like potatoes

Some sort of flour coating:

(v) BD8[M] Legumes, pulses and seeds like gram (chickpea) flour

(vi) BD8[C] Grains like amaranth flour, corn flour, etc.

If there are a few key mixed dishes commonly fed to small children, they can be added to the questionnaire as follows, with or without detailed instructions as appropriate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BD8[O1] Tabouli | Tabouli | 1 | 2 | 8 |  |
| If yes: what was in that Tabouli?  The enumerator should continue to probe:  Was there anything else in that tabouli?  Code additional items in the items above until the respondent says there was nothing else in that mixed dish.  If the respondent mentions a dark green leafy vegetable, circle “Yes” for BD8[F].  If the respondent mentions any other vegetable or tuber, circle “Yes” for BD8[D].  If the respondent mentions any grain, circle “Yes” for BD8[C]. |  | | | |  |
| BD8[O2] Pakora | Pakora | 1 | 2 | 8 |  |
| If yes: what was in that Pakora?  The enumerator should continue to probe:  Was there anything else in that Pakora?  Code additional items in the items above until the respondent says there was nothing else in that mixed dish.  If the respondent mentions a dark green leafy vegetable, circle (1) for BD8[F].  If the respondent mentions any orange fleshed tuber like orange fleshed sweet potato, circle (1) for BD8[H].  If the respondent mentions a non-orange tuber like white potato, turnip or purple potato, circle (1) for BD8[D].  If the respondent mentions any other vegetable, like cauliflower, onion, cabbage, etc. circle (1) for BD8[H].  If the respondent mentions any legume or pulse like chick pea flour, circle (1) for BD8[M].  If the respondent mentions any grain like amaranth or corn flour, circle (1) for BD8[C]. |  | | | |  |

**Immunization Module**

Information on a number of issues regarding immunization in your country is necessary to obtain before customization. This information is a required appendix to the Survey Plan and Budget.

Specifically, you should:

1. Obtain child immunization cards used in your country, and adapt the module accordingly. You will need all the cards that are or could be issued to children that are under age 3 at the planned start of fieldwork. Interviewers will need to be trained on all.
2. Obtain the most recent national immunization schedule for children, and reflect the schedule in the module. You will also need information on schedules that have been updated (at least) over the 3 years before start of fieldwork. Children may have been given vaccines that are no longer on cards. All applicable schedules must be submitted with your customised questionnaires in the review process outlined in the MICS Technical Assistance Framework.
3. Find out if any immunization campaigns (for example, national immunization days for polio, measles campaigns and other campaigns such as yellow fever) were carried out in the previous year.

Based on this information, you should adapt the immunization module to your survey, reflecting combinations of vaccines if necessary (hepb1 or dptheb1, for instance), omitting ‘extra’ antigens if not included in the immunization schedule (such as yellow fever), omitting vitamin a, reflecting the immunization schedule to the questions (such as changing the appropriate age recommended for measles and yellow fever vaccines), or adding other vaccines (such as PCV). Please note that in some countries, even if a combination vaccine is on the schedule, individual vaccines may still be given, perhaps due to stock-outs of the combination vaccine. The most important customisation done is to make the work of the interviewers as straightforward as possible. The interviewers should be able to easily find where to record what they see written on the cards. Preparation, customisation, interviewer Instructions, pre-testing, training with copies of real filled cards, etc. are absolutely essential ingredients to good data.

Be aware that each of the individual vaccines must be accompanied by a matching probe in the list of IM7-IM17. Please do not replace those you delete with new vaccines, but rather delete and insert new with appropriate new question numbers. For instance, if you completely replace DPT, HepB, and Hib with Pentavalent, you must delete IM11, IM12, IM13, IM14, IM15, IM15A, and IM15B and insert a new IM11A and IM12A to match the questions if ever received and how many times received. If HepB at birth is retained (as recommended by WHO), a new IM14A should also be inserted. In total, if the only change to the schedule from the MICS standard questionnaire is the Pentavalent vaccination completely replacing the need for the individual antigens, the affected matching probes would be the following (IM7, IM16, and IM17 remains unaffected):

|  |  |  |
| --- | --- | --- |
| **IM8**. Has (name) ever received any vaccination drops in the mouth to protect him/her from polio? | Yes 1  No 2  DK 8 | 2⇨IM11A  8⇨IM11A |
| **IM9**. Was the first polio vaccine received in the first two weeks after birth? | Yes 1  No 2 |  |
| **IM10**. How many times was the polio vaccine received? | Number of times \_\_ |  |
| **IM11A**. Has (name) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent him/her from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b?  Probe by indicating that Pentavalent vaccination is sometimes given at the same time as Polio. | Yes 1  No 2  DK 8 | 2⇨IM14A  8⇨IM14A |
| **IM12A**. How many times was the Pentavalent vaccine received? | Number of times \_\_ |  |
| **IM14A**. Did (*name*) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth? | Yes, within 24 hours 1  Yes, but not within 24 hours 2  No 3  DK 8 |  |

**IM3**

If the common practice in the country for recording the dates is different than the format used here (dd/mm/yyyy), you may change the order for dates (i.e., mm/dd/yyyy).

Build the list of vaccines based on first what is in the current immunisation schedule and the most current immunisation card. Then consider that list against previous schedules and cards, including knowledge of any combination vaccine that may still be replaced by individual antigens, i.e. one Pentavalent vaccine is replaced by three individual shots of DPT, HepB, and Hib.

**IM7**

Adapt locally, using the most common vaccination site if this antigen is administered in the country.

**IM8**

Adapt locally, if IPV is (also) administered in the country.

**IM11**

Adapt locally, using the most common vaccination site if this antigen is administered in the country.

**IM13**

Adapt locally, using the most common vaccination site if this antigen is administered in the country.

**IM15A**

Adapt locally, using the most common vaccination site if this antigen is administered in the country.

**IM16**

Measles vaccine is normally given as an injection in the arm at the age of 9 months. In some settings children may receive it as an injection in the thigh. In some countries, measles vaccine is administered at 12 or 15 months of age. A second dose is sometimes given as early as 15-18 months of age. The appropriate age for and location of the injection should be adapted to the recommendations for the measles vaccination in your country.

**IM17**

This is a question that should be included in countries affected by yellow fever only. The age should be adapted to the appropriate age recommended for yellow fever vaccination. Also adapt locally to reference the most common vaccination site.

**IM19**

You must insert the dates and types of vaccination given in the most recent immunization campaigns in your country. If possible, include the season in which each national immunization day campaign took place, because some respondents may not be able to identify a precise date. It is also advised to list the vaccines administered during these campaigns, as it may trigger recall as well.

**IM20**

If vaccination cards are not kept only at health facilities, delete this question and do not include the ‘MICS Questionnaire Form for Vaccinations at Health Facility’ in your survey.

In some countries, vaccination cards may be kept only at health facilities, and not given to mothers/primary caretakers. If so, you should make arrangements to have fieldwork teams visit health facilities to collect this information by using the ‘MICS Questionnaire Form for Vaccinations at Health Facility’. Print and give fieldwork teams the form ‘MICS Questionnaire Form for Vaccinations at Health Facility’ together with the other questionnaires. While interviewers administer the Immunization module of the Questionnaire for Children Under Five to mothers/primary caretakers, they should circle ‘2’ for IM1 in such cases, and ask questions from IM5 to IM7 to obtain the recall information in immunizations.

Interviewers should also make sure to include, at the top of the ‘MICS Questionnaire Form for Vaccinations at Health Facility’, identification information that will later allow them to match the vaccination forms with the questionnaire; specifically to match HF1 to HF6 the questions UF1 to UF6 in the Questionnaire for Children under five.

Fieldwork teams should visit the health facility where vaccination cards are kept, identify the cards for children included in the survey, and fill out the ‘MICS Questionnaire Form for Vaccinations at Health Facility’ according to information on the card.

**Care of Illness Module**

The following changes should be made to this module if the survey will not be in a malaria-affected country:

* **CA6A**; Skips from ‘No…2’ and ‘DK…8’ should be removed
* **CA6B**; This question should be removed
* **CA13**; The categories ‘A to H’ should be removed
* **CA13A**; The skip ‘Go to CA13C’ from ‘No’ should be replaced with ‘Go to CA14’
* **CA13C,CA13D and CA13E**; These questions should be removed

**CA3B, CA4B, CA4E, CA11, CA13B, and CA13D**

If needed, adapt to use the country-specific categories.

**CA4**

Adapt to include the country-specific terms used for the oral rehydration solution (ORS) packet, recommended home fluid, and pre-packaged ORS fluid.

If no pre-packaged ORS exists in the country, delete this category, and reword the question… add the appropriate wording.

**CA4F**

Adapt locally to include the country-specific recommended home fluids. Ingredients promoted by the government for making the recommended home fluids should be reflected in separate categories of ‘government-recommended homemade fluid’.

**CA8**

Some societies have specific words for rapid breathing. In northeast Brazil, for example, ‘canseira’ (meaning ‘tiredness’) is specifically identified with this symptom. You should establish a list of culturally appropriate words for rapid breathing and include them in the question and/or the Instructions for Interviewer.

**CA13**

The respondent may not know the name of the medicine or whether it was an antibiotic or another medicine. Talk to experts and collect information on the type of antibiotics commonly used in the country before you customise your questionnaire. Develop the response categories to this question to include locally used antibiotics. During the pre-test, find out whether there are other categories that need to be included.

Depending on the number of different brands used in the country, provide lists of antibiotics or other medicines to interviewers. If necessary, provide them with sample packages or photos of packages of antibiotics and other medicines. These may be used by interviewers during interviews to ask respondents to identify the one(s) given to the child.

Develop categories to include locally used medicines and then pre-test. Give interviewers sample packages of commonly used anti-malarials and other medicines, or print photographs of packages to give to interviewers. This might help respondents remember the medication given to the child.

**Anthropometry Module**

No changes are necessary.

# APPENDIX A: THE FGM/C MODULE IN surveys without the FERTILITY/Birth History MODULE

Three changes are necessary in the FGM/C Module in surveys that do not include the Fertility/Birth History Module. The Fertility Module is however necessary to retain. In order to calculate MICS Indicator 8.11: Prevalence of FGM/C among girls, the questionnaire must capture the number of daughters, age 0-14, of women who have never heard of FGM/C. This information is captured in the Birth History, but without it, the Fertility Module only reveals the number of daughters and not their ages.

The necessary three changes are listed below.

1: In FG2 change the skip from ‘Next Module’ to ‘FG23’.

|  |  |  |
| --- | --- | --- |
| **FG2**. In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice? | Yes 1  No 2 | 2⇨FG23 |

2: In FG22 add skips to go to ‘Next Module’ for all responses (1, 2, 3, and 8).

|  |  |  |
| --- | --- | --- |
| **FG22**. Do you think this practice should be continued or should it be discontinued? | Continued 1  Discontinued 2  Depends 3  DK 8 | 1⇨Next  Module  2⇨Next  Module  3⇨Next  Module  8⇨Next  Module |

3: Add questions FG23, FG24, FG25, and FG26, as well as tick-box for additional questionnaires. In high fertility countries and if space permits, you may want to add additional daughters to FG26, although more than 4 living daughters less than 15 years old among women who have never heard of FGM will be a rare situation.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FG23***.* *Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here.* | | | Total number of living daughters *\_\_\_ \_\_\_* | | | |  |
| **FG24**. Just to make sure that I have this right, you have (total number in FG23) living daughters.  Is this correct?  **🞎** Yes  **🞎** One or more living daughters ⇨ Continue with FG25  **🞎** Does not have any living daughters ⇨ Go to Next Module  **🞎** No ⇨ Check responses to CM1 – CM10 and make corrections as necessary, until FG24 = Yes | | | | | | | |
| **FG25**. How many of them are less than 15 years old? | | | No daughters less than 15 00  Number of daughters less than 15 *\_\_\_ \_\_\_* | | | | 00⇨Next  Module |
| **FG26**. Please tell the age of each of your daughters who are not yet 15 years old?  *Probe:* How old were they at their last birthdays?  *If more than 4 daughters, use additional questionnaires.* | | | 1. Age of daughter #1 *\_\_\_ \_\_\_* 2. Age of daughter #2 *\_\_\_ \_\_\_* 3. Age of daughter #3 *\_\_\_ \_\_\_* 4. Age of daughter #4 *\_\_\_ \_\_\_* | | | |  |
|  |  | |  |  | *Tick here if additional questionnaire*  *used.* **🞎** | |

# APPENDIX B: SUGGESTED TOR FOR EXPERT GROUP

**Terms of Reference for the**

**Country Multiple Indicator Cluster Survey year**

**Committee to Adapt the Breastfeeding and Dietary Intake (BD) Module**

1. **Background**

The Multiple Indicator Cluster Survey includes the complete set of “core” infant and young child feeding (IYCF) indicators published in 2008 by WHO with corresponding questions in the Breastfeeding and Dietary Intake (BD) Module. Procedures for adapting this module to the local context are somewhat more complicated than most other modules in the MICS questionnaires. Therefore, collaboration with local food and nutrition experts is recommended. The 2010 WHO document: Indicators for assessing infant and young child feeding practices: Part 2 Measurement, details the steps to take for local level adaptation; and the 2014 UNICEF document: Guidelines for the Customisation of Questionnaires outlines the recommended approach on customising the MICS module.

1. **Expected outputs**

* Revised Breastfeeding and Dietary Intake Module, BD1 to BD11, in line with WHO (2010) and the recommendations provided in the MICS Guidelines for the Customisation of Questionnaires.
* A short report providing details of customisation decisions.
* Revised Interviewer instructions for BD1 to BD11 in line with WHO (2010).
* Revised data processing syntax for affected nutrition tables in line with WHO (2008) and WHO (2010).
* A short written comment on considerations and decisions in customisation process.
* Suggested translation of module to the most prevalent languages in country.

1. **Specific tasks and expected timeline for the Committee**

|  |  |  |
| --- | --- | --- |
|  | **Level of Effort** | **Task** |
| **1** | **1 hour** | Meeting with Survey management team |
| **2** | **1.5 days** | Adaptation of the questionnaires and interviewer instructions (make suggestions for the interviewer instructions). Translation to most prevalent language. |
| **3** | **2 hours** | Review meeting with survey management team |
| **4** | **0.5 days** | Work with survey coordinator and data processing expert to finalize the interviewer instructions and data processing syntax together |
| **5** |  | Further adaptation if necessary |

1. **Profile of team members**

* A group of at least 2 individuals knowledgeable about food and nutrition, especially feeding practices of young children (under-two) throughout different areas of the country
* Persons working for or affiliated with, the Ministry of Health, Nutrition Institutes, UN agencies, academic institutions, or other related institutions.

1. **Resource materials**

The below list of reference materials are in addition to material provided in the MICS Customisation Guidelines:

<http://www.childinfo.org/mics5_questionnaire.html>

WHO (2008) **Indicators for assessing infant and young child feeding practices:** Part 1 – Definitions:

<http://whqlibdoc.who.int/publications/2008/9789241596664_eng.pdf>

WHO (2010) **Indicators for assessing infant and young child feeding practices:** Part 2 – Measurement:

<http://whqlibdoc.who.int/publications/2010/9789241599290_eng.pdf>

Standard MICS Indicator List and Questionnaire for Children Under Five:

<http://www.childinfo.org/mics5_questionnaire.html>

Guidelines for the Customisation of Questionnaires:

<http://www.childinfo.org/mics5_questionnaire.html>

Standard MICS Instruction for Interviewer:

<http://www.childinfo.org/mics5_collection.html>

Standard MICS Tabulation Plan for Nutrition:

<http://www.childinfo.org/mics5_plan.html>

Standard MICS Tabulation Syntax for Nutrition:

<http://www.childinfo.org/mics5_processing.html>

USDA’s searchable database (if local food composition tables are unavailable): <http://ndb.nal.usda.gov/ndb/search/list>