



Division for the Advancement of Women



"Violence against women: a statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them"

Expert Group Meeting

Organized by: UN Division for the Advancement of Women
in collaboration with:
Economic Commission for Europe (ECE) and World Health Organization (WHO)
11 – 14 April, 2005
Geneva, Switzerland

Multiple Indicator Cluster Surveys (MICS)

Note prepared by:

UNICEF

Multiple Indicator Cluster Surveys (MICS)

The Multiple Indicator Cluster Survey (MICS) is a household survey programme developed by UNICEF in the mid 90's to assist countries in filling data gaps for monitoring the situation of children and women. It is capable of producing statistically sound, internationally comparable estimates of these indicators.

The MICS was originally developed in response to the World Summit for Children (WSC) held in 1990 to measure progress towards an internationally agreed set of mid-decade goals. In this sense, MICS was basically developed to fill existing data gaps and to inform and complement existing data collection methods and instruments (e.g. administrative records, census, vital events registration, etc.).

The first round of MICS was conducted around 1995 in more than 60 countries. A second round of surveys was conducted in 1999-2001 to assess progress towards goals and objectives set for the year 2000. This second round was built on the mid-decade round and strengthened in many ways the previous survey program. It included an expanded set of indicators to monitor most of the 27 goals of the World Summit for Children (WSC), plus an additional set of indicators to monitor child rights and newly emerging areas of concern including, for example, Integrated Management of Childhood Illness (IMCI), malaria, and knowledge of HIV/AIDS. The second round of MICS produced around 65 surveys, and resulted in an increasing wealth of data to monitor the situation of children and women. For the first time, it also permitted the monitoring of trends in many indicators and set baselines for many other indicators.

The current round of MICS (MICS3) is focused on providing a monitoring tool for the World Fit for Children, the Millennium Development Goals (MDGs), as well as for other major international commitments, such as the UNGASS on HIV/AIDS and the Abuja targets for malaria. Roughly 20 of the 48 MDG indicators can be collected in the present round of MICS, offering the largest single source of data for MDG monitoring. The current plans call for surveys to be executed in more than 50 countries around the year 2005. Availability of results is expected in late 2005 or early 2006. The surveys will cover many of the same topics as the earlier rounds and provide updated estimates and trends for many indicators. In addition, new indicators have been included to provide baseline data or estimates of coverage for UNICEF's current priorities.

MICS is based on multi-dimensional development concept. The survey questionnaires are modular tools that can be customized to the needs of a country¹. They consist of 3 core questionnaires: a household questionnaire, a questionnaire for women aged 15-49, and a questionnaire on the situation of children under the age of 5 (addressed to the caretaker of the child). A set of additional modules (to be used if the country is affected) and optional modules is also available. The inclusion of optional modules is decided at the country level.

¹ For the MICS, both the selection of countries and the choice of questions is done in conjunction with the Demographic and Health Surveys (DHS). DHS surveys are conducted in around 10 countries a year and besides the MICS are the primary sources of data on many health and household indicators. By coordinating both the countries surveyed and the questions included in the questionnaire modules, this ensures that there is maximum coverage of countries in the household surveys and provides comparability across surveys. The MICS surveys are typically carried out by government organizations, with the support and assistance of UNICEF and other partners. Technical assistance and training for the surveys is provided through a series of regional workshops, covering: questionnaire content, sampling and survey implementation, data processing, data quality and data analysis, and report writing and dissemination.

MICS1	MICS2	MICS3
<p>Household modules</p> <p>Household composition Water and sanitation Salt iodization</p>	<p>Household modules</p> <p>Household composition Water and sanitation Salt iodization Literacy Alternative care and orphans</p>	<p>Household modules</p> <p>Household composition Water and sanitation Salt iodization Education Child labour</p>
<p>Modules for women</p> <p>Tetanus toxoid</p>	<p>Modules for women</p> <p>Tetanus toxoid Reproductive health Family planning Vitamin A HIV/AIDS</p>	<p>Modules for women</p> <p>Tetanus toxoid Women's characteristics, Maternal and newborn health Child mortality Marriage and polygyny Female genital cutting Contraceptive use Sexual behaviour HIV/AIDS + Injection Drug Use</p>
<p>Modules for children</p> <p>Education Diarrhoea Vitamin A Immunization Child malnutrition</p>	<p>Modules for children</p> <p>Education Diarrhoea Vitamin A Immunization Child malnutrition Breastfeeding Care of respiratory illness Birth registration Malaria Child mortality Child labour Low birth weight</p>	<p>Modules for children</p> <p>Early learning Children's characteristics Vitamin A Immunization Anthropometry Breastfeeding Care of respiratory illness Birth registration</p>
<p>Optional modules</p> <p>Breastfeeding Care of respiratory illness Child mortality</p>	<p>Optional modules</p> <p>Maternal mortality Child disability</p>	<p>Optional modules</p> <p>Security of tenure & durability of housing Child disability Maternal mortality Child discipline Attitudes toward domestic violence Unmet need Child development Food fortification</p>

The current round of MICS includes an optional module on child discipline for children between 3 and 14 years of age, addressed to the mother or caretaker of the child. This module is currently under review and its validity has been tested in a pilot study conducted in Guyana on 320 households involving 177 children.

CHILD DISCIPLINE MODULE		
<i>Identify eligible child aged 3 to 14 in the household. Ask to interview the mother or primary caretaker of the selected child</i>		
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <i>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</i> HAS USED THIS WITH (<i>name</i>) IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (<i>name</i>) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes 1 No 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes 1 No 2	
CD12C. SHOOK HIM/HER.	Yes 1 No 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes 1 No 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes 1 No 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes 1 No 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (<i>name</i>) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes 1 No 2 Don't know/no opinion 8	

Results from the surveys, including national reports, standard sets of tabulations and micro level datasets will be available after completion of the surveys (2006). Since the child discipline module is optional, its inclusion will be decided at the country level. It is therefore not possible to know at present the exact number of countries that will implement it.

Results from the surveys will be made available through UNICEF's web site dedicated to monitoring the situation of children and women at www.childinfo.org.

Contact information for MICS:

MICS3 Coordinator

Strategic Information Section

Division of Policy and Planning

UNICEF

3 U.N. Plaza

New York, NY 10017

USA

Tel: 212 303 7982

Email: childinfo@unicef.org