
Nigeria Reproductive Health, Child Health, and Education Household, School, and Health Facility Baseline Surveys, 2005

Executive Summary

Joseph Keating

MEASURE Evaluation



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Introduction

This executive report summarizes findings from the 2005 Nigeria reproductive health, child health and education household, school, and health facility baseline surveys (three surveys total). Additional results from the three surveys can be found in the three respective reports: *Nigeria Reproductive Health, Child Health, and Education Baseline Household Survey, 2005*; *Nigeria Baseline Health Facility Survey, 2005*; and *Nigeria Baseline Primary School Headmaster and Teacher Survey, 2005*.

The surveys serve as a baseline for the Community Participation for Action in the Social Sector Project (COMPASS) and for the U.S. Agency for International Development mission in Nigeria (USAID/Nigeria). It was implemented in 51 local government areas (LGA) in the states of Bauchi, Federal Capital Territory (FCT), Kano, Lagos, and Nasarawa where COMPASS is being implemented.

COMPASS represents an integration of three previous USAID/Nigeria funded projects: VISION, BASICS, and LEAP. The purpose of COMPASS is to enhance reproductive health and family planning services, as well as to promote child survival and improved literacy. The core idea behind COMPASS is to integrate the health, child survival, and education sectors through the promotion of community coalitions. The reach and impact of COMPASS will be evaluated using three waves of data collection. The following surveys will be implemented at baseline, mid-term, and at the end of the project: a household survey on reproductive health, child health, and education; a health facility survey; and a school survey.

COMPASS and MEASURE Evaluation's Role

In 2004, USAID/Nigeria awarded Pathfinder International and its partners a five-year contract to assist USAID in developing a strategic framework for integrating and developing child health, reproductive health, and education programs in Nigeria. Collaborating partners under COMPASS include Johns Hopkins University/Center for Communication Programs, Creative Associates International, Constella Futures (previously known as The Futures Group International), Adolescent Health and Information Project, Federation of Muslim Women's Associations of Nigeria, Nigeria Medical Association, Management Sciences for Health, and the Civil Society Action Coalition on Education For All.

COMPASS aims to improve access to health and education within five Nigerian states, affecting 18 million people. The states in which COMPASS operates differ from each other not only in terms of languages spoken, ethnic groups, and religion, but also in terms of access to and availability of health and education services. The current timeline for project implementation is from May 2004 through May 2009.

COMPASS aims to contribute to USAID/Nigeria's strategic objective for improved social sector services (SO13). Specifically, the project aims to contribute to each of USAID's SO13 indicators:

- increased DPT3 coverage
- increased contraceptive prevalence rate (CPR)
- increased birth spacing
- increased student retention

To that effect, the project objectives include:

- improving the quality of health and education services (IR13.1)
- improving local communities' ability to effectively participate in policy dialogue on health and education (IR13.2)
- increasing demand for quality health and education services (IR13.3)
- increasing access to both health and education facilities (IR13.4)

MEASURE Evaluation at Tulane University is the external evaluator for COMPASS and, in consultation with COMPASS and USAID/Nigeria, planned a household survey, a school survey, and a facility survey. After conducting a competitive bidding process according to USAID/Nigeria requirements, MEASURE Evaluation contracted the Center for Research, Evaluation, and Resource Development (CRERD), a local research organization based in Ile-Ife and affiliated with Obafemi Awolowo University (OAU), Nigeria, to implement the household and health facility surveys, as well as the school surveys in the 51 LGAs where the COMPASS project operates.

Results from the household survey provide data for constructing indicators at the individual level (e.g., indicators related to information on individual knowledge of, and demand for, health and education and services). Results of the facility survey provide information necessary to measure indicators related to access, types of services offered, and quality of services at the facility or service delivery point (SDP) level (e.g., contraceptive availability). Results from the school survey provide information on the quality and types of educational services offered, as well as the qualifications of teachers and headmasters and access to appropriate resources.

Survey Methods

CRERD, in consultation with MEASURE Evaluation, designed the sampling strategy, collected the data (including recruiting and training of the field survey teams), and entered and cleaned the data. MEASURE Evaluation was responsible for all aspects of the baseline survey work, including developing the questionnaires, assisting with the training of the supervisors and survey teams, conducting data analysis, and producing the respective survey reports.

The reach and impact of the COMPASS Project will be assessed using three waves of cross-sectional surveys in the project target areas. Three different types of surveys will be conducted:

- a large-scale household survey related to reproductive health, child health, and primary school education, among a representative sample of women aged 15-49 and men aged 15-64;
- a survey of primary health care facilities (comprehensive health care centers, public and primary health care centers, health clinics, private health center/maternity, private clinics, uniformed services clinics, health posts, and dispensaries) and patent medicine vendors (PMV); and
- a survey of primary schools (public and private), including both teachers and headmasters.

The baseline data for each of the three survey types were collected in 2005; subsequent survey waves are scheduled for 2007 and 2009. The objective of the 2005 baseline surveys was to collect quantitative data on reproductive health, child survival, and primary school education indicators among a representative sample of respondents, health facilities, and schools in the 51 target LGAs. Education and demographic information about all children residing in the selected houses were also obtained from respondents. Information about

child health was collected about children who were either the last birth or second to last birth, and who were 59 months old or younger at the time of the survey. Because the project is likely to have spillover effects in non-intervention LGAs (which, in fact, would be a desirable outcome), it is not possible to include control groups in the study design.

Sample Design and Size

Sample size calculations were conducted and compared using regional estimates of five indicators: contraceptive prevalence, modern contraceptive prevalence, DPT₁, DPT₂, and DPT₃ rates. The results indicated that a sample size of 80 respondents per LGA would allow detection of changes of 25 percentage points at the LGA level with 90% power and 95% confidence (and much more accurate estimates at the state level). Given that there are 51 project LGAs, the target sample size was 4,080. Allowing for 10% non-response, the sample size was increased to 4,500. The sample size for children was a function of the number of children living in the selected house, and meeting specific age criteria (Table 1). Since the facility and primary school surveys are linked surveys, they do not have a predetermined sample size. The sample size for these surveys depends on the number of facilities and schools used by the respondents in the household survey.

A multi-stage stratified sampling strategy was used for the household survey. Assuming 25 interviews per enumeration area (EA), 182 EAs were needed to achieve the target sample size for the household survey. Because the number of intervention LGAs varies by state, allocating the EAs proportional to population size would not be appropriate, as this would result in very small sample size for some of the states. Hence, 52 EAs were selected in Kano and Lagos, while 26 were selected in each of the other states. Within each state, EAs were selected proportional to the population size of the respective LGAs. Within each LGA, the required

number of enumeration areas was selected using a table of random numbers. Within each selected EA, 25 households were selected using systematic random sampling. Because the EAs were not selected proportional to the population size of the respective COMPASS project LGAs in each state, standardized state-level weights were applied to all between-state estimates. Weights were based on the proportion of the population in the COMPASS LGAs in each state (relative to the total population across all COMPASS LGAs in all five states) and the proportion of houses sampled in COMPASS LGAs in each state (relative to the total number of sampled houses across all COMASS LGAs in all states). The *total* estimates across all states in the household survey reflect weighted totals.

The health facility and primary school surveys are linked to the household survey. The facility survey includes *all* public and private primary health care facilities serving the population interviewed in the household survey. The school survey sample includes *all* primary schools (public and private) that serve the families of those interviewed in the household survey. Hence, the facility and school surveys may include some facilities or schools that are located outside the enumeration areas selected for the household survey. By linking the facility and primary school surveys to the household survey, it will be possible to assess the effect of improvements in health services and education on individual health outcomes. Table 1 reports on the respective sample sizes used in the three baseline surveys.

Questionnaire Development

MEASURE Evaluation, in consultation with all COMPASS collaborating partners, developed the questionnaire. The individual household questionnaire was adapted from the standard Demographic and Health Survey (DHS) instrument and included sections on reproduction, contraception, pregnancy, antenatal

care, media exposure, marriage and sexual activity, fertility preferences, partner's background, childhood illness and immunization coverage, and primary school attendance. The health facility questionnaire was also adapted from the standard DHS instrument and included sections on types of services offered at the facility, vaccine logistic systems, child health services, family planning services, antenatal care (ANC) and postpartum care (PPC) services, delivery and newborn care services, select medications, and sexually transmitted infections (STI), and HIV/AIDS services. The primary school headmaster and teacher questionnaires included sections on the school's general background, record keeping, school health activities and health curriculum, materials and resources, parent-teacher associations, teacher and headmaster's experience, and family education. COMPASS, MEASURE, Evaluation, and CRERD participated in the drafting of the questionnaires. The questionnaire was translated into the three major local languages of the five COMPASS states (Hausa, Igbo, and Yoruba) and then back-translated into English. The questionnaire was interviewer-administered. Geographic coordinates were collected at the enumeration area level using the Garmin eTrex® hand-held navigational unit and downloaded using GPS Utility.

Training of Field Survey Teams

Training of field staff was conducted in two stages. First, supervisors received a four-day centralized training at OAU. Subsequent three-day regional trainings of the field teams were held in each of the five states. Field survey teams were recruited from each state. CRERD led all the trainings. MEASURE Evaluation staff attended the training of supervisors and the first regional training of the Lagos data collection teams. Training consisted of a question-by-question review of the questionnaire, review of the sampling methodology, instruction in the use of the hand-held navigational units (e.g., Garmin eTrex®), role plays, and pretests of

the questionnaire. A total of 156 interviewers and 55 supervisors received training. Of these, 145 interviewers, balanced evenly between men and women, and 53 supervisors were retained for the surveys. All trainings were conducted in July and August, 2005.

Data Collection

Data collection began immediately at the completion of each regional training workshop. Fieldwork started in July and was completed by early September 2005.

Limitations

As with all cross-sectional surveys, this survey is subject to response and recall biases. Self-reported data may reflect a perceived desirability of responses rather than actual knowledge or practices, and may be affected by response bias. Responses to questions related to events in the past (such as ever use of an family planning method, number of sexual partners in the last 12 months, use of condoms in last 12 months) are also subject to recall bias. A second limitation stems from the lack of a comparison group; because this project will most likely have spill-over effects into neighboring areas, identifying a comparable control group was not possible. Because the survey sample is restricted to those 51 LGAs targeted by the COMPASS project, the results from this survey may not be representative of the entire populations of Bauchi, FCT, Lagos, Kano, or Nasarawa states, or of other Nigerian states.

Results

The results of the respective surveys are presented below under the corresponding subject headings. Although the results presented here are in no way comprehensive, they are organized to present an overview of the key findings and indicators to be used as a baseline for the eventual evaluation of COMPASS. Table 2 summarizes the values of the USAID indicators, as well as the definition, calculation, and data source for each. Table 3 presents some of the COMPASS project indicators included in the respective baseline reports.

Household Baseline Survey Results

A total of 2,136 women and 2,407 men were sampled from within selected households (Table 1).

Initiation of Sex and Childbearing

- Forty percent, 29%, 25%, 13% and 8% of females in Bauchi, Kano, Nasarawa, FCT, and Lagos, respectively, had sexual intercourse before the age of 15; over one-third of females with no formal education had sexual intercourse before the age of 15.
- One in three females in Bauchi had a first child before the age of 15, and about one in 10 men in Nasarawa had a first child before the age of 15.
- Men and women respondents with no formal education were more likely to have had sexual intercourse before the age of 15, and more likely to have had a first child before the age 15.

Knowledge and Use of Family Planning Methods

- About half of respondents knew a modern method of family planning, and one third knew two or more methods of family planning.
- The modern method of which the respondents were most aware is the oral pill, followed by the male condom and injectables.

- About one in nine respondents were currently using a modern method of family planning.
- More than one-third of respondents approved of family planning, and over half had discussed family planning in the last 12 months.

Antenatal Care and Breastfeeding

- More than one-third of mothers visited a clinic or hospital for antenatal care during their last pregnancy at least once, and three out of 10 visited a clinic or hospital at least four times during their last pregnancy.
- Five out of 10 women who received ANC were counseled about the use of intermittent preventive treatment (IPT) for malaria, but only 9% actually received IPT with the drug Fansidar at least once during their last pregnancy.
- Six out of 10 women who received ANC were given at least one dose of tetanus toxoid (TT) vaccine, but only about half received two doses of TT during their last pregnancy.
- Only 22% of children less than six months old were exclusively breastfed over the last 24 hours.
- Approximately 33% of deliveries were attended by a trained provider.
- The median birth interval across all project areas was 24 months.

Knowledge of Childhood Illness

- Over one-third of male and female respondents reported awareness of using an insecticide-treated bed net (ITN) for the prevention of malaria.
- Less than 3% of children under 5 years of age slept under an ITN the night before the survey.
- Over half of mothers report awareness of the importance of vitamin A supplements for children.

- Less than a quarter of children aged 6-59 months received a vitamin A supplement.
- Less than 12% of children 12-23 months old were fully immunized before their first birthday.

Exposure to Mass Media

- Seven out of 10 females and eight out of 10 males reported listening to the radio at least once a week.
- One out of four males and less than one out of three females reported reading a newspaper at least once a week.
- Six out of 10 males and females reported watching television at least once a week.
- Less than 15% of females and 10% of males were not exposed to any mass media.

School Attendance

- Attendance rates for male versus female students are similar: 39% vs. 38%.
- The overall gender parity index was 0.96.

School Retention and Promotion

- Repeater rates for all grades and both genders ranged from less than 3% to 10%.
- Drop-out rates for all grades and both genders ranged from 0% to less than 2%.
- Survival rate of primary school pupils as they move from one grade level to the next was high: greater than 98% for primary grades 2-4 and around 97% for primary grades 5 and 6.

Health Facility Baseline Report

A total of 233 health facilities were included in the sample (Table 1). These health facilities represent all public and private health facilities in the communities of selected respondents participating in the household survey.

Health Facility Characteristics

- Half of the sample is composed of patent

medicine vendors or dispensaries; 29% are public health facilities, and 21% are private health facilities.

- Over 97% of the health facilities provide vaccine services or commodities; 64% provide ANC or PPC; 52% provide delivery and newborn services; and 52% provide STI or HIV/AIDS services, or commodities to treat STIs.
- Twice as many public health facilities have a separate waiting area for youth compared to private health facilities: 9% vs. 4%.
- More than twice as many facilities in urban areas sell or distribute ITNs as compared to facilities in rural areas.
- Only one in three health facilities sell pre-packaged IPT.

Family Planning Services

- Nearly eight out of 10 health facilities provide family planning services.
- About 25% of public facilities, less than 20% of private facilities, and only 3% of PMVs provide three or more contraceptive methods with at least one provider to offer each and have completed family planning registers.
- Less than 15% of health facilities provide two or more contraceptive methods with at least one provider to offer each and have completed family planning registers.

Antenatal Care and Postpartum Care Services

- A total of 151 health facilities (64%) provide any ANC/PPC services: 64 (96%) public health facilities, 44 (90%) private health facilities, and 43 (37%) PMVs.
- Over half of health facilities report using client cards and/or registries for maintaining client ANC records.
- Less than half of health facilities that provide ANC or PPC services were providing the services on the day of the survey.

Child Health Services

- Most health facilities offer vaccines and immunizations to both pregnant women and children; few provided vaccines to pregnant women only.
- Less than 11% of all facilities have all six antigens and possess completed immunization records.
- Almost half of public facilities offer outreach programs: 2% and 1% of private and PMV facilities, respectively, offer immunization outreach services within the community.

STI and HIV/AIDS Services

- More than half of all health facilities offer some STI or voluntary counseling and testing (VCT) services.
- Less than 12% of STI/HIV/VCT service providers report that their facility offers STI procedures or products for treating STI.
- More than three-quarters of facilities offering VCT have a confidentiality protocol in place; 66% of VCT facilities have an informed consent protocol.

School Headmaster and Teacher Baseline Survey

A total of 882 primary schools were sampled from within the communities selected for household sampling. A total of 4,490 teachers were sampled from within classrooms of the primary schools sampled (Table 1).

Education Services

- More than 60% of the school sample are public primary schools.
- About eight in 10 primary schools provide morning shifts and 13% of sampled primary schools provide both morning and afternoon shifts.
- More than 90% of the primary schools sampled offer English, mathematics, science, physical education and health, and religion instruction.

School Amenities

- Less than 40% of sampled primary schools have both a protected water source and latrines or toilets.
- Urban areas are more likely to have a protected water source and latrines or toilets on school grounds.
- Forty percent of primary schools have a clean water source and allow free access to the students.
- More private or military primary school headmasters report clean water and free access than public primary school headmasters; more urban primary school headmasters report clean water and free access than rural primary school headmasters.

School Materials and Resources

- Less than 15% of sampled primary school headmasters report practicing IRI; more than 90% report having a parent-teacher association.
- Only 26% of headmasters report having a library at school.

Health Care Amenities and Health in the Curricula

- More than 58% of public primary school headmasters and 49% of private primary school headmasters report giving immunizations at school.
- Only 6% of headmasters sampled report clean water, latrines or toilets, health in the curriculum, records of teachers' referrals of students to health facilities, and child health cards or records showing immunizations, supplementation of micronutrients, or deworming given at school.
- No rural primary school headmasters report having all of the following: clean water, latrines or toilets, health in the curriculum, records of teachers' referrals of students to

health facilities, child health cards, or records showing immunizations, supplementation of micronutrients, or de-worming given at school.

Teacher Training

- Seven out of 10 teachers report having a college degree in education.
- Approximately two out of 10 teachers report having either an NCE (PES) or NCE (other) qualification.
- About eight out of 100 teachers report attending the Annual Teachers Conference.
- Teachers in schools located in urban areas are more likely to report attending any in-service training.

Classroom Infrastructure, Materials, and Resources

- Twice as many private or military primary school classrooms have basic infrastructure and furniture than public schools: 33% versus 62%.

- Less than 2% of all headmasters report having basic instructional materials.

National Standards, Record Keeping, and Supervision

- Less than 3% of public primary schools and 8% of private primary schools meet the four National Service Standards.
- About nine out of 10 teachers report being supervised in the last two to six months.

Gender Equity

- Over 65% of primary schools report having a private latrine for girls and at least 40% female teachers on staff.
- As previously mentioned, attendance rates for male versus female students were similar (39% vs. 38%); and the overall gender parity index is 0.96.

Table 1. Population, Number of Enumeration Areas, and Proposed and Actual Sample Sizes by COMPASS Project LGAs in Each State

	Bauchi	FCT	Kano	Lagos	Nasarawa	Total
State population	1,355,181	371,674	2,476,911	4,388,647	498,682	9,091,095
Number of EAs sampled	26	26	52	52	26	182
Proposed HH sample size	650	650	1,300	1,300	650	4,550
Actual HH sample size	650	644	1,303	1,296	650	4,543
Male respondent	363	355	661	638	380	2,407
Female respondent	287	279	642	658	270	2,136
Mothers (has any child)	232	201	520	503	207	1,663
Mothers (has child <5 years)	138	116	205	216	109	784
Children 6-14 years	905	684	1,809	846	1,003	5,246
Children 6-11 years	664	459	1,298	565	722	3,688
Children 0-59 months	188	149	298	299	150	1,084
Children 6-59 months	177	134	264	254	133	962
Children 12-59 months	150	114	216	220	104	804
Children 0-23 months	69	70	159	141	73	512
Children 12-23 months	31	34	75	61	27	228
Children 0-5 months	11	16	36	46	17	126
Health facilities sampled	38	61	50	57	27	233
Schools sampled	175	132	246	199	130	882
Teachers sampled	837	626	1,338	1,157	532	4,490

Table 2. Summary of USAID Indicators Included in the Baseline Reports

	Indicator	Definition and Calculation	Data Source	Baseline Value
1	DPT3 immunization coverage	Percent of children ages 12-23 months who received 3 doses of DPT before their 1 st birthday, according to health card.	HH survey	12%
2	Contraceptive prevalence rate (CPR)	Percent of all women 15-49 years who report current use of a modern method of contraception at the time of the survey.	HH survey	9%
3	Birth interval	Median number of months separating successive births among women with two or more births.	HH survey	24
4	Pupil retention	The survival rate of primary school pupils by cohort (grade by grade, the proportion of pupils who move from one grade of primary schooling to the next).	School survey	P1 98.8% P2 98.5% P3 98.3% P4 97.1% P5 96.5%
5	Schools meeting national service standards for priority interventions	Percent of schools that meet the following 4 standards: keep teacher and pupil attendance records, pupils/toilet (40:1), separate girls' toilet with door, trained first aid teacher.	School survey	5%
6	Public and private health facilities meeting national service standards for priority interventions	Percent of public and private facilities providing 3 or more modern contraceptive methods with at least one trained provider to administer each and maintaining accurate registers.	Health facility survey	13%
7	Customers (client and community) that are satisfied with health services	Percent of women who were somewhat satisfied or very satisfied with health facility services at time of last visit.	HH survey	65%
8	Schools implementing girl-friendly education services	Percent of schools with private latrine for girls and 40 – 60% female teachers.	School survey	66%
9	Facilities that offer family planning and reproductive health services	Percent of health facilities with at least two (2) modern contraceptive methods available at the time of the survey, a trained provider such as a physician, nurse-midwife, pharmacist, medical officer or community health extension worker (CHEW) who has undergone at least basic family planning training, and completed FP and ANC records.	Health facility survey	15%
10	Facilities that offer routine immunization	Percent of facilities offering all the six essential antigens for child immunization: DPT1 – 3, Measles, OPV, and BCG; and possess completed immunization records.	Health facility survey	11%
11	Gender parity in target schools	Gender Parity Index = (Girls gross enrollment/Girls of primary school age) ÷ (boys gross enrollment/Boys of primary school age).	School survey	0.96
12	Classrooms equipped with basic instructional materials	Percent classrooms with basic instructional materials: wall charts, posters, IRI teacher guides, IRI pupil worksheets, text books, games, supplemental readers, and other teacher guides. Classrooms qualify as equipped if all of these 8 items are observed to be in the classroom.	School survey	1%

Table 3. Summary of COMPASS Project Indicators Included in the Baseline Reports

	Indicator	Definition and Calculation	Data Source	Baseline Value
1	Appropriate treatment of children with malaria	Percent of children 0-23 months with febrile episode during last 2 weeks who received the anti-malarial therapy recommended.	HH survey	23%
2	Skilled assisted delivery	Percent of last deliveries attended by a trained provider: midwife, nurse, CHEW, CHO, or doctor	HH survey	33%
3	Pregnant women attending antenatal clinic	Percent of mothers who obtained ANC services at least 4 times during their last pregnancy from a trained provider at a hospital or clinic	HH survey	31%
4	Children who are fully immunized	Percent of children 12 – 59 months old who received BCG, DPT1-3, OPV 1-3, and measles by 1 st birthday, according to card	HH survey	4%
5	Rate of Vitamin A supplementation coverage	Percent of children 6 - 59 months old who received Vitamin A supplement in the past 6 months, card or recall	HH survey	23%
6	Children under 5 who sleep consistently under ITNs	Percent of children under 5 years old who slept under an ITN last night	HH survey	3%
7	Children who are exclusively breastfed	Percent of children 0 – 5 months who were exclusively breastfed in past 24 hours	HH survey	22%
8	ANC clients immunized with TT	Percent of women who were given TT during ANC at last pregnancy, if needed.	HH survey	65%
9	Women who receive IPT during pregnancy	Percent of women receiving IPT with Fansidar at least once during ANC visit	HH survey	9%
10	Schools that provide health care for pupils	Percent of schools with: clean water, latrines, health in curriculum, records of teachers' referrals of children to health facilities, and child health cards or records showing immunizations, supplementation of micronutrients or de-worming given at school	School survey	6%
11		Percent of schools with clean drinking water available on site, children have free access, source (well or borehole), clean covered storage/reservoir	School survey	2%
12	Classrooms with basic infrastructure and furniture	Percent of classrooms with floor, roof, window, blackboard, chair for each pupil, writing surface for each pupil, teacher's table, teacher's chair	School survey	43%