



User Guide to **M**ultiple **I**ndicator **C**luster **S**urveys (**MICS**)



What Is MICS?

Multiple Indicator Cluster Surveys (MICS) is an international household survey initiative developed by UNICEF to assist countries in filling data gaps for monitoring human development in general and the situation of children and women in particular.

MICS produces statistically sound, internationally comparable estimates of social indicators such as those required for monitoring the goals and targets of the Millennium Declaration, the World Fit for Children Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session on HIV/AIDS. Originally developed to the globally agreed set of goals that emerged from the 1990 World Summit for Children, MICS have been implemented every five years since 1995. In the first three rounds of MICS surveys, 185 MICS surveys have been carried out in approximately 100 countries. MICS survey reports and the majority of survey data are publicly available at no cost.

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What does MICS offer?

- Information on household living conditions
- Results of interviews with women 15-49
- Data on children under five from mothers or other caregivers
- Disaggregated data by sex, wealth, urban and rural areas and, often, by sub-national level
- Comparability over time and between countries
- Starting with the fourth round of MICS surveys, UNICEF will be offering technical assistance every three years. This should increase UNICEF's ability to capture rapid changes in key indicators and to provide more rapid feedback to policymakers and other users to better fine-tune policies and programs on behalf of children and mothers.

What kind of information MICS collects?

At the Household Level: age, sex, orphanhood and vulnerability of children, schooling of all household members, child labour, use of iodized salt, ownership of goods, use of insecticide-treated mosquito nets and access to water and sanitation. Modules can be added on child discipline and disability, maternal mortality and security of tenure and durability of housing.

From Women: women's literacy, education, child survival, administration of tetanus toxoid, maternal and newborn health, marriage, polygyny, female genital cutting, contraception, sexual behavior and HIV/AIDS knowledge, with optional modules for unmet need and domestic violence.

On Children: literacy, education, birth registration, early learning, vitamin A, breastfeeding, care of illness, malaria, immunization and anthropometry, with an optional module for child development.

MICS Surveys Indicators Used to Monitor the United Nations Millennium Development Goals (MDGs)

Goal 1. Eradicate Extreme Poverty and Hunger

Prevalence of underweight children under age 5: Refers to children who weigh too little for their age

Goal 2. Achieve Universal Primary Education

Net enrollment ratio in primary education: MICS provides rather a “net primary school attendance rate”, that is the proportion of children of primary-school age who currently attend (rather than being enrolled in) primary or secondary school

Proportion of pupils starting grade 1 who reach grade 5: Looks at the proportion of children entering the first grade of primary school and who eventually reach grade five

Goal 3. Promote Gender Equality and Empower Women

Ratio of girls to boys in primary, secondary and tertiary education: MICS looks at the proportion of girls in primary and secondary (not tertiary) education, compared to that of boys

Goal 4. Reduce Child Mortality

Under-five mortality rate: Probability for children to die between birth and age five, per 1,000 live births

Infant mortality rate: Probability for children to die between birth and age one, per 1,000 live births

Proportion of 1 year-old children immunized against measles: Proportion of children age 12-23 months who receive the measles vaccine before their first birthday. In countries where measles vaccination is typically given at 15 months of age, the age group of 18-29 months is used



Goal 5. Improve Maternal Health

Maternal mortality ratio: number of deaths of women in a given year that occur during pregnancy, childbirth, or in the two months after childbirth or termination of the pregnancy, expressed per 100,000 births. MICS uses the “sisterhood method”, which relies on questions posed to all adults in a household about the survival of their sisters. This produces an estimate centered 10 to 12 years before the survey

Proportion of births attended by skilled health personnel: proportion of women age 15-49 with a birth in the 2 years preceding the survey that were attended during childbirth by a skilled health personnel, such as doctors, nurses, midwives, and auxiliary midwives

Goal 6. Combat HIV/AIDS, Malaria and Other Diseases

Condom use at last high-risk sex: proportion of women age 15-24 who used a condom during sexual intercourse with their last non-marital, non-cohabiting partner in the previous 12 months

Percentage of population age 15-24 with comprehensive correct knowledge of HIV/AIDS: women who correctly identify 2 ways of avoiding HIV infection and reject 3 common misconceptions about HIV transmission

Ratio of school attendance of orphans to school attendance of non-orphans: proportion of children age 10-14 whose both parents have died and who attend school

Proportion of population in malaria risk areas using effective malaria prevention measures: proportion of children age 0-59 months that slept under an insecticide-treated net the previous night



Goal 7. Ensure Environmental Sustainability

Proportion of the population with sustainable access to an improved water source: proportion of households using water piped into a dwelling, yard or plot; public tap or standpipe; tube-well or borehole; protected dug well or protected spring; rainwater collection; and bottle water (only when used in conjunction with another improved water source used for other purposes)

Proportion of the population with access to improved sanitation: proportion of households using a facility that flushes to a piped sewer system, septic tank, or pit (latrine); a ventilated improved pit latrine; a pit latrine with a slab or a composting toilet.

Further Analysis of MICS Data

Implementing a household population survey such as MICS is like taking a series of snapshots of the health, demographic and social situation that prevails throughout a country at a specific point in time. While accurate and focused, these snapshots do not necessarily reveal the variety and the complexity of the situations they highlight. Similarly, while MICS national final reports provide a wealth of information, only part of the information collected actually gets published. For these reasons, further analysis of MICS data is necessary to comprehend changes over time, to identify the reasons why some population groups are more disadvantaged than others (youth, women, poor, etc.) or to better assess the quality and representativeness of the information. Topics of interest include:

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- The reasons why previously observed childhood mortality declines have recently stagnated in some parts of the world, and not in others.
- The relationship of household structure and socioeconomic status to children's health outcomes.
- An analysis of childhood malnutrition changes over time.
- An evaluation of the representativeness of the data at the sub-national level or for specific population groups (i.e., 15-19 years old or those living in poorest households).

MICS as an Advocacy Tool

MICS findings can be used in presentations, by the media, in public education materials, or in speeches for the purpose of influencing public opinion on the situation of children and women around the world.

Why Is MICS Data Useful? And for Whom?

MICS surveys are the result of collaborative efforts and consultations with many agencies, national counterparts and global partners in development. This ensures that MICS are harmonized with other global data collection efforts, and can produce relevant internationally-comparable information, the cornerstone of evidence-based decision-making for the development of policies, strategies and interventions, aimed at the improvement of the lives of children and women.

By identifying and bringing to the world's attention the policy and program implications of MICS results, UNICEF and its partners provide policymakers, program managers and decision makers with the tools they need to develop better nutritional programs for mothers and children, to reduce child labour, to address the domestic violence girls often experience, to improve treatment of children fighting illnesses and diseases such as fever, malaria, or HIV/AIDS or to implement policies geared to protecting the poorest and most disadvantaged individuals such as street children, disable persons, victims of emergencies and others.

For journalists, MICS provides representative data to put stories in context, either on the economic situation in a country, conditions people live in, a population's health care, or politics in general. MICS data is oftentimes newsworthy, at times controversial, but it remains an unparalleled source of information on the situation of women and children throughout the world.

Accessing MICS Data for Free:

All MICS-related data and documentation can be viewed at <http://www.childinfo.org/mics> including questionnaires, manuals, data processing and tabulation plans as well as national reports, datasets and contact information. Furthermore, results from the surveys will be made available in DevInfo, a powerful database designed to monitor progress towards the Millennium Development Goals.

Questions? Contact the Global MICS Coordinator, Strategic Information Section, Division of Policy and Planning, UNICEF, 3 U.N. Plaza, New York, NY 10017, USA. Tel: 212 303 7982

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