MULTIPLE INDICATOR CLUSTER SURVEY (MICS)

Federally Administered Tribal Area (FATA) Pakistan

Planning & Development Department, FATA Secretariat
United Nations Children's Funds (UNICEF)
World Food Programme

unicef

WFP

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus-Cereus-Guerin (Tuberculosis)
CDC	Centre for Disease Control and Prevention, USA
CEA	Census Enumeration Areas
DPT	Diphtheria Pertussis Tetanus
EPI	Expanded Programme on Immunization
FATA	Federally Administered Tribal Area
GAVI	Global Alliance of Vaccines and Immunization
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ILBD	International Live Birth Definition
IDD	Iodine Deficiency Disorders
IMCI	Integrated Management of Childhood Illnesses
IQ	Intelligence Quotient
ITN	Insecticide Treated Net
IUD	Intrauterine Device
LAM	Lactation Amenorrhea Method
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
NAR	Net Attendance Rate
NCHS	National Centre for Health Statistics
ORT	Oral Rehydration Therapy
ORS	Oral Rehydration Situation
PPM	Parts Per Million
PSU	Primary Sampling Unit
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infection
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
VAS	Vitamin A Supplement
WFFC	World Fit For Children
WFP	World Food Programme
WHO	World Health Organization

Table References

CD - Child Development	HA - HIV/AIDS
CH - Child Health	HH - Household
CM - Child Mortality	EN - Environment
CP - Child Protection	NU - Nutrition
ED - Education	RH - Reproductive Health

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Foreword

The territories that form FATA consist of seven 'political agencies'-Bajaur, Mohmand, Khyber, Orakzai, Kurram, North Waziristan, and South Waziristan-and six smaller zones, called 'Frontier Regions' (FRs) in the districts of Bannu, Dera Ismail Khan, Kohat, Lakki Marwat, Peshawar and Tank. To the north and east, the tribal areas are bounded by the North West Frontier Province (NWFP), while on the south lies the province of Balochistan. In the south-east, FATA joins the Punjab province.The Durand Line, which separates Pakistan from Afghanistan, forms the western border of FATA.

Starting with the 1979 Soviet invasion of Afghanistan, the last three decades have seen turmoil and instability across the border spill over into FATA. During the same period, FATA has remained one of the most insular and isolated corners of the country, cut off from the mainstream of Pakistani society. Its people have seen few of the benefits of development activities launched in their own area and have failed to share in the progress achieved elsewhere in the country. Increasingly impoverished and marginalised, they have also become vulnerable to exploitation at the hands of criminal and extremist elements.

The socioeconomic indicators of FATA suggest that it is one of the poorest areas of the country. The key reasons of the historical development lag are attributed to resource and capacity constraints, scarce economic activities and socio-cultural barriers and law & order situation. A number of projects were started under successive FATA Annual Development Programmes (ADPs), however, meager financial allocations coupled with increased development cost have resulted in huge throwforward liabilities. FATA ADP has throwforward liabilities of more than Rs. 40 billion. With current level of funding by the Federal Government it would take atleast four years to complete the ongoing projects of the FATA ADP. Thus it leads to poor visibility and impact of the development interventions. Even with increased allocation since year 2002, the per capita government funded development investment in FATA (Rs. 905/- or US$ 11.30) stands very low against the national per capita government funded development investment (Rs. 2044/- or US$ 25.55). This issue is more compounded due to the fact that there is also no private investment being made in FATA.

The cost of development and construction is also high mainly due to lack of availability of local material, human resources and machinery. Similarly, limited resources coupled with increased procurement rates have further impacted the development and cost of construction in FATA. Moreover, the ongoing conflict in FATA has severely impacted the already limited economic activity as there has been significant increase in the flight of capital and human resource from the conflict ridden pockets of FATA.

Another phenomenon is that the ongoing conflict has limited the access of tribesmen to market places in settled districts of NWFP and vice versa. Resultantly, the cost of living has increased manifold. Moreover, there have been frequent incidents of blasting of public infrastructure including electricity pylons, schools, health facilities etc. resulting in poor service delivery. The cost of protection of these facilities and public life has also increased manifold due to the on going conflict in the area. It may not be wrong to state that due to the ongoing conflict, most of the socio-economic indicators of FATA have regressed instead of making progress towards betterment of the local populace. It also appears that there is no quick fix of the crises. Undoing this damage will require a long term commitment, both political as well as financial, that would address not only the brick and mortar reconstruction but also try to heal the psychological scars which have marked the population.

To effectively respond to the development challenges, FATA Secretariat has prepared the FATA Sustainable Development Plan (2006-15) which provides a framework for development interventions in FATA. The Plan identifies lack of availability of authentic data for informed decision making as one of the key cross cutting issue in FATA. Therefore the Plan envisages creation of an authentic baseline in different sectors.

In line with the objectives of FATA Sustainable Development Plan and recognizing the need for an authentic baseline, FATA Secretariat selected the Multiple Indicator Cluster Survey (MICS) methodology to fill the data requirement gaps. The methodology, which has been successfully implemented in more than 70 countries in connection with the monitoring of the World Summit Goals for Children, has been used to produce the first ever comprehensive survey on human development at the Agency and Frontier Region (FR) level in FATA – the “FATA Multiple Indicator Cluster Survey”.

FATA Secretariat in partnership with UNICEF, Federal Bureau of Statistics, GoNWFP Bureau of Statistics

and WFP, carried out the survey which is first of its kind in the history of FATA. On successful completion, FATA Secretariat is pleased to present the report of the FATA MICS 2007-08. The results will make a valuable contribution to the end users for effective development planning in FATA and would provide a basis for future surveys of similar nature.

MICS FATA report is comparable, in terms of data quality, with any MICS survey carried out in Pakistan and international standard surveys. The report has been prepared, with inputs from UNICEF, Federal Bureau of Statistics, NWFP Provincial Bureau of Statistics and WFP, on the latest international standard of MICS3, recently developed by UNICEF. All the tools are based on the models and standards developed by the global MICS project under MICS3, designed to collect information on the situation of children and women in countries around the world. MICS FATA covers 76 indicators vital for development planning in FATA and required by donors and planners.

We must ensure these efforts are not in vain. The Planning and Development Department, FATA Secretariat is therefore encouraging government officials at FATA Secretariat and Agency/FR level and the academicians to make ample use of the information and analysis provided in the report to improve the planning, implementation and monitoring of social services for the people in FATA.

Planning and Development Department
FATA Secretariat, Peshawar, Pakistan
April 2009

FRAMEWORK

1. Introduction

1.1. Background

This report is based on the Multiple Indicator Cluster Survey (MICS) completed in the Federally Administered Tribal Area (FATA) of Pakistan, conducted in 2007 by the FATA Secretariat with the financial and technical assistance of UNICEF. The Vulnerability Analysis and Mapping (VAM) unit of the World Food Programme has carried out the validation and analysis of the data and produced the report.

The Federally Administered Tribal Area (FATA) is a special region of Pakistan comprised of seven agencies and six frontier Regions (FRs) along the border of Afghanistan, covering an area of 27,220 km² (10,507 square miles). About 3,341 million people belonging to various tribes are living in this area under their own century-old rules and regulations.

The MICS survey is first of its kind in FATA, and provides valuable information on the situation of children, women and families. Development agencies will therefore find the results useful in planning development interventions in FATA. It is generally based on the need to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (**A World Fit for Children,** paragraph 60)

"…We will conduct periodic reviews at the national and sub-national levels of progress in order to address obstacles more effectively and accelerate actions…" (**A World Fit for Children,** paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"… As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the **Millennium Declaration** (paragraph 31) calls for periodic reporting on progress:

"…We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

By signing these international agreements, governments committed themselves to improving conditions for children and agreed to monitor progress towards that end. UNICEF was assigned a supporting role in this task (see box).

The Government of Pakistan emphasises the need to meet the Millennium Development Goals (MDGs). Two policy frameworks address the Millennium Development Goals in Pakistan. The *Medium-Term Development Framework (2005-2010)* incorporates MDG-based poverty reduction as part of its strategy. Whereas, the *Poverty Reduction Strategy Paper (PRSP) II for 2007-2009,* under formulation, proposes a strategy capitalizing on the demographic transition in Pakistan through broad-based growth in a globalizing world linked with poverty reduction, employment generation and management. A costing exercise was recently concluded to identify resources required to achieve a number of the MDGs in the education, health, water and sanitation sectors. The selection of indicators, their disaggregation, and

data sources remain a priority issue. With a strong growth focus in the PRSP II, linkages between growth and poverty indicators will remain a challenge. This report presents the results of the indicators covered in the survey.

1.2. Survey Objectives

Primary objectives of the MICS FATA 2007 were:

- To provide up-to-date information for assessing the situation of children and women in FATA;
- To furnish data needed for monitoring progress toward goals established in the Millennium Declaration, the goals of A World Fit For Children (WFFC), and other internationally agreed upon goals, as a basis for future action;
- To contribute to the improvement of data and monitoring systems in FATA and to strengthen technical expertise in the design, implementation, and analysis of such systems.
- To provide input for assessing selected MDG indicators.

2. Sample and Survey Methodology

2.1. Survey Management

The survey process was governed by a **Steering Committee** chaired by the Additional Chief Secretary, FATA. Members included representatives from selected line Directorates (Education, Health, Public Works & Services and Local Government & Rural Development), the Planning and Development Department FATA, the Federal Bureau of Statistics, the NWFP provincial Bureau of Statistics and UNICEF. The Steering Committee approved all major issues pertaining to the survey such as final questionnaire, changes in the data collection methodology and the final report. Political Agents of the FATA were called into this forum when and if necessary.

A **Planning and Coordination Group** chaired by the Secretary Planning and Development Department FATA was involved in the preparation of the survey tools and advised the Steering Committee on the survey implementation. Members of this group were representatives from line departments, the NWFP provincial Bureau of Statistics, the chief survey coordinator-FATA Secretariat, the technical survey coordinator and a national consultant engaged by UNICEF.

An **Operational Group** chaired by the chief survey coordinator-FATA Secretariat was responsible for day-to-day management and logistics of the survey. It included the technical coordinator, the national consultant, an administration and finance officer and an assistant technical coordinator.

The survey was implemented by the FATA Secretariat in partnership with Federal Bureau of Statistics, NWFP provincial Bureau of Statistics and UNICEF. The survey was funded both by FATA Secretariat and UNICEF. A local data management firm was engaged for the data processing. However, a validation exercise was deemed necessary following review of preliminary data tables and validation and re-analysis of the data set and final report writing was entrusted with WFP's Vulnerability Analysis and Mapping Unit of Pakistan.

2.2. Sample Design

The sample for MICS FATA was designed by the Federal Bureau of Statistics, to provide estimates of various indicators on the situation of children, women and households in general at the FATA, Agency /FR level and for urban and rural areas. The sample was selected in two stages. In the first stage, 334 clusters as primary sampling units (PSUs) were systematically selected. Listing was conducted in the sample PSUs. In the second stage, households were randomly selected within each PSU. In rural PSUs, 16 households were picked for enumeration, and 12 households were selected from the urban PSUs. The total sample had 317 PSUs in rural and 17 PSUs in urban areas. The survey covered 4,608 households in rural areas and 168 households in 4 urban locations of Kurram and Khyber agencies.

2.3. Questionnaires

Three sets of questionnaires were used in the survey: 1) a household questionnaire which was used to collect information on all household members, the household, and the dwelling; 2) a women's questionnaire administered in each household to all women aged 15-49 years; and 3) a Children under-5 questionnaire, administered to mothers or caretakers of all children under the age of 5 living in the household.

The Household Questionnaire included the following modules:

- Household listing
- Education
- Water and sanitation
- Household characteristics
- Child labour
- Maternal mortality
- Consumption of iodized salt

The Questionnaire for Individual Women was administered to all women aged 15-49 years living in the households, and included the following modules:

- Child Mortality
- Tetanus Toxoid
- Maternal and Newborn health
- HIV/AIDS awareness

The Questionnaire for Children Under Five was administered to mothers or prime caretakers of children under 5 years of age1 living in the households. Normally, the questionnaire was administered to mothers of under-5 children; in cases when the mother was not listed in the household roster, a primary female caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Birth registration
- Vitamin A
- Breastfeeding
- Treatment of illness and care
- Anthropometric data

The questionnaires are based on the MICS3 model questionnaire. The English version of the questionnaire was translated into Urdu language and was pre-tested in March 2007. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. Copies of the FATA MICS questionnaires are available with FATA Secretariat and on UNICEF Website.

In addition to the administration of questionnaires, fieldwork teams tested the cooking salt in the households for iodine content, and measured the weight and height of children aged under 5 years. Details and findings of these measurements are provided in the respective sections of the report.

2.4. Training and Fieldwork

The interviewers have been adequately trained to collect data and ask questions. Training included lectures on interviewing techniques, questionnaire content, and mock interviews. Three trainings were conducted for 88 participants including enumerators (male-female) supervisors and senior supervisors. The enumerators were selected from the health and education directorate FATA and were mostly Lady Health Visitors (LHVs), Medical technicians and teachers, while supervisors and senior supervisors were selected from amongst the staff of the provincial Bureau of Statistics.

The data was collected by 12 teams. During the first phase, each team comprised of three interviewers (2 female, 1 male) with one supervisor for 2 teams. Afterwards the number of teams was increased to 20. An exclusive training was conducted for the enumerators and supervisors of FR Tank and South Waziristan Agency. The training was conducted at FR Tank. The editor was responsible for data editing prior to data entry and a data entry operator was responsible for entering the corrected data.

The fieldwork encountered numerous challenges given the extraordinary political, economic and security situation prevailing in the FATA. The gender dimension in particular posed a major challenge to the survey. Female family members in the FATA do not normally move within their own communities, let alone outside of their communities and are expected to be accompanied by male family members. The appearance of female enumerators that were not from the communities themselves and carrying out interviews inside the households was viewed with suspicion in many areas and was even refused in some. This situation created a difficult environment for female interviewers.

Given the prevailing law and order situation, the Steering Committee decided to adopt a change in fieldwork approaches in a number of agencies. In Bajour agency, households were requested to meet at a nearby health facility and bring young children along. This led to a situation whereby the household members were interviewed by the enumerators in a central location.

The fieldwork started in April 2007. Eight teams were deployed to Kurram Agency and 4 teams to FR Peshawar. The fieldwork was completed during September 2007.

2.5. Data Processing

Data processing was not centralized. Instead, the editor and data entry operators accompanied the teams to different agencies and Frontier Regions.

Data was entered on twenty computers using MS Access software. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and

standard programs developed under the global MICS3 project and adapted to the MICS FATA questionnaire were used throughout. Data processing began simultaneously with data collection in April 2007, and was completed in September 2007. Data was analyzed using version 14 of the Statistical Package for Social Sciences (SPSS) software programme and the model syntax and tabulation plans developed by UNICEF for this purpose. In addition, other software, like Anthro (WHO), Q5 (UNICEF), Addawin and data simulation/verification techniques were used in the analysis of various modules to ensure accurate and quality results.

3. Sample Coverage, Characteristics of Households and Respondents

3.1. Sample coverage

The total sample size was 5,276 households in 334 clusters covering 7 agencies and 5 Frontier Regions. Due to the security situation, non-response and/or population displacement, 34 clusters were dropped, including one entire agency, North Waziristan, one cluster in Kurram, two clusters in Khyber and one cluster in Mohmand agencies. A total of 4,296 households were interviewed.

After applying the data quality checking and validation process, 499 households were dropped. This left 3,797 households.

Table 3.1 Sampled Population	Total
Sampled households	4776
Occupied households	4745
Interviewed households	4296
Households dropped	499
Household response rate	**80.0**
Eligible women	5374
Interviewed women	5311
Women dropped	557
Women response rate	**88.5**
Eligible children under 5	4171
Mother/Caretaker Interviewed	4095
Children under5 dropped	407
Child response rate	**88.4**

3.2. Characteristics of Households

According to the 1998 Population Census, the sex ratio of FATA was recorded as 109 males per 100 females, while the MICS survey 2007 estimated it as 108.7 rounded to 109. This shows that the result of MICS 2007 is close to the actual population trend of 1998 census. The inter-agency sex ratio varies from the Census data, but falls within the acceptable limits. Average family size in FATA as per the 1998 Census was 8.7, while the MICS FATA estimate was 8.2.

Table-3.2: Sex ratio, 1998 Census Verses MICS FATA, 2007

Agency	1998 Census Ratio	MICS FATA Ratio
Bajour	105	114
Mohmand	110	102
Khyber	114	100
Orakzai	100	107
Kurram	105	100
N.Waziristan	113	-
S.Waziristan	116	125
FATA	109	109

Data on different age groups in the population was not available as it was not calculated for the 1998 Census, rather only the male population was counted. In order to make a reasonable comparison, the evidence from NWFP can be taken as an example. According to the NWFP 1998 Census, the percentages of all the specified age groups of 5 years interval are quite close to the estimated figures of MICS FATA, except for age group "0-4". In MICS FATA, age group "0-4" has 12.1% of the total population, which is less by 4.2% than NWFP for the same age group. The decline is possibly due to decline in population growth during the last 5 years. The cross-border war, militants' movements and security crisis accompanied by decline in income sources has resulted in decline of growth. The recent baseline livelihood survey by World Food Programme in 4 FATA agencies (March 2008) estimated 12.6% of population for the same age group.

The supposition for shifting the "0-4" age group population to the 2nd higher group, i.e., "5-9" is not valid as the "5-9" age group population is almost similar to the NWFP population ratio of the same group. Other indicators, like family size and sex ratio also suggest the trend of the population age groups in line with 1998 census results.

The distribution of survey population by age and sex is given in Graph 3.1. The population pyramid reflects 31,113 people listed in the survey, where 16,203 were men and 14,910 women. These figures indicate that that sex ratio is 109 males per 100 females, similar to the 1998 Census on FATA.

All the age groups by male and female ratio shows a normal trend except for age group 50-54, which is in favour of females, and age groups 60-64 and 70+, which are in favour of males. Such variations normally occur due to the comparatively higher death rates of a particular sex in a particular age group

and migration of male family members to other parts of the country or abroad for employment.

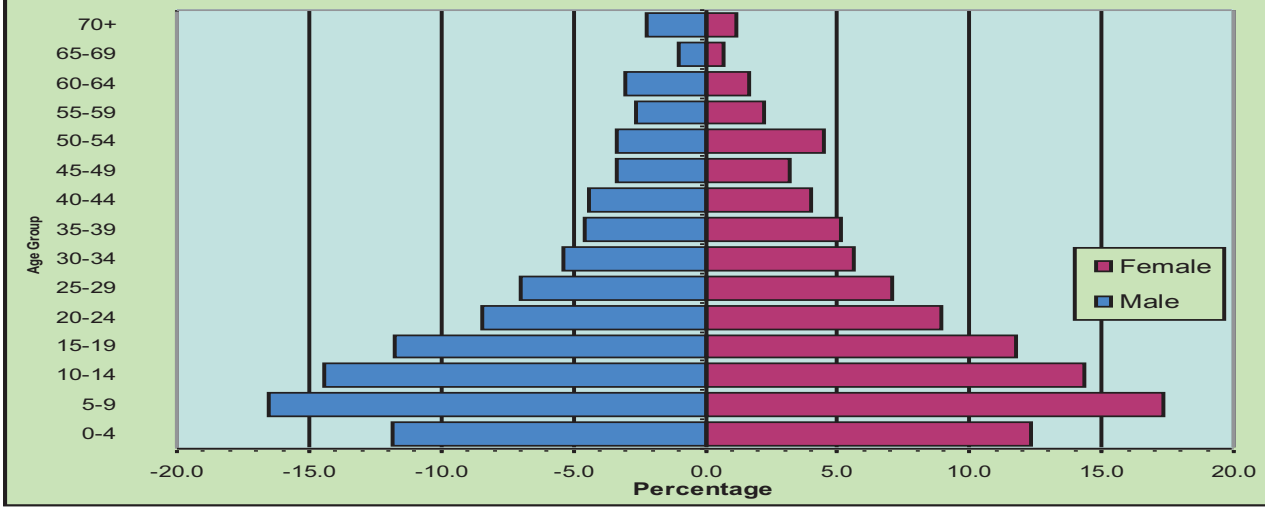
The NWFP 1998 Census data also shows the same trend where the ratio of age group "20-24" to "40-44" is in favour of females. The age groups of "20-24" and "25-29" in 1998 Census of NWFP have the same level of difference as mentioned for the age group "50-54" in the FATA MICS.

The population distribution from the survey closely resembles the pattern seen from the 1998 Census of NWFP and also the overall sex ratio of 1998 Census of FATA. The population size steadily diminishes with the growth in the population age. A sharp decline is observed beyond the age group of "15-19". A decline in the male-female ratio at age group 40-44 and beyond suggests migration of males to other areas in the country or abroad for earnings and many of them do not come back to the area. The population of children aged 0-14 years contributes 43.4% according to the survey.

Table:3.3 Population by age group

Age group	MICS FATA	1998 census NWFP
0-4	12.1	16.3
5-9	16.9	17.0
10-14	14.4	13.9
15-19	11.7	10.5
20-24	8.7	8.2
25-29	7.1	6.7
30-34	5.5	5.5
35-39	4.8	4.2
40-44	4.2	4.3
45-49	3.3	3.4
50-54	3.9	3.1
55-59	2.4	2.0
60-64	2.4	1.9
65-69	0.9	1.0
70+	1.7	1.9
Total	100	100

Graph 3.1: Percentage of population by age group and gender, FATA, 2007



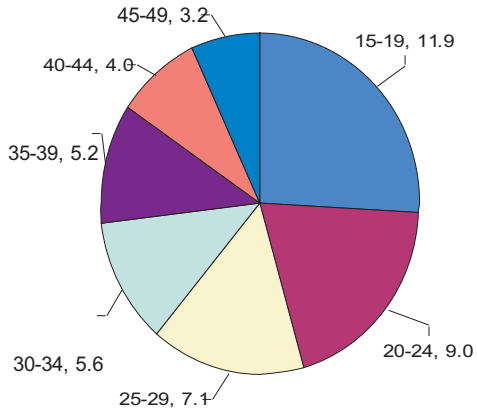
3.3. Characteristics of Respondents

Table HH-4 and HH-5 provide information on the background characteristics of female respondents "15-49" years of age and of children less than 5 years of age. Besides providing information on the background characteristics of women and children, the tables also aim to show the number of observations in each background category. These categories are used in the subsequent tabulations of the report.

According to the distribution of childbearing age women, the age group "15-19" has the highest percentage of such women (11.9%) in all age groups. The second highest age group is "20-24" with 9% of the population of childbearing age women.

Table HH-4 suggests that highest percentage of

Graph 3.2: Distribution of childbearing age women by five-year age groups, FATA, 2007



women of childbearing age reside in Bajour Agency (12.3%), followed by Khyber, Orakzai and Mohmand agencies with 12.1%, 11.1% and 9.9% respectively. The lowest percentage was recorded in FR Tank. Around 96% of this group live in rural areas, and 89.5% reported that they had given birth.

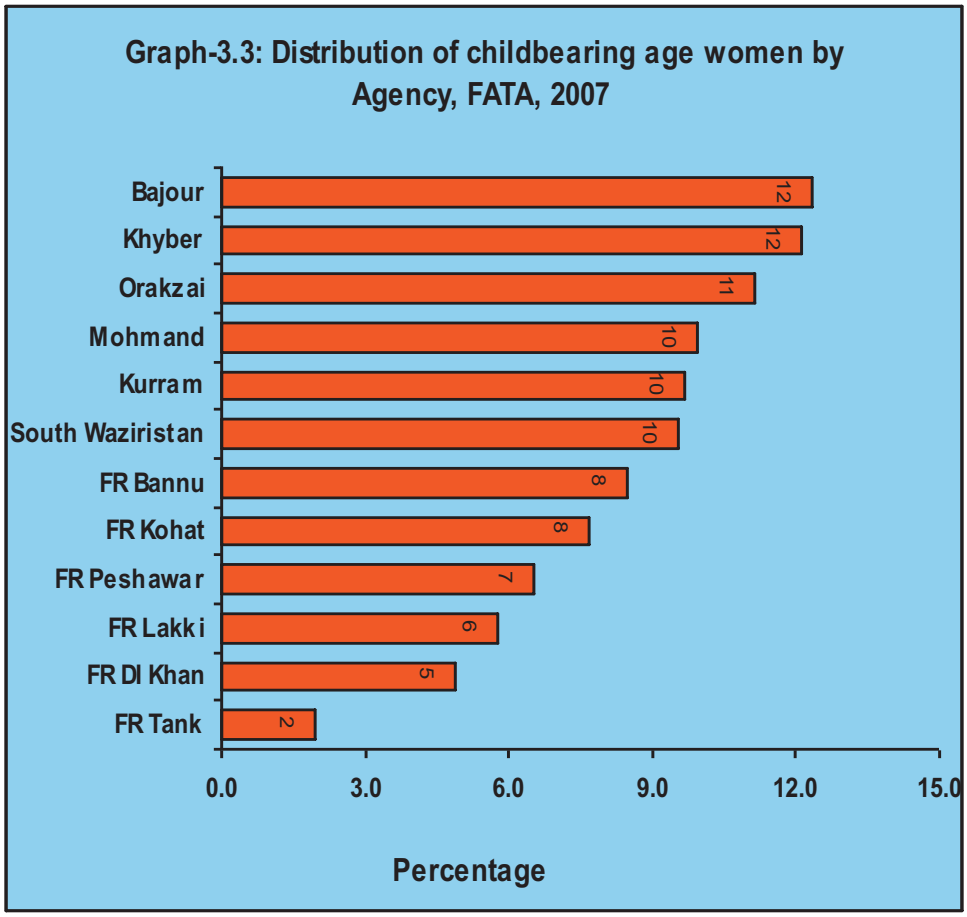


Table HH5 shows that the FATA population of under5 males was 50.9%, while females contributed 49.1%. Around 5.5% reside in urban areas.

4. Data Quality

The complex political, economic and power dynamics of the area, a unique governance structure which differs from the rest of the country, and the prevailing crisis on the border with Afghanistan, has created disturbance and insecurity in FATA.

Keeping in mind the extraordinary security risk and emergence of various militant groups, the fieldwork was subject to frequent interruption and restrictions in mobility.

These issues affected the fieldwork and compelled survey staff to interview the households away from their houses or in a centralized location in parts of a few agencies.

In order to maintain data quality, the Vulnerability Analysis and Mapping (VAM) unit of the World Food Programme thoroughly examined all aspects of the survey and conducted validation exercises. After detailed investigation, some problems were noticed in the following areas of the survey:

4.1. Interviews

1. Some households were not properly interviewed, either because the team could not meet with an adult from the household or because the location of the interview was far away from the respondents' residence. Such cases were found in Bajour agency (except one tehsil) and FR Lakki.
2. The combination of enumerators (male/female) could not be maintained in certain areas and thus women and infant related modules were not accurate. Male enumerators interviewed male household members in FR Bannu, FR Lakki, FR Tank and South Waziristan Agency. On the other hand, female enumerators interviewed male members of the selected households in parts of Bajour Agency.
3. The verification process was not always consistent. For example, questionnaires were sometimes verified by only one person, increasing the risk of human error.
4. There was no proper cleaning of data sets. The datasets from all agencies were found to contain mistakes, which could be avoided if properly cleaned.

Table 3.1: Children and women modules interview status

Agency/FR	Interviewed by
Bajour	F2M
FR Bannu	M2M
FR DI Khan	F2F
FR Kohat	F2F
FR Lakki	M2M
FR Peshawar	F2F
FR Tank	M2M
Khyber	F2F
Kurram	F2F
Mohmand	F2F
Orakzai	F2F
South Waziristan	M2M

F2M=female to
M2M=male to male
F2F=female to female

4.2. Data entry and processing

1. There were a number of mistakes in the soft form of data. Such mistakes were observed while comparing various modules of the dataset.
2. Mistakes in data were in the range of above 5% in various modules. In certain cases, different figures were recorded in modules giving the same results, like BF1_a (breastfed for 1 hr) and BF1_b (breastfed for 1 day), where both the columns were filled simultaneously, with different figures for a number of entries.
3. Missing data was not properly coded.
4. Some of the outliers were found in the datasets.
5. Labels and values were not defined.
6. Two different sets of data were observed for the same variable, without explanation.
7. Some of the results were not in line with empirical evidence from FATA or NWFP, such as family size, age group population and sex ratio.

4.3. Validation

In order to check data quality, a validation exercise was undertaken in four agencies and two FRs. Thirty households were randomly selected and interviewed. Data collected during validation was compared with the hard copy as well as with the soft data from the regular survey. It was observed that in some cases, names of the respondents did not match, however, number of family members was found to be correct. Proper techniques were not used to check the age of the family members, especially children, and were thus recorded as missing or unknown. This could have been avoided.

The validation process also identified a few mistakes in the soft form of the data and suggested a thorough screening of the dataset.

4.4. Action for data improvement

As a result of the personal observations of the enumerators, validation exercise, random checking of questionnaires, review of soft data and usage of advanced data verification software, 499 questionnaires were dropped from the survey. Poor quality questionnaires that deviated from normal trends or those with obvious mistakes were excluded from the analysis. This resulted in an 80% response rate with standard error (SE) Mean of 1.6. The women's response rate was 88% with SE Mean of 1.1, while children's response rate was 88% with SE Mean of 0.8. Details are given in table-HH-1. With the exclusion of such questionnaires, the dataset signaled a reasonable dispersion and showed a close proximity, for basic indicators, with the 1998 census data of FATA and NWFP.

In addition, some of the modules were also reviewed, especially of infants/children and women in areas where the enumerator was male or the respondent was male, both women and child module results were dropped. As a result, two agencies and three FRs namely, Bajour, South Waziristan, FR Bannu, FR Lakki and FR tank were excluded from the analysis for child and women's modules.

RESULTS

5. Infant, Child and Maternal Mortality

The International Convention on the Rights of the Child states that member states must take adequate measures to reduce infant and child mortality levels. The reduction of infant, child and maternal mortality is one of the key goals of the Millennium Development Goals and the Plan of Action of the International Conference on Population and Development (ICPD, Cairo, 1994). Their levels are one of the basic indicators that characterize the health of a country's population.

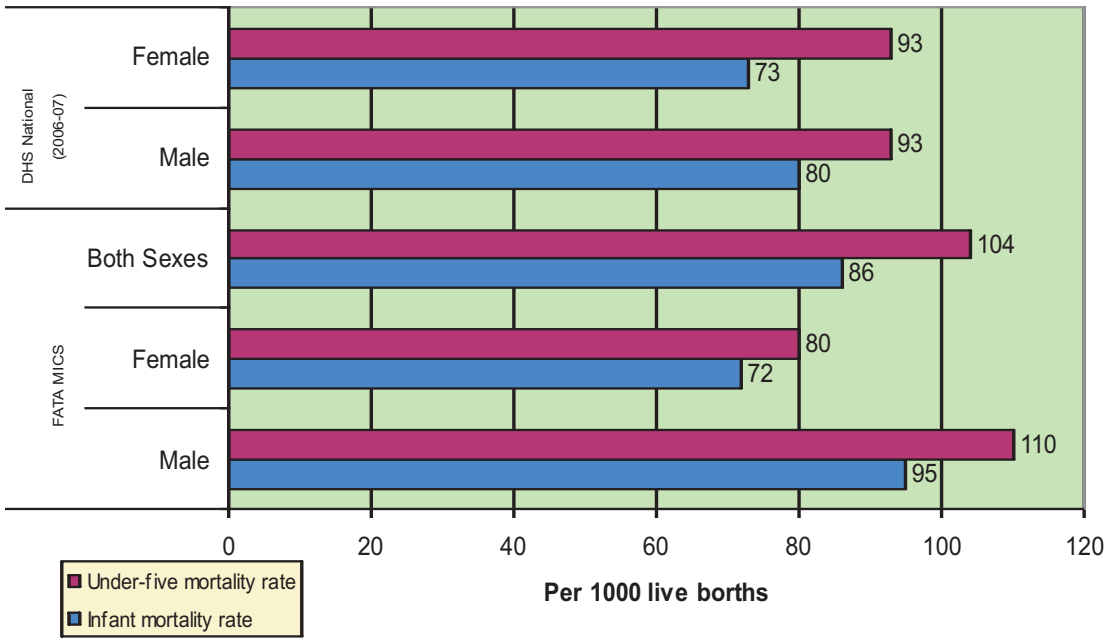
Monitoring progress towards this goal is an important but difficult task. Measuring childhood mortality may seem easy, but attempts using direct questions, such as "Has anyone in this household died during last year?" gave inaccurate results. Using direct measures of child mortality from birth histories is time consuming, more expensive and requires greater attention to training and supervision. Alternatively, indirect methods were developed. Indirect methods minimize the pitfalls of memory lapses, inaccurate or misinterpreted definitions, and poor interviewing techniques.

Infant mortality is the probability of dying before the first birthday. The infant mortality rate is the number of infants who die before their first birthday, per 1,000 live births. Whereas, child mortality is the probability of dying during the period between the birth and the fifth birthday. The child mortality rate is the number of deaths among children under five years of age per 1,000 live births.

For the MICS FATA survey, infants and under five mortality rates were calculated based on the indirect estimation techniques using the Coale-Demeny Models. The data used in the estimation was the mean number of children born for 0-5 years age group to women of "15-49" years of age and the proportion of children that had survived for the same group of women. The technique converts the data into probabilities of dying by taking into account both the mortality risks to which children are exposed, and their length of exposure to the risk of mortality, assuming a particular model of age pattern mortality.

According to the survey results, the under-5 mortality rate in FATA was 104 per 1,000 live births, while infant mortality rate was 86 per 1,000 births. The mortality rate for males was higher than that of females in the case of both infants as well as under-5 year children. There is no empirical evidence of mortality rates in FATA and therefore, no comparison for improvement or otherwise, can be made. According to the NWFP MICS 2001, infant mortality rate was 79 per 1,000 live births and 116 for under-five children. The mortality rates for infants, in Pakistan, as per the Demographic and Health Survey 2006-07 statistics were 80 for males and 73 for females, and 93 for males as well as females in the case of under-five age children per 1,000 live births . Hence, both infant and under-5 child mortality rates for males are higher in FATA when compared to national levels.

Graph-CM.1: Infant and under -5 mortality rates, FATA, 2007



[2] Demographic and Health Survey 2006-07, National Institute of Population studies, Government of Pakistan

Maternal Mortality is defined as a woman's death caused by pregnancy complications (irrespective of duration and site), occurring during pregnancy or up to 42 days after pregnancy. Thus, the rate of maternal mortality is extracted from the number of women who die due to complications during pregnancy, delivery or postpartum period per 100,000 live births.

The most common fatal complication is post-partum haemorrhage. Sepsis, complications of unsafe absorption, prolonged or obstructed labour and the hypertensive disorders of pregnancy, especially eclampsia, claim further lives. These complications can occur at any time during pregnancy and child birth without warning and require prompt access to quality obstetric services equipped to provide lifesaving drugs, antibiotics and transfusions and to perform caesarean sections and other surgical interventions that prevent deaths from obstructed labour, eclampsia and intractable haemorrhage.

The measurement of maternal mortality rates is difficult. Even countries with developed statistical systems often underestimate the rates, due to incorrect classification of the causes of death. Hence, indirect estimation techniques are often used.

The “sisterhood method” was applied in this survey for measuring maternal mortality, as recommended by WHO and other UN agencies. The method records deaths of respondents' sisters during pregnancy and delivery. Using this technique helps estimate the probability of maternal mortality. It should be used with caution, however, because of the high probability of estimation error. According to the survey results (Table RH.6), the maternal mortality rate (MMR) in FATA is 380 female deaths per 100,000 live births, higher than the national level MMR of 276 and NWFP, MMR of 275 per 100,000 live births (2006-07).

Thus, infant, child and maternal mortality rates are relatively high in FATA as compared to NWFP or Pakistan. Infant and maternal mortality is determined by a multitude of causes: poverty, economic, social, and cultural status, conflict, uncertainty, the quality of public health systems, demographic structure and behaviour etc.

It is well known that infant mortality is considered to be one of the most sensitive indicators of the level of poverty or socio-economic and human development. Addressing infant, child and maternal mortality is therefore a priority for governments, donor communities, UN agencies and local/district authorities.

[3,4] Demographic and Health Survey 2006-07, National Institute of Population studies, Government of Pakistan

6. Nutritional Status

The nutritional status of children is a reflection of their overall health. When children consume an adequate diet, are not exposed to repeated illness, and are well cared for, they can reach their growth potential and are considered well nourished. Malnourished children are at high risk of morbidity and mortality. Malnutrition during early childhood impacts on mental development and learning ability later in life.

In a well-nourished population, there is a standard distribution of height and weight for children under the age of five. The height and weight of malnourished children are lower than the expected average for well-nourished children of the same age. Malnourishment in a population can, therefore, be gauged by comparing average height and weight of these children to a reference distribution of children of the same age from a well-nourished, healthy population.

The reference population used in this report is the WHO growth reference, which is recommended for use by UNICEF and WHO. Nutritional status indicators can be expressed in Z-scores, or Standard Deviation Units (SD), which show how the children surveyed differ from the mean.

Weight for **age** is a measurement of both acute and chronic hypotrophy. Children whose weight is more than 2SD units below the average weight of children of the same age in the reference population are considered moderately or severely underweight, while those whose weight for their age is more than 3SD units below the mean are classified as severely underweight. Measurement for the weight of infants and young children is a time-tested method in strategies to prevent child hypotrophy.

Children whose weight for height is more than 2SD units below the mean weight for height of children in the reference population are classified as wasted (hypotrophic), while those whose weight for height is more than 3SD units below the average are considered severely wasted. Wasting or thinness is usually the result of a recent illness or acute nutritional deficiency.

Overfeeding of children on the other hand mostly underlies over-nutrition or fatness, which can be measured also by weight for height. Children whose weight for height is more than 2SD units above the mean weight of children of the same height in the reference population are considered obese. At the lower end of the weight for height distribution of 0-59 month old children, significant seasonal shifts may be observed in this indicator in association with fluctuations in food availability or disease prevalence. However, this indicator has not been examined in this survey.

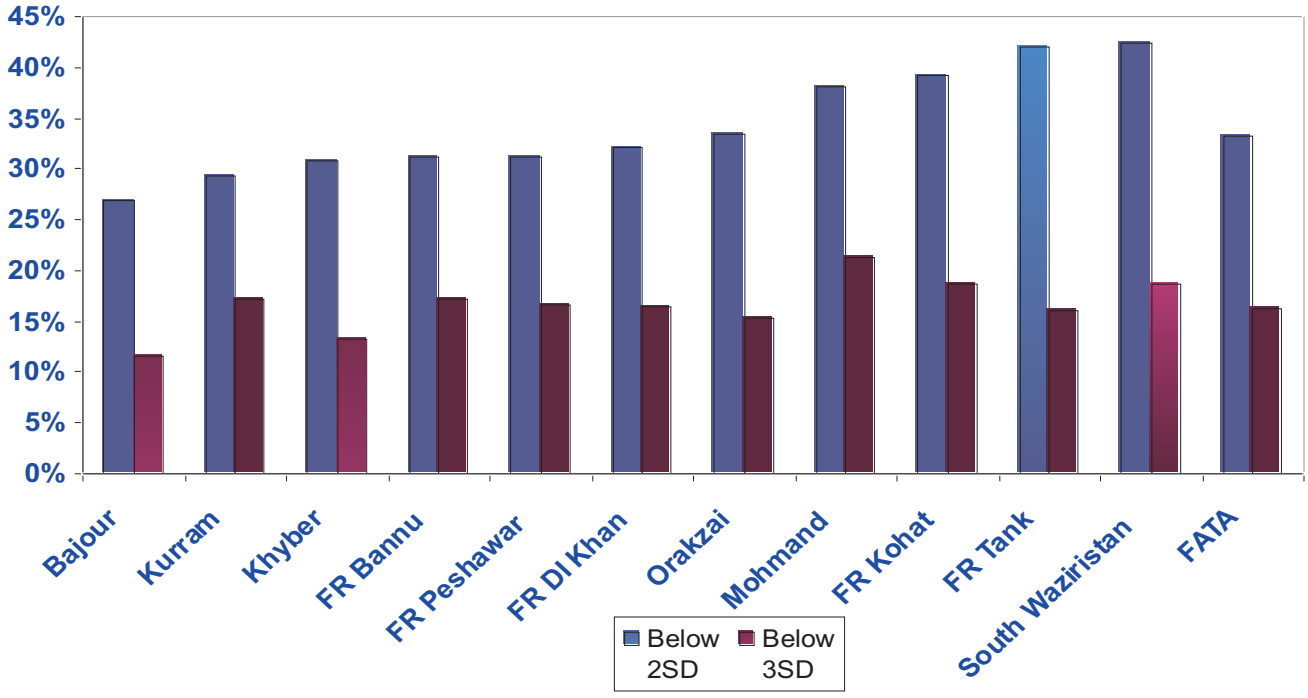
The distribution of children classified into each of these categories, based on anthropometric measurements taken during the survey, is presented in Table NU.1. Children who were not weighed and measured and those whose measurements are outside a plausible range are excluded from consideration. Overall, the information in Table NU.1 reports data from 90 percent of surveyed children.

Of children aged 0-59 months, 33.2% are underweight and 16.3 % are severely underweight. Wasting occurs in 13.1% of children and severe wasting in 6.6%. The most extensive nutritional problem in the FATA among the under five year-old children is underweight or retarded growth, which reflects chronic poor nutrition.

The nutritional indicators vary significantly by sex. Underweight prevalence in males is significantly higher than females (36.8% in males as compared to 29.5% in females). Similarly, the severely underweight percentage is 18.8% for males as compared to 13.7% for females. In rural areas, more children are underweight (33.7%) and severely wasted (6.8%), which exceeds similar indicators in urban areas where 25.3% are underweight and 3.4% severely wasted.

The pattern of malnutrition (Graph-5) shows that both moderate and severe underweight rates vary among agencies. The highest rate of moderate underweight (below -2SD) was recorded in South Waziristan and followed by FR Tank (42.5%, 41.9% respectively). The lowest rate was prevailed in Bajour agency (26.8%). The severe underweight rate was recorded to be the highest in Mohmond agency (21.3%), and lowest in Bajour agency (11.5%).

Graph NU-1: Children under weight by agency, FATA, 2007



The Standard Deviation (SD) for under-weight children is 1.56, for urban areas it is 1.62 and for rural 1.55. SDs for agency-wise indicators are given in table NU-1. The results should be used with caution keeping in view the SD for each category.

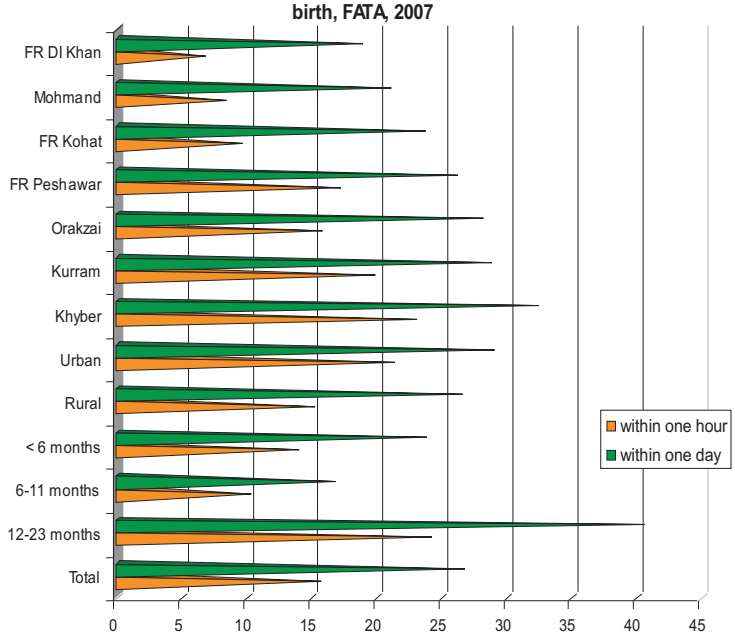
6.1. Breastfeeding and Complementary Feeding

Breastfeeding for the first six months is essential, while for the first few years of a child's life it is an economical and safe way to protect children from infection and provide an ideal source of nutrients. Lack of breastfeeding denies the infant an opportunity for early bonding and socialization. Mothers may stop breastfeeding too soon and turn to the use of infant formula or other locally made compounds, which can contribute to growth stunting and micronutrient malnutrition. Bottle feeding is unsafe in households where clean water is not readily available.

At the age of six months, the nutritional needs of infants can no longer be satisfied by breastfeeding alone. This is why complementary feeding needs to start from this age onward to make sure that young children continue to grow properly and stay healthy. The World Fit for Children goal states that children should be exclusively breastfed for the first six months and that breastfeeding should continue along with safe, appropriate and adequate complementary feeding up to the second year and beyond.

The Table-NU-2 and Graph-NU-2 gives details of breastfeeding by mothers during the first one hour and within the first day after birth. In FATA, traditionally, women do not breastfeed children immediately but rather wait for few hours or even a whole day. The result of the survey shows that after giving birth, only 15.6% of mothers start breastfeeding their newborn within one hour and 26.7% start within one day (Table NU.2, Graph NU.2).

Graph NU 2: Percentage of women aged 15-49 years with a birth in the 2 years preceding the survey who breastfed their baby within one hour and within one day of birth, FATA, 2007



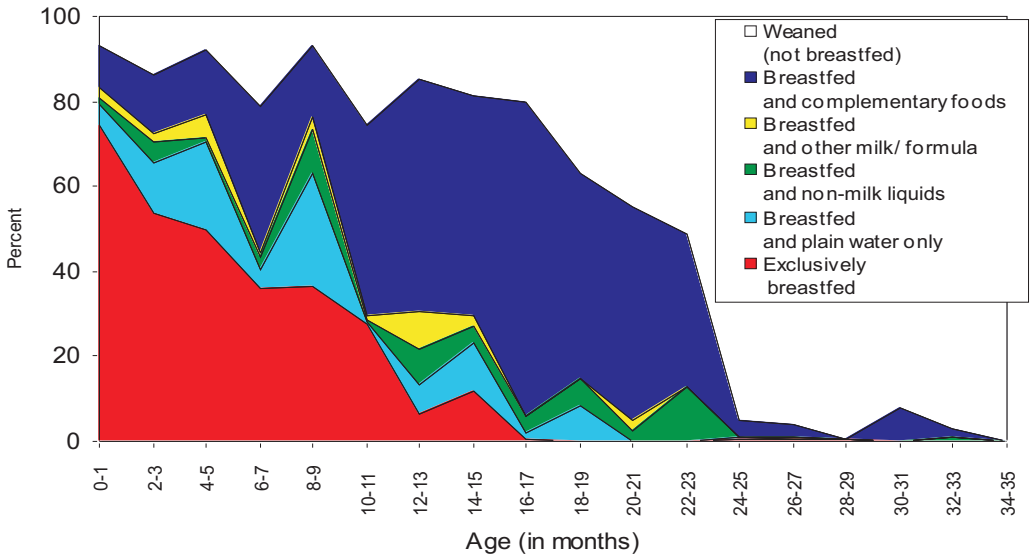
Only 23.8% of children below six months of age from the date of interview were exclusively breastfed, however, a level much lower than considered optimal. The highest percentage of women who started breastfeeding infants within one day is recorded in Khyber agency, followed by Kurram. These agencies are comparatively better for education and health indicators in general.

In Table NU.3, breastfeeding status results are based on reports from mothers/ caretakers on children's consumption of food and fluids in the 24 hours prior to the interview. Exclusively breastfed refers to infants who received only breast milk and vitamins, mineral supplements, or medicine. The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age.

Mothers/caretaker responses indicate that exclusive breastfeeding during the first three months of life among male infants is less prevalent than among female infants (42.6% vs. 46.4% respectively). Moreover, exclusive breastfeeding for 0-3 month children is about 4.6 % less prevalent in urban areas than in rural areas. It was also noticed that exclusive breastfeeding for 0-3 months infants in the poorest group is less prevalent as compared to the richest group.

After six months of age, 31.1% of the infants started receiving solid or semi-solid foods in addition to breastfeeding. About 87% of infants at 12-15 months of age were continuing to breastfeed in FATA.

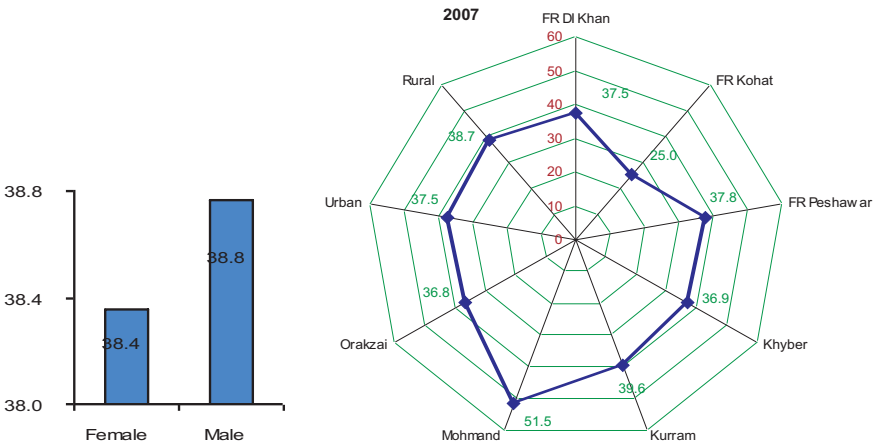
Figure NU.3w Infant feeding pattern by age: Percentage distribution of children aged under 3 years by feeding pattern by age group. FATA, 2006



Percentage of infants exclusively breastfed was 74.6% in the first month, which started declining over the period of time. About half of the infants at the age of 4-5 months were exclusively breastfed. The occurrence of initial exclusive breastfeeding is lowest in male infants and in urban areas. This demonstrates that there is substantial room for improvements in infant and young child feeding practices. Continued breastfeeding up to two years and beyond is established among a significant proportion of young children in FATA (Figure NU.3w), however, it is a matter of concern for good child feeding practices.

Approximately 38.6% infants of 0-6 months are exclusively breastfed in FATA. This percentage is higher in rural (38.7%) than urban areas (37.5%). There is no significant difference between male and female infants in terms of exclusive breastfeeding in the same age group. Agency/FR wise percentage of exclusive breastfeeding infants (0-6 months) significantly vary. The highest percentage of infants of the same age group exclusively breastfed was recorded in Mohmand agency (51.5%), while other agencies were almost with in the range of 36-40%, except FR Kohat.

Graph NU.4b: Percentage of 0-6 months infants exclusively breastfed, FATA,



6.2. Consumption of Iodized Salt

Illness caused by iodine deficiency (iodine deficiency disorders or IDD) is a global problem. A diet low in iodine leads to diminished mental function and intellectual performance, thereby reducing the education performance of the future generation. Iodine deficiency during pregnancy can lead to increased miscarriages and stillbirths, and in extreme cases it causes endemic cretinism. Iodine deficiency can be prevented by the low-cost strategy of iodizing all the salt for human consumption, including the salt used by the food industry, and for feeding animals.

Figure NU. 5: Percentage of households consuming adequately iodized salt, FATA, 2007

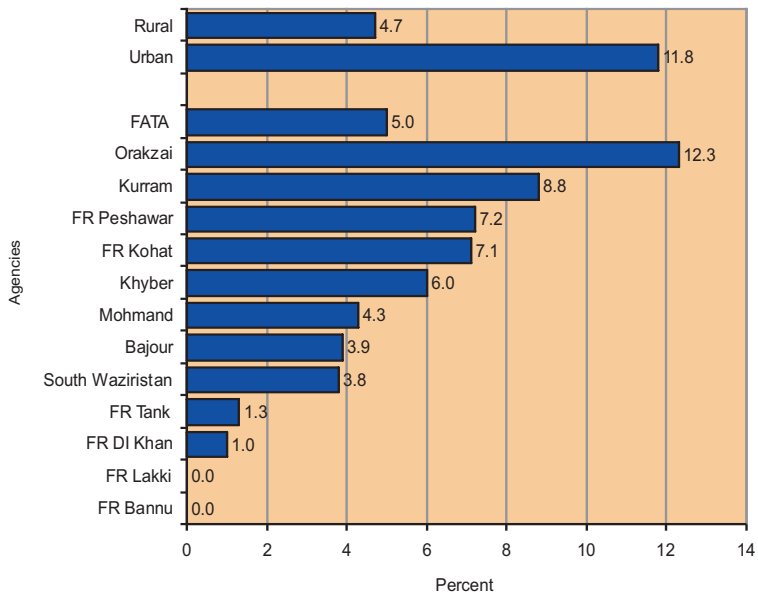


Table NU.5 shows the results of the household salt samples that were tested with a solution that detects iodine. The Government of Pakistan has started a programme for the iodization of salt through out the country. This initiative is assisted by UN agencies.

Household salt was tested for iodine during household interviews. The results of on-the-spot tests showed that only 5% households consume adequately iodized salt (15+ PPM). However, 12.7% families consume inadequately iodized salt with below 15 PPM. Salt was more likely to be adequately iodized in urban than in rural areas (11.8% and 4.7%, respectively). It is a matter of great concern that availability of iodized salt is inadequate and salt processors are not bound by the law to ensure iodization of salt.

As Figure NU.5 shows, the percentage of households using adequately iodized salt was highest in Orakzai agency and almost nil in FR Lakki and FR Bannu.

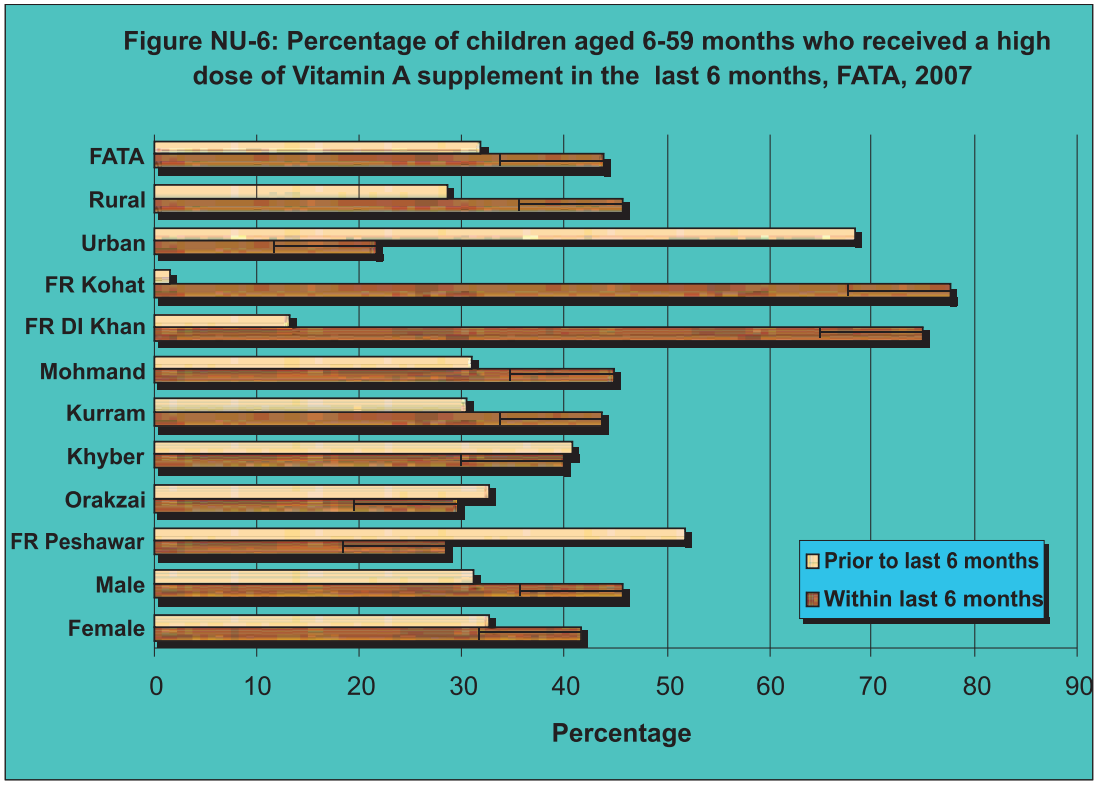
6.3. Vitamin A Supplements (VAS)

Vitamin A deficiency or shortage impairs the immune system of infants and young children, increasing their chances of dying from common childhood illness. It can cause eye damage and blindness in children with severe or recurrent diarrhea or in those with a high fever from viral diseases such as measles. In a population with vitamin A deficiency, pregnant and lactating women are at a higher health risk. Yet this deficiency can easily be prevented with inexpensive supplements, food fortification, or otherwise improved dietary habits. Based on international guidelines endorsed by UNICEF and WHO, the Ministry of Health carries out mass distribution of high-dose vitamin A capsules for children aged 6-59 months twice a year.

In Table NU.6 the status of vitamin A supplementation (VAS) of children and post-partum mothers is based on the recollection by mothers/caretakers of the six-month period prior to interview. Responses about VAS receipts were obtained for 90% of the 6-59 month old children. Of the total children, mothers/caretakers of 2,142 who were born in the two years before the interview have provided information about whether they received a high-dose VAS within eight weeks after giving birth.

Within the six months prior to the MICS survey, 43.7% of the 6-59 months old children received VAS, and 38.5% of children never received it. Nearly, 32% received VAS prior to last 6 months. In general, three out of four eligible children under five years old had benefitted from the national vitamin A campaign.

Figure NU-6: Percentage of children aged 6-59 months who received a high dose of Vitamin A supplement in the last 6 months, FATA, 2007



The proportion of children who received a confirmed VAS within the last six months was higher in rural areas (45.7% vs. 21.6%) than in urban areas. However, the intake of VAS prior to last 6 months was higher in urban (68.4%) as compared to rural areas (28.7%).

The age pattern of confirmed VAS receipts shows a modest decline after the age of two years. For children aged 6-11 months at the time of the survey, nearly 32% of their mothers reported that the infant had not received a supplement.

FR Kohat has the highest percentage of children who received VAS within the last 6 months, while FR Peshawar has the highest percentage of children who got VAS prior to the last 6 months. Both these regions are close to Peshawar city and thus have better access and awareness as compared to other agencies and FRs.

7. Child Health

7.1. Oral Rehydration Treatment of Children with Diarrhea

Diarrhea is the second leading cause of death among children under five worldwide. Most diarrhea related deaths in children are due to dehydration from loss of water and electrolytes from the body in liquid stools. Management of diarrhea - either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhea.

The goals are to: 1) reduce by one half, deaths due to diarrhea among children under five by 2010 compared to 2000 (A World Fit For Children); and 2) reduce by two thirds the mortality rate among children under five by 2015 compared to 1990 (Millennium Development Goals). In addition, the World Fit For Children calls for a reduction in the incidence of diarrhea by 25 percent.

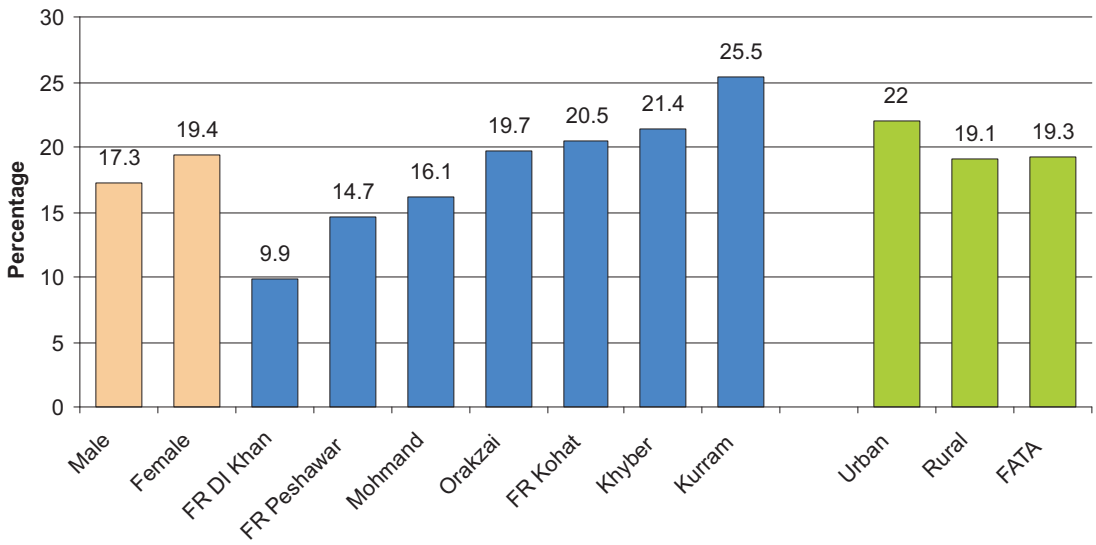
The indicators are:

- Prevalence of diarrhea
- Oral rehydration therapy (ORT)
- Home management of diarrhea
- (ORT or increased fluids) and continued feeding

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had diarrhea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the normal food and liquids intake by the child.

The survey covered 2,414 children aged 0-59 months. Of these, 451 children (19.3%) had episodes of diarrhea in the two weeks preceding the survey (Table CH.4). As the analysis shows, female children suffer from diarrhea more frequently than male children (19.4% males vs 17.3% females).

Figure-CH.5: Percentage of children with Diarrhea in the past 2 weeks, FATA, 2007



Children from urban areas had slightly higher episodes of diarrhea than children in rural areas. Incidence of diarrhea was the highest in Kurram agency at 25.46%, and lowest in FR DI Khan (9.8%).

Of the children who experienced diarrhea, nearly 70% received rehydration therapy (ORT), while 30% did not receive any treatment. Use of ORT is higher in rural than urban (71% and 66% respectively) areas. Home treatment was more likely in rural areas (12%) than for urban areas (4.9%). Nearly 58.3% had used ORS, 11.3% used homemade fluids and 19.7% pre-made ORS fluids.

7.2. Antibiotic Treatment of Children with Suspected Pneumonia

Globally, pneumonia is the leading cause of death in children. The prescription of antibiotics for children under five with suspected pneumonia is one of the most effective ways of fight it. Children with suspected pneumonia, besides having a fever or cough, often suffer from rapid or difficult breathing and other symptoms linked to disorders of the respiratory system.

Children with suspected pneumonia are those who have had an illness with a cough accompanied by rapid or difficult breathing and those whose symptoms were not due to a problem in the chest and a blocked nose. The indicators are:

- Prevalence of suspected pneumonia
- Care seeking for suspected pneumonia
- Antibiotic treatment for suspected pneumonia
- Knowledge of the danger signs of pneumonia

Survey respondents were asked if they had children who suffered from pneumonia within the past two weeks prior to the survey, and whether they received antibiotics during the same period or not and if care was sought outside the home. Table CH.6 presents the prevalence of suspected pneumonia.

Nearly 8.5% of children aged 0-59 months were reported to have symptoms of pneumonia during the two weeks preceding the survey. Of these children, 59.1% were taken to an appropriate health provider. Children with suspected pneumonia were taken to public hospital or health centre in 27.8%, and to a village health worker in 2.3% of cases respectively. About 28.1% purchased medicines from the pharmacy.

The percentage of females taken to an appropriate provider was less than those of males (56.6% versus 63%). Similarly, the group of 24-35 months had more opportunity to get the services of appropriate providers than other age groups. Children in this age group have learned to communicate with parents and inform them about problems.

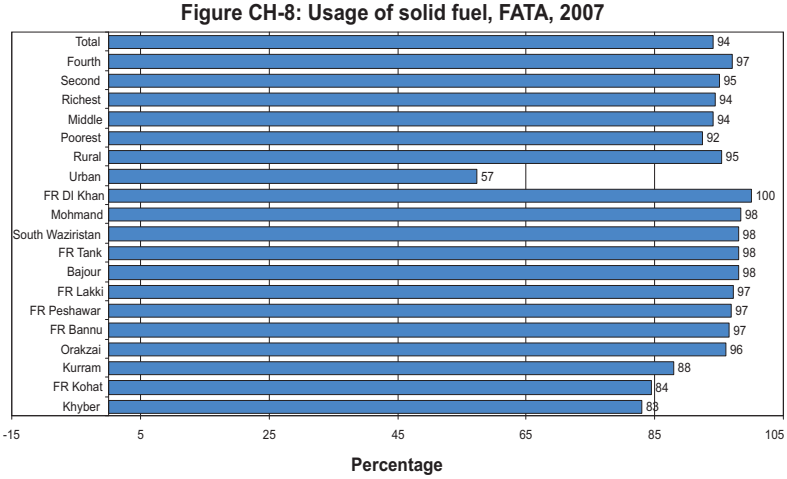
Table CH.7 presents the use of antibiotics for the treatment of suspected pneumonia in under-5 years during the two weeks prior to the survey. In FATA, 86.9% of under-5 children with suspected pneumonia had received an antibiotic- 94.7% in urban areas and 86.1% in rural areas. About 86.6% of females and 87.2 of males received antibiotics for the treatment of suspected pneumonia. Receipt of antibiotics at the age group of 0-11 is the highest among all other age groups for under-five.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.7A. Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Unfortunately, awareness about septum of pneumonia is a serious issue in tribal areas, where there are restrictions on the movement of women. Education levels are quite low and local expertise is almost non-existent. Women know very little about septum of many dangerous diseases including pneumonia.

7.3. Fuel Use

Solid fuels (biomass and coal) use is the traditional way to cook and heat. Owing to easy access and lack of availability of other sources of energy, its usage is quite common in rural areas. Heating and cooking with solid fuels leads to high levels of indoor pollution and is a major cause of health problems that can take the form of acute respiratory illnesses, particularly among children, as well as chronic obstructive illnesses of the lungs, cancer and other diseases. The use of a closed stove with a chimney decreases indoor pollution significantly.

Figure CH-8: Usage of solid fuel, FATA, 2007



According to survey data, 94% of all households use solid fuels for cooking (Table CH-8). There is a huge difference in urban and rural areas regarding the use of solid fuel. Around 95.5% of rural, as compared to 57.3% of urban areas, use solid fuel for cooking. Keeping in mind the nature of FATA society, no

large regional differences in solid fuel use exist. The most common source of solid fuel is fuel-wood, used by 89.8% of families in FATA.

Urban areas use improved, non-solid sources of fuel. Common sources include electricity and LPG Gas. Around 42.1% of households, in urban areas, use non-solid sources of fuel at home. Among agencies, Khyber was better off in terms of non-solid fuel usage. Similar is the case of FR Kohat and Kurram agencies. Wealth levels do not play a significant role in the utilization of non-solid fuel. Accessibility is a serious issue in FATA, where 90% of households using wood.

Methods used to burn fuel are important, with regard to indoor air pollution. Since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires, use of close stoves with a chimney minimizes indoor pollution, while open stove or fires without a chimney or hood means that there is no protection from the harmful effects of smoke.

A limited number of households use better method of fuel burning for cooking. Only 14.9% of the households use protected stoves with a chimney. The rest rely on traditional ways to burn fuel. There is no proper awareness about the dangers of smoke.

7.4. Immunization

The Pakistan Expanded Programme on Immunization (EPI), with the technical and financial support of WHO/ UNICEF carries out regular immunization campaigns. This includes BCG vaccination against tuberculosis, DPT vaccine for the prevention of diphtheria, pertussis (whooping cough), and tetanus, vaccination against measles and polio, during the child's first year.

In Pakistan, according to information from the vaccination records and mothers' recall, 80% of children aged 12-23 months received a BCG vaccination, 75% received the first dose of DPT, and 93% received at least one dose of polio . However, only 59% and 83% of children received the third dose of DPT and polio, respectively.

Figure CH-1: Vaccination in first year of life, %age of children with BCG

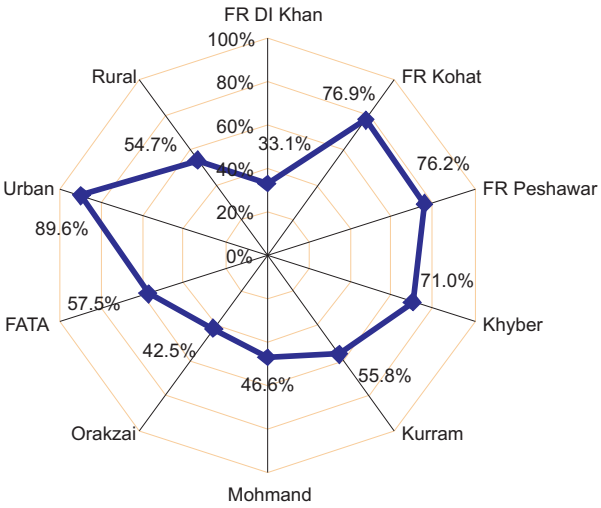
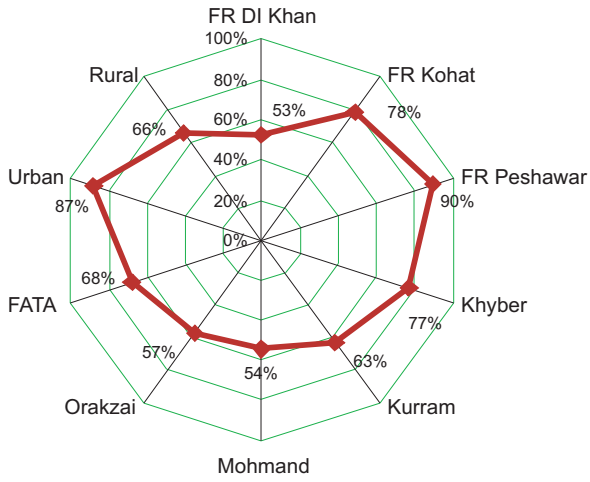


Figure CH-2: %age children with BCG have mark on arm



The MICS FATA survey, as per mothers' recall, recorded 57.5% of BCG coverage for children in first year of life. BCG coverage is higher in urban (89.6%), than rural (54.7%) areas. The highest percentage of BCG coverage was recorded in FR Kohat (77%), while lowest was in FR DI Khan (33%). However, a mark on the arm was only seen on 68% of children who reported BCG vaccination during the first year of life. Better results were observed in FR Peshawar, where 90% of the BCG cases were confirmed by the mark on the arm.

[5,6] Demographic and Health Survey 2006-07, National Institute of Population Studies, Government of Pakistan

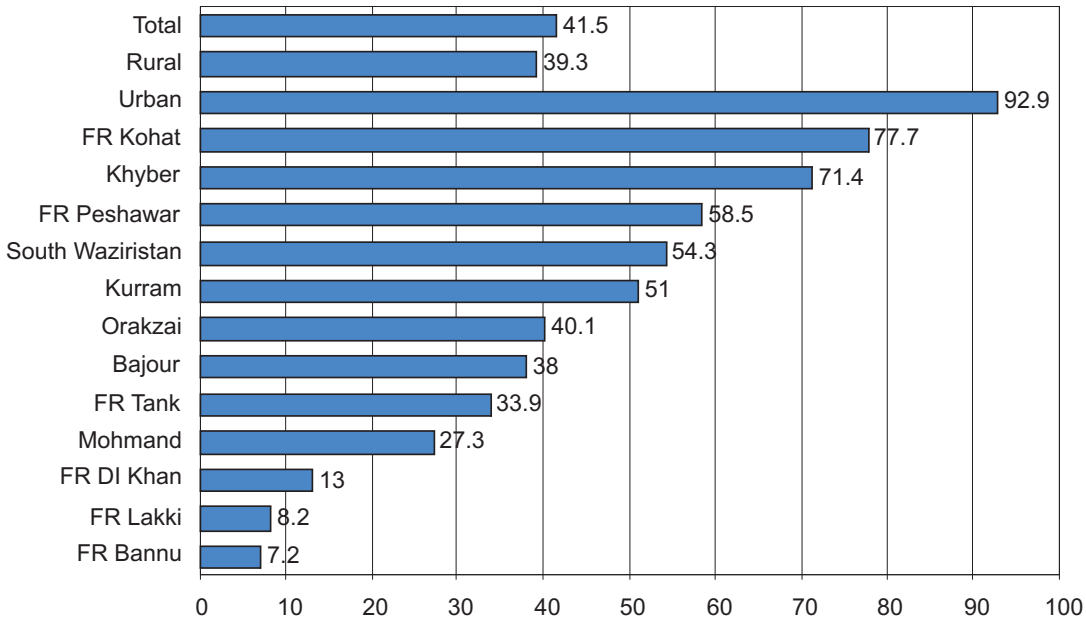
8. Water and Sanitation

8.1. Access to Improved Drinking Water Sources

Access to safe drinking water is a necessity for good health. Globally, water consumption from open sources is one of the reasons for the spread of diseases like trachoma, cholera, typhoid, hepatitis-A and schistosomiasis. Organic and non-organic materials with harmful effects on human health may also be found in drinking water.

Piped water, public tap water, borehole/ tube well water, protected well water and protected spring water are considered improved drinking water sources. Overall, 41.5% of the population (92.9% in urban, and 39.3% in rural areas) had access to improved drinking water sources (Table EN.1). The situation in FR Lakki, FR Bannu and FR DI Khan was considerably worse than other parts of FATA; access to drinking water was available to 8.2%, 7.2% and 13% respectively.

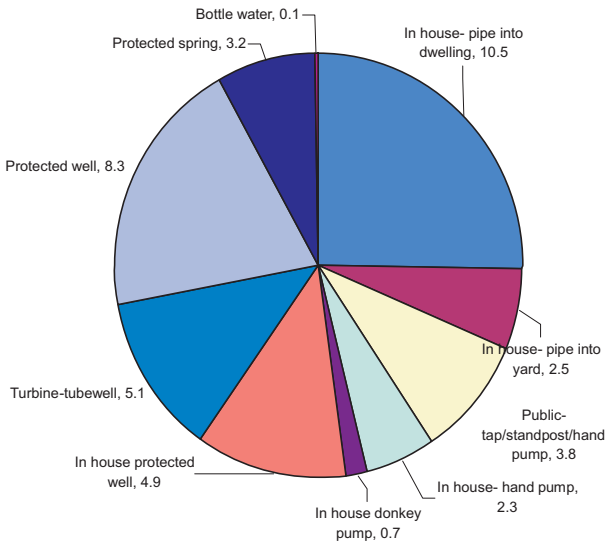
Figure EN-1: Access to improved sources of drinking water, percent of households, FATA, 2007



There is no single major improved source of drinking water in FATA. However, the highest percentage of families, among the improved sources of water group, had the facility of an in-house pipe into their dwelling (10.5%), mostly available in urban areas (51.9% families). Agencies with urban populations have a higher percentage of households with this facility. The second major source was the outside protected well, available to 8.3% of households. This facility is more common in rural as compared to urban areas (8.4% vs. 5.2%).

Sources of drinking water for the population vary significantly by agency and FR (Table EN.1). The most common drinking water sources in FATA are water pipelines (used by 16.8% of the population), which run into the dwelling or onto the property, and public taps. The protected well inside and outside the house, including the tube well, is a

Figure EN 1B: Use of improved sources of drinking water, percentage population, FATA, 2007



common facility in the rural areas of FATA. The maximum number of families benefitting from the facility is highest in FR Kohat (54.9%), followed by Khyber and South Waziristan (31.2%). Collection of water from protected springs is common in South Waziristan. The in-house pipe into dwellings is comparatively better in FR Tank, Khyber and Kurram agencies (32.1%, 27.6% and 23.3% respectively).

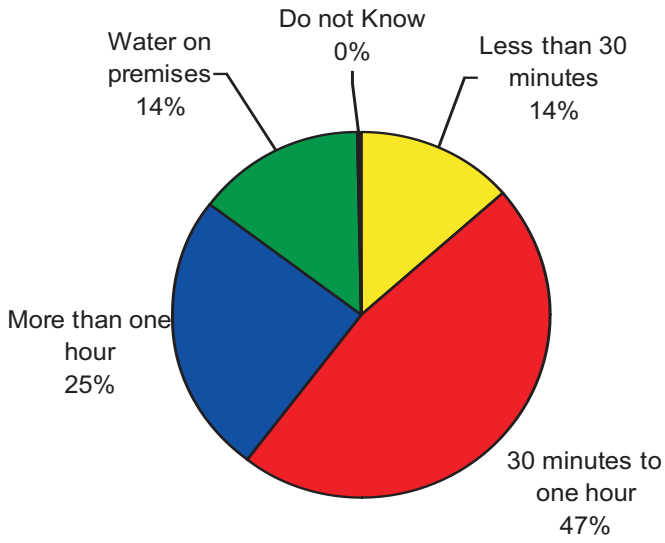
According to survey results, 58.7% of the population do not have access to clean drinking water, including 16.2% who use surface water. The highest number of households using surface water for consumption is observed in FR DI Khan (62.8%), followed by FR Bannu (49%) and South Waziristan (34.8%). The people of these agencies/FRs are, therefore, greatly exposed to the risk of infectious intestinal diseases.

Family members spend considerable time in fetching water on a daily basis. The majority of households collect water from sources outside their dwelling. In urban areas, 47.3% of households get water at their premises, while this percentage was only 14.4% in rural areas. Nearly 85% of families in rural areas collect water from sources outside their house.

Around 46.4% of households in rural areas fetch water in 30 minutes to one hour, while 25% spend more than one hour to fetch water. Fetching water is a gender specific activity in FATA. In around 96% of the households, adult women collect water. Rarely, female children fetch water (1.7%), and adult men (2.4%).

In many countries, outbreaks of disease, including diarrhea and poliomyelitis, are connected with the improper removal of human excreta and lack of maintenance of proper personal hygiene. Improved sanitary-hygienic facilities include toilets with a water flush, toilets connected with a sewerage system or a septic tank, other types of toilets with a flush, and improved pit latrines with cesspools or common cesspools.

Figure EN.3: Distribution of time spent by household members retrieving drinking water from the source, FATA, 2007



Only 28.1% of households use sanitary hygienic facilities. Households in urban areas with improved sanitation facilities were 77.4%, while in rural areas this share was 26% (Table EN.5). A common type of improved sanitation is the pit latrine with flush, used by 12.4% of households. In urban areas, the major facility is a flush toilet connected to a septic tank (35.5%).

The availability of improved sanitation facilities varies among various agencies/ FRs. FR Kohat has better sanitation facilities, where 56.9% of the households use improved sanitation, followed by FR Tank (53.3%) and FR Peshawar (50.4%).

A major chunk of the population (72% of households) does not have access to improved sanitation facilities.

9. Reproductive Health

9.1. Antenatal Care

According to experts, the antenatal period is a time of intrauterine development of the fetus from the time the zygote is formed until birth. The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well being and that of their infants. It is important to adequately organize a system of antenatal care (antenatal monitoring), to protect maternal health as well as the health of the unborn child, and to ensure necessary assistance for her partner or family to ease the transition to motherhood and fatherhood.

Antenatal care includes prophylaxis, early screening and treatment of diseases, for the mother and the foetus. Training to help women prepare for labour and enhance trust in health personnel (birth attendants) plays an important role. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. Quality health care and testing during the antenatal period allows early stage prevention and detection of the signs and symptoms of diseases or deviations and allows the mother to seek appropriate treatment. This, in its own turn, assists in reducing newborn morbidity and infant mortality.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which includes:

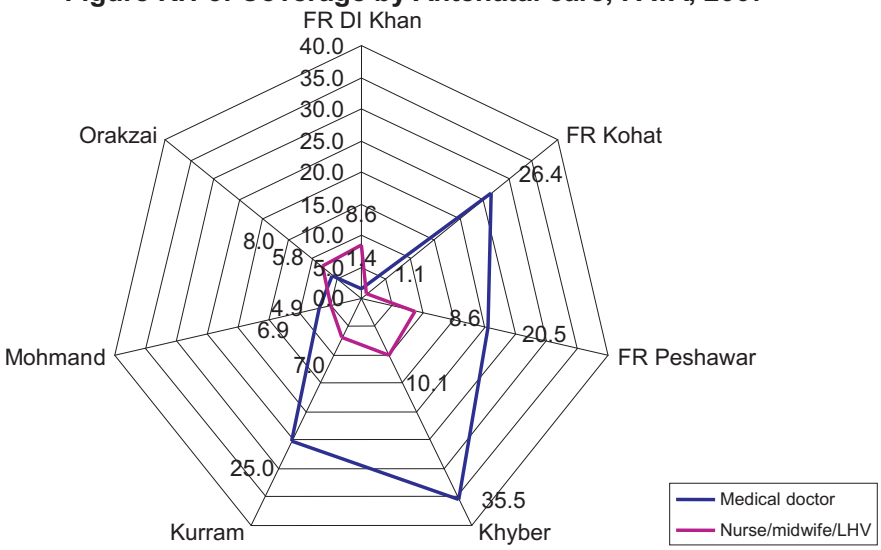
- Blood pressure measurement
- Urine testing for bacteriuria and proteinuria
- Blood testing to detect syphilis and severe anemia
- Weight/height measurement (optional)

In order to determine the quality of antenatal care, 1,156 women who gave birth to children during the two preceding years were interviewed. Of these, 25.8% received skilled antenatal care/monitoring once or several times during pregnancy. The analysis shows that the percentage of women with antenatal care in urban areas was considerably higher (55.4%) when compared to rural (23.2%).

There were significant differences observed between agencies and Frs. The lowest percentage of those who received antenatal care services once or several times during pregnancy was in FR DI Khan (10%), followed by Mohmand (11.8%). The highest percentage of women with antenatal care was observed in Khyber agency (45.6%).

According to the survey results, in 18.4% of these cases, doctors provided antenatal care services and in 7.4% of cases, a nurse/midwife or Lady Health Visitors (LHVs) provided these services. Of the

Figure RH-3: Coverage by Antenatal care, FATA, 2007



surveyed women, 43.8% did not obtain any antenatal care services during pregnancy. It is noted that there is a significant difference between rural and urban areas in terms of antenatal care services provided by a doctor (15.9% vs. 47.8% respectively).

The highest proportion of women who received antenatal care from a medical doctor were in Khyber (35.5%) and in FR Kohat (26.4%), while in FR DI Khan and Orakzai the percentage of women who received antenatal care was only 1.4% and 5.8% respectively (Figure RH.3). Correspondingly, the highest proportion of pregnant women who received antenatal care from a nurse/midwife or LHV was observed in Khyber (10.1%), FR DI Khan and FR Peshawar (both 8.6%).

9.2. Assistance at Delivery

The majority of maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with adequate skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency. A World Fit For Children goal is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries.

The basic goals of assistance to women during the birthing process include safe (non-traumatic) deliveries, early diagnosis and treatment of delivery complications, early diagnosis and treatment of post-partum complications and effective post-partum care. The most important is the attention given to the newborn in the early neo-natal period.

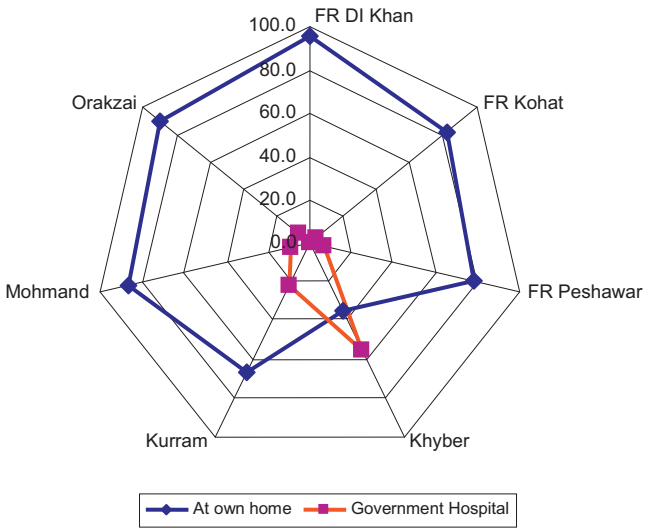
The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. A skilled attendant includes a doctor, nurse, midwife or auxiliary midwife/LHV.

Beside traditional boundaries, acquiring the services of a qualified skilled attendant is expensive and beyond the means of poor people. Health facilities are far away and some times trained staff are not available. Proper transport is also a serious problem in FATA. Most of the population live in remote mountainous areas in hard terrain with poor communication systems, hampering access to health services.

Over the course of this survey, 1,156 women between the ages of 15-49 who gave birth within the past two years were asked where their deliveries took place (at medical institutions or otherwise), and who provided assistance at the delivery.

The analysis revealed that the overwhelming majority of deliveries (72.6%) took place at home (Table RH.5 and Figure RH-5). Nearly 18.5% of deliveries took place in government hospitals. In total 27.3% of deliveries were attended in hospitals or clinics. Agency-wise variation was observed in terms of the availability of health clinics/ hospital facilities during pregnancy. In Khyber agency, 65% of women attended hospitals/clinics, where 55.7% attended government hospitals. This was because of the urban population of the agency and the benefit of easier access to Peshawar city. Urban residents have more awareness and thus the percentage of women that attended hospitals/clinics for delivery accounted for 78.7%, while the percentage in rural areas was around 22.6%.

Figure RH - 5: Location of deliveries, FATA, 2007



10. Education

10.1. Primary and Secondary School Participation

Universal access to basic education and the achievement of primary education by the world's children is one of the most important Millennium Development Goals and A World Fit For Children goal. Education is a vital prerequisite for combating poverty, contributing to socio-economic development, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth. The indicators for primary and secondary school attendance include:

- Net primary school enrollment rate
- Gross primary school enrollment rate
- Net secondary school enrollment rate
- Gross secondary school enrollment rate
- Net middle school enrollment rate
- Female to male education ratio (GPI)

Bearing in mind that FATA has a traditional society, with low economic development and limited facilities, education is not a priority. The prevailing security situation over the last few years has retarded the pace of growth in education sector.

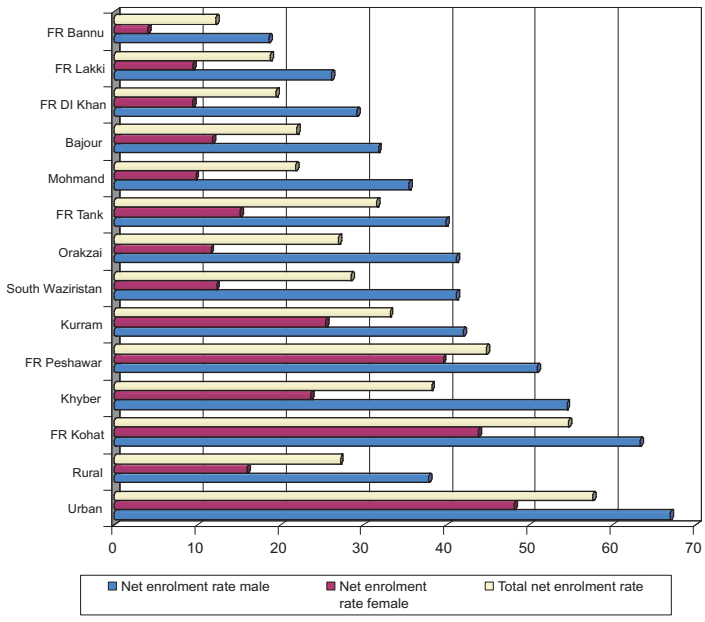
Entries to education in FATA normally starts from primary level and children of age five years and above are entitled to be formally enrolled.

The MICS generally reflects the attendance of children at various levels of education, measuring education status, which also covers early childhood education irrespective of enrollment. Early childhood education is not common in Pakistan, however, formal education starts at primary level. Hence, the enrolment rate has been considered a vital indicator.

Survey results showed the primary net enrolment rate (NER) was 28.3% for 6-10 years age of children. The net enrolment rate for males was 39.9% and 17.3% for females. The net enrollment rate in urban areas was significantly higher than in rural areas (57.6% vs. 27.2%).

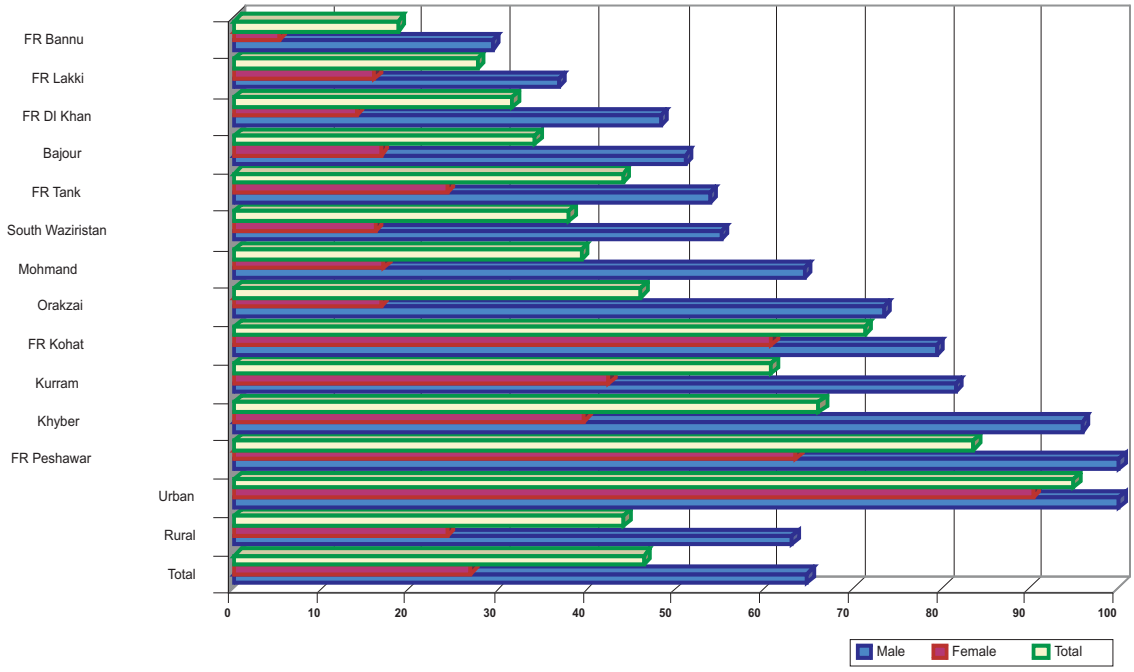
The primary net enrollment rate varies among agencies and FRs. The highest primary NER for males was recorded in FR Kohat (63.3%), followed by Khyber with 54.5%. The female primary NER was also highest in FR Kohat (43.8%) followed by FR Peshawar (39.6%). The lowest female primary NER was recorded in FR Bannu (4%), followed by Orakzai (11.6%).

Figure ED-1: Primary school Net Enrolment rate, FATA, 2007



The primary Gross Enrolment Rate (GER) for FATA was recorded as 46.3% (64.8% for males and 26.8% for females). The primary GER for urban areas was 95%, with 100% for males and 90% for females. The primary GER for rural areas was 44.1% (63.1% for males vs. 24.2% for females). The highest GER was recorded in FR Peshawar (83.7%), followed by FR Kohat (71.3%).

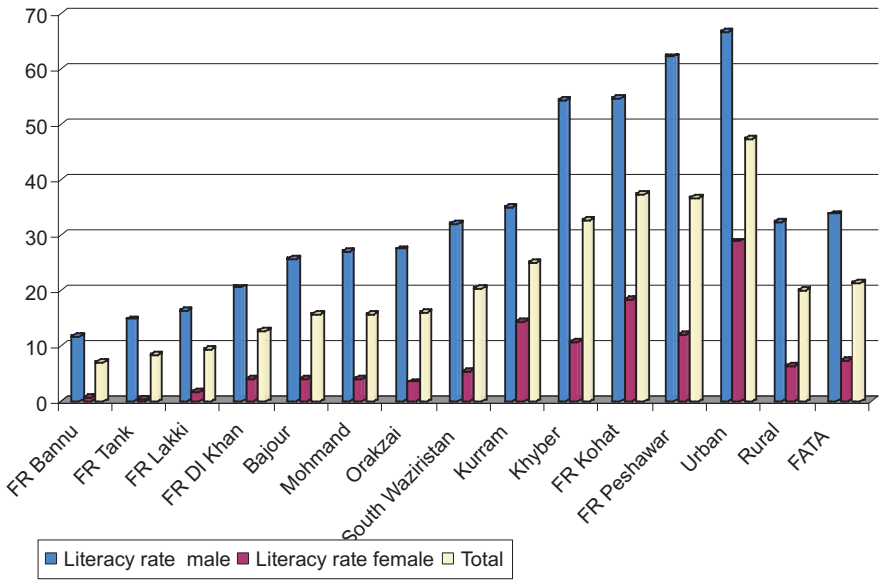
Figure-ED-2: Primary Gross Enrollment Rate (GER), FATA, 2007



10.2. Adult Literacy

One of the World Fit For Children goals is to increase adult literacy. Adult literacy is also a MDG indicator, relating to both men and women. The MICS FATA covered literacy rate related questions for males and females and for various age groups. While analyzing the data, literacy rates for various age groups: 10+ years; 15+ years; and, 15-24 years of young persons were examined.

Figure ED-3: Literacy Rate of 10+ years population, FATA, 2007

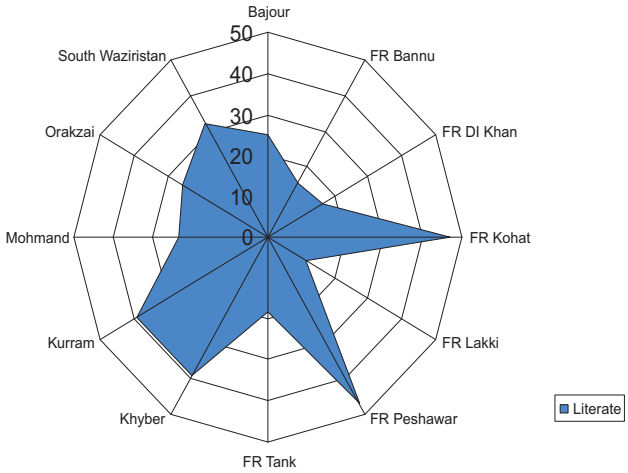


The literacy rate for 10+ years of age is given in Table: ED-8. The 10+ literacy rate was found to be 21.4% in FATA. Literacy rate in rural areas was 20%, and 47.3% in urban areas. The overall female literacy rate (10+) was around 7.5%, however, it was 6.7% in rural areas.

The overall literacy of 15+ years of age was 22% in FATA. It was 49.2% in urban areas and 20.6% in rural areas. Female literacy of this age group was 6.7% and 35.8% for males. Female literacy of the 15+ age group was only 5.6% in rural areas of FATA. Agencies and FRs are significantly varied in terms of literacy rates. The female literacy rate is below 1% in FR Tank, FR Bannu and FR Lakki. A higher rate of female literacy for 15+-year age group was observed in FR Peshawar (10%), FR Kohat (15.6%), Khyber (10.1%) and Kurram (14.4%). The overall literacy of 15+ years age group is lower in the same areas.

Literacy is a good indicator of the potential for local capacity in socio-economic development and technological awareness. Youth literacy (15-24 years of age) is 30.7% in FATA. Youth literacy for rural areas is 29.1% and 61.6% in urban areas. Female youth literacy is 12.4% in FATA. Lowest youth literacy for females is recorded in FR Lakki (11.3%).

Figure ED-4: Youth Literacy, 15-24 years of age, FATA, 2007

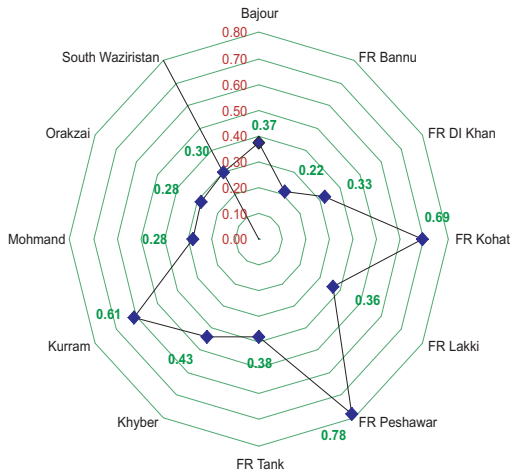


10.3. Gender Parity Index (GPI)

The Gender Parity Index (GPI) for the primary school Net Enrolment Rate (NER) shows a bleak picture in FATA and respective agencies and FRs. Female enrolment in educational institutions is not promising. In FATA the GPI for primary NER is 0.45. A comparatively better gender balance was observed in FR Peshawar (0.78). The lowest GPI was recorded in FR Bannu (0.22).

Access to secondary education is low in FATA for males as well as females. Females are particularly unable to access secondary school. Most secondary schools are far away from the population or the majority of hamlets. Female mobility is restricted in FATA due to cultural limitations. Transport facilities are often not available, while the road network is non-existent or badly constructed. These are the major factors hampering access to secondary education for girls.

Graph ED-05: Gender Parity Index, primary school net enrolment rate, FATA, 2007



11. Child Protection

11.1. Birth Registration

The International Convention on the Rights of the Child states that every child has the right to have name, nationality and protection of his/her identity. Birth registration is an important means of protection of these rights. Unfortunately, birth registration is not common in FATA.

According to the survey results, only 1% of the children below 5 years of age have their births registered. The registration process is growing in urban areas with the introduction of proper offices and facilities. Around 5.6% of births were registered in urban areas. On the other hand, 87.3% did not heard of birth registration at all.

11.2. Child Labour

Article 32 of the Convention on the Rights of the Child states: "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development." The World Fit For Children mentions nine strategies to combat child labour and the MDGs call for the protection of children against exploitation.

In the MICS questionnaire, a number of questions addressed the issue of child labour, that is, those children of 5-14 years of age involved in labour activities. A child is considered to be involved in child labour activities at the moment of the survey if during the week preceding the survey:

- Ages 5-11: They are working for at least one hour of (paid) economic work or 28 hours of domestic work per week.
- Ages 12-14: They are working at least 14 hours of economic work or 28 hours of domestic work per week.

This definition differentiates child labour from child work to identify the type of work that should be eliminated.

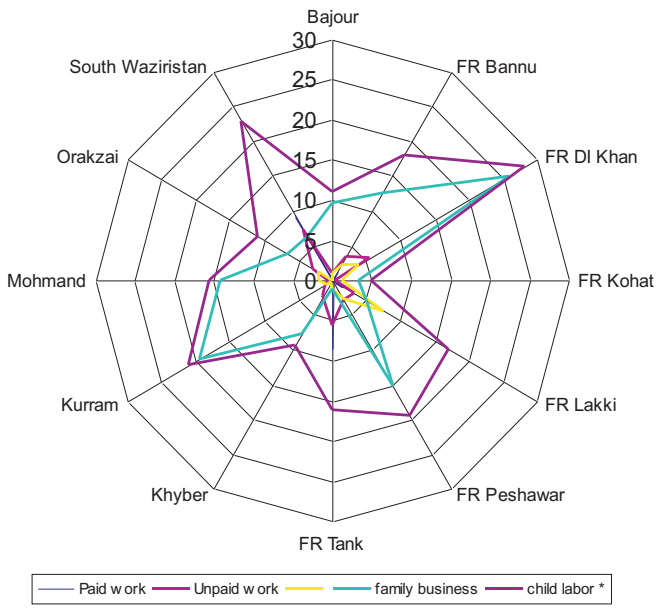
FATA has a conservative society and limited job opportunities. Many parents prefer their children to work at home and/or assist them at work. Some parents raise their children from an early age without taking into account the wishes of the child as well as perspectives of child development in order to support family interests. Over time these children fail to learn how to make decisions on their own. They do not know what kind of rights they have as a child. Parents do not take the safety and health concerns about child labour seriously. They are often ignorant and lack awareness.

In accordance with the survey data, 17.1% of all children of 5-14 years of age were child labourers. A gender breakdown of the data shows that 16.4% of male children and 18.1% of female children are child labourers. Among them 5.1% were children working outside their households and only 1.7% of them were paid for the work they performed. Domestic work (28 hours per week) was done by 4.1% of children (3.1% of male children and 5.4% of female children). About 8.7% of children were engaged in the family business (10% males and 7.1% females).

The majority of working children reside in rural households (17.2%), working with parental consent in the family business. Only 5.7% of children in urban areas work.

At the time of the survey, 14.2% of children aged 5-14 years attended school (Table CP.2).

Figure CP-1: Child Labour
%age of 5-14 years children



12. HIV/AIDS

12.1. Knowledge of HIV Transmission

The awareness, knowledge and availability of correct information about HIV/AIDS transmission and prevention, especially among young people, are major factors in controlling infection rates. Incorrect information reduces the effectiveness of preventive activities and leads to higher infection rates.

In order to identify levels of awareness of HIV/AIDS and its prevention, interviewees were asked whether they knew about HIV/AIDS, how HIV is transmitted and how it is possible to protect themselves.

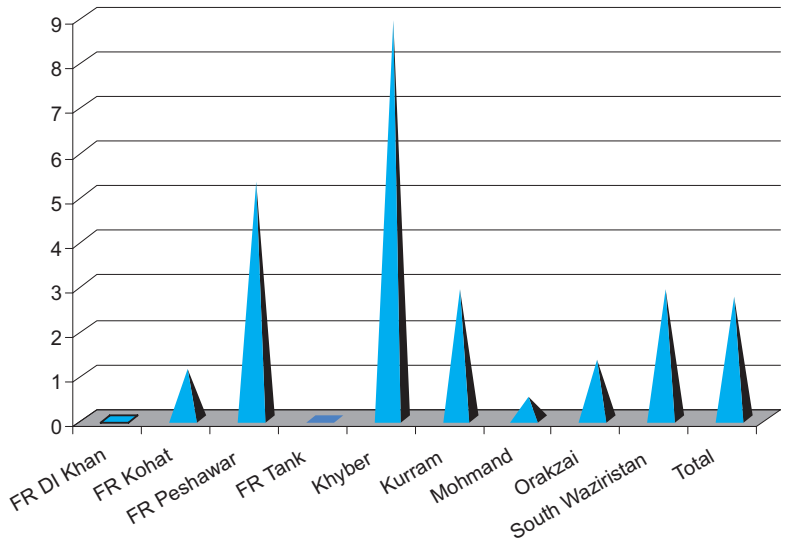
A total of 1,314 women were interviewed. Survey results showed that the level of HIV/AIDS awareness among women aged 15-49 varied among agencies and FRS (Table HA.1). A great majority of women (88%) had no knowledge about HIV/AIDS in FATA. The highest percentage of ignorance was observed in FR DI Khan at 98.6%. The highest awareness rate was recorded in FR Peshawar as 25.8%. Around 43.5% had heard of HIV/AIDS in urban areas, while only 9.9% of women knew about HIV/AIDS in rural areas.

Women were asked about the two most common misconceptions: that HIV is transmitted by supernatural means or by sharing food. They were questioned about HIV transmission via sharing needles and whether a healthy-looking person can be infected.

Nearly 6.7% women had knowledge of one preventive method. Urban women have higher HIV/AIDS awareness, where at least one preventive method is known to 18.5% of urban women compared to 6% in rural areas.

When women aged 15-49 years were asked to list three preventive methods, only 2.7% of women could do this: 17.4% in urban and 1.9% in rural areas.

Figure HA-1: Knowledge of 3 preventive methods, FATA, 2007



13. Socio-economic status of households

13.1. Type of house

The majority of families in FATA live in separate houses or part of compounds. Land is abundant and non productive and, therefore, there is no limitation on the occupation of land for house construction in most areas. Many families construct big compounds with separate houses for different relatives, mostly for grandsons. On average, 85.8% of households have separate house/compound, while 11.2% have part of a house or compound. Nearly 86.1% have separate house/compound in rural and 79.7% in urban areas. The highest percentage of separate houses/compound was observed in FR DI Khan (98.6%). There are no significant differences among agencies.

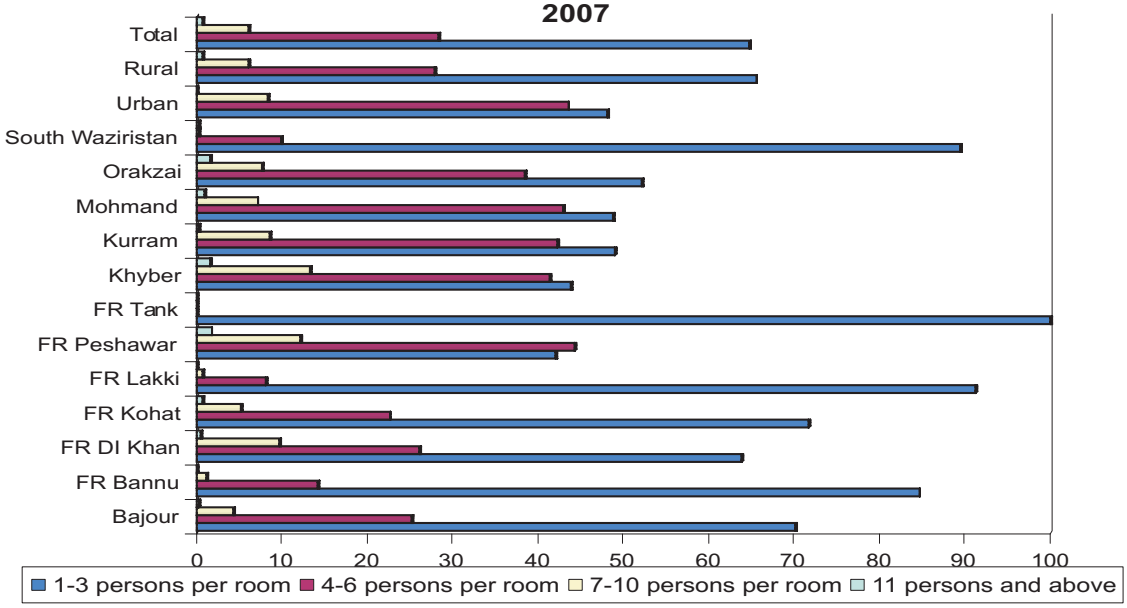
There is no tradition of living in apartments and less than one percent of occupants were observed in flats/apartments in FATA. In urban areas, flats/apartments are becoming popular due to scarcity of land, with 2.6% of households dwelling in flats/apartments. See Table-HC-1 for details.

13.2. Population congestion

Many families in poor communities cannot afford to construct adequate rooms within their house. As a result, many family members sleep in one room and/ or keep livestock in the same room. This results in a number of diseases.

In FATA, 28.4% of households have one room to sleep 4-6 persons. This is higher in urban areas (43.5%) than rural (27.8%) areas. Around 6% have one room to sleep 7-10 persons. Similarly, this is more evident in urban areas compared with rural areas (8.4% vs. 6%). This suggests that accommodation is expensive and unaffordable to many families in urban areas.

Figure HC-1: Persons living per room (% of housholds), FATA, 2007



The availability of rooms per population varied significantly among Agency/ FRs. Khyber and FR Peshawar had the higher number of households sleeping 7-10 persons per room (13.3% and 12.1% respectively).

13.3. Ownership of house

Traditionally tribal people own their own homes, even if they have nothing else. The MICS survey in FATA confirmed this, finding that nearly 95.4% were homeowners. The percentage of ownership is significantly higher in rural areas (96.1%), compared to urban (79.4%).

Agency/FR-wise ownership significantly varies. The lowest rate of ownership was observed in Kurram agency (84.1%). The percentage of the population living in rented houses is around 1.7%, while 2.5% live in rent free accommodation (Table-HC 15A).

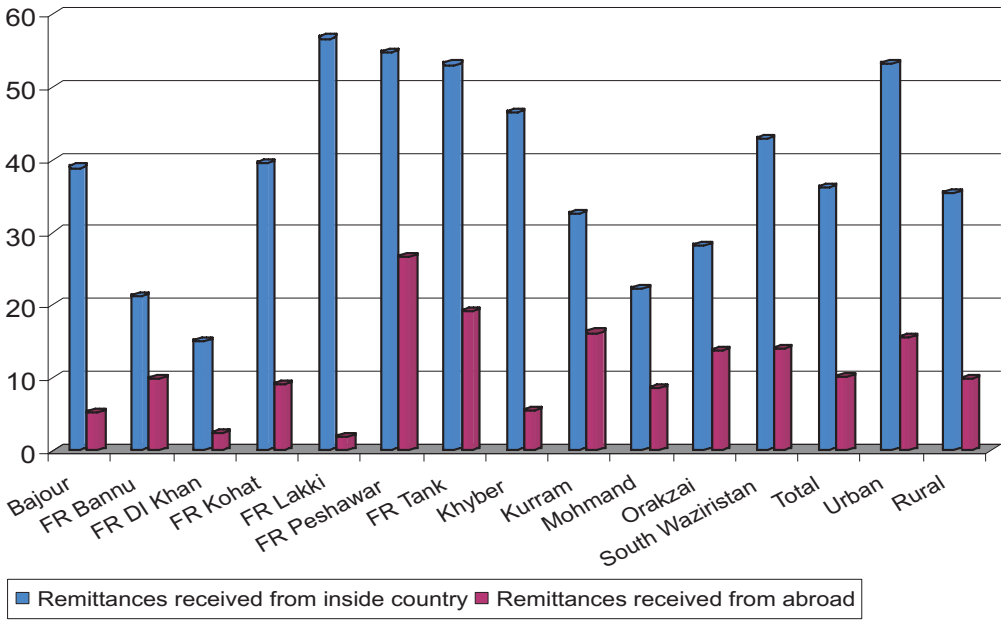
13.4. Land holding

Farming is the major livelihood source in FATA, and the majority of households have small landholdings for subsistence farming. Nearly 85% of households own less than 5 acres of land, which is not feasible for sustainable livelihoods. People therefore have no other option but to search for alternative sources of income. About 10% own land of 5-10 acres, while 5.4% of households own above 10 acres of land (Table HC-11).

13.5. Remittances

Due to small land holding and uneconomical cultivation, the majority of the inhabitants rely on income from off-farm sources outside the agency or country. Around 36.1% of households receive remittances from other parts of Pakistan. Receipt of in-country remittances is significantly higher in urban areas (53.2%), than rural (35.4%). The urban population is heavily dependant on remittances from off-farm sectors.

Figure HC-2: Remittance received by households, FATA, 2007



The data shows a great difference in the receipt of remittances among various agencies/FRs. The highest percentage of the population receiving remittances from inside Pakistan was observed in FR Lakki (56.7%), while the lowest was recorded in FR DI Khan (15.1%).

The second source of income from remittances is the transfer of money from abroad. Nearly 10% of households receive remittances from abroad. A higher percentage of households in urban areas (15.6%) receive remittances from abroad than compared to rural areas (9.9%).

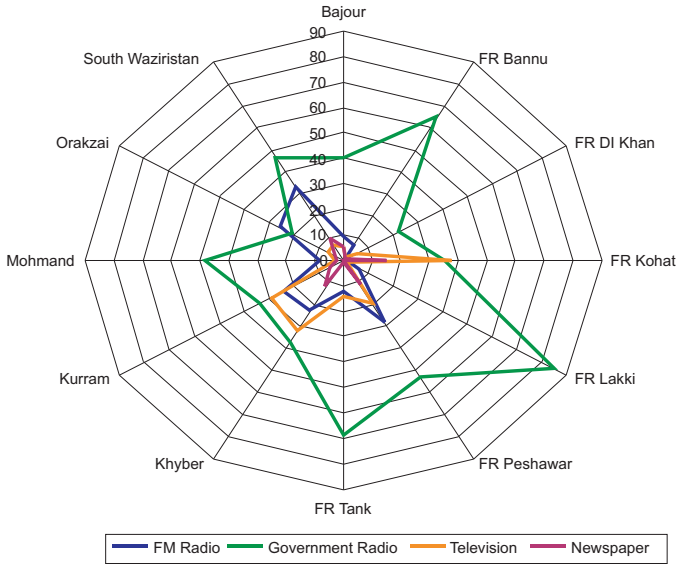
The flow of remittances from abroad to various agencies ranges from 1.9% (FR Lakki) to 26.7% (FR Peshawar).

13.6. Media and communication

The media is an important source of awareness. In the developed world, the media is an important instrument of political dominancy, opinion and change and is used to disseminate information and gradually develop public opinion. Educational awareness programmes are increasingly being broadcast via radio and TV in Pakistan. For example, awareness programmes for health promotion have been seen to be very effective.

Media sources in FATA are a mix of old and more modern types. The most popular media source are the government radio channels, which are listened to by 43.5% of the population.

Figure HC-3: Sources of Media, FATA, 2007



FM Radio is becoming popular in FATA and around 16.1% of the inhabitants listen to it. The percentage of FM radio listeners is highest in South Waziristan (33.6%). The range of FM radio listeners varies from 0.4 % (FR DI Khan) to 33.6%. Television is watched by 13.6% of households in FATA. It ranges from 1.1% (FR Bannu) to 38% (FR Kohat). The third source of information is the newspaper. Around 6% of households read daily newspapers. The lowest rate of readership is in FR Bannu (0.3%), while the highest is in FR Kohat (14.9%).

1.1. Donation and Zakat

Many families in poor societies like FATA are highly vulnerable and have no or limited source of income. They depend on donations, charity and zakat. The most vulnerable are widows, destitute and orphans. Donation and zakat are important social safety nets. In Muslim society, zakat is an important source of income distribution and support for the poor.

The survey reveals that 1.6% of households receive a donation or zakat for meeting routine expenses. The highest percentage of households to receive donations or zakat is recorded in FR Tank and South Waziristan (5.5%), followed by FR Peshawar (4.5%), shown in Table HC-16.

1.2. Seasonal migration

Seasonal migration is common in mountainous areas such as FATA. Seasonal migrations are undertaken partly for livelihood reasons and partly because of seasonal variation and extreme temperatures. Livestock holders normally migrate to upper pastures in summer and return in winter. Uncertainty and lack of opportunities for livelihood interventions are also reasons for migration.

The survey reveals that 4.3% of families migrated last year. Heavy migration took place in South Waziristan (12.8%), as shown in Table HC-13. Security concerns and depleting livelihood sources are mostly the causes of excessive migration.

1.3. Livestock

Livestock is one of the major sources of livelihood in FATA. Around 89% of households keep livestock for milk and sale. Livestock plays a vital role in the coping strategies of households. The highest percentage of livestock owners was observed in FR Tank (100%), while the lowest was found in Khyber Agency (74.1%).

1.4. Physical assets

Physical assets are an important source of household status and level of resources. In FATA, 21% of households have a television, 64% radio, 18% telephone connection, 5% own a computer, 22% refrigerator, 8% air conditioner, 20% washing machine and 57% air cooler. These assets significantly vary among agencies. Besides physical assets, around 70% of households have electricity and 3% have access to gas.

FINDINGS AND CONCLUSIONS

Findings and Conclusions

The Federally Administered Tribal Areas (FATA) Multiple Indicator Cluster Survey (MICS) is a representative sample survey of households, women and children in FATA. The primary objectives of the survey were to provide basic information to assess the situation of children and women in FATA and to provide data needed for monitoring progress towards achieving the Millennium Development Goals (MDGs), the goals of A World Fit For Children (WFFC), and other international goals.

It is worth mentioning here that the MICS FATA is the first report to provide primary data at the household level since the 1998 population census. It will provide a good basis for resource distribution and planning.

Interviews were completed with 3,797 households, 4,660 women aged 15-49 years of age and mothers/caretakers of 3,547 children under 5 years of age.

- The number of children under 15 years of age accounted for 43.4% of the population, while 12.1% of the population was 0-4 years.
- The average family size was 8.2 members per family, while the sex ratio was 108.7 males per 100 females, close to that of NWFP.
- FATA is a predominantly rural area with a small urban population, mostly located in Khyber and Kurram agencies. Above 96% of interviewed households were located in rural areas.

Infant, Child and Maternal Mortality

- Infant, child and maternal mortality rates remain relatively high in FATA when compared to other parts of the country and especially when compared to the national average. The mortality rate for children under five years of age was found to be 104 per 1000 live births, while the infant mortality rate was 86 per 1000 live births. It should be noted that both infant and child mortality rates are higher for males than for females. The under-5 child mortality rate per 1000 live births was 110 for males, 80 for females. Similarly, the infant mortality rate per 1000 live births was 95 for males and 72 for females.
- The maternal mortality rate was 380 per 100,000 live births.

Nutrition

- The prevalence of underweight among children aged 0-59 months was 33.2%, while 16.3 % were severely underweight because of malnourishment. Underweight prevalence in males was significantly higher than females (36.8% in males as compared to 29.5% in females). Similarly, the severely underweight percentage was 18.8% for males as compared to 13.7% for females. In rural areas, more children were underweight (33.7%) and severely wasted (6.8%). The highest rate of moderate underweight was recorded in South Waziristan and followed by FR Tank (42.5%, 41.9% respectively).
- Wasting was reported in 13.1 % of children and severe wasting in 6.6%.
- While nearly 9.7% of mothers started breast-feeding their newborn within one hour of birth, about one third of the infants were breastfed within one day.
- Around 38.6% of infants at age 0-6 months were exclusively breastfed. The percentage of exclusively breastfed infants (0-6 months) was higher in rural (38.7%) than in urban areas (37.5%).
- Consumption of iodized salt was very low and stands at 5% of households. The percentage of households consuming adequately iodized salt was higher in urban (11.8%) than in rural areas (4.7%).
- Vitamin A capsules are freely distributed in FATA by the Department of Health as part of a mass campaign. Around 43.7% of the 6-59 months old children received vitamin A

supplements (VAS) 6 months prior to the survey. In general, three out of four eligible children under five years old had benefitted from the national vitamin A campaign.

Child Health

- Diarrhea is a leading cause of illness in children under five. Nearly 19.3% of children had episodes of diarrhea in the two weeks preceding the survey. Male children had higher episodes of diarrhea than female (19.4% males versus 17.3% females). Oral Rehydration Therapy (ORT) was given to 70% of children with diarrhea.
- In FATA, 86.9% of under-5 children with suspected pneumonia had received an antibiotic treatment: 94.7% in urban areas and 86.1% in rural areas. There was no difference according to their gender.

Water and Sanitation

- Overall, 41.5% of the population had access to improved drinking water sources, however there were large differences in access with 92.9% in urban areas having access compared to only 39.3% in rural areas. There is no single major improved source of drinking water in FATA. Only 10.5% of interviewees had in-house water pipes, mostly in urban areas (51.9% families).
- Only 28.1% of the households use hygienic sanitation facilities. 77 % of households in urban areas had improved sanitation facilities, while in rural areas only 26% has access to proper sanitation.

Reproductive Health

- Of those who gave birth within the last two years (1,156 women), 25.8% received antenatal care. The percentage of women who got antenatal care was considerably higher (55.4%) for urban women when compared to rural women (23.2%). 18 % of women were assisted by a doctor, while 7.4% were assisted by a nurse/midwife or Lady Health Visitor (LHV).
- In total, 27.3% of deliveries took place in hospitals or clinics.

Education

- The primary school (6-10 years of age) Net Enrolment Rate (NER) was found to be 28.3%. Net Enrolment Rate for boys was 39.9% and 17.3% for girls. NERs in urban areas were significantly higher than in rural areas (57.6% versus 27.2%).
- The 10+-literacy rate was 21.4% in FATA. The literacy rate in rural areas was found to be 20%, while 47.3% in urban areas. The female literacy rate (10+ years age) was around 7.5% (6.7% in rural areas). This showed that there was no difference between rural and urban areas for female literacy rates.
- The overall literacy of 15+ years of age was 22% in FATA. It was 49.2% in urban and 20.6% in rural areas. The female literacy of this age group was 6.7% compared with 35.8% for males. Female literacy of 15+ years of age was only 5.6% in rural areas.
- The Gender Parity Index (GPI) for the primary school Net Enrolment Rate was 0.45 in FATA.

Child Protection

- Child registration is rare in FATA, where only 1% of the children below 5 years of age are registered at birth. The registration process is growing in urban areas with the introduction of proper offices and facilities. Around 5.6% of births were registered in urban areas.
- Of all children aged 5-14 years, 3.6% were involved in either economic or domestic work, while 1.5% worked outside their households. Just 0.1% were paid for their labour.

- Out of all children of 5-14 years of age, 17.1% were child labourers. In all, 16.4% were male and 18.1% were female.

HIV/AIDS

- The large majority of households in FATA (88%) had no knowledge about HIV/AIDS. The highest percentage of lack of knowledge was observed in FR DI Khan at 98.6%. The highest awareness rate was recorded in FR Peshawar as 25.8%. Around 43.5% of women in urban areas had heard of HIV/AIDS, while only 9.9% of women knew about HIV/AIDS in rural areas.
- Nearly 6.7% of women interviewed had knowledge of one preventive method. Urban women have greater awareness about HIV/AIDS prevention, where at least one preventive method was known to 18.5% of urban women compared to 6% of rural women.
- Awareness of at least three preventive methods by women in the age group 15-49 was observed in 2.7% for FATA: 17.4% in urban and 1.9% in rural areas.

Socio-economic status of households

- On average, 85.8% of the households interviewed had separate houses/compounds, while 11.2% were sharing a house or compound.
- Nearly 28.4% of the population had one bedroom for 4-6 people. Around 6% of the population had one bedroom for 7-10 people.
- Around 95.4% of the occupants owned their own house. The percentage of ownership is significantly higher in rural areas compared with urban areas (96.1% versus 79.4%).
- The majority of households have small landholdings for subsistence farming. Nearly 85% of the households own less than 5 acres of land.
- Around 36.1% of households receive remittances from other parts of the country. Receipt of remittances from within Pakistan is significantly higher in urban areas (53.2%), than rural areas (35.4%). Nearly 10% of households receive remittances from abroad.
- Government radio channels are listened to by 43.5% of the population. FM Radio is listened to by 16.1% of households and Television is watched by 13.6% of households in FATA. The percentage of listeners of FM radio is highest in South Waziristan (33.6%).
- Nearly 1.6% of households receive donations or zakat for meeting their routine expenses.
- Around 89% of households keep livestock for milk production and sale.

SUMMARY TABLE OF FINDINGS

SUMMARY TABLE OF FINDINGS

Multiple indicator Cluster Survey (MICS) and Millennium Development Goals (MDG) Indicators, FATA 2007

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	Units
CHILD MORTALITY					
Child Mortality	1	13	Under-five mortality rate	104	Per thousand
	2	14	Infant mortality rate	86	Per thousand
NUTRITION					
Nutrition Status	6	4	Underweight prevalence (below -2 SD)	33.2	Percent
	7		Stunting prevalence (below -2 SD)		Percent
	8		Wasting prevalence (below- 2 SD)	13.1	Percent
Breastfeeding	45		Timely initiation of breastfeeding rate	33.1	Percent
	15		Exclusive breastfeeding rate	21.2	Percent
	16		Continued breastfeeding rate At 12-15 months At 20-23 months	 27.0 63.8	 Percent Percent
	17		Timely complementary feeding rate	24.4	Percent
	18		Frequency of complementary feeding	21.5	Percent
	19		Adequately fed infants	32.4	Percent
Salt iodization	41		Iodized salt consumption	5.0	Percent
Vitamin A	42		Vitamin A supplementation (under-fives)	43.7	Percent
	43		Vitamin A supplementation (post-partum mothers)	-	Percent
Low birth weight	9		Low birth weight infants	-	Percent
			Infants weight at birth	-	Percent
CHILD HEALTH					
Care of illness	33		Use oral dehydration therapy (ORT)	70.5	Percent
	34		Home management of diarrhea	11.3	Percent
	35		Received ORT or increased fluids, and continued feeding	14.6	Percent
	23		Care seeking for suspected pneumonia	5.4	Percent
	22		Antibiotic treatment of suspected pneumonia	-	Percent
Solid fuel use	24	29	Solid Fuels	94.5	Percent
Source and cost of supply	96		Source of supplies (from public sources)	-	Percent
			Antibiotics	-	Percent
	97		Cost of supplies (median cost)	-	Percent
			Antibiotics	-	Percent
			Public sources	-	Sum
			Private sources	-	Sum
ENVIRONMENT					
Water and sanitation	11	30	Use of improved drinking water sources	41.3	Percent
	13		Water treatment	-	Percent
	12	31	Use of improved sanitation facilities	28.1	Percent
	14		Disposal of child's faeces	-	Percent
REPRODUCTIVE HEALTH					
Contraception and unmet need	21	19c	Contraceptive prevalence	-	Percent
	98		Unmet need for family planning	-	Percent
	99		Demand satisfied for family planning	-	Percent
Maternal and new born health	20		Antenatal care	25.8	Percent
	44		Content of antenatal care Blood test taken Blood pressure measured Urine specimen taken Weight measured	 20.63 37.95 21.95 26.73	 Percent Percent Percent Percent
	4	17	Skilled attendant at delivery	25.8	Percent
	5		Institutional deliveries	23.7	Percent
Maternal mortality	3	16	Maternal mortality ratio	380	Per 100,000
CHILD DEVELOPMENT					
Child development	46		Support for learning	-	Percent
	47		Father's support for learning	-	Percent

	48		Support for learning: more than 3 children's books	-	Percent
	49		Support for learning: more than 3 non-children's books	-	Percent
	50		Support for learning materials for play (3 or ore toys)	-	Percent
	51		Non adult care	-	Percent
EDUCATION					
Education	52		Pre-school attendance	-	Percent
	53		School readiness	-	Percent
	54		Net intake rate in primary education	-	Percent
	55	6	Net primary school attendance rate	28.3	Percent
	56		Net secondary school attendance rate	5.9	Percent
	57	7	Children reaching grade 5	-	Percent
	58		Transition rate of secondary school	-	Percent
	59	7b	Primary completion rate	-	Percent
	61	9	Gender parity index Primary school Secondary school	 0.45 0.17	 Ratio Ratio
Literacy	60	8	Adult literacy rate	22.0	Percent
CHILD PROTECTION					
Birth registration	62		Birth registration	1.0	Percent
Child labour	71		Child labour	17.1	Percent
	72		Labourer students	-	Percent
	73		Student labourers	-	Percent
Child discipline	74		Any psychological/physical punishment	-	Percent
Early marriage and polygyny	67		Early marriage Marriage before age 15 Marriage before age 18	-	Percent
	68		Young women aged 15-19 currently married/in union	-	Percent
	70		Polygymy	-	Percent
	69		Spousal age difference (> 10 years) Women of age 15-19 Women of age 20-24	-	Percent
Domestic violence	100		Attitudes towards domestic violence	-	Percent
HIV/AIDS, SEXUAL BEHAVIOUR, AND ORPHAND AND VULNERABLE CHILDREN					
HIV/AIDS Knowledge and attitudes	82	19b	Comprehensive Knowledge about HIV prevention among young people	-	Percent
	89		Knowledge of mother-to-child transmission of HIV	-	Percent
	86		Attitude towards people with HIV/AIDS	-	Percent
	87		Women who know where to be tested for HIV/AIDS	-	Percent
	88		Women who have been tested for HIV	-	Percent
	90		Counseling coverage for the prevention of mother-to-child transmission of HIV	-	Percent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	-	Percent
	MICS FATA		Knowledge of HIV/AIDS	11.7	Percent
	MICS FATA		Knowledge of one prevention method	6.7	Percent
	MICS FATA		Knowledge of 2 prevention methods	2.3	Percent
	92		Age-mixing among sexual partners	-	Percent
Sexual behavior	83	19a	Condom use with non-regular partners	-	Percent
	85		Higher risk sex in the last year	-	Percent
Orphan hood	78		Children's living arrangements	-	Percent
	75		Prevalence of orphans	-	Percent

List of Contributees

S.No.	Name	Designation	Organization
	FATA Secretariat		
1	Mr. Habibullah Khan	Additional Chief Secretary	FATA Secretariat
2	Mr. Zafar Hasan	Secretary	Planning & Development FATA
3	Syed Mazhar Ali Shah	Deputy Secretary/ Chief Survey Coordinator	Planning & Development FATA
4	Amir Shehbaz Khan	Chief Engineer	Works and Services FATA
5	Dr. Fawad Khan	Director	Directorate of Health FATA
6	Fazle Manan	Director Education	Directorate of Education FATA
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7	Mr. Khalid Mehmood	Deputy Director General Sample Design Section	FBS Islamabad
8	Mr. Mohammad Ramzan	Chief Statistical Officer Sample Design Section	FBS Islamabad
	Bureau of Statistics NWFP		
9	Mufti Javed Aziz	Director	Bureau of Statistics NWFP
10	Mr. Muhammad Farooq	**Technical Coordinator**	Bureau of Statistics NWFP
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11	Mr. Ershad Karim	Chief provincial Office	UNICEF Islamabad
12	Ms. Drothee Klaus	Chief PM&E Section	UNICEF Islamabad
13	Ms.Sarah Ahmad Mirza	M&E Specialist	UNICEF Islamabad
14	Dr. Abdul Jamil	NE Specialist	UNICEF Peshawar
15	Dr. Mohammad Rafique	Programme Specialist	UNICEF Peshawar
16	Dr. Jawad Habib Khan	National Consultant	UNICEF Peshawar
17	Mr. Habib -e-Mustafa	Admn:& Finance Officer	UNICEF Peshawar
18	Ms. Humera Ali	PM&E Officer	UNICEF Peshawar
	World Food Programme		
19	Mr. Sahib Haq	Head of VAM unit	WFP Islamabad Pakistan
	Eycon Solutions		
20	Mr. Shafaat Sharif	Chief Executive	Eycon Solutions Islamabad

TABLES AND MAPS

Table HH.1: Results of Household and Individual Interviews

Results of household and individual interviews Numbers of households, women and children under 5 by results of the household, women's and under-five's interviews, and household, women's and under-five's response rates, FATA, 2007

	Urban/Rural		Agency													
	Urban	Rural	Bajour	Mohmand	Khyber	Kurram	Orakzai	South Waziristan	FR Peshawar	FR Kohat	FR Bannu	FR Lakki	FR Tank	FR DI Khan	Total	Std. Error
Number of households																
Sampled households	168	4608	528	480	496	504	480	480	288	352	432	320	112	272	4776	
Occupied households	168	4577	527	480	496	504	479	478	277	352	422	320	111	267	4745	
Interviewed households	164	4132	499	416	480	433	401	409	255	321	416	320	100	246	4296	
Households dropped	9	490	58	35	66	72	35	34	14	23	65	36	22	39	499	
Household response rate	**92**	**80**	**84**	**79**	**83**	**72**	**76**	**78**	**87**	**85**	**83**	**89**	**70**	**78**	**80**	**1.6**
Number of women																
Eligible women	228	5146	643	506	660	533	566	500	365	391	481	334	122	273	5374	
Interviewed women	227	5084	639	506	656	529	560	496	346	387	469	330	120	273	5311	
Women dropped	11	546	65	41	81	77	38	41	21	27	62	33	26	45	557	
Women response rate	**95**	**88**	**89**	**92**	**87**	**85**	**92**	**91**	**89**	**92**	**85**	**89**	**77**	**84**	**88**	**1.1**
Number of children under 5																
Eligible children	207	3964	428	471	589	448	502	356	304	239	352	233	74	175	4171	
Mother/Caretaker Interviewed	204	3891	425	471	574	445	499	343	294	235	333	229	74	173	4095	
Children under5	10	397	54	36	62	64	33	25	23	19	42	16	8	25	407	
Child response rate	**94**	**88**	**87**	**92**	**87**	**85**	**93**	**89**	**89**	**90**	**83**	**91**	**89**	**85**	**88**	**0.8**

MICS Indicator FATA

Table HH.2: Household age distribution by sex

Percent distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years, by sex, FATA 2007 (Un Weighted)

	Sex				Total	
	Male		Female		Number	Percent
	Number	Percent	Number	Percent		
0-4	1,953	11.9	1,855	12.2	3,808	12.0
5-9	2,716	16.5	2,614	17.2	5,330	16.9
10-14	2,382	14.5	2,167	14.3	4,549	14.4
15-19	1,934	11.7	1,806	11.9	3,740	11.8
20-24	1,403	8.5	1,361	9.0	2,764	8.7
25-29	1,152	7.0	1,080	7.1	2,232	7.1
30-34	888	5.4	844	5.6	1,732	5.5
35-39	745	4.5	787	5.2	1,532	4.8
40-44	732	4.4	609	4.0	1,341	4.2
45-49	553	3.4	478	3.2	1,031	3.3
50-54	557	3.4	682	4.5	1,239	3.9
55-59	430	2.6	340	2.2	770	2.4
60-64	503	3.1	248	1.6	751	2.4
65-69	169	1.0	111	0.7	280	0.9
70+	356	2.2	176	1.2	532	1.7
Missing/DK	0	0.0	1	0.0	1	0.0
<15	7,051	42.8	6,636	43.8	13,687	43.3
15-64	8,897	54.0	8,235	54.3	17,132	54.2
65+	525	3.2	287	1.9	812	2.6
Missing/DK	0	0.0	1	0.0	1	0.0
Children aged 0-17	8,214	49.8	7,725	51.0	15,939	50.4
Adults 18+/Missing/DK	8,266	50.2	7,436	49.0	15,702	49.6
Total	**16,480**	**100.0**	**15,161**	**100.0**	**31,641**	**100.0**

MICS FATA indicator

Table HH.3: Household Composition

Percent distribution of households by selected characteristics, FATA, 2007

	percent	Number of households	
			Un-weighted
Sex of household head			
Male	99.8	4,288	4,288
Female	0.2	8	8
Agency			
Bajour	11.6	499	499
Mohmand	9.7	416	416
Khyber	11.2	480	480
Kurram	10.1	433	433
Orakzai	9.3	401	401
South Waziristan	9.5	409	409
FR Peshawar	5.9	255	255
FR Kohat	7.5	321	321
FR Bannu	9.7	416	416
FR Lakki	7.4	320	320
FR Tank	2.3	100	100
FR DI Khan	5.7	246	246
Number of household members			
1	0.1	3	3
2-3	4.9	209	209
4-5	15.9	685	685
6-7	27.8	1,196	1,196
8-9	24.1	1,035	1,035
10+	27.2	1,168	1,168
Total	100.0	4,296	4,296
Residence			
Urban	3.8	164	164
Rural	96.2	4,132	4,132
At least one child aged < 18	82.5	3,515	3,515
At least one child aged < 5	63.5	4,294	4,294
At least one woman aged 15-49	95.1	4,296	4,296

MICS FATA Indicator

Table HH.4: Women's Background Characteristics

Percent distribution of women aged 15-49 years by background characteristics, FATA, 2007

	Percent	Number of women	
			Un-weighted
Agency			
Bajour	12.3	574	574
FR Bannu	8.5	396	396
FR DI Khan	4.9	228	228
FR Kohat	7.7	358	358
FR Lakki	5.8	268	268
FR Peshawar	6.5	305	305
FR Tank	1.9	90	90
Khyber	12.1	564	564
Kurram	9.7	450	450
Mohmand	9.9	463	463
Orakzai	11.1	519	519
South Waziristan	9.5	445	445
Residence			
Urban	4.5	212	212
Rural	95.5	4,448	4,448
Motherhood status			
Ever gave birth	89.5	4,171	4,171
Never gave birth	10.5	489	489

MICS FATA Indicator

Table HH.5: Children's Background Characteristics

Percent distribution of children under five years of age by background characteristics, FATA, 2007

	Percent	Number of under-5 children	
		weighted	unweighted
Sex			
Female	49.1	1,741	1,741
Male	50.9	1,806	1,806
Agency			
Bajour	10.2	363	363
FR Bannu	6.5	231	231
FR DI Khan	4.2	148	148
FR Kohat	5.9	209	209
FR Lakki	4.5	161	161
FR Peshawar	7.8	275	275
FR Tank	1.9	66	66
Khyber	14.4	511	511
Kurram	10.7	380	380
Mohmand	12.1	429	429
Orakzai	13.1	465	465
South Waziristan	8.7	309	309
Residence			
Urban	5.5	194	194
Rural	94.5	3,353	3,353
Child age			
<6 months	10.0	354	354
6-11 months	6.2	219	219
12-17 months	19.5	692	692
24-35 months	19.3	684	684
36-47 months	25.1	889	889
48-59 months	20.0	709	709
<6 months	10.0	354	354
Total	**100**	**3,547**	**3,547**

MICS indicator

Table CM.1: Child Mortality Rate

Infant and under-five mortality rate, FATA, 2007

	Infant mortality rate*	Under-five mortality rate**
Sex		
Male	95	110
Female	72	80
Total	86	104

* MICS Indicator 2; MDG indicator 14
** MICS Indicator 1; MDG indicator 13

Table CM.2: Children Ever Born, Children Surviving, Proportion Dead

Mean number of children ever born, children surviving and proportion dead by age of women, FATA, 2007

women age group	Mean number of children ever born	Mean number of children surviving	Proportion dead	Number of women
15-19	0.30	0.29	0.02	141
20-24	0.77	0.75	0.03	464
25-29	1.46	1.37	0.05	532
30-34	1.82	1.71	0.07	408
35-39	2.31	2.17	0.06	398
40-44	2.14	1.97	0.05	419
45-49	2.10	1.90	0.09	525
Total	**1.67**	**1.56**	**0.06**	**2887**

MICS FATA Indicator

Table NU-1: Child Malnourishment

Percentage of children aged 0-59 months who are severely or moderately malnourished, FATA, 20007

	Weight for age		Weight for height		Children age 0-59	Standard Error
	Below 2SD*	Below 3SD	Below 2SD***	Below 3SD		
Sex						
male	36.8	18.8	13.9	6.9	1621	1.58
female	29.5	13.7	12.4	6.3	1565	1.53
Total	33.2	16.3	13.1	6.6	3186	1.56
Agency						
Bajour	26.8	11.5	9.0	3.7	347	1.34
FR Bannu	31.2	17.1	16.8	12.3	234	1.80
FR DI Khan	32.2	16.4	11.7	3.9	146	1.38
FR Kohat	39.2	18.6	15.3	11.1	199	1.51
FR Peshawar	31.3	16.6	15.0	7.3	259	1.54
FR Tank	41.9	16.1	5.0	1.7	62	1.19
Khyber	30.8	13.2	11.9	3.3	493	1.58
Kurram	29.2	17.2	11.3	5.3	366	1.66
Mohmand	38.1	21.3	22.5	11.9	404	1.69
Orakzai	33.3	15.3	11.1	6.3	450	1.59
South Waziristan	42.5	18.6	8.3	3.7	226	1.36
Total	33.2	16.3	13.1	6.6	3186	1.56
Residence						
Urban	25.3	11.1	13.6	3.4	190	1.62
Rural	33.7	16.6	13.1	6.8	2996	1.55
Total	33.2	16.3	13.1	6.6	3186	1.56

*MICS indicator 6
*MDG indicator 4
*** MICS indicator 8

Table NU.2: Initial Breastfeeding

Percentage of women aged 15-49 years with a birth in the 2 years preceding the survey who breastfed their baby within one hour of birth and within one day of birth, FATA, 2007

	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of women with live birth in the two years preceding the survey
Agency			
FR DI Khan	6.7	18.8	149
FR Kohat	9.5	23.6	220
FR Peshawar	17.1	26.1	287
Khyber	23.0	32.3	526
Kurram	19.8	28.8	379
Mohmand	8.3	21.0	434
Orakzai	15.7	28.1	466
Residence			
Urban	21.3	28.9	197
Rural	15.2	26.5	2264
Months since birth			
< 6 months	13.9	23.8	879
6-11 months	10.2	16.8	793
12-23 months	24.1	40.4	789
Total	**15.6**	**26.7**	**2461**

*MICS Indicator 45

Table NU.3: Breastfeeding

Percent of Living Children According to Breastfeeding Status at Each Age Group, FATA, 2007

	Children 0-3 Months		Children 0-5 Months		Children 6-9 Months		Children 12-15 Months		Children 20-23 Months	
	Percent exclusively breastfed	Number of children	Percent exclusively breastfed *	Number of children	Percent receiving breast milk and solid/mushy food **	Number of children	Percent breastfed***	Number of children	Percent breastfed ***	Number of children
Sex										
Female	46.4	84	39.8	128	25.0	72	85.1	148	63.6	22
Male	42.6	115	39.0	159	38.1	63	88.7	159	65.4	26
Agency										
FR DI Khan	16.7	6	33.3	12	11.1	9	93.8	32	66.7	3
FR Kohat	7.7	13	5.9	17	20.0	5	93.1	29	100.0	9
FR Peshawar	48.4	31	42.1	38	52.2	23	100.0	23	50.0	2
Khyber	45.9	37	37.3	59	35.7	28	76.8	56	41.2	17
Kurram	40.0	30	38.8	49	33.3	21	86.3	51	80.0	5
Mohmand	62.5	48	54.0	63	36.4	22	89.3	56	71.4	7
Orakzai	35.3	34	34.7	49	11.1	27	83.3	60	60.0	5
Residence										
Urban	40.0	15	39.1	23	33.3	9	81.0	21	80.0	5
Rural	44.6	184	39.4	264	31.0	126	87.4	286	62.8	43
Wealth index quintiles										
Poorest	36.5	74	34.9	109	33.3	39	83.2	113	63.6	22
Second	47.9	48	39.0	59	35.3	34	86.1	79	63.6	11
Middle	41.5	41	35.5	62	35.1	37	89.5	57	80.0	5
Fourth	65.2	23	56.3	32	7.7	13	90.0	30	60.0	5
Richest	50.0	12	50.0	24	25.0	12	96.4	28	50.0	4
Total	**44.4**	**198**	**39.5**	**286**	**31.1**	**135**	**87.0**	**307**	**63.8**	**47**

* MICS indicator 15
** MICS indicator 17
*** MICS indicator 16

Table NU.3w: Infant Feeding Patterns by age

Percent distribution of children aged under 3 years by feeding pattern by age group, FATA, 2007

Age	Infant feeding pattern						Total	Number of children
	Exclusively breastfed	Breastfed and plain water only	Breastfed and non-milk liquids	Breastfed and other milk/ formula	Breastfed and complementary foods	Weaned (not breastfed)		
0-1	74.6	4.6	1.6	2.6	9.6	7.0	100	76
2-3	53.7	11.7	5.1	1.7	13.9	13.9	100	123
4-5	50.0	20.4	0.8	5.7	15.4	7.7	100	88
6-7	35.8	4.4	3.1	0.9	34.8	21.0	100	75
8-9	36.3	26.7	10.4	3.1	16.5	7.0	100	60
10-11	27.6	0.6	0.6	0.9	44.7	25.7	100	44
12-13	6.5	6.6	8.7	8.8	54.6	14.8	100	143
14-15	12.0	11.4	3.5	2.6	51.9	18.7	100	164
16-17	0.7	1.4	3.8	0.0	74.0	20.1	100	47
18-19	0.0	8.3	6.5	0.0	48.2	36.9	100	36
20-21	0.0	0.0	2.5	2.7	50.2	44.7	100	18
22-23	0.0	0.0	13.0	0.0	35.8	51.2	100	30
24-25	0.7	0.1	0.0	0.2	3.8	95.2	100	210
26-27	0.5	0.0	0.6	0.0	2.9	96.0	100	102
28-29	0.3	0.0	0.0	0.0	0.0	99.7	100	46
30-31	0.0	0.0	0.0	0.0	7.8	92.2	100	43
32-33	0.0	0.0	0.8	0.0	2.2	97.1	100	15
34-35	0.0	0.0	0.0	0.0	0.0	100.0	100	19
Total	**21.2**	**6.9**	**3.1**	**2.1**	**24.4**	**42.3**	**100**	**1339**

MICS FATA Indicator

Table NU.4: Adequately Fed Infants

Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid / semi-solid food at least the minimum recommended number of times yesterday and percentage of the infants adequately fed, FATA, 2007

	0-5 months exclusively breastfed	6-8 months who received breast milk and complementary food at least 2 times in prior 24 hours	9-11 months who received breast milk and complementary food at least 3 times in prior 24 hours	6-11 months who received breast milk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	Number of infants aged 0-11 months
Sex						
Female	39.8	16.7	19.4	17.6	30.6	219
Male	39.0	25.9	23.5	25.0	34.0	247
Agency						
FR DI Khan	33.3	11.1	0.0	11.1	23.8	21
FR Kohat	5.9	20.0	0.0	12.5	8.0	25
FR Peshawar	42.1	35.0	42.9	37.0	40.0	65
Khyber	37.3	15.0	26.3	20.5	30.6	98
Kurram	38.8	26.3	27.3	26.7	34.2	79
Mohmand	54.0	28.6	25.0	28.0	46.6	88
Orakzai	34.7	5.0	9.5	7.3	22.2	90
Residence						
Urban	39.1	0.0	40.0	30.0	34.9	43
Rural	39.4	22.0	16.0	20.1	32.2	423
Total	**39.4**	**21.1**	**21.5**	**21.2**	**32.4**	**466**

* MICS indicator 18

** MICS indicator 19

Table NU 5: Iodized Salt Consumption

Percentage of household consuming adequately iodized salt, FATA, 2007

	Iodized salt						
	No Iodine in salt	less than 15 PPM	Above 15 PPM*	No salt available	not tested	Total	Number of households
Agency							
Bajour	74.0	21.9	3.9	0.0	0.2	100	439
FR Bannu	97.6	2.4	0.0	0.0	0.0	100	340
FR DI Khan	84.1	15.0	1.0	0.0	0.0	100	207
FR Kohat	69.4	23.6	7.1	0.0	0.0	100	297
FR Lakki	90.1	9.9	0.0	0.0	0.0	100	273
FR Peshawar	78.1	13.9	7.2	0.8	0.0	100	237
FR Tank	93.3	5.3	1.3	0.0	0.0	100	75
Khyber	80.4	13.4	6.0	0.2	0.0	100	403
Kurram	84.7	6.5	8.8	0.0	0.0	100	353
Mohmand	79.1	16.3	4.3	0.3	0.0	100	350
Orakzai	76.5	10.4	12.3	0.3	0.6	100	357
South Waziristan	77.2	7.7	3.8	0.3	11.0	100	364
Total	81.0	12.7	5.0	0.2	1.2	100	3695
Residence							
Urban	74.5	13.7	11.8	0.0	0.0	100	153
Rural	81.3	12.6	4.7	0.2	1.2	100	3542
Total	**81.0**	**12.7**	**5.0**	**0.2**	**1.2**	**100**	**3695**

*MICS Indicator 41

Table NU 5a: Iodized Salt Consumption

Percentage of household who know about Iodized salt FATA 2007

	Do you know Iodized salt			
	Yes*	No	Total	Number of households
Agency				
Bajour	31.1	68.9	100	440
FR Bannu	47.0	53.0	100	347
FR DI Khan	33.3	66.7	100	207
FR Kohat	51.9	48.1	100	295
FR Lakki	57.6	42.4	100	278
FR Peshawar	75.5	24.5	100	241
FR Tank	75.3	24.7	100	77
Khyber	71.2	28.8	100	413
Kurram	50.6	49.4	100	360
Mohmand	32.4	67.6	100	380
Orakzai	41.4	58.6	100	365
South Waziristan	34.0	66.0	100	373
Total	47.6	52.4	100	3776
Residence				
Urban	79.4	20.6	100	155
Rural	46.3	53.7	100	3621
Total	**47.6**	**52.4**	**100**	**3776**

*MICS Indicator 41

Table NU.6: Children's Vitamin A Supplementation

Percent distribution of children aged 6-59 months by whether they received a high dose Vitamin A supplement in the last 6 months, FATA, 2007

	Percent of children who received Vitamin A:					
	Within last 6 months*	Prior to last 6 months	Not sure if received	Never received Vitamin A	Total	Number of children aged 6-59 months
Sex						
Female	41.7	32.5	1.1	23.5	100	1063
Male	45.8	31.1	1.5	15.5	100	1079
Agency						
FR DI Khan	75.0	13.2	0.0	22.6	100	136
FR Kohat	77.7	1.5	1.0	40.3	100	197
FR Peshawar	28.5	51.9	2.5	44.3	100	239
Khyber	40.0	40.8	2.4	13.9	100	453
Kurram	43.6	30.6	0.9	38.0	100	330
Mohmand	44.7	31.0	0.8	58.7	100	371
Orakzai	29.6	32.7	0.7	34.9	100	416
Residence						
Urban	21.6	68.4	0.6	10.2	100	171
Rural	45.7	28.7	1.4	41.0	100	1971
Age						
6-11 months	38.7	23.8	0.6	31.5	100	181
12-17 months	51.8	25.6	3.1	34.7	100	355
18-23 months	48.8	36.9	0.0	34.7	100	84
24-35 months	43.2	35.9	0.7	4.3	100	437
36-47 months	41.1	37.5	1.0	5.3	100	589
48-59 months	42.5	28.0	1.4	6.5	100	496
Total	**43.7**	**31.8**	**1.3**	**38.5**	**100**	**2142**

* MICS indicator 42

Table CH 1: Vaccination in first year of Life

Proportion of Children aged below 5 years who received BCG, FATA, 2007

	BCG*				Number of Children
	Yes	No	Do not know	Total	
Total					
FR DI Khan	33.1	66.2	0.7	100	148
FR Kohat	76.9	23.1		100	208
FR Peshawar	76.2	23.4	0.4	100	265
Khyber	71.0	28.2	0.8	100	500
Kurram	55.8	43.4	0.8	100	378
Mohmand	46.6	51.8	1.7	100	421
Orakzai	42.5	57.5		100	456
FATA	57.5	41.8	0.7	100	2376
Urban	89.6	10.4		100	193
Rural	54.7	44.6	0.7	100	2183
Female					
FR DI Khan	30.8	69.2		100	78
FR Kohat	76.5	23.5		100	85
FR Peshawar	70.1	29.1	0.7	100	134
Khyber	69.7	29.4	0.8	100	238
Kurram	56.3	42.7	1.0	100	199
Mohmand	41.2	56.8	2.0	100	199
Orakzai	41.2	58.8		100	228
FATA	54.9	44.4	0.8	100	1161
Urban	89.5	10.5		100	86
Rural	52.1	47.1	0.8	100	1075
Male					
FR DI Khan	35.7	62.9	1.4	100	70
FR Kohat	77.2	22.8		100	123
FR Peshawar	82.4	17.6		100	131
Khyber	72.1	27.1	0.8	100	262
Kurram	55.3	44.1	0.6	100	179
Mohmand	51.4	47.3	1.4	100	222
Orakzai	43.9	56.1		100	228
FATA	60.1	39.3	0.6	100	1215
Urban	89.7	10.3		100	107
Rural	57.2	42.1	0.6	100	1108

*MICS indicator 25
*MDG indicator 15

Table CH.1a:Vaccination in First Year of Life

Proportion of children aged below 5 years who received BCG, FATA, 2007

Agency	If BCG* yes then mark on arm		Total	Number of Children
	Yes	No		
Total				
FR DI Khan	52.7	47.3	100	93
FR Kohat	78.3	21.7	100	203
FR Peshawar	89.8	10.2	100	215
Khyber	77.2	22.8	100	425
Kurram	62.8	37.2	100	320
Mohmand	53.8	46.2	100	346
Orakzai	57.3	42.7	100	309
FATA	67.7	32.3	100	1911
		Residence		
Urban	87.1	12.9	100	186
Rural	65.6	34.4	100	1725
		Female		
FR DI Khan	49	51	100	49
FR Kohat	77.4	22.6	100	84
FR Peshawar	91.8	8.2	100	98
Khyber	74	26	100	200
Kurram	62.9	37.1	100	170
Mohmand	49.4	50.6	100	158
Orakzai	56.9	43.1	100	153
Total	65.7	34.3	100	912
		Residence		
Urban	84.5	15.5	100	84
Rural	63.8	36.2	100	828
Total	65.7	34.3	100	912
Male				
FR DI Khan	56.8	43.2	100	44
FR Kohat	79	21	100	119
FR Peshawar	88	12	100	117
Khyber	80	20	100	225
Kurram	62.7	37.3	100	150
Mohmand	57.4	42.6	100	188
Orakzai	57.7	42.3	100	156
Total	69.5	30.5	100	999
Domain				
Urban	89.2	10.8	100	102
Rural	67.2	32.8	100	897
Total	**69.5**	**30.5**	**100**	**999**

*MICS indicator 25

Table CH.4: Oral Rehydration Treatment

Percentage of children aged 0-59 months with diarrhea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), FATA, 200 7

	Had diarrhea in last two weeks	Number of children aged 0-59 months	Fluid from ORS packet	Recommended homemade fluid	Pre-packaged ORS fluid	No treatment	ORT use rate *	Number of children aged 0-59 months with diarrhea
Sex								
Female	19.4	1209	60.4	9.8	20.4	28.5	71.5	235
Male	17.3	1252	56.0	13.0	19.0	30.6	69.4	216
Agency								
FR DI Khan	9.9	149	35.7	28.6	0.0	35.7	64.3	14
FR Kohat	20.5	220	57.1	9.5	14.3	21.4	78.6	42
FR Peshawar	14.7	287	47.2	2.8	11.1	41.7	58.3	36
Khyber	21.4	526	57.1	11.4	22.9	35.2	64.8	105
Kurram	25.5	379	61.5	11.5	14.6	22.9	77.1	96
Mohmand	16.1	434	51.5	16.2	5.9	32.4	67.6	68
Orakzai	19.7	466	70.0	8.9	41.1	25.6	74.4	90
Residence								
Urban	22.0	197	58.5	4.9	14.6	34.1	65.9	41
Rural	19.1	2264	58.3	12.0	20.2	29.0	71.0	410
Age Group								
<6 months	15.4	319	44.9	10.2	18.4	40.8	59.2	49
6-11 months	27.1	181	53.1	8.2	22.4	32.7	67.3	49
12-17 months	29.9	355	61.3	16.0	16.0	20.8	79.2	106
18-23 months	28.6	84	41.7	8.3	12.5	54.2	45.8	24
24-35 months	19.7	437	62.8	7.0	22.1	29.1	70.9	86
36-47 months	13.9	589	58.5	15.9	15.9	29.3	70.7	82
48-59 months	11.1	496	69.1	7.3	30.9	23.6	76.4	55
Total	**19.3**	**2461**	**58.3**	**11.3**	**19.7**	**29.5**	**70.5**	**451**

* MICS Indicator 33

Table CH 5: Home Management of Diarrhea

Percentage of children aged 0-59 months with diarrhea n the last two weeks who took increased fluids and continued to feed during the episode, FATA 2007

		Drink water/juices during illness				
	Had diarrhea in last two weeks	very little or not	as usual or little	more than usual	Do not know	Number of children aged 0-59 months with diarrhea
Sex						
Male	19.7	55.8	75.5	37.3	0.0	235
Female	17.5	55.6	73.6	36.6	0.0	216
Agency						
FR DI Khan	9.86	30.77	30.77	15.38	23.08	14
FR Kohat	20.49	16.67	50.00	28.57	4.76	42
FR Peshawar	14.69	23.53	41.18	26.47	8.82	36
Khyber	21.43	24.49	43.88	20.41	11.22	105
Kurram	25.46	48.39	37.63	10.75	3.23	96
Mohmand	16.11	37.88	45.45	6.06	10.61	68
Orakzai	19.69	18.82	70.59	7.06	3.53	90
Total	19.29	29.93	48.03	14.62	7.42	451
Residence						
Urban	22.0	41.03	51.28	5.13	2.56	41
Rural	19.1	28.83	47.70	15.56	7.91	410
Total	**19.3**	**29.93**	**48.03**	**14.62**	**7.42**	**451**

MICS indicator 34

Table CH 5a: Home Management of Diarrhea

Percentage of children aged 0-59 months with diarrhea n the last two weeks who took increased fluids and continued to feed during the episode, FATA 2007

	Quantity of food eaten during illness					
	No food	very little	little	same as usual	More than usual	Do not know
Sex						
Male	10.57	47.14	22.47	12.78	3.08	3.96
Female	8.74	49.51	24.76	10.68	2.91	3.40
Agency						
FR DI Khan	7.69	53.85	7.69	15.38	0.00	15.38
FR Kohat	7.14	50.00	16.67	21.43	2.38	2.38
FR Peshawar	11.76	44.12	29.41	8.82	5.88	0.00
Khyber	9.09	32.32	29.29	15.15	6.06	8.08
Kurram	9.68	65.59	18.28	2.15	3.23	1.08
Mohmand	13.43	58.21	20.90	5.97	0.00	1.49
Orakzai	8.24	40.00	28.24	18.82	1.18	3.53
Total	9.70	48.27	23.56	11.78	3.00	3.70
Residence						
Urban	5.00	50.00	40.00	2.50	2.50	0.00
Rural	10.18	48.09	21.88	12.72	3.05	4.07
Total	**9.70**	**48.27**	**23.56**	**11.78**	**3.00**	**3.70**

MICS indicator 35

Table CH.7A: Knowledge of the two danger signs of pneumonia

Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, FATA, 2007

	Percentage of mother/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:								Mothers/ caretakers who recognize the two danger signs of pneumonia	Number of mothers/ caretakers of children aged 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Agency										
FR DI Khan	5.4	48.0	60.8	35.8	35.8	16.9	4.7	2.0	18.9	148
FR Kohat	5.7	27.8	62.7	5.3	6.7	0.0	14.8	5.7	0.0	209
FR Peshawar	8.7	28.7	41.5	5.5	13.8	8.4	5.1	19.3	2.2	275
Khyber	15.7	45.0	60.5	10.2	21.1	15.9	19.2	4.9	2.5	511
Kurram	29.4	42.9	55.6	15.3	11.9	5.6	11.1	4.2	3.2	378
Mohmand	40.7	50.7	58.9	23.6	25.5	15.7	20.1	0.9	9.3	428
Orakzai	12.3	38.5	61.7	12.7	23.2	8.8	11.6	2.2	3.9	465
Residence										
Urban	10.3	56.7	54.6	27.8	27.3	12.9	3.6	1.5	5.7	194
Rural	20.1	39.9	58.0	13.3	19.0	10.5	14.6	5.4	4.8	2220
Total	**19.3**	**41.3**	**57.7**	**14.5**	**19.7**	**10.7**	**13.8**	**5.1**	**4.8**	**2414**

MICS FATA indicator

Table CH.8: Solid Fuel Use

Percent distribution of households according to type of cooking fuel, and percentage of households used solid fuels for cooking, FATA, 2007

	Source of fuel for Cooking											
	Electricity	Gas-LPG	Bio-gas	Kerosene Oil	Coal	Fire wood	Grasses	Dung cake	Straw-wheat	Total	Solid fuels for cooking *	Number of households
Agency												
Bajour	0.0	1.4	0.0	0.0	0.5	84.8	1.6	8.6	3.2	100	98.6	441
Mohmand	1.0	0.0	0.0	0.0	0.5	86.4	3.7	7.3	0.3	100	98.2	381
Khyber	6.1	10.9	0.0	0.0	1.2	80.6	0.5	0.7	0.0	100	82.9	414
Kurram	3.9	9.4	0.3	0.0	1.1	85.0	0.0	0.3	0.0	100	86.4	361
Orakzai	4.1	0.3	0.0	0.0	0.3	94.8	0.5	0.0	0.0	100	95.6	366
South Waziristan	0.0	0.5	0.0	0.3	0.3	97.6	0.8	0.3	0.3	100	98.7	375
FR Peshawar	1.3	1.3	0.0	0.0	1.3	90.0	5.4	0.8	0.0	100	96.7	241
FR Kohat	1.3	14.4	0.0	0.0	0.7	82.9	0.0	0.7	0.0	100	84.2	298
FR Bannu	0.6	0.3	0.0	0.0	1.2	97.7	0.0	0.3	0.0	100	96.9	351
FR Lakki	0.0	0.0	0.0	0.0	0.4	99.3	0.0	0.4	0.0	100	97.9	284
FR Tank	2.6	0.0	0.0	0.0	1.3	78.2	11.5	5.1	1.3	100	97.4	78
FR DI Khan	0.0	0.0	0.0	0.0	0.5	98.1	0.0	1.4	0.0	100	100.0	207
Residence												
Urban	14.8	27.1	0.6	0.0	1.9	54.2	0.0	1.3	0.0	100	57.4	155
Rural	1.3	2.6	0.0	0.0	0.7	91.3	1.4	2.3	0.5	100	95.6	3642

*MICS indicator 24
*MDG indicator 29

Table CH.9: Solid Fuel Use by Type of Stove or Fire

Percent of households using solid fuels for cooking by type of stove or fire, FATA 2007

	Percentage of households using solid fuels for cooking:					Number of households using solid fuels for cooking
	Closed stove with chimney	Open stove or fire with chimney or hood	Open stove or fire with no chimney or hood	DK stove type/missing	Total	
Agency						
Bajour	14.0	3.9	57.0	25.1	100	435
Mohmand	3.5	6.1	73.3	17.1	100	374
Khyber	12.8	16.6	52.8	17.8	100	343
Kurram	20.8	7.7	65.4	6.1	100	312
Orakzai	45.1	19.1	28.0	7.7	100	350
South Waziristan	2.4	1.9	46.5	49.2	100	370
FR Peshawar	3.0	6.9	66.5	23.6	100	233
FR Kohat	14.3	9.6	67.3	8.8	100	251
FR Bannu	10.3	5.3	49.7	34.7	100	340
FR Lakki	29.1	2.5	55.0	13.3	100	278
FR Tank	6.6	2.6	23.7	67.1	100	76
FR DI Khan	8.7	1.0	85.5	4.8	100	207
Residence						
Urban	9.0	14.6	55.1	21.3	100	89
Rural	15.1	7.2	56.6	21.1	100	3480

MICS FATA Indicator

Table EN 1: Use of Improved Sources of Drinking Water

Proportion of households using improved sources of drinking water FATA 2007

	Improved source of drinking water*										Total	Number of households
	In house-pipe into dwelling	In house-pipe into yard	Public-tap/stand post/hand pump	In house-hand pump	In house donkey pump	In house protected well	Turbine-tube well	Protected well	Protected spring	Bottle water		
Agency												
Bajour	7.5	3.2	4.1	1.6	0.9	8.2	3.4	7.3	0.9	0.0	37.1	441
FR Bannu	2.8	0.3	0.6	0.0	0.6	0.3	0.3	0.0	0.9	0.3	6.0	351
FR DI Khan	2.4	0.0	0.5	1.0	0.5	2.9	1.0	1.4	2.9	0.0	12.6	207
FR Kohat	12.5	0.7	5.1	2.7	0.3	7.1	18.5	29.3	1.0	0.0	77.1	297
FR Lakki	0.4	4.9	0.4	0.7	0.0	0.0	0.0	0.0	0.7	0.7	7.8	283
FR Peshawar	5.4	3.3	17.0	6.6	2.5	3.7	5.0	8.3	6.2	0.0	58.1	241
FR Tank	32.1	1.3	1.3	1.3	0.0	5.1	3.8	2.6	0.0	0.0	47.4	78
Khyber	27.6	1.5	5.6	1.7	1.5	5.3	17.4	8.5	2.2	0.0	71.2	413
Kurram	23.3	3.3	4.2	0.8	0.3	8.6	2.8	3.3	5.8	0.0	52.4	361
Mohmand	9.4	2.4	1.3	0.8	0.3	2.4	3.1	7.1	0.5	0.0	27.3	381
Orakzai	8.5	6.8	6.0	0.5	0.5	4.1	2.2	4.1	5.2	0.0	38.0	366
South Waziristan	2.4	0.3	0.5	9.6	0.3	8.8	1.1	21.4	10.2	0.0	54.5	374
Total	10.5	2.5	3.8	2.3	0.7	4.9	5.1	8.3	3.2	0.1	41.3	3793
Residence												
Urban	51.9	3.2	3.9	2.6	2.6	5.8	16.9	5.2	0.6	0.0	92.9	154
Rural	8.7	2.4	3.8	2.3	0.6	4.9	4.6	8.4	3.3	0.1	39.2	3639
Total	10.5	2.5	3.8	2.3	0.7	4.9	5.1	8.3	3.2	0.1	41.3	3793

*MICS indicator 11
*MDG indicator 30

Table EN 1b: Use of Un-improved Sources of Drinking Water

Proportion of households using Un-improved sources of drinking water FATA 2007

	Un-improved sources of drinking water								Total	Number of households
	In house-unprotected well	Unprotected well	Unprotected spring	Rain water	Tanker-truck	Cart with Buckets-drum	River/stream/dam/lake/pond	Other (specify)		
Agency										
Bajour	4.1	16.1	34.2	0.5	0.2	0.7	7.3	0	63.1	441
FR Bannu	0.9	3.4	18.2	22.2	0.0	0.3	49.0	0.0	94.0	351
FR DI Khan	1.4	2.4	16.4	0.0	0.0	4.3	62.8	0.0	87.4	207
FR Kohat	1.7	8.8	2.7	0.0	5.7	0.7	0.7	2.7	22.9	297
FR Lakki	0.0	6.4	62.9	2.5	0.0	0.0	20.5	0.0	92.2	283
FR Peshawar	2.5	20.3	7.5	7.5	0.8	0.0	0.8	2.5	41.9	241
FR Tank	0.0	3.8	0.0	5.1	0.0	0.0	10.3	33.3	52.6	78
Khyber	3.9	10.7	6.8	0.2	2.7	0.5	3.9	0.2	28.8	413
Kurram	0.8	5.8	33.2	0.0	0.0	0.0	7.5	0.3	47.6	361
Mohmand	5.0	33.3	24.1	0.0	0.5	2.9	5.5	1.3	72.7	381
Orakzai	3.6	15.6	34.2	1.6	0.0	0.0	4.9	2.2	62.0	366
South Waziristan	1.1	2.4	7.0	0.3	0.0	0.0	34.8	0.0	45.5	374
Total	2.4	11.7	22.3	3.1	0.9	0.7	16.2	1.5	58.7	3793
Residence										
Urban	0.0	2.6	1.9	0.0	1.9	0.0	0.0	0.6	7.1	154
Rural	2.5	12.0	23.1	3.2	0.8	0.8	16.9	1.5	60.8	3639
Total	2.4	11.7	22.3	3.1	0.9	0.7	16.2	1.5	58.7	3793

MICS indicator 11
MDG indicator 30

Table EN 1c : Use of Improved Sources of Water for Other Purposes

Proportion of households using improved sources of water for other purposes FATA 2007

	Improved source of water* for cocking and washing hands											
	In house-pipe into dwelling	In house-pipe into yard	Public-tap/stand post/hand pump	In house-hand pump	In house donkey pump	In house protected well	Protected well	Protected spring	Bottle water	Turbine-tube well	Total	Number of households
Agency												
Bajour	7.3	3.2	4.1	1.6	0.9	11.4	5.7	0.9	0.0	3.0	38.0	439
FR Bannu	2.9	0.3	0.3	0.0	0.6	0.6	0.0	1.4	0.9	0.3	7.2	348
FR DI Khan	2.4	0.0	0.5	1.0	0.5	2.9	1.4	3.4	0.0	1.0	13.0	207
FR Kohat	11.7	0.7	5.5	2.7	0.3	8.9	27.8	1.4	0.0	18.6	77.7	291
FR Lakki	0.4	4.6	0.4	0.7	0.0	0.0	0.0	1.4	0.7	0.0	8.2	282
FR Peshawar	5.4	3.3	17.4	6.2	2.5	5.4	7.5	6.2	0.0	4.6	58.5	241
FR Tank	19.4	1.6	0.0	1.6	0.0	1.6	3.2	1.6	0.0	4.8	33.9	62
Khyber	27.8	1.5	5.8	1.7	1.5	5.8	8.0	1.9	0.0	17.4	71.4	413
Kurram	25.8	3.3	4.2	0.8	0.3	8.6	3.6	4.2	0.0	0.3	51.0	361
Mohmand	10.0	2.4	1.3	0.8	0.3	2.9	6.6	0.5	0.0	2.6	27.3	381
Orakzai	9.1	6.6	6.0	0.5	0.5	5.8	3.8	5.8	0.0	1.9	40.1	364
South Waziristan	2.4	0.3	0.5	9.6	0.3	9.1	21.7	9.4	0.0	1.1	54.3	374
Total	10.5	2.4	3.9	2.3	0.7	5.8	7.8	3.2	0.1	4.7	41.5	3763
Residence												
Urban	57.4	3.2	4.5	2.6	2.6	6.5	3.9	0.6	0.0	11.6	92.9	155
Rural	8.5	2.4	3.9	2.3	0.6	5.8	8.0	3.3	0.1	4.4	39.3	3608
Total	10.5	2.4	3.9	2.3	0.7	5.8	7.8	3.2	0.1	4.7	41.5	3763

*MICS indicator 11:
*MDG indicator 30

Table EN 1d: Use of Un- Improved Sources of Water for Other Purposes

Proportion of households using un-improved sources of water for other purposes FATA 2007

	Un-improved source of water for cocking and washing hands									
	In house-unprotected well	Unprotected well	Unprotected spring	Rain water	Tanker-truck	Cart with Buckets-drum	River/stream/ dam/lake/ pond	Other (specify)	Total	Number of households
Agency										
Bajour	5.7	14.1	33.3	0.5	0.2	0.9	7.3	0.0	62.0	439
FR Bannu	1.4	2.3	17.8	22.1	0.3	0.3	48.3	0.3	92.8	348
FR DI Khan	1.4	2.4	15.9	0.0	0.0	9.2	58.0	0.0	87.0	207
FR Kohat	1.7	8.9	2.4	0.0	5.8	0.7	0.3	2.4	22.3	291
FR Lakki	0.7	6.7	61.3	2.5	0.0	0.0	20.6	0.0	91.8	282
FR Peshawar	2.5	20.7	5.8	7.5	1.2	0.0	0.8	2.9	41.5	241
FR Tank	0.0	4.8	3.2	4.8	0.0	0.0	12.9	40.3	66.1	62
Khyber	4.1	10.9	5.8	0.2	2.4	0.5	3.9	0.7	28.6	413
Kurram	1.1	6.6	32.1	0.0	0.0	0.3	8.6	0.3	49.0	361
Mohmand	6.3	32.5	23.6	0.0	0.5	2.9	5.5	1.3	72.7	381
Orakzai	3.3	15.4	32.7	1.6	0.0	0.0	4.7	2.2	59.9	364
South Waziristan	1.1	2.1	7.0	0.3	0.0	0.0	35.3	0.0	45.7	374
Total	2.8	11.4	21.6	3.1	0.9	1.1	16.1	1.5	58.5	3763
Residence										
Urban	0.6	1.9	1.9	0.0	1.9	0.0	0.0	0.6	7.1	155
Rural	2.9	11.8	22.4	3.2	0.9	1.1	16.8	1.6	60.7	3608
Total	2.8	11.4	21.6	3.1	0.9	1.1	16.1	1.5	58.5	3763

MICS FATA indicator

Table EN 3: Time to source of water

Percentage distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, FATA, 2007

	Less than 30 minutes	30 minutes to one hour	More than one hour	Water on premises	Do not Know	Total
Agency						
Urban						
Khyber	28.6	45.7	14.3	11.4	0.0	100
Kurram	12.8	5.1	2.6	79.5	0.0	100
Total	20.3	24.3	8.1	47.3	0.0	100
Rural						
Bajour	11.6	42.3	19.8	26.2	0.0	100
FR Bannu	5.1	42.7	47.5	4.8	0.0	100
FR DI Khan	12.7	60.3	18.6	8.3	0.0	100
FR Kohat	15.6	54.6	7.3	22.5	0.0	100
FR Lakki	2.4	56.5	41.2	0.0	0.0	100
FR Peshawar	35.7	31.9	17.6	14.8	0.0	100
FR Tank	4.2	54.2	29.2	12.5	0.0	100
Khyber	25.9	48.7	9.1	14.8	1.5	100
Kurram	12.3	40.5	27.5	19.3	0.4	100
Mohmand	15.6	42.4	32.1	10.0	0.0	100
Orakzai	15.5	44.0	27.2	13.3	0.0	100
South Waziristan	8.5	50.1	21.5	19.3	0.6	100
Total	13.7	46.4	25.2	14.4	0.2	100

MICS FATA Indicato r

Table EN 4: Person collecting water

Percent distribution of households according to the person collecting drinking water used in the household, FATA, 2007

	Person collecting drinking water						Number of household
	Adult Woman	Adult man	Female child under age 15	Male child under age 15	Do not know	Total	
Agency							
Bajour	97.7	1.0	0.7	0.7	0.0	100	439
FR Bannu	96.4	2.7	0.9	0.0	0.0	100	348
FR DI Khan	99.5	0.5	0.0	0.0	0.0	100	207
FR Kohat	93.4	6.6	0.0	0.0	0.0	100	291
FR Lakki	96.2	3.0	0.8	0.0	0.0	100	282
FR Peshawar	88.5	0.5	9.8	0.5	0.5	100	241
FR Tank	97.8	0.0	2.2	0.0	0.0	100	62
Khyber	85.9	8.1	5.1	0.9	0.0	100	413
Kurram	98.2	0.5	0.9	0.5	0.0	100	361
Mohmand	96.5	2.9	0.6	0.0	0.0	100	381
Orakzai	96.8	0.7	2.5	0.0	0.0	100	364
South Waziristan	95.9	2.4	1.7	0.0	0.0	100	374
Residence							
Rural	76.09	10.87	10.87	2.17	0.00	100	155
Urban	95.62	2.41	1.76	0.18	0.04	100	3608
Total	95.30	2.54	1.91	0.21	0.04	100	3763

MICS Indicator FATA

Table EN 5: Use of Sanitary Means of Excreta Disposal

Percentage distribution of households population according to type of toilet facility used by the household and the percentage of household population using sanitary means of excreta disposal, FATA, 2007

	Type of toilet facility used by household										
	Improved sanitation facility*					Un improved facility					
	Flush toilet connected to public sewerage	Flush toilet connected to septic tank	Pit latrine with flush	Pit latrine without slab	Pit latrine with slab	Open pit	Bucket	Public toilet	Open fields	Other	Total
Agency											
Bajour	0.0	2.7	10.9	2.9	2.3	39.5	3.4	0.2	38.1	0.0	100
FR Bannu	0.0	0.0	7.1	0.6	1.4	4.6	0.9	1.1	84.3	0.0	100
FR DI Khan	0.0	0.0	5.3	0.0	1.9	18.4	0.0	0.5	73.9	0.0	100
FR Kohat	0.3	8.1	25.9	16.2	6.4	26.3	3.7	0.0	12.5	0.7	100
FR Lakki	0.0	0.4	10.9	4.6	3.9	9.9	3.5	0.7	66.2	0.0	100
FR Peshawar	0.0	23.8	13.9	7.0	5.7	8.2	3.7	0.4	37.3	0.0	100
FR Tank	5.2	14.3	28.6	5.2		9.1	0.0	0.0	37.7	0.0	100
Khyber	0.2	13.0	16.4	7.0	4.7	17.3	3.1	0.4	37.8	0.0	100
Kurram	5.7	12.3	21.9	3.9	3.6	4.4	2.1	0.0	46.3	0.0	100
Mohmand	0.0	0.8	4.2	3.9	1.8	11.5	7.3	0.3	70.2	0.0	100
Orakzai	0.8	3.3	5.2	4.4	5.7	10.9	1.1	1.1	67.2	0.3	100
South Waziristan	2.1	4.0	10.1	2.1	4.0	1.9		0.5	75.2		100
Residence											
Urban	14.2	35.5	20.6	5.2	1.9	6.5	3.9	0.0	12.3	0.0	100.0
Rural	0.5	5.0	12.1	4.7	3.7	14.5	2.6	0.5	56.4	0.1	100.0
Total	1.0	6.3	12.4	4.7	3.7	14.2	2.6	0.5	54.6	0.1	100.0

*MICS indicator 12
*MDG indicator 31

Table RH.3: Antenatal Care Provider

Percent distribution of women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, FATA, 2007

	Person providing antenatal care									women age group							Number of women who gave birth in the preceding two years
	Medical doctor	Nurse/ midwife	Lady Health Visitor	Lady Health Worker	Traditional Birth Attendant/ Dai	Relative / Friend	No antenatal care received	Total	Any skilled personnel *	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Agency																	
FR DI Khan	1.4	5.7	2.9	0.0	1.4	15.7	72.9	100.0	10.0	7	20	17	9	8	6	3	70
FR Kohat	26.4	1.1	0.0	0.0	4.6	8.0	59.8	100.0	27.6	10	37	28	6	4	0	2	87
FR Peshawar	20.5	0.0	8.6	0.7	4.6	11.9	53.6	100.0	29.1	1	18	34	16	11	59	12	151
Khyber	35.5	4.4	5.6	1.6	2.0	9.3	41.5	100.0	45.6	10	60	58	40	26	10	44	248
Kurram	25.0	4.1	2.9	0.6	2.3	30.8	34.3	100.0	32.0	5	37	46	31	18	17	18	172
Mohmand	6.9	1.0	3.9	0.0	2.5	35.5	50.2	100.0	11.8	10	41	47	27	19	9	50	203
Orakzai	5.8	1.3	6.7	1.3	7.1	52.0	25.8	100.0	13.8	8	37	60	31	26	22	41	225
Residence																	
Urban	47.8	3.3	4.3	0.0	0.0	9.8	34.8	100.0	55.4	1	18	23	14	10	5	21	92
Rural	15.9	2.3	5.0	0.8	3.9	27.4	44.5	100.0	23.2	50	232	267	146	102	118	149	1064
Total	**18.4**	**2.4**	**4.9**	**0.8**	**3.6**	**26.0**	**43.8**	**100.0**	**25.8**	**51**	**250**	**290**	**160**	**112**	**123**	**170**	**1156**

* MICS indicator 20

Table RH.5: Assistance during Delivery

Proportion of women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, FATA, 2007

	Where Born		Person assisting at delivery							Number of women who gave birth in the preceding two years
	At own home	Others home	Government Hospital	Government clinic/ health center	Private hospital	Private clinic	Private MCH	Private Other (specify)	Total	
Agency										
FR DI Khan	95.4	0.0	0.0	1.5	1.5	0.0	1.5	0.0	100.0	70
FR Kohat	82.1	0.0	3.8	0.0	3.8	9.0	0.0	1.3	100.0	87
FR Peshawar	78.2	0.7	6.3	0.0	7.0	4.2	3.5	0.0	100.0	151
Khyber	34.9	0.0	55.7	0.9	6.6	1.9	0.0	0.0	100.0	248
Kurram	66.7	0.0	21.6	0.6	6.2	4.9	0.0	0.0	100.0	172
Mohmand	86.2	0.0	8.7	0.0	2.0	1.5	1.5	0.0	100.0	203
Orakzai	89.0	0.0	6.5	1.5	1.0	1.0	1.0	0.0	100.0	225
Total	72.6	0.1	18.5	0.7	4.2	2.8	1.0	0.1	100.0	
Residence										
Urban	21.3	0.0	65.2	1.1	5.6	6.7	0.0	0.0	100.0	92
Rural	77.3	0.1	14.2	0.6	4.0	2.5	1.1	0.1	100.0	1064
Total	72.6	0.1	18.5	0.7	4.2	2.8	1.0	0.1	100.0	1156
Age Group										
15-19	74.5	0.0	14.9		2.1	8.5	0.0	0.0	100.0	51
20-24	73.5	0.0	17.8	0.9	4.8	1.7	1.3	0.0	100.0	250
25-29	73.1	0.0	17.8	0.8	4.9	3.0	0.4	0.0	100.0	290
30-34	73.3	0.0	19.2	0.7	3.4	2.1	1.4	0.0	100.0	160
35-39	68.0	0.0	21.6	0.0	3.1	5.2	2.1	0.0	100.0	112
40-44	70.1	0.9	16.8	0.9	5.6	3.7	1.9	0.0	100.0	123
45-49	73.8	0.0	20.1	0.6	3.0	1.2	0.6	0.6	100.0	170
Total	**72.6**	**0.1**	**18.5**	**0.7**	**4.2**	**2.8**	**1.0**	**0.1**	**100.0**	**1156**

MICS Indicator 4
MDG Indicator 5

Table RH.6: Maternal Mortality Ratio

Lifetime risk of maternal death and proportion of dead sisters dying of maternal causes, FATA, 2007

	Number of adult household respondents	Sisters who reached age 15	Sisters who reached age 15 (adjusted)	Sisters who reached age 15 and who died	Maternal deaths	Adjustment factor	Sister units of risk exposure	Lifetime risk of maternal death	Percent of dead sisters dying of maternal causes	Total fertility rate 10-14 years ago	Maternal mortality ratio *
Respondent age											
15-19	4044	6435	17035	146	9	0.107	1823	0.00	6.16	.	.
20-24	2982	6399	16939	211	18	0.206	3489	0.01	8.53	.	.
25-29	2417	5928	15692	180	13	0.343	5382	0.00	7.22	.	.
30-34	1889	5088	5088	170	19	0.503	2559	0.01	11.18	.	.
35-39	1690	4655	4655	211	29	0.664	3091	0.01	13.74	.	.
40-44	1461	4121	4121	192	27	0.802	3305	0.01	14.06	.	.
45-49	1159	3133	3133	162	27	0.9	2820	0.01	16.67	.	.
50-54	1338	3523	3523	304	53	0.958	3375	0.02	17.43	.	.
55-59	839	2167	2167	260	45	0.986	2137	0.02	17.31	.	.
60+	1674	3917	3917	777	92	1	3917	0.02	11.84	.	.
Total	**19493**	**45366**	**76270**	**2613**	**332**	**.**	**31898**	**0.01**	**12.71**	**2.8**	**380**

* MICS indicator 3
* MDG indicator 16

Table ED.1A: Primary School Net Enrolment Rate, 6-10 years age

Percentage of children of primary school age (6-10) enrolled in primary school (NER), FATA, 2007

	Net enrolment rate male	Number of male children	Net enrolment rate female	Number of female children	Total net enrolment rate*	Number of children
Agency						
Bajour	31.8	355	11.8	340	22.0	695
FR Bannu	18.6	349	4.0	274	12.2	623
FR DI Khan	29.2	120	9.5	116	19.5	236
FR Kohat	63.3	166	43.8	130	54.7	296
FR Lakki	26.1	199	9.5	158	18.8	357
FR Peshawar	50.9	171	39.6	197	44.8	368
FR Tank	40.0	65	15.2	33	31.6	98
Khyber	54.5	367	23.7	410	38.2	777
Kurram	42.0	288	25.5	326	33.2	614
Mohmand	35.5	296	9.8	336	21.8	632
Orakzai	41.2	335	11.6	310	27.0	645
South Waziristan	41.2	311	12.3	243	28.5	554
Residence						
Urban	67.0	115	48.2	114	57.6	229
Rural	37.8	2907	16.0	2759	27.2	5666
Total	38.9	3022	17.3	2873	28.3	5895

* MICS indicator 55
* MDG indicator 6

Table ED.02A: Middle School Net Enrolment Rate, 10-12 years age

Percentage of children of middle school age (10-12) enrolled in middle school (NER), FATA, 2007

	Net enrolment rate male	Number of male children	Net enrolment rate female	Number of female children	Total net enrolment rate*	Number of children
Agency						
Bajour	6.4	187	2.8	144	4.8	331
FR Bannu	2.3	171	0.0	106	1.4	277
FR Dl Khan	4.1	74	0.0	52	2.4	126
FR Kohat	19.1	89	9.4	85	14.4	174
FR Lakki	8.5	82	0.0	66	4.7	148
FR Peshawar	9.6	114	2.9	102	6.5	216
FR Tank	11.5	26	0.0	21	6.4	47
Khyber	8.2	182	2.7	226	5.1	408
Kurram	2.0	149	1.3	157	1.6	306
Mohmand	4.1	170	1.2	173	2.6	343
Orakzai	5.1	157	0.0	135	2.7	292
South Waziristan	14.9	194	6.5	138	11.4	332
Residence						
Urban	9.1	55	2.7	74	5.4	129
Rural	7.4	1540	2.4	1331	5.1	2871
Total	7.5	1595	2.4	1405	5.1	3000

* MICS indicator 55
* MDG indicator 6

Table ED.03: Secondary (Metric) School Net Enrolment Rate, 14-16 years age

Percentage of children of secondary (Metric) school age (14-16) enrolled in secondary (Metric) school (NER), FATA, 2007

	Net enrolment rate male	Number of male children	Net enrolment rate female	Number of female children	Total net enrolment rate	Number of children
Agency						
Bajour	9.0	156	0.0	145	4.7	301
FR Bannu	2.9	102	0.0	60	1.9	162
FR DI Khan	4.3	46	3.9	51	4.1	97
FR Kohat	17.4	69	3.0	67	10.3	136
FR Lakki	1.9	54	0.0	53	0.9	107
FR Peshawar	16.1	93	4.0	99	9.9	192
FR Tank	0.0	18	0.0	22	0.0	40
Khyber	10.4	192	2.0	199	6.1	391
Kurram	11.9	168	4.8	166	8.4	334
Mohmand	3.5	143	0.0	178	1.6	321
Orakzai	5.4	129	0.9	113	3.3	242
South Waziristan	20.9	163	0.0	114	12.3	277
Residence						
Urban	23.4	64	10.8	74	16.7	138
Rural	9.3	1269	1.1	1193	5.3	2462
Total	10.0	1333	1.7	1267	5.9	2600

* MICS indicator 55
* MDG indicator 6

Table ED.07: Gender Parity Index

Ratio of girls to boys by Net Enrolment Rate in primary and Secondary (Metric) education, FATA, 2007

	Primary school Net enrolment rate female	Primary school Net enrolment rate male	Gender parity Index (GPI) Primary school NER	Secondary school Net enrolment rate female	Secondary school Net enrolment rate male	Gender parity Index (GPI) Secondary school NER
Agency						
Bajour	11.8	31.8	0.37	0	9	0.00
FR Bannu	4	18.6	0.22	0	2.9	0.00
FR DI Khan	9.5	29.2	0.33	3.9	4.3	0.91
FR Kohat	43.8	63.3	0.69	3	17.4	0.17
FR Lakki	9.5	26.1	0.36	0	1.9	0.00
FR Peshawar	39.6	50.9	0.78	4	16.1	0.25
FR Tank	15.2	40	0.38	0	0	0.00
Khyber	23.7	54.5	0.43	2	10.4	0.19
Kurram	25.5	42	0.61	4.8	11.9	0.40
Mohmand	9.8	35.5	0.28	0	3.5	0.00
Orakzai	11.6	41.2	0.28	0.9	5.4	0.17
South Waziristan	12.3	41.2	0.30	0	20.9	0.00
Residence						
Urban	48.2	67	0.72	10.8	23.4	0.46
Rural	16	37.8	0.42	1.1	9.3	0.12
Total	17.3	38.9	0.45	1.7	10	0.17

* MICS indicator 61; MDG indicator 9

Table ED.10A: Literacy Rate, 10+ years age

Percentage of literate population 10+ years, FATA, 2007

	Literacy rate male	Number of male	Literacy rate female	Number of female	Total	Total number of household member
Agency						
Bajour	25.7	1334	4.2	1131	15.8	2465
FR Bannu	11.7	984	0.9	758	7.0	1742
FR DI Khan	20.6	485	4.1	439	12.8	924
FR Kohat	54.6	857	18.5	783	37.4	1640
FR Lakki	16.4	598	1.7	525	9.5	1123
FR Peshawar	62.1	828	12.1	857	36.7	1685
FR Tank	14.9	241	0.5	199	8.4	440
Khyber	54.3	1445	10.7	1418	32.7	2863
Kurram	35.1	1204	14.4	1151	25.0	2355
Mohmand	27.1	1215	4.2	1177	15.8	2392
Orakzai	27.5	1218	3.6	1114	16.1	2332
South Waziristan	31.9	1194	5.5	933	20.3	2127
Residence						
Urban	66.5	517	28.9	543	47.3	1060
Rural	32.3	11086	6.4	9942	20.0	21028
Total	33.8	11603	7.5	10485	21.4	22088

x MICS indicator 7
x MDG indicator 8

Table ED.10B: Adult Literacy Rate, 15+ years age

Percentage of literate population 15+ years, FATA, 2007

	Literacy rate male	Number of male	Literacy rate female	Number of female	Total literacy rate	Total number of household member
Agency						
Bajour	27.9	1071	3.1	908	16.5	1979
FR Bannu	12.8	752	0.6	618	7.3	1370
FR DI Khan	21.2	377	3.9	357	12.8	734
FR Kohat	57.4	721	15.6	653	37.6	1374
FR Lakki	15.5	485	0.7	429	8.5	914
FR Peshawar	65.2	655	10.0	691	36.8	1346
FR Tank	13.7	205	0.0	164	7.6	369
Khyber	57.2	1157	10.1	1104	34.2	2261
Kurram	37.9	973	14.4	917	26.5	1890
Mohmand	28.5	974	3.5	887	16.6	1861
Orakzai	29.5	980	3.4	905	17.0	1885
South Waziristan	32.3	910	4.3	719	20.0	1629
Residence						
Urban	71.4	419	27.5	426	49.2	845
Rural	34.1	8841	5.6	7926	20.6	16767
Total	35.8	9260	6.7	8352	22.0	17612

x MICS indicator 60
x MDG indicator 8

Table ED.10C: Youth Literacy Rate (15 -24 year of age)

Percentage of literate youth between 15 and 24 years of age FATA, 2007

	Illiterate	Literate	Total	Number
Sex				
Male	51.8	48.2	100	3269
Female	87.6	12.4	100	3084
Agency				
Bajour	75.0	25.0	100	676
FR Bannu	84.9	15.1	100	438
FR DI Khan	83.8	16.2	100	235
FR Kohat	52.9	47.1	100	476
FR Lakki	88.7	11.3	100	300
FR Peshawar	53.1	46.9	100	499
FR Tank	81.8	18.2	100	99
Khyber	61.2	38.8	100	885
Kurram	61.3	38.7	100	740
Mohmand	77.0	23.0	100	737
Orakzai	74.8	25.2	100	662
South Waziristan	67.8	32.2	100	606
Total	69.3	30.7	100	6353
Residence				
Urban	38.4	61.6	100	336
Rural	70.9	29.1	100	6017
Total	69.3	30.7	100	6353

MICS Indicator 60
MDG Indicator 8

Table CP 1:Birth Registration

Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non registration, FATA, 2007

	Birth is registered	Number of children aged 0-59 months	Birth is not registered because							Total	Number of children aged 0-59 months without birth registration
			Cost too much	Must travel too far	Didn't know child should be registered	Late, did not want to pay fine	Doesn't know where to register	Other	Don't know		
Agency											
Bajour	0.0	407	0.0	0.6	32.0	0.0	8.5	0.6	58.4	100	392
FR Bannu	0.0	294	1.4	12.7	39.2	0.5	24.5	0.0	21.7	100	233
FR DI Khan	0.0	171	0.0	0.0	50.0	0.0	4.5	0.0	45.5	100	128
FR Kohat	1.0	232	0.0	3.1	61.5	0.5	27.2	1.0	6.7	100	213
FR Lakki	0.6	185	0.0	13.0	80.8	0.0	6.2	0.0	0.0	100	160
FR Peshawar	0.4	291	0.0	11.2	30.2	0.0	8.4	0.9	49.3	100	228
FR Tank	0.0	74	0.0	0.0	93.7	0.0	3.2	0.0	3.2	100	71
Khyber	3.6	570	0.0	2.6	33.6	0.0	9.2	2.3	52.3	100	457
Kurram	2.1	430	0.0	1.6	33.3	0.3	2.8	0.6	61.4	100	358
Mohmand	1.0	469	0.3	1.3	27.0	0.3	2.9	0.0	68.3	100	407
Orakzai	0.5	497	0.0	1.0	27.6	0.0	1.5	0.0	70.0	100	435
South Waziristan	0.0	334	0.4	0.0	86.1	0.4	6.7	0.4	6.0	100	290
Residence											
Urban	5.6	200	0.0	0.0	30.5	0.0	5.5	7.3	56.7	100	174
Rural	0.8	3754	0.2	3.5	43.0	0.2	8.3	0.2	44.6	100	3198
Total	1.0	3954	0.2	3.3	42.3	0.2	8.1	0.6	45.3	100	3372

MICS indicator 62

Table CP.2 : Child Labor

Percentage of children aged 5-14 years who are involved in child labor activities by type of work, FATA, 2007

	Working outside household		Household chores for 28+ hours/week	Working for family business	Total child labor *
	Paid work	Unpaid work			
Sex					
Male	1.8	2.4	3.1	10.0	16.4
Female	1.6	4.6	5.4	7.1	18.1
Agency					
Bajour	0.0	0.9	0.9	9.6	11.0
FR Bannu	1.2	3.5	2.2	12.5	17.9
FR DI Khan	0.0	5.4	3.9	25.9	28.0
FR Kohat	0.0	0.4	1.2	3.3	4.9
FR Lakki	1.5	3.1	7.5	5.0	16.9
FR Peshawar	0.4	2.8	2.6	15.2	19.3
FR Tank	8.6	5.6	1.0	1.0	16.0
Khyber	0.0	2.3	0.2	7.6	9.2
Kurram	0.2	1.0	0.9	19.4	21.0
Mohmand	0.4	0.5	1.8	14.1	15.6
Orakzai	0.0	2.8	1.9	6.5	10.8
South Waziristan	9.2	7.4	0.0	6.2	22.8
Residence					
Urban	0.0	0.8	0.0	4.9	5.7
Rural	1.7	3.4	4.2	8.7	17.2
Age					
5-11 years	1.0	4.1	2.2	9.6	16.0
12-14 years	4.5	0.8	11.4	5.5	21.3
School participation					
Yes	0.6	1.2	2.8	10.7	14.2
No	2.0	4.0	4.6	8.1	18.0
Total	1.7	3.4	4.1	8.7	17.1

* MICS indicator 71

Table HA 1: HIV AIDS Knowledge and Prevention

Proportion of women aged 15-49 having knowledge of HIV AIDS, FATA, 2007

	Knowledge about HIV/AIDS prevention					
	No knowledge	Knowledge of 1 prevention method	knowledge of 2 prevention methods	knowledge of 3 prevention methods	Total	Number of women
Agency						
FR DI Khan	98.6	0.0	1.4	0.0	100	70
FR Kohat	90.8	3.4	4.6	1.1	100	87
FR Peshawar	74.2	15.2	5.3	5.3	100	151
FR Tank	75.0	25.0	0.0	0.0	100	20
Khyber	76.2	10.9	4.0	8.9	100	248
Kurram	87.2	7.0	2.9	2.9	100	172
Mohmand	93.6	5.4	0.5	0.5	100	203
Orakzai	95.6	1.3	1.8	1.3	100	225
South Waziristan	74.6	19.6	2.9	2.9	100	138
Total	88.3	6.7	2.3	2.7	100	1314
Residence						
Urban	56.5	18.5	7.6	17.4	100	92
Rural	90.1	6.0	2.0	1.9	100	1222
Total	88.3	6.7	2.3	2.7	100	1314

MICS FATA Indicator

Table HC 1: Type of House

Percentage of households by Types of house FATA 2007

	Separate house/ compound	Apartment/ flat	Part of house	Part of compound	Other	Total
Agency						
Bajour	88.2	0.5	9.3	0.2	1.8	100
FR Bannu	81.8	1.2	7.9	8.8	0.3	100
FR DI Khan	98.6	0.0	1.4	0.0	0.0	100
FR Kohat	95.3	0.0	4.7	0.0	0.0	100
FR Lakki	78.9	1.9	11.5	0.0	0.0	100
FR Peshawar	88.6	0.8	10.6	0.2	0.0	100
FR Tank	96.1	0.0	3.9	0.8	0.5	100
Khyber	79.8	0.0	20.0	0.8	0.0	100
Kurram	84.2	1.0	13.4	4.6	0.3	100
Mohmand	80.6	0.0	18.6	1.1	0.0	100
Orakzai	84.2	0.0	10.9	2.1	0.3	100
Residence						
Urban	79.7	2.6	16.3	0.0	1.3	100
Rural	86.1	0.4	11.2	2.1	0.3	100
Total	85.8	0.4	11.4	2.1	0.3	100

MICS FATA indicator

Table HC7: Type of Stove

Proportion of households using stove by types, FATA, 2007

	Open Fire place	Open Stove	Covered stove	Total
Agency				
Bajour	0.2	85.6	14.2	100
FR Bannu	7.4	81.1	11.5	100
FR DI Khan	1.0	90.3	8.7	100
FR Kohat	1.2	83.5	15.3	100
FR Lakki	5.6	62.0	32.4	100
FR Peshawar	3.8	93.2	3.0	100
FR Tank	1.4	91.8	6.8	100
Khyber	1.4	86.0	12.6	100
Kurram	2.7	76.6	20.7	100
Mohmand	1.6	94.9	3.5	100
Orakzai	9.5	45.0	45.6	100
South Waziristan	0.5	97.0	2.4	100
Total	3.0	81.7	15.3	100
Residence				
Urban	1.1	89.8	9.1	100
Rural	3.1	81.5	15.5	100
Total	3.0	81.7	15.3	100

MICS FATA indicator

Table HC 8: Location of Cooking Place

Location of cooking place, FATA, 2007

	With in house	separate kitchen	outside of house	Total
Agency				
Bajour	88.0	11.1	1.0	100
FR Bannu	69.9	28.8	1.3	100
FR DI Khan	83.0	5.8	11.2	100
FR Kohat	63.2	29.3	7.5	100
FR Lakki	52.9	46.7	0.4	100
FR Peshawar	60.3	39.7	0.0	100
FR Tank	74.0	26.0	0.0	100
Khyber	71.4	27.2	1.4	100
Kurram	74.1	22.9	2.9	100
Mohmand	83.8	13.8	2.4	100
Orakzai	92.7	7.0	0.3	100
South Waziristan	79.2	17.8	2.9	100
Total	75.7	21.8	2.5	100
Residence				
Urban	61.5	37.2	1.4	100
Rural	76.3	21.2	2.6	100
Total	75.7	21.8	2.5	100

MICS FATA indicator

Table HC 10: Source of Media

Percentage of people using various media sources, FATA, 2007

	FM Radio	Government Radio	Television	Newspaper
Agency				
Bajour	9.6	40.2	5.3	5.1
FR Bannu	6.8	64.9	1.1	0.3
FR DI Khan	0.4	22.3	5.2	0.4
FR Kohat	1.5	35.3	38.0	14.9
FR Lakki	5.6	85.2	1.4	0.0
FR Peshawar	27.7	53.3	19.3	10.9
FR Tank	12.2	68.9	14.4	1.1
Khyber	22.8	36.9	32.3	12.1
Kurram	24.1	33.5	28.7	5.2
Mohmand	8.5	48.5	3.1	2.2
Orakzai	25.7	20.7	6.5	3.4
South Waziristan	33.6	46.9	6.7	9.6
Total	16.1	43.5	13.6	5.9
Residence				
Urban	21.4	39.0	51.6	13.2
Rural	15.9	43.7	12.2	5.6
Total	16.1	43.5	13.6	5.9

MICS FATA indicator

Table HC11: Land Holding

Proportion of households having landholding (Acres) by size of farm/land, FATA, 2007

	Less than 1acre	1 to < 5 acres	5 to < 10 acres	10 to <15 acres	15 acres and above	Total
Agency						
Bajour	27.7	64.2	5.2	1.5	1.5	100
FR Bannu	11.1	63.7	15.4	7.3	2.6	100
FR DI Khan	36.4	46.5	14.1	2.0	1.0	100
FR Kohat	35.4	53.1	8.0	0.9	2.7	100
FR Lakki	38.2	54.8	3.3	1.7	2.1	100
FR Peshawar	32.2	59.8	3.4	2.3	2.3	100
FR Tank	29.3	68.3	2.4	0.0	0.0	100
Khyber	31.1	63.2	3.8	1.9	0.0	100
Kurram	18.7	65.1	8.9	3.0	4.3	100
Mohmand	18.6	65.9	11.4	2.1	2.1	100
Orakzai	25.0	68.5	5.6	0.8	0.0	100
South Waziristan	19.7	30.1	33.7	15.0	1.6	100
Total	25.3	59.3	10.0	3.5	1.9	100
Residence						
Urban	27.9	67.4	2.3	0.0	2.3	100
Rural	25.2	59.2	10.2	3.5	1.9	100
Total	25.3	59.3	10.0	3.5	1.9	100

MICS FATA indicator

Table HC14: Persons Employed Outside Village

Proportion of persons employed and their place of employment, FATA, 2007

	Persons employed			Place of employment				
	Yes	No	Total	Other village/city	Other district/agency/FR	Other province	Outside country	Total
Agency								
Bajour	43.8	56.2	100	37.7	1.7	48.6	12.0	100
FR Bannu	25.9	74.1	100	20.8	16.7	20.8	41.7	100
FR DI Khan	18.4	81.6	100	50.0	5.6	27.8	16.7	100
FR Kohat	49.2	50.8	100	50.8	5.7	23.8	19.7	100
FR Lakki	49.3	50.7	100	26.6	50.0	19.1	4.3	100
FR Peshawar	67.5	32.5	100	26.4	5.5	35.0	33.1	100
FR Tank	42.9	57.1	100	46.9	12.5	18.8	21.9	100
Khyber	41.1	58.9	100	54.5	11.4	24.6	9.6	100
Kurram	42.5	57.5	100	30.5	9.7	12.3	47.4	100
Mohmand	29.6	70.4	100	28.3	8.5	35.8	27.4	100
Orakzai	32.2	67.8	100	32.4	6.3	18.9	42.3	100
South Waziristan	49.2	50.8	100	30.0	7.1	42.4	20.6	100
Total	40.7	59.3	100	35.8	10.3	29.5	24.4	100
Residence								
Urban	45.2	54.8	100	47.6	6.3	14.3	31.7	100
Rural	40.5	59.5	100	35.3	10.5	30.2	24.0	100
Total	40.7	59.3	100	35.8	10.3	29.5	24.4	100

MICS FATA Indicator

Table HC 15 A: Ownership of House

Percentage of households who own house, FATA, 2007

	Own	Rented	Government/ subsidized	Without rent	Total
Agency					
Bajour	86.2	3.2	0.5	10.2	100
FR Bannu	99.4	0.0	0.0	0.6	100
FR DI Khan	97.6	1.0	0.0	1.4	100
FR Kohat	99.3	0.0	0.3	0.3	100
FR Lakki	99.3	0.4	0.4	0.0	100
FR Peshawar	96.3	0.4	0.0	3.3	100
FR Tank	100.0	0.0	0.0	0.0	100
Khyber	98.0	0.4	0.4	1.1	100
Kurram	84.1	11.3	1.5	3.1	100
Mohmand	98.4	0.3	0.0	1.3	100
Orakzai	97.0	0.5	0.0	2.5	100
South Waziristan	97.6	0.0	0.8	1.6	100
Total	95.4	1.7	0.4	2.5	100
Residence					
Urban	79.4	16.1	3.9	0.6	100
Rural	96.1	1.1	0.2	2.6	100
Total	95.4	1.7	0.4	2.5	100

MICS FATA indicator

Table HC16 : Remittances Received by Households

Proportion of households receive remittances from inside the country and abroad, FATA, 2007

	Remittances received from inside country				Remittances received from abroad			
	Yes	No	Total	Number of households	Yes	No	Total	Number of households
Agency								
Bajour	38.9	61.1	100	170	5.3	94.7	100	23
FR Bannu	21.2	78.8	100	74	9.9	90.1	100	34
FR DI Khan	15.1	84.9	100	31	2.4	97.6	100	5
FR Kohat	39.5	60.5	100	117	9.2	90.8	100	27
FR Lakki	56.7	43.3	100	152	1.9	98.1	100	5
FR Peshawar	54.7	45.3	100	116	26.7	73.3	100	51
FR Tank	53.1	46.9	100	26	19.2	80.8	100	10
Khyber	46.6	53.4	100	178	5.5	94.5	100	20
Kurram	32.6	67.4	100	117	16.2	83.8	100	58
Mohmand	22.3	77.7	100	84	8.5	91.5	100	32
Orakzai	28.1	71.9	100	102	13.7	86.3	100	48
South Waziristan	42.8	57.2	100	145	14.0	86.0	100	45
Total	36.1	63.9	100	1312	10.1	89.9	100	358
Residence								
Urban	53.2	46.8	100	75	15.6	84.4	100	21
Rural	35.4	64.6	100	1237	9.9	90.1	100	337
Total	36.1	63.9	100	1312	10.1	89.9	100	358

MICS FATA indicator

Table HC 17; Money Received As Donation/Zakat/Support

Percentage of household who received money as donation/zakat/support, FATA, 2007

	Yes	No	Total
Agency			
Bajour	0.5	99.5	100
FR Bannu	0.9	99.1	100
FR DI Khan	0.5	99.5	100
FR Kohat	0.0	100	100
FR Lakki	0.4	99.6	100
FR Peshawar	4.5	95.5	100
FR Tank	5.5	94.5	100
Khyber	2.2	97.8	100
Kurram	0.5	99.5	100
Mohmand	0.3	99.7	100
Orakzai	2.2	97.8	100
South Waziristan	5.5	94.5	100
Total	**1.6**	**98.4**	**100**
Residence			
Urban	2.1	97.9	100
Rural	1.6	98.4	100
Total	**1.6**	**98.4**	**100**

MICS FATA indicator

Table HC18: Seasonal Migration

Proportion of households who migrated last year, FATA, 2007

	Family members migrated last year		
	Yes	No	Total
Agency			
Bajour	2.0	98.0	100
FR Bannu	5.7	94.3	100
FR DI Khan	1.4	98.6	100
FR Kohat	0.7	99.3	100
FR Lakki	2.1	97.9	100
FR Peshawar	10.5	89.5	100
FR Tank	3.9	96.1	100
Khyber	6.2	93.8	100
Kurram	2.3	97.7	100
Mohmand	1.6	98.4	100
Orakzai	1.6	98.4	100
South Waziristan	12.8	87.2	100
Total	4.3	95.7	100
Residence			
Urban	14.4	85.6	100
Rural	3.8	96.2	100
Total	4.3	95.7	100

MICS FATA indicator

Table HC 19: Physical access to School

Physical access to school FATA 2007

	With in village/ward	Outside village/ward	Total
Agency			
Bajour	40.2	59.8	100
FR Bannu	50.6	49.4	100
FR DI Khan	79.2	20.8	100
FR Kohat	41.4	58.6	100
FR Lakki	77.5	22.5	100
FR Peshawar	67.1	32.9	100
FR Tank	66.7	33.3	100
Khyber	57.9	42.1	100
Kurram	57.1	42.9	100
Mohmand	56.4	43.6	100
Orakzai	33.3	66.7	100
South Waziristan	22.0	78.0	100
Total	51.2	48.8	100
Residence			
Urban	76.8	23.2	100
Rural	50.1	49.9	100
Total	51.2	48.8	100

MICS FATA indicator

Table HC 19a: Physical access to School

Physical access to school by type of distance, FATA, 2007

	Distance to School			Do not know	Total
	Less than 2 km (1/2hrs)	2-5km (0.5-1hr)	Above 5 km (>1hr)		
Agency					
Bajour	42.1	28.4	23.6	5.9	100
FR Bannu	57.1	26.1	11.8	4.9	100
FR DI Khan	18.6	7.0	51.2	23.3	100
FR Kohat	82.4	14.4	3.2	0.0	100
FR Lakki	32.4	64.7	2.9	0.0	100
FR Peshawar	49.6	39.3	8.5	2.6	100
FR Tank	17.2	37.9	31.0	13.8	100
Khyber	52.0	34.8	11.5	1.8	100
Kurram	26.9	30.2	41.2	1.6	100
Mohmand	38.9	36.2	23.5	1.4	100
Orakzai	34.3	28.3	31.9	5.6	100
South Waziristan	23.7	45.3	22.5	8.5	100
Total	42.1	32.6	20.9	4.4	100
Residence					
Urban	56.0	42.0	2.0	0.0	100
Rural	41.8	32.3	21.3	4.6	100
Total	42.1	32.6	20.9	4.4	100

MICS FATA indicator

Table HC 20: Availability of Facilities

Percentage of people having facilities by kind, FATA, 2007

	Electricity	Gas	Radio	TV	Telephone	Mobile phone	Computer	Internet	Fridge/ Freezer	AC	Washing Machine	Air Cooler
Agency												
Bajour	77.3	2.3	49.2	9.3	10.9	17.2	2.9	1.1	13.4	2.0	8.9	68.9
FR Bannu	23.3	0.3	67.3	2.9	3.8	34.5		0.3	1.9		2.6	15.4
FR DI Khan	72.0		28.5	7.2	7.2	10.1	1.9	1.0	11.6	1.9	3.4	61.8
FR Kohat	99.7	2.7	55.9	43.8	39.9	40.7	8.1	3.4	61.7	22.9	43.4	96.0
FR Lakki	08.7	0.5	87.6	4.4	7.0	56.3	1.0				3.4	7.4
FR Peshawar	94.7	1.7	74.9	39.3	21.9	53.7	4.1	1.7	25.0	2.1	37.7	95.5
FR Tank	70.5		96.2	15.4	11.5		2.6	2.6	7.7	2.6	14.1	55.1
Khyber	99.3	8.4	73.0	45.0	33.9	58.8	12.4	3.9	58.1	34.1	49.7	86.7
Kurram	63.7	6.0	61.6	39.5	26.0	42.0	9.0	4.7	24.7	5.9	27.8	48.3
Mohmand	72.3	2.6	57.4	7.6	9.1	17.5	1.8	0.8	18.8	5.2	16.2	62.7
Orakzai	68.6	2.5	55.7	14.0	18.3	7.9	1.9	0.5	5.2	0.5	6.6	41.8
South Waziristan	61.3	0.8	80.7	9.9	16.1		2.2	1.3	10.7		7.8	28.9
Total	69.7	2.9	64.1	20.9	18.3	29.6	4.5	1.9	22.1	7.6	19.7	57.0
Domain												
Urban	98.7	15.2	74.8	69.5	45.5	76.1	17.6	8.0	85.6	38.6	70.3	85.6
Rural	68.4	2.3	63.6	18.8	17.1	27.6	3.9	1.6	15.8	6.3	17.5	55.8
Total	69.7	2.9	64.1	20.9	18.3	29.6	4.5	1.9	22.1	7.6	19.7	57.0

MICS FATA indicator

Table HC 22: Population by agency and age-group in FAT A, MICS 2007

	Age groups															
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
Agency																
Bajour	11.0	16.8	14.2	11.4	8.4	8.4	6.5	4.2	3.8	3.5	4.4	2.3	2.8	0.9	1.5	100
FR Bannu	11.9	21.5	14.2	9.8	7.0	5.7	6.2	5.5	5.1	2.5	3.8	2.4	2.4	0.7	1.4	100
FR DI Khan	11.4	17.7	14.6	11.0	7.1	6.1	5.3	8.1	5.1	3.3	3.5	2.0	2.1	0.7	2.0	100
FR Kohat	10.4	12.3	12.5	11.4	11.0	10.1	6.9	4.3	4.0	4.2	5.5	3.0	2.5	0.7	1.2	100
FR Lakki	12.8	21.1	12.3	10.2	7.4	6.4	5.1	6.0	4.9	3.0	3.5	2.4	2.5	1.1	1.2	100
FR Peshawar	12.5	14.1	14.8	12.7	9.0	6.1	5.7	4.8	4.2	2.8	3.7	2.7	2.5	2.0	2.3	100
FR Tank	10.9	16.8	11.7	8.6	7.7	9.9	6.7	5.9	3.6	2.1	5.1	1.6	4.1	1.3	3.9	100
Khyber	13.0	16.4	14.8	12.3	9.5	7.4	5.7	4.3	3.7	2.7	3.7	1.9	1.9	0.8	1.9	100
Kurram	11.9	15.1	14.4	13.5	9.5	7.1	4.9	4.8	3.8	3.6	3.9	2.8	2.5	0.7	1.6	100
Mohmand	12.9	15.9	15.8	13.1	8.9	6.4	4.5	3.8	4.1	3.3	3.2	2.3	2.4	0.8	2.6	100
Orakzai	13.7	17.9	13.1	10.0	9.5	7.5	5.2	4.5	4.0	3.3	3.9	2.6	2.4	0.9	1.8	100
South Waziristan	10.8	18.6	16.5	13.1	7.0	5.1	4.6	5.5	5.1	4.1	3.7	2.5	1.9	0.5	0.8	100
Residence																
Urban	13.6	13.4	14.8	13.9	9.2	6.9	5.2	4.8	4.1	3.0	4.3	2.1	2.1	0.7	2.0	100
Rural	12.0	17.1	14.4	11.6	8.6	7.1	5.5	4.8	4.2	3.3	3.9	2.4	2.4	0.9	1.7	100
Total	12.1	16.9	14.4	11.7	8.7	7.1	5.5	4.8	4.2	3.3	3.9	2.4	2.4	0.9	1.7	100

MICS FATA indicator

Table HC 23: Owned Livestock Last Year

Proportion of households having livestock last year, FATA, 2007

	Yes	No	Total
Agency			
Bajour	95.7	4.3	100
FR Bannu	90.9	9.1	100
FR DI Khan	94.7	5.3	100
FR Kohat	86.9	13.1	100
FR Lakki	88.9	11.1	100
FR Peshawar	89.8	10.2	100
FR Tank	100.0	0.0	100
Khyber	74.1	25.9	100
Kurram	78.4	21.6	100
Mohmand	94.8	5.2	100
Orakzai	92.1	7.9	100
South Waziristan	98.1	1.9	100
Total	89.3	10.7	100
Residence			
Urban	51.0	49.0	100
Rural	90.9	9.1	100
Total	89.3	10.7	100

MICS FATA indicator

Table MN8:Institutional Deliveries

Proportion of women aged 15-49 having live birth in the preceding 2 years in any institution, FATA, 2007

	Home	Others home	Institutional Delivery						Total	Number of women who have given birth to a child
			Government			Private				
			Government Hospital	Government clinic/health center	Government other (specify)	Private hospital	Private clinic	Private MCH		
Agency										
FR DI Khan	95.2	0.0	0.0	1.6	0.0	1.6	0.0	1.6	100	70
FR Kohat	84.2	0.0	2.6	0.0	0.0	3.9	9.2	0.0	100	87
FR Peshawar	74.7	1.1	7.4	0.0	0.0	8.4	3.2	5.3	100	151
FR Tank	87.5	0.0	12.5	0.0	0.0	0.0	0.0	0.0	100	21
Khyber	37.2	0.0	52.1	1.6	0.0	7.4	1.6	0.0	100	263
Kurram	64.4	0.0	24.2	0.7	0.0	4.7	6.0	0.0	100	179
Mohmand	89.0	0.0	7.3	0.0	0.0	1.8	1.8	0.0	100	205
Orakzai	86.9	0.0	7.8	1.3	0.0	1.3	1.3	1.3	100	225
South Waziristan	65.0	0.0	8.5	6.0	0.9	3.4	16.2	0.0	100	140
Total	76.2	0.1	14.6	1.2	0.2	3.3	3.6	0.8	100	1341
Residence										
Urban	25.7	0.0	58.1	1.4	0.0	6.8	8.1	0.0	100	92
Rural	79.2	0.1	12.0	1.2	0.2	3.1	3.4	0.8	100	1249
Total	76.2	0.1	14.6	1.2	0.2	3.3	3.6	0.8	100	1341

MICS FATA indicator

Table TT1: TT Shots Received

Proportion of women having birth to live child during last 2 years and received TT shots, FATA, 2007

	TT1-Women give live birth in the past two years FATA 2007				
	Yes-card shown	Yes-card not shown	No	Do not know	Total
Agency					
FR DI Khan	0.00	8.47	86.44	5.08	100.00
FR Kohat	3.85	43.59	52.56	0.00	100.00
FR Peshawar	31.65	20.14	48.20	0.00	100.00
Khyber	26.98	29.77	42.33	0.93	100.00
Kurram	16.27	18.67	64.46	0.60	100.00
Mohmand	11.62	12.12	73.74	2.53	100.00
Orakzai	7.14	12.76	79.59	0.51	100.00
Total	16.08	20.08	62.70	1.14	100.00
Residence					
Urban	35.63	33.33	31.03	0.00	100.00
Rural	14.32	18.88	65.56	1.24	100.00
Total	16.08	20.08	62.70	1.14	100.00

MICS FATA indicator

Table TT1a : TT Shots Coverage

Proportion of women aged 15-49 who received TT coverage during last pregnancy, FATA, 2007

	TT during last pregnancy			Total	Last pregnancy TT covering by seen and recall				Total	Number of women who have given birth to a child
	Yes	No	Do not know		Yes-card shown	Yes-card not shown	No	Do not know		
Agency										
FR DI Khan	9.8	88.5	1.6	100	0.0	8.2	85.2	6.6	100	70
FR Kohat	46.9	53.1	0.0	100	3.7	42.7	53.7	0.0	100	87
FR Peshawar	43.8	56.3	0.0	100	29.9	18.6	51.5	0.0	100	151
FR Tank	0.0	100.0	0.0	100	0.0	11.1	88.9	0.0	100	21
Khyber	60.1	38.3	1.6	100	27.0	28.2	44.0	0.8	100	263
Kurram	40.9	58.6	0.6	100	15.8	21.2	62.5	0.5	100	179
Mohmand	18.2	80.5	1.4	100	11.2	11.7	74.9	2.2	100	205
Orakzai	20.7	79.3	0.0	100	6.2	10.7	82.7	0.4	100	225
South Waziristan	27.4	62.3	10.3	100	13.3	13.3	67.3	6.0	100	140
Residence										
Urban	72.2	26.7	1.1	100	32.6	33.7	33.7	2.4	100	92
Rural	25.6	71.7	2.7	100	11.6	14.5	71.5	2.3	100	1249
Total	28.0	69.4	2.6	100	12.7	15.5	69.5	2.3	100	1341

MICS FATA Indicator

Table TT5: TT Shots Received

Proportion of women having birth to live child during last 2 years and received TT shots, FATA, 2 007

	TT in last pregnancy			TT before last pregnancy		
	Yes	No	Do not know	Yes	No	Do not know
Agency						
FR DI Khan	10.17	88.14	1.69	7.02	87.72	5.26
FR Kohat	48.72	51.28	0.0	7.84	90.20	1.96
FR Peshawar	46.27	53.73	0.0	31.68	66.34	1.98
Khyber	61.61	36.49	1.90	39.20	56.80	4.00
Kurram	38.79	60.61	0.61	28.77	70.55	0.68
Mohmand	19.39	79.08	1.53	13.41	86.03	0.56
Orakzai	22.34	77.66	0.0	15.58	83.77	0.65
Total	36.86	62.27	0.87	22.02	76.26	1.72
Residence						
Urban	74.12	24.71	1.18	58.54	39.02	2.44
Rural	33.51	65.64	0.85	20.08	78.24	1.68
Total	36.86	62.27	0.87	22.02	76.26	1.72

MICS FATA Indicator

Table TT6: TT Shots Received

Proportion of women having birth to live child during last 2 years and received TT shots, FATA, 2007

	If Yes then No. of times						
	0	1	2	3	4	5	Total
Agency							
FR DI Khan	0.00	0.00	40.00	60.00	0.00	0.00	100
FR Kohat	0.00	16.22	8.11	59.46	5.41	10.81	100
FR Peshawar	0.0	3.51	85.96	8.77	1.75	0.00	100
Khyber	0.80	2.40	69.60	25.60	0.80	0.80	100
Kurram	0.00	3.13	31.25	59.38	3.13	3.13	100
Mohmand	0.00	5.41	62.16	27.03	2.70	2.70	100
Orakzai	0.00	2.38	64.29	30.95	0.0	2.38	100
Total	0.27	4.36	57.49	33.51	1.91	2.45	100
Residency							
Urban	1.67	1.67	71.67	20.00	1.67	3.33	100
Rural	0.0	4.89	54.72	36.16	1.95	2.28	100
Total	0.27	4.36	57.49	33.51	1.91	2.45	100

MICS FATA Indicator

Table VA1: Vitamin A taken

Proportion of children aged below 5 years who taken Vitamin-A, FATA, 2007

	Vitamin A eaten			
	Yes	No	Do not know	Total
Agency				
FR DI Khan	87.67	12.33	0.00	100.00
FR Kohat	89.62	9.43	0.94	100.00
FR Peshawar	74.18	23.64	2.18	100.00
Khyber	77.16	20.35	2.50	100.00
Kurram	75.19	23.54	1.27	100.00
Mohmand	77.19	22.12	0.69	100.00
Orakzai	60.65	38.70	0.65	100.00
Total	75.11	23.58	1.31	100.00
Residence				
Urban	87.37	11.05	1.58	100.00
Rural	74.08	24.63	1.29	100.00
Total	75.11	23.58	1.31	100.00

MICS FATA Indicator

Table VA2: Vitamin A taken by Months

Proportion of children aged below 5 years who have taken Vitamin A by months, FATA, 2007

	When did Vitamin A taken-months													
	0 Month	1 Month	2 Month	3 Month	4 Month	5 Month	6 Month	7 Month	8 Month	9 Month	10 Month	11 Month	12 Month	Total
Agency														
FR DI Khan	9.4	74.2	0.8	0.8	0.0	0.0	0.0	0.0	14.8	0.0	0.0	0.0	0.0	100
FR Kohat	90.5	7.1	0.6	0.0	0.0	0.0	0.0	0.0	1.8	0.0	0.0	0.0	0.0	100
FR Peshawar	0.0	3.6	4.1	2.0	9.1	16.2	12.2	0.5	49.7	1.0	0.0	1.0	0.5	100
Khyber	26.8	9.4	2.7	3.0	1.0	5.0	12.2	3.0	33.0	2.2	1.2	0.0	0.5	100
Kurram	8.5	25.6	15.7	5.0	4.6	0.4	22.1	0.4	17.8	0.0	0.0	0.0	0.0	100
Mohmand	21.3	30.9	1.3	0.3	5.3	0.7	7.0	3.7	25.6	2.3	0.7	0.3	0.7	100
Orakzai	5.5	14.3	8.8	12.8	6.2	0.0	8.4	0.7	42.5	0.4	0.0	0.0	0.4	100
Total	21.5	20.3	5.3	3.8	3.9	3.1	10.2	1.5	28.3	1.1	0.4	0.2	0.3	100
Residence														
Urban	1.83	5.49	4.27	4.27	3.66	4.27	31.71	3.66	38.41	1.83	0.61	0.0	0.0	100
Rural	23.49	21.85	5.42	3.78	3.90	3.02	8.00	1.32	27.27	1.01	0.38	0.19	0.38	100
Total	21.46	20.32	5.31	3.82	3.88	3.14	10.22	1.54	28.31	1.08	0.40	0.17	0.34	100

MICS FATA indicator

Table VA3: Vitamin A taken by source

Proportion of children aged below 5 years who took Vitamin-A by source, FATA, 2007

	Where from the last dose of Vitamin-A taken			
	Health centre-routine	Health centre visited for illness	National polio day	Total
Agency				
FR DI Khan	0.78	0.00	99.22	100
FR Kohat	0.00	0.53	99.47	100
FR Peshawar	5.08	1.02	93.91	100
Khyber	0.50	2.50	97.00	100
Kurram	2.02	0.81	97.17	100
Mohmand	1.50	0.30	98.20	100
Orakzai	1.43	0.36	98.21	100
Total	1.52	0.96	97.52	100
Residence				
Urban	1.36	2.72	95.92	100
Rural	1.54	0.80	97.67	100
Total	1.52	0.96	97.52	100

MICS FATA indicator

Table CA5: Children aged below 5 years having Cough

Percentage of children aged 0-59 months with Cough in the last two weeks, FATA, 2007

	Cough in past 2 weeks			Number of children aged 0-59 months with Cough
	Yes	No	Do not know	
Agency				
FR DI Khan	4.93	95.07	0.00	7
FR Kohat	12.81	87.19	0.00	26
FR Peshawar	19.47	80.53	0.00	44
Khyber	14.96	85.04	0.00	73
Kurram	14.44	85.29	0.27	54
Mohmand	13.37	86.63	0.00	56
Orakzai	14.13	85.87	0.00	63
Total	14.06	85.90	0.04	323
Residence				
Urban	15.51	83.96	0.53	29
Rural	13.93	86.07	0.00	294
Total	14.06	85.90	0.04	323

MICS FATA Indicator

Table CA 10: Medicine given for Illness

Proportion of children aged below 5 years who got sick and received medication, FATA, 2007

	Medicine given for illness		
	Yes	No	Total
Agency			
FR DI Khan	40.0	60.0	100
FR Kohat	100.0	0.0	100
FR Peshawar	78.7	21.3	100
Khyber	90.9	9.1	100
Kurram	92.3	7.7	100
Mohmand	97.6	2.4	100
Orakzai	86.2	13.8	100
Total	88.3	11.7	100
Residence			
Urban	100.0	0.0	100
Rural	87.1	12.9	100
Total	88.3	11.7	100

MICS FATA Indicator

Table CA 6: Prevalence of Cough (Suspected TB)

Proportion of population having cough more than three weeks, FATA, 2007

	Cough more than three weeks	Total number of household members
Agency		
Bajour	0.0	3411
FR Bannu	0.0	2615
FR DI Khan	0.0	1303
FR Kohat	0.0	2120
FR Lakki	0.0	1699
FR Peshawar	0.3	2295
FR Tank	0.3	608
Khyber	0.6	4054
Kurram	0.2	3225
Mohmand	0.1	3362
Orakzai	2.7	3406
South Waziristan	0.5	3015
Total	0.5	31113
Residence		
Urban	0.1	1452
Rural	0.5	29661
Total	0.5	31113

MICS FATA indicator

Table WS 10 A: Washing Hands after using Toilet

Percentage of person who wash hands after using toilet, FATA, 2007

	All members with soap	All members without soap	Few members with soap	few members without soap	Do not Wash	No reply	Do not know	Total
Agency								
Bajour	13.3	71.9	12.4	1.8	0.2	0.2	0.0	100
FR Bannu	0.6	76.1	5.1	9.9	6.5	0.6	1.1	100
FR DI Khan	6.8	49.3	16.4	14.5	13.0	0.0	0.0	100
FR Kohat	37.2	21.8	32.9	7.7	0.3	0.0	0.0	100
FR Lakki	0.0	85.6	14.4	0.0	0.0	0.0	0.0	100
FR Peshawar	25.7	55.9	15.5	1.6	1.2	0.0	0.0	100
FR Tank	1.3	81.8	3.9	5.2	0.0	1.3	6.5	100
Khyber	25.6	55.3	11.0	4.7	3.1	0.2	0.0	100
Kurram	27.2	61.2	3.1	1.3	6.9	0.3	0.0	100
Mohmand	9.7	74.7	6.5	3.9	5.2	0.0	0.0	100
Orakzai	1.9	75.4	2.5	3.8	16.1	0.3	0.0	100
South Waziristan	12.5	66.1	15.7	5.3	0.0	0.0	0.3	100
Total	14.5	64.5	11.4	4.6	4.5	0.2	0.3	100
Residence								
Urban	51.0	38.1	9.0	0.6	1.3	0.0	0.0	100
Rural	13.0	65.6	11.5	4.8	4.7	0.2	0.3	100
Total	14.5	64.5	11.4	4.6	4.5	0.2	0.3	100
Age								
5-11 years	1.0	4.1	2.2	9.6	16.0			
12-14 years	4.5	0.8	11.4	5.5	21.3			
School participation								
Yes	0.6	1.2	2.8	10.7	14.2			
No	2.0	4.0	4.6	8.1	18.0			
Total	1.7	3.4	4.1	8.7	17.1			

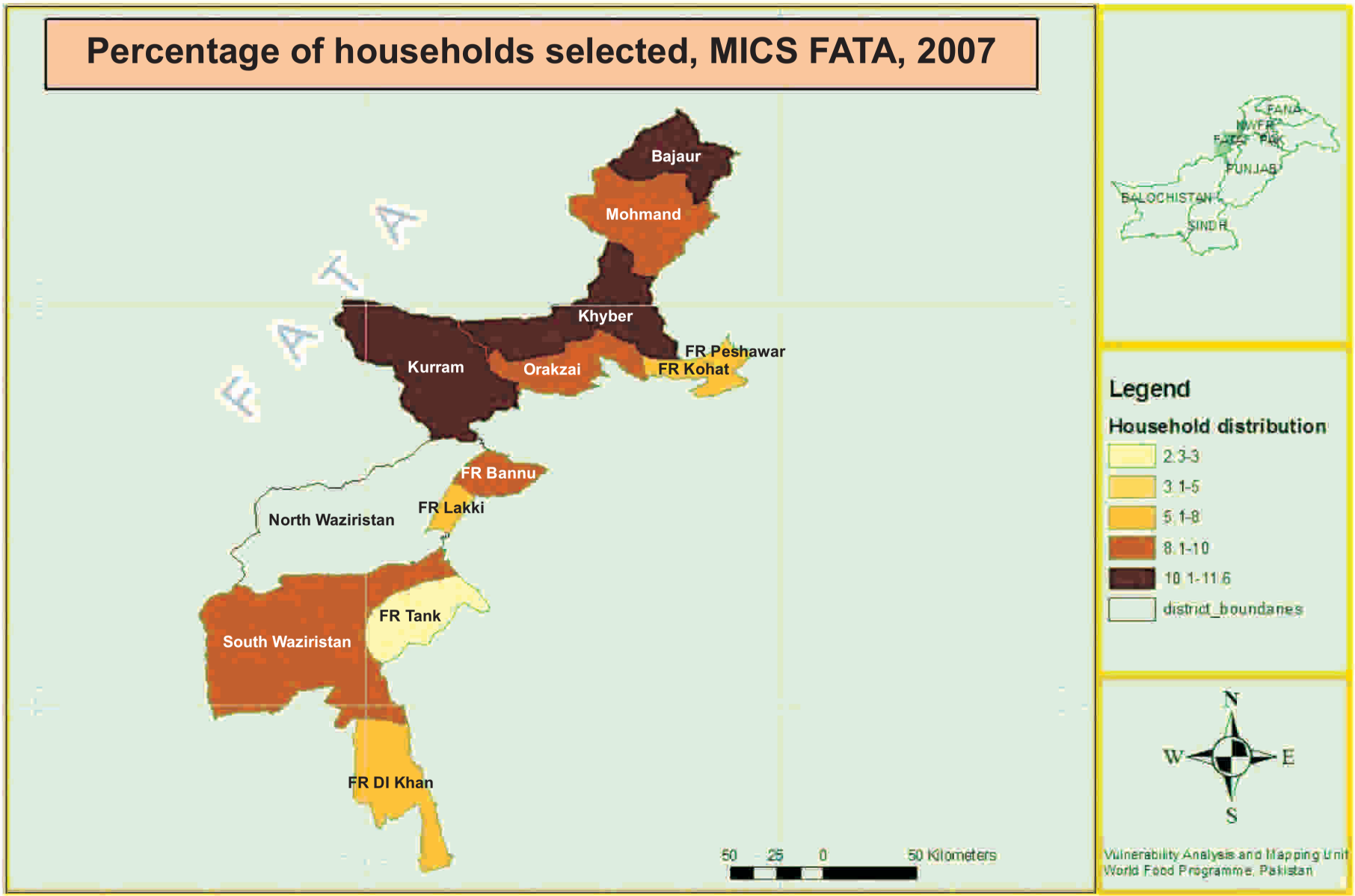
* MICS indicator 71

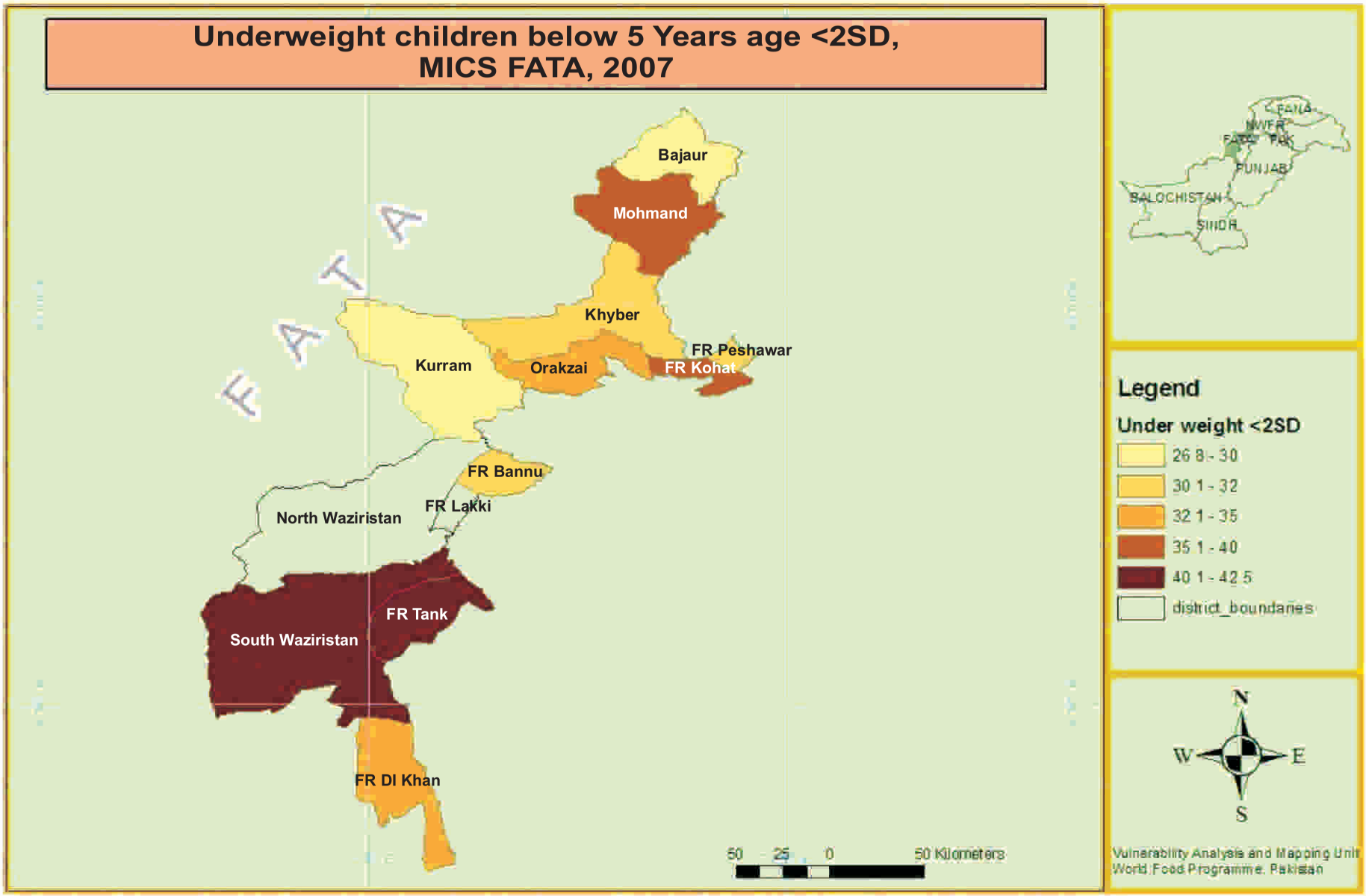
Table WS10 B Washing Hands before Taking Meal

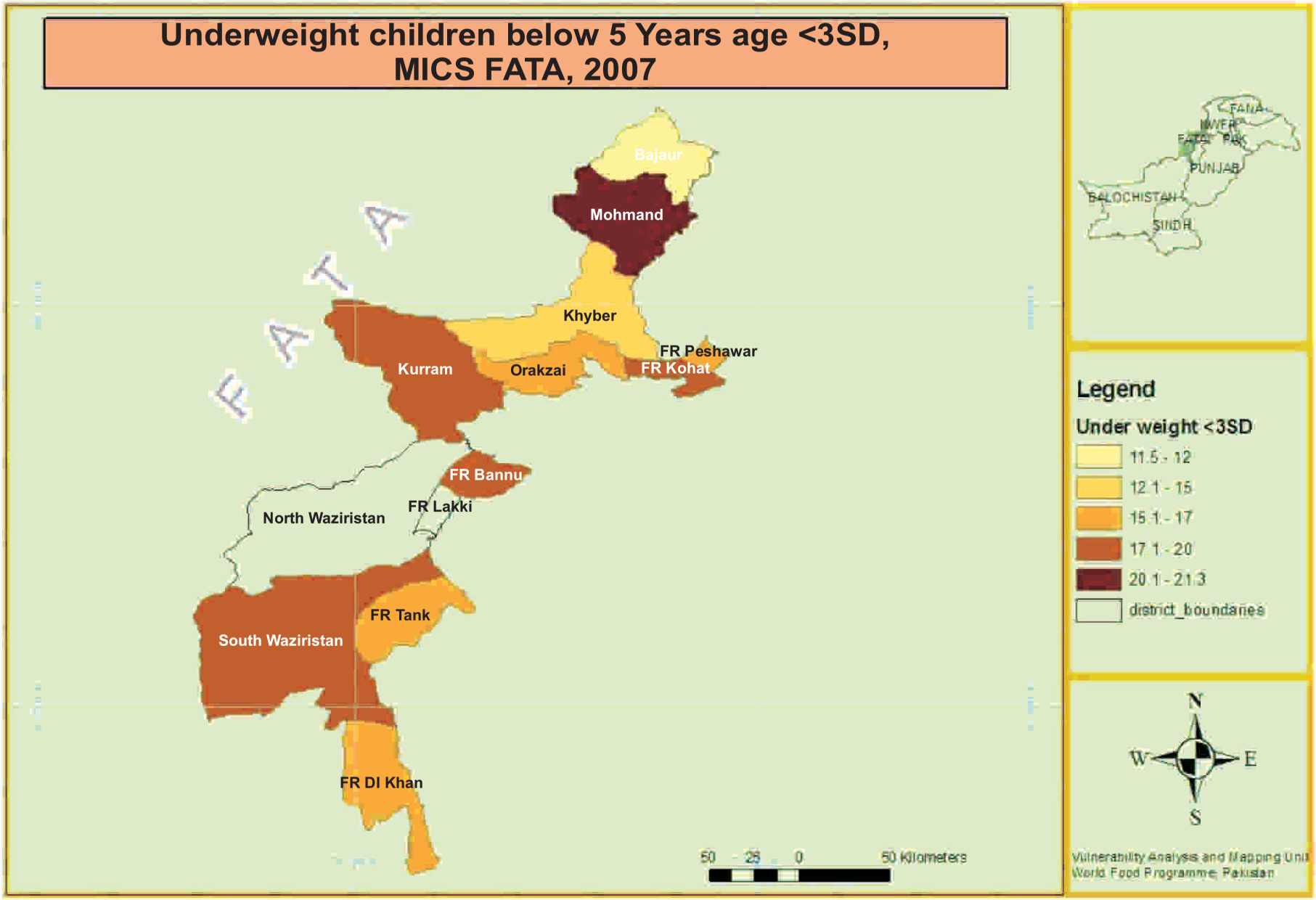
Percentage of person who wash hands before taking meal, FATA, 2007

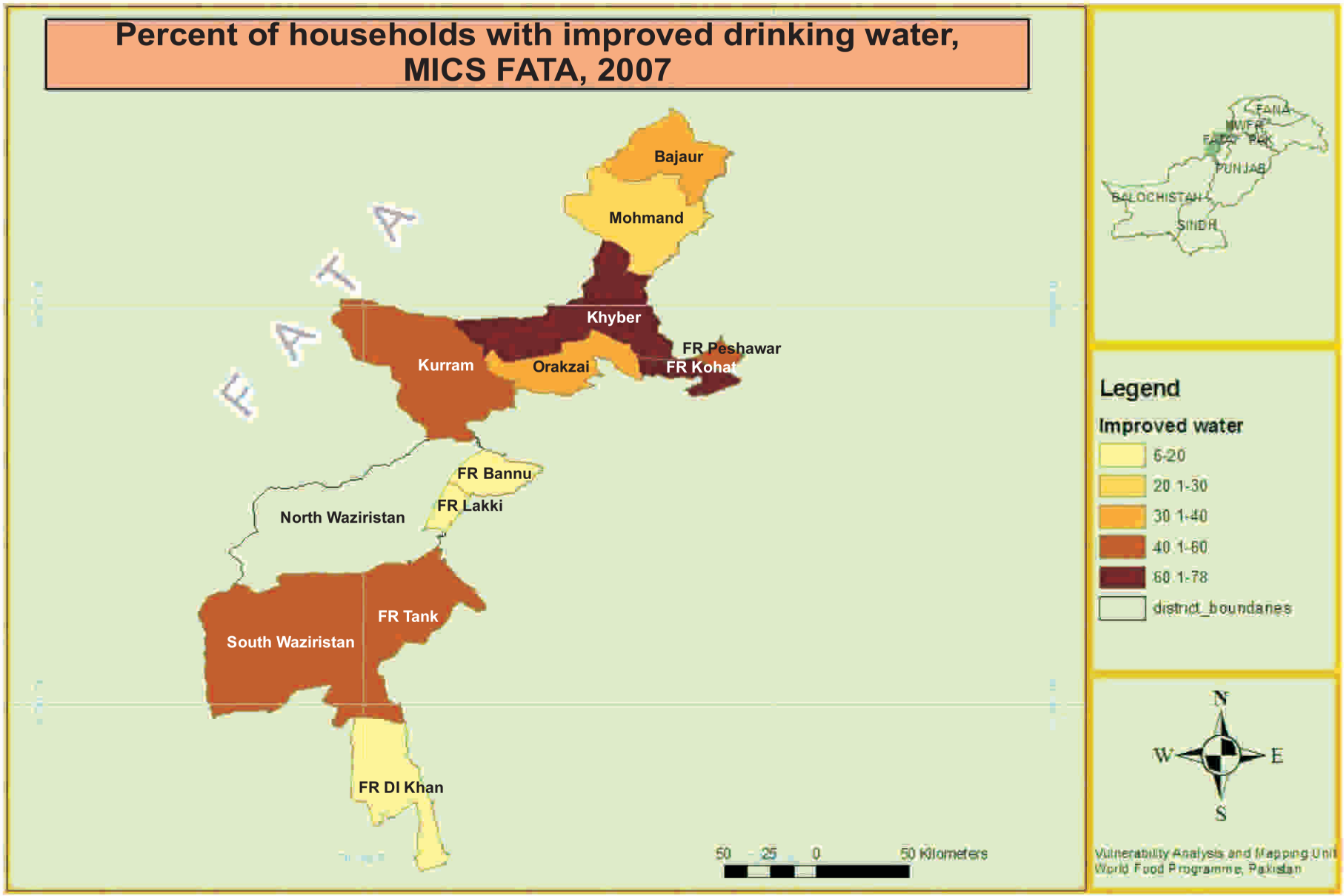
	All members with soap	All members without soap	Few members with soap	few members without soap	Do not Wash	No reply	Do not know	Total
Agency								
Bajour	8.1	76.9	12.4	2.5	4.0	0.0	0.3	100
FR Bannu	1.1	79.8	3.1	11.7	19.3	0.0	0.0	100
FR DI Khan	3.9	54.6	9.2	13.0	1.0	0.3	0.0	100
FR Kohat	12.4	19.8	54.7	11.7	0.0	0.0	0.0	100
FR Lakki	0.0	98.9	1.1	0.0	0.0	0.0	0.0	100
FR Peshawar	19.2	65.3	13.1	1.2	0.0	0.0	0.0	100
FR Tank	0.0	90.9	6.5	2.6	0.0	0.0	0.0	100
Khyber	21.1	61.3	10.6	4.0	7.5	0.0	0.0	100
Kurram	20.3	66.6	4.1	1.5	5.0	0.0	0.0	100
Mohmand	8.6	77.5	5.0	3.9	15.0	0.0	0.0	100
Orakzai	1.4	77.0	2.7	3.8	0.0	0.0	0.0	100
South Waziristan	9.9	77.3	8.8	4.0	0.0	0.0	0.0	100
Total	9.8	70.0	10.7	0.0	0.0	0.0	0.0	0.0
Residence								
Urban	44.5	43.9	9.0	0.6	1.9	0.0	0.0	100
Rural	8.4	71.1	10.8	5.0	4.7	0.0	0.0	100
Total	9.8	70.0	10.7	4.8	4.6	0.0	0.0	100

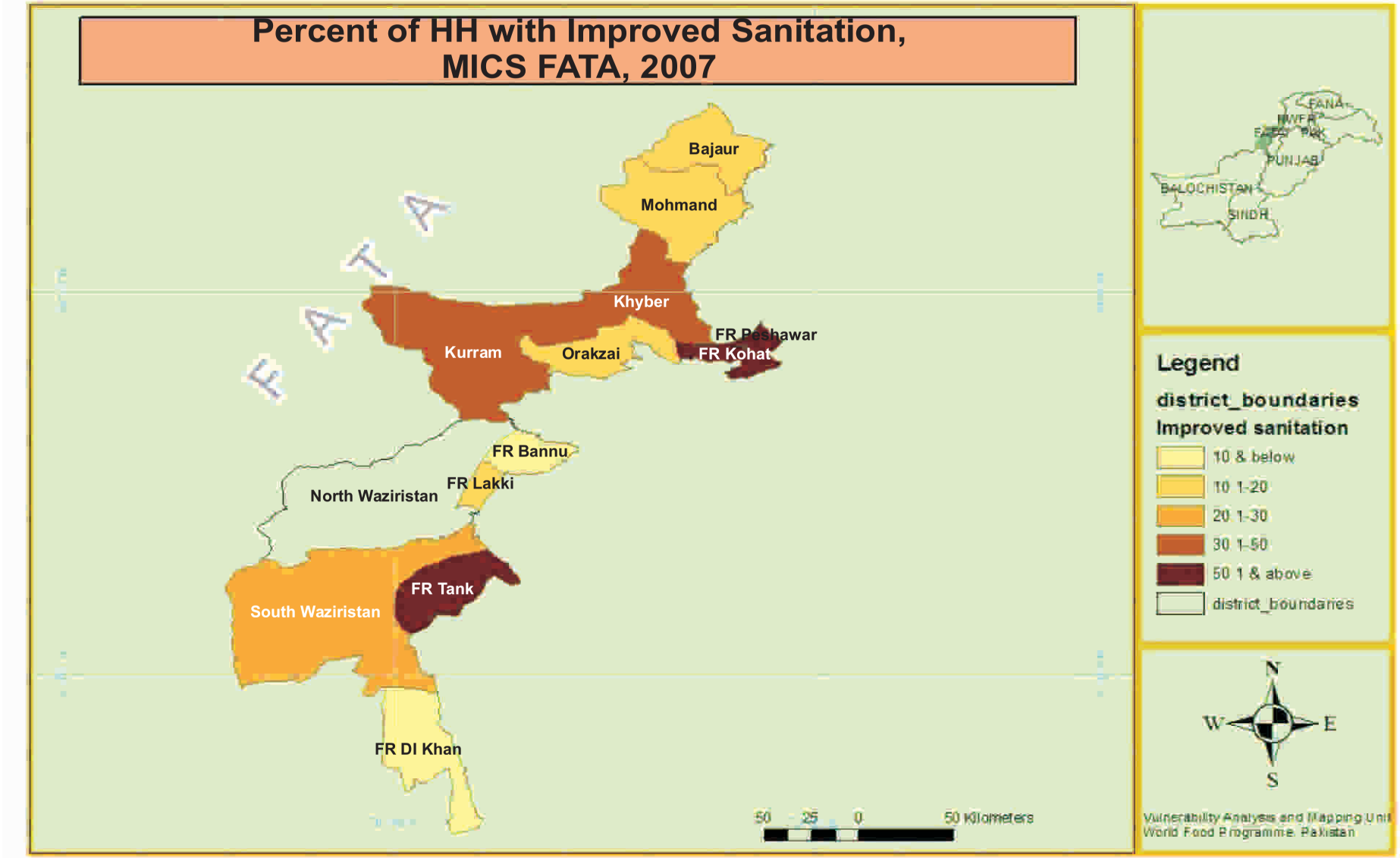
MICS FATA I ndicator


Percentage of households selected, MICS FATA, 2007
Bajaur
Mohmand
Khyber
Kurram
Orakzai
FR Peshawar
FR Kohat
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FANA
NWFP
PUNJAB
BALOCHISTAN
SINDH
Legend
Household distribution
2.3-3
3.1-5
5.1-8
8.1-10
10.1-11.6
district_boundaries
N
W
E
S
Vulnerability Analysis and Mapping Unit
World Food Programme, Pakistan


Underweight children below 5 Years age <2SD,
MICS FATA, 2007
FATA
Bajaur
Mohmand
Khyber
Kurram
Orakzai
FR Peshawar
FR Kohat
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FATA
NWFP
PUNJAB
BALOCHISTAN
SINDH
Legend
Under weight <2SD
26 8 - 30
30 1 - 32
32 1 - 35
35 1 - 40
40 1 - 42 5
district_boundaries
N
W
E
S
Vulnerability Analysis and Mapping Unit
World Food Programme, Pakistan


Underweight children below 5 Years age <3SD,
MICS FATA, 2007
FATA
Bajaur
Mohmand
Khyber
Kurram
Orakzai
FR Peshawar
FR Kohat
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FATA
NWFP
PUNJAB
BALOCHISTAN
SINDH
Legend
Under weight <3SD
11.5 - 12
12.1 - 15
15.1 - 17
17.1 - 20
20.1 - 21.3
district_boundaries
N
W
E
S
Vulnerability Analysis and Mapping Unit
World Food Programme, Pakistan


Percent of households with improved drinking water, MICS FATA, 2007
FATA
Bajaur
Mohmand
Khyber
Kurram
Orakzai
FR Peshawar
FR Kohat
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FANA
NWFP
FATA
PAK
PUNJAB
BALOCHISTAN
SINDH
Legend
Improved water
6-20
20 1-30
30 1-40
40 1-60
60 1-78
district_boundaries
N
W
E
S
Vulnerability Analysis and Mapping Unit
World Food Programme, Pakistan


Percent of HH with Improved Sanitation,
MICS FATA, 2007
FATA
Bajaur
Mohmand
Khyber
Kurram
Orakzai
FR Peshawar
FR Kohat
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FANA
NWFP
PUNJAB
BALOCHISTAN
SINDH
Legend
district_boundaries
Improved sanitation
10 & below
10 1-20
20 1-30
30 1-50
50 1 & above
district_boundaries
N
W
E
S
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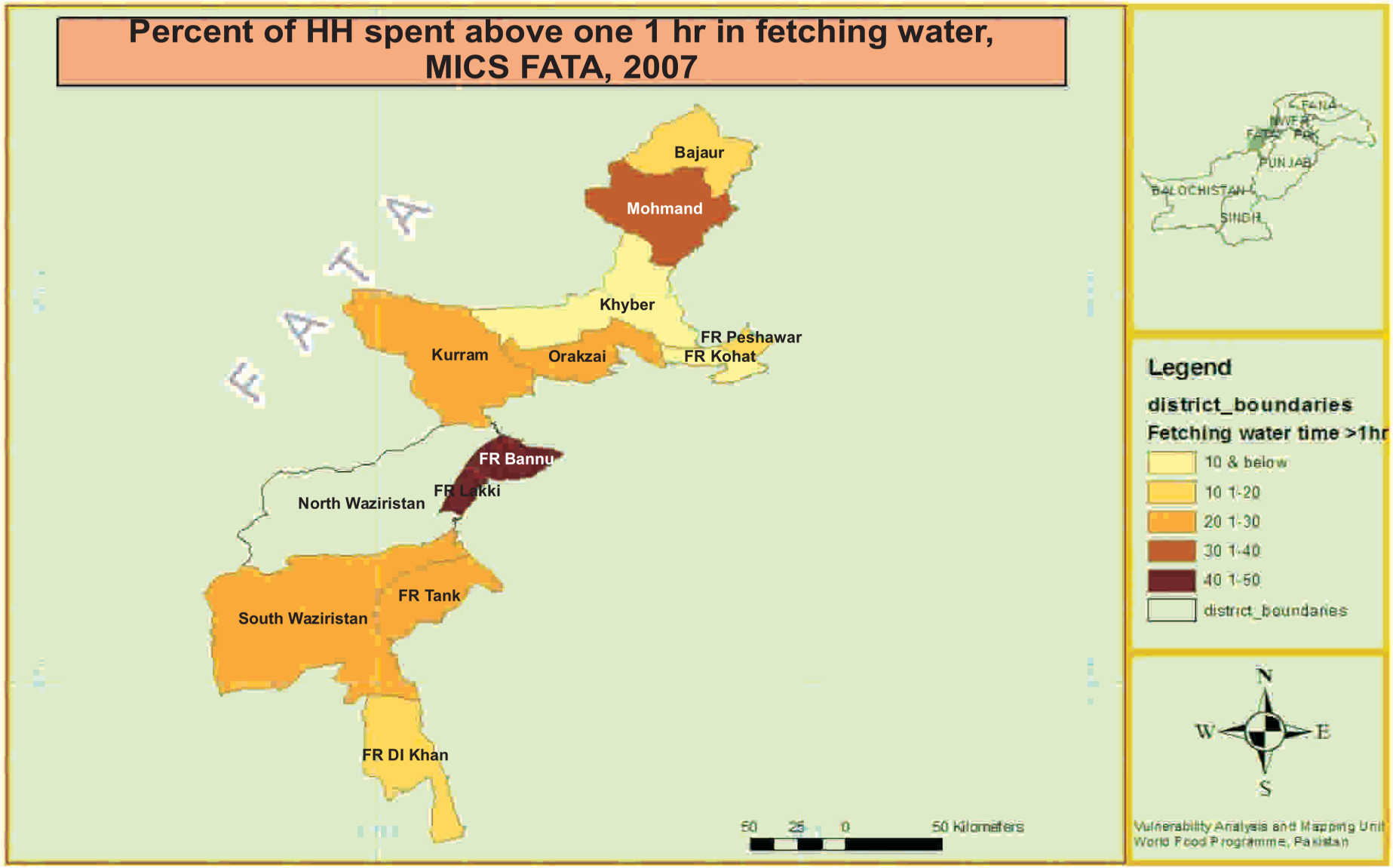
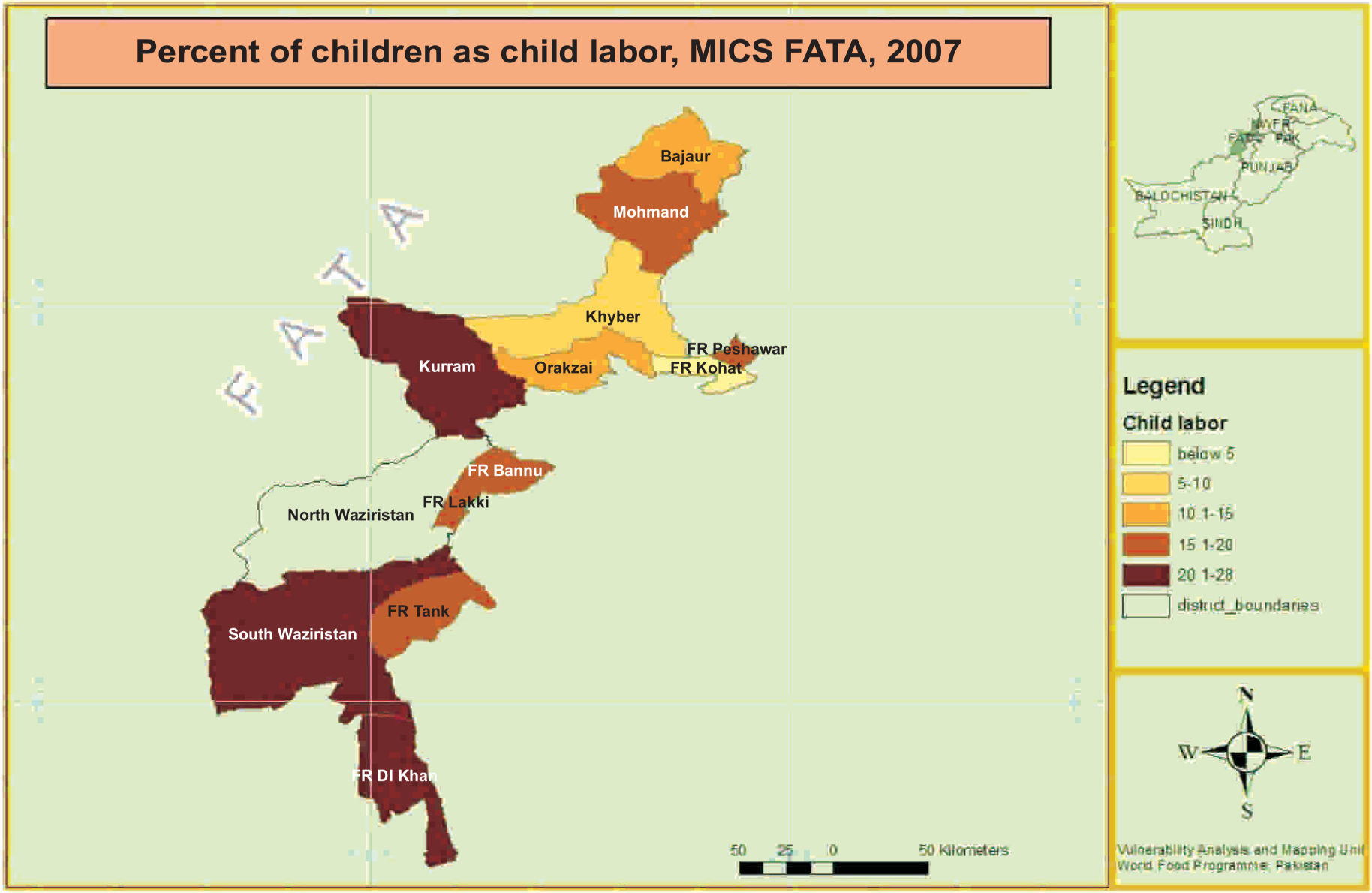
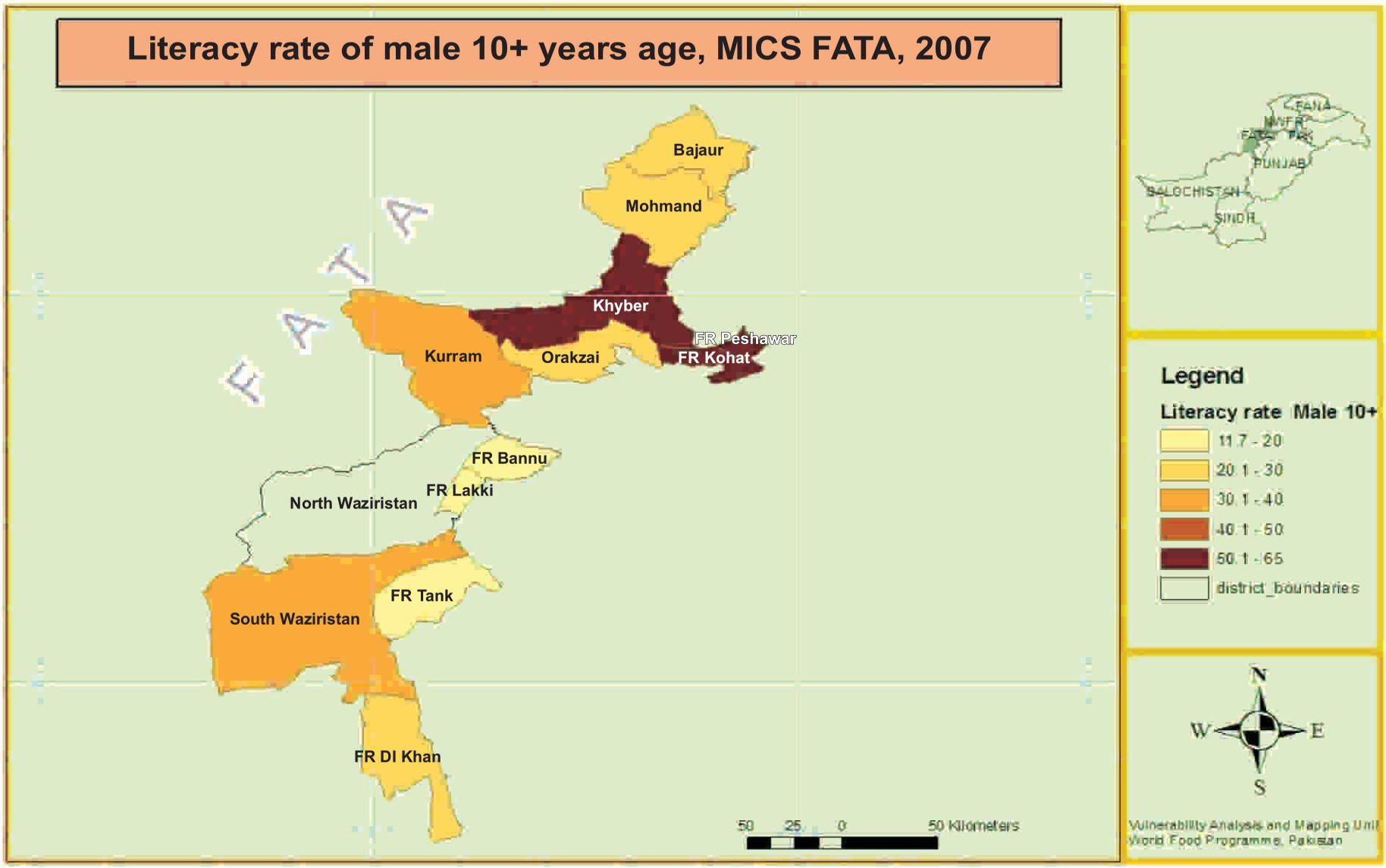
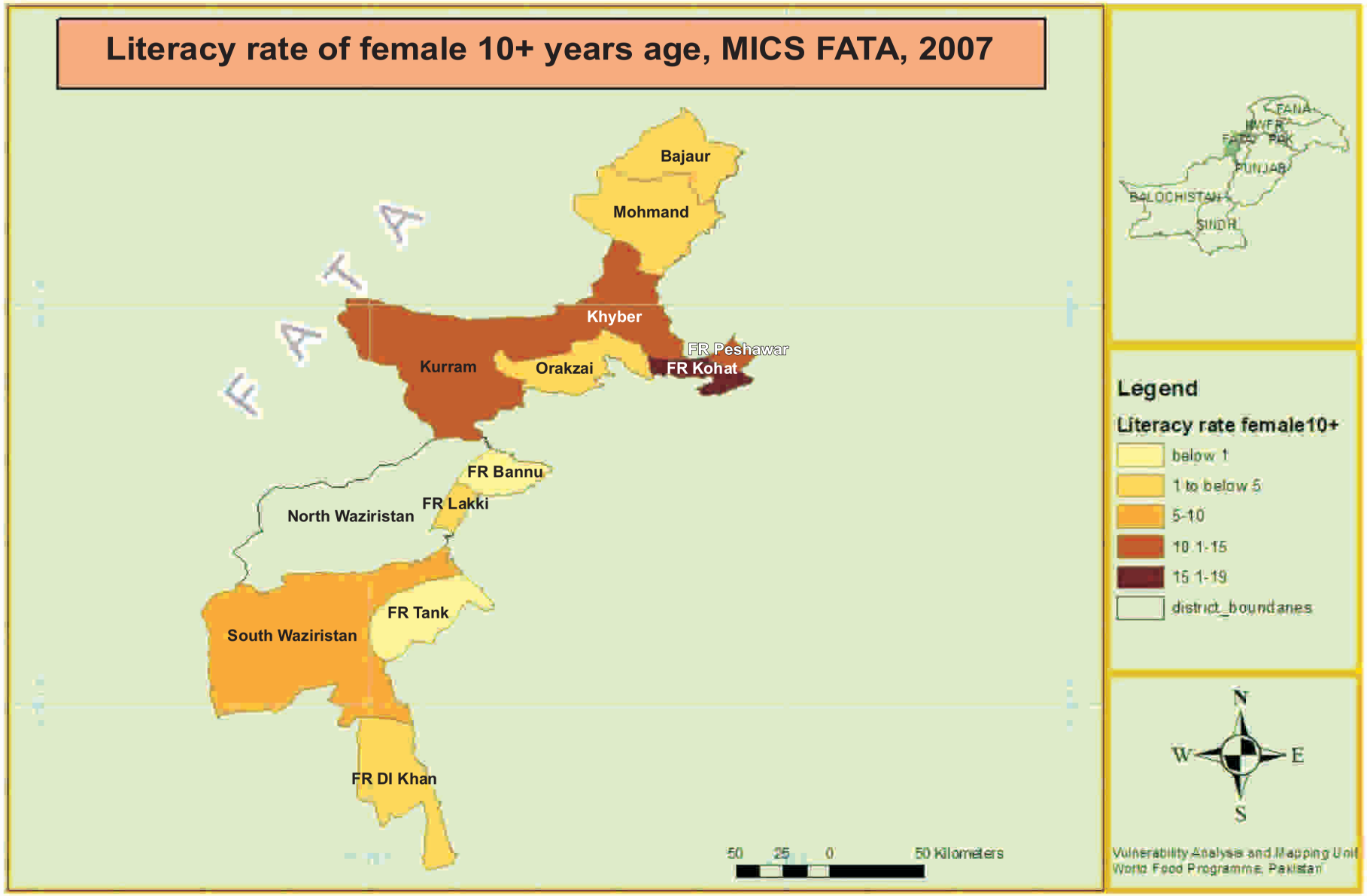
World Food Programme, Pakistan


Percent of HH spent above one 1 hr in fetching water, MICS FATA, 2007
FATA
Bajaur
Mohmand
Khyber
FR Peshawar
FR Kohat
Kurram
Orakzai
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FATA
NWFP
PUNJAB
BALOCHISTAN
SINDH
Legend
district_boundaries
Fetching water time >1hr
10 & below
10 1-20
20 1-30
30 1-40
40 1-50
district_boundaries
N
W
E
S
Vulnerability Analysis and Mapping Unit
World Food Programme, Pakistan


Percent of children as child labor, MICS FATA, 2007
FATA
Bajaur
Mohmand
Khyber
Kurram
Orakzai
FR Peshawar
FR Kohat
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FANA
NWFR
FATA
PAK
PUNJAB
BALOCHISTAN
SINDH
Legend
Child labor
below 5
5-10
10.1-15
15.1-20
20.1-28
district_boundaries
N
W
E
S
Vulnerability Analysis and Mapping Unit
World Food Programme, Pakistan


Literacy rate of male 10+ years age, MICS FATA, 2007
FATA
Bajaur
Mohmand
Khyber
Kurram
Orakzai
FR Peshawar
FR Kohat
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FATA
NWFP
PUNJAB
BALOCHISTAN
SINDH
Legend
Literacy rate Male 10+
11.7 - 20
20.1 - 30
30.1 - 40
40.1 - 50
50.1 - 65
district_boundaries
N
W
E
S
Vulnerability Analysis and Mapping Unit
World Food Programme, Pakistan


Literacy rate of female 10+ years age, MICS FATA, 2007
FATA
Bajaur
Mohmand
Khyber
FR Peshawar
FR Kohat
Kurram
Orakzai
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FANA
PUNJAB
BALOCHISTAN
SINDH
Legend
Literacy rate female10+
below 1
1 to below 5
5-10
10 1-15
15 1-19
district_boundaries
N
W
E
S
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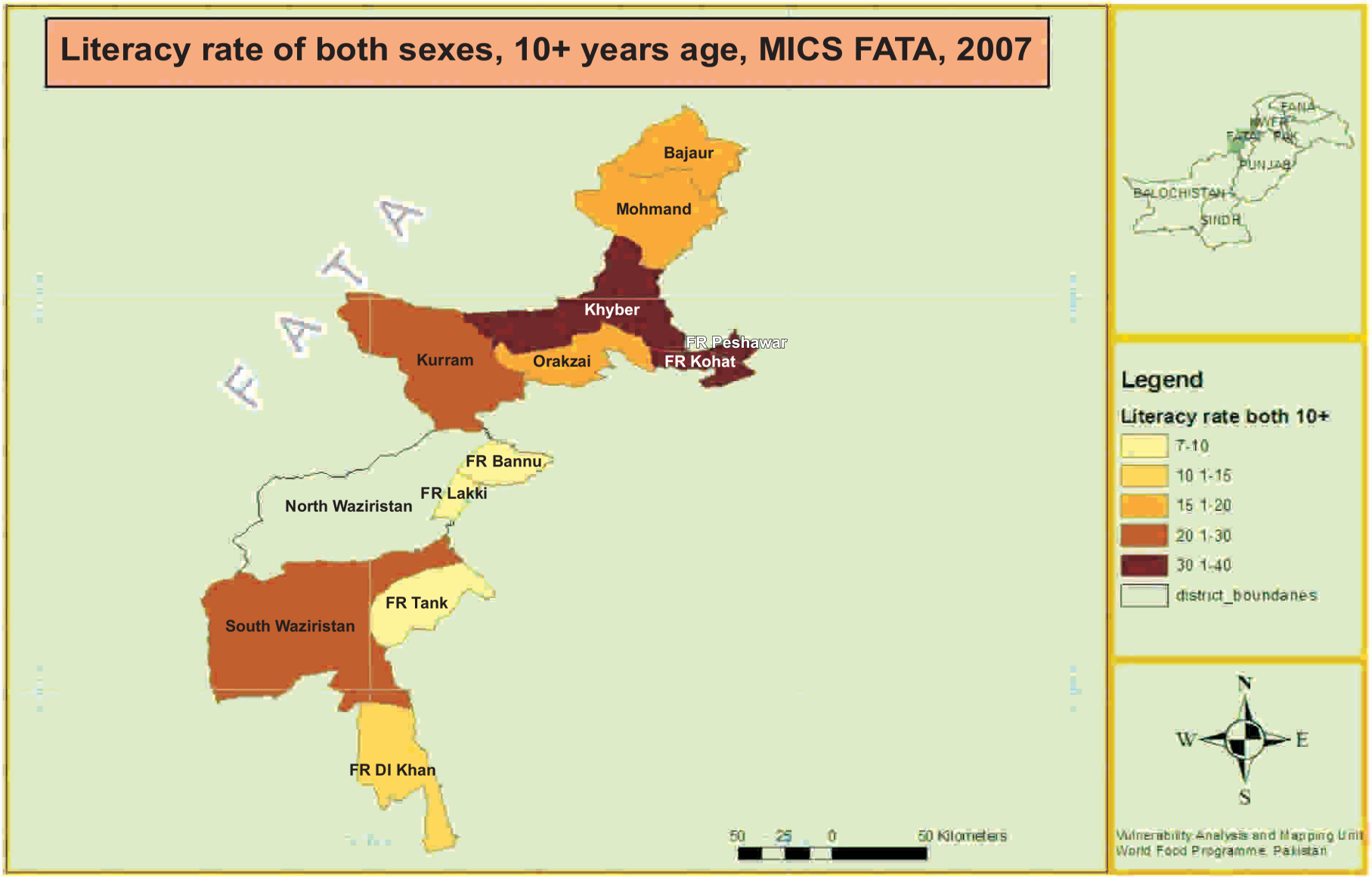
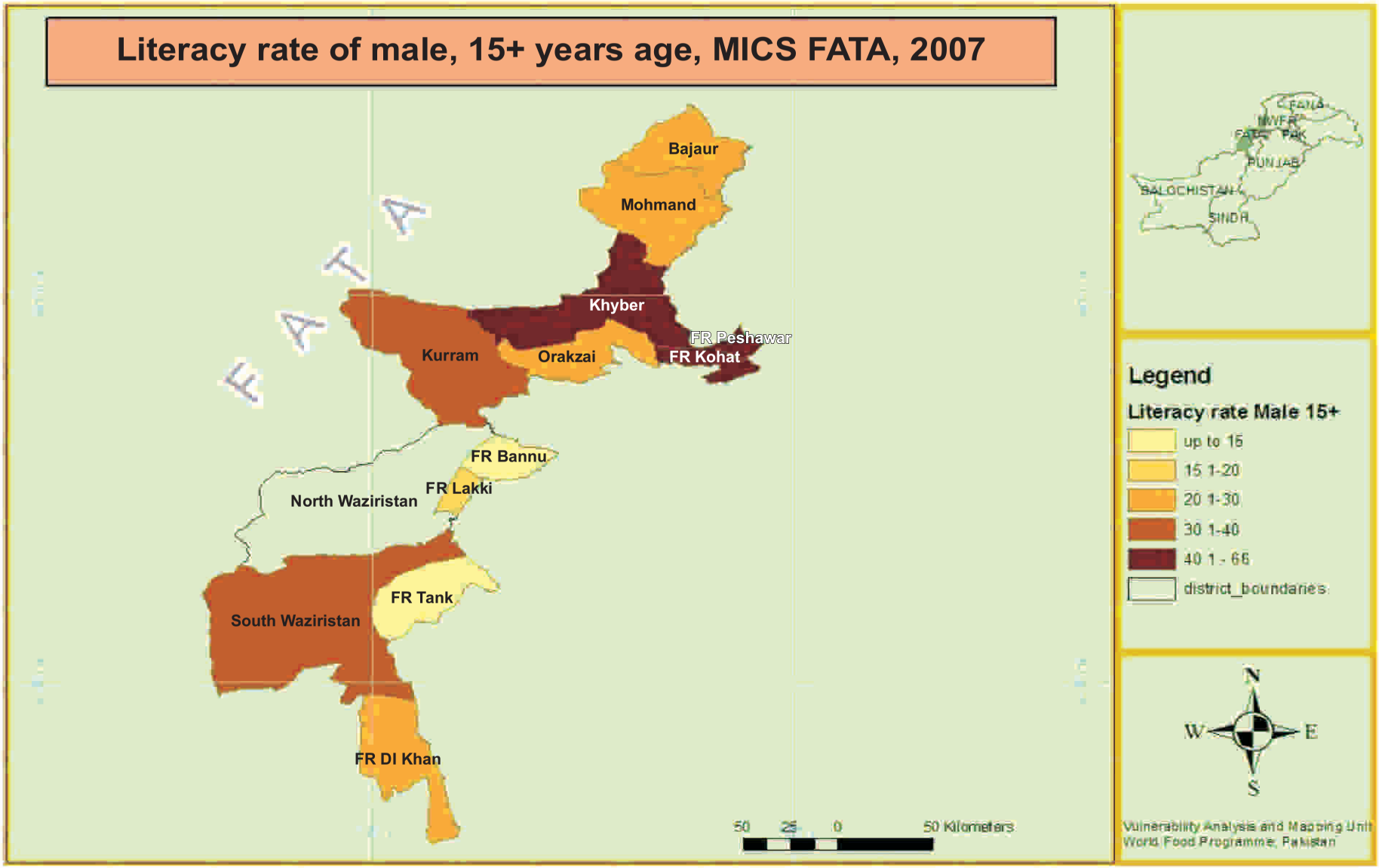
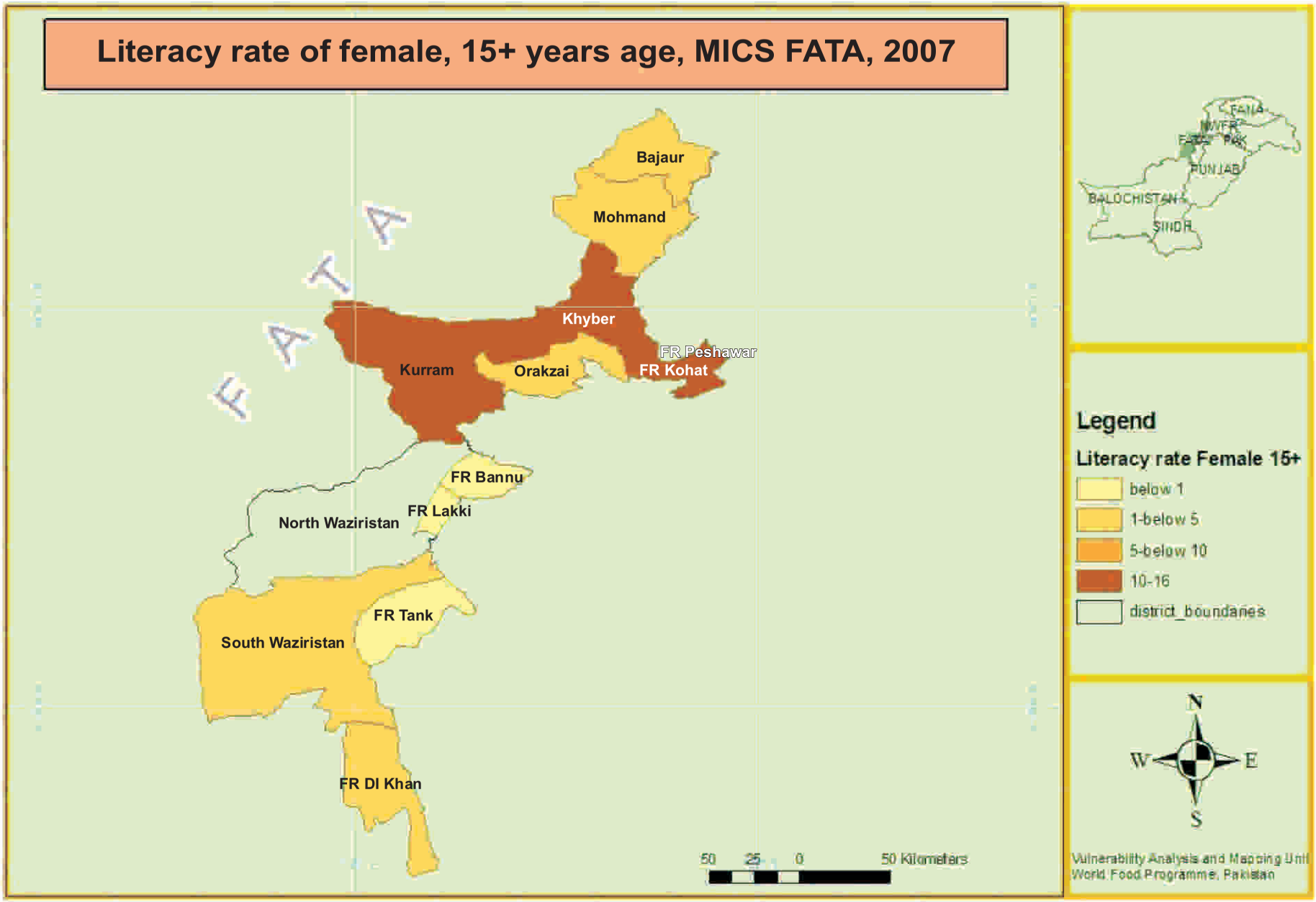
World Food Programme, Pakistan

Literacy rate of both sexes, 10+ years age, MICS FATA, 2007




Literacy rate of male, 15+ years age, MICS FATA, 2007
FATA
Bajaur
Mohmand
Khyber
FR Peshawar
FR Kohat
Kurram
Orakzai
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FATA
NWFP
PAK
PUNJAB
BALOCHISTAN
SINDH
Legend
Literacy rate Male 15+
up to 15
15 1-20
20 1-30
30 1-40
40 1 - 66
district_boundaries
N
W
E
S
Vulnerability Analysis and Mapping Unit
World Food Programme, Pakistan


Literacy rate of female, 15+ years age, MICS FATA, 2007
FATA
Bajaur
Mohmand
Khyber
Kurram
Orakzai
FR Peshawar
FR Kohat
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FATA
NWFP
PUNJAB
BALOCHISTAN
SINDH
Legend
Literacy rate Female 15+
below 1
1-below 5
5-below 10
10-16
district_boundaries
N
W
E
S
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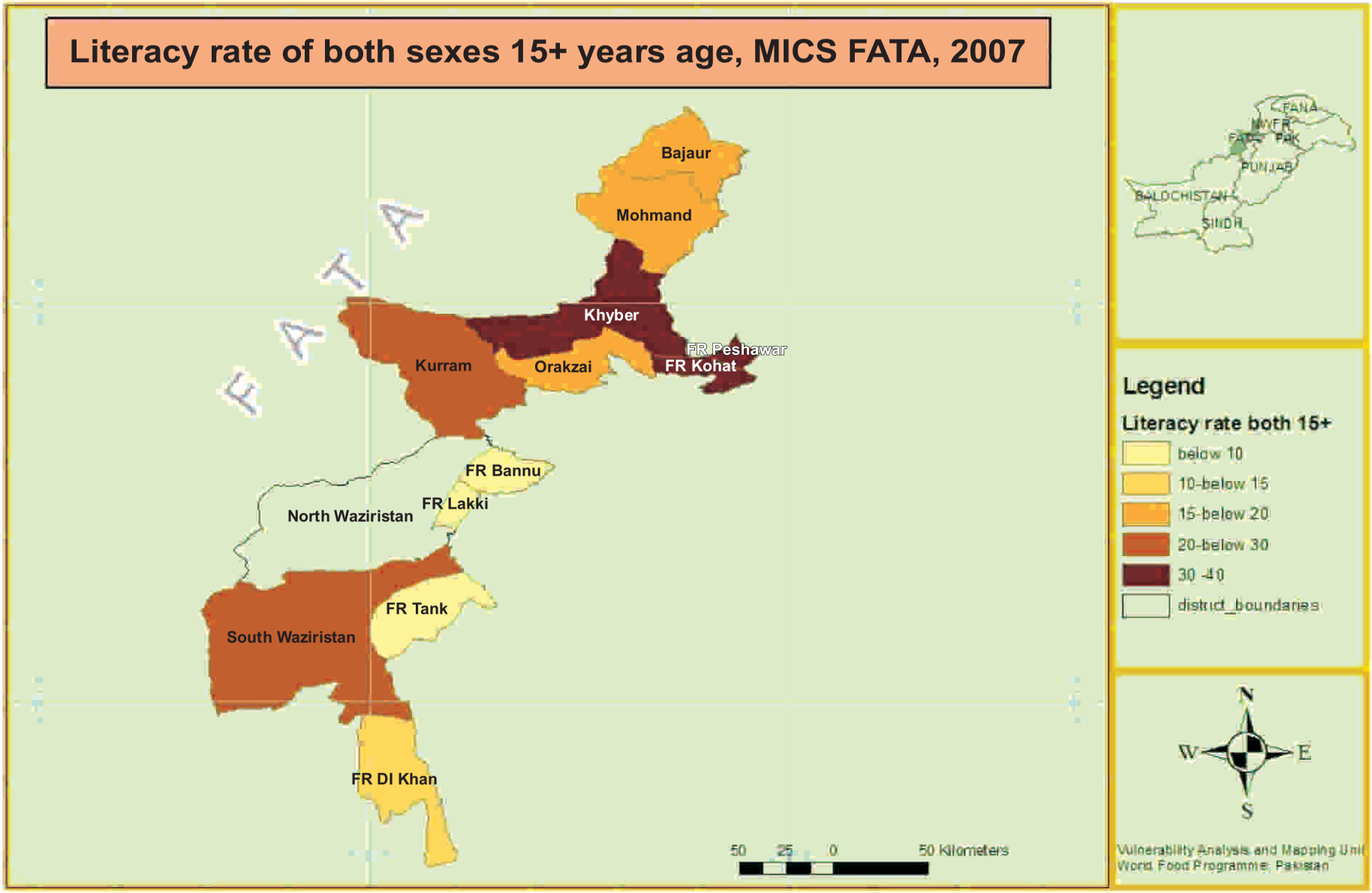
Literacy rate of both sexes 15+ years age, MICS FATA, 2007
FATA
Bajaur
Mohmand
Khyber
Kurram
Orakzai
FR Peshawar
FR Kohat
FR Bannu
FR Lakki
North Waziristan
FR Tank
South Waziristan
FR DI Khan
50 25 0 50 Kilometers
FANA
NWFR
FATA
PAK
PUNJAB
BALOCHISTAN
SINDH
Legend
Literacy rate both 15+
below 10
10-below 15
15-below 20
20-below 30
30 -40
district_boundaries
N
W
E
S
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World Food Programme, Pakistan

Planning & Development Department, FATA Secretariat
United Nations Children's Funds (UNICEF)
World Food Programme

unicef

WFP