MICS

Democratic Republic of Congo

Multiple Indicator Cluster Survey
MICS-2010

Monitoring the situation of children and women

Summary Report

May 2011

Democratic Republic of Congo

MULTIPLE INDICATOR CLUSTER SURVEY

MICS

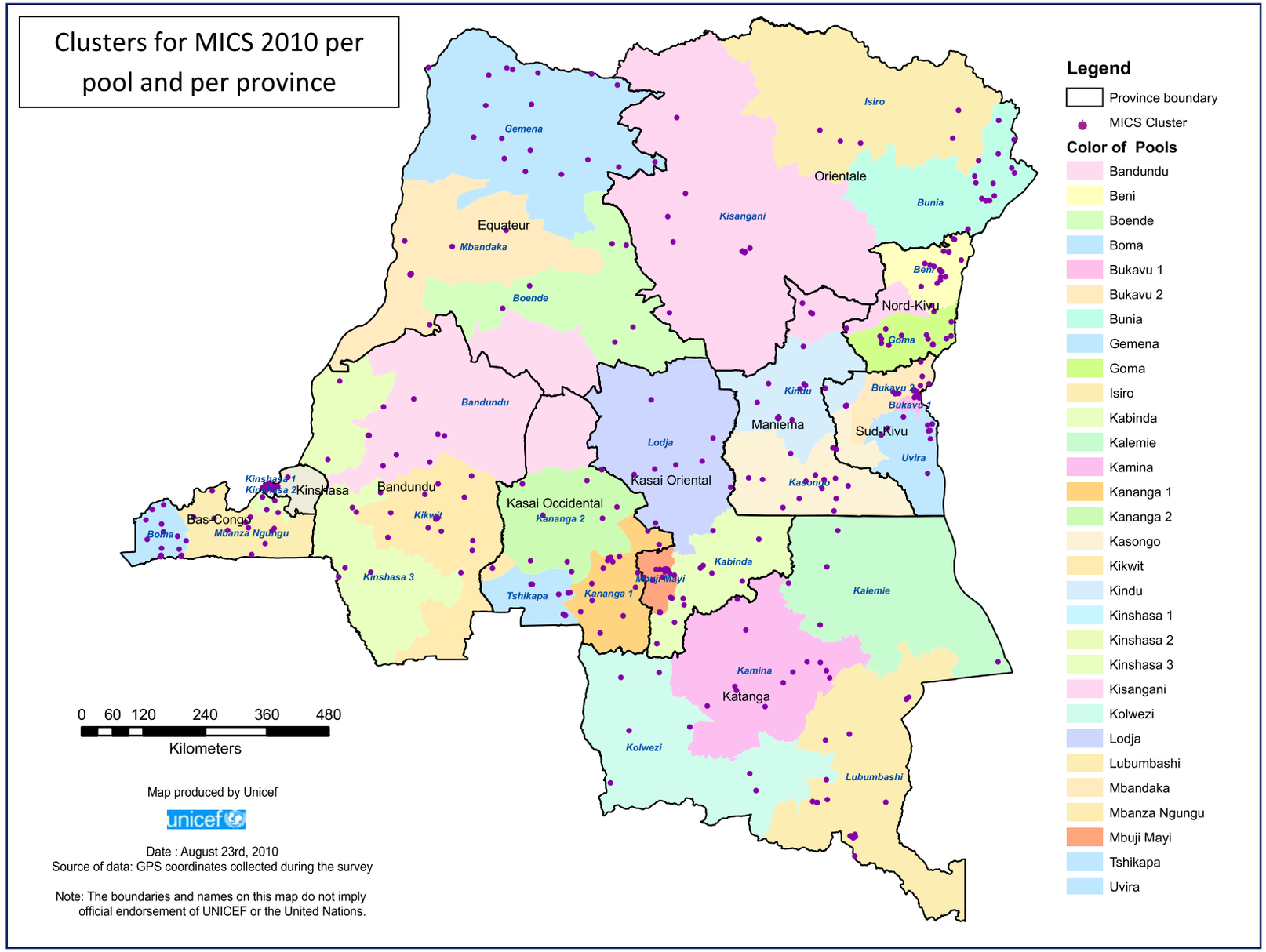
DRC 2010

SUMMARY REPORT

Ministry of Planning
National Institute os Statistics
in collaboration with the
United Nations Children's Fund (UNICEF)

May, 2011

Geographical distribution of clusters in the Multi Indicator Cluster Survey 2010 in the Democratic Republic of Congo



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INTRODUCTION

The Multiple Indicator Cluster Survey in the Democratic Republic of Congo

The Multiple Indicator Cluster Survey (MICS) is an international initiative developed by UNICEF to conduct household surveys to assist countries with the provision of reliable social statistics needed for monitoring development in general and the situation of children and women in particular.

The MICS 2010 in the DRC is the third of its kind conducted as part of the fourth global round of MICS surveys. The first and the second MICS surveys were conducted in 1995 and 2001 respectively. Like the previous MICS surveys the survey conducted in 2010 provides data that are internationally comparable and that can be used to monitor the situation of children and women in the DRC.

Among the social indicators used in the MICS 2010 in the DRC are those that have been selected for monitoring the goals and targets of the Millennium Declaration, the Declaration and Plan of Action for a World Fit For Children, as well as the goals of the Special Session of the UN General Assembly on HIV/AIDS and those of the African Summit on Malaria.

A multi-stage stratified sampling has been applied to draw samples from each of the 11 provinces, proportional to population size (pps). The sample is representative for the populations in the cities, townships and rural areas. The total sample of 11,490 households is distributed over 383 clusters of 30 households each: 32 clusters from neighbourhoods in cities, 115 clusters from townships and 236 clusters from rural areas.

Data collection took place between 8 February and 26 April 2010 by 337 field staff including 30 pool supervisors, 10 supervision assistants, 84 team leaders, 15 female inspectors and 198 teams composed of male and female interviewers. All field staff had been trained in enumeration of households, in drawing units from the final sample, in administration of survey questionnaires and taking anthropometric measurements of children under five years old. The standard MICS questionnaires on households, women, and under-five year old children that had been developed for the global round of MICS surveys, were field tested and adapted to the circumstances in the DRC, before data collection started.

For data processing a double-data-entry system was used and carried out by 40 encoders working under the supervision of three data entry supervisors, one coordinator and one computer specialist. With the help of CSPro version 4 the data processing was completed in 2.5 months. The SPSS version 18 was used to produce the tables and calculate sampling errors.

What information is contained in the DRC MICS-2010?

About households: the list of household members, their age and sex, the status of children (orphans, children who are living with their biological parents, and children not living with their biological parents), education of all household members, access to water and sanitation, housing characteristics, ownership of capital-goods, availability and use of insecticide-treated mosquito nets, child labour, use of iodized salt. The survey also included questions about food security, child discipline and hand washing.

About women: literacy, fertility, child mortality, health of the mother and the newborn child, contraception and unmet needs in terms of family planning, marriage/union, sexual behaviour and HIV/AIDS. Also included were questions about the desire for the most recently born child, questions about knowledge of disease symptoms and about attitudes vis-à-vis domestic violence.

About under-five year old children: birth registration, early childhood development, breastfeeding, treatment of diseases, malaria, vaccinations, anthropometry, as well as vitamin A supplementation and deworming with mebendazole.

Who conducted the survey?

This report summarizes the findings published in the final report of the DRC MICS 2010 conducted by the National Institute of Statistics / Ministry of Planning, with technical support from the United Nations Children's Fund (UNICEF). Funding for the survey was provided by UNICEF, and by the United Nations Population Fund (UNFPA), the World Food Programme (WFP) and the United States Agency for International Development (USAID) through the Health Systems Project 20/20.

The final report of the DRC MICS 2010 is available at:
- the National Institute of Statistics, 6th Street, No. 12, Kinshasa / Limete– Industrial.
- the Ministry of Planning, Direction des Secteurs Sociaux, 4155, rue des Coteaux, Quartier Petit Pont, Kinshasa / Gombe.
- the UNICEF office in the DRC, 87 Boulevard du 30 Juin, Kinshasa / Gombe.

All information about the MICS survey in the DRC as well as about MICS surveys conducted in other countries is available on www.childinfo.org

Recommended citation: « Institut National de la Statistique et Fonds des Nations Unies pour l'Enfance, Enquête par Grappes à Indicateurs Multiples en République Démocratique du Congo, 2010, Rapport de Synthèse, Mai 2011 ».

Sample coverage and characteristics of households and household members

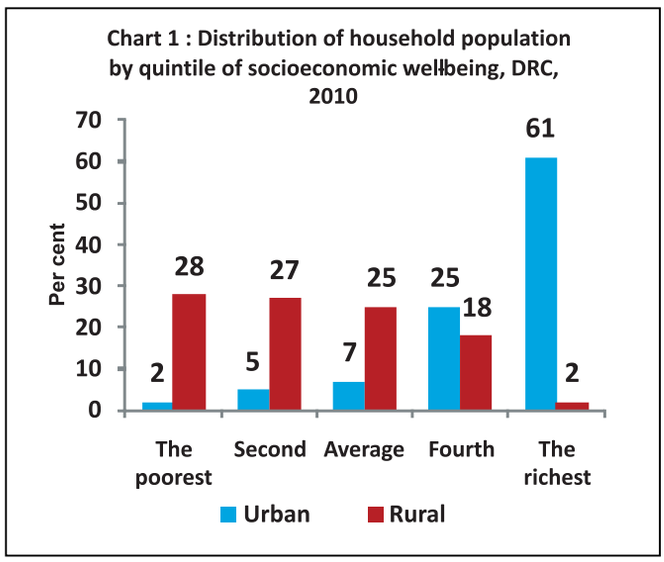
Sample coverage

Of the 11,490 households selected for the sample, 11,489 were identified and in 11,393 households interviews were held successfully, which is a coverage rate of 99 per cent. In households that were interviewed, 13,235 women in the age group of 15-49 years were identified. Among these women 12,851 interviews were successful, which is a response rate of 97 per cent. About the 11,245 under-five year old children identified in the households, 11,093 questionnaires were completed, which is a response rate of 99 per cent.

Characteristics of households and household members

The population of the DRC is relatively young: 48 per cent is less than 15 years old; 50 per cent between 15 and 64 years and 2 per cent is 65 years or older. Children under the age of five account for 19 per cent and women aged 15-49 years 21 per cent. The proportion of women in the sample is the same as that of men. Moreover, 54 per cent of the population are children (0-17 years) against an adult population of 46 per cent (18 years or older). Of all households 72 per cent is headed by men. The average household size is 5.3 people (5.8 in urban areas against 5.2 in rural areas). Nearly 90 per cent of the population is Christian of whom 32 per cent Roman Catholic and 31 per cent Protestant.

The geographical distribution of the population measured by wealth index is uneven. Most of the rural population is poor: 55 per cent of the rural population is to be found in the lowest two quintiles («poor» and «very poor») as compared to 7 per cent of the urban population. In contrast, the majority of urban population, 86 per cent, belongs to the two highest quintiles («rich» and «very rich») as compared to 20 per cent of the rural population.



The majority of the 15-49 year old women is married or lives together with a man (67 per cent). One out of five women (21 per cent) is uneducated, two out of five women (40 per cent) received primary education, while 39 per cent received secondary education or higher. Of the under-five year old children, 12 per cent is younger than 6 months, another 12 per cent is 6-11 months old and 22 per cent is 12-23 months old.

Mortality of Under-Five year old Children

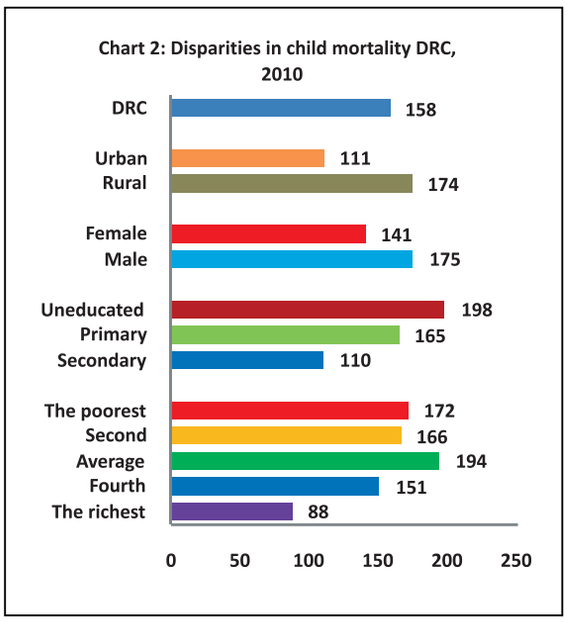
The identification of groups at very high risk of dying allows policy makers and planners to better focus efforts to improve child survival and reduce the risk exposure of infants and children.

Millennium Development Goals

Reduce child mortality.
Reduce by two-thirds, between 1990 and 2015 the mortality rate of under-five year old children.

Indicators available in DRC MICS 2010:

- Child mortality rate
- Infant mortality rate



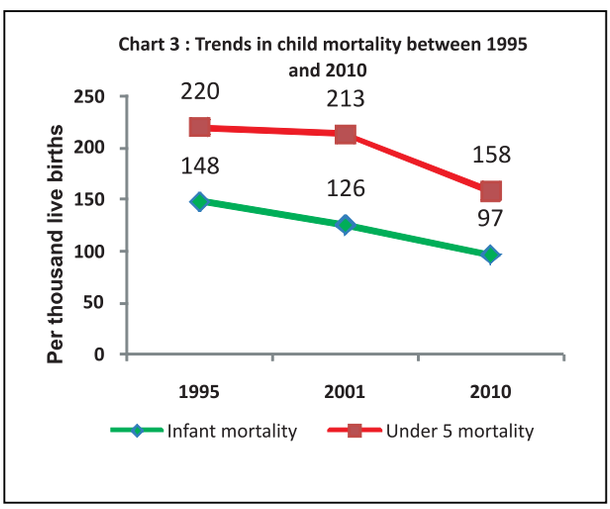
Levels of child mortality remain high in the DRC. The Under-Five Mortality Rate (U5MR) is estimated at 158 per thousand live births and the Infant Mortality Rate (IMR) at 97 per thousand live births.

The risk of dying before reaching the fifth birthday is higher among boys than girls and is higher among rural children than urban children.

Similarly, children born of mothers with no education and of those living in the poorest households have nearly twice the risk of dying before their fifth birthday than those born of mothers with secondary or higher education and of those living in the richest households.

The MICS 2010 data also indicate that the U5MR in the provinces of Maniema (210 per thousand), Katanga (184 per thousand) and Equateur (171 per thousand) is higher than in other provinces.

Nationally the U5MR declined in the last fifteen years from 220 per thousand live born children in 1995 to 213 per thousand in 2001, and 158 per thousand in 2010. The IMR reduced from 148 per thousand live born children in 1995 to 126 per thousand in 2001, and to 97 per thousand in 2010.



Nutrition

The nutritional status of children is a reflection of overall health. When children are not exposed to repeated illness, when their health is looked after and when they have access to adequate food - varied and rich in micronutrients including vitamin A - they will most likely reach their potential physical growth.

Millennium Development Goal

Reduce extreme poverty and hunger.
Reduce by half between 1990 and 2015 the proportion of people suffering from hunger

Indicators available in DRC MICS 2010:
- Prevalence of underweight among under-5 year old children

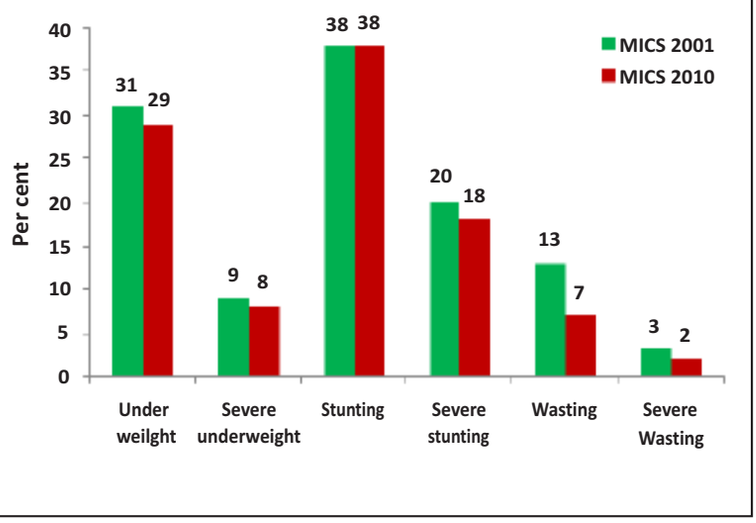
Nutritional status of under-five year old children (2006 WHO reference)

The levels of malnutrition remain a concern in the DRC: 24 per cent of under-five year old children is underweight, which includes 8 per cent who is severely underweight. The growth of 43 per cent of under-five year old children is stunted (chronic malnutrition), including 22 per cent severe. Nine per cent suffers from acute malnutrition (wasting), which includes 3 per cent severe. Global acute malnutrition (wasting plus edema), is found in 11 per cent of under-five year old children, of whom 5 per cent severe. This exceeds the levels that are internationally considered as 'critical', i.e. ten per cent for global acute malnutrition and two per cent for severe acute malnutrition.

Malnutrition rates are highest among under-five year old children in rural areas (27 per cent), or whose mothers received no or limited education (29 per cent) and among children in poor households (57 per cent). Underweight affects more than elsewhere children in the provinces of Kasai-Occidental (34 per cent), Bas-Congo (29 per cent) and South-Kivu (27 per cent). Stunting is predominant in North-Kivu (58 per cent), Kasai-Occidental (53 per cent) and South-Kivu (51 per cent). Acute malnutrition (wasting) is frequent among children in the provinces of Bandundu (13 per cent), Equateur (10 per cent) and Orientale (11 per cent).

To illustrate the development of malnutrition since 2001 the MICS 2010 results are presented in Chart NU.4 according to the NCHS/CDC/WHO references used in 2001. Between 2001 and 2010, the percentage of children who are underweight decreased from 31 to 29 per cent. The percentage of children suffering from acute malnutrition diminished from 13 to 7 per cent. No change between 2001 and 2010 was seen in the percentage of children with stunted growth due to chronic malnutrition.

Chart NU.4: Malnutrition trends among under 5 years old children betwen 2001 and 2010(ref. NCHS/CDC/WHO of 1977)



Breastfeeding and complementary feeding

Almost all Congolese children, 98 per cent, are breastfed, but less than half of them, 43 per cent, is breastfed within one hour after their birth, and about one out of eight children (13 per cent) receives pre-lacteal food.

Among children under six months old, less than two out of five (37 per cent) are exclusively breastfed. The proportion of children who are still breastfed after one year is 87 per cent and those still breastfed at the age of two is 53 per cent. The median duration of breastfeeding is 20.8 months. In Kinshasa it is the shortest, 16.6 months, and in Kasai-Occidental the longest, 24.6 months.

Fifty per cent of children aged 0-23 months are adequately breastfed. In the age group of 6-23 months 54 per cent are breastfed and receive at the same time solid, semi-solid or soft food. Only 22 per cent are adequately fed to the extent that they receive every day the for their age required number of meals of solid, semi-solid or soft food.

Salt iodization

In nearly three out of four households (73 per cent) iodized salt is consumed, but in only 59 per cent of the households is the proportion iodine in the salt adequate (15 ppm or more). In 8 per cent of the households non-iodized salt is used. In the last ten years the use of adequately iodized salt in households has significantly declined from 72 per cent in 2001 (MICS 2001) to 59 per cent in 2010.

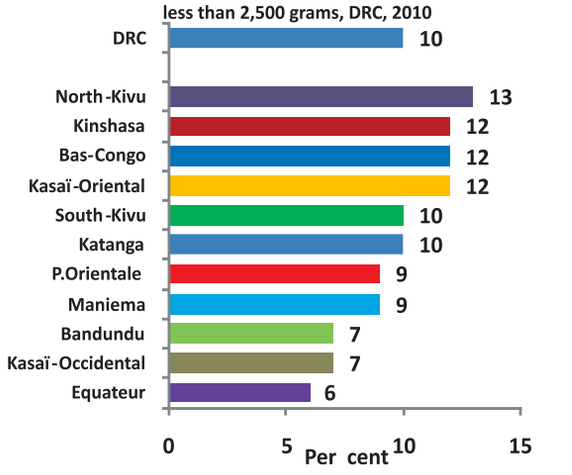
Children's vitamin-A supplementation

In the age group 6-59 months four out of five children (82 per cent) received a high dose of vitamin-A supplements during the six months preceding the survey. The proportion of children who received vitamin-A supplementation in the last six months increases with the level of education of the mother and with the level of socio-economic status of the household.

Low birth weight

Seventy per cent of children born alive during the two years preceding the survey have been weighed at birth. Ten per cent of them had a low birth weight and weighed less than 2,500 grams. In six of the eleven provinces, the percentage of children with low birth weight is 10 per cent or more. Ranking from high to low these are the provinces of North-Kivu, Kinshasa, Bas-Congo, Kasai Oriental, South-Kivu, and Katanga.

Chart 5: Percentage of children born and weighing less than 2,500 grams, DRC, 2010



Child Health

Vaccination coverage against six immunizable childhood diseases, together with early diagnosis and treatment can prevent a large proportion of childhood death.

Millennium Development Goal

Fight against HIV/AIDS, malaria and other diseases.
Stop and begin to reverse the incidence of malaria and other major diseases.

Indicators available in DRC MICS 2010:

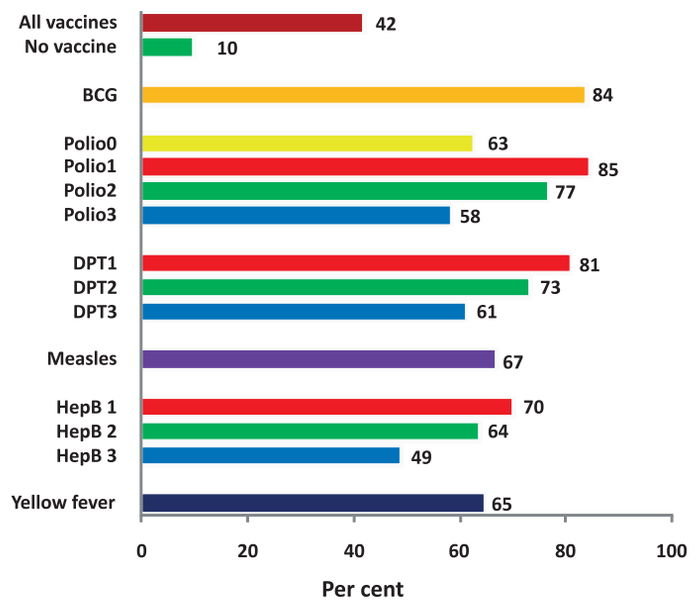
- Proportion of population using solid fuels
- Proportion of children vaccinated against measles before their first birthday
- Proportion of children who slept under insecticide-treated net the night preceding the survey

Vaccination coverage of 12-23 months old children

Of the 12-23 months old children, two out of five (42 per cent) received all recommended vaccinations before their first birth day. On the other hand, 10 percent of the children in this age group did not receive any vaccination.

Before their first birthday, 84 per cent was vaccinated against tuberculosis, 58 per cent received the third dose of vaccine against poliomyelitis, 61 per cent received the third dose of vaccine against diphtheria-pertussis-tetanus (DPT); 67 per cent was vaccinated against measles, 65 per cent against yellow fever and 49 per cent received the third dose of vaccine against hepatitis B.

Chart 6 : Percentage of children aged 12 -23 months who received the vaccinations recommended before the age 12 months, DRC, 2010



Analysis of immunization coverage of poliomyelitis, DPT and Hep B shows that there are losses between the first and third dose: 32 per cent for poliomyelitis, 21 per cent for hepatitis B, and 20 per cent for DPT, which is globally the standard indicator to monitor implementation of the Expanded Programme on Immunization (EPI).

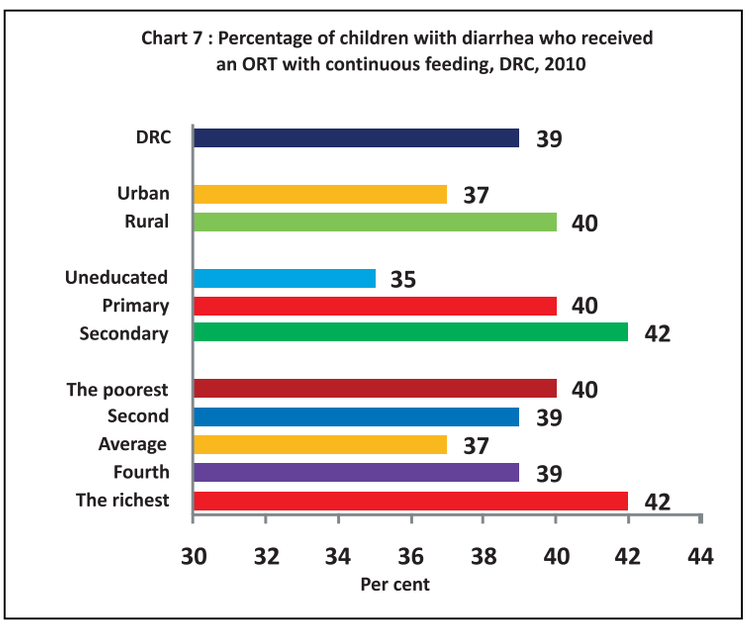
Between 2001 and 2010 the percentage of children who received all vaccinations before their first birth day increased from 23 per cent to 42 per cent, and the percentage of children who did not receive any vaccine declined from 19 per cent to 10 per cent.

Protection against neonatal tetanus

About two thirds (64 per cent) of 15-49 year old women who gave birth to a child in the two years preceding the survey, were protected against neonatal tetanus. Among them 48 per cent had received at least two doses of anti-tetanus vaccine during their last pregnancy, 14 per cent received two doses in the last three years, and 2 per cent of the women received either three doses in the last five years, or four doses in the last ten years, or five doses in their lifetime.

Oral rehydration treatment

Of the 0-59 months old children, nearly one out of five (18 per cent) suffered from diarrhea in the two weeks preceding the survey. Among them 39 per cent received ORT (ORS or recommended home-made fluids, or an increased quantity of liquids) with continuous feeding. On the other hand, about 20 per cent of children with diarrhea received no treatment at all.



Care-seeking and treatment of pneumonia with antibiotics

Overall, six per cent of the under-five year old children were suspected of pneumonia in the two weeks preceding the survey. For 40 per cent of them, care was sought from any kind of health care provider. Of all children with suspected pneumonia, 42 per cent received antibiotics. Moreover, very few mothers, just about 7 per cent, knows the warning signs of pneumonia, i.e. «the child has difficulty in breathing» and «the child is breathing fast».

Use of solid fuels

Almost the entire population of the DRC (97 per cent) is using solid fuels for cooking. This is mainly wood (71 per cent) and charcoal (25 per cent). The use of solid fuels for cooking is in urban areas almost as high as in rural areas, 91 per cent and 100 per cent respectively. With regards to the location of cooking, 35 per cent of the population uses solid fuels outdoors, 27 per cent in a separate room used for cooking, 21 per cent in a separate building and 18 per cent at any location in the house.

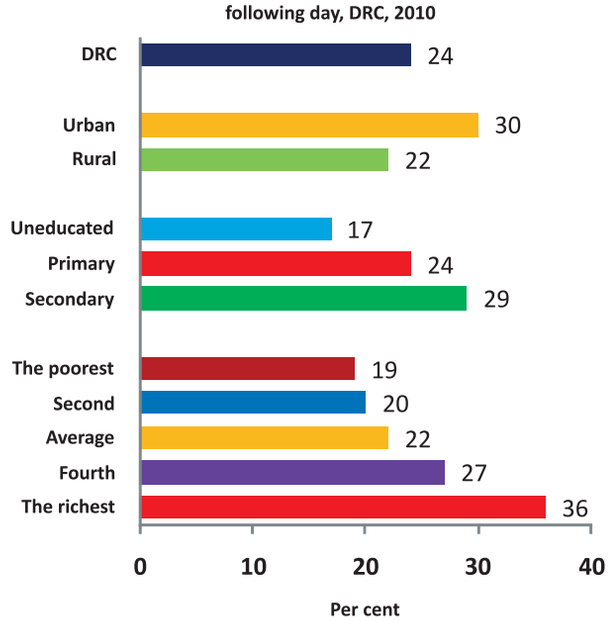
Malaria

The results of the MICS survey indicate that 51 per cent of Congolese households has at least one insecticide-treated net (ITN) and that 38 per cent of under-five year old children and 43 per cent of pregnant women slept under an ITN the night preceding the survey. Moreover, in the households that have at least one ITN, 66 per cent of the children and 75 per cent of the women slept under an ITN.

The proportion of pregnant women who received intermittent preventive treatment for malaria (SP/Fansidar twice or more) during their last pregnancy is 21 per cent.

Of the under-five year old children 27 per cent had a fever in the two weeks preceding the survey. Of these children with a fever 39 per cent were treated with an antimalarial drug. Almost a quarter of them (24 per cent) received their antimalarial drug within 24 hours following the onset of the fever. This proportion is higher in urban areas, among children whose mothers completed secondary education or more, and among children living in the wealthiest households. The most widely used antimalarial drug is quinine, 25 per cent. The use of the combined Amodiaquine-Artesunate drug is low: only 2 per cent of children with fever received a treatment based on artemisinine.

Chart 8: Percentage of children who had a fever and who took an antimalarial drug the same or the following day, DRC, 2010



Hand washing

The practice of hand washing with adequate use of soap and water is still not very common in the DRC. Only 15 per cent of households have a place for hand washing, but in just one in four of them (27 per cent) are water and soap available.

Water and Sanitation

Improving access to water and sanitation is crucial in reducing mortality and morbidity of under-five year old children, particularly in poor urban areas

Millennium Development Goal

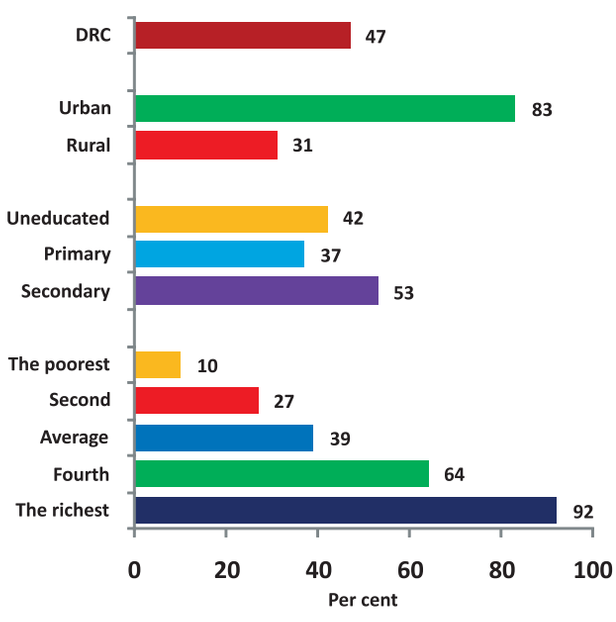
Ensure environmental sustainability
Reduce by half the proportion of people without access to drinking water and basic sanitation by the year 2015

Indicators available in DRC MICS 2010:
- Proportion of population using an improved source of drinking water, at urban and rural levels
- Proportion of population using improved sanitation facilities, at urban and rural levels

Drinking water

Less than half the population in the DRC (47 per cent) drinks water from an improved source, that is to say water from a tap (25 per cent), a tube well, borehole or protected well (7 per cent) or from a protected spring (15 per cent). People living in urban households and in the wealthiest households have greater access to improved sources of drinking water than others: 83 per cent of urban households compared to 31 per cent of rural households, and 92 per cent of the wealthiest households compared to 10 per cent of the poorest households.

Chart 9: Percentage of household members using improved sources of driking water, DRC, 2010



Progress in the use of improved drinking water sources stagnates: in 2001 only 46 per cent of the population had access to improved drinking water sources (MICS 2001) compared to 47 per cent in 2010.

In almost all Congolese households (96 per cent) water is not treated before drinking. In just 2 per cent of the households where unimproved drinking water sources are used, water is treated adequately before drinking it.

Sanitation

At national level, 6 per cent of the population uses improved private sanitation facilities and 8 per cent uses improved sanitation facilities that are shared with other households. Unimproved sanitation facilities are used by 72 per cent of the population while 14 per cent defecates out in the open. There are big differences between urban and rural and between rich and poor. Of the urban population 14 per cent has access to improved sanitation facilities compared to 3 per cent of the rural population, and 23 per cent of the population in the wealthiest households compared to less than 1 per cent of the poorest households. Still, the use of improved sanitation facilities has increased nationally in the last decade from 9 per cent (MICS 2001) to 14 per cent in 2010.

Reproductive Health

Healthy children need healthy mothers. In developing countries the complications during pregnancy and with child birth are the main causes of death and disability among women of reproductive age.

Millennium Development Goal

Improve maternal health.
Reduce the maternal mortality rate by three-quarters by 2015.

Indicators available in DRC MICS 2010:
- Contraception prevalence
- Women of 20-24 years old who had a live birth before the age of 18
- Women of 15-49 years old attended during their last pregnancy by trained personnel
- Proportion of deliveries attended by trained personnel

Fertility

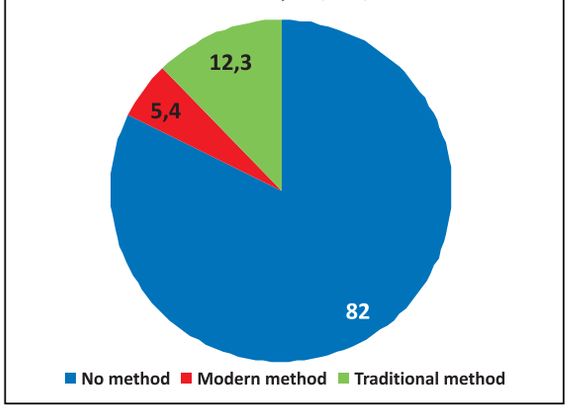
Fertility levels are high in the DRC. A woman has on average 6.3 children (Total Fertility Rate) during her life time. The TFR ranges from 8.6 children in Katanga to 3.5 in Kinshasa. In five of the eleven provinces the TFR is higher than 6 children. The fertility of 15-19 years old adolescents is as high as 135 births per 1,000 women.

Early motherhood is frequent in the DRC: 28 per cent of 15-19 years old adolescents has either given birth (22 per cent) or is pregnant (6 per cent). Nearly 4 per cent of them had their first child before the age of 15. In the age group of 20-24 year old women 25 per cent had their first child before the age of 18. Early motherhood is more common in rural than in urban areas and more frequent among young uneducated women than among educated women, and occurs more often in poor than in wealthier households. Geographically there are also differences between the provinces. Differences between the generations of women indicate that teenage pregnancy is declining and is less frequent among the younger generation than it was among the older generations.

Contraception

Among 15-49 year old women who are married or living with a partner, 18 per cent are applying some kind of contraceptive method, but only 5 per cent is using modern contraceptives. The use of contraceptives is lower in rural areas (15 per cent) than in urban settings (28 per cent). Between provinces there are big differences, for example in Katanga 9 per cent, Equateur 29 per cent and Kinshasa 31 per cent. Education and socio-economic status are also important factors: 13 per cent of the uneducated women use contraceptives compared to 26 per cent of educated women. In the poorest households 17 per cent of the women uses contraceptives compared to 32 per cent of the women in the wealthiest households.

Chart 10 : Percentage of women aged 15 -49 years married/living with a man using/not -using contraception, DRC, 2010



About one out of four women who are married or living with a partner (24 per cent) has an unmet need in terms of contraception: 18 per cent for birth spacing and 6 per cent for birth limitation

Antenatal care

Of the 15-49 year old women who delivered a child in the two years preceding the survey, 87 per cent received at least once antenatal care from a skilled health care provider: a physician (11 per cent), a nurse (57 per cent), or a midwife (19 per cent). Less than half (44 per cent) of the women made four antenatal care visits, which is the recommended number of visits.

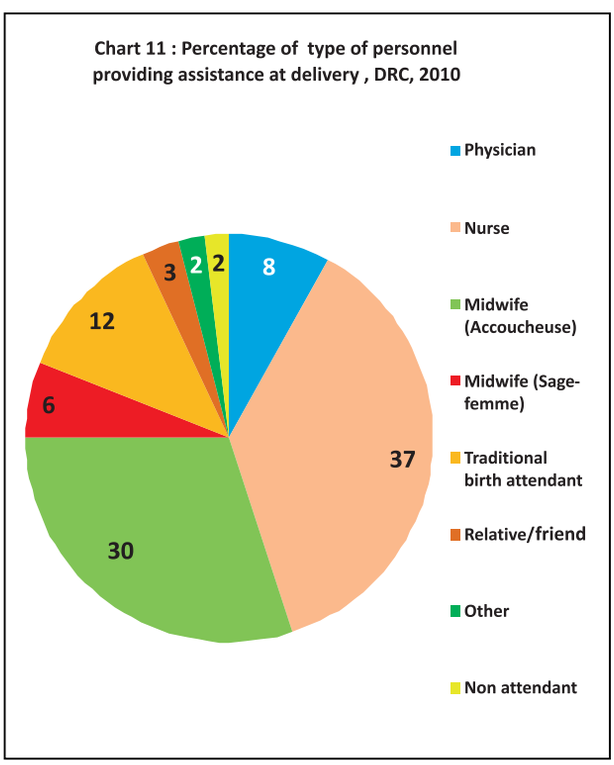
Among the women who received antenatal care, 51 per cent did a blood test, 68 per cent got their blood pressure measured, and 44 per cent had a urine test. A little over one third of the women (37 per cent) got all three tests (blood, urine and blood pressure). In the past decade the coverage of antenatal care increased from 68 per cent in 2001 to 87 per cent in 2010.

Skilled attendance at delivery

During childbirth 74 per cent of women are attended by trained personnel: by a physician (8 per cent), a nurse (37 per cent), or by a midwife (30 per cent). The coverage of skilled attendance at delivery increased between from 61 per cent in 2001 (MICS 2001) to 74 per cent.

Deliveries in a health facility

Three out of four pregnant women (75 per cent) gives birth in a health facility: 49 per cent in a public health facility and 26 per cent in a private facility. In 25 per cent of the cases deliveries take place at home. In rural areas, nearly one third (29 per cent) delivers at home, while in some provinces, such as in Equateur, more than half of women (56 per cent) gives birth at home.



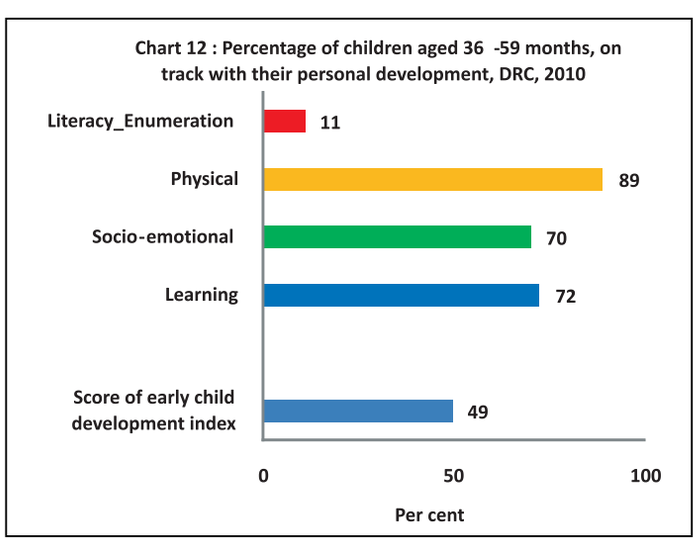
Early Childhood Development

During the first years of life the brain develops very fast and quality of care at home and of participation in early childhood education are critical determinants of the development of a child during this period.

Early childhood education and support to learning

Participation in early childhood education is very limited in the DRC: about 5 per cent of children aged 36-59 months participates in an organized early childhood education programme. The highest proportions were recorded in urban areas, in the city-province of Kinshasa, and among children with educated mothers and children in the wealthiest households.

Three out of five children aged 36-59 months (61 per cent) benefits from the support given by other members of the household in at least four learning activities that promote school readiness. Supervision by fathers of at least one of those activities is given to 36 per cent of the children. But less than one per cent of under-five year old children live in households where three or more children's books are present, and 29 per cent of the children have two or more toys to play with. Of all under-five year old children, boys and girls alike, 60 per cent had been left without adequate care (left alone or in the care of children under 10 years old) during the week preceding the survey.



Early child development index

Just one out of nine children (11 per cent) is on track in developing reading, writing and arithmetic skills, while nine out of ten children are on track in developing physical skills. Furthermore, seven out of ten children are on track with their socio-emotional and cognitive development. In summary, only five out of ten children (49 per cent) are on track with both their cognitive, socio-emotional and physical development that will give them the necessary life skills for a good start in life.

Literacy and School Attendance

Education is a fundamental right of all children, boys and girls. Education can give women economic and social power. Educated women tend to marry later, have fewer children and more often know what to do to protect themselves and their families in dangerous situations.

Millennium Development Goal

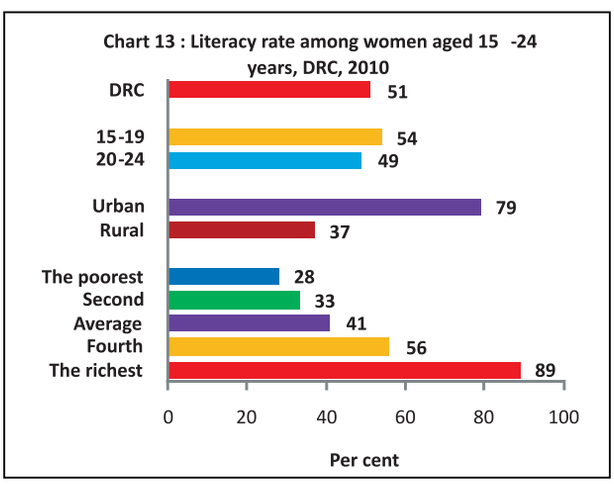
Achieving universal primary education
Eliminate disparities between girls and boys in primary and secondary education by 2015. Ensure that all boys and girls complete primary education by 2015.

Promote gender equality and empower women
Eliminate disparities between women and men at all educational levels by 2015 and foster empowerment of women.

Indicators available in DRC MICS 2010:
- Net attendance ratios (in the primary and secondary education)
- Children reaching the last grade of primary education (survival rate of primary education)
- Gender parity index (primary and secondary education)

Literacy of young women

More than half (51 per cent) of the 15-24 year old women is literate, although much less among women living in rural areas (37 per cent) than those in urban areas (79 per cent). In the wealthiest household's literacy of women is more common than in poor households: 89 per cent compared to 28 per cent. The lowest literacy rates of young women are in the provinces of Kasai-Occidental (35 per cent), Katanga (35 per cent) and Equateur (32 per cent).



School readiness

Of children in the first grade of primary school, just 8 per cent attended a pre-school the year before. Geographically there are big differences. Urban children have ten times more often received pre-school education than rural children, and 35 per cent of the children in Kinshasa had pre-school education compared to 15 per cent in the provinces.

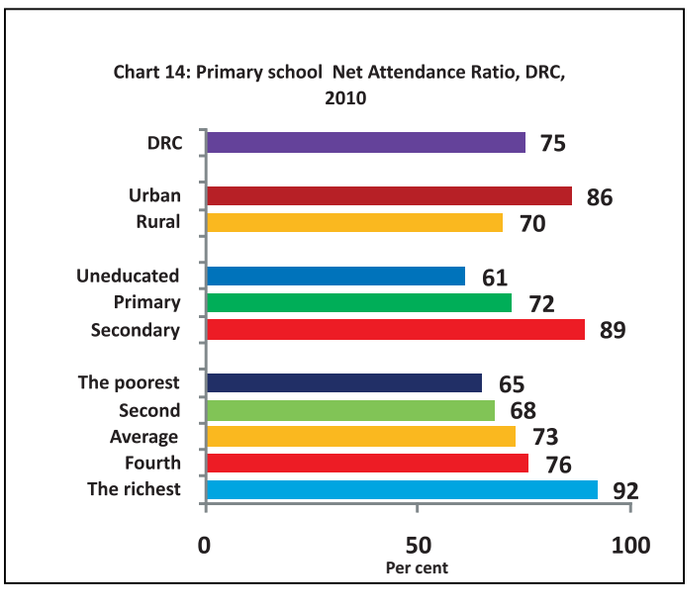
Enrollment in primary school

Only 51 per cent of the six year old children, the primary school entry age in the DRC, are enrolled in the first grade. Differences in Net Enrollment Rate (NER) between boys and girls are small: 52 per cent and 50 per cent respectively. Not surprisingly, the NER in urban areas is higher (71 per cent) than in rural areas (44 per cent). The lowest rates are in the provinces of Kasai-Occidental (42 per cent) and Equateur (41 per cent).

Attendance to primary and secondary school

Primary school Net Attendance Ratio (NAR) is 75 percent: 78 per cent for boys and 72 per cent for girls, which shows a gender parity index of 0.93. The lowest primary schools NAR are in rural areas, among children of uneducated mothers and among those living in the poorest households

Between 2001 and 2010, these rates increased from 52 per cent to 75 per cent, and more specifically for boys from 55 per cent to 78 per cent and for girls from 49 per cent to 72 per cent (MICS 2001).



The secondary school NAR is 32 per cent: 35 per cent for boys and 28 per cent for girls, which shows a gender parity index of 0.81.

Out of every 100 children entering the first grade of primary school, 75 reach the sixth grade, 77 per cent of the boys and 73 per cent of the girls. There are no differences with regards to area of residence (urban versus rural or between provinces), or with regards to the level of education of the mother or the socio-economic status of the household.

Furthermore, the primary education net completion rate is low: only 14 per cent of the children enrolling in primary school at the age of six, complete their primary education in the sixth grade when they are 11 years old. This is not only due to late enrollment in primary school, but also because of repeating grades. For those children who complete primary school, regardless their age, 87 per cent continues their education at a secondary school: 85 per cent of the boys and 90 per cent of the girls

Child Protection

Protecting children against violence, exploitation and abuse is essential to secure their rights to survival, growth and development.

Birth registration

In DRC the birth of 28 per cent of the under-five year old children is reported and officially registered. Only in the provinces of Bas-Congo and Bandundu birth registration is higher: 61 per cent and 57 per cent respectively. Of mothers whose children's birth has not been registered, just 18 per cent knows how to register a birth. Birth registration has declined in the past decade: in 2001 the birth of 34 per cent of the children had been registered (MICS 2001) while in 2010 only 28 per cent. Noteworthy is that birth registration in urban areas is lower than in rural areas, but the decline during the past decade has been the same in urban and rural areas: in urban areas from 30 per cent (2001) to 24 per cent (2010), and in rural areas from 36 per cent (2001) to 29 per cent (2010).

Child labour

Of all 5-14 year old children 42 per cent is working. Child labour is more common among girls (48 per cent) than boys (36 per cent), more in rural areas (46 per cent) than in urban settings (34 per cent) and occurs more to children in the poorest households (46 per cent) than to children in the wealthiest households (31 per cent). Younger children, 5-11 years old, are more occupied with working (51 per cent) than older children aged 12 – 14 years (18 per cent). Child labour is most frequent in the provinces of Bas-Congo, Equateur and South-Kivu where in the age group 5-11 years at least 3 out 5 children work. Nationally, less than half (45 per cent) of the children who work are attending school, and of all the children who attend school 71 per cent also works, boys relatively more often (75 per cent) than girls (69 per cent).

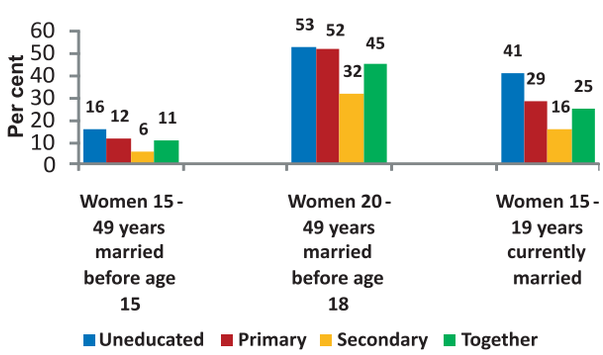
Child discipline

Most children (92 per cent) are experiencing some form of violent punishment during their upbringing. In this regard there are no differences between boys and girls, rural and urban, or between provinces. Disciplining a child through psychological means and by the use of physical violence are the most frequently used methods. Severe physical punishment affects 37 per cent of children.

Early marriage

Eleven per cent of the 15-49 year old women were married before the age of 15, and 45 per cent of the 20-49 year old women married before the age of 18. In the age group 15-19 year, 25 per cent is married. The proportions of early marriage are somewhat lower among women with secondary or higher education, and among women in wealthier households.

Chart 15: Percentage of women married before age 15, before age 18 and currently married by level of education, DRC, 2010



HIV/AIDS and Sexual Behaviour

Children who lack access to sanitation, health care and good nutrition are especially vulnerable to HIV/AIDS, malaria, measles, polio and tuberculosis

Millennium Development Goal

Fight against HIV/AIDS, malaria and other diseases

By 2015, halt and begin to reverse the spread of HIV/AIDS and incidence of malaria and other major diseases.

Indicators available in DRC MICS 2010:

- Percentage of women of 15-49 years / 15-24 years having a comprehensive knowledge of HIV/AIDS prevention
- Young women of 15-24 years sexually active who were tested for HIV and who knew the results
- Young women of 15-24 years who had sex before the age of 15 years
- Women of 15-24 years who had sex with a casual partner in the past 12 months and who used a condom the last time they had sex

Knowledge about HIV transmission and misconceptions about HIV/AIDS

The majority of 15-49 year old women (89 per cent) has heard of HIV/AIDS, but only 41 per cent of them knows of the two most important ways to prevent HIV/AIDS (faithfulness to one uninfected partner and using a condom during each sexual intercourse). Only 25 per cent rejects the two most common misconceptions (transmission of HIV through «mosquito bites» and by «supernatural means») and knows that a healthy looking person can have the AIDS virus. Just 15 per cent of the women has a comprehensive knowledge of HIV/AIDS and 37 per cent knows the three ways of transmission of HIV/AIDS from mother to child.

Attitude towards people living with HIV/AIDS

Eight per cent of the 15-49 year old women has a positive attitude towards people living with HIV/AIDS and expressed to care for an infected family member in the household, to buy fresh vegetables from a vendor infected with HIV/AIDS, or allow a female teacher who is HIV positive, but does not show signs of the disease, to continue to teach and will not disclose the HIV/AIDS status of an infected family member to others.

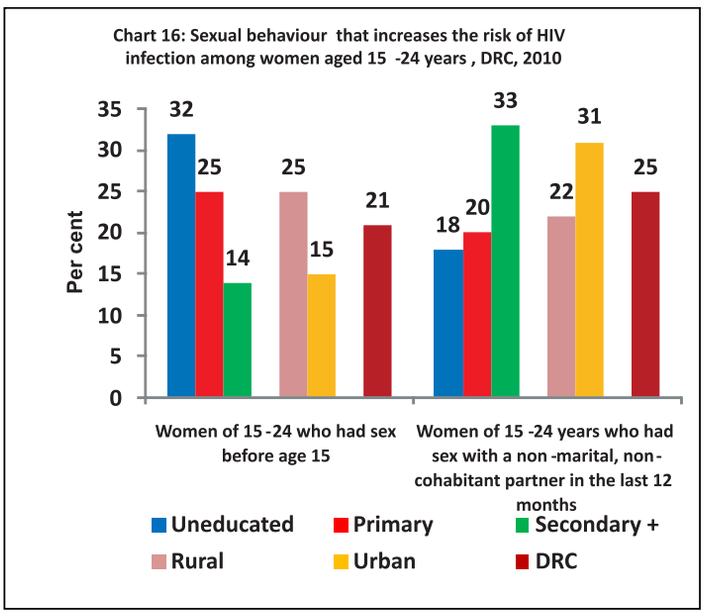
Knowledge of a place for HIV testing and counseling and for testing during antenatal care

Among 15-49 year old women 39 per cent knows of a place to test for HIV/AIDS. In the past 12 months preceding the survey, only 13 per cent of them were tested and learned their HIV/AIDS status. In the age group 15-24 years, 15 per cent of the women were tested and learned their status. Of women who gave birth in the two years preceding the survey, 46 per cent received counseling on HIV/AIDS during antenatal care and 16 per cent was offered, and accepted, an HIV test and has received the results.

Sexual behaviour related to HIV transmission

Of the 15-24 year old women, 21 per cent had sex before the age of 15. Sexual intercourse at a young age is more common in rural than in urban areas and less common among better educated women.

In the same age group, 25 per cent had in the last 12 months sex with a casual partner (non-marital, non-cohabitant). Casual sexual intercourse is more frequent in urban areas and among educated women. In just 6 per cent of cases of casual sexual intercourse condoms were used.



Food Security and Insecurity

The levels of food insecurity in the DRC are high: 33 per cent of households are experiencing food insecurity. In rural areas the proportion of households with food insecurity is twice as high as in urban areas: 39 per cent and 19 per cent respectively. The provinces where households are most affected are South-Kivu (60 per cent), Orientale (57 per cent) and Maniema (53 per cent). The only province with less than 10 per cent of households experiencing food insecurity is Kinshasa.

KEY INDICATORS

	DRC	Urban	Rural	Kinshasa	Bas-Congo	Bandundu	Equateur	P.Orientale	North-Kivu	Maniema	South-Kivu	Katanga	Kasai Oriental	Kasai Occidental
CHILD MORTALITY														
Under-5 mortality rate (per 1000)	97	71	105	60	93	100	104	93	82	126	101	111	96	99
Infant mortality rate (per 1000)	158	111	174	91	151	163	171	152	131	210	166	184	156	163
NUTRITION														
Nutritional Status of Under- Five year old children														
Under-fives with underweight (%)	24	17	27	13	29	26	23	22	27	20	27	22	27	34
Under-fives with stunting (%)	43	34	47	24	48	37	41	45	58	40	51	43	44	53
Under-fives with wasting (%)	9	7	9	9	10	13	10	11	5	8	6	6	8	10
Under-fives suffering from global acute malnutrition (%)	11	8	12	9	11	14	13	13	7	9	7	8	13	15
Breastfeeding and Complimentary Feeding														
Exclusively breastfed (at least 6 months) (%)	37	37	37	23	20	30	41	51	58	57	39	31	46	30
Still breastfed at 1 year (%)	87	78	90	74	92	91	86	76	87	90	91	89	88	97
Still breastfed at 2 years (%)	53	29	61	18	49	81	45	48	67	59	62	42	54	76
Introduction of solid or soft food in children aged 6-8 months (%)	52	56	50	58	44	79	28	54	55	56	40	38	72	80
Required minimum number of meals in children aged 6-23 months (%)	22	20	22	18	16	42	12	24	23	37	20	15	19	29
Adequately breastfed children aged 0-23 months (%)	50	47	51	38	41	64	31	57	57	62	50	44	63	66
Prevalence of low birth weight (%)	10	11	9	12	12	7	6	9	13	9	10	10	12	7
Child Health														
Immunization														
Children aged 12-23 who received BCG vaccine (%)	84	92	81	96	95	95	68	74	99	65	86	87	78	69
Childrenaged12-23 who received OPV3 vaccine (%)	58	63	57	68	71	88	42	50	66	25	61	60	40	47
Children aged 12-23 who received DPT3 vaccine (%)	61	76	56	82	70	87	40	46	83	27	54	65	44	45
Children aged 12-23 months who received measles vaccine (%)	67	74	65	86	77	91	51	60	80	46	57	66	52	49
Children aged 12-23 who received HepB3 vaccine (%)	49	59	46	63	35	71	35	39	51	19	51	59	35	40
Children aged 12-23 who received yellow fever vaccine (%)	65	73	62	84	70	91	47	60	80	39	54	66	45	49
Children aged 12-23 who received all vaccines (%)	42	46	40	58	48	79	22	35	50	10	34	40	23	31
Children aged 12-23 months who received no vaccine (%)	10	5	12	4	3	3	25	10	1	24	8	9	11	22
Women aged 15-49 years protected from neonatal tetanus (%)	64	72	61	67	67	69	64	61	64	60	66	68	54	53
Malaria														
Households with at least one insecticide-treated net (ITN) (%)	51	58	48	71	42	52	66	72	51	84	50	36	19	28
Under-fives sleeping under an ITN the night preceding the survey (%)	38	44	36	51	36	42	52	52	32	57	36	33	14	20
Pregnant women sleeping under an ITN the night preceding the survey (%)	43	43	42	42	33	43	53	62	39	67	57	35	15	24
Under-fives having fever (%)	27	23	28	22	31	24	20	25	25	25	36	26	34	36
Under-fives having fever and who are treated with an antimalarial drug (%)	39	49	36	57	60	44	39	37	25	53	31	31	40	38

	DRC	Urban	Rural	Kinshasa	Bas-Congo	Bandundu	Equateur	P.Orientale	North-Kivu	Maniema	South-Kivu	Katanga	Kasai Oriental	Kasai Occidental
Diarrhea														
Under-fives having diarrhea (%)	18	17	18	14	12	17	22	18	20	10	19	15	20	27
Under-fives having diarrhea and who received an ORT with continuous feeding (%)	39	37	40	37	57	60	37	36	42	38	31	36	37	29
Suspected Pneumonia														
Under-fives suspected of pneumonia (%)	6	5	7	4	3	4	5	6	10	5	10	9	3	9
Under-fives with suspected pneumonia who received antibiotics (%)	42	52	39	36	56	27	28	16	31	38	43	65	63	40
WATER AND SANITATION														
Household members using an improved source of drinking water (%)	47	83	31	89	54	19	12	46	77	40	61	48	43	12
Household members using improved sanitation facilities (%)	14	36	4	57	7	2	1	2	6	11	23	12	17	1
REPRODUCTIVE HEALTH														
Age-specific fertility rate for women aged15-19 years (per thousand women)	135	105	153	64	70	83	154	118	132	140	184	257	79	195
Women aged 20-24 years who had at least one live birth before age 18 (%)	25	18	29	9	23	16	30	31	31	30	19	35	29	29
Women aged 15-49 years using any contraceptive method (%)	18	25	15	31	21	20	29	16	12	21	12	9	13	11
Unmet need for contraception (%)	24	24	24	24	32	29	15	27	31	21	23	24	21	20
Women aged 15-49 years who received during their last pregnancy assistance from trained personnel (%)	87	92	86	95	96	89	83	90	95	72	88	84	81	81
Women aged 15-49 years who delivered in a health facility (%)	75	93	69	98	95	89	40	74	90	60	82	67	74	70
Women of 15-49 years who received assistance during childbirth by trained health personnel (%)	74	94	67	96	94	82	44	80	95	62	82	60	73	69
CHILD DEVELOPMENT														
Children aged 36-59 months who are attending an organized early childhood education programme (%)	5	12	2	17	5	3	2	3	5	3	9	4	5	1
Development index score for children aged 36 - 59 months (%)	49	60	46	77	49	58	44	45	38	38	51	48	50	42
LITERACY AND SCHOOL ATTENDANCE														
Literacy rate among women aged 15 - 24 years (%)	51	79	37	91	57	61	32	42	47	50	48	35	49	35
Net enrollment (intake) rate in primary education (%)	51	71	44	78	46	59	41	52	47	51	49	45	53	42
Primary school net attendance ratio (%)	75	86	70	90	79	80	68	76	72	79	73	66	78	67
Secondary school net attendance ratio (%)	32	53	21	64	31	31	18	21	30	34	32	23	37	26
Children reaching last grade of primary education (%)	75	81	73	92	84	87	70	81	73	77	66	62	73	72
Primary school gender parity index	0.93	0,98	0,90	1,00	1,07	0,98	0,89	0,99	0,95	0,89	0,91	0,83	0,89	0,83
Secondary school gender parity index	0.81	0,85	0,71	0,95	0,73	1,01	0,76	0,97	0,66	0,64	0,69	0,71	0,56	0,63

	DRC	Urban	Rural	Kinshasa	Bas-Congo	Bandundu	Equateur	P.Orientale	North-Kivu	Maniema	South-Kivu	Katanga	Kasai Oriental	Kasai Occidental
CHILD PROTECTION														
Under-fives whose births are registered (%)	28	24	29	25	61	57	24	41	31	19	22	10	14	9
Children aged 5 -14 years who are involved in child labour (%)	42	34	46	28	53	47	52	45	43	41	51	34	39	40
Children aged 2 14 years who experienced violent discipline (%)	92	94	91	96	94	87	89	93	94	93	94	88	93	92
Women of 15-49 years who were first married/in union by the age of 15 years (%)	11	9	11	8	6	6	13	11	11	15	13	11	13	16
Women of 20-49 years who were first married/in union by the age of 18 years (%)	45	35	49	26	35	38	53	49	44	55	44	53	52	55
Women of 15-19 years currently married/in union (%)	25	18	29	17	17	17	26	43	17	43	18	37	29	33
Women of 15-19 years currently married/in union whose spouse is 10 or more years older (%)	14	8	17	8	17	25	40	16	1	18	8	10	16	8
HIV/AIDS														
Women of 15 - 24 / 15 - 49 years who have heard about HIV/AIDS (%)	87/89	97/98	82/84	98/99	94/97	95/96	71/72	86/87	95/96	79/80	92/94	82/85	87/86	70/75
Women of 15 - 24 / 15 - 49 years who have a comprehensive knowledge about HIV/AIDS prevention (%)	15/15	21/22	12/11	24/24	16/15	11/10	13/12	17/16	22/21	8/9	17/19	12/12	11/10	6/5
Women of 15 - 49 years who have a comprehensive knowledge about HIV/AIDS transmission from mother to child (%)	37	35	38	32	43	50	28	27	46	34	43	37	38	37
Women of 15 - 49 years with positive attitude towards persons living with HIV/AIDS (%)	8	8	7	8	9	5	7	17	10	5	14	2	3	3
Young women of 15-24 years who stated knowledge of a place to be tested for HIV (%)	36	62	25	61	32	28	11	31	70	27	50	31	41	15
Young women of 15-24 years sexually active who have been tested for HIV and who know their status (%)	15	33	8	40	16	5	3	10	28	6	30	11	13	4
SEXUAL BEHAVIOUR														
Women of 15 - 24 years who have had sex before the age of 15 years (%)	21	15	25	11	19	21	22	29	19	23	16	35	14	17
Women of 15 - 24 years who have had sex with casual partners (%)	25	31	22	38	33	32	22	29	27	15	17	25	6	10
Women 15 - 24 years who used condoms the last time they had sex with casual partners (%)	6	6	6	5	5	5	8	10	9	14	12	2	0	0
MALE/FEMALE ORPHANS														
Children of 0-17 years living in households without any biological parent (%)	12	14	11	15	10	11	10	15	14	9	13	12	10	10
Children of 0-17 years of whom one or both parents died (%)	10	11	10	11	8	11	10	13	10	9	11	8	11	10
School attendance of male and female orphans and non orphans aged 10-14 years (%)	63/85	77/91	58/82	72/95	91/90	74/90	77/84	69/86	30/81	75/90	48/83	57/76	58/87	45/84