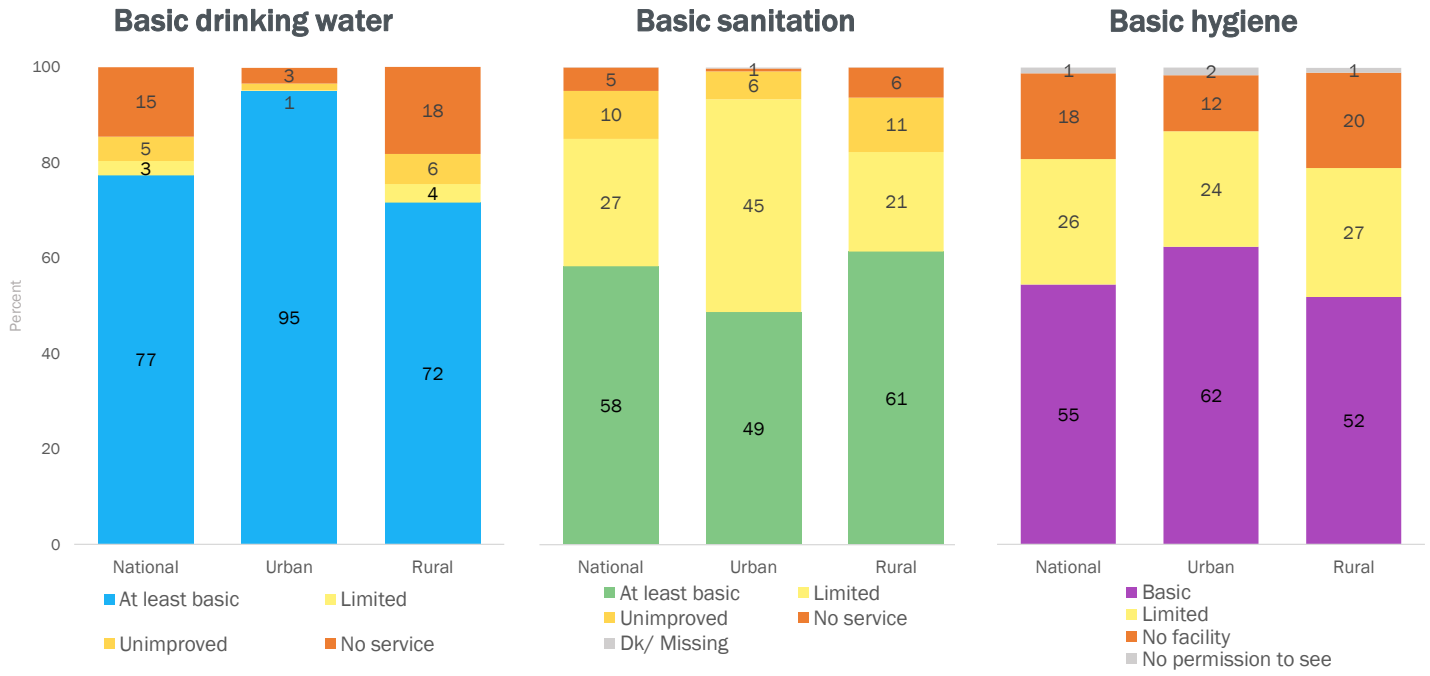
Eswatini 2021-2022

Drinking Water, Sanitation & Hygiene (WASH)

Multiple Indicator Cluster Surveys

Basic Drinking Water, Sanitation & Hygiene Services



Percent of population by drinking water, sanitation and hygiene coverage

Drinking water ladder: **At least basic** drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **No service** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder: **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

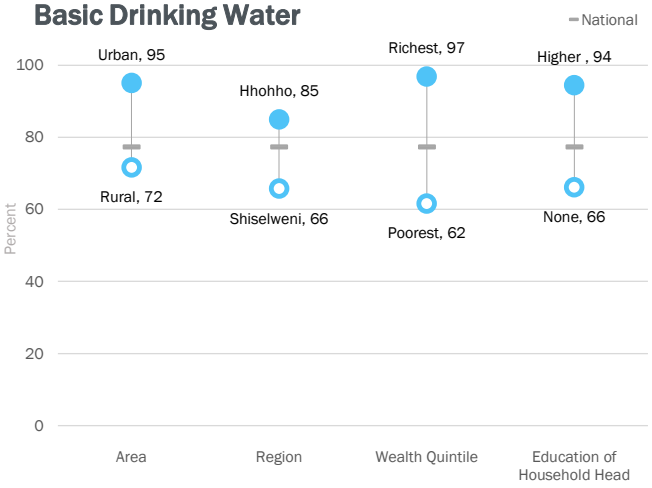
Hygiene ladder: A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

Key Messages

- Almost 8 in 10 households use drinking water from improved source which is accessible within 30 minutes.
- Use of basic drinking water is more in urban areas (95%) than in rural areas (72%);
- About 1 in 2 households obtain water within premises and collection of water is primarily the responsibility of women (57%);
- Overall, 58% household population use basic sanitation that are not shared with other households and the use of this basic service is more in rural areas (61%) than in urban areas (49%);
- Availability of a handwashing facilities on premises with soap and water is more in urban than in rural areas (62% vs 52%);
- Open defecation is at 4.6% nationally, people in rural areas are 6 times more likely to use open defecation than those in rural areas. Lubombo region (10%) has the highest proportion of population using open defecation
- The quality of water source is poor. The quality of the source in rural areas is worse than those in urban areas (73% vs 36%). Those with low economic status and living in Hhohho region are highly likely to use poor quality water source
- ,

WASH: Inequalities in Basic Services

Basic Drinking Water



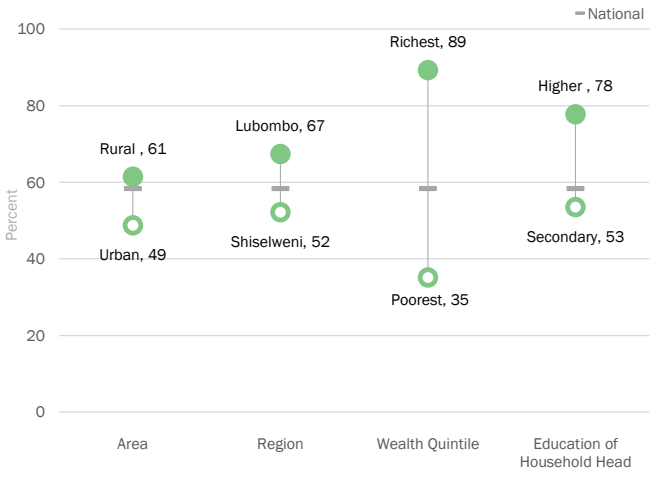
Percent of population using basic drinking water services by background characteristics

Regional Data on Basic Services

Region	Basic Drinking Water	Basic Sanitation	Basic Hygiene
National	77	58	55
Hhohho	85	61	59
Manzini	83	53	50
Shiselweni	66	52	55
Lubombo	69	67	54

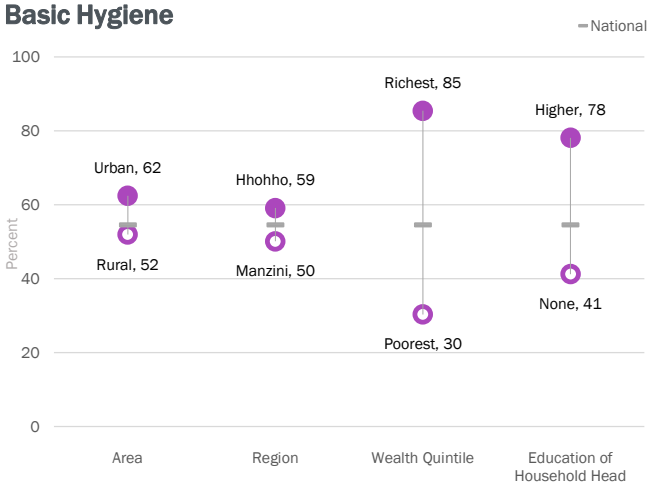
Percent of population using basic drinking water, sanitation and hygiene services by region

Basic Sanitation



Percent of population using basic sanitation services by background characteristics

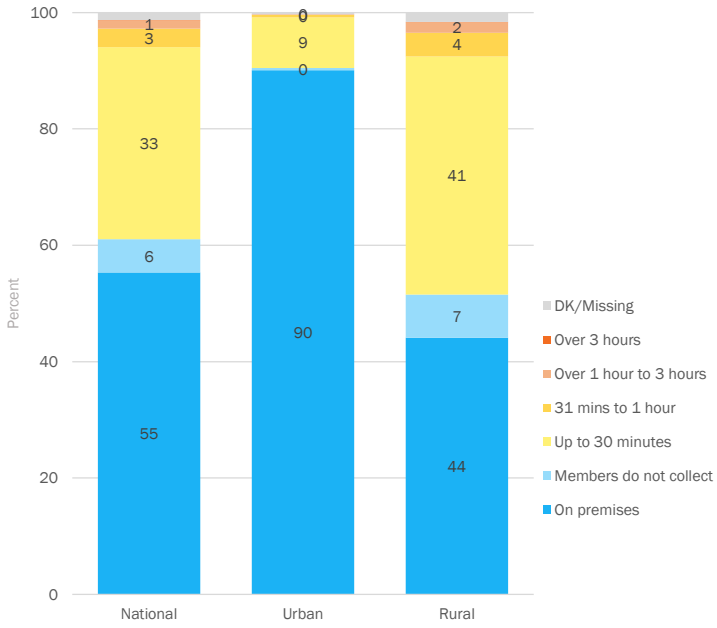
Basic Hygiene



Percent of population using basic hygiene services by background characteristics

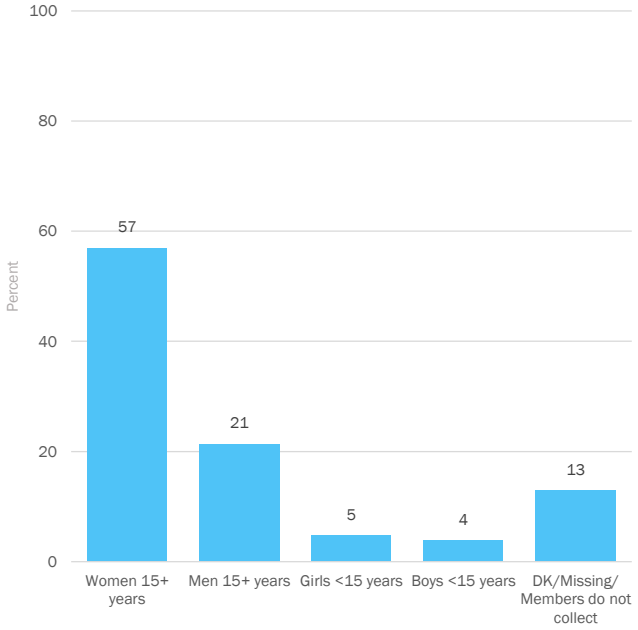
Accessibility of Drinking Water & Sanitation Facilities

Accessibility of drinking water



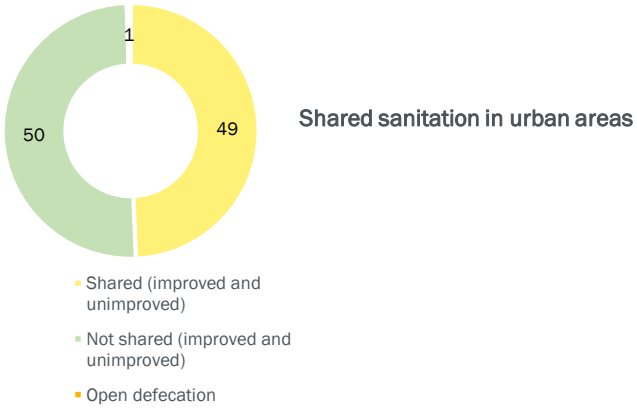
Percent of population by average time spent per day by household members collecting drinking water

Who Primarily Collects Drinking Water for the Household

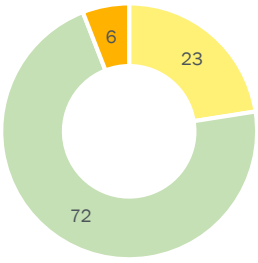


Percent of population in households without drinking water on premises, by gender and age of person primarily responsible for collecting drinking water

Shared sanitation



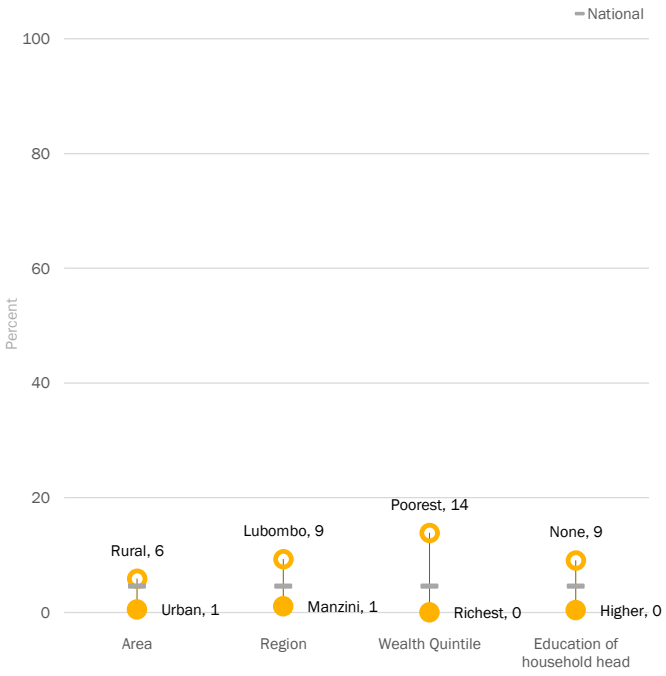
Shared sanitation in urban areas



Shared sanitation in rural areas

Percent of the population sharing sanitation facilities, by residence

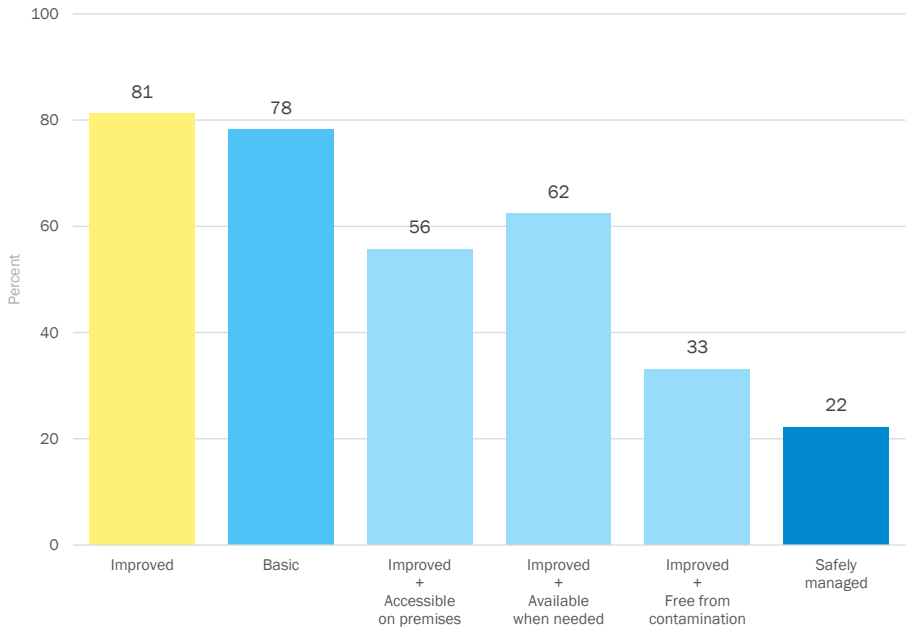
Open Defecation



Percent of the population practising open defecation, by background characteristics

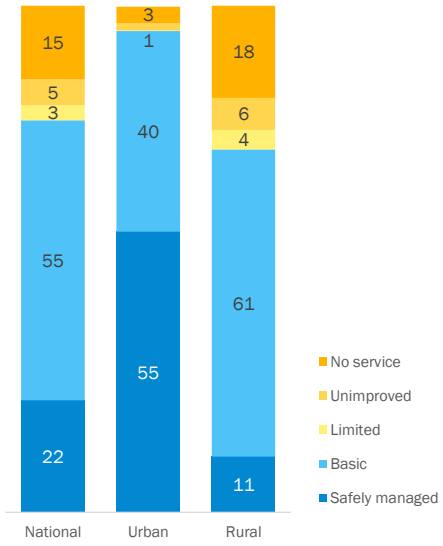
Safely Managed Drinking Water Services: SDG 6.1.1

Improved, basic & safely managed drinking water



Percent of population using improved, basic and safely managed drinking water services

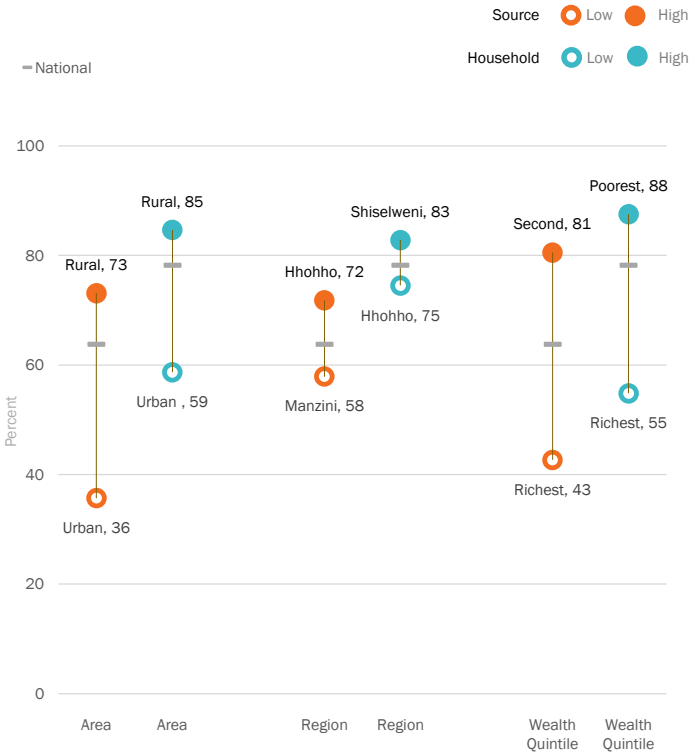
Drinking water coverage: National, urban & rural



Percent of population by drinking water coverage

Safely managed (SDG 6.1) are improved sources: accessible on premises, available when needed, free from contamination

Drinking Water Quality at Source & Home



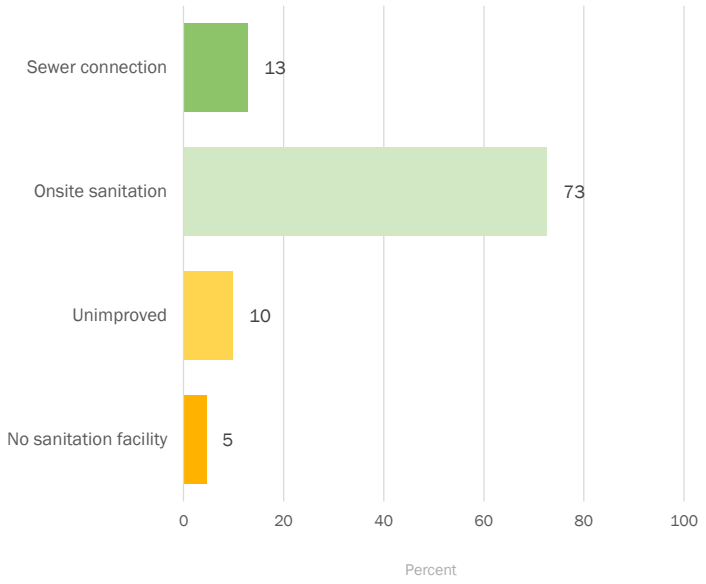
Percent of population using drinking water sources with *E. coli* (orange) and proportion with *E. coli* in glass of drinking water in household drinking water (teal)
Water Quality Testing response rates for Household and Source testing are 94% and 90% respectively

Availability of Drinking Water

Percent of population using drinking water sources with sufficient drinking water in the last month

Safely Managed Sanitation Services: SDG 6.2.1

Types of Sanitation Facility



Percent of population by type of sanitation facility, grouped by type of disposal

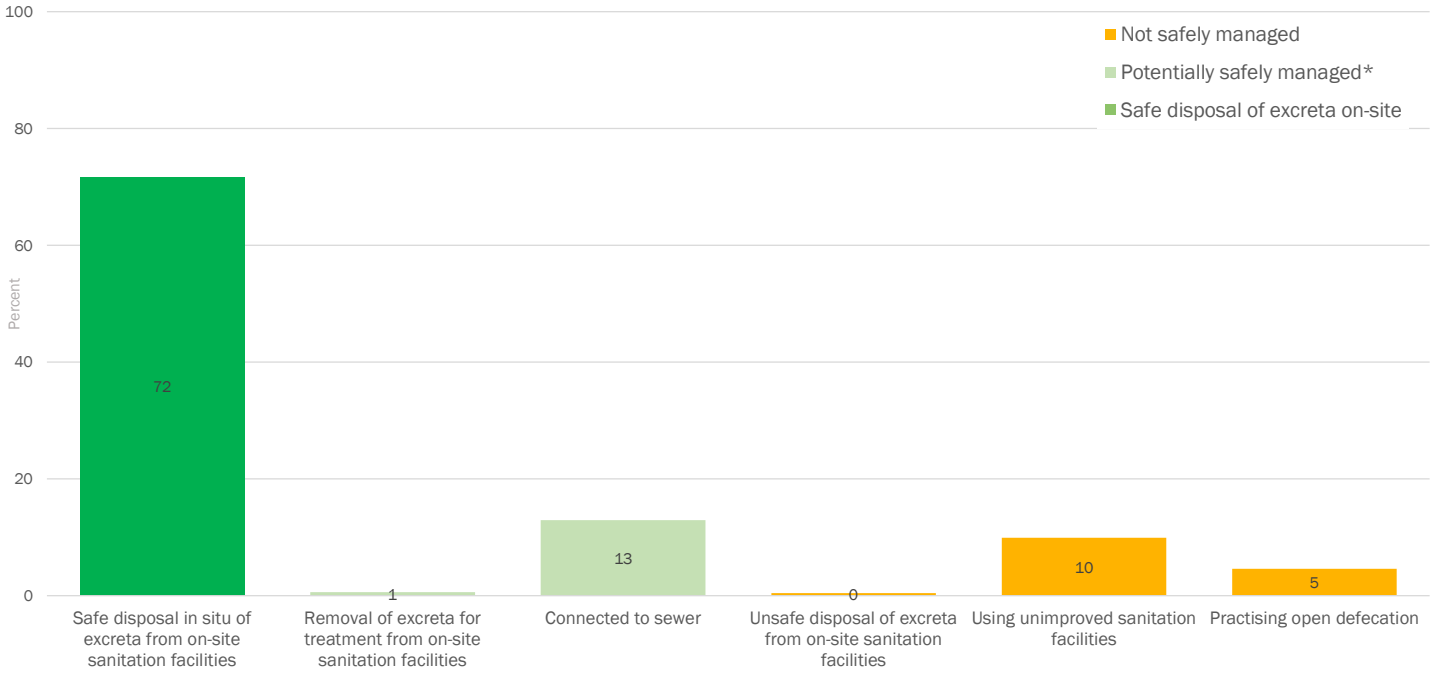
Sewer connections include “Flush/pour flush to piped sewer system” and “Flush to DK where“
Onsite sanitation facilities include “Flush/pour flush to septic”, “Flush/pour flush to latrine”, “Ventilated improved pit latrine”, “Pit latrine with slab” and “Composting toilet”

Types of Sanitation Facility by Region

Region	Sewer connection	Onsite sanitation
National	13	73
Hhohho	13	73
Manzini	14	77
Shiselweni	5	72
Lubombo	17	66

Percent of population using sewer connections and onsite sanitation, by region

Management of excreta from household sanitation facilities

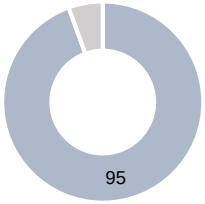


Percent of population by management of excreta from household sanitation facilities

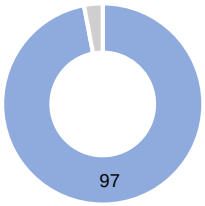
*Additional information required to determine whether faecal sludge and wastewater is safely treated.

Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

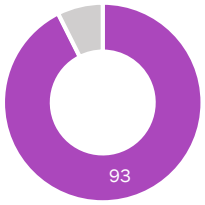
Menstrual Hygiene Management



Women with a private place to wash & change at home



Women with appropriate materials



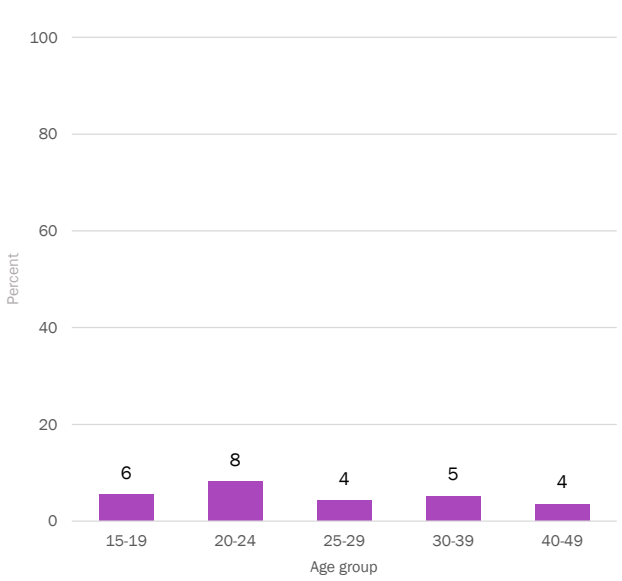
Women with appropriate materials & a private place to wash & change at home

Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months

Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home

Percent of women age 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation by Various Characteristics

Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and region, among women reporting menstruating in the last 12 months

The Eswatini Multiple Indicator Cluster Survey (MICS) was carried out in 2021-2022 by the Central Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and Government of Eswatini and other partners provided financial support.

The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022related to Drinking Water, Sanitation & Hygiene (WASH). Data from this snapshot can be found in tables WS.1.1 to WS.4.2 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

For further information on the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene indicator definitions and methods please visit washdata.org.

Eswatini 2021-2022

Vaccinations in the first years of life

Multiple Indicator Cluster Surveys

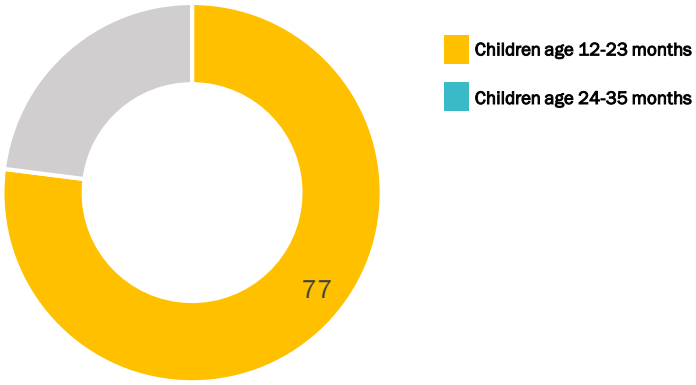
unicef for every child

Basic and full immunisation

Immunisation is a proven cost-effective tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. The Ministry of Health recommends all infants and young children (especially those under 2 years of age) to be vaccinated against tuberculosis, polio, hepatitis B, diphtheria, tetanus, pertussis, haemophilus influenzae type b, pneumococcal disease, rotavirus, measles and rubella. **Basic immunisation** refers to children age 12-23 months vaccinated against tuberculosis, polio, diphtheria, tetanus, pertussis and measles. **Full immunisation** refers to children age 24-35 months who have received all the vaccines scheduled to be given in the two first years of life, according to the national vaccination schedule, except DPT booster which was introduced in 2019.

Basic immunisation

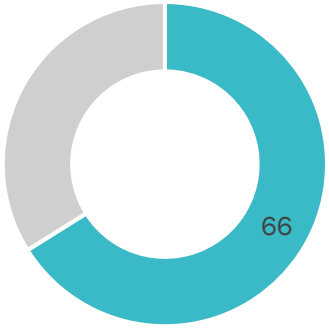
(BCG, OPV3, DTP3, and Measles 1)



Percentage of children age 12-23 months who at any time before the survey had received all basic vaccinations.

Full immunisation

(BCG, OPV3/IPV, OPV4, HepB3, DTP3, Hib3, PCV3, Rota3, Rubella and Measles 2)



Percentage of children age 24-35 months who at any time before the survey had received all vaccines scheduled in the first two years of life, according to the national vaccination schedule.

Vaccines recommended by the Ministry of Health for children under age 2 years:

The Bacillus Calmette–Guérin **(BCG)** vaccine protects against some of the deadliest forms of tuberculosis (TB), a bacterial infection.
Oral Polio Vaccine **(OPV)** and Inactivated Polio Vaccine **(IPV)** provide protection against polio, or poliomyelitis.
The **HepB** vaccine protects against liver infection caused by the hepatitis B virus.
The **DTP** vaccine is a combination vaccine against three infectious diseases: diphtheria, tetanus, and pertussis (or whooping cough). A DT booster is an additional administration of the DT vaccine after the primary doses. Since it was introduced in 2019, it is not included in the definition of all antigens
The **Hib** vaccine protects against the *Haemophilus influenzae* type b bacteria, a leading cause of meningitis in children younger than 5 years old.
The Pneumococcal conjugate vaccine **(PCV)** can prevent illnesses caused by pneumococcal bacteria (or *Streptococcus pneumoniae*), one of the leading causes of pneumonia.
The **Rota** vaccine protects infants and young children against the rotavirus which can cause severe watery diarrhea, vomiting, fever, and abdominal pain.
The **Measles** and **Rubella** vaccines are given in a combination vaccine (MMR) against three infectious viral diseases: measles, mumps, and rubella.

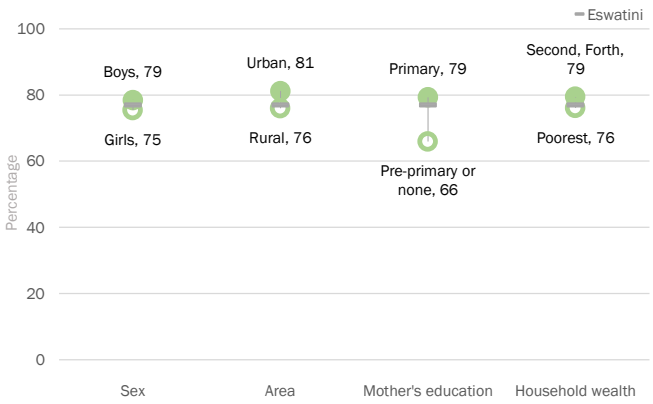
Key Messages

- Basic immunization coverage for children 12-23 months is 77%;
- Basic immunization coverage is higher in children residing in urban than rural areas (81% vs76%);
- Basic coverage is lowest among children in poorest households;
- Basic immunization coverage is highest in Manzini region (82%) and lowest in Hhohho region (74%);
- Full immunization coverage for children age 24-35 months is at 66%;
- The full immunization coverage is highest in Hhohho (70%) and among children whose mother has higher level of instruction.

Inequalities in vaccination coverage among young children

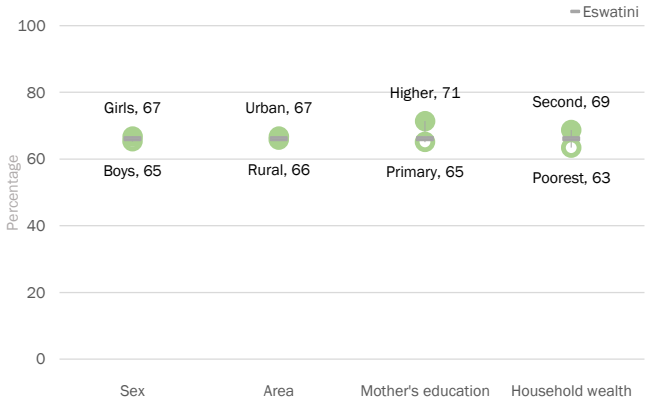
Socio-economic disparities in vaccination coverage

Basic immunisation



Percentage of children age 12-23 months who at any time before the survey had received all basic vaccinations (BCG, Polio3, DTP3, and Measles 1), by sex, location, mother's education, and household wealth.

Full immunisation



Percentage of children age 24-35 months who at any time before the survey had received all vaccines scheduled in the first two years of life, according to the national vaccination schedule, by sex, location, mother's education, and household wealth.
Note: Data for "Mother's education – higher" are based on 25-49 unweighted cases

Regional disparities in vaccination coverage

Region	Basic	Full	No vaccinations	
	Children 12-23 months	Children 24-35 months	Children 12-23 months	Children 24-35 months
Eswatini	**77**	**66**	**3**	**2**
Hhohho	74	70	3	2
Manzini	82	68	2	2
Shiselweni	76	55	3	5
Lubombo	77	67	4	1

Percentage of children age 12-23 months who had received all basic vaccinations, percentage of children age 24-35 months who had received all vaccines scheduled in the first two years of life, according to the national vaccination schedule, and percentage of children age 12-23 and 24-35 months who had not received any vaccination doses at all, at any time before the survey.

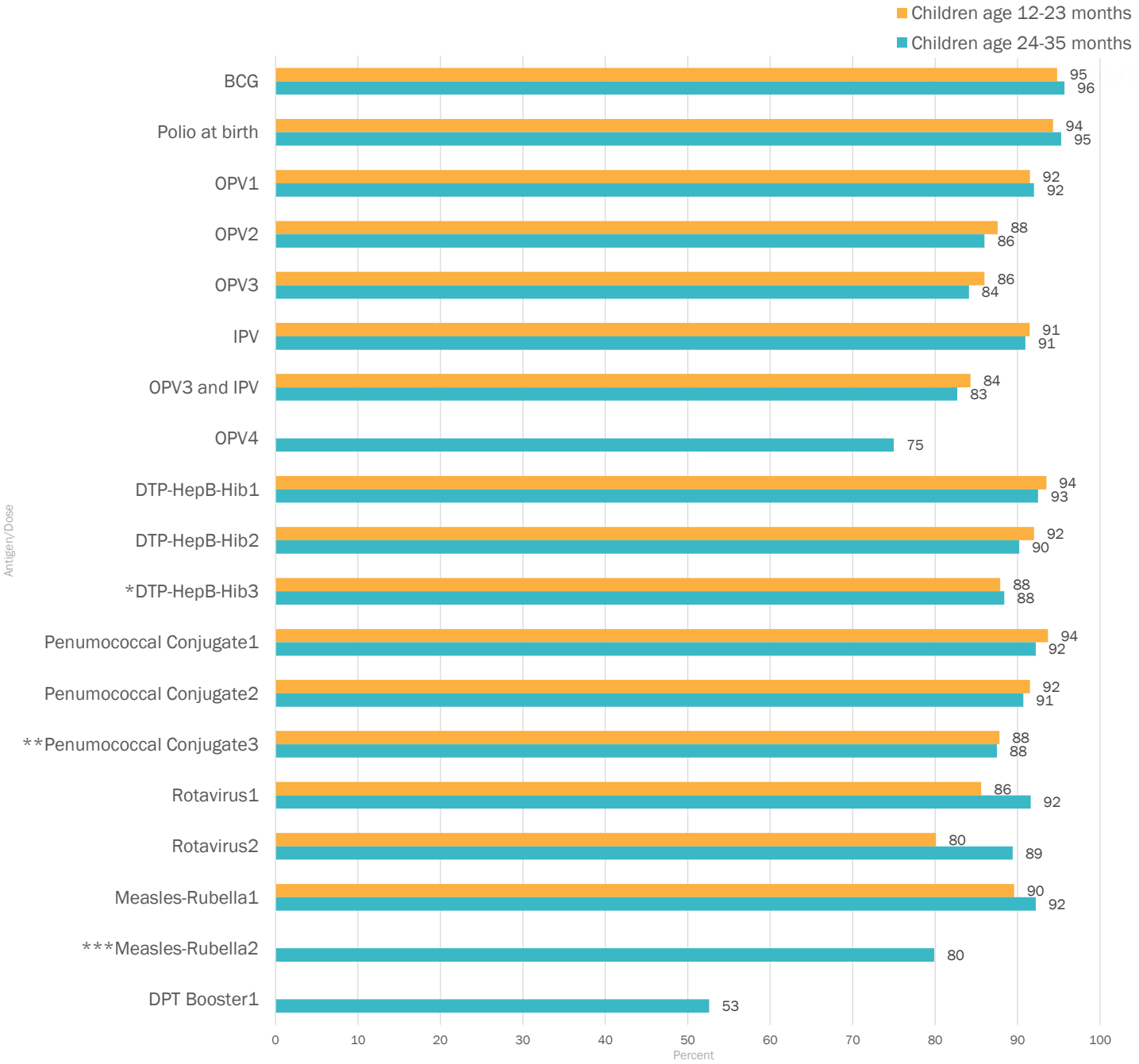
Information on vaccination coverage in MICS is collected for all children under three years of age.

Mothers or caretakers of children under 36 months of age are asked to show vaccination records, that is, cards or similar documents where vaccinations are recorded. If a vaccination record for a child is available, interviewers copy vaccination information from the document(s) onto the MICS questionnaire and asks the respondent about any vaccines not recorded. If no vaccination record is available for the child, the interviewer proceeds to ask the mother to recall whether the child has received each of the vaccinations, and, for applicable antigens, how many doses the child received.

The final vaccination coverage estimates are based on information obtained from vaccination records and mothers' report of vaccinations received by the child.

Vaccination coverage by antigen

Vaccination coverage among children age 12-23 and 24-35 months, by vaccine



Percentage of children age 12-23 months and 24-35 months vaccinated against vaccine preventable childhood diseases at any time before the survey (Crude coverage), by specific vaccine.
*Diphtheria, tetanus and pertussis (DTP) immunization coverage; SDG indicator 3.b.1 & 3.8.1
**Pneumococcal (Conjugate) immunization coverage; SDG indicator 3.b.1
***Measles immunization coverage; SDG indicator 3.b.1

The Eswatini Multiple Indicator Cluster Survey (MICS) was carried out in 021-2022 by the Central Statistics Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and the government of Eswatini with other partners provided financial support.

The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Immunisation. Data from this snapshot can be found in tables TC.1.1 and TC.1.2 in the Survey Findings Report.

Further statistical snapshots and the Summary Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Eswatini 2021-2022

Sample & Survey Characteristics

Multiple Indicator Cluster Surveys

Response Rates

Household	Number	Response rates
Sampled	5265	
Occupied	4891	
Interviewed	4675	96

Women age 15-49

Eligible for interview	4575	
Interviewed	4294	94

Men age 15-49

Eligible for interview	2003	
Interviewed	1658	83

Children under 5

Eligible for interview	2310	
Mothers/Caretakers interviewed	2251	97

Children age 5-17

Eligible for interview	2551	
Mothers/Caretakers interviewed	2490	98

Survey Implementation

Implementing agency:
Central Statistical Office

Sampling frame:
Eswatini Population and Housing Census, 2017

Listing & mapping:
August 2019 – March 2020

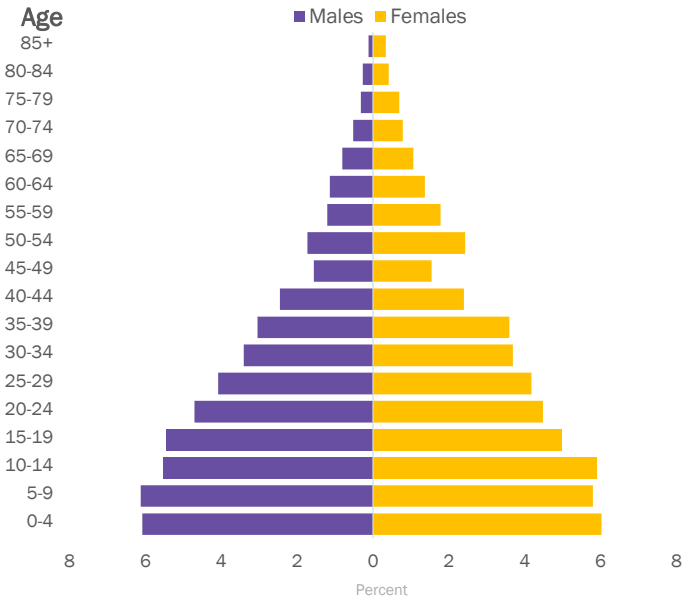
Interviewer training:
July – August 2021

Fieldwork:
September 2021 – March 2022

Questionnaires:
Household
Women age 15-49
Men age 15-49
Children under 5
Children age 5-17

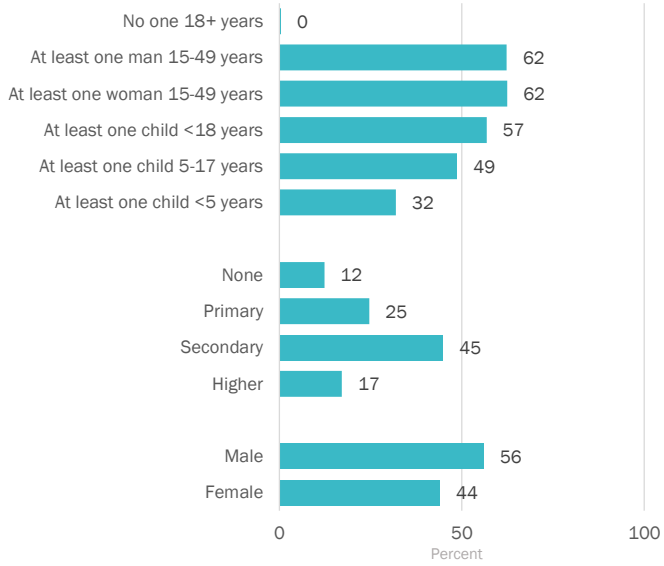
Population Characteristics

Household Population Age & Sex Distribution



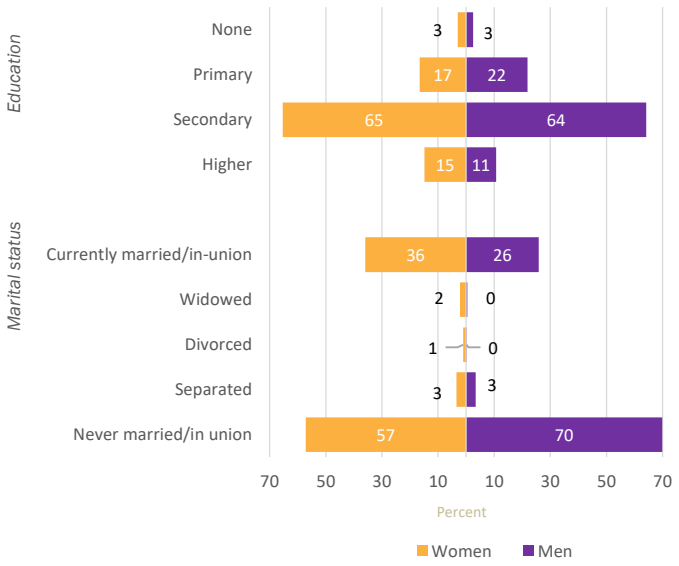
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of household



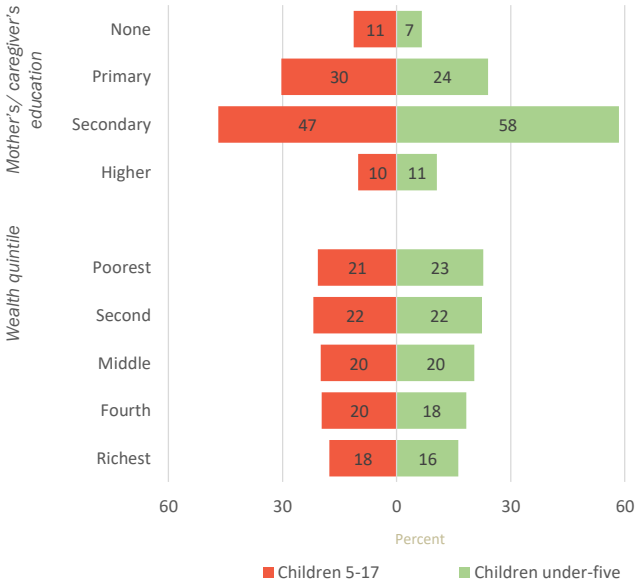
Percent of households by selected characteristics

Women & Men's Profile



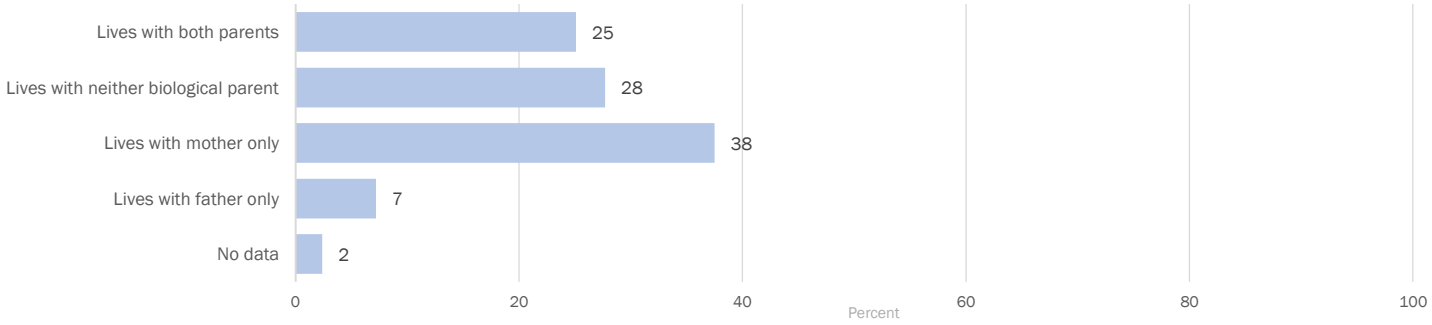
Percent distribution of women and men age 15-49 by background characteristics

Children's Profile



Percent distribution of children age 5-17 and under-five by background characteristics

Children's Living Arrangements*



Percent distribution of children age 0-17 years according to living arrangements
*Children age 0-17 years

Regional Distribution of Population (percent)

Region	Households	Women 15-49	Men 15-49	Children under 5	Children 5-17
National	100	100	100	100	100
Hhohho	30	30	30	31	28
Manzini	38	33	36	28	30
Shiselweni	14	18	15	19	20
Lubombo	18	19	19	22	22

Key Messages

- Overall, MICS 2021-2022 had outstanding response rate for households, eligible women, children 5-17 years and under 5 which were 94% and above while men response rate was satisfactory at 83%.
- Majority of households were from Manzini region (38%) and the least from Shiselweni region (14%).
- 6 in 10 of households in the survey were from rural areas.
- 56% of households were headed by males and 1 in 4 household heads had primary education (25%).
- A majority of women and men age 15-49 were never married (57% and 70%, respectively.)
- Only 1 in 4 children live with both parents while a majority (38%) live with mother only.
- Most children 0-17 years are from poor households (22% of children under 5 and 21% of children 5-17) and are born to mothers with primary education (30% for children 5-17 and 24% for children under 5)

The Eswatini Multiple Indicator Cluster Survey (MICS) was carried out in 2021-2022 by National Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and the Government of Eswatini together with partners also provided financial support.

The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Survey and Sample Characteristics. Data from this snapshot can be found in tables SR.1.1, SR.5.1W, SR.5.1M, SR.5.2, SR.5.3 and SR.2.3 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Eswatini 2021-2022

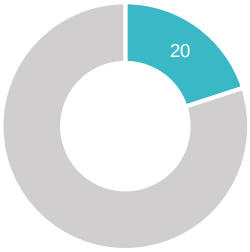
Nutritional Status of Children

Multiple Indicator Cluster Surveys

Anthropometric Malnutrition Indicators

Stunting: SDG 2.2.1

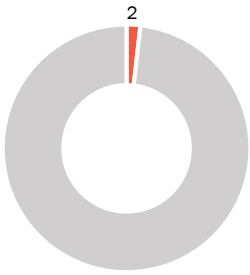
Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.



Percentage children under-5 who are stunted

Wasting: SDG 2.2.2

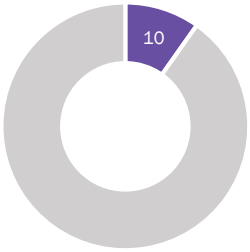
Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.



Percentage children under-5 who are wasted

Overweight: SDG 2.2.2

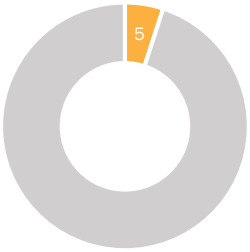
Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.



Percentage children under-5 who are overweight

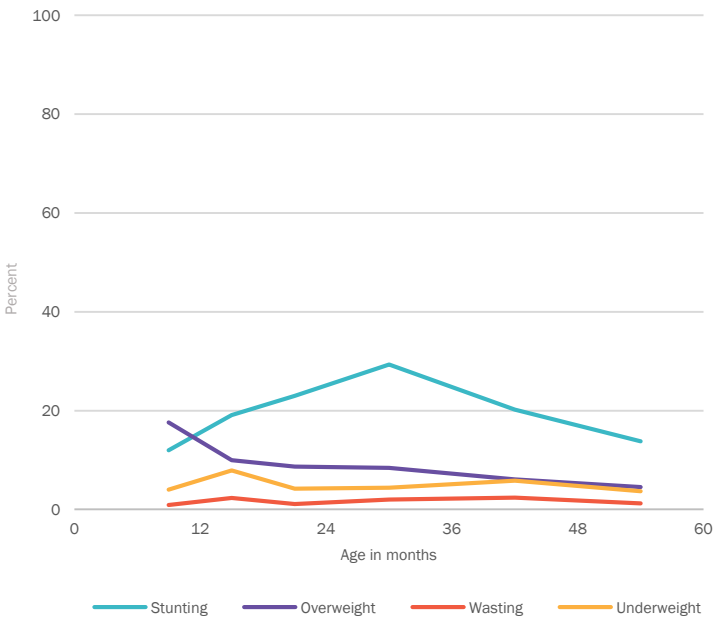
Underweight

Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



Percentage children under-5 who are underweight

Anthropometric Malnutrition Indicators by Age



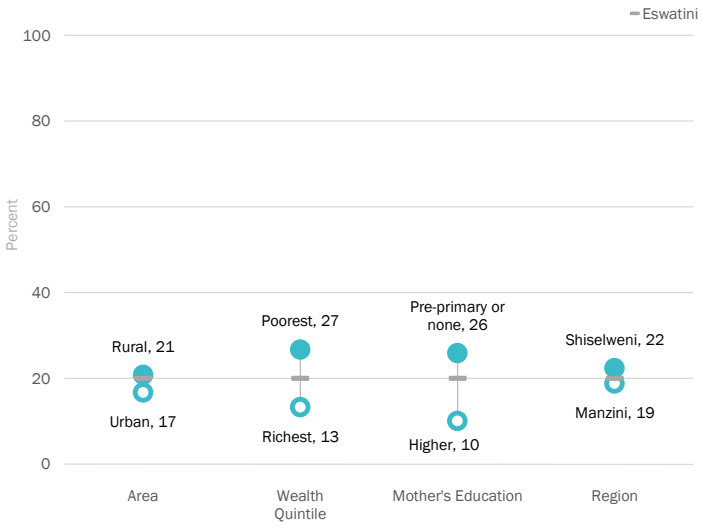
Percentage children who are underweight, stunted, wasted and overweight, by age in months

Key Messages

- 1 in 5 (20%) children under five are stunted;
- Stunting is highest in rural than urban areas (21%vs17%);
- Children in poorest households are twice as likely to be stunted than those in richest households (27% vs 13%%);
- 5% children under five are underweight and the rates are highest in rural and in Hhohho region, 5.7% respectively;
- 2% of children under five are wasted. Wasting is highest among smaller children 0-5 months than older children 6-11 months (3% vs 1%);
- Lubombo region has the highest rate of wasting (3%) and Manzini the lowest (1%);
- Overweight is 10% and the rate decrease with increased age of child;
- Overweight is highest for children less than six months (24%) and lowest for children age five (5%).

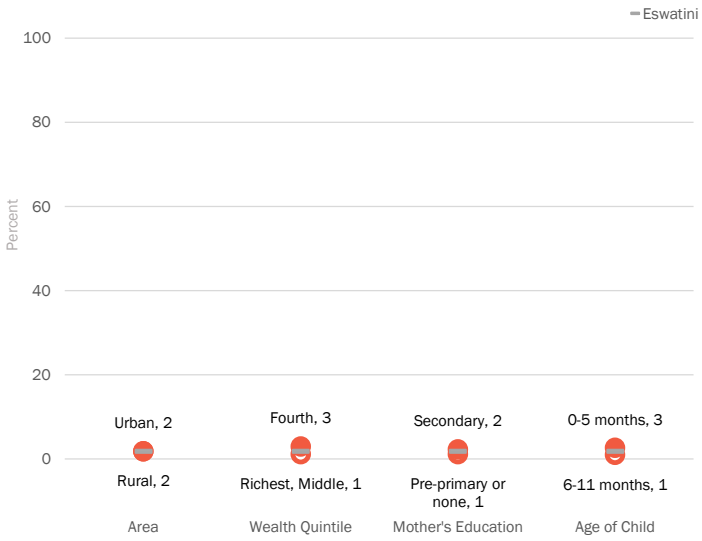
Nutritional Status of Children: Disaggregates

Stunting: SDG 2.2.1



Percentage of under 5 children who are stunted, by background characteristics

Wasting: SDG 2.2.2



Percentage of under 5 children who are wasted, by background characteristics

Regional Data on Stunting, Overweight & Wasting

	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
National	**20**	**10**	**2**	**1**
Hhohho	19	11	2	0
Manzini	19	10	1	1
Shiselweni	22	11	2	1
Lubombo	20	8	3	1

The Eswatini Multiple Indicator Cluster Survey (MICS) was carried out in 2021-2022 by Central Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and the government of Eswatini with other partners provided financial support.

The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to the Nutritional Status of Children. Data from this snapshot can be found in table TC.8.1 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Eswatini 2021-2022

Maternal & Newborn Health

Multiple Indicator Cluster Surveys

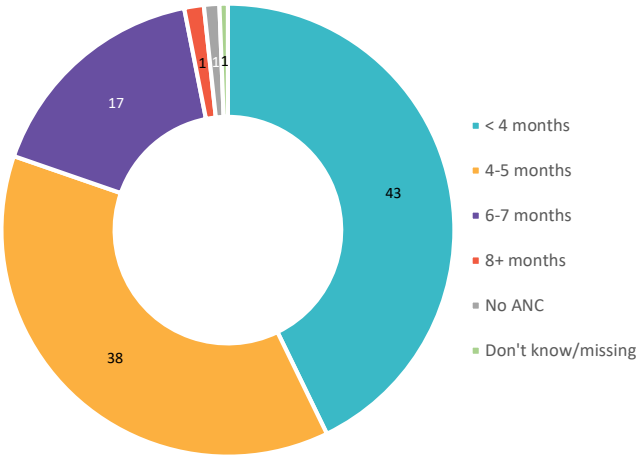
unicef for every child

Key Elements of Maternal & Newborn Health

Maternal & Newborn Health Cascade by Area

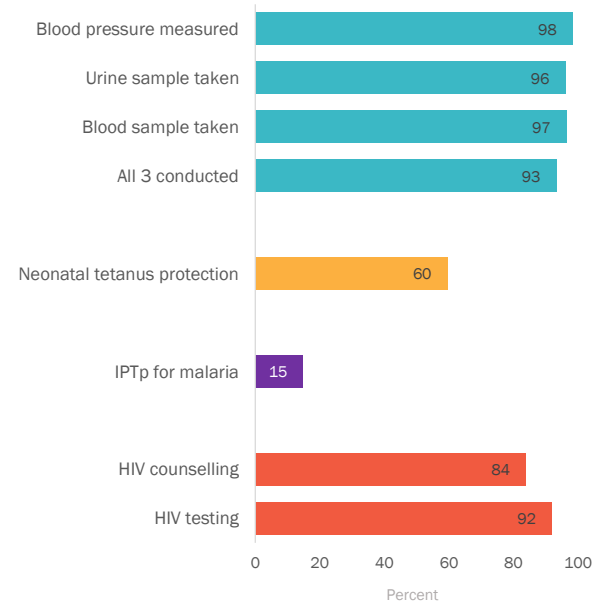
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (**SDG 3.1.2**), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

Timing of First Antenatal Care Visit



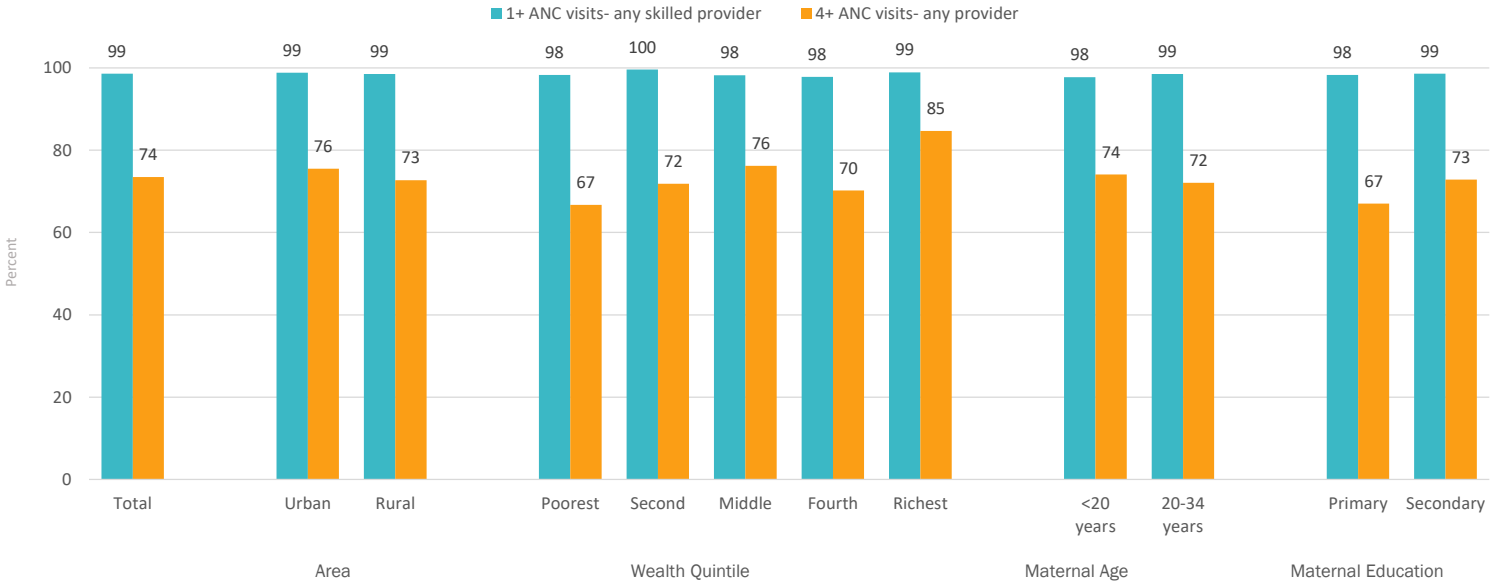
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services



Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, were given at least two doses of tetanus toxoid vaccine within the appropriate interval, took three or more doses of SP/Fansidar to prevent malaria, reported that during an ANC visit they received information or counselling on HIV, and reported that they were offered and accepted an HIV test during antenatal care and received their results during the last pregnancy that led to a live birth

Coverage of Antenatal Care by Various Characteristics

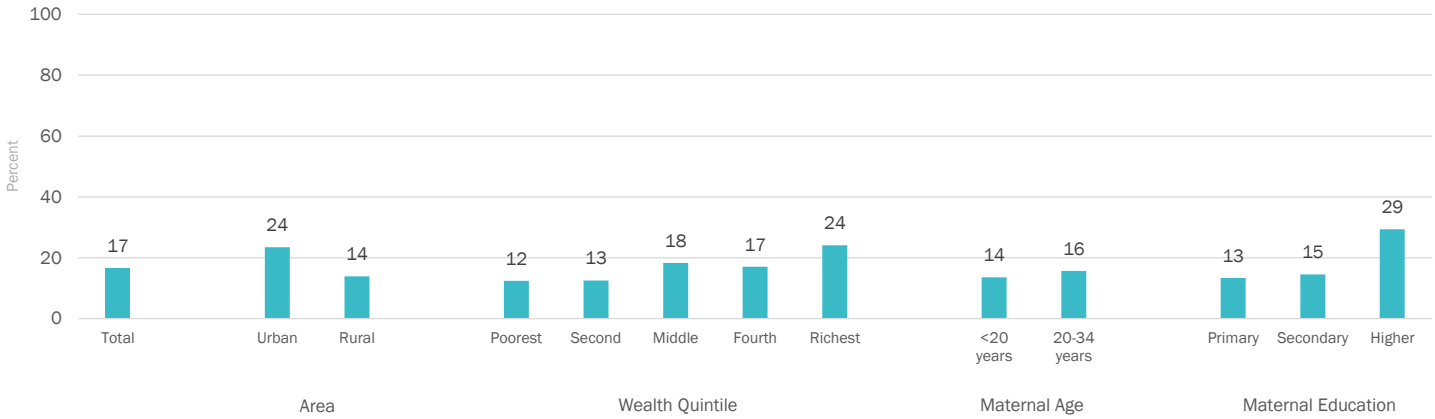


Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

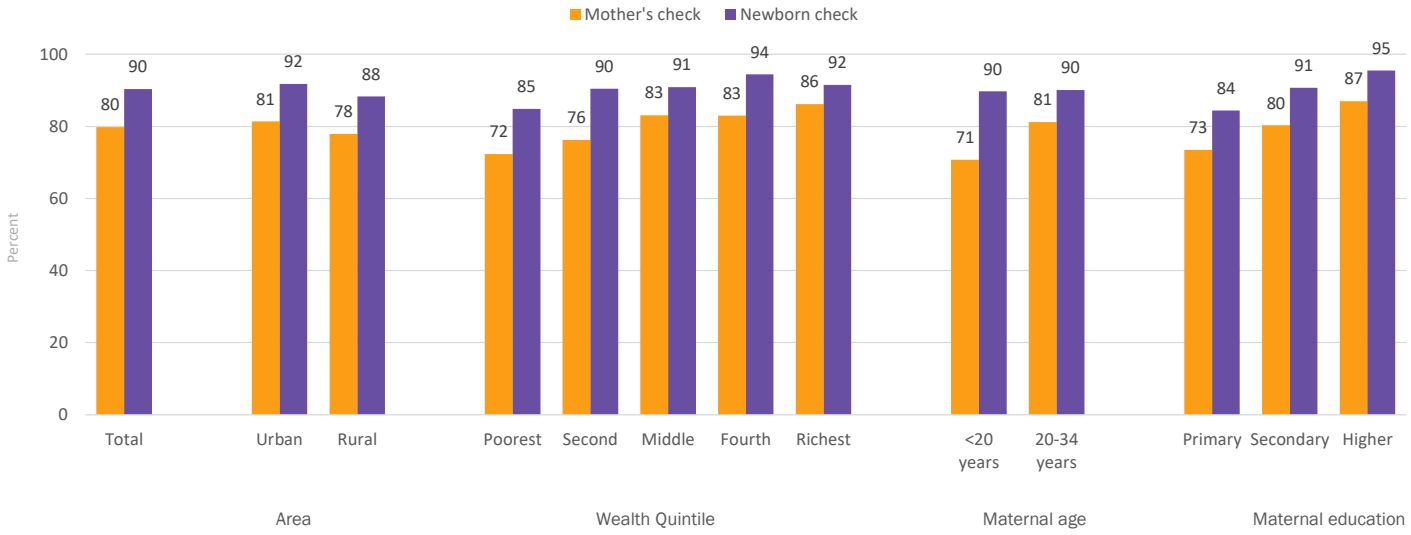
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics



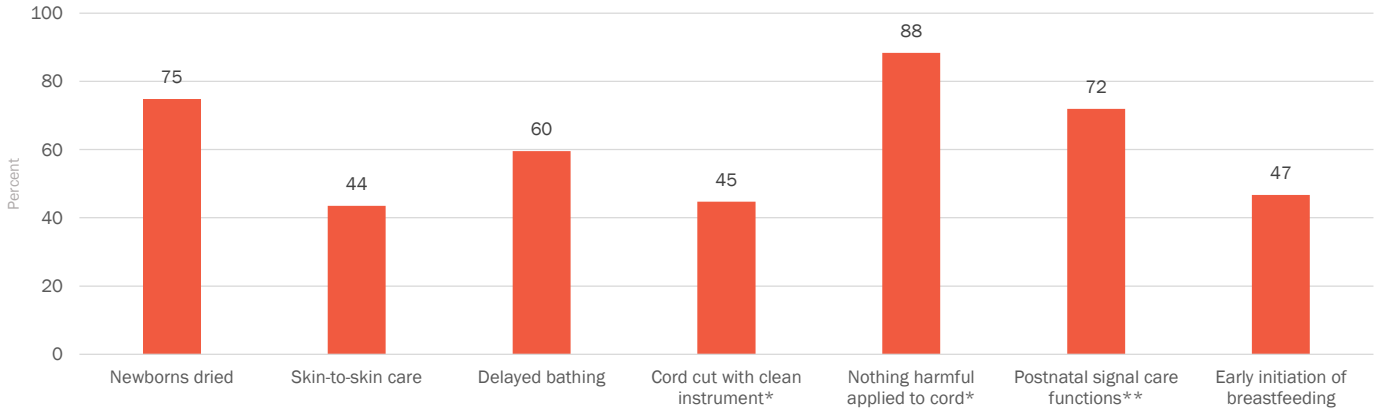
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics

Postnatal Care within 2 Days of Birth by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics

Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the umbilical cord was cut with a new blade or boiled instrument*; percentage where nothing harmful was applied to the cord*; percentage where the newborn received at least 2 postnatal signal care functions within 2 days after birth**; and percentage put to the breast within one hour of birth

* Among the last live-births in the last 2 years delivered outside a facility

** At least 2 of i) umbilical cord examination, ii) temperature assessment, iii) breastfeeding counselling or observation, iv) weight assessment, and v) counselling on danger signs for newborns

Regional Data on Maternal and Newborn Cascade

Region	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
National	**98,6**	**73,5**	**93,4**	**95,7**	**79,8**	**90,3**
Hhohho	98,4	67,6	96,0	95,7	84,5	92,0
Manzini	98,9	73,3	93,5	92,9	79,0	88,6
Shiselweni	99,1	79,7	91,9	92,3	77,6	92,4
Lubombo	97,8	77,7	90,2	88,2	75,7	88,1

For indicator definitions, see earlier charts

Key Messages

- Almost all women age 15-49 years with a live birth in the last 2 years had at least 1 ANC visit with skilled health personnel;
- 74% attended ANC at least 4 times and the coverage is highest in Shiselweni (80%) and lowest in Hhohho (68%);
- 43% pregnant women attend ANC for the first time within the first 4 months and 38% between 4 to 5 months;
- Overall, 93% of live births were attended by a skilled provider and attendance is slightly higher in urban (97%) than rural (92%);
- Institutional delivery is 93% and highest in Hhohho region (96%).
- The proportion of caesarean section delivery is 17% and is highest among women with higher education (29%)
- 9 in 10 children received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days;
- 8 in 10 mothers received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days;

The Eswatini Multiple Indicator Cluster Survey (MICS) was carried out in 2021-2022 by Central Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and the government of Eswatini with other partners provided financial support.

The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Maternal and Newborn Health. Data from this snapshot can be found in tables TM.4.1, TM.4.2, TM.4.3, TM.5.1, TM.6.1, TM.6.2, TM.8.2, TM.8.4, TM.8.5, TM.8.6, TM.8.7, TM8.9 TM.11.5, TC.6.9 and TC.7.1 in the Survey Findings Report.

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Eswatini 2021-2022

Mass Media, Communications & Internet

Multiple Indicator Cluster Surveys

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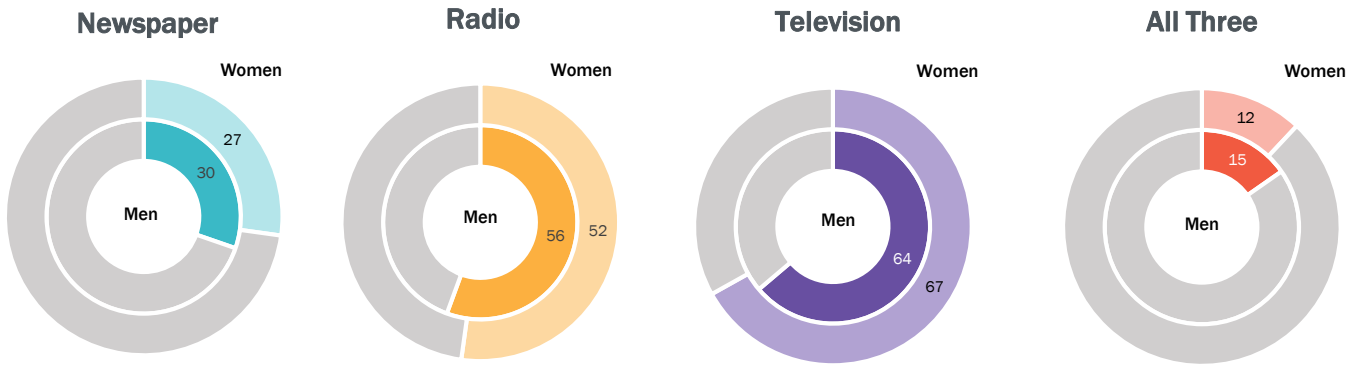
Exposure to Mass Media



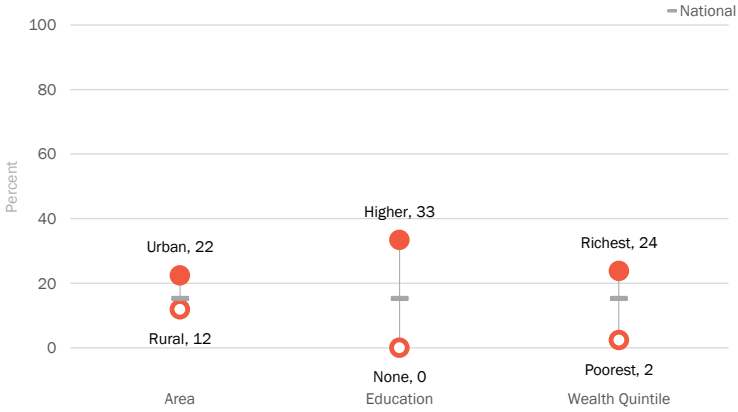
Percentage of women & men age 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women & men age 15-49 who are exposed to all three on a weekly basis

Inequalities in Exposure to Mass Media

Women Exposed to Newspaper, Radio & Television Weekly

Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

Men Exposed to Radio, Newspapers & Television Weekly



Percentage of wen age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis
Data for Men's education "none" are based on 25-49 unweighted cases

Key Messages

- Men are highly likely to have access to newspaper and radio than women whilst women have more access to television than men.
- Women with higher education (23%) are more likely to be exposed to social media than those with no education (0%), similarly, those in richest households have more exposure to social media than those in poorest households (20% vs 4%).
- Men in urban areas are twice as likely to be exposed to social media than those in rural areas (22% vs 12%), similarly those with higher education have more exposure to social media than those with no education (33% vs 0%).
- Ownership of radio is relatively high for both rural and urban households (60% and 59%, respectively)
- However, ownership of radio is higher among the richest households (75%) than poorest households (36%).
- Almost all households in Eswatini have a mobile phone (99%), however, access to internet is higher in urban areas (70%) than in rural areas (58%).
- Computer usage is highest in the Manzini and lowest in Shiselweni region (18% vs 13%). Similarly, internet usage is highest in Manzini regions (62%) compared to Shiselweni region (49%).

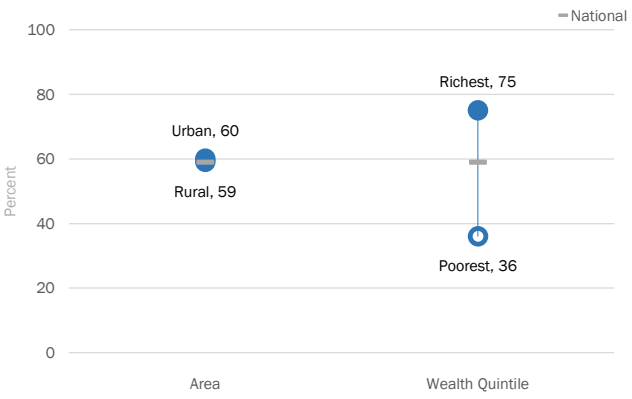
Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Region	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer	Internet at Home
National	**59**	**64**	**5**	**99**	**17**	**63**
Hhohho	63	67	7	98	22	54
Manzini	60	64	4	99	16	70
Shiselweni	56	60	5	99	15	67
Lubombo	54	60	6	97	15	61

Percentage of households which own a radio, television-fixed line, telephone- mobile, computer and that have access to the internet at home

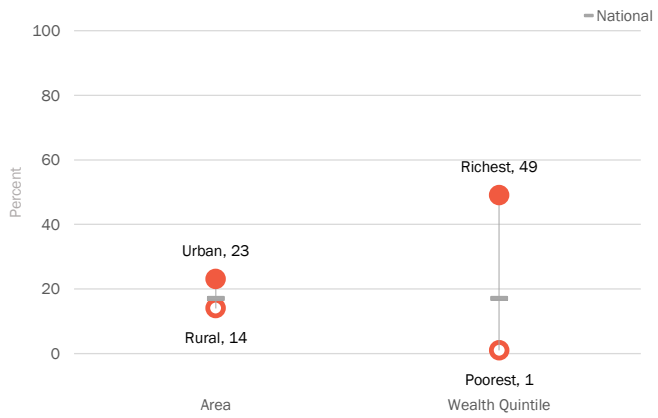
Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Radio



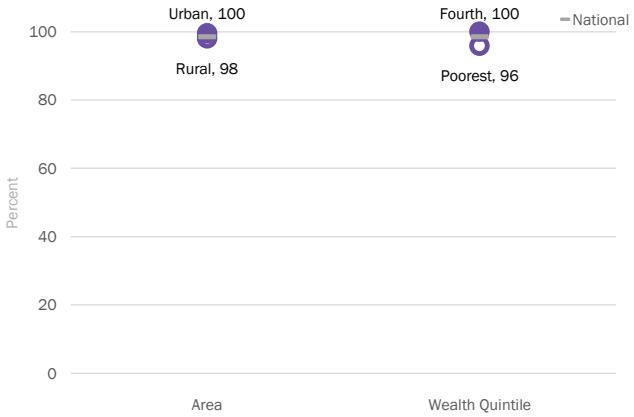
Percentage of households with a radio at home

Household Ownership of a Computer



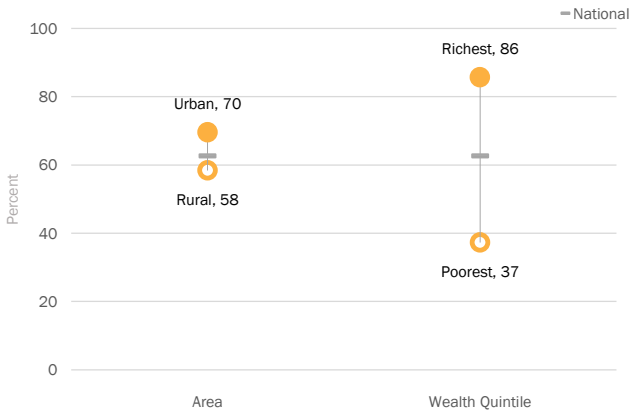
Percentage of households with a computer at home

Household Ownership of a Mobile Telephone



Percentage of households with mobile telephone

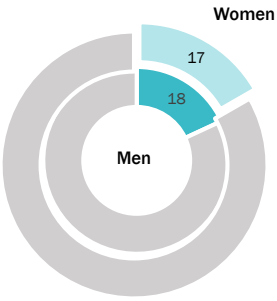
Households with Internet



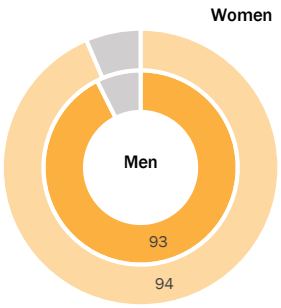
Percentage of households with access to the internet at home

Use of Information & Communication Technology

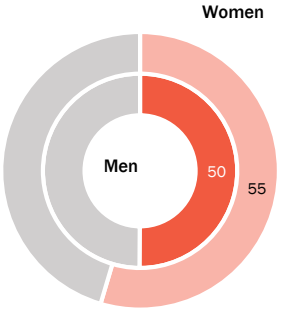
Computer Use



Mobile Phone Use



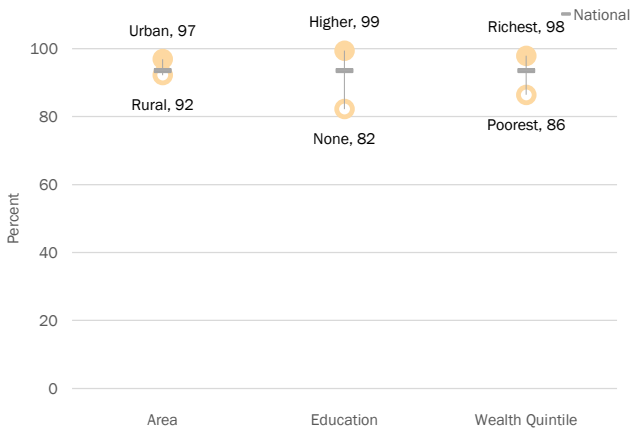
Internet Use: SDG17.8.1



Percentage of women and men age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet

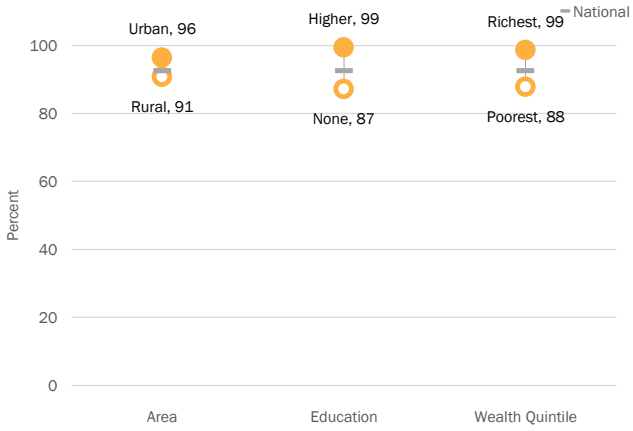
Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women



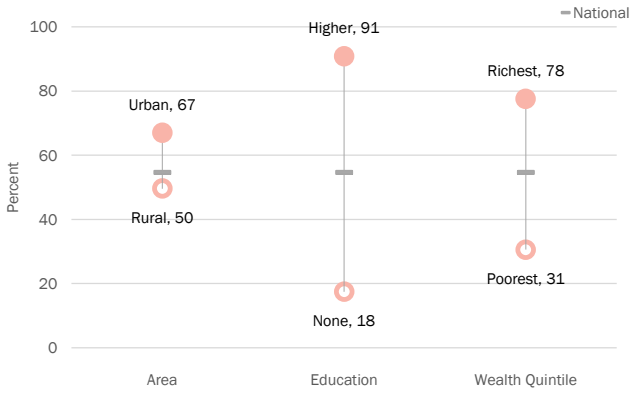
Percentage of women age 15-49 years who during the last 3 months used a mobile phone

Disparities in Mobile Phone Use among Men



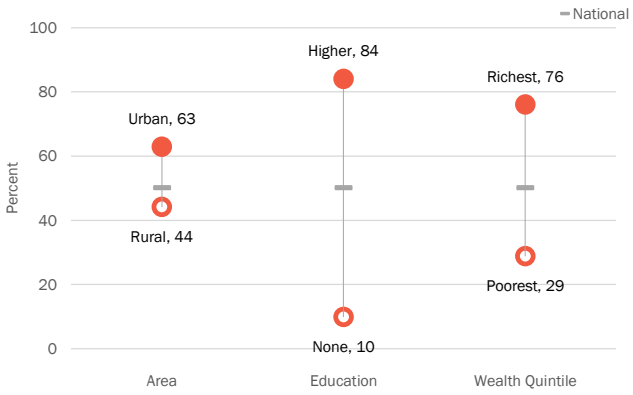
Percentage of men age 15-49 years who during the last 3 months used a mobile phone
Data for Men's education "none" are based on 25-49 unweighted cases

Disparities in Internet Use among Women: SDG17.8.1



Percentage of women age 15-49 years who used the internet in the last 3 months

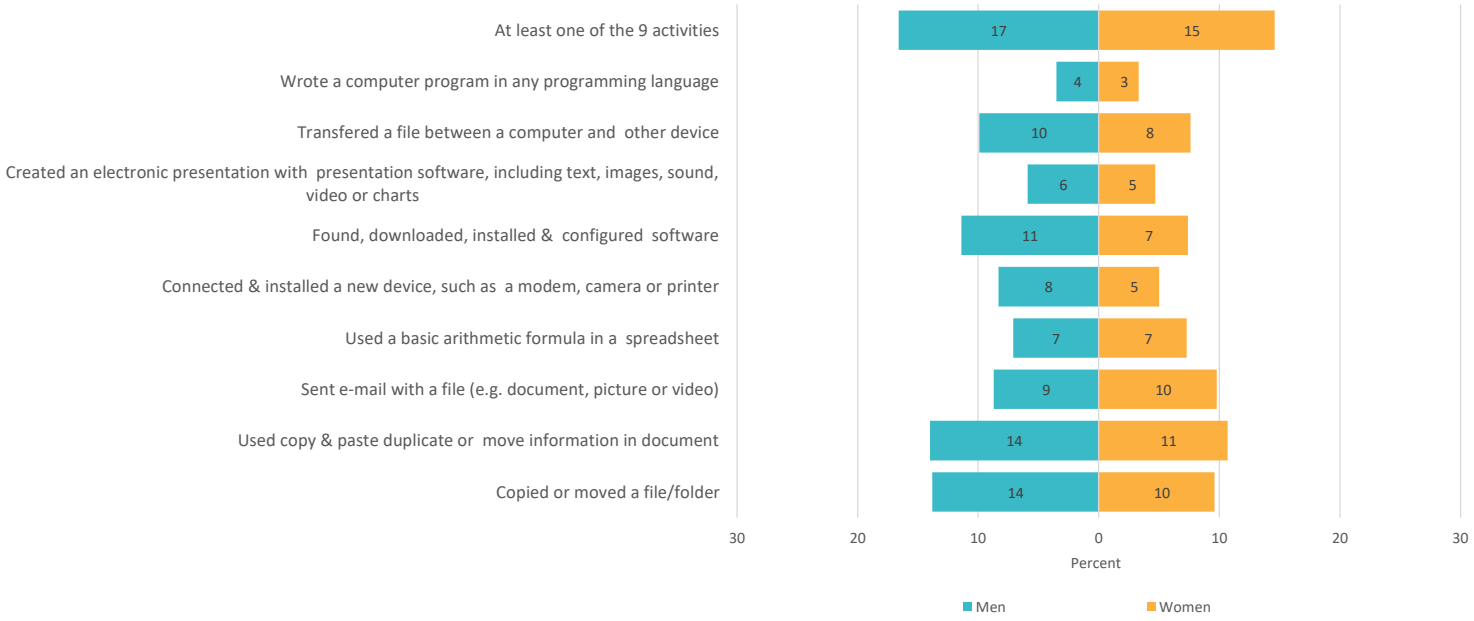
Disparities in Internet Use among Men: SDG17.8.1



Percentage of men age 15-49 years who used the internet in the last 3 months
Data for Men's education "none" are based on 25-49 unweighted cases

Information & Communication Technology (ICT) Skills

Specific Computer Skills



Percentage of women and men age 15-49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

Regional Data on ICT Use & Skills among Women

Region	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer-related activity
National	**17**	**94**	**55**	**15**
Hhohho	17	92	51	16
Manzini	18	96	62	16
Shiselweni	13	94	49	11
Lubombo	18	90	54	14

Percentage of women age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

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The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Mass Media, Communications & Internet. Data from this snapshot can be found in tables SR.9.1W, SR.9.1M, SR.9.2, SR.9.3W, SR.9.3M, SR.9.4W and SR.9.4M in the Survey Findings Report.

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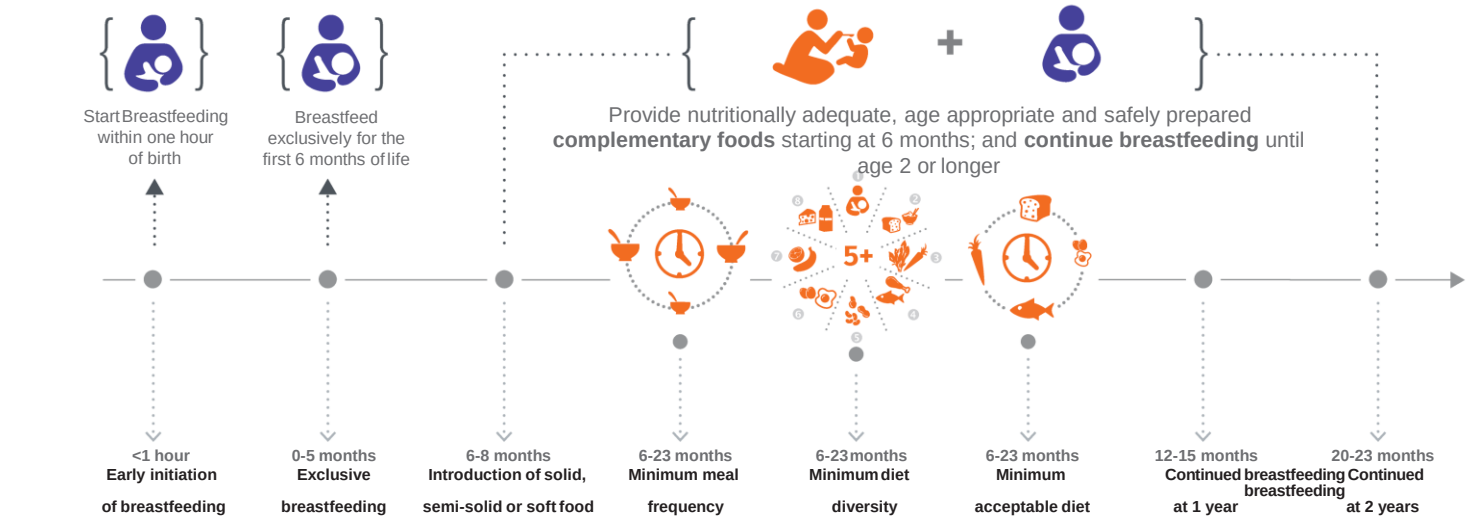
Eswatini 2021-2022

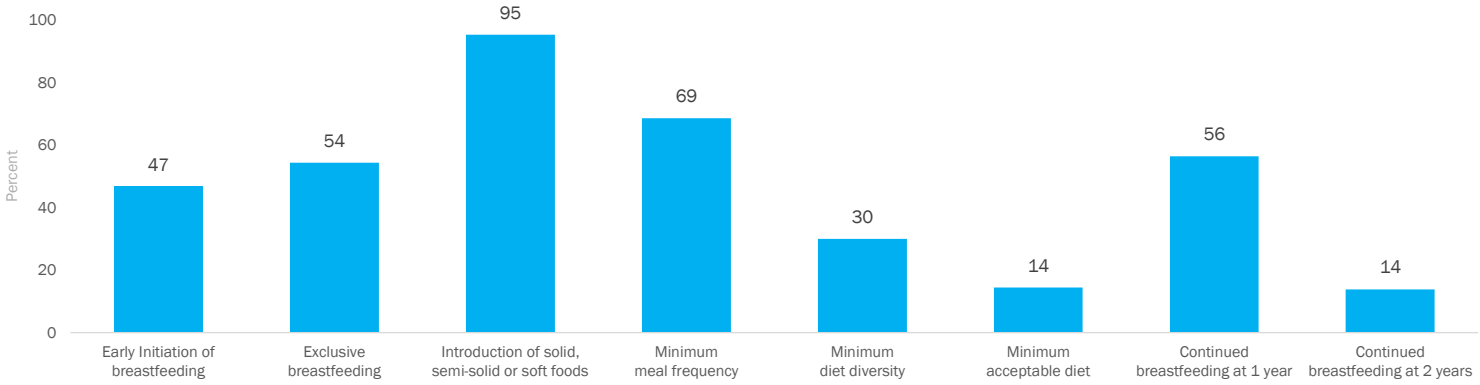
Infant & Young Child Feeding (IYCF)

Multiple Indicator Cluster Surveys

unicef for every child

Infant & Young Child Feeding





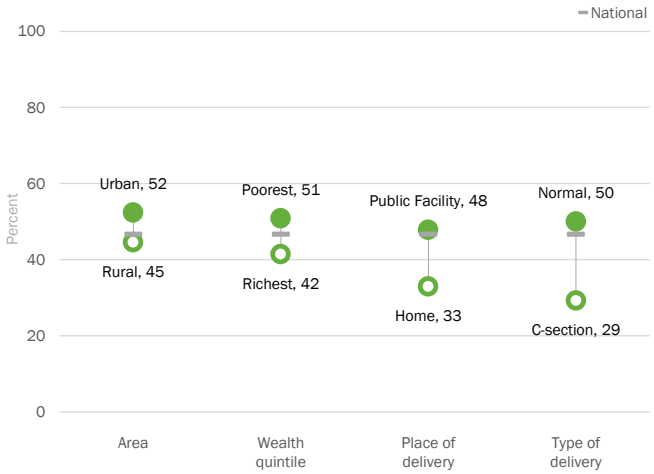
Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5months receiving only breastmilk; **Introduction to solids**: percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk**; Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

Key Messages

- Exclusive breastfeeding for infants age 0-5 is 54%;
- 8 in 10 infants less than a month received breast milk only, while 7% had other milk/formula or no breast milk;
- Consumption of breast milk decline as the age of infant increase. Those 4-5 months are less likely to receive breast milk compared to younger ones;
- 47% children start breastfeeding within 1 hour of birth;
- Early initiation of breastfeeding occurs more in urban than rural (52% vs 45%)
- Early initiation is highest in Lubombo (52%) than in Hhohho region (37%);
- 3 in 10 children age 6-23 months received adequate recommended food groups and 14% received adequate recommended food groups and minimum number of feeds;
- Children from richest households are highly likely to receive minimum diet than those in poorest households (49% vs 18%)
- 1 in 2 children continued breastfeeding at one year.
- About 1 in 10 continued breastfeeding at 2 years.

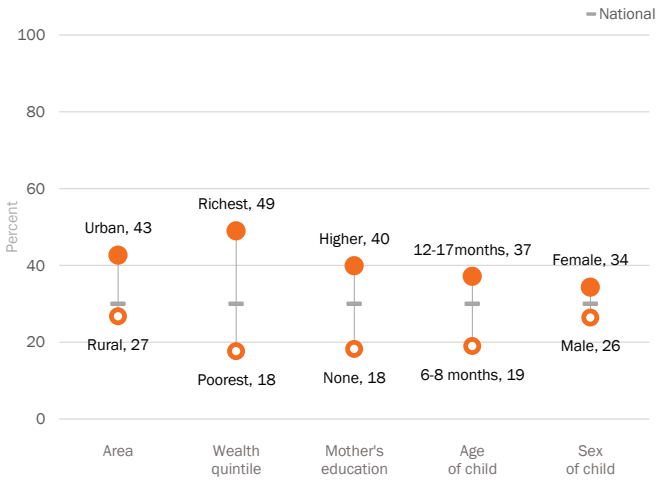
IYCF: Equity

Early Initiation of Breastfeeding



Percent of newborns put to the breast within one hour of birth, by background characteristics

Minimum Diet Diversity



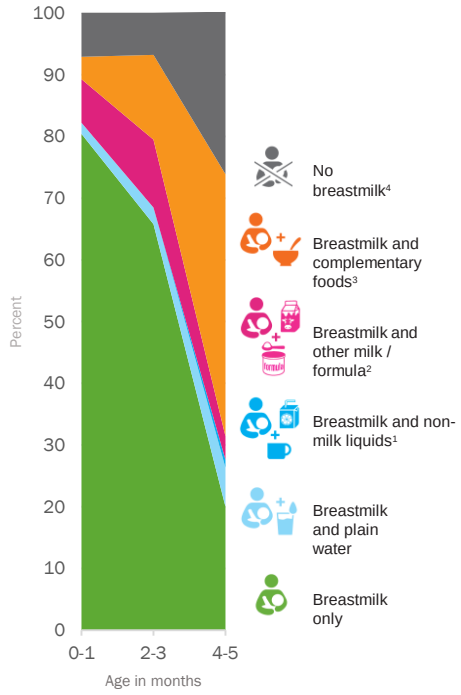
Percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

IYCF: What are the Youngest Infants Fed?

Liquids or foods consumed by infants 0-5 months old

Percent of infants aged 0-5 months receiving breastmilk only, breastmilk and plain water, breastmilk and non-milk liquids, breastmilk and other milk/formula, breastmilk and complementary foods and no breastmilk

Notes: 1) may also have been fed plain water; 2) may also have been fed plain water and/or non-milk liquids; 3) may also have been fed plain water, non-milk liquids and/or other milk/formula; 4) may have been fed plain water, non-milk liquids, other milk/infant formula and/or solid, semi-solid and soft foods.



Regional Data

Region	Early Initiation of breastfeeding	Minimum Diet Diversity
National	**47**	**30**
Hhohho	37	24
Manzini	51	39
Shiselweni	51	25
Lubombo	52	34

Percent of newborns put to the breast within one hour of birth, and percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups by geographic region

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The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Infant & Young Child Feeding (IYCF). Data from this snapshot can be found in tables TC.7.1, TC.7.3, TC.7.5, TC.7.6 and TC.7.7 in the Survey Findings Report.

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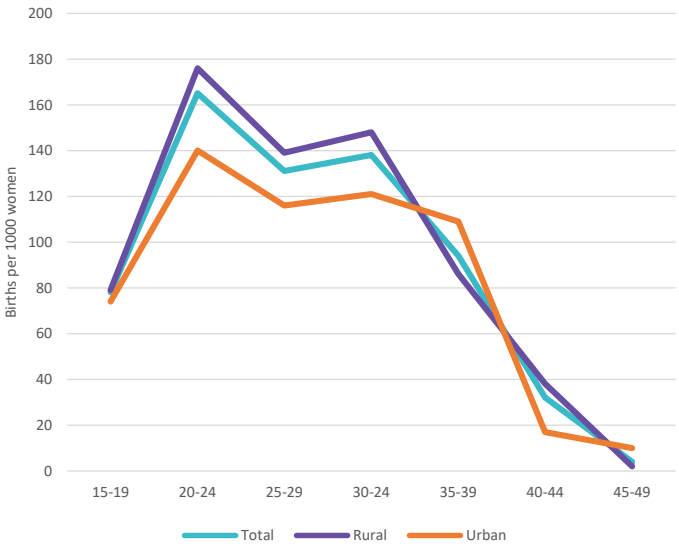
Eswatini 2021-2022

Fertility & Family Planning

Multiple Indicator Cluster Surveys

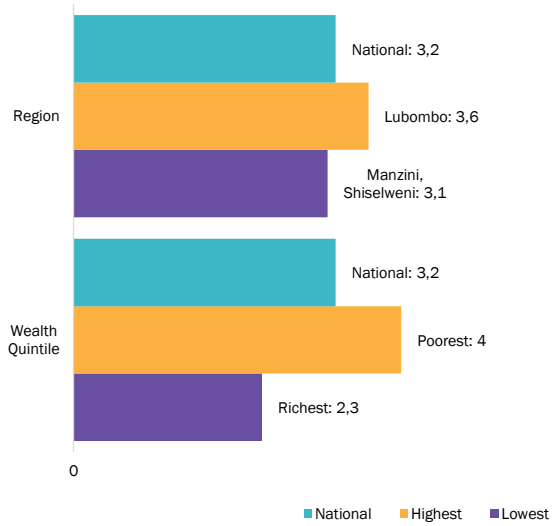
Fertility

Age Specific Fertility Rates



Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49.

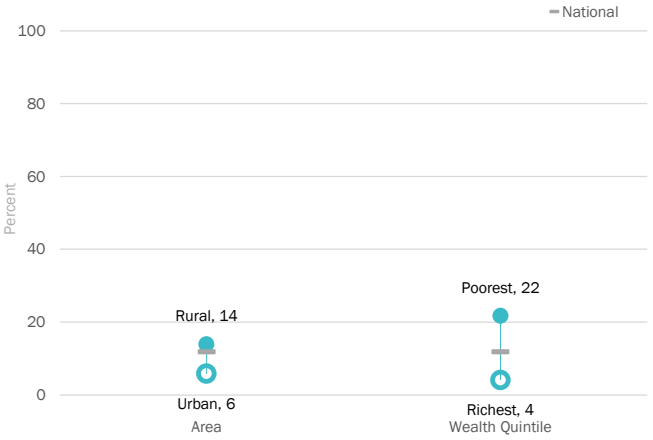
Adolescent Birth Rate: SDG indicator 3.7.2

Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey.
"Wealth index quintile" are based on 125-249 unweighted cases.

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

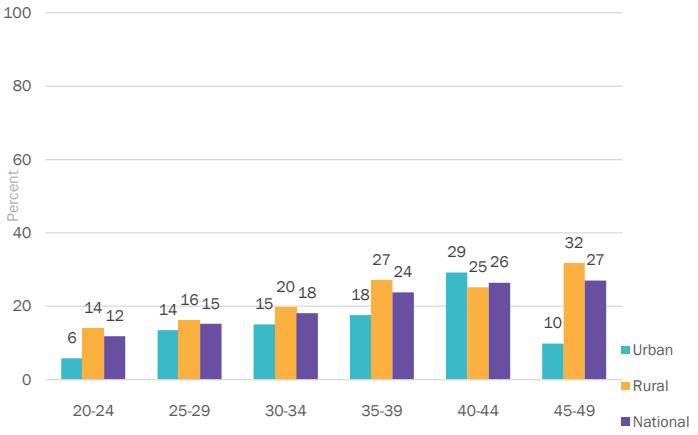
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Child Bearing - by Age 18



Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics

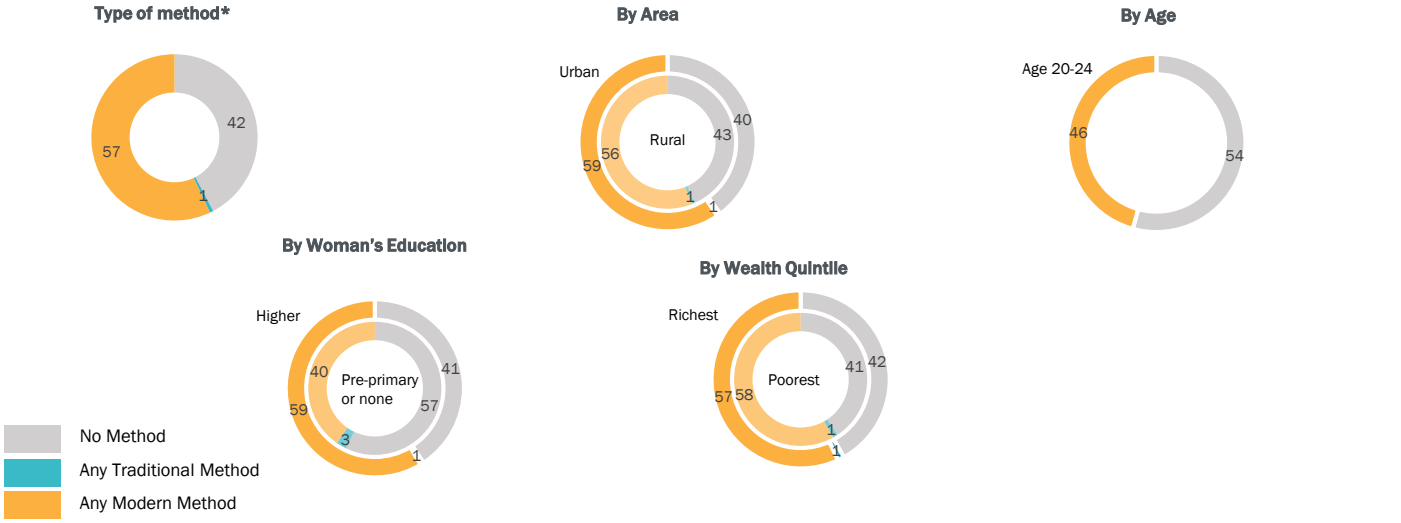
Trends in Early Child Bearing - by Age 18



Percentage of women age 20-49 years who have had a live birth before age 18
"45-49" for rural is based on 25-49 unweighted cases.

Family Planning

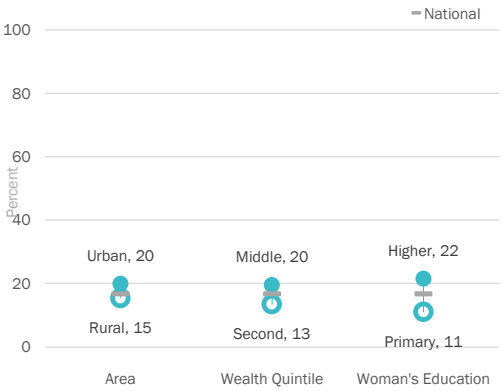
Method of Family Planning by Various Characteristics



Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method
*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm, foam, jelly and contraceptive patch
Traditional methods refer to periodic abstinence and withdrawal
Figures for women age 15-19 are is based on less than 25 unweighted cases and are not show.

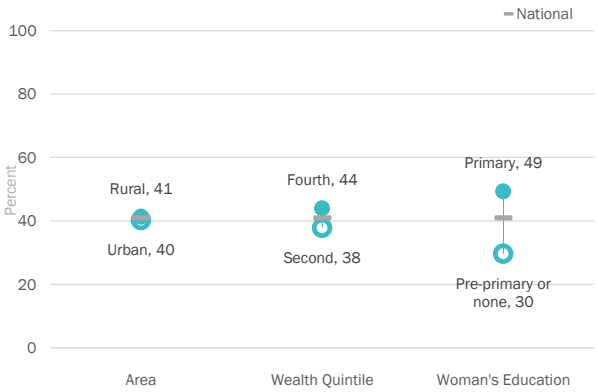
Met Need for Family Planning

Met Need for Family Planning - Spacing



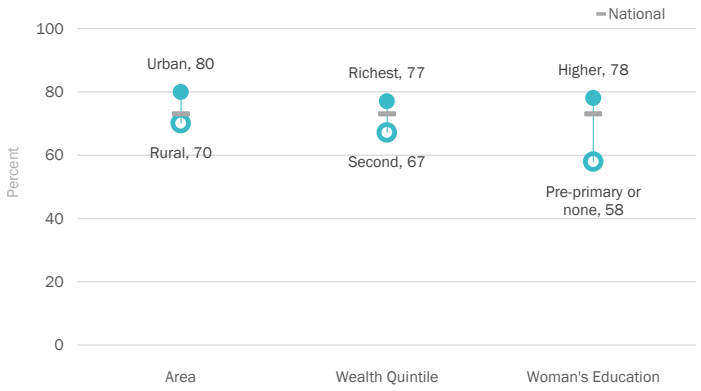
Percentage of women age 15-49 years currently married or in union with met need for family planning for spacing, by background characteristics

Met Need for Family Planning – Limiting



Percentage of women age 15-49 years currently married or in union with met need for family planning for limiting, by background characteristics

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes.

"Pre-primary or none" is based on 25-49 unweighted cases.

Regional Data on Fertility & Family Planning

Region	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing before 18	Contraception Use of modern method among married / in-union women	Contraception Use of any method among married / in-union women	Demand for family planning satisfied with modern methods among married / in-union women
National	**78**	**3.2**	**0.8**	**12**	**57**	**58**	**73**
Hhohho	79	3.2	0.9	12	54	56	70
Manzini	81	3.1	1.0	10	56	57	74
Shiselweni	62	3.1	0.4	15	60	61	75
Lubombo	85	3.6	0.8	12	59	60	75

*Percentage of women age 15-19 years who have had a live birth before age 15

- Total Fertility Rate (TFR) per woman age 15-49 years is 3.2 children,
- Overall adolescent birth rate for girls 15-19 years is 78 per 1,000 and is higher in Lubombo (85) and among those in poorest households (122),
- Young women age 20-24 years residing in the rural areas are twice more likely to give birth before the age of 18 years than those in urban areas (14% vs 6%),
- Early childbearing before the age of 18 years in young women is about 5 times higher for those in the poorest households compared to those in richest households (22% vs 4%),
- 58% women age 15-49 years use contraception and less than 1% use traditional method of contraception,
- Almost 1 in 5 married or in union women age 15-49 years have their contraception need met for spacing births while 2 in 5 have their contraception need met for limiting births,
- Over 70% of women in need for family planning are satisfied with the use of modern methods of contraception.

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The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Fertility and Family Planning. Data from this snapshot can be found in tables TM.1.1, TM.2.1, TM.2.2W, TM.2.3W, TM.3.1 and TM.3.3 in the Survey Findings Report.

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Eswatini 2021-2022

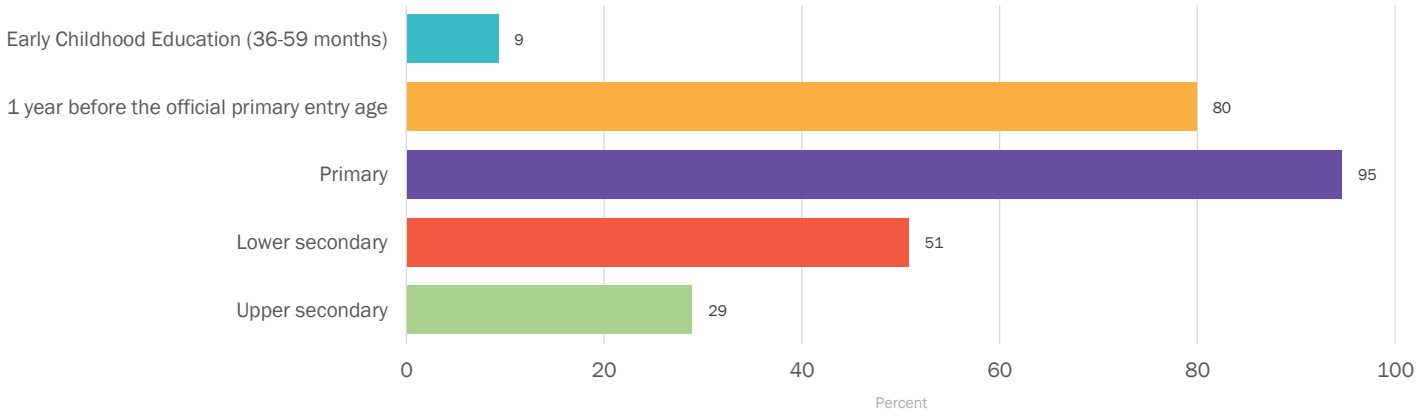
Education

Multiple Indicator Cluster Surveys

unicef for every child

Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)



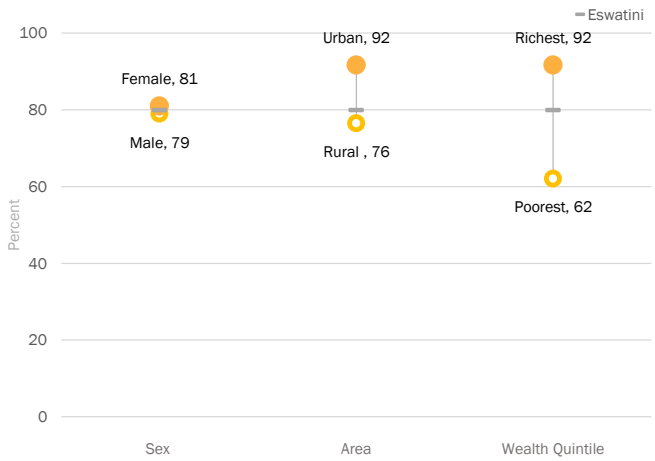
Percentage of children of intended age for level of education attending level of education for age or higher, by level of education

Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Early Childhood Education Attendance Rate (age 3-4)

Percentage of children age 36-59 months who are attending early childhood education

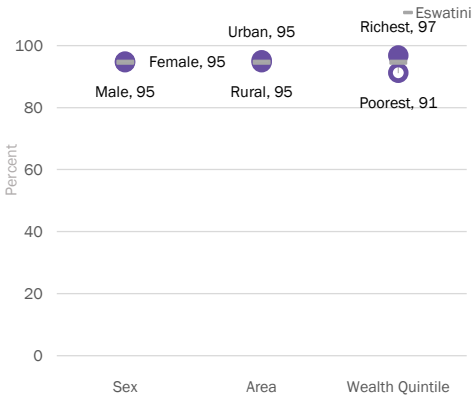
Participation Rate in Organised Learning (1 Year Before the Official Primary Entry Age): SDG 4.2.2



Percentage of children age one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate)

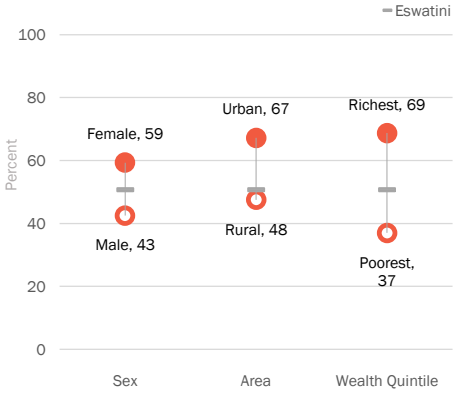
Inequalities in Attendance Rates

Primary School Net Attendance Rate (adjusted)



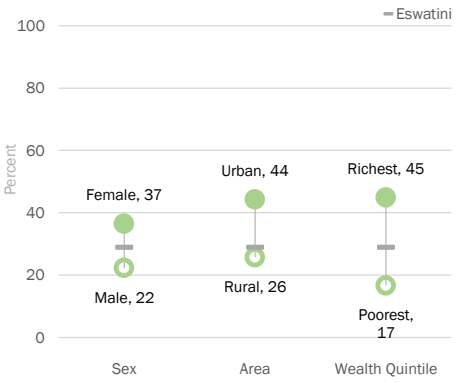
Percentage of children of primary school age (as of the beginning of school year) who are attending primary, lower or upper secondary school

Lower Secondary School Net Attendance Rate (adjusted)



Percentage of children of lower secondary school age (as of the beginning of school year) who are attending lower secondary school or higher

Upper Secondary School Net Attendance Rate (adjusted)



Percentage of children of upper secondary school age (as of the beginning of school year) who are attending upper secondary school or higher

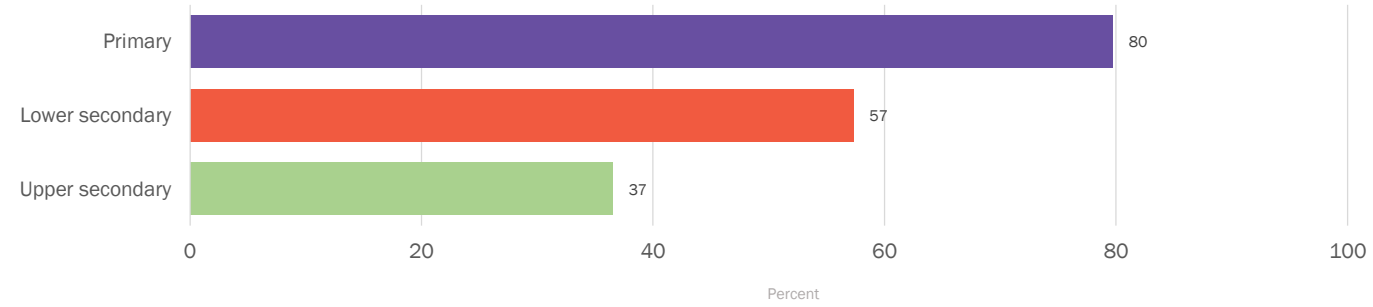
Regional Data for Net Attendance Rates (adjusted)

Region	Early Childhood Education (age 3-4)	Participation rate in organized learning (age 5)	Primary (age 6-12)	Lower Secondary (age 13-15)	Upper Secondary (age 16-17)
Eswatini	**9**	**80**	**95**	**51**	**29**
Hhohho	12	79	92	56	33
Manzini	10	84	95	57	30
Shiselweni	9	81	97	47	23
Lubombo	6	75	95	42	28

Key Messages

- Nine children age 36-59 months attend Early Childhood Education (ECE). ECE attendance rate is higher for girls than boys (11% vs 8%);
- Children from rich households are 5 times more likely to attend early childhood programme than those from poorest households (22% vs 4%);
- Those in urban area are more likely to attend early childhood programme than those from rural area (18% vs 7%);
- Primary school net attendance rate is 95%. There is no difference between boys and girls, urban and rural, rich and poor households
- Lower secondary school net attendance is 51% and is higher among girls than boys (59% vs 43%);
- Lower secondary school attendance is higher in urban areas than in areas (67% vs 48%);
- Similarly, the rates are higher for children in richest households (69%)
- Upper secondary school net attendance is 29% and is also higher for girls than boys; (37% vs 22%);
- The rates are almost double for those in urban than rural schools (44% vs 26%);
- The rates are almost 3 times higher for those residing in richest households.

Completion Rates: SDG 4.1.2



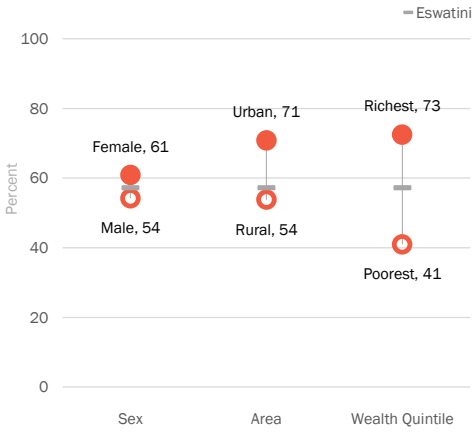
Percentage of children age 3 to 5 years above the intended age for the last grade who have completed that grade, by level of education

Inequalities in Completion Rates

Primary School Completion Rate

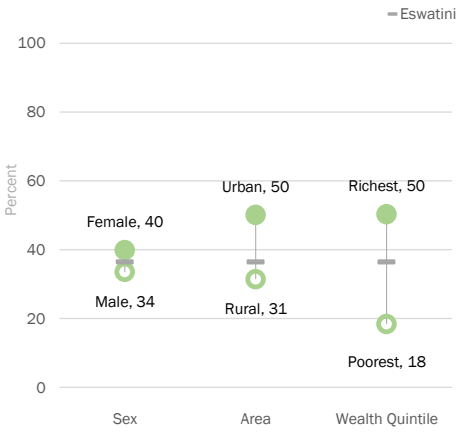
Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Lower Secondary School Completion Rate



Percentage of children age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education

Upper Secondary School Completion Rate



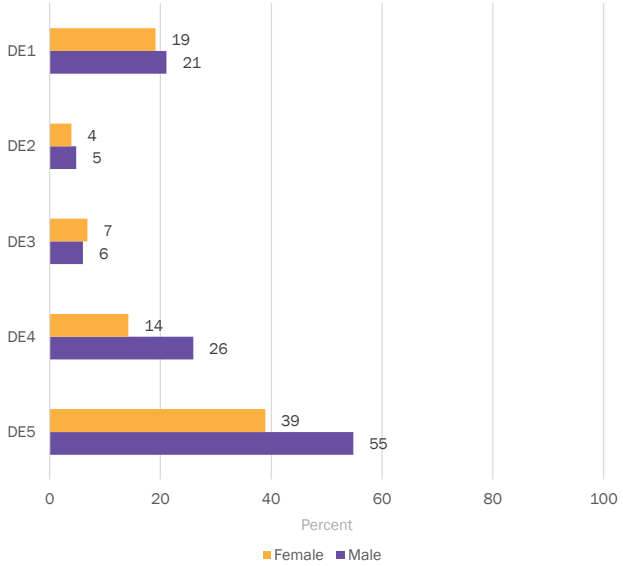
Percentage of children or youth age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education

Regional Data in Completion Rates

Region	Primary (age 6-12)	Lower Secondary (age 13-15)	Upper Secondary (age 16-17)
National	**80**	**57**	**37**
Hhohho	84	58	39
Manzini	84	62	43
Shiselweni	76	53	25
Lubombo	73	54	31

Out of School Rates

Out of School Dimensions for Levels of Education



Dimension 1: Children age one year younger than primary entry age not attending an early childhood education programme or primary school

Dimension 2: Children of primary school age who are not attending any level of education

Dimension 3: Children of lower secondary school age who are not attending any level of education

Dimension 4: Children who are in primary school but at risk of dropping out (over-age for grade by 2 or more years)

Dimension 5: Children who are in lower secondary school but at risk of dropping out (over-age for grade by 2 or more years)

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value		
			Primary	Lower Secondary	Upper Secondary
4.1.2	LN.8a,b,c	Completion rate	80%	57%	37%
4.5.1	LN.5a	Gender Parity Indices (attendance, girls/boys)	1.00	1.39	1.64
4.5.1	LN.5b	Wealth Parity Indices (attendance, poorest/richest)	0.94	0.54	0.37
4.5.1	LN.5c	Area Parity Indices (attendance, rural/urban)	0.99	0.71	0.58
			Total	Boys	Girls
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age)	80%	79%	81%

Key Messages

- Early Childhood Programme Education (ECE) attendance is at 9% with children and is highest in Hhohho (12%) and lowest in Lubombo (6%);,
- Primary school attendance is 95% and there is no difference between boys and girls and among urban and rural children;
- Primary school attendance is highest in Shiselweni (97%) and lowest in Hhohho (92%) region;
- 1 in 2 children attend lower secondary school and attendance is lowest among boys (43%) and in Lubombo region (42%);
- Most children in primary school are highly likely to complete primary (80%) compared to those in lower secondary (57%) and upper secondary (37%);
- Girls are highly likely to complete primary school than boys (85% vs 75%) and primary completion rate is higher in urban than rural areas (92% vs 77%);
- Primary completion rates is highest in Hhohho and Manzini regions (84%) and lowest in Lubombo (73%);
- 1 in 2 (55%) older boys who are in lower secondary school are at risk of dropping out school compared to girls (39%);
- 7% girls of lower secondary school age are not attending any level of education and about 1 in 5 children age one year younger than primary entry age are not attending an early childhood education programme or primary school

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The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Education. Data from this snapshot can be found in table LN.1.1, LN.1.2, LN.2.3, LN.2.4, LN.2.5 , LN.2.6, and LN.2.7 in the Survey Findings Report.

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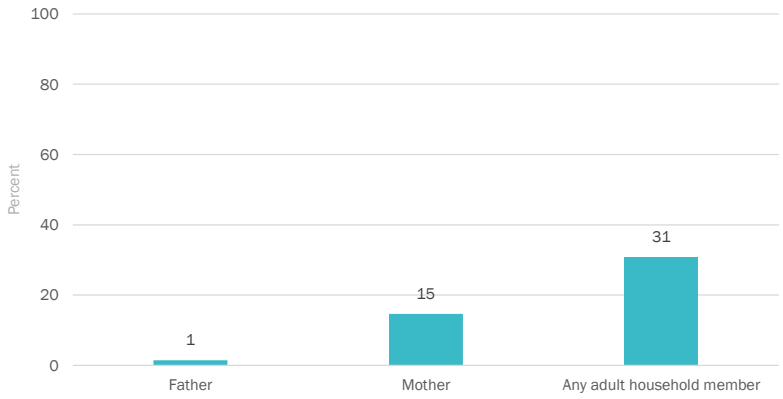
Eswatini 2021-2022

Early Childhood Development (ECD)

Multiple Indicator Cluster Surveys

Support for Learning

Early Stimulation & Responsive Care



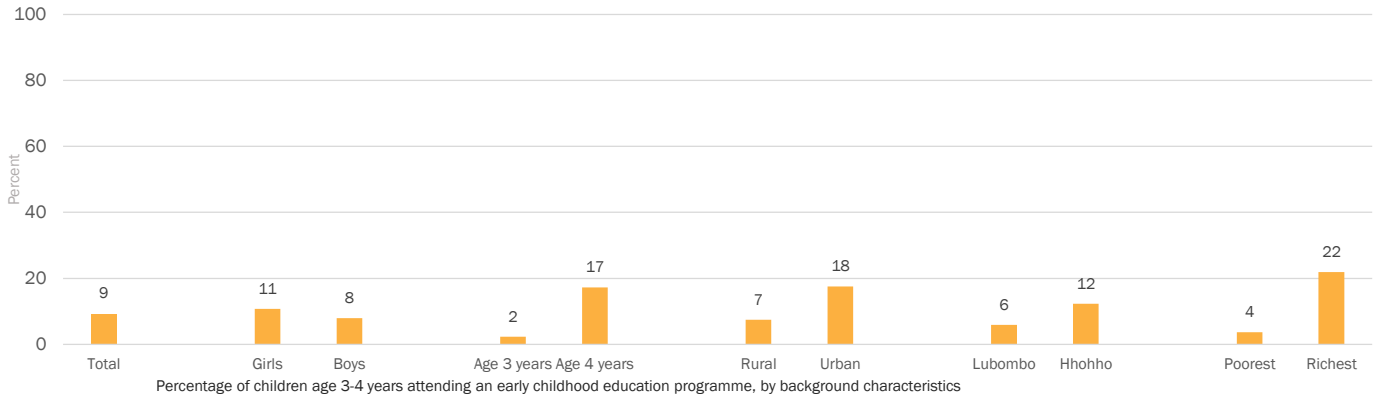
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

Children facing a broad range of risk factors including poverty; poor health; high levels of family and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage.

Attendance at Early Childhood Education Programmes



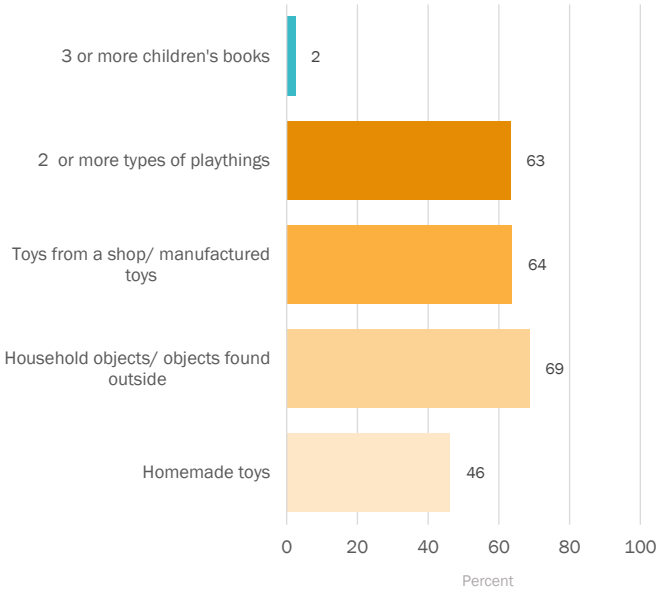
Percentage of children age 3-4 years attending an early childhood education programme, by background characteristics

Key Messages

- Support for learning is generally low from parents of children 2-4 years;
- Only 1 in 100 children is supported by their fathers; 15% by their mothers and , in general, 31% by any adult household member;
- Attendance at early childhood education program is 9%;
- Attendance is higher among older children age 4 (17%);
- Children in urban areas are more likely to attend ECD compared to those in rural areas (18% vs 7%);
- Children from richest households are five times more likely to attend than those from poor households (22% vs 4%) ;
- Most children have access to play materials than learning materials;.
- Only 2 in 100 children has three or more children's books for stimulating learning;
- 14% children under age five were left at home with inadequate supervision for more than one hour in the week before the survey;
- One in two children age 24-59 months is developmentally on-track in health, learning and psychosocial well-being;
- Children attending ECE are most likely to be developmentally on-track than those not attending (71% vs 37%).

Learning Materials & Child Supervision

Access to Play & Learning Materials



Percentage of children under age five according to their access to play and learning materials

Inadequate supervision of children

Region	Left in inadequate supervision
Eswatini	**14**
Hhohho	13
Manzini	9
Shiselweni	19
Lubombo	16

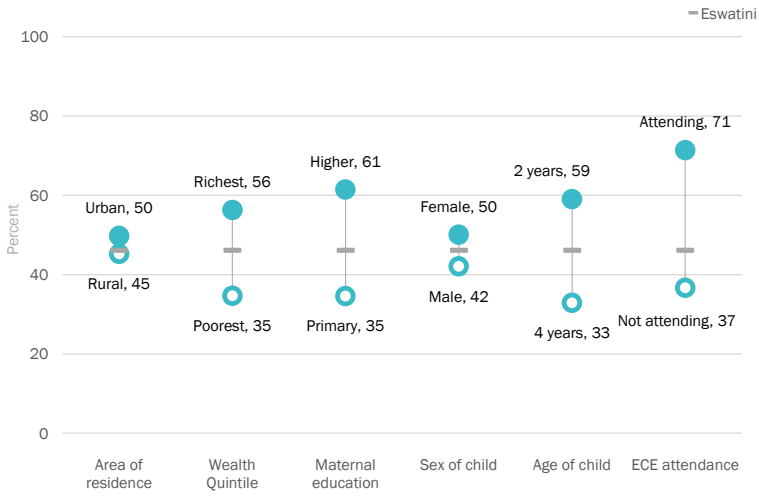
Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by region

Key Messages

- Household objects or objects found outside are the most common things children are playing with;
- Children in Shiselweni (19%) are most likely to be left with inadequate supervision compared to children in Manzini (9%)

Early Childhood Development Index (ECDI)

ECDI: Disaggregates



ECDI by various characteristics
ECE = early childhood education
Note: Data for children whose mother has no education are based on 25-49 unweighted cases.

The Eswatini Multiple Indicator Cluster Survey (MICS) was carried out in as2021-2022 by Central Statistical Office part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and the government of Eswatini with other partners provided financial support.

The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Early Childhood Development (ECD). Data from this snapshot can be found in tables TC.10.1, LN.1.1, TC.10.2, TC.10.3 and TC.11.1 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

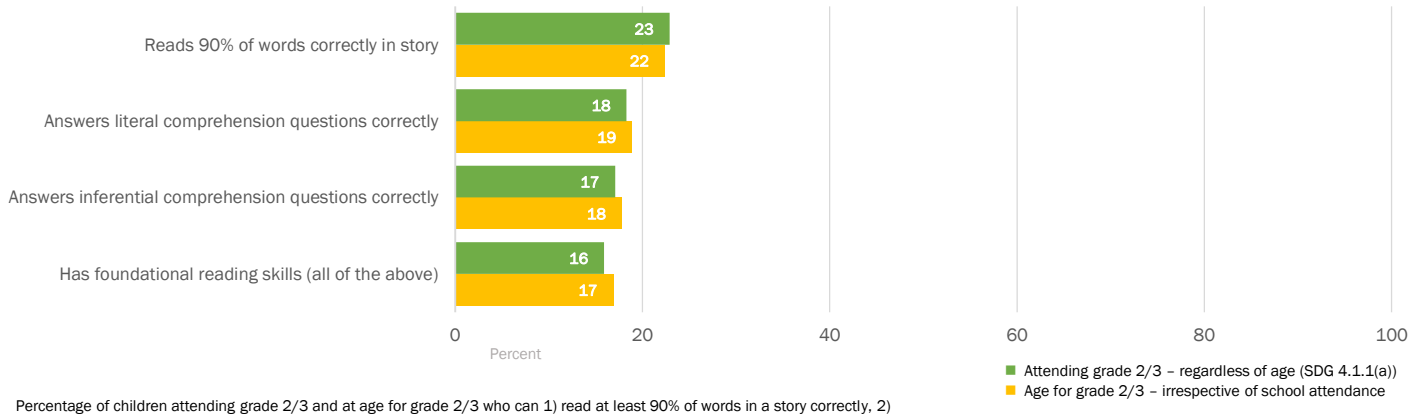
Eswatini 2021-2022

Early Grade Learning & Parental Involvement

Multiple Indicator Cluster Surveys

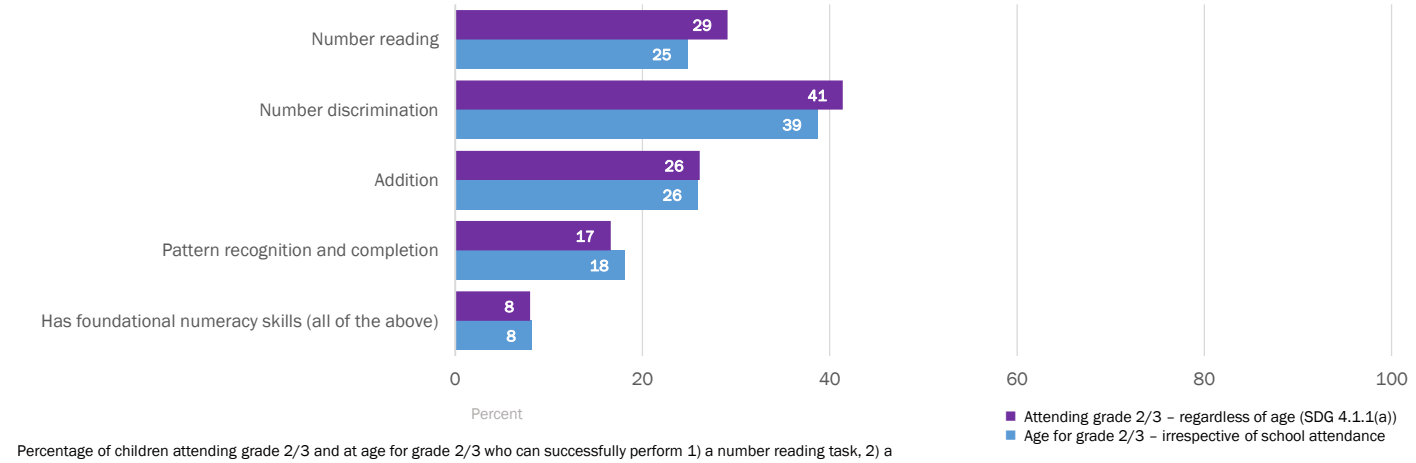
Early Grade Learning: SDG 4.1.1(a)

Foundational Reading Skills: SDG 4.1.1(a) (i: reading)



Percentage of children attending grade 2/3 and at age for grade 2/3 who can 1) read at least 90% of words in a story correctly, 2) answer three literal comprehension questions, 3) answer two inferential comprehension questions

Foundational Numeracy Skills: SDG 4.1.1(a) (ii: numeracy)



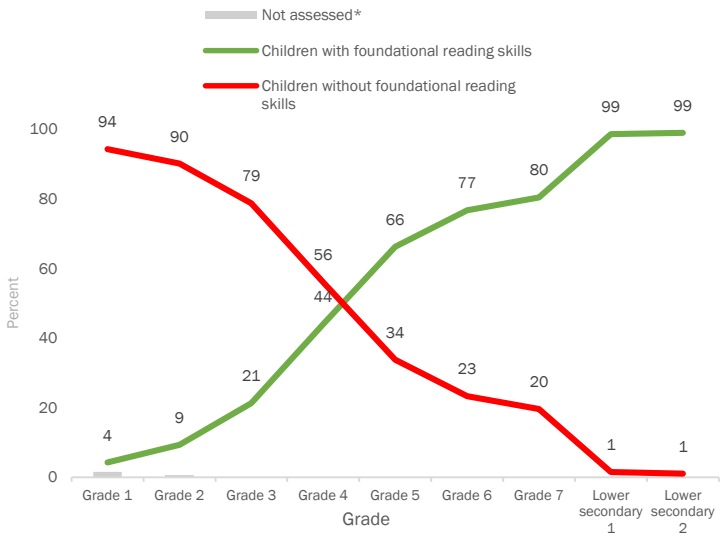
Percentage of children attending grade 2/3 and at age for grade 2/3 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Key Messages

- 16% of children attending grade 2/3 have foundational reading skills in either SiSwati or English. This means that they are able to correctly read a short story of class 2/3 level and answer five comprehension questions related to the story;
- 2 in 10 children attending grade 2/3 can read 90% of words correctly while 18% can answer literal comprehension questions correctly;
- Only 8% of children attending grade 2/3 have foundational numeracy skills which means that they could correctly perform all four listed numeracy tasks;
- About 3 in 10 children attending grade 2/3 can read numbers correctly while 4 in 10 can differentiate numbers correctly.
- Foundational reading skills improve with education level, as children in grade 7 have higher chance to demonstrate reading skills than those in grade 1 (80% vs 4%);
- Similarly, chance to demonstrate foundational numeracy skills increase with grade as the rates are higher for grade 7 than grade 1 (58% vs 2%);
- Girls have higher chance to demonstrate foundation skills in reading and numeracy than boys , and both foundational skills are higher for children in urban than rural area;
- Foundational reading skills is higher for children in Shiselweni and Lubombo (51% vs 50%);
- Foundational numeracy skills vary from 27% in Lubombo to 32% in Hhohho;
- Almost all schools in Eswatini have a governing body open to parents.;
- 6 in 10 parents attended meetings called by the school;
- 1 in 4 parents met with teachers to discuss child's progress.

Early Grade Learning: Disaggregates (age 7-14 years)

Foundational Reading Skills, by grade of attendance



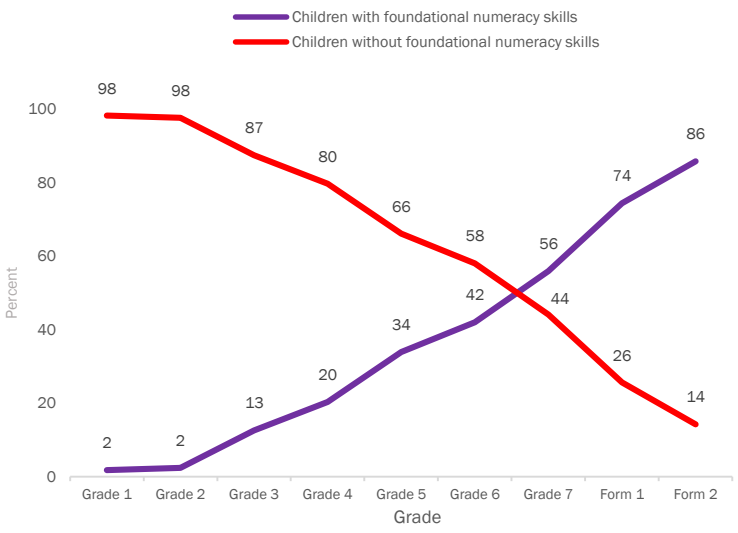
Percentage of children age 7-14 years attending primary or lower secondary school by foundational reading skills, by grade of attendance.

Note that the chart excludes children out of school or attending lower or higher levels of education.

The percentage of children without foundational reading skills is calculated by subtracting the children with foundational reading skills and children for whom the reading tasks were not available in the main language used by teachers and in the main language used at home from the total number of children.

* The reading tasks were available in English and Siswati. Children were assessed in the main language used by teachers. If the reading tasks were not available in that language, children were offered the reading tasks in any of the other available languages. Children for whom the reading tasks were not available in the main language used by teachers and in the main language used at home are recorded here.

Foundational Numeracy Skills, by grade of attendance

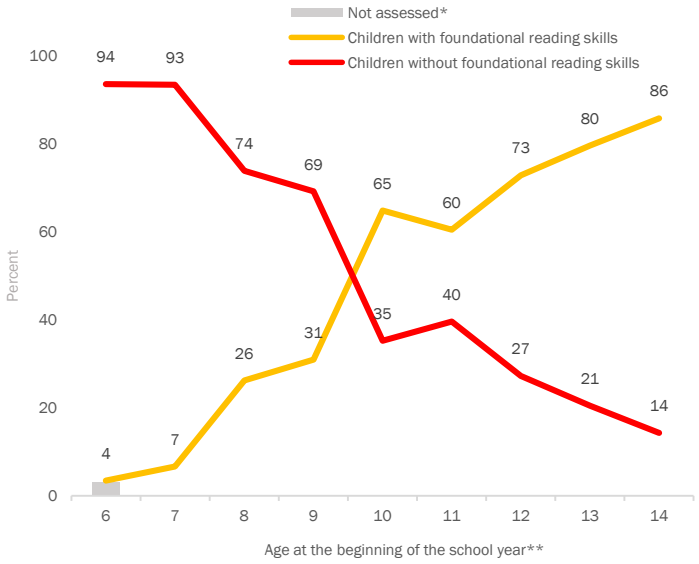


Percentage of children age 7-14 years attending primary or lower secondary school by foundational numeracy skills, by grade of attendance

Note that the chart excludes children out of school or attending lower or higher level of education.

The percentage of children without foundational numeracy skills is calculated by subtracting the children with foundational reading skills from the total number of children.

Foundational Reading Skills, by age



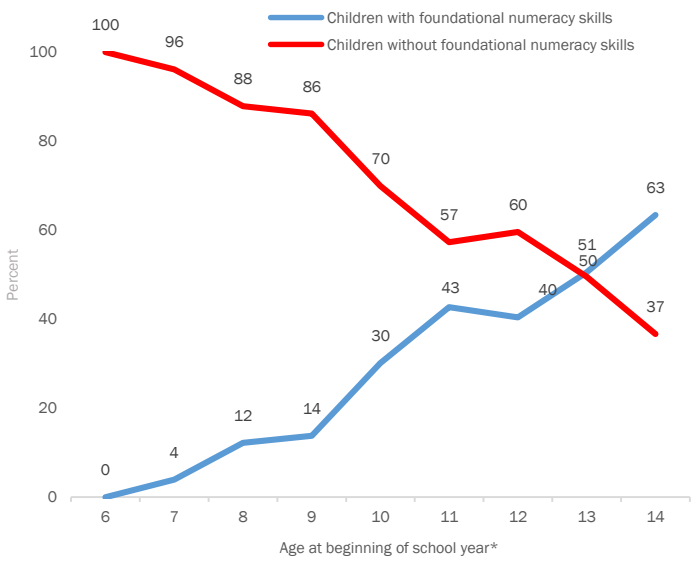
Percentage of children age 7-14 years by foundational reading skills, by age at beginning of school year**

The percentage of children without the foundational reading skills is calculated by subtracting the children with foundational reading skills and children for whom reading tasks were not available in the main language used by teachers and in the main language used at home from the total number of children.

* The reading tasks were available in English and Siswati. Children were assessed in the main language used by teachers or, for those who never attended school, in the main language used at home. If the reading tasks were not available in those languages, children were offered the reading tasks in any of the other available languages. Children for whom the reading tasks were not available in the main language used by teachers and in the main language used at home are recorded here.

** As eligibility for the Parental Involvement and Foundational Learning Skills modules was determined based on age at time of interview (age 7-14 years), Age at beginning of school year inevitably presents children who were age 6 years at the beginning of the school year.

Foundational Numeracy Skills, by age



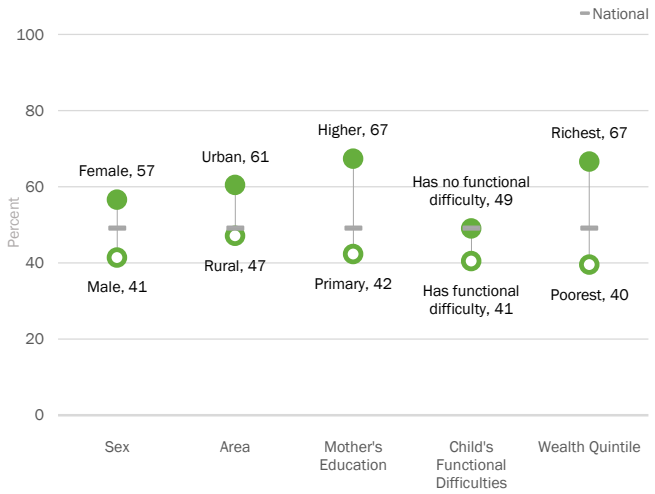
Percentage of children age 7-14 years by foundational numeracy skills, by age at beginning of school year*

The percentage of children without foundational numeracy skills is calculated by subtracting children with foundational reading skills from the total number of children.

* As eligibility for the Parental Involvement and Foundational Learning Skills modules was determined based on age at time of interview (age 7-14 years), Age at beginning of school year inevitably presents children who were age 6 years at the beginning of the school year.

Early Grade Learning: Disaggregates (age 7-14 years)

Disaggregates in Foundational Reading Skills

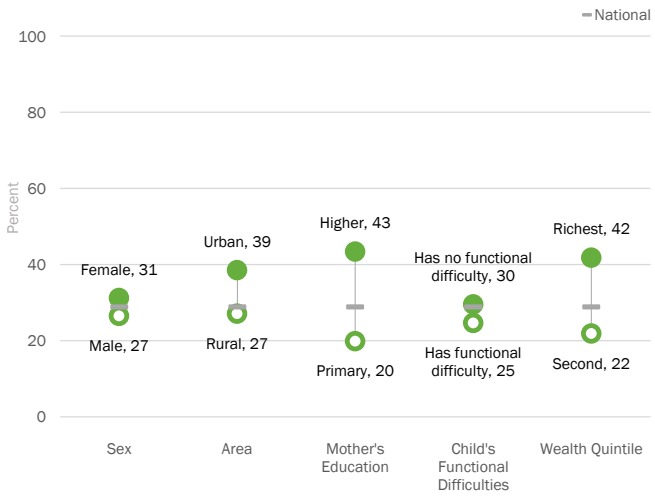


Regional Data on Foundational Reading Skills

Region	Boys	Girls	Total
Eswatini	41	57	49
Hhohho	40	55	48
Manzini	40	58	49
Shiselweni	41	61	51
Lubombo	45	54	50

Percentage of children age 7-14 years who demonstrate foundational reading skills by successfully completing three foundational reading tasks, by background characteristics

Disaggregates in Foundational Numeracy Skills



Regional Data on Foundational Numeracy Skills

Region	Boys	Girls	Total
Eswatini	27	31	29
Hhohho	25	40	32
Manzini	31	26	28
Shiselweni	24	30	27
Lubombo	26	28	27

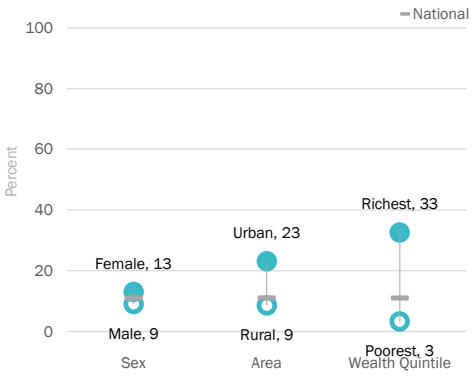
Percentage of children age 7-14 years who demonstrate foundational numeracy skills by successfully completing four foundational numeracy tasks, by background characteristics

Measuring Reading & Numeracy Skills in MICS

- The Foundational Learning Skills (FL) module is a direct assessment of children's reading and numeracy competencies. It is designed to assess foundational learning skills expected upon completion of 2nd grade of primary education, thus contributing to SDG indicator 4.1.1(a).
- The FL module is part of the Questionnaire for Children Age 5-17 administered to one randomly selected child in each household. Children age 7-14 years are eligible for module.
- The reading assessment in the FL module consists of a reading passage and a set of comprehension questions related to the story. The assessment is customised in each country to ensure vocabulary and cultural references are relevant and appropriate. The numeracy assessment consists of four number tasks based on universal math skills expected at 2nd grade level.
- The reading assessment of Eswatini MICS 2021-2022 was conducted in English, and Siswati. The reading skills of 0.2% of the interviewed children could not be evaluated in their home or school language.
- As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

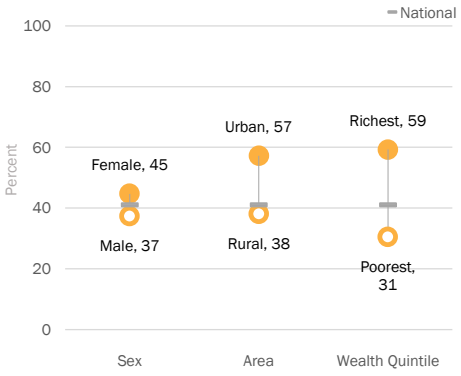
Parental Involvement: Learning Environment at Home

Children with 3 or more books to read at home



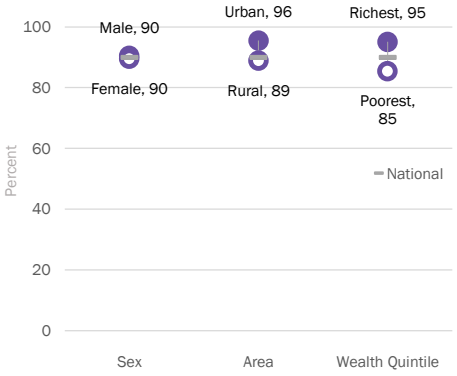
Percentage of children age 7-14 years with 3 or more books at home, by background characteristics

Children who read books or are read to at home



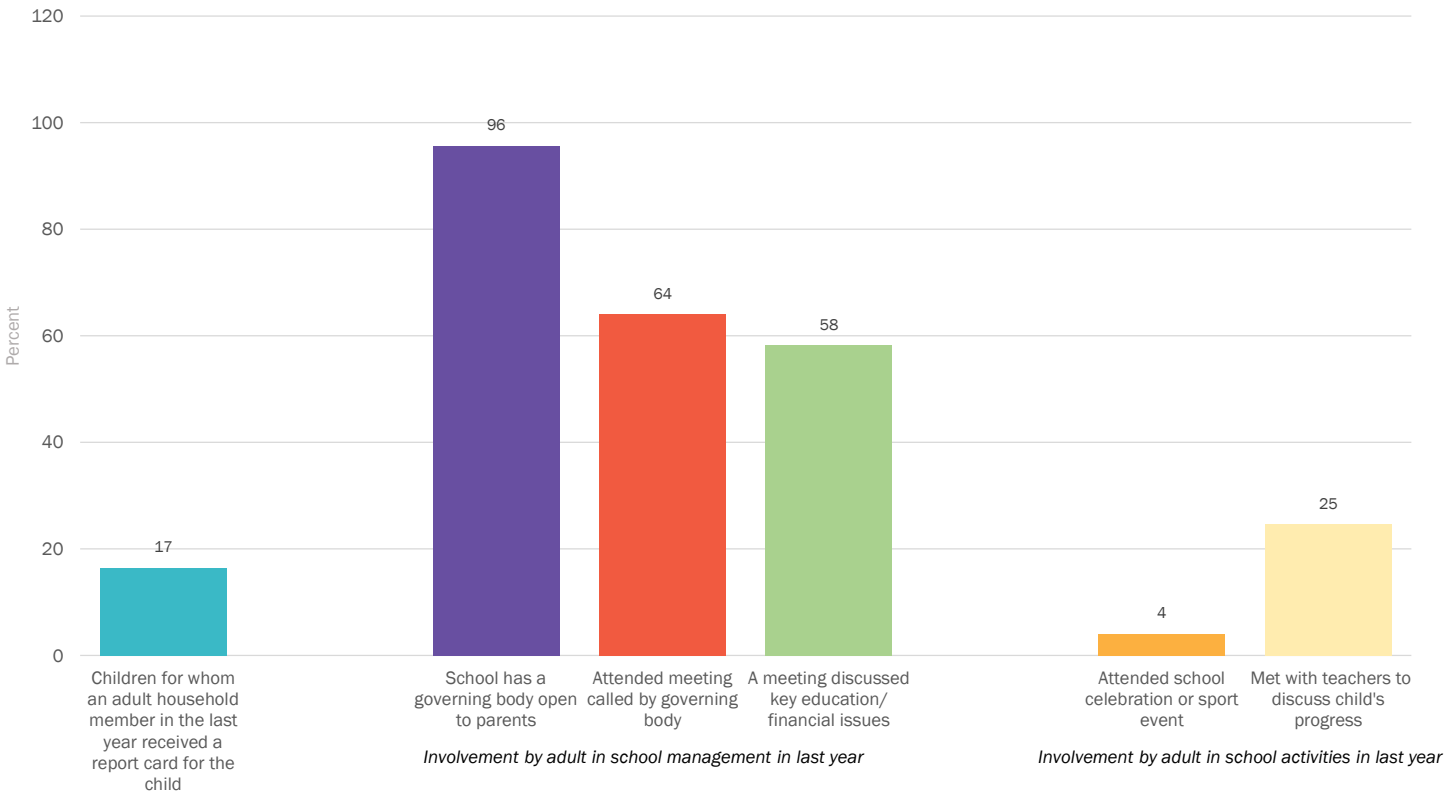
Percentage of children age 7-14 years who read books or are read to at home, by background characteristics

Children who receive help with homework



Percentage of children age 7-14 years attending school and having homework who receive help with homework, by background characteristics

Parental Involvement in school



Percentage of children age 7-14 years attending school, by indicators of parental support

The Eswatini Multiple Indicator Cluster Survey (MICS) was carried out in 2021-2022 by Central Statistical Office as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and the government of provided financial supportprovided financial support.

The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Early Grade Learning & Parental Involvement. Data from this snapshot can be found in table LN.3.1, LN.3.3, LN.4.1 and LN.4.2 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

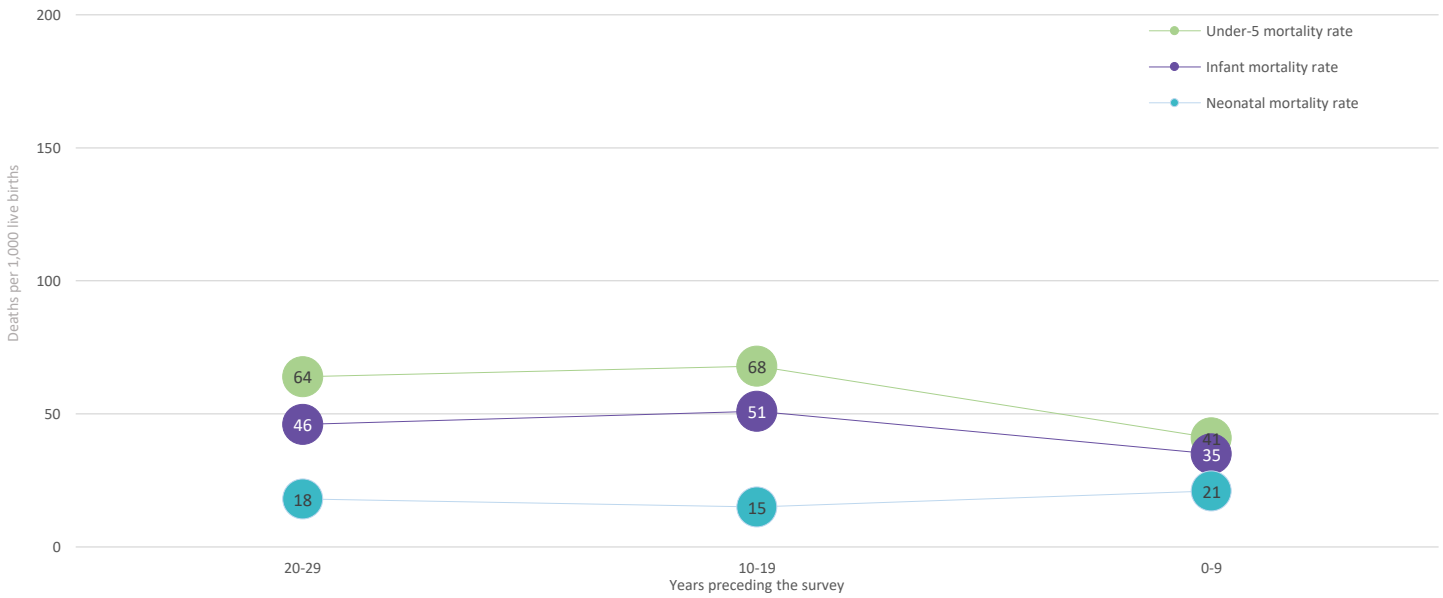
Eswatini 2021-2022

Child Mortality

Multiple Indicator Cluster Surveys

unicef for every child

Mortality Rates among Children Under-5



Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-9	21	15	35	6	41
10-19	15	36	51	18	68
20-29	18	28	46	18	64

Neonatal mortality (NN): probability of dying within the first month of life
Post-neonatal mortality: calculated as the difference between infant and neonatal mortality rates
Infant mortality ($_1q_0$): probability of dying between birth and first birthday
Child mortality ($_4q_1$): probability of dying between the first and fifth birthday
Under-5 mortality ($_5q_0$): probability of dying between birth and fifth birthday

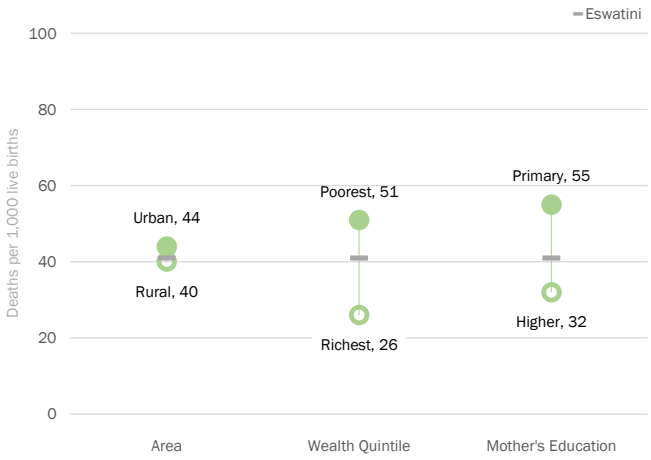
MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women age 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

Key Messages

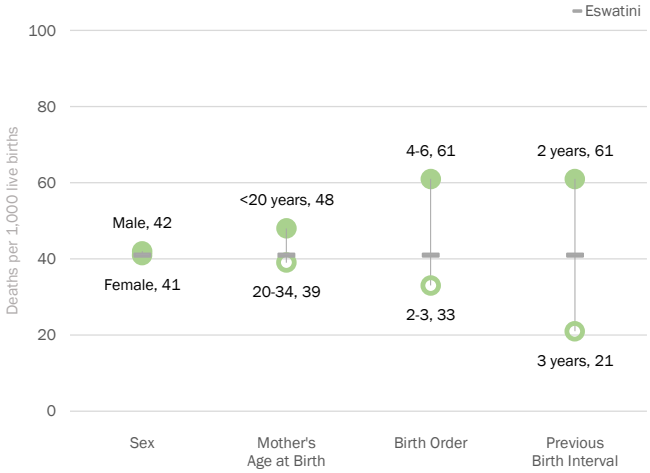
- Neonatal mortality rate was 21 per 1,000 live births for the 10 years preceding the survey;
- Infant mortality rate was 35 per 1,000 live births while the under-5 mortality rate was 41 per 1,000 live births;
- Under-5 mortality rate has been steadily declining over the past 20 years and the rates are almost equal among males and females (42 vs 41 per 1000 live births);
- Notably, under-5 mortality rate is twice higher in poorest households as in richest households (51 vs 26 per 1,000 live births);
- Children under-5 born to mothers less than 20 years are highly likely to die compared to those born to mothers age 20-34 years (48 per 1,000 and 39 per 1,000, respectively);
- Similarly, under-5 children born to mothers with primary education have a higher risk of dying compared to those born to mothers with higher education (55 vs 32 per 1,000 live children);
- Neonatal mortality rate is highest in Manzini region (28 per 1,000 live births) and lowest in Lubombo region (18 per 1,000 live births);
- Under-5 mortality rate is highest in Manzini region (55 per 1,000 live births) but lowest in Hhohho region (28 per 1,000 live births).

Differentials in Child Mortality

Under-5 mortality rate by socio-economic characteristics & area



Under-5 mortality rate by demographic risk factors



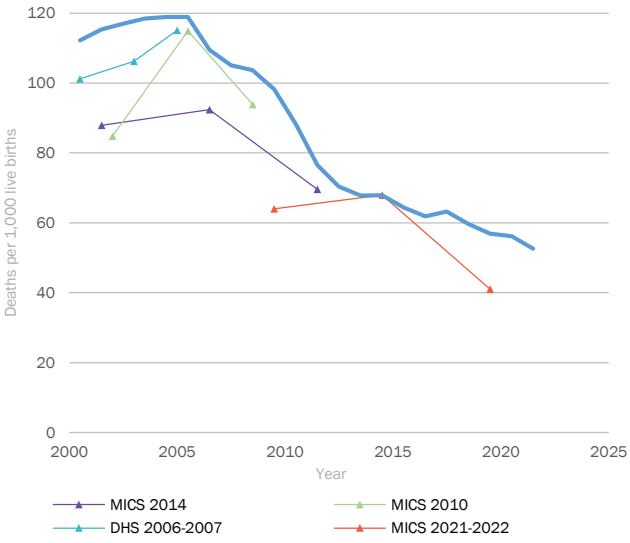
Under-five mortality rates for the ten-year period preceding the survey, by socio-economic characteristics, area and demographic risk factors

Neonatal & under-5 mortality rates by region

Region	Neonatal mortality	Under-5 mortality
Eswatini	**21**	**41**
Hhohho	14	28
Manzini	28	55
Shiselweni	22	43
Lubombo	18	38

Neonatal mortality and under-5 mortality rates (deaths per 1,000 live births) for the ten-year period preceding the survey, by region

Trends in under-5 mortality rates



The source data used in the above graph is taken from the final reports of MICS 2021-2022, MICS 2014, MICS 2010, DHS 2006-2007 and UN IGME estimates. Data from MICS 2014, MICS 2010, DHS 2006-2007 and UN IGME estimates was downloaded from the UN IGME web portal.

Child mortality source data are published on www.childmortality.org, the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). UN IGME data points may differ from the published estimates of a survey, census or vital registration system since UN IGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available).

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The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Child Mortality. Data from this snapshot can be found in tables CS.1, CS.2, and CS.3 in the Survey Findings Report.

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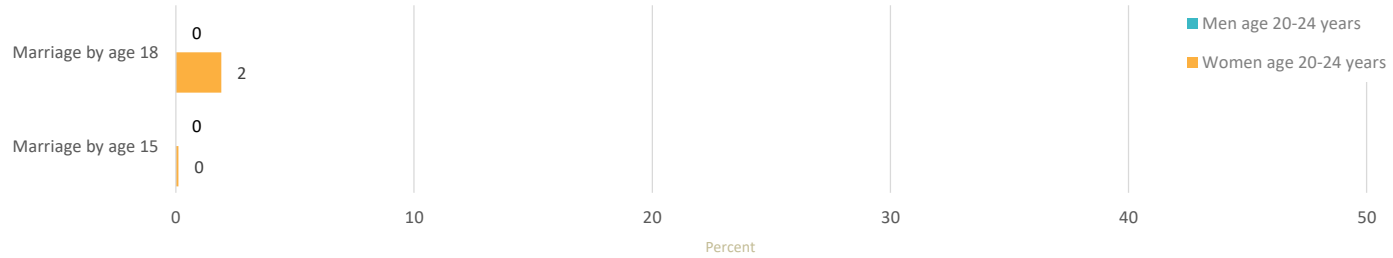
Eswatini 2021-2022

Child Marriage

Multiple Indicator Cluster Surveys

Child Marriage: Levels & Disaggregates

Marriage before Age 15 & Age 18 among women (SDG 5.3.1*) and men

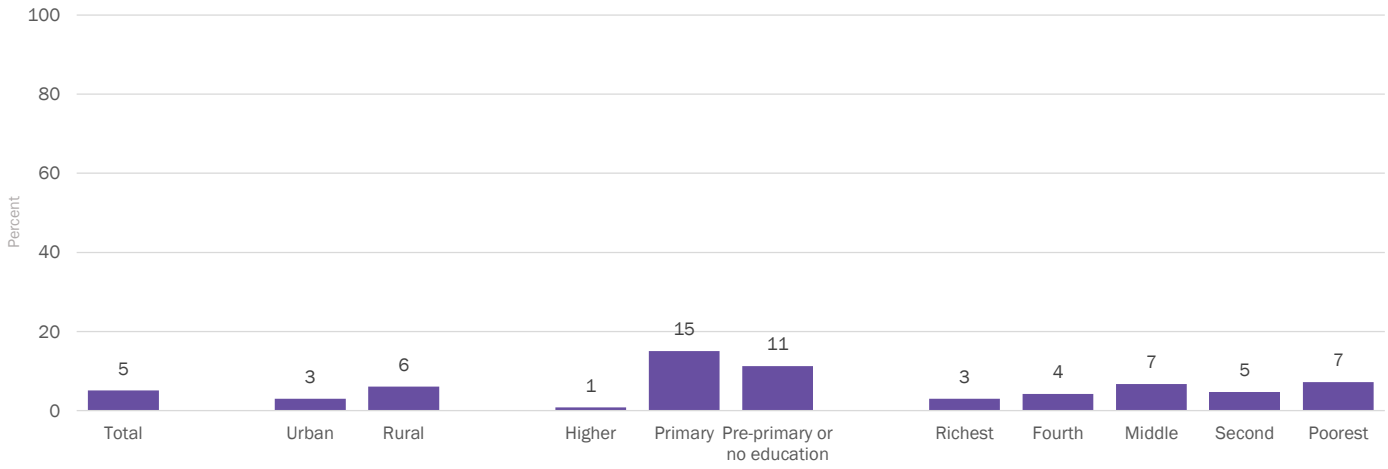


Percentage of women and men aged 20-24 years who were first married or in union before age 15 and before age 18

The above chart refers to women and men aged 20 to 24 years, as this youngest cohort most recently completed exposure to the risk of marrying in childhood, thus giving a closer approximation of the current prevalence of child marriage. The following charts, which show disaggregation by background characteristics, refer to the full cohort of women aged 20 to 49 years.

* SDG indicator 5.3.1 refers only to child marriage prevalence among girls: "Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18"

Disaggregates in Marriage before Age 18 among women



Percentage of women aged 20-49 years who were first married or in union before age 18, by residence, education and household wealth quintile

Key Messages

- 2% of women and 0% men aged 20-24 years were first married or in union before the age of 18 years.
- 0% of men or women aged 20-24 years were first married or in union before the age of 15 years.
- 5% of women aged 20-49 years were first married or in union before age 18.
- More women aged 20-49 years in the rural area (6%) were married or in union before age 18 years compared to women of the same age in urban area (3%).
- 3 in 20 (15%) among women whom with their highest level of education is primary and aged 20-49 years were first married or in union before the age of 18 years.
- 1 in 20 (5%) women aged 20-49 years were first married before the age of 18 years.
- There is a decreasing trend in women having first gotten married before the age of 18 years, from 12% for women aged 45-49 years to 2% for women aged 20-24 years.

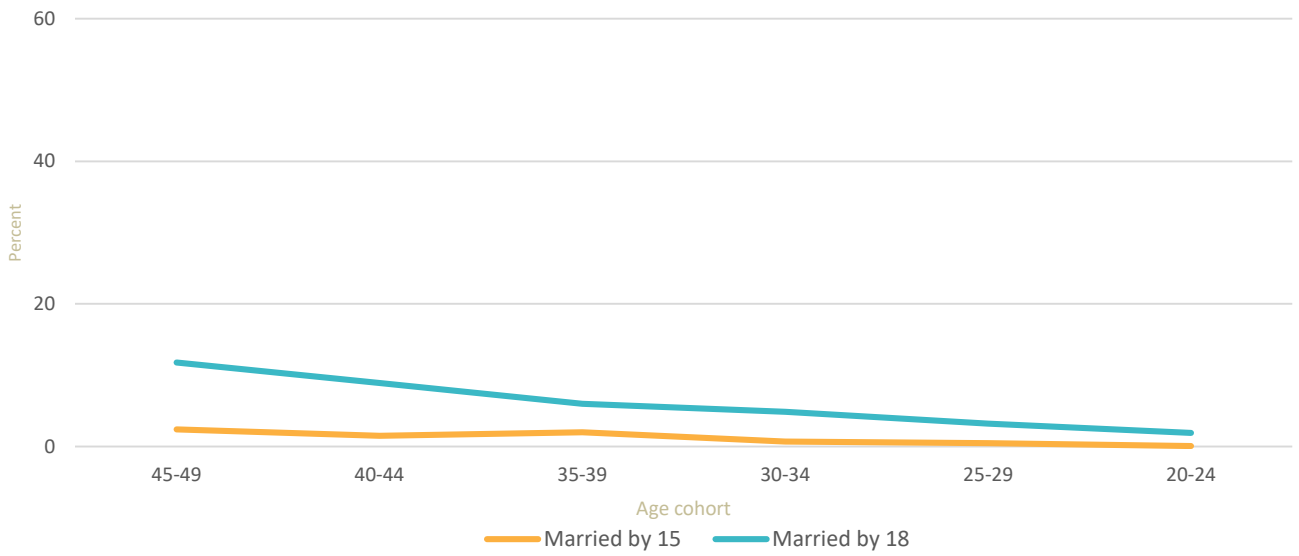
Regional Data on Child Marriage

Region	Marriage by age 18
Eswatini	5
Hhohho	6
Manzini	3
Shiselweni	4
Lubombo	7

Percentage of women aged 20 to 49 years who were first married or in union before age 18, by region

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Trends in Child Marriage



Percentage of women aged 20-49 years who were first married or in union before age 15 and before age 18, by age cohort

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The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Child Marriage. Data from this snapshot can be found in table PR.4.1W and PR.4.1M in the Survey Findings Report..

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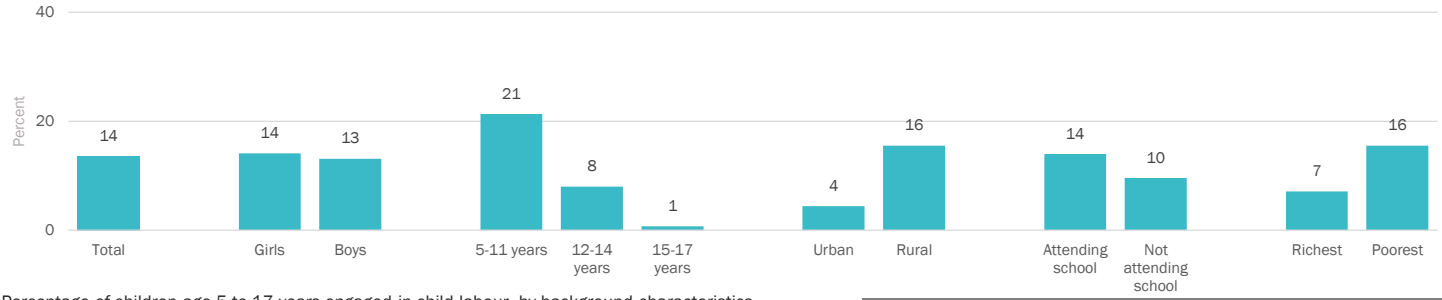
Eswatini 2021-2022

Child Labour

Multiple Indicator Cluster Surveys

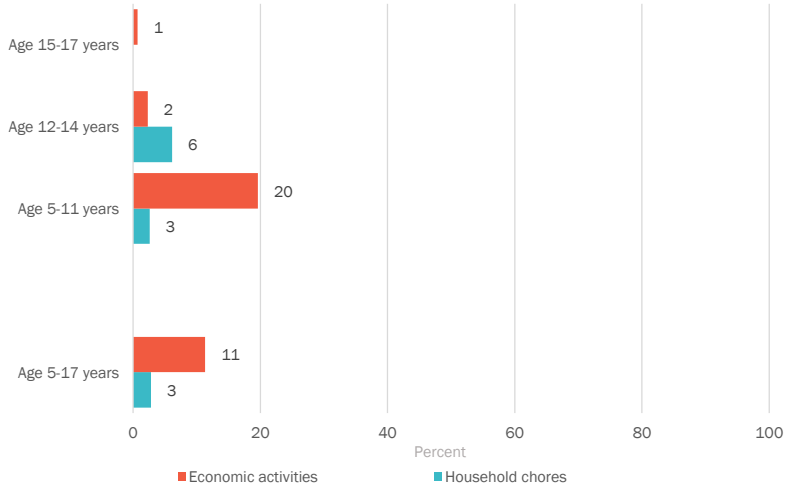
Child Labour: Levels & Disaggregates

Child Labour for Age 5-17 years: SDG 8.7.1



Percentage of children age 5 to 17 years engaged in child labour, by background characteristics

Types of Child Labour



Percentage of children aged 5 to 17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.
9
Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

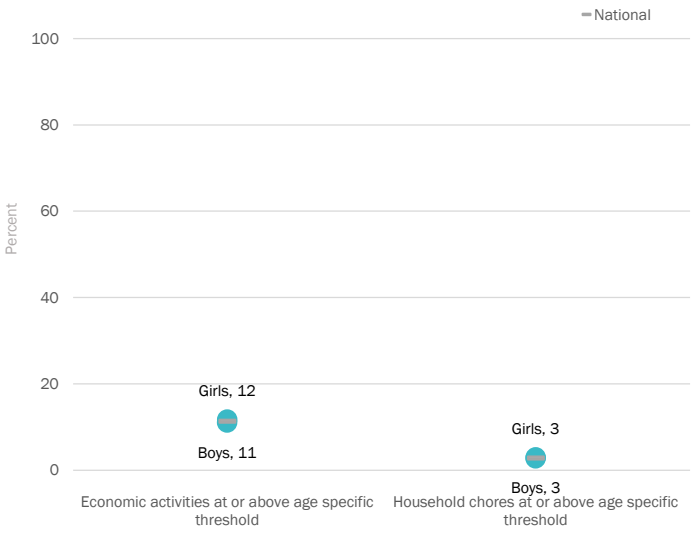
Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Key Messages

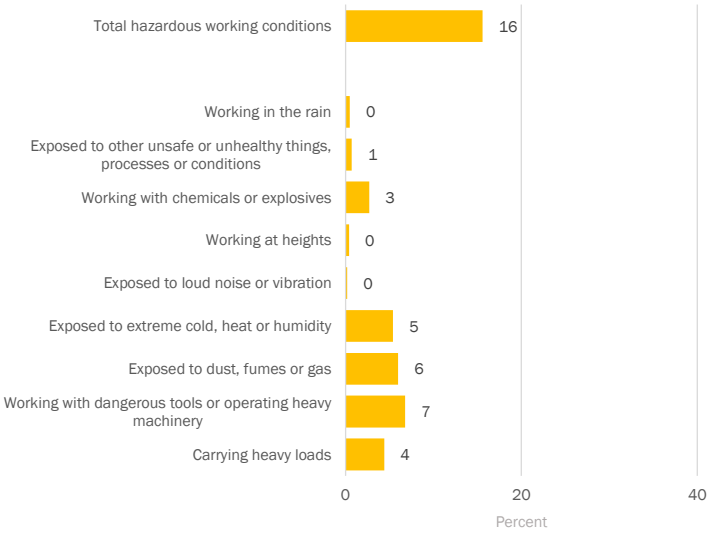
- 14% of children in Eswatini aged 5-17 years are engaged in child labour,
- Around 1 in 5 (21%) children aged 5-11 years are engaged in child labour,
- The proportion of children aged 5-17 years engaged in child labour in the rural areas (16%) is four times the proportion in urban areas (4%),
- There is a great proportion of children aged 5-17 years attending school engaged in child labour (14%), compared to those not attending school (10%),
- 16% of children aged 5-17 years from the poorest quintile are engaged in child labour compared to 7% from the richest quintile,
- 1 in 5 children aged 5-11 years are engaged in economic activities at or above the age specific threshold,
- The proportion of girls and boys aged 5-17 years engaged in household chores at or above the age specific threshold is the same at 3%,
- 16% of children aged 5-17 years are working under hazardous conditions,
- The difference in proportion of children aged 5 to 17 years engaged in child labour by region is minimal, with 13% for Shiselweni and Lubombo and 14% for Manzini and Hhohho,
- More than 2 in 10 boys of age 5-17 years are involved in herding animals.

Inequalities in Child Labour



Percentage of children aged 5 to 17 years engaged in child labour, by type of activity and by sex

Hazardous Working Conditions



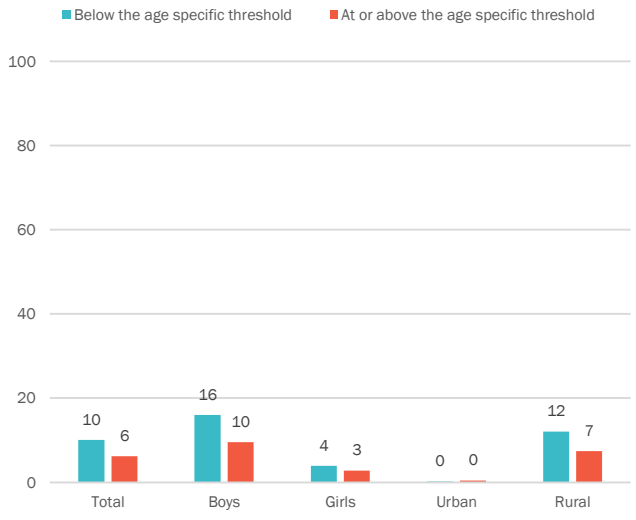
Percentage of children aged 5 to 17 years working under hazardous conditions, by background characteristics

Regional Data on Child Labour

Region	Total Child Labour
Eswatini	**14**
Hhohho	14
Manzini	14
Shiselweni	13
Lubombo	13

Percentage of children aged 5 to 17 years engaged in child labour, by region

Child herding animals



Percentage of children age 5-17 years by involvement in herding animals, by sex and area

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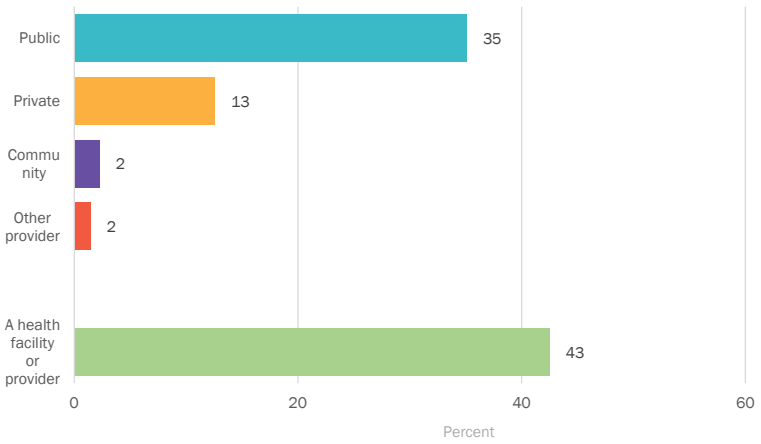
Eswatini 2021-2022

Child Health & Care of Illness

Multiple Indicator Cluster Surveys

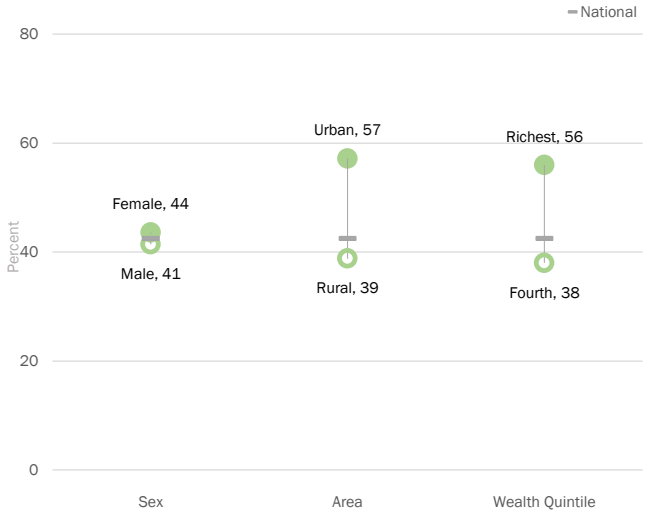
Diarrhoea

Care-seeking for Diarrhoea



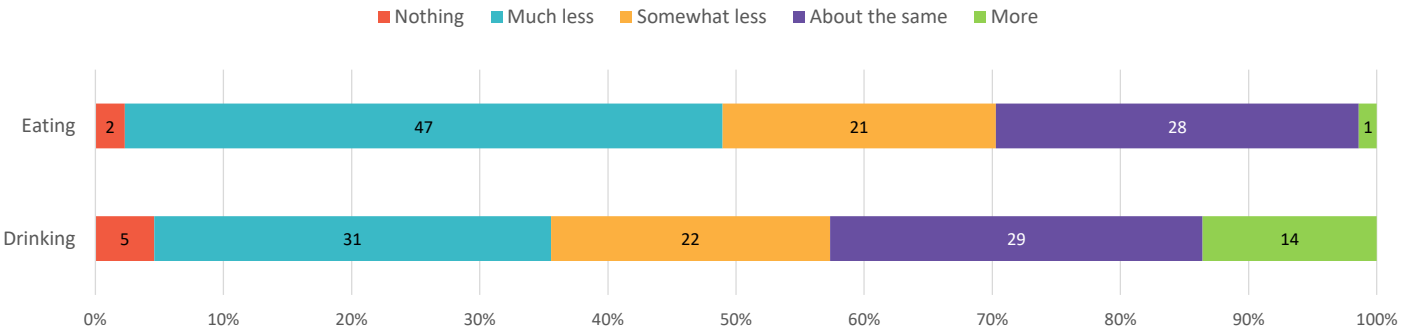
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider

Disparities in Care-seeking for Diarrhoea



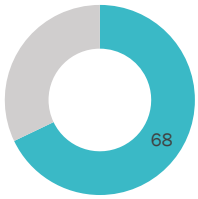
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider

Feeding during Diarrhoea



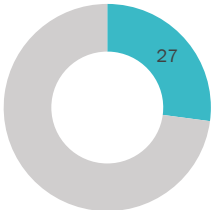
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

ORS Treatment for Diarrhoea



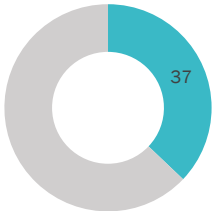
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc

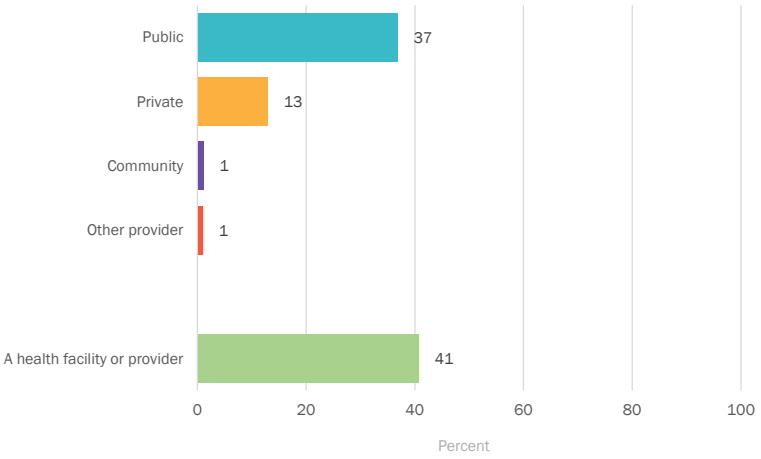
ORT + Continued Feeding for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy (ORT) with continued feeding

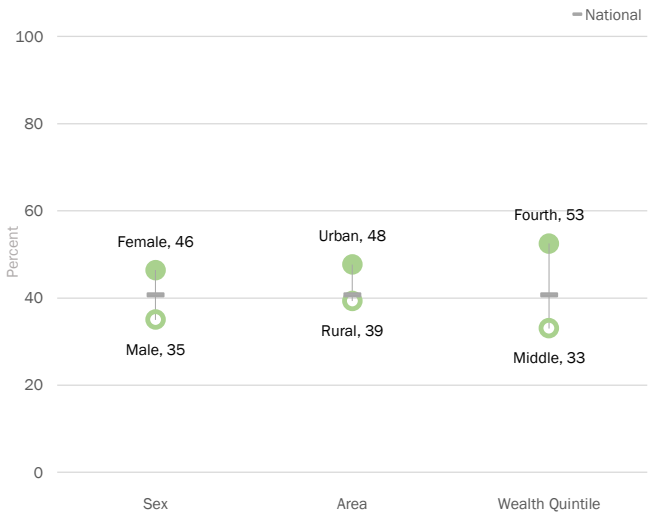
Malaria

Care-seeking during Fever



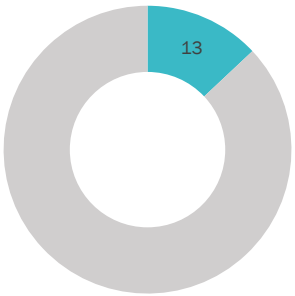
Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking during Fever



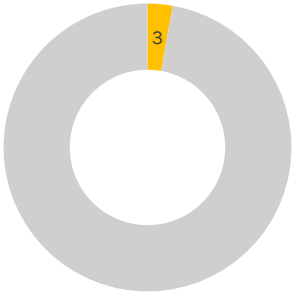
Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought at a health facility or provider

Malaria Diagnosis Usage



Percentage of children with fever who had blood taken from a finger or heel for testing

Treatment with anti-malarials



Among children with fever, percent treated with any anti-malarials

Key Messages

- Of children 0-59 months who had either diarrhea or fever in the last two weeks before the survey, advice or treatment from a health facility or provider was sought for 2 out of 4, public facilities being the most consulted.
- Care seeking for diarrhoea is higher in urban areas and among those in richest households (57% and 56% respectively.)
- About 7 in 10 children with diarrhoea in the last two weeks before the survey were treated with ORS.
- Only 37% of children with diarrhea in the last two weeks before the survey were treated with ORT and continued feeding.
- Care seeking for children with fever is higher among those in urban areas (48%) and among richer households (53%)
- Few children (13%) children with fever in the last two weeks before the survey were tested for malaria.
- Among children with fever, 3% were given anti-malarials

Regional Data on Care-seeking for Childhood Illness

Region	Care-Seeking at a health facility or provider for:	
	Diarrhoea	Fever
National	43	41
Hhohho	41	34
Manzini	45	43
Shiselweni	47	43
Lubombo	36	46

Key Messages

- Cares seeking behavior at a health facility for diarrhoea is highest in Shiselweni region and lowest in Hhohho region;
- However, care seeking behaviour for children with fever is highest in Lubombo region andlowest in Hhohho region.

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The objective of this snapshot is to disseminate selected findings from the Eswatini MICS 2021-2022 related to Child Health & Care of Illness. Data from this snapshot can be found in tables SR.1.1, SR.5.1W, SR.5.1M, SR.5.2, SR.5.3 and SR.2.3 in the Survey Findings Report.

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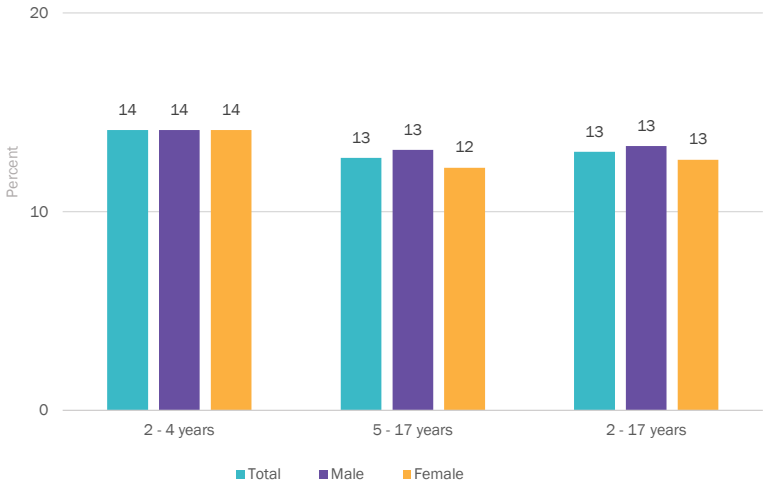
Eswatini 2021-2022

Child Functioning

Multiple Indicator Cluster Surveys

Child Functioning: Levels & Domains

Child Functioning Levels by Age-Group



Percentage of children age 2–17 years with functional difficulty, by age-group

Children with disabilities are among the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, and lack of adequate policies and legislation, they are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

The Convention on the Rights of the Child (UNICEF, 1989) and the Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children and call for improvements in their access to services, and in their participation in all aspects of life.

In order to achieve these goals, there is a need for cross-nationally comparable, reliable data. The Child Functioning module is designed In line with the WHO's International Classification of Functioning, Disability and Health and the UN Convention on the Rights of Persons with Disabilities, to collect information on functional difficulties that children experience in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions. Children with functional difficulties may be at risk of experiencing limited participation in an unaccommodating environment and limit the fulfilment of their rights.

Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
2-4 years	1,3	0,2	0,7	1,0	1,5	4,1	0,5	8,6	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	1,6	1,4	1,1	N/A	0,3	1,2	N/A	4,0	0,5	1,3	0,5	2,2	0,8	1,7	1,4

Percentage of children age 2–4 and 5-17 years with functional difficulty in at least one domain, by domain of difficulty

N/A- Not Applicable

Key Messages

- About 1 in 10 children age 2-17 years have functional difficulties in at least one domain – 14% for children age 2-4 years and 13% for children age 5-17 years,
- Controlling behavior, seeing, learning and communication are the most prevalent functional domains where children age 2-4 years experience difficulties,
- In older children aged 5-17 years, controlling behavior, seeing , accepting change and anxiety are the most prevalent functional difficulty domains experienced,
- Functional difficulties among children in at least one domain is higher among those from the poorest households (16%) and from those residing in rural areas (13%),
- Children age 2-17 years residing in Lubombo region have the highest (16%) prevalence of functional difficulty compared to those in Shiselweni region (11%),
- Similarly, children born from mothers with pre-primary or no education are more likely to have children with disabilities than those with higher education (16% vs 10%)
- Boys and girls aged 2-17 years have similar proportion of functional difficulty at 13%,
- Only about 2% of children aged 2-17 years still have functional difficulties in seeing while wearing glasses.

Child Functioning: Inequalities

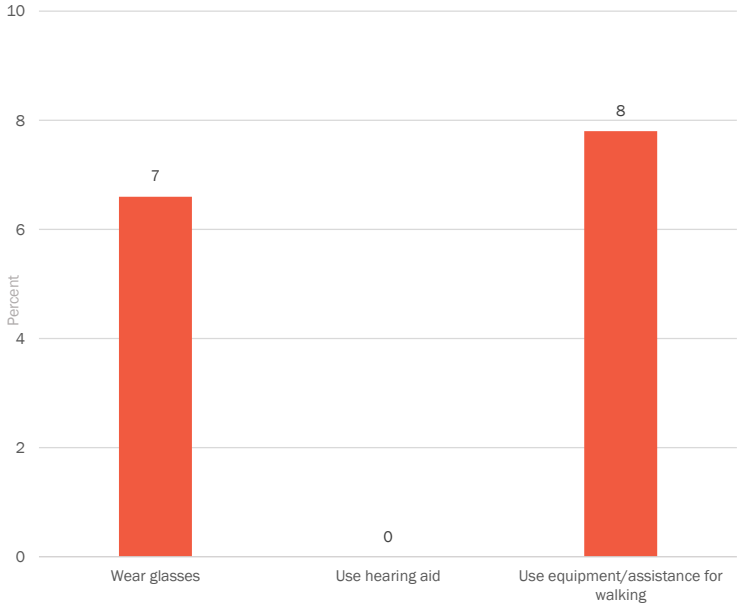
Percentage of children age 2–17 years with functional difficulty, by background characteristics

Regional Data on Child Functioning

Region	2-4 years	5-17 years	2-17 years
National	**14,1**	**12,7**	**13,0**
Hhohho	13,1	12,1	12,3
Manzini	11,3	12,4	12,2
Shiselweni	17,6	9,6	11,1
Lubombo	16,1	16,5	16,4

Percentage of children age 2–17 years with functional difficulty in at least one domain, by region

Children who use Assistive Devices & have Functional Difficulties



Percentage of children age 2-17 years with difficulties seeing when wearing glasses among those who wear glasses, percentage of children age 2-17 years with difficulties hearing when using a hearing aid among those who use a hearing aid, and percentage of children age 2-17 years with difficulties walking when using equipment or receiving assistance among those who use equipment or receive assistance walking

Data for percentage of children age 2-17 years with difficulties hearing when using a hearing aid among those who use a hearing aid, and percentage of children age 2-17 years with difficulties walking when using equipment or receiving assistance among those who use equipment or receive assistance walking are based on 25-49 unweighted cases

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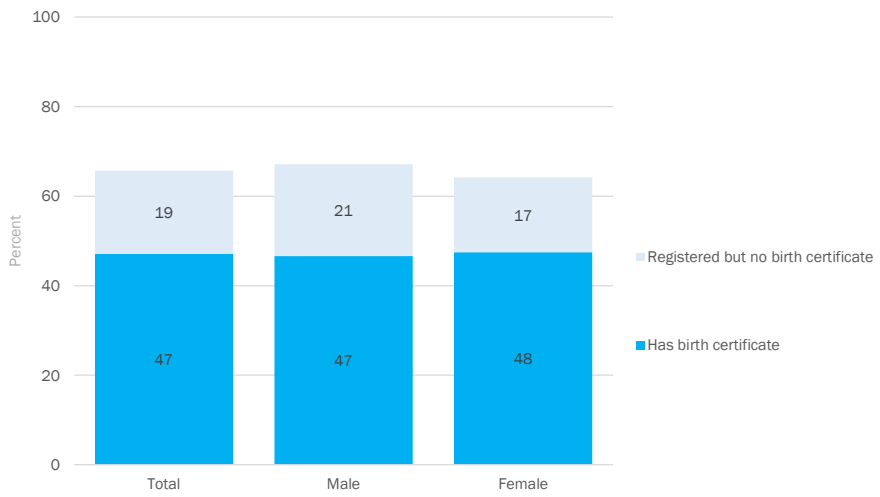
Eswatini 2021-2022

Birth Registration

Multiple Indicator Cluster Surveys

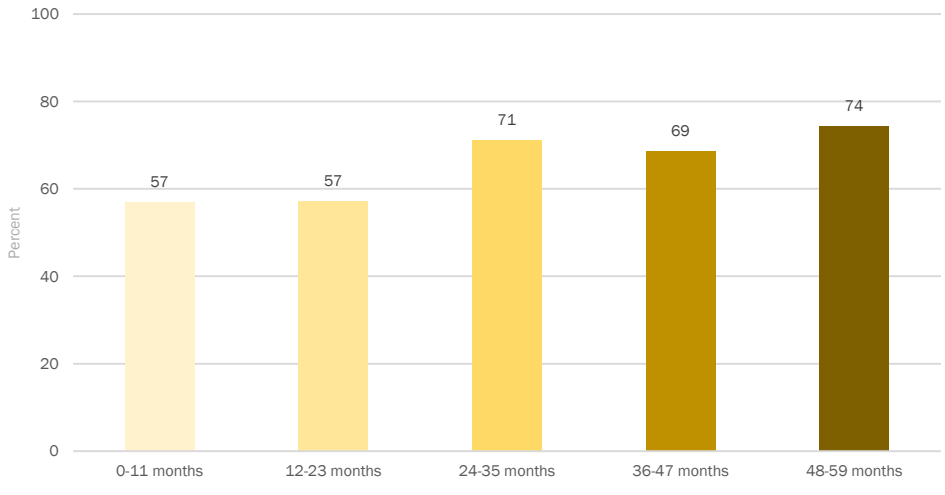
Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1



Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

Birth registration by Age



Percentage of children under age 5 whose births are registered, by age in months

Key Messages

- Almost 1 in 2 (47%) children aged under 5 years have a birth certificate in Eswatini;
- 8 children in 10 have their birth registered;
- More children under 5 years of age have their birth registered in urban area (72%) compared to rural area (64%);
- Birth registration rate is higher among older children (57% among children 0-11 months versus 74% among children 48-59 months;
- The chances of a child under 5 years being registered for birth is almost 1.5 times higher if their mother has higher education (83%); compared to those whose mother has primary education (57%);
- Similarly, birth registration rate is highest for under five children in richest households (81%) compared with those in poorest households (55%);
- Hhohho region has the highest birth registration (69%), whilst Lubombo has the lowest (59%) for children under 5 years;
- Over 7 in 10 (77%) mothers of unregistered children under 5 years are aware how to register them,
- This knowledge is higher in urban areas (81%) than in rural area (76%) .

Birth Registration: Inequalities

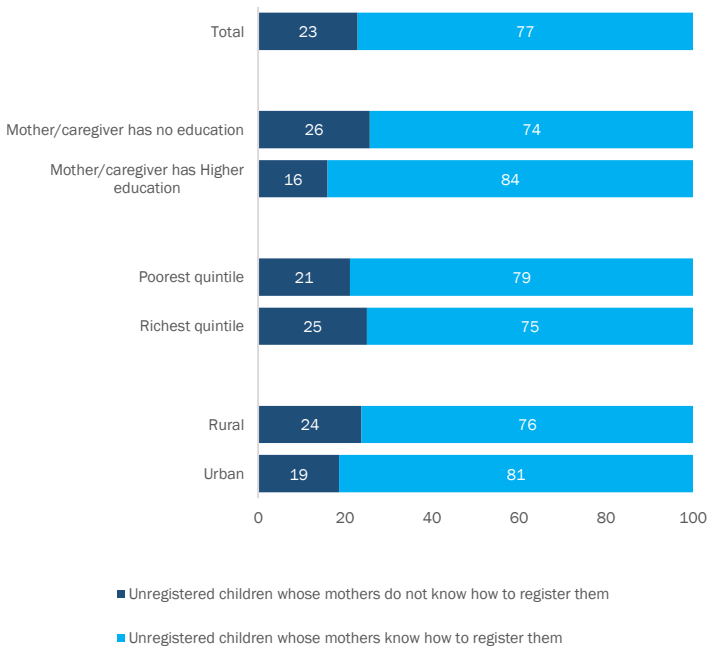
Percentage of children under age 5 whose births are registered, by background characteristics

Regional Data on Birth Registration

Region	Total registered
National	**66**
Hhohho	69
Manzini	66
Shiselweni	68
Lubombo	59

Percentage of children under age 5 whose births are registered, by region

Mother's (or Caregiver's) Knowledge of How to Register



Percentage of children under age 5 whose births are not registered, by mother's (or caregiver's) knowledge of how to register a child

Data for "Mother/caregiver has Higher education" are based on 25-49 unweighted cases

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