Understanding the Link between Children's Living Arrangements and Children's Vulnerability, Care, and Well-being:

The Role of Household-based Surveys

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The Role of Household-based Surveys

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CONTENTS

iii

TABLES

FIGURES

ACRONYMS AND ABBREVIATIONS

DHS	Demographic and Health Survey
FGM	female genital mutilation
IOM	International Organization for Migration
LMICs	low- and middle-income countries
MDGs	Millennium Development Goals
MICS	Multiple Indicators Cluster Surveys
PAPFAM	Pan-Arab Project for Family Health
SDGs	Sustainable Development Goals
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
WG-SS	Washington Group on Disability Statistics-Short Set
WHO	World Health Organization

ABSTRACT

This paper examines the role that household surveys – such as the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS) – can play in increasing our understanding of the influence of living arrangements on children's vulnerability, care, and well-being. Despite growing acknowledgement that family environment and living arrangements play an important role in child development and well-being, a lack of data has significantly hampered the ability of states and other actors to effectively monitor trends in family structures and living arrangements in many regions of the world. As large-scale, multinational household surveys that produce population-based data representative at the national and subnational levels, the DHS and the MICS are uniquely placed to address this information gap, although neither has been used to its full potential to explore questions about household structure and children's vulnerability and well-being. This paper makes the case for increased application of household surveys to answer such questions. The paper reviews the types of information collected by the DHS and MICS during the past two decades on both living arrangements and child outcomes, and highlights areas where these data could be more effectively used and the key information gaps that remain. The paper also introduces a draft of a forthcoming DHS module with questions about the vulnerability and well-being of children.

1   INTRODUCTION

The purpose of this paper is to examine the role that household surveys – specifically the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS) – can play in increasing our understanding of the role of living arrangements on children's vulnerability, care, and well-being. This paper reviews existing information collected by the DHS and the MICS, identifies remaining gaps, and introduces an upcoming DHS module that aims to fill some of the identified gaps.

At the international level, governments have undertaken the *2030 Agenda for Sustainable Development* "to provide children and youth with a nurturing environment for the full realization of their rights and capabilities… including through safe schools and cohesive communities and families" (UN General Assembly 2015). Transforming and strengthening systems of care are integral to achieving implementation of the 17 Sustainable Development Goals (SDGs). This includes removing barriers that prevent families from accessing basic services for their children,and ensuring that caregivers have the livelihood and employment opportunities needed to support their children as well as access to social protection measures that address shocks and crises. The goals also include addressing social exclusion and discrimination, including on the basis of gender, disability, parental status, or ethnicity, which undermine families' capacity to care (Lumos 2019). A number of international conventions and standards[1] adopted by governments across the world have established the responsibility of states and other actors to support parents and other family members in their essential childrearing role fully and appropriately, and to promote children growing up in safe, loving, and nurturing family environments.

Despite these important commitments, however, a lack of data has significantly hampered the ability of states and other actors to effectively monitor trends in family structures and living arrangements in many regions of the world. As a result, our understanding of the diversity in children's living arrangements and family care patterns is limited. Moreover, the implications of changes in living arrangements for the capacity of families to care effectively for children and for children's well-being has been poorly assessed.

As large-scale, multinational household surveys that produce population-based data representative at the national and subnational levels, the DHS and the MICS are uniquely placed to address this information gap. Yet, neither has been used to its full potential with regard to these questions. Household surveys do not enumerate children living in institutional care, who are homeless, or who are otherwise living outside of household care settings. However, these surveys have the potential to provide a wealth of data about the circumstances of children who are living in a very wide variety of household settings. This paper examines how existing and future data collected through these surveys might enhance our understanding of children's lives, and introduces a forthcoming DHS module focused specifically on questions of vulnerability and well-being among children.

This paper begins by describing existing research on the influence of children's living arrangements and their vulnerability, care, and well-being. The paper then examines ongoing data needs, including both an overview of data currently available through the DHS and MICS and persisting gaps. Finally, the paper

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[1] For example: The United Nations Convention on the Rights of the Child 1989;
The United Nations Convention on the Rights of Persons with Disabilities 2006; and
The United Nations General Assembly Resolution 64/142: Guidelines for the Alternative Care of Children.

presents the draft of the upcoming Vulnerable Children module in the DHS and the data this new module will yield. This paper makes the case for increased application of household surveys to questions around household structure and children's vulnerability and well-being.

2 RESEARCH ON FAMILY LIVING ARRANGEMENTS, CARE SYSTEMS, AND CHILD WELL-BEING

There has been a growing understanding of the critical importance of the family environment for child development and well-being (Bowlby 1982; Bowlby, Fry, and Ainsworth 1965; Schoenmaker et al. 2014). These outcomes depend on the quality of parenting and caregiving relationships, which may vary substantially across forms of family caregiving and may be particularly compromised when children are separated from their families or raised in institutional settings (National Research Council 2000; The Leiden Conference on the Development and Care of Children without Permanent Parents 2012; WHO, UNICEF, and World Bank Group 2018). Research has documented the long-lasting effects of even short-term emotional deprivation and neglect, which can occur in settings inside and outside of family care (Berens and Nelson 2015; Fox et al. 2011; Gunnar and Reid 2019; National Scientific Council on the Developing Child 2012; Nelson et al. 2011; van IJzendoorn et al. 2020).

Globalization, urbanization and migration, and demographic changes are all linked processes that are changing family composition, structures, and relationships. These processes have significant implications for child caregiving because they entail some risk of disruption to formerly stable family caregiving arrangements. For example, an estimated 258 million people worldwide live outside their country of birth, including 36 million children, and growing numbers are emigrating or being displaced internally for economic, social, or humanitarian reasons (International Organization for Migration (IOM) 2018). However, the evidence about the impact of migration on child well-being is inconsistent. Labor migration contributes significantly to family income and financial stability through remittances, but may result in adverse mental health and nutrition outcomes among the children 'left behind' by parental migration (Devakumar et al. 2019; Fellmeth et al. 2018).

Changes in marriage, separation, and divorce patterns, increases in parental incarceration, and parental death and orphanhood can also alter the living and caregiving arrangements over the course of children's lives. The HIV/AIDS epidemic catalyzed study of the effects of orphanhood on living arrangements and children's health and educational outcomes (Ainsworth and Filmer 2006; Hosegood 2008; Mishra and Bignami-Van Assche 2008; Mojola 2011; Monasch and Boerma 2004). This research has gained new relevance with the recent Ebola and COVID epidemics. Understanding family relationships and caregiving structures in the context of such changes is essential to informing policies and services that can strengthen the capacity of families to provide care within the household and reduce the impact of long-term separation on children's development and well-being (Goldman et al. 2020; National Research Council 2000; National Scientific Council on the Developing Child 2012; WHO, UNICEF, and World Bank Group 2018).

2.1 Diversity in Living Arrangements

There is significant and growing diversity in children's living arrangements, both globally and within countries. An analysis of DHS and MICS data on the living arrangements of children under age 15 in 77 countries, mostly in low- to middle-income economies (LMICs), found that 68% of these children were living with both parents (Martin and Zulaika 2016). More recent DHS data from 63 countries found the

estimate to be slightly lower, at 66%, for children under age 15, and 63% for children under age 18.[2] As shown in Figure 1, Martin and Zulaika found that significant numbers of children (21%) were living with a single parent, with the majority living with their mothers (18%). Of those not living with a parent, 94% of children were living in a household headed by a relative (kinship care), and almost all (91%) had one or more living parents. These findings underline the importance of extended family care for substantial numbers of children, and also suggest that parental death (orphanhood) is not a major reason for children not being in parental care at the global level.

Figure 1   Percent distribution of living arrangements of children under age 15 in 77 countries, DHS and MICS data

Percentage of children living with:

- Both parents
- Mother only
- Father only
- Neither parent
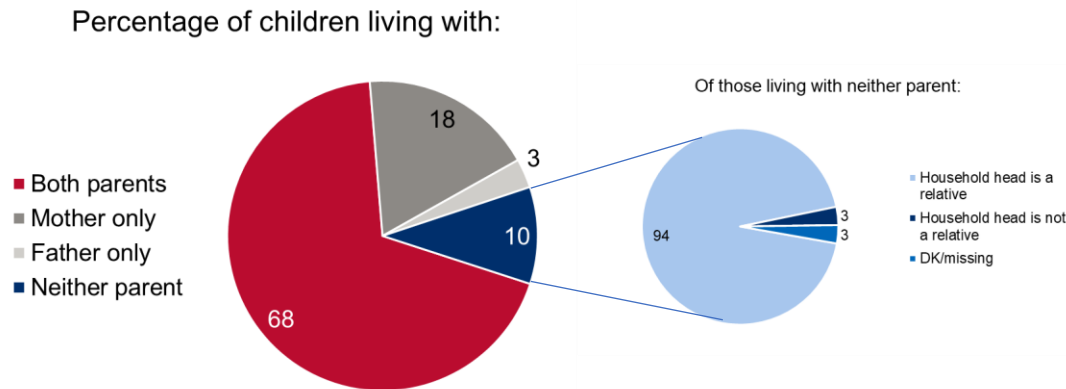
Source: Adapted from indicators reported in Martin and Zulaika 2016.

At the country and regional levels, there is considerably more variation in children's living arrangements than at the global level (Better Care Network 2015d, 2015a, 2015c, 2015b; Martin and Zulaika 2016). For example, in Namibia, 37% of children are living in a single-parent household, while in Turkey, that number is 6%. In Lesotho, there are more children living in a household without a parent (35%) than children living with both parents (22%). In comparison, in Armenia, fewer than 1% of children are living in a household without a biological parent and 86% are living with both parents. This considerable diversity of living arrangements for children across countries is also found within countries. In the Western Region of Kenya, for example, 21% of children are not living with a biological parent, while in Nairobi, the figure is only 6%.[3]

Children's living arrangements also appear to differ considerably by age. In Burkina Faso, for example, only 0.2% of children age 0-1 are living in a household without a biological parent. By the time they are between age 5-9, that figure is 9% and rises to 22% for children aged 15-17. Children's age also matters in regard to whom children live with when apart from a biological parent. In Cambodia, for example, 91% of children under age 2 not living with a parent are living with a grandparent.

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[2] STATcompiler: https://www.statcompiler.com/en/DHS.
[3] Data on children's living arrangements retrieved from DHS STATcompiler 25 February 2020.

2.2 The Importance of Children's Living Arrangements for Child Well-being

There is increasing recognition that understanding the diversity and dynamic nature of family composition, structure, and relationships—particularly as they relate to caregiving arrangements and other key factors that affect children—is critical to informing social policies and programs targeted to vulnerable children and their caregivers (Beegle et al. 2010; Case, Paxson, and Ableidinger 2004; Hosegood 2008; Nyamukapa and Gregson 2005; UNICEF 2014). Children's living arrangements have been shown to be associated with different levels of poverty and child well-being (Ainsworth and Filmer 2006; Beegle et al. 2010; OECD 2019; UNICEF 2014). In particular, children who are not living with either of their parents tend to fare less favorably on a range of well-being indicators (UNICEF 2014). Much of the research in this area has focused on orphanhood, particularly in the context of HIV/AIDS (Ainsworth and Filmer 2006; Bicego, Rutstein, and Johnson 2003; Campbell et al. 2010; Case, Paxson, and Ableidinger 2004; Mishra and Bignami-Van Assche 2008; Monasch and Boerma 2004), although some studies also focused on the effects of children living with their mother or father on key indicators of child well-being, such as access to education or health (Beegle et al. 2010; Case, Paxson, and Ableidinger 2004).

Research suggests that the link between household structure and child well-being outcomes may depend in part on the closeness of the relationship between the child and their caregiver. Generally, the closer this relationship, the better the outcomes for the child, which is a phenomenon that has been called the "Hamilton rule" (Hamilton 1964a, 1964b). Thus, outcomes are generally most favorable when children are in parental care (Akashi-Ronquest 2009; Case, Lin, and McLanahan 1999; Lopus 2017). Extended family care (kinship care) and other forms of informal care also have protective effects for children (Abebe 2009; Abebe and Aase 2007; Martin and Zulaika 2016; Roby, Erickson, and Nagaishi 2016). This body of research has led to prioritizing family care (whether parental or kinship care) over non-kinship household-based care or institutional care arrangements (Berens and Nelson 2015; Goldman et al. 2020; Schoenmaker et al. 2014; WHO, UNICEF, and World Bank Group 2018).

Factors that affect the quality of caregiving or lead to children's separation and care outside of the home are found across the diversity of family structures. Such separations place children at risk of being in sub-optimal care environments. The factors that stimulate child-family separation and inadequate care include violence in families, neglect, substance abuse, physical and mental health issues, discrimination, and inadequate access to support and resources for both caregivers and children. Understanding vulnerability to potentially poor care involves identifying the conditions in which risk translates into adverse outcomes. The correlates of such risk and its consequences are likely to vary by context.

The context of caregiving, including the strength of the tie between children and caregivers, is a key component in this process. In intergenerational households, polygamous households, or sociocultural contexts where children and caregivers may be cared for as part of a community across multiple households, the primary caregivers may not be the biological parents. Thus, it is not only whom children live with that shapes child outcomes, but also who actually provides the children with care and how this care is provided. Understanding and measuring each aspect of the caregiving environment are critical for policymakers and others who seek to strengthen the ability of households and communities to care for children.

Figure 2 provides a schematic of the factors related to living arrangements, household capacity for providing care or risk of child-family separation, and child well-being outcomes. Data are needed in each of these areas to monitor patterns and trends, analyze associations, and assess children's vulnerability to poor outcomes.

Figure 2   Factors related to children's living arrangements, vulnerability, and well-being
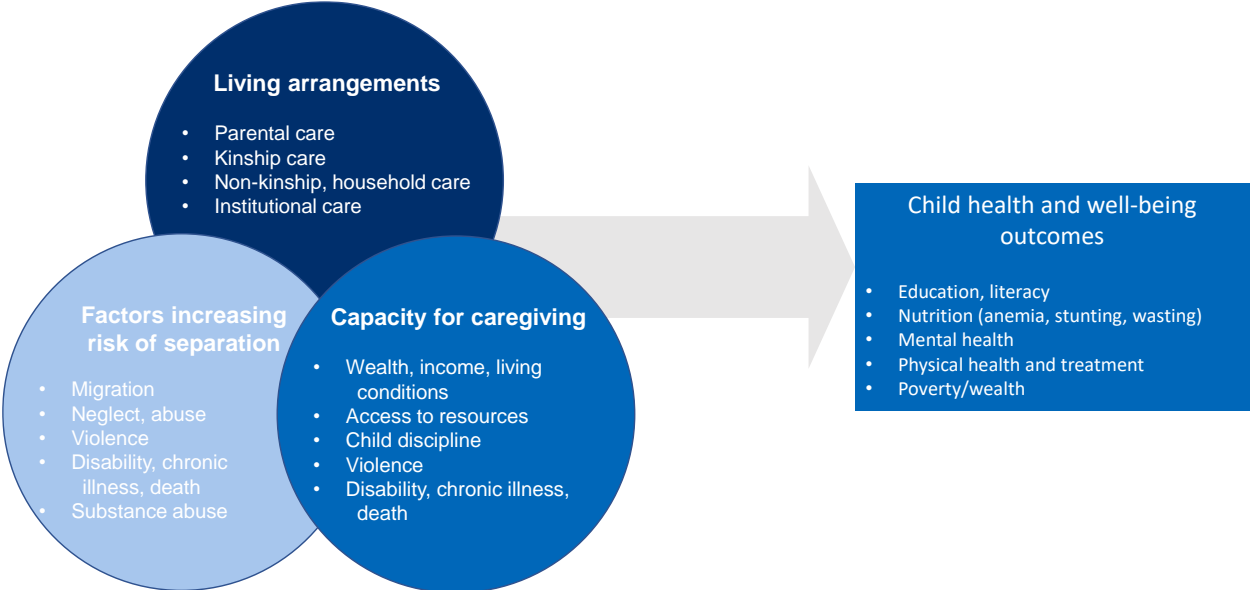
The following section explores the role that large-scale household-based surveys can play in strengthening global and national data on children's living conditions, their care environment, and developmental and well-being outcomes, both currently and in the future.

3   DHS AND MICS DATA ON CHILD WELL-BEING AND ITS DETERMINANTS

The urgency of the need for data on child caregiving contexts and well-being was reinforced recently by the United Nations General Assembly in December 2019, in a resolution that urged all states to improve "data collection, information management and reporting systems related to children without parental care in all settings and situations in order to close existing data gaps and develop global and national baselines, including by investing in quality, accessible, timely and reliable disaggregated data through capacity building, financial support and technical assistance and ensuring that quality data guides policymaking" (UN General Assembly 2020).

National household surveys provide critical data to monitor population-level patterns and trends in key sociodemographic indicators at national and subnational levels. The DHS and the MICS have the potential to provide vital household-level data that can inform countries on the factors that affect children's care and the effects of child-family separation. Yet, these surveys have not been used effectively as vehicles for collecting ongoing, detailed data on child protection issues. This chapter describes the data that the MICS and DHS currently collect across a number of domains related to household factors and child well-being.

3.1   The DHS and MICS: An Overview

Demographic and Health Surveys (DHS) are conducted in low- to middle-income countries (LMICs) by national statistical agencies in partnership with ICF and with support from the United States Agency for International Development (USAID). Since the mid-1980s, the DHS Program has conducted more than 400 surveys in over 90 countries. The DHS is now in phase 8 (2018–2023). Data are nationally representative, and are also representative of urban/rural areas and at least one subnational regional level.[4]

The standard DHS survey includes four core questionnaires: Household, Woman age 15-49, Man age 15-49 (or in some cases age 15-54 or 15-59), and a Biomarker questionnaire (ICF 2017c). The DHS core questionnaires provide data on health and population indicators such as fertility, maternal and child survival, immunization, water and sanitation, education, and living arrangements. Data on children are collected with each of these instruments, and most particularly from the Household and Woman's questionnaires. In addition to the core questionnaires, the DHS offers optional modules on a range of specific topics such as disability, domestic violence, female genital mutilation (FGM), food insecurity, newborn care, and out-of-pocket health expenditures (ICF 2017b, 2020b, 2020c, 2020d; ICF International 2016a). Approximately 50 surveys have collected data on child discipline and 85 surveys on child labor as special topics.

Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since 1995 in over 116 countries. MICS is now in its sixth round—MICS 6 (2016–2021)—which tracks progress and trends on more than 200 indicators. In addition to nationally representative surveys, some countries are

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[4] Selected surveys are representative at even finer subnational units for some or all indicators, such as the 2014 Kenya DHS, which is representative at the county level, and the 2015-16 India DHS (NFHS-4), which is representative at the district level.

implementing MICS at the subnational level to address data gaps for specific geographic areas and/or specific populations.

The MICS survey includes four main questionnaires (Household, Woman, and Man age 15-49, and mothers (or caregivers) who provide data for children under age 18) (Khan and Hancioglu 2019). The questionnaires include a wide range of issues with a focus on women and child health and well-being, such as child development, literacy and education, child labor, child discipline, water and sanitation, maternal and newborn health, marriage and union, FGM, birth registration, breastfeeding, sexual behavior, fertility, and tobacco and alcohol use.

Together, both the DHS and MICS survey programs have included 136 countries and territories. These surveys provide particularly rich data sets on changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being for a nationally representative sample of households. Basic sociodemographic characteristics of those living in a household are gathered by the household listing form in the core household questionnaires, and include age, sex, and highest educational attainment. The DHS household questionnaire also collects data on relationship to the household head and has included marital status since 2003.[5]

Both DHS and MICS have also gathered data on attitudes and beliefs on critical social issues such as childcare practices, attitudes towards HIV/AIDS, domestic violence, and child discipline. These surveys have become essential tools for countries to measure progress on key indicators relating to international commitments, such as the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs). Both survey programs have been collaborating to ensure consistency in the use of indicators and to limit redundancies by targeting different countries. In a small number of countries, the DHS has included one or more modules from the MICS (e.g., Senegal DHS 2010-11, Ghana DHS 2006 and 2011) and in some rare cases, joint surveys have been fielded (e.g., Lao 2011-12).

3.2   Current Data on Children's Living Arrangements, Care, and Vulnerability in the DHS and MICS

The potential of the DHS and MICS datasets to examine children's care situations and well-being has been widely recognized since the late 1990s, when both provided vital information on the effects of HIV/AIDS, particularly in sub-Saharan Africa. The DHS and MICS have a number of advantages that make them particularly important sources of information for examining the link between children's living arrangements and child outcomes. First, the data provide information about the prevalence of children living outside of parental care and the survival status of parents. Second, because the DHS and MICS surveys are recurrent cross-sectional studies, they also provide important information about changes in prevalence over time, particularly where a country has had a number of completed surveys. Such data can highlight patterns and trends in children's living arrangements and orphanhood at both national and subnational level. The data also can be disaggregated to look more closely at factors such as gender, age, wealth, and geographical location that may be relevant to children's living situations, protection, and well-being. Understanding these

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[5] MICS surveys rarely include marital status on their household listing forms. Zimbabwe 2009 is an exception that collected the union status for all household members age 15 and older, whether their partner lives in the household, and residence (Zimbabwean region or foreign country) of absent partners. Other exceptions include Albania 2005.

patterns is critical to informing policies that strengthen parental care, prevent harmful separation, and support family-based alternative care. In combination with data on poverty, access to basic services, gender, violence, and other indicators of vulnerability, the data can also inform strategies on how best to target social protection and family support programs that ensure appropriate care for children.

3.2.1 Household composition and relationships

Both the DHS and MICS systematically collect data that could be used to examine household composition and the relationships between children and other household members. The DHS and MICS core questionnaires generate a number of variables related to children's living arrangements, including children not living with a parent. These data, collected under Household Characteristics as a part of the basic Household Schedule, allow for an accounting of the composition of the household and an analysis of the relationship between the children in a particular household and the head of that household. Although there are some variations in the range of possible relationship categories, there is general consistency for most key categories such as being the grandchild, sibling, foster child, or unrelated to the household head.

For children age 0–18, the great majority of countries also collect data on parental survival and orphanhood.[6] The DHS and MICS data provide the extent of parental loss (maternal or paternal orphans/double orphans) within a country, and also help to explain the extent to which parental loss affects children's living arrangements. These data can be used to enumerate children living outside of parental or family care (Pullum et al. 2012). This is of importance for a child's well-being because related individuals are more likely to provide care and provide the bases for determining the composition of the household and the relationships within it. However, these data are rarely reported in the national survey reports, despite their clear relevance to children's care situations. Analysts can extract them from the publicly available datasets (Pullum et al. 2012).

In addition, data such as the relationship between the child's parents and the education and employment of both parents are not systematically available in many countries for children in every living arrangement. This is because neither the DHS nor MICS routinely collect data on nonresidential household members. Parental data are generally quite limited for those children who are not living with both parents.

In contrast, data on both parents may be plentiful in those countries that also interview men—as long as both father and mother are living together and have completed their respective questionnaires.[7] More limited data on both parents may be obtained when a single parent completes their questionnaire under selected circumstances. For example, women in the DHS provide the father's education and occupation, even if they are not currently residing together (such as in the case of migration), but this is asked only if the parents are currently married or in-union. This creates a patchwork of data on parents that varies by type

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[6] These data were collected for all children under age 15 who were living in a household; however, more recent DHS and MICS surveys have shifted the criteria to now also include children aged 15–17 who are a part of the household.
[7] For the DHS, men have been interviewed in some countries since 1987 and the man's questionnaire now is a standard component of DHS surveys. However, men's sample sizes are often smaller, with men eligible for interview in one out of every two or three selected households. The men's questionnaire has been included in the generic set of questionnaires for the MICS since 2011, although it may have been administered only in selected households with a potentially different eligibility range from the standard MICS questionnaire. The data on men is dependent on the needs of the countries for both the DHS and MICS; thus, full data are not available in all countries.

of living arrangement, with the least amount of data on parents collected for children who are living with only one or neither parent.

Both DHS and MICS also routinely gather information on which household members are biological parents of all children[8] living in the household. Interviewers also obtain the survival status of each nonresident parent from the household respondent. Parental death presents multiple childcare challenges, of which impoverishment is the most often recognized. Parental death also complicates caregiving by potentially leading to multiple household transitions for children (Ansell and Van Blerk 2004; Mojola 2011). Most surveys provide only a snapshot of household membership at the time of the survey. In addition, a small number also measure household transitions due to migration, reproduction,[9] and mortality.

Information about co-resident parents is obtained from the household roster for all children, and other detailed parental information can be linked with the child if the parent was interviewed individually.[10] The 2016-17 Burundi DHS further obtained the household schedule line number for the guardians of children whose mother did not live in the household. However, this is an exception.

Information on children without an interviewed parent in the DHS is typically limited to relationship to the household head and schooling (collected in the household schedule). MICS, however, collects more data on all household members, including children. The availability of data that capture some of the key events (mainly migration, disability, and mortality) that alter both household composition and the children's caregiving environment are discussed in the following section.

3.2.2 Migration and household members/parents living elsewhere

Since 2013, MICS has collected the location of nonresident parents for all children on the household listing form.[11] As a result, MICS country reports routinely include the proportion of children with a parent or parents living abroad. DHS rarely collects similar information, although it is available for some countries (see Appendix Table A1). DHS used criteria to categorize absent parents as living abroad in the Benin 2006 survey and the Burundi 2016-17 survey.

The DHS routinely documents the presence or absence of an individual interviewee's spouse (who can be assumed to be the second parent). Beyond this, a limited number of surveys offer additional information about absent parents and other migrant household members because they have gathered data specifically on migration. All household members, including those who are not physically present, may be important for the care of children because of their social and financial links to the household (Collinson 2010) or

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[8] Currently children age 0-17; in older surveys, parental information was gathered for children age 0-15.

[9] Recent births to reproductive-age women are available from individual woman's interviews in both DHS and MICS.

[10] The household schedule records the line number of children's co-resident biological parents, which makes basic sociodemographic information accessible through the household records. The parent line numbers can also be used to link household data to individual interview data. In cases when men are interviewed as a part of the men's survey in the DHS, more detailed information on the fathers of children may also be available.

[11] Initially, the response categories included another household in the country, an institution in the country, abroad, and don't know. Beginning in 2017, the "other household in this country" category was subdivided into another household in the same region of the country, and another household in a different region of the country.

because they directly provide care. The DHS has used a range of approaches for capturing additional information on these individuals, with a range of different types of information collected. These included:

- The 2010 Afghanistan Mortality Survey (DHS) obtained the gender, age, month of departure, and reason for moving (work, school, family, security, don't know, or other) among former household members who departed in the 5 years before the survey.

- The 2008-09 Albania DHS captured links to current migrants by asking the household respondent whether anyone who has been a usual member of the household since 1990 was currently living elsewhere in the country or abroad. Follow-up questions included basic sociodemographic data (relationship to household head, age, sex, education, and union status) and migration-specific information (where they are, when they left, why they left, whether they remit, and when they started remitting), and the location of the migrant's immediate family (whether their partner and/or children live in the household and whether they have children not living them who reside elsewhere in the country). This method was used in the 2017-18 Albania DHS only for former household members who departed in the previous year. The remittance information is valuable not just as a measure of economic resources, but also as a measure of family reciprocity, which is an indicator of well-being (Tsai and Dzorgbo 2012).

- The 2006 Nepal DHS asked some questions about family members of the head of the household "who lived here anytime in the last 12 months but who are now away." These questions included age, relationship to the household head, sex, marital status, education, time away, and destination. Unlike Albania, which shifted to a shorter reference period in its later survey, Nepal used household departures in the 10 years before the survey in its 2011 and 2016 DHS. The later iterations also added cause of migration and omitted relationship to the household head, marital status, and education.

- The 2012-13 and 2017-18 Pakistan DHS used the same 10-year reference period and questions as the later Nepal surveys. The 2017-18 survey added two questions: 1) education of the migrant, and 2) whether money was sent, received, or both in the previous year.

- Colombian women age 50 or older were asked in 2005 and 2015 how many of their sons and daughters were living in Colombia, living abroad, or had died. The Colombia 2005 and 2015 DHS and the Moldova 2005 DHS collected information about previous usual household residents who had emigrated internationally (relationship to household head, sex, age, year of departure, and current country of residence). Moldova 2005 and Colombia 2015 also collected the reason for emigration. Colombia 2015 further determined who accompanied the migrant for both emigrants and internal migrants.[12]

- The 2015-16 Armenia DHS captured recent spousal migration by asking currently married women and men if their spouses were working abroad during the 3 years before the survey for 3 or more

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[12] Information available for internal migrants moving within the 5 years before the survey includes the reason for internal migration.

months at a time. The 2017 Bangladesh DHS asked currently married women not living with their husbands how often her husband had visited in the previous year.

3.2.3 Household capacity for caring for children

The functional capacity of households and individual household members to provide care for children is key to identifying situations in which children may be particularly vulnerable to poor outcomes. A variety of factors may influence this capacity, ranging from a lack of resources at the household level to individual health conditions that impede the ability of individual household members from providing care to children. It is also useful to know if a child needs special care, lives with other children who do, or lives with adults who need special care.

Both the DHS and MICS routinely collect information on the household situation and on individual household members that is directly relevant to the care and well-being of children in the household. At the household level, this includes information on relative household wealth, ownership of consumer durables and assets such as land and housing, and basic structural characteristics of homes (such as the building material of a house), as well as the quality of water and toilet facilities. The MICS also offers a Social Transfers module that collects information on social transfers received by the household (including support for children's schooling), information that DHS does not typically collect. DHS makes available a module that captures information on health insurance and out-of-pocket health-related expenditures (ICF 2020d). Appendix Table A2 presents surveys that implemented this module.

Child discipline is one component of the caregiving environment. Neither DHS nor MICS routinely collects data on types of discipline children receive. However, the DHS offers an optional module that collects data from household members on the acceptability of physical discipline of children and, for one randomly selected child per household, on the experience of physical and non-physical forms of discipline (ICF 2017a). This module has been implemented in approximately 50 surveys. The DHS surveys that have collected these data are presented in Appendix Table A3.

At the individual level, the data that both the DHS and MICS collect about the age, gender, education, and occupational status of the individuals with whom children live, as well as the relationship of these individuals to the household head, provide many clues about the likelihood of potential care. An educated prime-aged adult man is more likely to be a wage-earner than an uneducated elderly man, while an adolescent girl who has dropped out of school is more likely to care for young children than an adolescent boy who still attends school. Occupation, education level, and current employment status of household members are also included in DHS and MICS surveys. Among non-elderly members, being employed or in school implies a degree of functional capacity, with workers generating more resources than students.

Information on the attitudes and behaviors of adults in the household, such as the acceptability of gender-based violence, women's autonomy status, and gender norms, is collected by both the DHS and MICS. Recent rounds of both surveys have incorporated these questions into their main questionnaires for women, after relying on optional modules in the past. The MICS has collected data only on attitudes towards domestic violence, whereas the DHS collects this information in the main questionnaire and a module on domestic violence that captures women's experiences with intimate-partner violence (see Appendix Table A4) (ICF International 2016a).

The household and individual capacity to provide care for children are also influenced by the disability status of household members and caregivers. The MICS collects data on child household members with disabilities (see below for more detail) and the DHS has administered the MICS disability questions for children in some of its surveys. More typically, however, the DHS includes data on a wider range of household members than the MICS when it collects data on disability. The DHS offers a standardized optional disability module in which disability information is collected in the household schedule, with the household respondent answering for all household members (ICF 2017b). This module includes a series of questions based on the Washington Group on Disability Statistics Short Set (WG-SS) of questions, which are based on the framework of the World Health Organization's International Classification of Functioning, Disability, and Health (Washington Group on Disability Statistics 2020).[13] The questions address six core functional domains—seeing, hearing, communication, cognition, walking, and self-care. This framework is the basis of a new optional disability module developed for the latest round of the DHS (DHS-8). In most of the countries that used these questions, follow-up questions assessed severity, with additional questions on the cause of disability, and need for therapy and assistance asked much less frequently. See Appendix Table A5 for a list of surveys that contain disability data.

While the current standard approach in the DHS is to collect disability data in the household questionnaire, several earlier surveys collected self-reports of disability status directly from individual respondents, usually with the same WG-SS questions.[14] More contextually adapted measures of disability have also been used in selected DHS surveys, such as the Yemen 2013 DHS that included a module developed by the Pan-Arab Project for Family Health (PAPFAM). However, this has not been a common practice. Overall, a relatively small number of surveys include disability data in the DHS and the data collection approaches have varied, while the MICS only collects data on disability for children and is also reliant on a module that is not universally used. These limitations make a comprehensive assessment of the role disability may play in shaping the caregiving environment of children challenging.

Chronic illness and death of household members may also limit the capacity of households to care for children. As with disability status, relatively few of the DHS or MICS surveys have collected data on chronic illness or recent deaths (see Appendix Table A6), although most surveys collect information on the overall health of both men and women. The DHS collects such data via the optional chronic diseases or noncommunicable diseases modules (ICF 2020a; ICF International 2016b). Of particular relevance to the well-being of children are the questions about alcohol and tobacco use, although direct information on the exposure children have to these is limited because these questions are not included in the standard core questionnaires.

3.2.4 Children's health and well-being

Almost all surveys obtain information on recent illnesses among children. MICS includes a questionnaire that is administered to the mother of children younger than age 5 if the mother lives in the household. If the mother does not, the under-5 questionnaire is administered to the child's primary caregiver. DHS gathers

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[13] The surveys for which these data were collected are Cambodia 2014, Colombia 2010 and 2015, Haiti 2015-16, Maldives 2009, Pakistan 2017-18, Peru 2013 and 2014, Senegal 2014, South Africa 2016, Timor-Leste 2016, and Uganda 2006, 2011, and 2016.

[14] Assessments that compare the two approaches show that they produce similarly reliable data, albeit with some modest discrepancies at the individual level (Elkasabi 2021).

recent illness information with the individual Woman's questionnaire, and therefore does not have this information for children who are not living with their mothers.[15] The information collected on child health typically includes information on immunization coverage, vitamin supplementation, recent occurrences of and treatment for diarrhea, fever and cough for young children, child nutrition, treatment of childhood diseases, anemia testing, and anthropometric information (height and weight), among other measures. This allows for a number of health and well-being measures for children of different ages, which indicate physical development such as wasting, stunting, or being underweight.

3.3 Key Gaps in DHS and MICS Data

As the discussion above demonstrates, both the MICS and DHS collect a wide range of data that can inform programming and policy aimed at improving child welfare and understanding the role of living arrangements and household composition. These can and should be more widely used than they have been However, both the DHS and MICS suffer from significant gaps in the data that limit their usefulness in practice. This section highlights some of these gaps with the goal of identifying areas for future data collection, both for the DHS, MICS, and other large household-based surveys.

3.3.1 Non-resident household members, particularly parents

As discussed above, non-resident household members may influence the well-being of children in households in various ways, either directly through financial and material contributions to the household or less directly by maintaining supportive relationships with children. However, neither the DHS nor MICS routinely seek to collect detailed information on these individuals or their level of engagement with the household.[16] This is particularly problematic when the non-resident household member is a parent of a child living in the household and is therefore more likely to retain stronger ties to the household. Collecting information on these household members would both provide a more complete picture of the overall capacity of the household to provide care for children, and the degree to which factors such as migration (both short and long-term) and marital dissolution influence child well-being in LMICs. Building on the examples of surveys that sought to include more information on non-resident household members, such as the 2008-09 and 2017-18 Albania DHS, would significantly help to address this gap.

The reliance on the individual Women's questionnaire for collecting information on children may also mean that data on the children whose mother is not residing in the household is limited or, in the case of the DHS, missing. For example, because the DHS collects information on recent illnesses of children under age 5 with the individual Women's questionnaire, this information is not available for those children whose mother is not residing in the household. While the DHS is not designed to generate the level of detail on children that other surveys provide (including the MICS), this data gap means that information is not available for many particularly vulnerable children.

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[15] Children on the household roster can be linked to individual interviews by using parental line numbers. Other caregivers are not identified and individuals are not asked about the health of children other than their own.

[16] As noted above, the MICS does ask where non-resident parents are residing, which may act as a crude proxy for potential frequency of contact with children.

3.3.2 Caregiving and a detailed understanding of relationships within households

Although the basic relationships between household members can be inferred in both the DHS and MICS from information on each member's relationship to the household head and the household schedule identifies children's co-resident parents, very little other data are collected on the nature of these relationships or the person in the household who is the primary caregiver for children. Both DHS and MICS questionnaires assume that a biological parent in the household is the primary caregiver. In the majority of households, this may be a perfectly reasonable assumption. However, in multigenerational households, polygamous households, or in sociocultural contexts where children and caregivers may be living and cared for as part of a community across multiple households, this assumption may not be true.

For the significant number of children who are not living with a biological parent, the relationship between the child and the head of the household is the only information provided by the surveys that can be used to assess caregiving. While this provides a strong indication that the child is in "family care," it says little about "who" may be performing the parenting tasks and "who" may be making decisions about caregiving. Even less is known about the relationship between the children's parents. Unless a child's mother and father are both selected for interviews, data on fathers is often restricted to information collected through the household schedule.

4 NEW PROSPECTS FOR DATA COLLECTION: THE VULNERABLE CHILDREN MODULE IN THE DHS

The DHS has recently developed a new module designed to address some of the gaps identified in this report. This module will be pilot-tested in 2021-22 and added to the range of modules that countries may choose to implement. The pilot module, presented in Appendix 2, extends the information that the DHS collects on children (age 0-17) in the household in several ways, with a specific focus on household composition and the living arrangements of children. These include:

- Greater detail on survivorship of children's biological parents. If the child's mother and father have died, the new module determines when. This detail provides data on how long a child has been living without the deceased parent.

- Greater detail on the residence of children's biological parents. Specifically, the module includes a question that asks if the child's mother or father usually lives in the household. For those children with non-resident parents, information is also collected on how long it has been since the child has lived with that parent and the frequency of communication with the non-residential parent in the previous 6 months.

- Information relevant to the level of commitment of non-resident parents to the care of children residing in the household. Information is collected on the relationship status of the non-resident parent, including if their partner/spouse is the other biological parent of the child; the length of time they have been living apart; where the non-resident parent lives; how often the child has communicated or seen the parent in the past 6 months, and the flow of money or goods between the parent and the household. This information is collected for mothers and fathers of children in the household.

- Information on other siblings in the household. This collects information that will allow for the identification of other children in the household with the same biological parent.

- Specifically identifying the primary caregiver of the child and the child's relationship to that person.

- A wider range of child outcomes and indicators of vulnerability, including more information about school attendance (for those older than age 4), completed formal education, and the availability of a child's birth certificate.

This Vulnerable Child module will add significantly to the depth of the data that the DHS collects on factors related to the living conditions and vulnerability of children. As noted above, the module does not address all aspects of vulnerability for children, but focuses on addressing the key gaps in the DHS data. This includes collecting information on non-resident parents and ensuring that data are collected on children with no parents residing their household.

5   CONCLUSION

The DHS and MICS currently collect valuable data that can and should be better utilized to understand patterns and trends in the living conditions of children and the influence this has on children's lives. The large scale of the data collection efforts in both the DHS and MICS and the consistency of the information collected make extremely valuable tools for researchers, policy makers, and programmers who seek to better understand, prevent, or mitigate child vulnerability at the global, regional, and national levels. Both have significant gaps in the data they collect that limit their usefulness. Recent changes, made by both the DHS and MICS, particularly the development of the draft of the Vulnerable Children module for the DHS, begin to address these gaps and will make both even more valuable to the field in the future.

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APPENDIX A

Appendix Table A1   Migration

DHS
Afghanistan 2010
Albania 2008-09, 2017-18
Angola 2015-16
Armenia 2015-16
Bangladesh 2007, 2017-18
Benin 2006, 2011-12, 2017-18
Burundi 2016-17
Colombia 2015
Colombia 2000
Dominican Republic 2007, 2013
Eritrea 2002
Ethiopia 2016
Indonesia 2017
Kenya 2014
Lao People's Democratic Republic 2017
Lesotho 2009
Madagascar 2021
Malawi 2015-16
Maldives 2009
Moldova 2005
Nepal 2006, 2011, 2016
Nicaragua 2001
Pakistan 2012-13, 2017-18
Papua New Guinea 2016-18
Peru 2004-06, 2009, 2010
Philippines 2017
Tajikistan 2017
Tanzania 2015-16
Timor-Leste 2016
Turkey 2003, 2013, 2018
Uganda 2016
Zambia 2013-14, 2018
Zimbabwe 2015

Appendix Table A2   Out-of-pocket health expenditures

DHS
Afghanistan 2010
Armenia 2015-16
Cambodia 2014
Cameroon 2011
Congo Democratic Republic 2013-14
Dominican Republic 2013
Egypt 2015
Honduras 2011-12
Jordan 2017-18
Liberia 2013
Maldives 2016-17
Maldives 2009
Mali 2012-13
Mozambique 2011
Myanmar 2022
Namibia 2013
Philippines 2017
Philippines 2013
Rwanda 2010
Tanzania 2015-16

Appendix Table A3   Child Discipline

DHS
Albania 2017-18
Albania 2008-09
Armenia 2015-16
Armenia 2010
Azerbaijan 2006
Benin 2017-18
Bolivia 2008
Bolivia 2003
Burundi 2016-17
Chad 2014-15
Colombia 2015
Colombia 2010
Colombia 2005
Colombia 2000
Congo 2011-12
Congo Democratic Republic 2013-14
Egypt 2014
Ghana 2011
Ghana 2006
Guinea 2018
Haiti 2016-17
Haiti 2012
Jordan 2017-18
Jordan 2012
Lao People's Democratic Republic 2017
Lao People's Democratic Republic 2011-12
Liberia 2019-20
Liberia 2007
Myanmar 2015-16
Niger 2012
Peru 2014
Peru 2013
Peru 2012
Peru 2011
Peru 2010
Sao Tome and Principe 2014
South Africa 2016
Tajikistan 2017
Togo 2013-14
Uganda 2016
Yemen 2013

Appendix Table A4   Domestic Violence

DHS
Afghanistan 2015
Albania 2017-18
Angola 2021-22
Angola 2015-16
Armenia 2015-16
Azerbaijan 2006
Bangladesh 2007
Benin 2017-18
Bolivia 2008
Bolivia 2003
Burkina Faso 2021
Burkina Faso 2010
Burundi 2016-17
Cambodia 2021
Cambodia 2014
Cambodia 2005
Cambodia 2000
Cameroon 2018
Cameroon 2011
Cameroon 2004
Cape Verde 2005
Chad 2014-15
Colombia 2015
Colombia 2010
Colombia 2005
Colombia 2000
Colombia 1995
Colombia 1990
Comoros 2012
Congo Democratic Republic 2013-14
Congo Democratic Republic 2007
Cote d'Ivoire 2021
Cote d'Ivoire 2011-12
Cote d'Ivoire 2005
Dominican Republic 2013
Dominican Republic 2007
Dominican Republic 2002
Dominican Republic 1999
Egypt 2014
Egypt 2005
Egypt 1995
Equatorial Guinea 2011
Ethiopia 2022
Ethiopia 2016
Gabon 2019-20
Gabon 2012
Gambia 2019-20
Gambia 2013
Ghana 2008
Guatemala 2022
Guatemala 2014-15
Guinea 2018
Haiti 2016-17
Haiti 2012

Haiti 2005-06
Haiti 2000
Honduras 2011-12
Honduras 2005-06
India 2019-20
India 2015-16
India 2005-06
India 1998-99
Jordan 2017-18
Jordan 2012
Jordan 2007
Kenya 2014
Kenya 2008-09
Kenya 2003
Kyrgyz Republic 2012
Lesotho 2021
Liberia 2019-20
Liberia 2007
Madagascar 2021
Malawi 2015-16
Malawi 2010
Malawi 2004
Maldives 2016-17
Mali 2018
Mali 2012-13
Mali 2006
Mauritania 2019-20
Moldova 2005
Mozambique 2021
Mozambique 2015
Mozambique 2011
Myanmar 2022
Myanmar 2015-16
Namibia 2013
Nepal 2021
Nepal 2016
Nepal 2011
Niger 2017
Nigeria 2018
Nigeria 2013
Nigeria 2008
Pakistan 2017-18
Pakistan 2012-13
Papua New Guinea 2016-18
Peru 2014
Peru 2013
Peru 2012
Peru 2011
Peru 2010
Peru 2009
Peru 2007-08
Peru 2004-06
Peru 2000
Philippines 2017
Philippines 2013

Philippines 2008
Rwanda 2019-20
Rwanda 2014-15
Rwanda 2010
Rwanda 2005
Sao Tome and Principe 2008-09
Senegal 2019
Senegal 2018
Sierra Leone 2019
Sierra Leone 2013
South Africa 2016
South Africa 2003
Sri Lanka 2016
Tajikistan 2017
Tajikistan 2012
Tanzania 2021-22
Tanzania 2015-16
Tanzania 2010
Timor-Leste 2016
Timor-Leste 2009-10
Togo 2013-14
Turkmenistan 2000
Uganda 2021
Uganda 2016
Uganda 2011

Uganda 2006
Sri Lanka 2016
Tajikistan 2017
Tajikistan 2012
Tanzania 2021-22
Tanzania 2015-16
Tanzania 2010
Timor-Leste 2016
Timor-Leste 2009-10
Togo 2013-14
Turkmenistan 2000
Uganda 2021
Uganda 2016
Uganda 2011
Uganda 2006
Ukraine 2007
Yemen 2013
Zambia 2018
Zambia 2013-14
Zambia 2007
Zambia 2001-02
Zimbabwe 2015
Zimbabwe 2010-11
Zimbabwe 2005-06

Appendix Table A5   Disability

DHS

Albania 2008-09
Angola 2015-16
Bolivia 2008
Bolivia 2003
Cambodia 2014
Cameroon 2011
Chad 2014-15
Colombia 2015
Colombia 2010
Congo Democratic Republic 2013-14
Egypt 2014
Gambia 2013
Ghana 2017
Ghana 1993
Haiti 2016-17
India 2019-20
Lao People's Democratic Republic 2017
Malawi 2015-16
Maldives 2009
Mali 2018
Mauritania 2019-20
Mozambique 2021
Nepal 2021
Nicaragua 2001
Pakistan 2017-18
Peru 2014
Peru 2013
Rwanda 2019-20
Senegal 2019
Senegal 2018
Senegal 2014
South Africa 2016
South Africa 2003
Sri Lanka 2016
Tanzania 2021-22
Timor-Leste 2016
Uganda 2021
Uganda 2016
Uganda 2011
Uganda 2006
Yemen 2013
Albania 2008-09
Angola 2015-16
Bolivia 2008
Bolivia 2003
Cambodia 2014
Cameroon 2011
Chad 2014-15
Colombia 2015
Colombia 2010
Congo Democratic Republic 2013-14
Egypt 2014
Gambia 2013
Ghana 2017

Haiti 2016-17
India 2019-20
Lao People's Democratic Republic 2017
Malawi 2015-16
Maldives 2009
Mali 2018
Mauritania 2019-20
Mozambique 2021
Nepal 2021
Nicaragua 2001
Pakistan 2017-18
Peru 2014
Peru 2013
Rwanda 2019-20
Senegal 2019
Senegal 2018
Senegal 2014
South Africa 2016
South Africa 2003
Sri Lanka 2016
Tanzania 2021-22
Timor-Leste 2016
Uganda 2021
Uganda 2016
Uganda 2011

Appendix Table A6   Surveys with Chronic illness, NCDs*, and recent death

DHS	MICS
Bangladesh 2021-22	Bangladesh 2006
Cote d'Ivoire 2021	Burkina Faso 2006
Mozambique 2021	Cameroon 2006
Afghanistan 2010	Central African Republic 2006
Angola 2006-07	Eswatini 2010 and 2014
Bangladesh 2004, 2011, 2021-22	Gambia 2005/06
Cambodia 2000, 2005	Guinea-Bissau 2006
Cambodia 2000	Guyana 2006-07
Cote d'Ivoire 2021	Jamaica 2005
Ghana 2007, 2008, 2017	Kenya
Haiti 2012	Eastern Province 2008
Honduras 2005-06, 2011-12	Informal Mombasa Settlements 2009
Mozambique 2021	Nyanza Province 2011
Nepal 2006	Malawi 2006
	Mozambique 2008
	Nigeria 2007
	São Tomé and Príncipe 2006
	Sierra Leone 2005-06
	Thailand 2005-06
	Togo 2006
	Zimbabwe 2009

*Non-communicable diseases

APPENDIX B: VULNERABLE CHILDREN MODULE

DEMOGRAPHIC AND HEALTH SURVEYS
VULNERABLE CHILDREN MODULE
MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION (1)

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO . . . .

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.
RESULT*	_____	_____	_____	RESULT*
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*RESULT CODES:

1   COMPLETED
2   NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3   ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4   POSTPONED
5   REFUSED
6   DWELLING VACANT OR ADDRESS NOT A DWELLING
7   DWELLING DESTROYED
8   DWELLING NOT FOUND
9   OTHER _____
          (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF QUESTIONNAIRE**   **0 1**

LANGUAGE OF INTERVIEW**

NATIVE LANGUAGE OF RESPONDENT**

TRANSLATOR USED (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE**   **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH   03 LANGUAGE 3   05 LANGUAGE 5
02 LANGUAGE 2   04 LANGUAGE 4   06 LANGUAGE 6

TEAM	TEAM SUPERVISOR	CAPI SUPERVISOR (2)
NUMBER	NAME NUMBER	NAME NUMBER

(1) This section should be adapted for country-specific survey design.

(2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY	IF AGE 15 OR OLDER	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER- MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HOUSE- HOLD SELECT- ED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL MEN AGE 15-[49]	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS				
01			1 2	1 2	1 2			01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE   NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE   NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE   NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOL[D]

01 = HEAD	07 = PARENT-IN-LAW
02 = WIFE OR HUSBAND	08 = BROTHER OR SISTER
03 = SON OR DAUGHTER	09 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	10 = ADOPTED/FOSTER/ STEPCHILD
05 = GRANDCHILD	11 = NOT RELATED
06 = PARENT	98 = DON'T KNOW

	IF AGE 0-17 YEARS					
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS					
	12	12A	13	14	14A	15
	Is (NAME)'s biological mother alive?	In what year did (NAME)'s biological mother die? RECORD YEAR OF DEATH. IF DOESN'T KNOW, RECORD '9998'.	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	In what year did (NAME)'s biological father die? RECORD YEAR OF DEATH. IF DOESN'T KNOW, RECORD '9998'.	Does (NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.
01	Y N DK 1 2 8 GO TO 13 GO TO 14	☐☐☐☐ GO TO 14	☐☐	Y N DK 1 2 8 GO TO 15 GO TO 15A	☐☐☐☐ GO TO 15A	☐☐
02	1 2 8 GO TO 13 GO TO 14	☐☐☐☐ GO TO 14	☐☐	1 2 8 GO TO 15 GO TO 15A	☐☐☐☐ GO TO 15A	☐☐
03	1 2 8 GO TO 13 GO TO 14	☐☐☐☐ GO TO 14	☐☐	1 2 8 GO TO 15 GO TO 15A	☐☐☐☐ GO TO 15A	☐☐
04	1 2 8 GO TO 13 GO TO 14	☐☐☐☐ GO TO 14	☐☐	1 2 8 GO TO 15 GO TO 15A	☐☐☐☐ GO TO 15A	☐☐
05	1 2 8 GO TO 13 GO TO 14	☐☐☐☐ GO TO 14	☐☐	1 2 8 GO TO 15 GO TO 15A	☐☐☐☐ GO TO 15A	☐☐
06	1 2 8 GO TO 13 GO TO 14	☐☐☐☐ GO TO 14	☐☐	1 2 8 GO TO 15 GO TO 15A	☐☐☐☐ GO TO 15A	☐☐
07	1 2 8 GO TO 13 GO TO 14	☐☐☐☐ GO TO 14	☐☐	1 2 8 GO TO 15 GO TO 15A	☐☐☐☐ GO TO 15A	☐☐
08	1 2 8 GO TO 13 GO TO 14	☐☐☐☐ GO TO 14	☐☐	1 2 8 GO TO 15 GO TO 15A	☐☐☐☐ GO TO 15A	☐☐
09	1 2 8 GO TO 13 GO TO 14	☐☐☐☐ GO TO 14	☐☐	1 2 8 GO TO 15 GO TO 15A	☐☐☐☐ GO TO 15A	☐☐
10	1 2 8 GO TO 13 GO TO 14	☐☐☐☐ GO TO 14	☐☐	1 2 8 GO TO 15 GO TO 15A	☐☐☐☐ GO TO 15A	☐☐

D

	IF AGE 15-17 YEARS	IF AGE 0-17 YEARS		IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS		IF AGE 0-4 YEARS
LINE NO.		PRIMARY CAREGIVER		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	15A	15B	15C	16	17	18	19	20
	CHECK Q. 8: CODES 1, 2, OR 3 SELECTED?	Who is (NAME)'s primary caregiver? RECORD CARE GIVER'S LINE NUMBER. IF CHILD HAS NO CARE-GIVER, RECORD '95'. IF CAREGIVER NOT IN HH, RECORD '00'.	What is the relationship of the primary caregiver to (NAME)? SEE CODES BELOW.	Has (NAME) ever attended school or any early childhood education program?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school or any early childhood education program at any time during the [2019-2020] school year? (3)	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N 1 2 ↓ GO TO 16	☐☐ IF '95' GO TO 16	☐	Y N 1 2 ↓ GO TO 20	LEVEL GRADE ☐ ☐	Y N 1 2 ↓ GO TO 20	LEVEL GRADE ☐ ☐	☐
02	1 2 ↓ GO TO 16	☐☐ IF '95' GO TO 16	☐	1 2 ↓ GO TO 20	☐ ☐	1 2 ↓ GO TO 20	☐ ☐	☐
03	1 2 ↓ GO TO 16	☐☐ IF '95' GO TO 16	☐	1 2 ↓ GO TO 20	☐ ☐	1 2 ↓ GO TO 20	☐ ☐	☐
04	1 2 ↓ GO TO 16	☐☐ IF '95' GO TO 16	☐	1 2 ↓ GO TO 20	☐ ☐	1 2 ↓ GO TO 20	☐ ☐	☐
05	1 2 ↓ GO TO 16	☐☐ IF '95' GO TO 16	☐	1 2 ↓ GO TO 20	☐ ☐	1 2 ↓ GO TO 20	☐ ☐	☐
06	1 2 ↓ GO TO 16	☐☐ IF '95' GO TO 16	☐	1 2 ↓ GO TO 20	☐ ☐	1 2 ↓ GO TO 20	☐ ☐	☐
07	1 2 ↓ GO TO 16	☐☐ IF '95' GO TO 16	☐	1 2 ↓ GO TO 20	☐ ☐	1 2 ↓ GO TO 20	☐ ☐	☐
08	1 2 ↓ GO TO 16	☐☐ IF '95' GO TO 16	☐	1 2 ↓ GO TO 20	☐ ☐	1 2 ↓ GO TO 20	☐ ☐	☐
09	1 2 ↓ GO TO 16	☐☐ IF '95' GO TO 16	☐	1 2 ↓ GO TO 20	☐ ☐	1 2 ↓ GO TO 20	☐ ☐	☐
10	1 2 ↓ GO TO 16	☐☐ IF '95' GO TO 16	☐	1 2 ↓ GO TO 20	☐ ☐	1 2 ↓ GO TO 20	☐ ☐	☐

CODES FOR Q. 15C

01 = BIOLOGICAL MOTHER/FATHER
02 = GRANDPARENT
03 = AUNT/UNCLE
04 = BROTHER OR SISTER
05 = OTHER RELATIVE OF CHILD
06 = STEPMOTHER/STEPFATHER
07 = RELATIVE OF STEPPARENT
08 = FORMAL FOSTER/ ADOPTED PARENT
09 = FRIEND
96 = OTHER (SPECIFY)

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL
0 = EARLY CHILDHOOD EDUCATION PROGRAM
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
98 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
VC1	CHECK COLUMNS 5 AND 7: ANY DE JURE CHILDREN AGE 0-17? YES ☐ NO ☐		NEXT SEC.
VC2	CHECK COLUMNS 5, 13, AND 15: ANY DE JURE CHILDREN AGE 0-17 WHOSE BIOLOGICAL MOTHERS OR FATHERS ARE NOT LISTED IN THE HOUSEHOLD SCHEDULE (COLUMN 13 OR COLUMN 15 IS '00') ? NO ☐ YES ☐		VC4
VC3	CHECK COLUMNS 5, 13, AND 15: ANY DE JURE CHILDREN AGE 0-17 WHOSE BIOLOGICAL MOTHERS OR FATHERS ARE VISITORS TO THE HOUSEHOLD? ('2' IS RECORDED IN COLUMN 5 ON THE ROW IN THE HOUSEHOLD SCHEDULE CORRESPONDING TO THE CHILD'S BIOLOGICAL MOTHER OR FATHER). YES ☐ NO ☐		NEXT SEC.

VC4 — LIST EACH OF THE DE JURE CHILDREN AGE 0-17 YEARS WHOSE BIOLOGICAL MOTHERS OR FATHERS DO NOT USUALLY LIVE IN THE HOUSEHOLD BELOW IN THE ORDER THEY APPEAR IN THE HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR EACH CHILD, AND RECORD WHETHER OR NOT THE CHILD'S BIOLOGICAL MOTHER AND FATHER USUALLY LIVE ELSEWHERE.

VC4A. RANK NUMBER	VC4B. HH LINE NUMBER	VC4C. NAME FROM COL. 2	VC4D. MOTHER'S STATUS	VC4E. FATHER'S STATUS
01	☐☐	_____	ELSEWHERE . . . 1 IN HOUSEHOLD . 2 DEAD 3	ELSEWHERE . . . 1 IN HOUSEHOLD . 2 DEAD 3
02	☐☐	_____	ELSEWHERE . . . 1 IN HOUSEHOLD . 2 DEAD 3	ELSEWHERE . . . 1 IN HOUSEHOLD . 2 DEAD 3
03	☐☐	_____	ELSEWHERE . . . 1 IN HOUSEHOLD . 2 DEAD 3	ELSEWHERE . . . 1 IN HOUSEHOLD . 2 DEAD 3
04	☐☐	_____	ELSEWHERE . . . 1 IN HOUSEHOLD . 2 DEAD 3	ELSEWHERE . . . 1 IN HOUSEHOLD . 2 DEAD 3
05	☐☐	_____	ELSEWHERE . . . 1 IN HOUSEHOLD . 2 DEAD 3	ELSEWHERE . . . 1 IN HOUSEHOLD . 2 DEAD 3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
VC5	CHECK VC4: RECORD THE NAME AND HOUSEHOLD LINE NUMBER OF THE CHILDREN WHOSE BIOLOGICAL MOTHERS OR FATHERS USUALLY LIVE ELSEWHERE, STARTING WITH THE FIRST CHILD IN THE ROSTER. NAME _____ HOUSEHOLD LINE NUMBER . . . . ☐☐		
VC6	Now I would like to ask you some questions about (NAME OF CHILD FROM VC5).		
VC7	CHECK VC4D: MOTHER'S STATUS CODE '1' ☐ CODE '2' OR '3' ☐ CIRCLED CIRCLED		VC19
VC8	How long has it been since (NAME) and (NAME)'s mother have lived together? IF LESS THAN 1 YEAR, RECORD ANSWER IN MONTHS. IF 1 YEAR OR MORE, RECORD ANSWER IN COMPLETED YEARS. IF (NAME) AND (NAME)'S MOTHER NEVER LIVED TOGETHER, RECORD '995'.	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ NEVER LIVED TOGETHER . . . . .995 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME _____	HOUSEHOLD LINE NUMBER ..... ☐☐	
VC9	In the last 6 months, how often has (NAME)'s biological mother seen or communicated with (NAME), almost every day, at least once a week, at least once a month, less than once a month, or not at all?	ALMOST EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 AT LEAST ONCE A MONTH .... 3 LESS THAN ONCE A MONTH .... 4 NOT AT ALL .... 5 DON'T KNOW 8	
VC10	CAPI WILL CHECK DATA COLLECTED UP TO THIS POINT TO DETERMINE WHETHER OR NOT QUESTIONS VC13-VC17 HAVE ALREADY BEEN ASKED FOR ANOTHER CHILD WHO HAS THE SAME MOTHER AS THIS CHILD, OR IF THIS CANNOT BE DETERMINED FROM DATA ALREADY COLLECTED. UNKNOWN IF VC13-17 HAVE BEEN ASKED FOR MOTHER OF THIS CHILD ☐↓	VC13-17 HAVE NOT BEEN ASKED ABOUT THE MOTHER OF THIS CHILD ☐ → VC13 VC13-17 HAVE BEEN ASKED ABOUT THE MOTHER OF THIS CHILD ☐ → VC18	
VC11	Does (NAME) have the same biological mother as another child I have already asked you about?	YES .... 1 NO .... 2 DON'T KNOW 8	→ VC13
VC12	Which child has the same biological mother as (NAME)? RECORD THE HOUSEHOLD LINE NUMBER OF THE CHILD WITH THE SAME BIOLOGICAL MOTHER AS (NAME).	MATERNAL SIBLING HOUSEHOLD LINE NUMBER ..... ☐☐	→ VC18
VC13	Is (NAME)'s biological mother married or living with a man as if married?	YES, MARRIED OR LIVING TOGETHER ..... 1 NO .... 2 DON'T KNOW 8	→ VC15
VC14	Is this man (NAME)'s biological father?	YES .... 1 NO .... 2 DON'T KNOW 8	
VC15	Does (NAME)'s biological mother send money or goods to this household?	YES .... 1 NO .... 2 DON'T KNOW 8	
VC16	Does (NAME)'s biological mother receive money or goods from this household?	YES .... 1 NO .... 2 DON'T KNOW 8	
VC17	Where does (NAME)'s biological mother live?	IN ANOTHER HOUSEHOLD IN THE SAME [REGION] .... 1 IN A HOUSEHOLD IN ANOTHER [REGION] .... 2 IN AN INSTITUTION IN THIS COUNTRY ..... 3 IN ANOTHER COUNTRY .... 4 DON'T KNOW 8	
VC18	CHECK VC4E: FATHER'S STATUS CODE '1' ☐↓ CIRCLED	CODE '2' OR '3' ☐ CIRCLED	→ VC29
VC19	How long has it been since (NAME) and (NAME)'s father have lived together? IF LESS THAN 1 YEAR, RECORD ANSWER IN MONTHS. IF 1 YEAR OR MORE, RECORD ANSWER IN COMPLETED YEARS. IF (NAME) AND (NAME'S) FATHER NEVER LIVED TOGETHER, RECORD '995'.	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐ NEVER LIVED TOGETHER ....995 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME _____	HOUSEHOLD LINE NUMBER . . . . . ▢▢	
VC20	In the last 6 months, how often has (NAME)'s biological father seen or communicated with (NAME), almost every day, at least once a week, at least once a month, less than once a month, or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 AT LEAST ONCE A MONTH . . . . 3 LESS THAN ONCE A MONTH . . . . 4 NOT AT ALL . . . . 5 DON'T KNOW 8	
VC21	CAPI WILL CHECK DATA COLLECTED UP TO THIS POINT TO DETERMINE WHETHER OR NOT QUESTIONS VC24-VC28 HAVE ALREADY BEEN ASKED FOR ANOTHER CHILD WHO HAS THE SAME FATHER AS THIS CHILD, OR IF THIS CANNOT BE DETERMINED FROM DATA ALREADY COLLECTED. UNKNOWN IF VC24-VC28 HAVE BEEN ASKED FOR FATHER OF THIS CHILD ▢↓ VC24-VC28 HAVE NOT BEEN ASKED ABOUT THE FATHER OF THIS CHILD ▢ VC24-VC28 HAVE BEEN ASKED ABOUT THE FATHER OF THIS CHILD ▢		→ VC24 → VC29
VC22	Does (NAME) have the same biological father as another child I have already asked you about?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ VC24
VC23	Which child has the same biological father as (NAME)? RECORD THE HOUSEHOLD LINE NUMBER OF THE CHILD WITH THE SAME BIOLOGICAL FATHER AS (NAME).	PATERNAL SIBLING HOUSEHOLD LINE NUMBER . . . . . ▢▢	→ VC29
VC24	CHECK VC14: IS CHILD'S BIOLOGICAL MOTHER MARRIED TO (OR LIVING WITH) CHILD'S BIOLOGICAL FATHER? NO, DON'T KNOW ▢↓ OR NOT ASKED YES ▢		→ VC26
VC25	Is (NAME)'s biological father married or living with a woman as if married?	YES, MARRIED OR LIVING TOGETHER . . . . . 1 NO . . . . 2 DON'T KNOW 8	
VC26	Does (NAME)'s biological father send money or goods to this household?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
VC27	Does (NAME)'s biological father receive money or goods from this household?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

VC28	Where does (NAME)'s biological father live?	IN ANOTHER HOUSEHOLD IN THE
		    SAME [REGION] 1
		IN A HOUSEHOLD IN ANOTHER
		    [REGION] 2
		IN AN INSTITUTION IN THIS COUNTRY 3
		IN ANOTHER COUNTRY 4
		DON'T KNOW 8	

VC29	CHECK VC4: ANY MORE DE JURE CHILDREN AGE 0-17 WHOSE BIOLOGICAL MOTHER OR FATHER DOES NOT LIVE IN THE HOUSEHOLD? YES ▢↓ NO ▢ (GO TO VC5 FOR NEXT CHILD) ←		→ NEXT SEC.