Kenya - Kenya Urban Reproductive Health Initiative, 2012

Kenya National Bureau of Statistics

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Overview

Identification

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Overview

KIND OF DATA
Sample survey data [ssd]

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
Kenya National Bureau of Statistics	KNBS

OTHER PRODUCER(S)

Name	Affiliation	Role
Measurement, Learning & Evaluation		
Jhpiego		
Center for Communication Programs		
Marie Stopes International		
National Coordinating Agency for Population and Development		
Pharm Access Africa Limited		

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Kenya National Bureau of Statistics	KNBS		

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2012

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Version 1.0

Sampling

Sampling Procedure

The household survey sample was drawn from the population residing in the five cities/urban centers. The most recent Population and Housing Census (2009) was used to identify clusters from which a representative sample of households for each city/urban center was drawn. A total of 13,140 households were selected for interviewing, ensuring that the sample was sufficient to allow analysis of the findings by each of the five intervention sites. Nairobi was intentionally oversampled (4,260 vs. 2,220 households) due its significantly larger size. With the exception of Machakos and Kakamega, the sample in each urban area was apportioned equally between formal and informal localities.
A two-stage cluster sampling design was used for each urban area. Stage one involved selecting a random sample of clusters in each urban area. In Nairobi, 71 clusters were randomly selected in each of the formal and informal areas (domains), for a total of 142. In Mombasa and Kisumu, 37 clusters were randomly drawn from each domain, for a total 74 per urban area. In Machakos and Kakamega, 74 clusters were randomly selected per urban area. In the second stage, a random sample of 30 households was selected within each selected cluster. Interviews with women took place in all households selected. In Nairobi, Mombasa and Kisumu, half of the households (15) in each of the selected clusters were also selected to interview men.
For each household selected, an interview with the head of the household (or his or her representative) was conducted. Each interview assessed household assets and environmental circumstances such as sanitation and housing materials, obtained a listing of usual residents of the household and asked about demographic characteristics of the head of the household.
All women aged 15-49 years who were either usual residents or visitors present in the sampled households on the night prior to the survey were eligible for a detailed interview. In addition, in half of the sampled households in Nairobi, Mombasa and Kisumu, all men aged 15-59 years were asked to participate in a detailed interview.
Interviews took place in a location where the respondent could be assured some level of privacy and were conducted by a same-sex interviewer using a paper-and-pencil questionnaire following the receipt of informed consent.
Respondents were asked about demographic characteristics, for information on current and past FP method use, fertility desires and intentions, health-seeking behaviors for themselves and their children, how they pay for health care services, exposure to FP messages, and migration patterns, using a structured questionnaire. At mid-term and end line, the objective will be to find the same female respondents, so contact information was requested to permit extensive tracking procedures at each follow -up round of data collection. Repeated cross-sections of men (not necessarily the same ones) will be interviewed at mid and end line.

Questionnaires

Overview

Three questionnaires were used to collect baseline information-one for each of the households, one for women and one for men. In Machakos and Kakamega, only women were interviewed. Questionnaires were based on the questionnaires used by the Demographic and Health Survey program in Kenya but were modified and expanded by all in-country partners to reflect MLE and Tupange objectives.
Questionnaires were translated from English into Kiswahili, Luhya, Kamba and Dholuo-the four most commonly spoken languages in the five cities. Final revisions were made to the questionnaires following extensive pre-testing and training of field staff.
The household questionnaire was administered prior to the women's and men's questionnaires to facilitate the identification of eligible household members. The methodology and questionnaires were tested in Kisumu and Nairobi August 5-8, 2010, in clusters outside the planned intervention areas to minimize chances of contamination. Survey instruments were finalized based on feedback from and lessons learned during the pre-test.

Data Collection

Data Collection Dates

Start	End	Cycle

Time Periods

Start	End	Cycle
2012	2012	N/A

Data Collection Mode

Face-to-face [f2f]

Data Collection Notes

The survey sampling frame was developed by the Kenya National Bureau of Statistics (KNBS) which also planned and conducted the training for the survey field workers, collected the data and entered the data from the survey questionnaires (which can be seen in Attachment 2). The African Population and Health Research Centre (APHRC) provided in -country technical assistance to KNBS to ensure that data were gathered according to a standard, scientific protocol and participated in data analysis. Jhpiego, an international non-profit health organization affiliated with The Johns Hopkins University (and the lead partner in the country-level project consortium), provided administrative assistance and managed and carried out the dissemination of the survey results. Other partners and stakeholders of Tupange are Marie Stopes Kenya (MSK), the National Coordinating Agency for Population and Development (NCAPD), the Johns Hopkins University Center for Communications Programs (JHU/CCP), the Division of Reproductive Health (DRH) in the Ministry of Public Health and Sanitation, and Pharm Access Africa Limited (PAAL). The Tupange partners jointly provided technical inputs during the development of the survey instruments and NCAPD conducted community sensitization to help maximize response rates. The Carolina Population Center, University of North Carolina, Chapel Hill (UNC), provided the overall study design and execution for this survey and led the data analysis.
The KNBS recruited research assistants and supervisors based on a set of defined criteria, including experience with large-scale, national-level, population-based surveys.
The final team included 31 supervisors, 93 female research assistants, 27 male research assistants, 31 field editors and 12 reserves. APHRC hired six quality assurance personnel.
Training of the research team was undertaken from September 4 to September 15, 2010.
Technical and program staff from KNBS, NCAPD, MOH, MLE and APHRC served as trainers and divided participants into four groups to train them on questionnaire administration, logistics and Tupange objectives using manuals to ensure that the team was fully briefed on survey contents and procedures. A mix of training techniques including class presentations, mock interviews and practice interviews in the field was used.
Supervisors were given supplementary training on the identification of clusters and households for the survey, distribution of assignments to the research assistants, accounting for the completed questionnaires, and what to look out for when carrying out the initial editing of the questionnaires while in the field. All trainees were taken for practice interviews in households in selected clusters in the town of Nakuru. Each trainee was tasked with collecting data for two of each of the questionnaires depending on the availability of the eligible respondents at the household level. During the last day of the training, the final field teams were formed and supervisors, research assistants and field editors were identified.
The quality assurance staff received a three-day training prior to participating in the main survey training for field workers. The team was trained on various techniques of monitoring data quality and how to give feedback to the field teams on common errors found on the questionnaires.
Staff from APHRC, MOH, NCAPD, Jhpiego and KNBS participated in the fieldwork supervision. In order to ensure that the selected communities were receptive to fieldwork staff, NCAPD and KNBS district statistical officers organized and implemented a series of social mobilization activities in the clusters sampled for the survey before sampling began. Community barazas (gatherings held to raise awareness and share collective wisdom) were held with community members, the local administration and management bodies of the residential areas, and village elders were used to inform the target communities about the survey plans. Due to the short time between the social mobilization activities and the beginning of data collection, many community members did not receive information about the survey.

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Data Processing

No content available

Data Appraisal

No content available