# Kenya - 2025-26 Kenya Mini Demographic and Health Survey

**Kenya National Bureau of Statistics**

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# Overview

## Identification

ID NUMBER
DDI-KEN-KNBS-MKDHS-2025-26-V001

## Version

VERSION DESCRIPTION
Version 001

## Overview

ABSTRACT
1. Abstract

The 2025-26 Kenya Mini Demographic and Health Survey (KMDHS) is the latest in the series of demographic and health surveys conducted in Kenya since 1989. It follows seven full-scale surveys implemented in 1989, 1993, 1998, 2003, 2008-09, 2014, and 2022, and is the first survey of its kind carried out in Kenya. The KMDHS was designed to provide a timely interim update of key demographic, nutrition, and health indicators between full survey rounds, to inform the design, implementation, monitoring, and evaluation of population, health, and development programmes at both national and county levels. The survey was implemented by the Kenya National Bureau of Statistics (KNBS) in collaboration with the Ministry of Health (MoH) and other stakeholders. ICF provided technical assistance through The DHS Program. Funding was provided by the Government of Kenya, the Gates Foundation, the Conrad N. Hilton Foundation, the Aga Khan University Institute for Human Development, UNICEF, UNFPA, and WHO.

Data were collected from 5 November 2025 to 10 February 2026 from a nationally representative sample of 29,935 households drawn from the Kenya Household Master Sample Frame. A total of 26,380 households and 21,231 women age 15-49 were successfully interviewed, giving response rates of 96% and 94% respectively. The survey provides estimates at the national level, for rural and urban areas separately, and for selected indicators at the county level. The survey gathered information on fertility levels, fertility preferences, and contraceptive use; maternal and newborn health; child mortality and child health; nutrition of children under age 5; ownership and use of insecticide-treated nets; perceptions of harm against women and technology-facilitated gender-based violence; health insurance coverage and access; and adult and maternal mortality. The information is intended to track Kenya's progress towards national health targets, including the Sustainable Development Goals and Kenya Vision 2030, and to support the evaluation of ongoing health initiatives, particularly the Universal Health Coverage programme, while providing county-disaggregated evidence for decentralised health planning. Key findings include a decline in the total fertility rate from 3.4 children per woman in 2022 to 3.1 in 2025-26; a fall in the under-5 mortality rate to 37 deaths per 1,000 live births (from 41 in 2022); 72% of women with at least four antenatal care visits; 91% of births delivered in a health facility; eight in ten children age 12-23 months fully vaccinated with all basic antigens; and 40% of the household population with some form of health insurance, mostly under the Social Health Authority.

UNITS OF ANALYSIS
• Households: all members of and visitors to the selected households were listed in the Household Questionnaire.

• Women age 15-49: all women age 15-49 who were usual residents of the selected households, or who slept in the households the night before the survey, were eligible for individual interviews.

• Children: information on children (e.g., health, vaccination, nutrition) was collected through their mothers interviewed with the Woman's Questionnaire.

KEYWORDS
2025/26 Kenya Mini Demographic and Health Survey, Kenya Mini DHS

## Coverage

GEOGRAPHIC COVERAGE

The survey has national coverage across all 47 counties of Kenya. It was designed to provide reliable estimates at the national level, for rural and urban areas separately, and, for selected key indicators, at the county level

UNIVERSE

Sampled households in 47 counties in both Rural and Urban

## Producers and Sponsors

PRIMARY INVESTIGATOR(S)

| Name | Affiliation |
|---|---|
| Kenya National Bureau of Statistics | State Department of Economic Planning |

OTHER PRODUCER(S)

| Name | Affiliation | Role |
|---|---|---|
| Kenya National Bureau of Statistics | State Department of Economic Planning | Implementation of the survey and documentation |
| Ministry of Health | Government of Kenya | Implementation of the survey and documentation |

FUNDING

| Name | Abbreviation | Role |
|---|---|---|
| Government of Kenya | GoK | Funding |
| Gates Foundation | GF | Funding |
| Aga Khan University Institute for Human Development | AKUIHD | Funding |
| United Nations Children's Fund | UNICEF | Funding |
| United Nations Population Fund | UNFPA | Funding |
| World Health Organization | WHO | Funding |
| Conrad N. Hilton Foundation | CNHF | Funding |

## Metadata Production

METADATA PRODUCED BY

| Name | Abbreviation | Affiliation | Role |
|---|---|---|---|
| Kenya National Bureau of Statistics | KNBS | State Department ofEconomic Planning | Implementation of the survey and documentation |
| Ministry of Health | MOH | Government of Kenya | Implementation of the survey and documentation |

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# Sampling

## Sampling Procedure

Survey Design

1. Sampling frame

The sample for the 2025-26 KMDHS was drawn from the Kenya Household Master Sample Frame (K-HMSF), developed and maintained by KNBS for household-based sample surveys in Kenya. The K-HMSF is based on the enumeration areas (EAs) used in the 2019 Kenya Population and Housing Census (KPHC) and comprises 10,000 clusters selected using probability proportional to size. The 10,000 clusters were randomised into four equal subsamples; the KMDHS sample was drawn from subsample four. Each of the 47 counties was stratified into rural and urban, resulting in 92 strata, as Nairobi City and Mombasa Counties are entirely urban. The K-HMSF is representative up to the county level.

2. Sample size and allocation
The computed sample size was 30,000 households, with a fixed allocation of 30 households per cluster, resulting in 1,000 clusters: 646 in rural areas and 354 in urban areas. The sample was allocated to the sampling strata using power allocation to ensure that the precision of the survey would be comparable across counties. The sample was expected to yield approximately 22,932 completed interviews with women age 15-49, estimated from the 2022 KDHS average number of eligible women per household and questionnaire completion rates.

3. Selection stages
A two-stage stratified sample design was employed:
• First stage: 1,000 clusters were selected from the K-HMSF using the equal probability systematic sampling method, independently within each sampling stratum. Households were relisted in 616 of the 1,000 selected clusters to update household information. The listing was fully computerised using CAPI with interactive digital maps, and listing data were transmitted to a central server in real time.
• Second stage: 30 households were systematically selected from each cluster. In clusters with fewer than 30 households (mostly in arid and semi-arid areas), all households were included. This resulted in a final sample of 29,935 households. Interviews were conducted only in the pre-selected households and clusters; no replacement of pre-selected units was allowed during data collection. The survey was implemented in 998 of the 1,000 selected clusters: one cluster in Garissa County was not visited due to insecurity, and one in Nairobi City County was excluded following refusal by residents.

4. Sampling weights
Because of the nonproportional allocation of the sample across strata, the probability proportional to size selection of clusters in the K-HMSF, and nonresponse, the sample was not self-weighting. Sampling weights were calculated from the selection probabilities at each sampling stage and phase (the sample being a two-stage, two-phase stratified cluster sample selected from a master sample) and adjusted for nonresponse. All analysis of KMDHS data should be weighted to ensure estimates are representative nationally and across all survey domains.

## Weighting

Sampling weights

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# Questionnaires

No content available

# Data Collection

## Data Collection Mode

Questionnaires Three questionnaires were used. The Household and Woman's Questionnaires were based on The DHS Program's model questionnaires and adapted to reflect population and health issues relevant to Kenya. • Household Questionnaire: listed all members of and visitors to selected households and collected basic demographic information on each person (age, sex, marital status, education, relationship to household head), used to identify women eligible for individual interviews. It also collected dwelling characteristics (water source, toilet facilities, floor, wall and roof materials), ownership of household goods, ownership and use of mosquito nets, death registration of deceased household members, household enterprises, and perceptions of harm against women. • Woman's Questionnaire: administered to women age 15-49, covering background characteristics (age, education, media exposure); reproduction and child mortality; contraception; antenatal, delivery, and postnatal care; vaccinations and childhood illnesses; maternal and child health and nutrition; marriage and sexual activity; fertility preferences; other health issues and chronic diseases; adult mortality, including maternal mortality; and technology-facilitated gender-based violence. • Fieldworker Questionnaire: a two-page self-administered questionnaire on fieldworkers' background characteristics, for use in analysing data quality. It was distributed and collected by KNBS before fieldwork; no personal identifiers were attached to the data files. Mode of data collection and software All questionnaires were programmed into tablet computers running Android for computer-assisted personal interviewing (CAPI), using the Census and Survey Processing System (CSPro) software developed by the United States Census Bureau, ICF, and Serpro S.A. The CAPI instrument also captured GPS coordinates as part of the identification and interviewing process. Supervisors assigned work to and collected data from interviewers' tablets via Bluetooth, and data were transmitted daily to the central server. The full questionnaires are reproduced in Appendix E of the report.

# Data Processing

No content available

# Data Appraisal

No content available