



**A GOVERNMENT OF KENYA  
& UNICEF PUBLICATION**



**KENYA MULTIPLE INDICATOR CLUSTER SURVEY  
2000**

**PRELIMINARY REPORT**

**CENTRAL BUREAU OF STATISTICS  
MINISTRY OF FINANCE AND PLANNING**

**December 2000.**

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## Acknowledgement

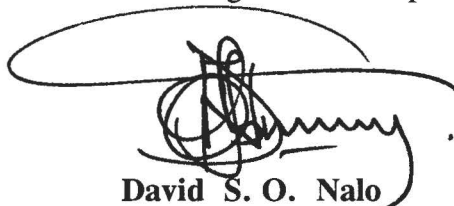
This preliminary report presents selected results on some of the principal topics covered in the Kenya Multiple Cluster Indicator Survey (MICS) undertaken in all districts of Kenya during the months of September and October 2000. This report only analyses a subset of indicators while a comprehensive report covering all indicators is scheduled for publication in mid-2001.

The main objective of the MICS was to provide up-to-date information for assessing the situation of children and women in Kenya at the end of the decade, with a view to monitoring progress toward goals established at the World Summit for Children. The survey collected a wide range of information that would be extremely useful for the implementation of poverty reduction strategies in Kenya. In addition, it provides indicators and benchmarks that would greatly augment the process of monitoring and evaluation of poverty related indicators. This report is therefore highly recommended as a working document for the Poverty Reduction Strategy Paper (PRSP) currently under preparation. Experiences gained during this survey will no doubt contribute to the strengthening of technical expertise in the design, implementation, and analysis of such surveys in the future.

While it is not possible to thank every body who directly and indirectly supported us in this process, the Kenya Government is highly indebted to UNICEF Country office for extending both technical and financial assistance during the planning and execution phases of the survey. UNICEF funded planning of the survey, developing and printing of survey instruments, training, and data collection activities. It also provided technical assistance by providing model survey instruments and standard data processing software. The Government looks forward to UNICEF's continued support in future data collection activities.

I take this opportunity to sincerely thank UNICEF staff, especially Samuel Momanyi, Dr. Abel Mugenda and Ms Susan Kinyua for their efforts in seeing that the survey was undertaken as scheduled. I would also like to thank members of different households who participated in the survey by providing information that has given content to this report. Their cooperation, especially in areas of fairly close personal concern, was vital to the success of the MICS. All are assured that their personal details collected by the survey will be treated in strict confidence.

The MICS Ministerial Steering Committee needs special mention for providing the overall co-ordination of MICS activities. I must commend CBS officers, especially the Technical Working Group comprising of Messrs Joseph Mukui, Anthony Muchanga, Jimmie Katabwa, Samuel Kipruto, Sammy Oyombe, Walter Ogwindo and Joshua Musyimi for their dedication in ensuring that each phase of the survey work was successfully concluded.



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# **I. Background**

## **Introduction**

At the World Summit for Children held in New York in 1990, the government of Kenya committed itself to a Declaration and Plan of Action for Children. Subsequently, Kenya developed the National Programme of Action (NPA) for Children in 1992. The NPA marked a major step forward in Kenya's continued effort to articulate and address the concerns of children and women in Kenya, and presented targets for reaching summit goals for children by the year 2000.

The global Plan of Action also called for the establishment of mechanisms for monitoring progress toward the goals and objectives set for the year 2000. Toward this end, UNICEF, in collaboration with WHO, UNESCO and others, has developed a core set of 75 indicators of specific aspects of the situation of children. The 2000 Kenya Multiple Indicator Cluster (MICS) survey has been conducted in order to provide end-decade information on many of these indicators.

The Central Bureau of Statistics (CBS) conducted the Kenya MICS. The UNICEF Kenya Country office provided funding. The Technical Working Group (TWG) comprising mainly CBS staff, and the MICS Steering Committee (MSC) constituted the core institutional arrangement for the management of Kenya MICS 2000. The fieldwork was carried out by CBS field enumerators who are based in the districts under supervision of respective District Statistical Officers (DSOs). In addition, district co-ordinators were constituted to coordinate MICS activities in the districts.

This preliminary report presents selected results on some of the principal topics covered in the survey and on a subset of indicators. A comprehensive full report is scheduled for publication in mid-2001.

## **Survey Objectives**

The 2000 Kenya Multiple Indicator Cluster Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Kenya at the end of the decade and for looking forward to the next decade;
- To furnish data needed for monitoring progress toward goals established at the World Summit for Children and as a basis for future action;
- To facilitate informed decision-making in operationalising the Poverty Reduction Strategy Paper (PRSP) by providing data for monitoring and evaluation of strategies and programmes aimed at alleviating poverty;
- To contribute to the improvement of data and monitoring systems in Kenya and to strengthen technical expertise in the design, implementation, and analysis of such systems.

## **II. Sample and Survey Methodology**

### **Sample Design**

The sample for the Kenya Multiple Indicator Cluster Survey (MICS) 2000 was designed to provide estimates of health indicators at the national level, urban and rural areas and for the seven provinces: Nairobi, Central, Coast, Eastern, Nyanza, Rift Valley and Western. Estimates for the eighth province (North Eastern) refer only to urban areas because there are no rural clusters in the province due to nomadic lifestyle of the inhabitants. The sample was selected in two stages. At the first stage, 900 clusters were selected with probability proportional to size. After a household listing was carried out within the selected clusters, a systematic sample of 9,540 households was drawn. Because the sample was stratified by region, it is not self-weighting. For reporting national level results, sample weights are used.

### **Questionnaires**

In addition to a household questionnaire, questionnaires were administered to each household for women aged 15-49 and children under age five. The questionnaires are based on the MICS model questionnaire with the exclusion of the Contraceptive use module. The model MICS questionnaire was modified into a tabular format to accommodate maximum of 12 members of a household. The questionnaire was not translated into local languages, but unfamiliar terms and concepts were explained and verbally translated into local languages during the training of enumerators. The questionnaires were pre-tested in each province during the months of July and August 2000. Based on the results of the pre-test, modifications were made on the paper size from size A4 to legal size. Also, the wording and sequencing of the questions were modified. Consequently, the enumerator's instructions manual were revised accordingly.

### **Fieldwork and Processing**

Training for field staff was undertaken in two tier: 6 days training of trainers, and one week's training of enumerators in 8 training venues. The fieldwork for the Kenya MICS 2000 was undertaken in 21 consecutive days during the months of September and October. About 270 enumerators who are permanent employees of CBS based in each of the surveyed districts collected the data. The Director of Statistics provided the overall co-ordination. District Statistical Officers (DSOs) supervised data collection at district level. In addition, district co-ordinators were constituted to coordinate MICS survey in each of the districts.

Data were entered on twenty microcomputers using the IMPS software. The analysis was done using SPSS software. All questionnaires were double entered and internal consistency checks performed using programs developed under MICS data processing system and adapted to the revised questionnaire. Data processing began in the month of September alongside the data collection and completed in the month of November 2000.

## **Sample Coverage**

Of the 9,285 households selected for the sample, 9,115 were found to be occupied. Of these, 9,045 were successfully interviewed for a household response rate of 98 percent. In the interviewed households, 11,244 eligible women (age 15-49) were identified. Of these, 10,537 were successfully interviewed, yielding a response rate of 94 percent. In addition, 8,700 children under age five were listed in the household questionnaire. Of these, questionnaires were completed for 8,161 for a response rate of 94 percent.

## **Characteristics of the Respondents**

Table 1 presents the percent distribution of households in the sample by background characteristics. About 25 percent of the households (2,257 households) are urban and 75 percent (6,787 households) are rural. Rift Valley province has the largest share of households among the eight provinces, with 21 percent of households while Nyanza is next largest with a share of 16 percent. The remaining provinces each contain between 7 and 15 percent of households. Most of the households have between four and five members. About 64 percent of the households contain at least one child under age five, and 97 percent contain at least one woman age 15-49.

Women aged 15-19 comprise the greatest percentage of the sample at 22 percent (Table 2). This percentage declines steadily across age groups until age 45-49 where it is 5 percent. This pattern is typical of countries in the region. About 75 percent of women aged 15 – 49 have ever had a birth. The majority of women have had at least some primary education while 16 percent have had no education.

Table 3 shows the characteristics of children under age five. There is near parity in sex ratio. Approximately 18 percent of mothers of children under age five have no education, a percentage that is slightly above the 16 percent overall percentage of women with no education in the sample. Note that, for children whose mothers did not live in the household, the education of the child's caretaker is used. The number of children rises with age to peak at the age 24 –35 months and then declines gradually to 14.3 percent for 48 –59 months olds.

### **III. Results**

#### **Primary School Attendance**

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the World Summit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

Overall, 74 percent of children of primary school aged 6-13 in Kenya are attending primary school (Table 4). However, there exist notable regional variations. School attendance in the coast province is significantly lower than in the rest of the country at 57 percent. At the national level, female primary school attendance is slightly higher than that of males. Similarly, urban primary school attendance is marginally higher than that of rural.

More than four fifths (87 percent) of the children who enter the first grade of primary school eventually reach grade five (Table 5). However, there exist significance regional disparities in the achievement of grade five. In Western and Coast provinces eight in ten who enter grade one reach grade five, while in Nairobi and Rift Valley provinces nine in ten will reach grade five. Although the rate of school entrance is nearly the same for boys as for girls, girl pupils are more likely to reach grade five than boys are, although the difference is marginal.

#### **Water and Sanitation**

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, particularly in rural areas, who bear the primary responsibility for carrying water, often for long distances.

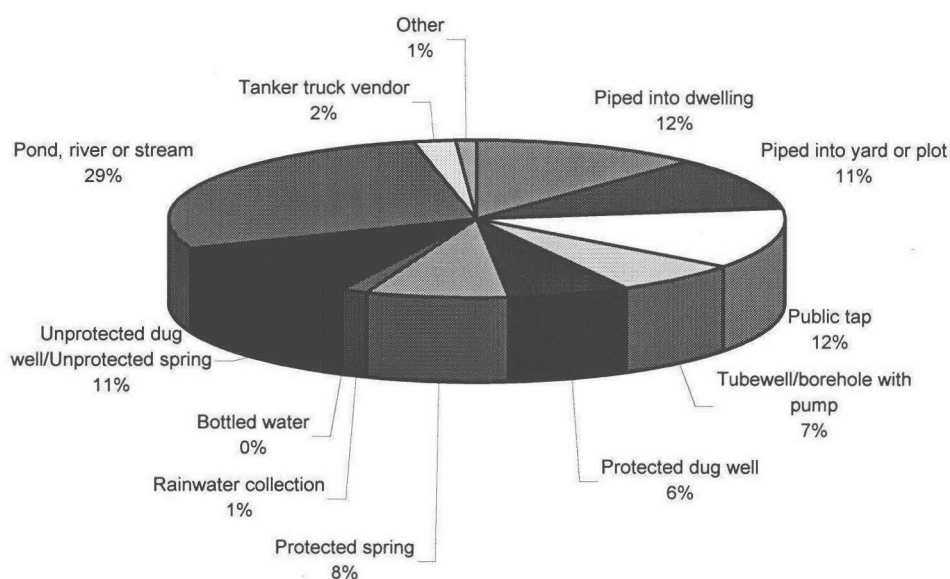
The distribution of the overall population by source of drinking water is shown in Figure 1. Majority of the population being rural based, over a quarter of the population uses drinking water from river, stream or pond. Water piped into dwelling units and public tap are also important sources of drinking water, contributing 12 percent each.

The source of drinking water for the population varies strongly by region (Table 6). About 87 of the urban populations use piped drinking water, either piped into dwelling, piped into plot, or public tap. On the other extreme, 82 percent of the rural population do not have access to piped water. In Nairobi province 94 percent of the population uses drinking water that is piped into their dwelling or into their yard or plot. About 51 percent of the population in Coast province use piped water, mainly from public tap. In contrast, the main source drinking water in Nyanza province is river or stream water

(an unsafe source), and only 11 percent of those residing in the province use piped water.

The population using *safe drinking water* sources are those who may use any of the following types of supply: water piped into either the dwelling or yard, public tap, borehole/tubewell, protected well, protected spring or rain water. About 56 percent of the surveyed population had access to safe drinking water, 88 percent in urban areas and 46 percent rural areas. The situation in Eastern province is considerably worse than other regions, with only 37 percent of the population getting drinking water from a safe source.

**Figure 1: Percent distribution of the population by source of drinking water**



Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoea diseases and polio. *Sanitary means of excreta disposal* include: flush toilets connected to sewage system or septic tank, pour flush toilets, improved pit latrines and traditional pit latrines. Table 7 shows that 80 percent of the population of Kenya is living in households with sanitary means of excreta disposal. Ninety three percent of the urban and 76 percent of the rural populations have means of excreta disposal. Residents of Coast province are much less likely than others to use sanitary means of excreta disposal. Most of this population uses bush, fields or has no facility. In contrast, the most common facilities in rural areas are traditional pit latrines, while flush toilets with connection to a sewage system or septic tank are highly used in urban areas.

## Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

In a well-nourished population, there is a standard distribution of height and weight for children under age five. Undernourishment in a population can be gauged by comparing children to this standard distribution. The standard or reference population used here is the NCHS standard, which is recommended for use by UNICEF and the World Health Organization. Each of the three nutritional status indicators is expressed in standard deviation units (z-scores) from the median of this reference population.

Weight for age is a measure of both acute and chronic malnutrition. Children whose weight for age is more than two standard deviations below the median of the reference population are considered *moderately or severely underweight* while those whose weight for age is more than three standard deviations below the median are classified as *severely underweight*.

Height for age is a measure of linear growth. Children whose height for age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately or severely stunted*. Those with height for age more than three standard deviations below the median are classified as *severely stunted*. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Finally, children whose weight for height is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted*, while those who fall more than three standard deviations below the median are *severely wasted*. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

In Table 8, children who were not weighed and measured and children whose measurements are outside a plausible range are excluded. Also excluded is a small number of children whose birth dates are not known.

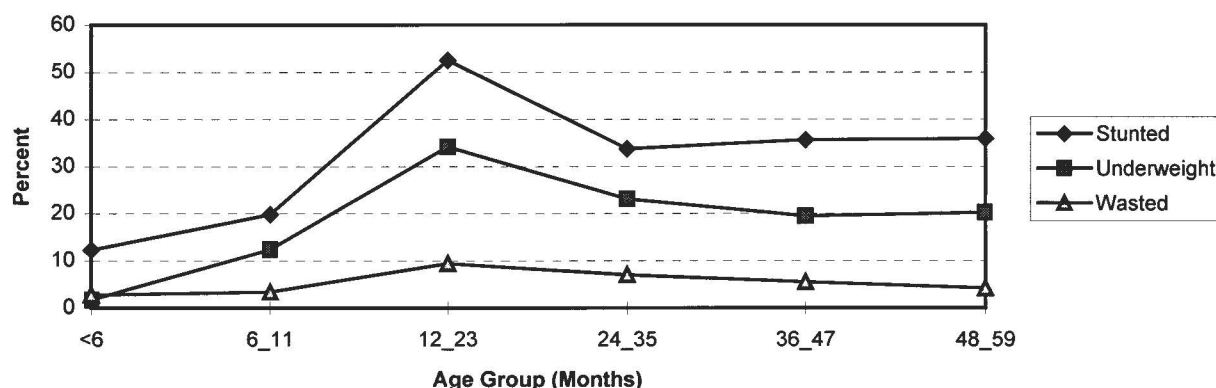
Almost 23 percent of children under age five in Kenya are underweight and 6.5 percent are classified as severely underweight (Table 8). Thirty seven percent of children are stunted or too short for their age and six percent are wasted or too thin for their height.

Children in Eastern province are more likely to be underweight and stunted than other children. Also, Eastern and Coast provinces have the highest rate of severe wasting with 8 percent each. Children whose mothers have had secondary or over level of education seem to be better nourished than those of primary or no education. Boys appear to be slightly more underweight, stunted and wasted than girls. The age pattern shows that a higher percentage of children aged 12 – 23 months are undernourished according to all the three indices in comparison to children who are younger and older



(Figure 2). This pattern is expected and is related to the age at which many children cease to be breast-fed and are exposed to contamination in water, food, and environment.

**Figure 2: Distribution of under-five children who are severely or moderately undernourished, 2000**



## Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon, and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Summit for Children goal states that children should be exclusively breastfed for four to six months, and that breastfeeding should continue with complementary food, well into the second year of life. Many countries have adopted the recommendation of exclusive breastfeeding for about six months.

In Table 9, breastfeeding status is based on women's reports of children's consumption in the 24 hours prior to the interview. *Exclusive breastfeeding* refers to children who receive only breast milk and vitamins, mineral supplements, or medicine. *Complementary feeding* refers to children who receive breast milk and solid or semi-solid food. The last two columns of the table include children who are continuing to be breastfed at one and at two years of age. Due to small sample sizes, percentages according to region should be interpreted with caution.

Approximately 16 percent of children aged less than four months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 67 percent of children are who are still breastfeeding receiving solid or semi-solid foods. By age 12-15 months, 80 percent of children are still being breastfed, but the proportion declines to 54 percent by age of 20-23 months. Boys are more likely to be exclusively breastfed than girls are.

Over 90 percent of children in Nyanza, Coast and Eastern regions are introduced to supplementary feeding before they reach their fourth month. Children in urban areas are more likely to be exclusively breastfed for the first three months than their rural counterparts. The level of education of the mother seems to influence the duration of

exclusive breastfeeding since more educated mothers exclusively breastfeed their children for relatively longer periods.

### **Vitamin A Supplementation**

Vitamin A Deficiency (VAD) impairs children's immune systems, increasing their chances of dying of common childhood diseases and undermines the health of pregnant and lactating women. It can also cause eye damage and blindness in children. Yet it can be easily be prevented by vitamin A supplementation or food fortification. UNICEF and WHO recommend that all countries with an under five mortality rate exceeding 70 per 1000 live births, or where vitamin A deficiency is a public health problem, should put in place a programme for control of vitamin A deficiency. Based on UNICEF/WHO guidelines, the Ministry of Health in Kenya recommends that children aged 6-12 months be given one dose of vitamin A capsule of 100,000 IU every six months, and children older than one year be given one high dose of 200,000 IU every six months.

Within the six months prior to the MICS, 41 percent of children aged 6-59 months received the high dose Vitamin A supplement (Table 10). About 4 percent of they mothers/caretakers were not sure whether the children had received the vitamin A supplementation. Vitamin A coverage is lower in Central province than other provinces

The age pattern in the last six months shows that vitamin A supplementation coverage increases moderately from 34 percent to 45 percent among children aged 6-11 and 12-23 months respectively, then drops to below 40 percent for children aged 36-47 months but picks up slightly for children aged 48-59 months

Mother's level of education seem to influence the child's vitamin A intake. The percentage receiving supplement in the last six months increases from 35 percent for mothers with no education to 43 percent for mother with primary education, albeit a slight drop to 42 percent for mothers with secondary or higher education.

### **Salt Iodization**

Deficiency of iodine in the diet is the world's single greatest cause of preventable mental retardation and can lower the average intelligence quotient (IQ) of a population by as much as thirteen points. Salt iodization is an effective, low-cost way of preventing iodine deficiency disorders (IDD). *Adequately iodized salt* contains 15 ppm (parts per million) of iodine or more. In MICS, interviewers tested household salt for iodine levels by means of a testing kit.

Approximately 96 percent of households had salt, which was tested during the MICS (Table 11). Among households in which salt was tested, 91 percent had adequately iodized salt. The usage of adequately iodized salt ranges from 82 percent in Central region to 97 percent in Rift valley. Ninety one percent of urban households have adequately iodized salt compared to 88 percent of rural households.



## Immunization Coverage

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months.

In Kenya, a child is considered to be fully immunised if the child has received the following vaccination; a BCG vaccination to protect the child against tuberculosis, three doses of DPT to protect against Diphtheria, Pertussis (Whooping cough), and Tetanus, three doses of Polio to protect against poliomyelitis, and a Measles vaccination before their first birthday as stipulated by the Kenya Expanded Programme on Immunization (KEPI).

In MICS, mothers were asked to provide vaccination cards (or other vaccination records) for children under the age of five. Interviewers copied vaccination information from these documents onto the MICS questionnaire. Overall, 70 percent of children had vaccination documents. If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and for DPT and Polio, how many times.

**Figure 3: Percentage of children 12-23 months who received immunization by age 12**

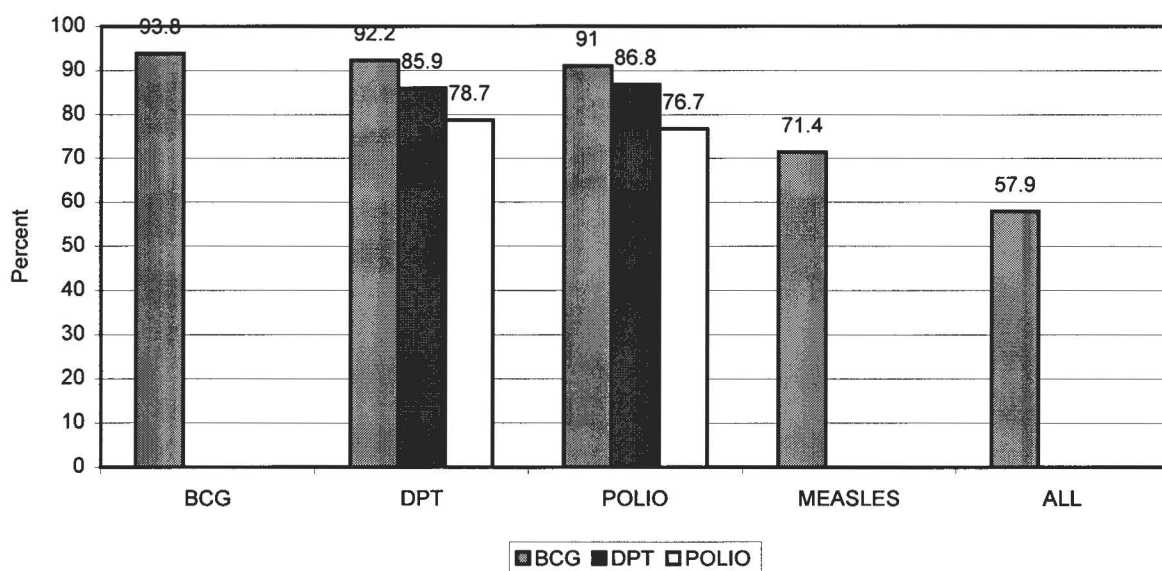


Table 12 shows the percentage of children aged 12 to 23 months who received each of the vaccinations. The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

Approximately 93 percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 92 percent. The percentage declines for subsequent doses of DPT to 86 percent for the second dose, and 79 percent for the third dose (Figure 3). Similarly, 91 percent of children received Polio 1 by age 12 months and this declines to 77 percent by the third dose. The coverage for measles vaccine by 12 months is slightly lower than for the other vaccines at 71 percent, 52 percent of the cases being recorded into vaccination cards. The percentage of children who had all eight recommended vaccinations by their first birthday is 58 percent.

### **Knowledge of HIV/AIDS Transmission**

One of the most important strategies for reducing the rate of HIV/AIDS infection is the promotion of accurate knowledge of how AIDS is transmitted and how to prevent transmission. Among women aged 15-49 in Kenya, 92 percent have ever heard of HIV/AIDS (Table 13). The high level of knowledge persists irrespective of age, urban-rural residence, education level and province of residence.

Women in the MICS were read several statements about means of HIV/AIDS transmission and asked to state whether they believed the statements were true. Over three quarters (79 percent) believe that having only one uninfected sexual partner can prevent HIV transmission. About a half (52 percent) believe using a condom every time one has sex can prevent HIV transmission and three quarters (75 percent) agreed that abstaining from sex prevents transmission. Overall, less than half of the women (46 percent) knew all the three ways and 83 percent were aware of at least one of the mechanisms of preventing transmission.

Accurate knowledge of means of HIV/AIDS transmission is significantly less among women in North Eastern and Nyanza provinces than among other women. Also, education level is an important factor in AIDS knowledge. The percentage who know all the three means of preventing transmission is more than one and a half times greater among women with secondary or more education compared to women with no education. Women residing in the urban are more likely to know all the three routes of transmission. Differences across age groups are significantly large; percentage of women who know all three means ranges from 36 percent among 45-49 year olds to 51 percent among 20-24 year olds.

Over three-quarters (79 percent) correctly mentioned that HIV can not be transmitted by supernatural means while about a half (46 percent) stated that AIDS can not be transmitted by mosquito bites (Table 14). More than seven in ten women correctly cited that a healthy looking person could be infected. Women in Nairobi province are most likely to recognise all the three misconceptions. Still, less than half (44 percent) of women interviewed correctly identified all the three misconceptions.

### **Assistance at Delivery**

The provision of delivery assistance by skilled attendants can greatly improve outcomes for mothers and children by the use of technically appropriate procedures, and accurate

and speedy diagnosis and treatment of complications. *Skilled assistance at delivery* is defined as assistance provided by a doctor, nurse, or midwife. Skilled personnel (Table 15) delivered about 76 percent of births occurring in the year prior to the MICS survey. This percentage is highest in Eastern province at 85 percent and lowest in the urban stratum of North Eastern province at only 16 percent. The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled person.

In most cases nurses and midwife assisted in the delivery of births in the year prior to the MICS survey (six out of every ten births). Doctors assist with the delivery of 15 percent of births, mainly in urban areas (27 percent). Traditional birth attendants assist in delivering babies in Western province more than in other provinces. In the other regions, most of the births are delivered with the assistance of nurses and midwives.

### **Birth Registration**

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights of children. The births of 63 percent of children under five years in Kenya were officially reported and issued with a birth notification form within the registration process (Table 16). However, only 13 percent of the children under five years were issued their birth certificates, the main reasons being cost, travel distance, and lack of knowledge. There are variations in birth registration across regions, where Central province had the highest births registered at 90.0 percent while Nyanza province had the lowest with 42 percent. Similarly, there was higher registration of births in urban areas compared to rural areas. Also, educated mothers registered more births than less educated mothers. There are no significant variations in birth registration across sex and age.

**Table 1: Percent distribution of households by background characteristics**

		<b>Percent</b>	<b>Weighted</b>	<b>Unweighted</b>
Province	Nairobi	14.4	1,299	373
	Central	13.8	1,253	1,329
	Coast	7.9	710	1,055
	Eastern	14.9	1,348	1,164
	North Eastern(Urban)	1.0	90	100
	Nyanza	16.2	1,468	1,556
	Rift valley	21.0	1,899	2,581
	Western	10.8	978	874
Rural/Urban	Rural	75.0	6,787	7,178
	Urban	25.0	2,257	1,854
Number of HH members	1	4.2	377	417
	2-3	22.7	2,055	1,968
	4-5	37.1	3,356	3,273
	6-7	22.9	2,068	2,094
	8-9	9.5	857	905
	10+	3.7	331	375
	At least one child age < 15	89.9	9,045	9,032
	At least one child age < 5	63.9	9,045	9,032
	At least one woman age 15-49	96.9	9,045	9,032
<b>Total</b>		<b>100</b>	<b>9,045</b>	<b>9,032</b>

**Table 2: Percent distribution of women 15-49 by background characteristics**

		<b>Percent</b>	<b>Weighted</b>	<b>Unweighted</b>
Province	Nairobi	16.2	1,705	496
	Central	12.6	1,326	1,401
	Coast	8.8	931	1,359
	Eastern	15.4	1,622	1,398
	North Eastern(Urban)	0.9	100	113
	Nyanza	15.6	1,642	1,792
	Rift Valley	20.2	2,127	2,983
	Western	10.4	1,092	995
Rural/Urban	Rural	72.9	7,684	8,234
	Urban	27.1	2,862	2,303
Age	15-19	22.1	2,331	2,341
	20-24	20.7	2,178	2,127
	25-29	17.8	1,876	1,813
	30-34	13.8	1,456	1,473
	35-39	11.8	1,241	1,281
	40-44	8.5	901	917
	45-49	5.3	563	585
Ever given birth	Ever gave birth	75.4	7,956	7,928
	Never gave birth	24.5	2,589	2,609
Woman's education level	None	15.8	1,667	1,828
	Primary	57.1	6,019	6,074
	Secondary +	27.1	2,859	2,635
<b>Total</b>		<b>100.0</b>	<b>10,545</b>	<b>10,537</b>

**Table 3: Percent distribution of children under 5 by background characteristics**

		Percent	Number	Unweighted
Sex	Male	50.1	4,132	4,167
	Female	49.9	4,113	4,093
Province	Nairobi	14.6	1,208	334
	Central	10.3	853	893
	Coast	9.1	750	1,052
	Eastern	14.0	1,153	992
	North Eastern(Urban)	1.1	87	78
	Nyanza	16.7	1,380	1,426
	Rift valley	22.8	1,876	2,629
	Western	11.4	939	856
Rural/Urban	Rural	75.3	6,206	6,705
	Urban	24.7	2,040	1,555
Age	< 6 months	10.8	889	855
	6-11 months	14.4	1,185	1,168
	12-23 months	20.0	1,650	1,675
	24-35 months	20.5	1,689	1,664
	36-47 months	20.0	1,652	1,654
	48-59 months	14.3	1,181	1,244
Woman's education level	None	18.4	1,516	1,653
	Primary	56.4	4,648	4,651
	Secondary +	25.2	2,082	1,956
<b>Total</b>		<b>100.0</b>	<b>8,246</b>	<b>8,260</b>

**Table 4: Percentage of children of primary school age attending primary school**

		Male		Female		Total	
		Attending	Number	Attending	Number	Attending	Number
Province	Nairobi	68.9	492	79.9	451	74.2	943
	Central	82.1	663	83.5	607	82.7	1,270
	Coast	59.7	502	54.6	464	57.3	966
	Eastern	71.2	890	77.9	968	74.7	1,857
	North Eastern(Urban)	61.6	35	58.7	45	60.0	80
	Nyanza	75.8	890	74.4	922	75.1	1,812
	Rift Valley	73.1	1,254	75.0	1,303	74.1	2,557
	Western	72.9	694	73.6	672	73.2	1,366
Rural/Urban	Rural	72.6	4,499	74.2	4,531	73.4	9,030
	Urban	72.7	920	77.2	901	74.9	1,821
Age	6	29.8	728	33.7	680	31.7	1,407
	7	57.2	681	57.4	685	57.3	1,366
	8	72.0	743	76.3	755	74.1	1,499
	9	83.5	623	82.7	666	83.1	1,290
	10	84.3	703	87.4	730	85.9	1,434
	11	86.7	619	88.8	609	87.7	1,228
	12	86.8	699	87.5	673	87.1	1,372
	13	86.4	622	85.5	633	85.9	1,255
<b>Total</b>		<b>72.6</b>	<b>5,419</b>	<b>74.7</b>	<b>5,431</b>	<b>73.7</b>	<b>10,851</b>

World Summit for Children Goal => Number 6

**Table 5: Percentage of children entering first class of primary school who eventually reach std 5**

		Percent in std 1 reaching std 2	Percent in std 2 reaching std 3	Percent in std 3 reaching std 4	Percent in std 4 reaching std 5	Percent who reach std 5 of those who enter std 1
Sex	Male	95.9	96.7	96.2	95.4	85.0
	Female	97.3	97.4	97.1	95.5	88.0
Province	Nairobi	97.5	100.0	94.0	100.0	91.7
	Central	96.7	95.9	97.5	96.7	87.4
	Coast	95.7	94.8	96.7	89.5	78.5
	Eastern	96.1	97.4	98.3	95.7	88.1
	North Eastern(Urban)	100.0	100.0	100.0	89.1	89.1
	Nyanza	95.2	97.7	97.3	94.1	85.1
	Rift Valley	98.6	97.2	97.3	96.5	90.0
	Western	95.1	95.9	93.4	93.8	79.9
Rural/Urban	Rural	96.4	97.0	96.9	95.3	86.4
	Urban	97.3	97.4	95.0	96.3	86.7
<b>Total</b>		<b>96.6</b>	<b>97.0</b>	<b>96.7</b>	<b>95.5</b>	<b>86.5</b>

World Summit for Children Goal => Number 6



**Table 6: Percentage of the population using improved drinking water sources, 2000**

		Main source of water												Total with safe drinking water	Number of persons
		Piped into dwelling	Piped into yard or plot	Public tap	Tubewell/borehole with pump	Protected dug well	Protected spring	Rainwater collection	Bottled water	Unprotected well/Unprotected spring	Pond, river or stream	Tanker or truck vendor	Other		
Province	Nairobi	31.7	30.8	31.4	0.2	0.0	0.0	0.0	0.0	0.0	0.7	3.9	1.2	92.2	5,790
	Central	15.4	14.1	3.7	3.2	6.1	5.8	1.8	0.1	7.1	41.5	0.7	0.4	49.5	5,449
	Coast	11.9	2.6	36.3	10.2	2.3	0.2	3.9	0.0	5.4	20.6	5.8	0.7	66.6	3,934
	Eastern	6.1	9.8	10.7	5.5	3.0	1.4	0.7	0.1	20.3	39.0	1.5	2.0	36.6	7,143
	North Eastern(Urban)	9.0	49.7	1.6	3.4	10.9	0.0	0.0	0.0	8.1	1.6	6.4	9.3	68.0	394
	Nyanza	3.7	1.8	5.9	12.1	2.8	15.7	1.9	0.0	16.5	37.8	1.2	0.5	43.5	7,315
	Rift valley	9.9	8.2	7.3	4.5	12.3	5.8	1.6	0.1	11.5	34.6	2.5	1.7	48.7	9,729
	Western	5.8	3.5	4.8	15.0	16.2	26.1	0.4	0.1	17.1	9.7	0.5	0.9	70.9	5,306
Rural/Urban	Rural	6.0	5.8	6.4	8.7	8.1	10.0	1.7	0.1	15.0	36.5	0.8	1.1	45.9	34,992
	Urban	29.8	26.4	31.1	0.6	1.0	0.5	0.5	0.0	0.8	1.4	6.4	1.5	88.0	10,070
Total		11.9	10.9	12.5	6.7	6.3	7.6	1.4	0.1	11.5	27.8	2.2	1.2	56.4	45,061

World Summit for Children Goal => Number 4

Table 7: Percentage of the population using sanitary means of excreta disposal

		Type of toilet facility								Total	Total with sanitary means of excreta disposal	Number of persons
		Flush to sewage system/se ptic tank	Pour flush latrine	Improved pit latrine	Traditiona l pit latrine	Open pit	Bucket	Other	No facilities/ bush/field			
Province	Nairobi	42.0	6.0	6.5	41.1	2.5	0.5	0.0	1.4	100.0	93.7	5,790
	Central	10.6	0.3	6.9	80.2	1.9	0.0	0.1	0.0	100.0	96.7	5,449
	Coast	12.3	2.4	4.4	49.3	4.6	0.0	0.1	26.9	100.0	67.4	3,934
	Eastern	7.0	0.1	9.1	59.7	10.2	0.0	0.1	13.9	100.0	74.7	7,143
	North Eastern(Urban)	25.3	1.6	3.1	49.2	10.9	8.4	1.6	0.0	100.0	72.1	394
	Nyanza	5.7	0.6	4.3	59.3	3.5	0.0	0.1	26.5	100.0	69.2	7,315
	Rift valley	10.5	0.7	7.7	53.3	8.0	0.2	0.3	19.3	100.0	70.8	9,729
	Western	9.3	0.7	5.1	76.5	3.3	0.0	0.0	5.1	100.0	90.5	5,306
Rural/Urban	Rural	5.9	0.4	6.3	64.0	6.1	0.0	0.1	17.3	100.0	75.5	34,992
	Urban	38.1	4.7	6.9	45.4	2.6	0.8	0.3	1.3	100.0	93.0	10,070
<b>Total</b>		<b>13.8</b>	<b>1.4</b>	<b>6.5</b>	<b>59.4</b>	<b>5.2</b>	<b>0.2</b>	<b>0.1</b>	<b>13.3</b>	<b>100.0</b>	<b>79.9</b>	<b>45,061</b>

World Summit for Children Goal => Number 5

**Table 8: Percentage of under-five children who are severely or moderately undernourished**

		Weight for age: -2 SD	Weight for age: -3 SD	Height for age: -2 SD	Height for age: -3 SD	Weight for height: -2 SD	Weight for height: -3 SD	Number of children
Sex	Male	23.6	7.8	39.7	18.4	6.8	1.8	3,295
	Female	21.7	5.2	34.7	16.8	5.8	0.9	3,294
Province	Nairobi	13.1	2.2	29.3	12.2	3.0	0.4	789
	Central	18.8	4.5	30.3	13.8	5.6	1.2	675
	Coast	25.6	5.9	38.5	18.8	7.8	1.7	609
	Eastern	29.3	7.6	44.3	21.6	7.9	1.3	979
	North Eastern (Urban)	13.0	5.4	34.4	16.6	4.8	0.0	68
	Nyanza	21.4	6.9	37.9	18.9	5.8	2.0	1,119
	Rift valley	25.5	7.8	37.9	17.5	7.4	1.4	1,583
	Western	22.1	8.4	39.2	18.7	5.5	1.5	768
Rural/Urban	Rural	25.2	7.6	40.1	19.1	7.1	1.6	5,110
	Urban	13.8	2.6	27.5	12.4	3.6	0.5	1,479
Age	< 6 months	1.8	0.4	12.3	2.6	2.8	0.8	367
	6-11 months	12.4	3.5	19.8	4.9	3.4	0.7	406
	12-23 months	34.1	12.3	52.5	29.9	9.4	2.1	1,670
	24-35 months	23.1	6.1	33.7	13.2	7.0	1.6	1,419
	36-47 months	19.5	4.6	35.6	16.2	5.5	1.4	1,495
	48-59 months	20.2	4.1	35.9	16.4	4.2	0.5	1,232
Woman's education level	None	26.9	8.5	39.6	20.1	8.2	2.3	1,194
	Primary	25.1	7.5	41.0	19.5	6.6	1.4	3,735
	Secondary +	14.2	2.6	27.1	11.5	4.1	0.6	1,661
<b>Total</b>		<b>22.7</b>	<b>6.5</b>	<b>37.2</b>	<b>17.6</b>	<b>6.3</b>	<b>1.4</b>	<b>6,590</b>

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**Table 9: Percent of living children by breastfeeding status**

		Exclusive breastfeeding		Solid foods		Breastfed		Breastfed	
		Children 0-3 months	Number of children	Children 6-9 months	Number of children	Children 12-15 months	Number of children	Children 20-23 months	Number of children
Sex	Male	16.2	310	67.5	454	80.7	331	24.3	226
	Female	14.8	282	66.7	479	80.9	308	22.7	212
Province	Nairobi	24.4	113	74.1	176	63.6	88	12.5	47
	Central	11.0	50	76.1	101	77.5	63	10.4	55
	Coast	8.2	53	71.5	77	86.5	69	26.3	39
	Eastern	9.5	58	72.6	97	87.1	73	32.5	59
	North Eastern (Urban)	25.0	5	52.6	5	80.5	13	79.6	6
	Nyanza	7.3	108	57.4	164	87.2	117	27.5	83
	Rift valley	14.7	124	73.6	210	80.3	142	25.6	95
	Western	28.1	75	39.4	96	83.9	66	17.8	47
Rural/Urban	Rural	13.8	429	65.7	670	84.9	478	23.1	331
	Urban	20.1	164	70.6	263	68.5	161	25.0	107
Woman's education level	None	13.2	76	66.2	139	83.4	95	29.9	96
	Primary	15.0	366	66.6	535	82.4	382	20.9	238
	Secondary +	18.1	150	68.6	260	75.3	162	23.7	104
Total		15.5	593	67.1	933	80.8	639	23.5	438

World Summit for Children Goal => Number 16

**Table 10: Percent distribution of children aged 6-59 months by whether they received a high dose of Vitamin A supplement in the last 6 months**

		Received: Vitamin A			Total	Number of children
		within last 6 months	Not sure if received	Not received	Total	
Sex	Male	41.9	4.0	54.1	100.0	3,670
	Female	40.0	4.4	55.7	100.0	3,687
Province	Nairobi	31.9	4.5	63.5	100.0	1,044
	Central	31.7	4.3	64.0	100.0	764
	Coast	39.9	4.0	56.0	100.0	662
	Eastern	35.3	3.0	61.7	100.0	1,002
	North Eastern (Urban)	47.8	10.7	41.5	100.0	79
	Nyanza	53.9	2.7	43.4	100.0	1,214
	Rift valley	41.5	5.0	53.5	100.0	1,698
	Western	48.4	4.7	46.9	100.0	803
Rural/Urban	Rural	42.7	3.6	53.7	100.0	5,563
	Urban	35.4	5.9	58.7	100.0	1,794
Age	6-11 months	33.7	2.0	64.3	100.0	1,185
	12-23 months	44.7	3.9	51.5	100.0	1,650
	24-35 months	43.1	4.9	52.0	100.0	1,689
	36-47 months	39.6	4.3	56.1	100.0	1,652
	48-59 months	41.5	5.6	52.8	100.0	1,181
Woman's education level	None	34.6	8.3	57.1	100.0	1,386
	Primary	42.6	3.4	54.0	100.0	4,107
	Secondary +	41.8	2.9	55.2	100.0	1,864
<b>Total</b>		<b>40.9</b>	<b>4.2</b>	<b>54.9</b>	<b>100.0</b>	<b>7,357</b>

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**Table 11: Percentage of households consuming adequately iodized salt**

		Percent of households with no salt	Percent of households in which salt was tested	Result of test		Number of households interviewed
				< 15 PPM	15+ PPM	
Province	Nairobi	3.3	93.3	15.8	84.2	1,299
	Central	1.8	96.5	17.9	82.1	1,253
	Coast	1.2	97.2	5.9	94.1	710
	Eastern	2.0	96.9	11.9	88.1	1,348
	North Eastern (Urban)	11.7	78.1	14.5	85.5	90
	Nyanza	2.2	96.2	7.3	92.7	1,468
	Rift valley	2.8	95.2	3.2	96.8	1,899
	Western	3.3	95.3	3.8	96.2	978
Rural/Urban	Rural	2.4	96.1	8.6	91.4	6,787
	Urban	3.0	93.9	11.9	88.1	2,257
Total		2.5	95.5	9.4	90.6	9,045

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**Table 12: Percentage of children 12-23 months immunized against childhood diseases at any time before the survey**

	Percentage of children who received:											Number of Children
	BCG	DPT1	DPT2	DPT3	Polio 0	Polio 1	Polio 2	Polio 3	Measles	All	None	
Vaccination Card	68.4	68.6	65.9	63.0	60.2	69.0	66.2	61.9	52.0	49.7	0.1	1,365
Mother's Report	25.8	24.2	20.5	16.5	5.3	22.7	21.5	15.8	22.5	12.2	4.5	478
Not vaccinated	5.8	7.2	13.5	20.5	34.5	8.3	12.4	22.3	25.5	38.1	95.4	236
Either	94.2	92.8	86.5	79.5	65.5	91.7	87.6	77.7	74.5	61.9	4.6	2,079
Vaccinated by 12 months of age	<b>93.8</b>	<b>92.2</b>	<b>85.9</b>	<b>78.7</b>	<b>65.2</b>	<b>91.0</b>	<b>86.8</b>	<b>76.7</b>	<b>71.4</b>	<b>57.9</b>		<b>2,079</b>

Table 13: Percentage of women aged 15-49 who know the main ways of preventing HIV transmission

		Percent who know transmission can be prevented by:							Number of women
		Heard of AIDS	Have only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex	Knows all three ways	Knows at least one way	Doesn't know any way	
Province	Nairobi	95.9	78.4	61.4	78.1	54.1	85.4	14.6	1,705
	Central	90.1	82.3	56.2	78.5	53.1	83.7	16.3	1,326
	Coast	94.5	77.4	55.7	75.1	51.9	80.9	19.1	931
	Eastern	91.9	81.6	47.2	77.1	42.4	84.4	15.6	1,622
	North Eastern (Urban)	72.2	50.7	29.8	49.6	29.3	51.4	48.8	100
	Nyanza	93.9	77.6	46.1	71.5	36.9	84.8	15.2	1,642
	Rift Valley	91.4	79.4	51.9	72.6	45.9	82.4	17.6	2,127
	Western	90.0	75.8	50.5	71.2	44.0	81.2	18.8	1,092
Rural/Urban	Rural	92.0	79.0	49.9	73.6	43.9	82.9	17.1	7,684
	Urban	93.5	78.5	58.9	77.4	52.8	84.1	15.9	2,862
Age	15-19	87.6	70.7	47.9	66.6	40.9	75.9	24.1	2,331
	20-24	92.9	79.9	57.4	76.9	51.3	84.7	15.3	2,178
	25-29	95.0	83.1	57.5	77.8	50.1	87.6	12.4	1,876
	30-34	93.4	80.4	53.2	76.9	48.1	85.0	15.0	1,456
	35-39	93.5	80.9	48.1	75.5	43.6	83.6	16.4	1,241
	40-44	94.1	81.5	53.0	78.2	48.1	85.8	14.2	901
	45-49	92.9	79.1	38.9	73.1	35.6	81.7	18.3	563
Woman's education level	None	89.6	68.0	39.4	64.0	35.3	71.8	28.2	1,667
	Primary	92.4	78.4	51.1	73.2	44.1	83.1	16.9	6,019
	Secondary +	93.9	86.0	62.4	83.7	57.5	89.9	10.1	2,859
Total		92.4	78.8	52.3	74.6	46.4	83.2	16.8	10,545

Monitoring HIV/AIDS Indicator



Table 14: Percentage of women aged 15-49 who correctly identify misconceptions about HIV/AIDS

		Percent who know that: AIDS cannot be transmitted by:							Number of women
		Heard of AIDS	supernatural means	mosquito bites	A healthy looking person can be infected	Knows all three misconceptions	Knows at least one misconception	Doesn't correctly identify any misconception	
Province	Nairobi	95.9	74.9	62.3	83.1	52.9	96.6	9.4	1,705
	Central	90.1	81.1	56.7	78.6	47.4	88.9	11.1	1,326
	Coast	94.5	83.7	64.2	73.3	47.7	92.1	7.9	931
	Eastern	91.9	82.8	55.7	84.0	49.1	90.1	9.9	1,622
	North Eastern (Urban)	72.2	57.0	46.0	40.3	17.0	68.5	31.5	100
	Nyanza	93.9	77.7	53.6	80.5	40.9	92.1	7.9	1,642
	Rift Valley	91.4	76.9	50.9	72.8	38.4	87.4	12.6	2,127
	Western	90.0	76.7	48.2	74.9	36.3	88.1	11.9	1,092
Rural/Urban	Rural	92.0	79.1	53.2	77.1	41.6	89.5	10.5	7,684
	Urban	93.5	76.9	61.6	80.7	51.5	89.8	10.2	2,862
Age	15-19	87.6	71.3	49.8	69.7	38.9	83.0	17.0	2,331
	20-24	92.9	80.8	60.6	79.6	49.1	90.6	9.4	2,178
	25-29	95.0	82.9	58.0	83.5	47.6	93.3	6.7	1,876
	30-34	93.4	78.7	57.1	81.5	45.6	91.7	8.3	1,456
	35-39	93.5	80.1	53.4	79.6	43.4	90.6	9.4	1,241
	40-44	94.1	78.3	53.6	77.9	41.4	91.0	9.0	901
	45-49	92.9	79.9	52.7	75.4	40.5	89.0	11.0	563
Woman's education level	None	89.6	73.2	49.4	64.7	32.2	84.3	15.7	1,667
	Primary	92.4	78.0	52.6	78.0	41.8	89.6	10.4	6,019
	Secondary +	93.9	82.7	65.0	86.0	56.7	92.5	7.5	2,859
Total		92.4	78.5	55.5	78.1	44.3	89.6	10.4	10,545

Monitoring HIV/AIDS Indicator

**Table 15: Percent distribution of women aged 15-49 with a birth in the last year by type of personnel delivering antenatal care**

		Person delivering antenatal care						Total	Any skilled personnel	Number of women
		Doctor	Nurse/mid wife	Auxiliary midwife	Traditiona l birth attendant	Other/mis sing	No antenatal care received			
Province	Nairobi	31.5	49.3	0.0	3.0	14.6	1.6	100.0	80.8	354
	Central	15.5	65.0	3.2	0.0	13.5	2.8	100.0	83.7	183
	Coast	12.5	55.4	4.2	8.5	13.4	5.9	100.0	72.2	165
	Eastern	8.6	75.7	0.8	1.6	10.2	3.1	100.0	85.2	206
	North Eastern(Urban)	4.4	11.3	0.0	0.0	84.3	0.0	100.0	15.7	19
	Nyanza	5.6	66.8	0.2	9.1	13.3	5.0	100.0	72.6	338
	Rift Valley	16.0	58.5	1.0	7.1	13.5	3.8	100.0	75.6	382
	Western	7.2	59.0	1.1	17.3	10.9	4.5	100.0	67.3	216
Rural/Urban	Rural	9.8	63.2	1.4	8.4	12.9	4.3	100.0	74.4	1,337
	Urban	27.3	52.2	0.4	2.2	15.7	2.1	100.0	80.0	526
Woman's education level	None	7.5	49.7	1.8	10.4	23.2	7.4	100.0	59.0	245
	Primary	11.3	63.1	1.1	7.4	13.3	3.7	100.0	75.5	1,132
	Secondary +	26.4	58.2	1.1	2.8	10.0	1.5	100.0	85.7	486
Total		14.8	60.1	1.2	6.6	13.7	3.7	100.0	76.0	1,863

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**Table 16: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration**

**Birth is not registered because:**

		Birth registered	DK if birth registered	Costs too much	Must travel too far	Didn't know it should be registered	Late & didn't want to pay fine	Doesn't know where to register	Other	Reason DK or Missing	Birth certificate issued	Total	Number of children
Sex	Male	62.1	2.2	1.3	4.5	14.5	3.9	4.2	2.9	4.4	12.5	100.0	4,132
	Female	63.0	2.0	1.6	3.8	15.4	3.9	3.2	2.6	4.5	14.3	100.0	4,113
Province	Nairobi	82.7	5.4	0.0	1.1	6.7	1.1	1.3	0.8	0.9	26.3	100.0	1,207
	Central	90.0	0.8	0.5	1.0	3.4	0.6	1.5	0.9	1.4	15.9	100.0	843
	Coast	64.4	0.6	1.2	4.9	15.9	3.4	2.3	3.3	4.1	13.0	100.0	749
	Eastern	67.0	1.1	2.1	4.4	14.0	3.3	3.4	1.2	3.5	8.0	100.0	1,104
	North Eastern	80.8	0.6	0.0	2.5	0.9	8.3	0.0	1.4	5.5	65.1	100.0	87
	Nyanza	41.8	2.1	2.6	6.4	24.5	7.6	6.5	2.9	5.6	10.7	100.0	1,374
	Rift valley	51.7	1.4	1.7	6.1	20.2	3.7	5.0	3.6	6.5	9.7	100.0	1,867
	Western	56.5	3.1	1.6	3.0	13.0	5.5	4.0	5.9	7.2	8.3	100.0	914
Rural/Urban	Rural	56.5	1.6	1.8	5.1	17.3	4.7	4.5	3.3	5.3	8.6	100.0	6,206
	Urban	80.9	3.6	0.5	1.3	7.7	1.7	1.4	1.3	1.6	28.1	100.0	2,040
Age	< 6 months	60.9	2.0	1.9	4.1	15.6	3.0	4.0	5.2	3.3	6.1	100.0	889
	6-11 months	63.2	1.2	2.4	3.5	16.1	3.5	3.7	2.5	3.9	11.3	100.0	1,185
	12-23 months	61.6	1.4	0.7	4.0	15.2	3.9	4.6	3.1	5.4	11.0	100.0	1,650
	24-35 months	65.3	1.8	1.3	3.8	13.5	5.3	2.7	2.7	3.6	16.0	100.0	1,689
	36-47 months	61.2	3.8	1.4	4.7	15.1	3.5	3.5	2.1	4.7	16.0	100.0	1,652
	48-59 months	62.3	2.1	1.6	4.6	14.8	3.9	3.9	1.8	5.1	17.0	100.0	1,181
Woman's education level	None	49.6	2.2	1.3	5.9	23.7	4.3	4.4	3.1	5.5	10.1	100.0	1,516
	Primary	58.1	2.5	1.7	4.5	16.3	4.4	4.6	3.1	4.8	9.8	100.0	4,648
	Secondary +	81.9	1.2	0.9	2.1	5.5	2.7	1.1	1.8	2.7	23.8	100.0	2,082
Total		62.5	2.1	1.4	4.1	15.0	3.9	3.7	2.8	4.4	13.4	100.0	8,246

Monitoring Children's Rights Indicator