Kenya
Eastern Province
Marsabit District



Monitoring the situation of children and women

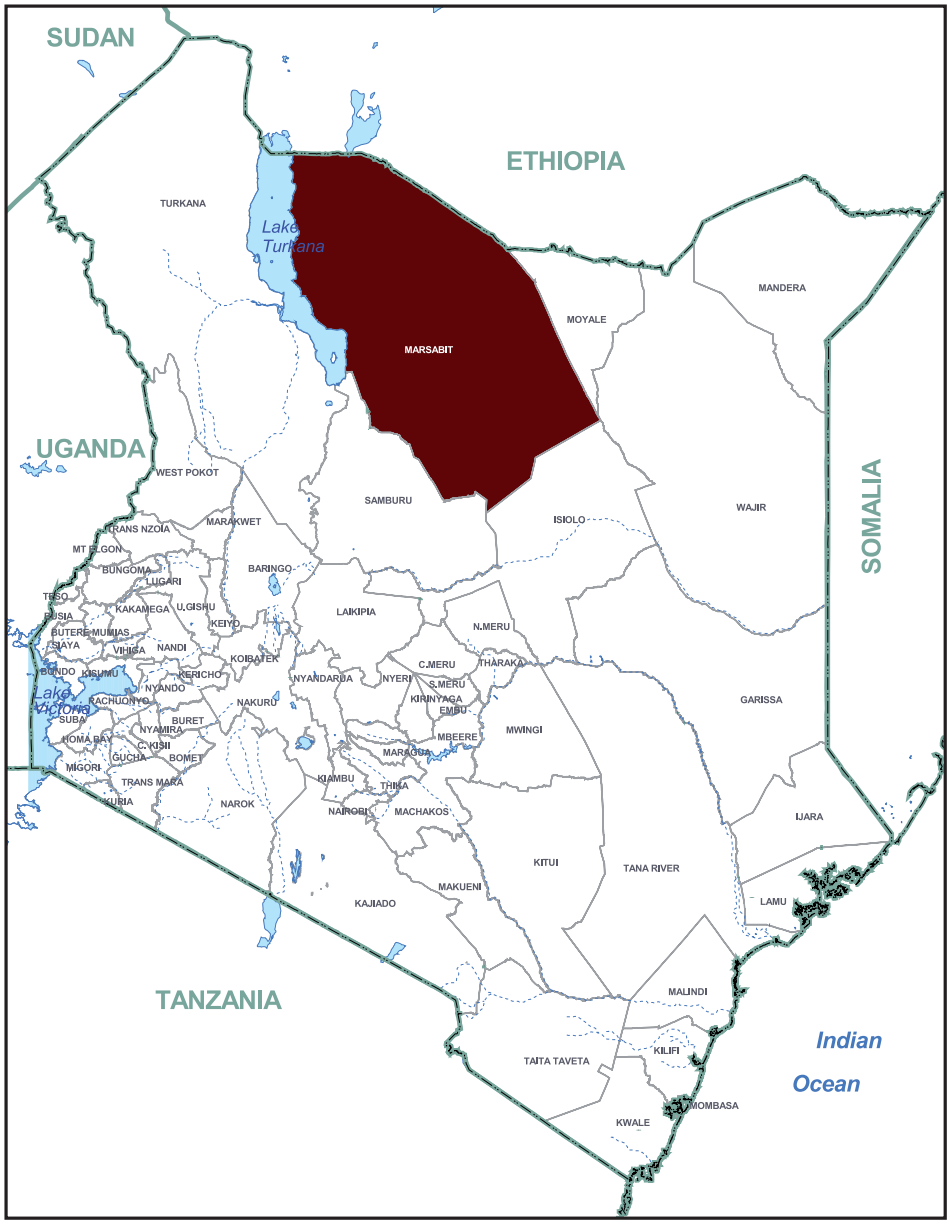
Multiple Indicator Cluster Survey 2008

Kenya National
Bureau of Statistics

United Nations
Children's Fund

MICS

Kenya
Eastern Province
Marsabit District



Monitoring the situation of children and women

Multiple Indicator Cluster Survey 2008

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The Marsabit District Multiple Indicator Cluster Survey (MICS) was carried out in the Eastern Province of Kenya by the Kenya National Bureau of Statistics (KNBS). Financial and technical support was provided by the United Nations Children's Fund (UNICEF).

The survey has been conducted as part of the third round of MICS surveys (MICS3), carried out around the world in more than 50 countries, in 2005-2006, following the first two rounds of MICS surveys that were conducted between 1995 and 2000. Survey tools were based on the models and standards developed by the global MICS project, designed to collect information on the situation of children and women in countries around the world. Additional information on the global MICS project may be obtained from www.childinfo.org.

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ASFRs	Age Specific Fertility Rates
BCG	Bacillus Calmette Guerin (Tuberculosis)
CSPro	Census and Survey Processing System
CDC	Center for Disease Control
NCHS	National Centre for Health Statistics
DHS	Demographic Health Survey
DPT	Diphtheria Pertussis Tetanus
DSO	District Statistical Officer
EA	Enumeration Areas
EPI	Expanded Programme on Immunization
ERS	Economic Recovery Strategy
FGM/C	Female Genital Mutilation/Cutting
GOK	Government Of Kenya
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disorders
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
IUD	Intrauterine Device
KDHS	Kenya Demographic Health Survey
KEPI	Kenya Expanded Programme on Immunizations
KESSP	Kenya Education Sector Support Programme
KNBS	Kenya National Bureau of Statistics
LAM	Lactational Amenorrhea Method
LPG	Liquefied Petroleum Gas
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
NAR	Net Attendance Rate
NPA	National Programme of Action
ORS	Oral Re-hydration Therapy
ORT	Oral Rehydration Treatment
ppm	Parts Per Million
PRS	Poverty Reduction Strategy
RHF	Recommended Home Fluid
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
TFR	Total Fertility Rates
TT	Tetanus Toxoid
U5MR	Under-5 Mortality Rate
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFFC	World Fit For Children
WHO	World Health Organization
WSC	World Summit for Children

Foreword

The Marsabit Multiple Indicator Cluster Survey (MICS) 2008 is one of the first district level sample surveys to be conducted in the district. The survey covered 1,106 households selected using appropriate sampling procedures.

The primary objective of the district level MICS was to provide estimates relating to the well being of children and women at the district level. Detailed information available at the district level is vital for policymakers, planners, researchers and program managers in undertaking actions and informed decisions that are based on credible evidence. In MICS 2008, information on specific topics such as, reproductive health, child mortality, child health, nutrition, child protection, water and sanitation, education, and HIV/AIDS and orphans was collected.

The results indicate that the infant and child mortality in Marsabit district is high, in addition to having a high prevalence of children who are under-weight. It is also worth noting that the proportion of children aged 0-5 months who are exclusively breastfed is one of the lowest in the country.

I wish to acknowledge the efforts of various organizations and individuals who contributed immensely towards the success of the MICS survey. First, I would like to acknowledge the technical and financial assistance from the United Nations Children's Fund (UNICEF). I also wish to acknowledge the hard work and dedication of the staff of the Kenya National Bureau of Statistics (KNBS) and the staff of UNICEF Kenya for their valuable contribution towards successfully completing the survey and making results available.

Finally, I am grateful to the respondents who generously gave their time to provide the information and allowing the survey teams to measure the weights and heights of children below 5 years of age that form the basis of this report.



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Director General
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Executive Summary

The Marsabit District Multiple Indicator Survey (MICS) is a representative sample survey drawn using the 1999 Census of Kenya Enumeration Areas (EAs) as the sampling frame. The 50 EAs are sampled using the probability proportional to size (PPS) sampling methodology, and information from a total of 1,106 households was collected using structured questionnaires. The Marsabit MICS is one of the first and largest household sample survey ever conducted in the district.

The survey used a two stage design and at the EA level households were stratified into two; households with a child below 3 years and households with no child below 3 years at the time of household listing[1]. The stratification at EA level was done to reduce the standard errors of children and women based estimates. The data was collected by two teams comprising of 5 members each, 1 supervisor, 1 editor/measurer and 3 investigators. The survey was implemented by the Kenya National Bureau of Statistics (KNBS), with the support from UNICEF Kenya. A summary of findings from the survey is presented below.

Child Mortality

The under-five mortality rate and the infant mortality rate were calculated using the birth history data for the 10 year period preceding the survey. The under-five mortality rate is 70 per 1,000 live births and infant mortality rate is 47 per 1,000 live births.

Nutritional Status and Breastfeeding

Twenty nine per cent of children aged 6-59 months in Marsabit are severely or moderately underweight. While 20 per cent are stunted children and 14 per cent are wasted.
Seventy seven per cent of the children are timely breastfed (given breast milk within an hour of birth), and 37 per cent of children aged 0-5 months are exclusively breastfed. The proportion of children weighed at the time of birth is only 23 per cent. Only 66 per cent of the households are using iodized salt for cooking.

[1] The household listing was carried out by three teams, each team comprised of a lister and mapper.

Immunization

Only 57 per cent of children aged 12-23 months have received full vaccination (BCG, 3 doses of Polio, 3 doses of DPT and measles) before reaching age 12 months.

BCG is reportedly given to 93 per cent of children aged 12-23 months and measles vaccine is received by only 67 per cent, showing a very high dropout rate. Fifty per cent of the mothers who gave birth during the two years preceding the survey reportedly received tetanus toxoid (TT) injection.

Care of illness

Only 44 per cent of children with diarrhoea during the 2 weeks preceding the survey received oral re-hydration therapy and 6 per cent reported home management of diarrhoea.

Forty five percent of children who had suspected pneumonia reportedly sought treatment and 31 per cent were given antibiotic treatment.

Malaria prevention

In Marsabit 53 per cent of the households have at least one insecticide treated mosquito net, and 21.9 per cent children below 5 years sleep under a treated net.

Only 29 per cent of children under five with fever during the two weeks preceding the survey were given an anti-malarial treatment while only 14 per cent of women who gave birth during the two years preceding the survey reported intermittent preventive treatment for malaria.

Water and sanitation

Half of the population in Marsabit is using drinking water from an improved source. In addition, 19 per cent reported treating the drinking water before use. In terms of sanitation, 28 per cent of the population is using improved sanitation facilities while in 29 per cent of cases child stool is disposed safely.

Reproductive health

The total fertility rate in Marsabit for the 3-year period preceding the survey is 6.4 children per woman.

Seventy six per cent of mothers who gave birth in the 2 years preceding the survey had an antenatal check-up, however only 20 per cent gave birth in an institution while 23 per cent were attended to by a skilled attendant at delivery.

Forty two per cent of women aged 20-49 years are married before their 18th birthday, and 22 per cent of women aged 15-19 years are currently married or in union.

Education

In Marsabit, only 24 per cent of the primary school entry age children are attending primary school. The net primary school attendance rate is 62 per cent while that of secondary is only 10 per cent. Female adult literacy rate is 38 per cent.

Child protection

Only 27 per cent of children under-five years in Marsabit have their births registered.

About 26 per cent of children aged 5-14 years in Marsabit are engaged in child labour. Out of this, 47 per cent are labourer students while 17 per cent are student labourers.

A very high proportion (78 per cent) of children aged 2-14 years had experienced any form of psychological or physical punishment during one month prior to the survey.

HIV and AIDS

One of the most important prerequisite for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts.

Findings from the survey indicate that only 24 per cent of young women aged 15-24 years in Marsabit have comprehensive knowledge about HIV prevention, while 54 per cent of women have knowledge about mother-to-child transmission of HIV. However, only 27 per cent of women aged 15-49 years reported that they had been tested for HIV.

About half of women who delivered a child in the 2 years preceding the survey had received counselling on prevention of mother-to-child transmission of HIV during ANC visits, with 31 per cent having an HIV test done.

Orphans and vulnerable children

Children who are orphaned or vulnerable are at increased risk of neglect or exploitation.
In Marsabit, 14 per cent of children aged below 18 years are orphaned, while 10 percent of the children are not living with any of their biological parents.

Female genital mutilation/cutting (FGM/C) and domestic violence

Nearly all women age 15-49 years in Marsabit have heard about FGM/C and 91 per cent have had any form of FGM/C. Out of those who have heard about FGM/C, 72 per cent believe that the practice should continue. Eighty per cent of women in Marsabit believe that a husband can beat their wife if she goes out without telling him or she neglects children or she argues with him or she refuses sex with him or she burns the food.

Summary Table of Findings

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Marsabit district, 2008

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value & Unit	
CHILD MORTALITY					
Child mortality	1	13	Under-five mortality rate	70	per thousand
	2	14	Infant mortality rate	47	per thousand
NUTRITION					
Nutritional status			Underweight prevalence (below -2 SD)	28.5	per cent
			Stunting prevalence (below -2 SD)	20.1	per cent
			Wasting prevalence (below -2 SD)	13.6	per cent
Breastfeeding	45		Timely initiation of breastfeeding	76.8	per cent
	15		Exclusive breastfeeding rate	37.0	per cent
	16		Continued breastfeeding rate		
			at 12-15 months	90.7	per cent
			at 20-23 months	59.4	per cent
	17		Timely complementary feeding rate	37.4	per cent
	18		Frequency of complementary feeding	17.8	per cent
	19		Adequately fed infants	26.8	per cent
Salt iodization	41		Iodized salt consumption	66.1	per cent
Vitamin A	42		Vitamin A supplementation (under-fives)	23.7	per cent
	43		Vitamin A supplementation (post-partum mothers)	38.8	per cent
Low birth weight	9		Low birth weight infants	10.2	per cent
	10		Infants weighed at birth	22.9	per cent
CHILD HEALTH					
Immunization	25		Tuberculosis immunization coverage (by 12 months)	92.7	per cent
	26		Polio immunization coverage (by 12 months)	80.0	per cent
	27		DPT immunization coverage (by 12 months)	82.6	per cent
	28	15	Measles immunization coverage (by 12 months)	66.7	per cent
	31		Fully immunized children (by 12 months)	57.3	per cent
Tetanus toxoid	32		Neonatal tetanus protection	50.3	per cent
Care of illness	33		Use of oral rehydration therapy (ORT)	44.0	per cent
	34		Home management of diarrhoea	5.9	per cent
	35		Received ORT or increased fluids, and continued feeding	11.7	per cent
	23		Care seeking for suspected pneumonia	45.0	per cent
	22		Antibiotic treatment of suspected pneumonia	30.8	per cent
Solid fuel use	24	29	Solid fuels	97.9	per cent
Malaria	36		Households having insecticide-treated nets (ITNs)	52.7	per cent
	37	22	Under-fives sleeping under insecticide-treated nets	21.9	per cent
	38		Under-fives sleeping under mosquito nets	22.4	per cent
	39	22	Antimalarial treatment (under-fives)	28.7	per cent
	40		Intermittent preventive malaria treatment (pregnant women)	14.4	per cent
ENVIRONMENT					
Water and Sanitation	11	30	Use of improved drinking water sources	50.0	per cent
	13		Water treatment	18.7	per cent
	12	31	Use of improved sanitation facilities	27.5	per cent
	14		Disposal of child's faeces	29.1	per cent
REPRODUCTIVE HEALTH					

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value & Unit	
Contraception and unmet need	21	19c	Contraceptive prevalence	8.3	per cent
	98		Unmet need for family planning	1.3	per cent
Maternal and newborn health	20		Antenatal care	76.2	per cent
	44		Content of antenatal care		
			Blood test taken	51.4	per cent
			Blood pressure measured	70.6	per cent
			Urine specimen taken	45.2	per cent
			Weight measured	72.0	per cent
	4	17	Skilled attendant at delivery	22.8	per cent
	5		Institutional deliveries	19.7	per cent
			Total fertility rate	6.4	Rate
EDUCATION					
Education	52		Pre-school attendance	36.4	per cent
	53		School readiness	84.6	per cent
	54		Net intake rate in primary education	24.3	per cent
	55	6	Net primary school attendance rate	62.0	per cent
	56		Net secondary school attendance rate	10.2	per cent
			Adult literacy rate (female)	37.5	per cent
CHILD PROTECTION					
Birth registration	62		Birth registration	27.4	per cent
Child labour	71		Child labour	25.5	per cent
	72		Labourer students	46.6	per cent
	73		Student labourers	16.9	per cent
Child discipline	74		Any psychological/physical punishment	77.6	per cent
Early marriage and polygyny	67		Marriage before age 15	11.3	per cent
			Marriage before age 18	41.6	per cent
	68		Young women aged 15-19 currently married/in union	22.0	per cent
Female genital mutilation/ Cutting	66		Approval for FGM/C	72.3	per cent
	63		Prevalence of female genital mutilation/cutting (FGM/C)	90.6	per cent
	64		Prevalence of extreme form of FGM/C	2.3	per cent
	65		FGM/C prevalence among daughters	29.8	per cent
Domestic violence	100		Attitudes towards domestic violence	80.4	per cent
HIV/AIDS, SEXUAL BEHAVIOUR, AND ORPHANED AND VULNERABLE CHILDREN					
HIV/AIDS knowledge and attitudes	82	19b	Comprehensive knowledge about HIV prevention among young people	22.8	per cent
	89		Knowledge of mother- to-child transmission of HIV	53.5	per cent
	86		Attitude towards people with HIV/AIDS	13.3	per cent
	87		Women who know where to be tested for HIV	50.1	per cent
	88		Women who have been tested for HIV	27.1	per cent
	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	45.9	per cent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	31.4	per cent
Support to orphaned and vulnerable children	75		Prevalence of orphans	13.5	per cent
	78		Children's living arrangements	10.1	per cent
	76		Prevalence of vulnerable children	3.5	per cent
	77	20	School attendance of orphans versus non-orphans	1.06	ratio
	81		External support to children orphaned and made vulnerable by HIV/AIDS	35.8	per cent

Introduction 1

1.1 Background

This report is based on the Marsabit district Multiple Indicator Cluster Survey, conducted in 2008 by the Kenya National Bureau of Statistics. The survey provides valuable information on the situation of children and women in Marsabit district and was based, for the most part, on the needs to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. All these commitments build upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task (see Box 1 below).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action, also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (**A World Fit for Children**, paragraph 60)

"…We will conduct periodic reviews at the national and sub-national levels of progress in order to address obstacles more effectively and accelerate actions.…" (**A World Fit for Children**, paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"… As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the **Millennium Declaration** (paragraph 31) calls for periodic reporting on progress:

"…We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

Kenya is committed to improving the welfare of its people particularly children and women who tend to be more vulnerable to social-economic hardships. With regard to children, the Government of Kenya (GOK) formulated the National Programme of Action (NPA) for children in 1992, soon after the World Summit for Children (WSC) held in 1990. The main objective of this programme was to identify issues

affecting children and strategies to address them. Measuring indicators of progress towards declared goals through proper monitoring and evaluation of projects/programmes and other interventions, e.g. emergency response and humanitarian assistance are vital components of the NPA.

Proper monitoring and evaluation of targeted projects and programmes by the government and development partners, requires a wide range of data to track progress towards achievement of desired outcomes. In this respect, MICS data from the district will be helpful in appraising such national programmes as: Poverty Reduction Strategy (PRS), Economic Recovery Strategy (ERS), Kenya Education Sector Support Programme (KESSP) 2005-2010, among others.

The GOK/UNICEF programme has a sizeable component of production of high quality and sufficiently disaggregated data, for effective child friendly policy formulation and programme implementation.

Results from the MICS 2008 for Marsabit district of Eastern province are presented in this report.

1.2 Survey Objectives

The 2008 Marsabit District Multiple Indicator Cluster Survey had the following as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Marsabit district;
- To furnish data needed for monitoring progress toward goals established in the Millennium Declaration, the goals of A World Fit For Children (WFFC), and other internationally agreed upon goals, as a basis for future action;
- To contribute to the improvement of data and monitoring systems in Kenya and to strengthen technical expertise in the design, implementation, and analysis within such systems.

Sample and survey methodology 2

2.1 Sample Design

The sample for the Marsabit District Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on a large number of indicators on the situation of children and women at the district level, and was selected in two stages. At the district level, 50 clusters (census enumeration areas) were selected with Probability Proportional to Size (PPM). Afterwards, household listings were then drawn up within the selected enumeration areas, and households were stratified into two groups: those which had a child below 3 years and those that didn't have a child below 3 years. A systematic sample of 16 households from the first stratum and 8 households from the second stratum was drawn using a random start. The sample was stratified but not self-weighting. However, for reporting the results, sample weights are used. A more detailed description of the sample design can be found in Appendix A.

2.2 Questionnaires

Three sets of questionnaires were used in the survey: 1) a household questionnaire which was used to collect information on all *de jure* household members, the household, and the dwelling; 2) a women's questionnaire administered in each household to all women aged 15-49 years; and 3) an under-5 questionnaire, administered to mothers or caretakers of all children under 5 living in the household. The questionnaires included the following modules:

Household Questionnaire:

- Household Listing
- Education
- Water and Sanitation
- Malaria-related questions
- Child Labour
- Child Discipline
- Salt Iodization

Individual Women Questionnaire (all women aged 15-49 years living in the households):

- Child Mortality
- Tetanus Toxoid
- Maternal and Newborn Health
- Marriage and Union
- Contraception
- Attitudes Towards Domestic Violence
- Female Genital Mutilation/Cutting
- HIV/AIDS knowledge

The Questionnaire for children under five was administered to the mothers or the caretaker of children under 5 years of age[2] living in the households. In cases where the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included the following modules:

- Birth Registration and Early Learning
- Child Development
- Vitamin A
- Breastfeeding
- Care of Illness

[2] The terms "children under 5", "children age 0-4 years", and "children aged 0-59 months" are used interchangeably in this report.

- Malaria
- Immunization
- Anthropometry

The questionnaires were based on the MICS3 model questionnaire[3]. From the MICS3 model English version, the questionnaires were translated into Kiswahili, Borana, Kamba, Meru, and Embu languages.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, and measured the weights and heights of children aged 0-59 months. Details and findings of these measurements are provided in the respective sections of the report.

2.3 Training and Fieldwork

Training for fieldwork was conducted in June 2008 and was structured into two parts; 3 days training for the mapping and listing teams and 12 days training for the main survey teams. Training included lectures on interviewing techniques and the contents of the questionnaires, and mock interviews between trainees to gain practice in asking questions. Towards the end of the training period, trainees spent one full day in practice interviewing in different locations of Embu district.

The household listing was carried out by 3 teams; each was comprised of a lister and a mapper. These three teams were supervised by the District Statistical Officer (DSO), and the whole listing operation was being monitored by the district co-ordinator.

The data was collected by 2 teams; each comprised 3 interviewers, one driver, one editor/measurer and a supervisor. Fieldwork began towards the end of June 2008 and ended in August 2008.

2.4 Data Processing

Data was entered using the CSPro software. In order to ensure quality control, all questionnaires were double entered and internal consistency checks performed, with the whole process being monitored by two supervisors. Procedures and standard programs developed under the global MICS3 project and adapted to the modified questionnaire were used throughout. Data processing began simultaneously with data collection in July 2008 and was completed in September 2008. Data was analysed using the Statistical Package for Social Sciences (SPSS) software program, and the model syntax and tabulation plans developed by UNICEF were customized for this purpose.

[3] The model MICS3 questionnaire can be found at www.childinfo.org, or in UNICEF, 2006.

3.1 Sample Coverage

Among the 1,200 households selected for the sample, 1,196 were found. Of these, 1,106 were successfully interviewed yielding a household response rate of 93 per cent. In the interviewed households, 1,164 women (aged 15-49) were identified. Of these, 1,063 were successfully interviewed, yielding a response rate of 91 per cent. In addition, 1,098 children under age five were listed in the household questionnaire. Questionnaires were completed for 1,091 of these children, which corresponds to a response rate of 99 per cent.
Overall response rates of 85 and 92 were realised for the women's and under-5's interviews respectively (see Table 3.1).

Table 3.1 (HH.1): Results of household and individual interviews

Number of households, women, and children under 5 by results of the interviews, and household, women's and under-five's response rates, Marsabit District, 2008

Number of households	
Sampled (H_s)	1,200
Occupied (H_o)	1,196
Interviewed (H_i)	1,106
Response rate (H_r)	92.5
Number of women	
Eligible (W_e)	1,164
Interviewed (W_i)	1,063
Response rate (W_r)	91.3
Overall response rate (W_{or})	84.5
Number of children under 5	
Eligible (C_e)	1,098
Information collected (C_i)	1,091
Response rate (C_r)	99.4
Overall response rate (C_{or})	91.9

$H_r = H_i / H_o$ (where H_o is HH8 = 1, 2, 3 or 6)
$W_r = W_i / W_e$; $W_{or} = W_r \times H_r$
$C_r = C_i / C_e$; $C_{or} = C_r \times H_r$

Note: This table is un-weighted, however all other tables presented in this report are weighted unless mentioned otherwise.

3.2 Characteristics of Households

The age and sex distribution of the survey population is provided in Table 3.2 (HH.2). The distribution is also used to produce the population pyramid in Figure 3.1. In the 1,106 households successfully interviewed in the survey, 5,206 household members were listed. Among these, 2,583 were males, and 2,623 were females. The sex ratio for the district according to these figures is 0.98.

The age distribution in Table 3.2 (HH.2) shows that 46 per cent of the population is below 15 years of age and half of it between 15-64 years, while those aged 60 years and above constitute four per cent of the population. The child population (0-17 years) is 53 per cent – an indication of high dependency ratio.

Table 3.2 (HH.2): Household age distribution by sex

Percentage distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years by sex, Marsabit District, 2008

	Males		Females		Total	
Characteristics	Number	Percentage	Number	Percentage	Number	Percentage
Age						
0-4	426	16.5	468	17.8	894	17.2
5-9	390	15.1	394	15.0	784	15.1
10-14	357	13.8	368	14.0	725	13.9
15-19	326	12.6	257	9.8	583	11.2
20-24	238	9.2	267	10.2	506	9.7
25-29	170	6.6	151	5.7	320	6.2
30-34	132	5.1	132	5.0	264	5.1
35-39	91	3.5	118	4.5	208	4.0
40-44	95	3.7	103	3.9	197	3.8
45-49	71	2.7	86	3.3	156	3.0
50-54	64	2.5	106	4.0	170	3.3
55-59	54	2.1	46	1.8	100	1.9
60-64	56	2.2	40	1.5	96	1.9
65-69	33	1.3	23	0.9	56	1.1
70+	79	3.0	65	2.5	144	2.8
Missing/DK	2	0.1	0	0.0	2	0.0
Dependency age groups						
< 15	1173	45.4	1230	46.9	2403	46.2
15-64	1297	50.2	1304	49.7	2601	50.0
65+	112	4.3	88	3.4	200	3.8
Missing/DK	2	0.1	0	0.0	2	0.0
Children aged 0-17	1375	53.2	1385	52.8	2760	53.0
Adults 18+/Missing/ DK	1209	46.8	1238	47.2	2447	47.0
Total	**2583**	**100**	**2623**	**100**	**5206**	**100**

Table 3.3 (HH.3) provides basic background information on the households, the sex of the household head and number of household members within these households. The weighted and un-weighted numbers of total households are equal, since sample weights were normalized (see Appendix A). The table also shows the proportions of households that have at least one child under 18, at least one child under 5, and at least one eligible woman aged 15-49 years.

In Marsabit district, 37 per cent of the households are headed by a female, 56 per cent have at least one child below 5 years of age, and 85 per cent have at least one child below 18 years of age. Approximately four out of five (77 per cent) households have at least one woman in the reproductive age group, i.e., 15-49 years. A negligible proportion of households reported to have been displaced during the one year period preceding the survey.

Figure 3.1: Age and sex distribution of Household Population

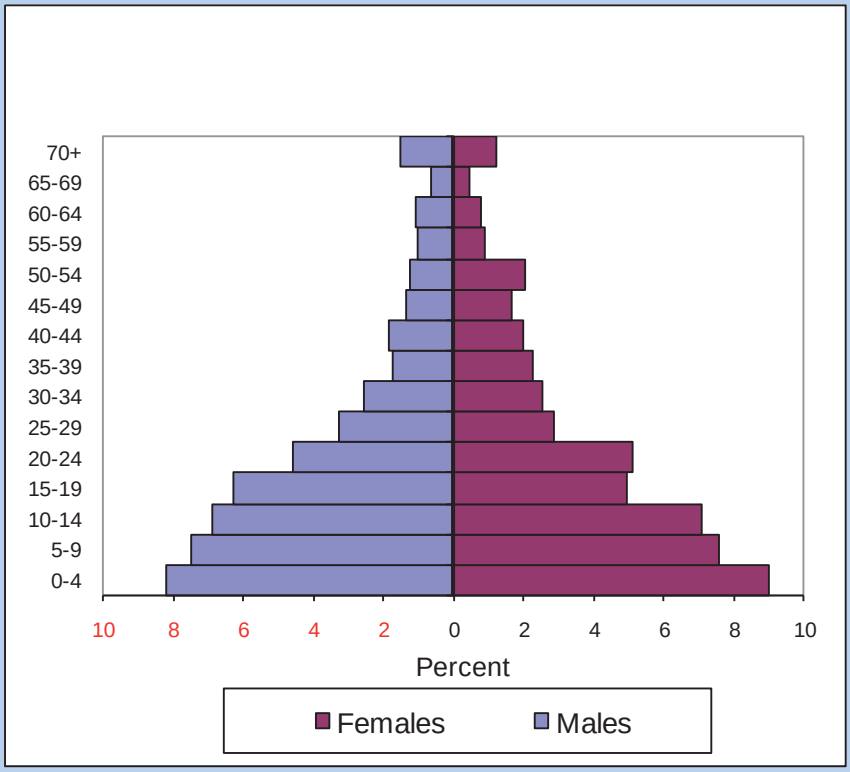


Table 3.3 (HH.3): Household composition

Percentage distribution of households by selected characteristics, Marsabit District, 2008

		Number of households	
Characteristics	Weighted Percentage	Weighted	Un-weighted
Sex of household head			
Male	63.2	699	723
Female	36.8	407	383
Number of household members			
1	7.5	83	58
2-3	27.5	304	284
4-5	30.2	335	363
6-7	23.2	256	266
8-9	9.3	103	105
10+	2.3	26	30
Mean household size	4.7	NA	NA
Household displaced during last 12 months			
Yes	0.3	3	6
No	99.7	1098	1095
Total	**100.0**	**NA**	**NA**
At least one child aged < 18 years	84.9	1106	1106
At least one child aged < 5 years	55.8	1106	1106
At least one woman aged 15-49 years	77.2	1106	1106

3.3 Characteristics of Female Respondents

Tables 3.4 (HH.4) and 3.5 (HH.5) provide information on the background characteristics of female respondents aged 15-49 years of age, and of children under age 5. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of women and children, the tables also show the numbers of observations for each background category. These categories are used in the subsequent tabulations in this report.

Table 3.4 (HH.4) provides background characteristics of female respondents 15-49 years of age and includes information on the distribution of women according to region, age, marital status, motherhood status, education[4], wealth index[5], and religion. Overall, 66 per cent of the women aged 15-49 years in Marsabit district reported being currently married and another 23 per cent were never married or in union. Seventy three per cent had ever given birth, and it's observed that the percentage that reported never being married/in union is lower than that of those who never had a birth.

[4] Unless otherwise stated, "education" refers to educational level attended by the respondent throughout this report when it is used as a background variable.

[5] Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample (The assets used in these calculations were as follows: number of sleeping rooms, type of floor, type of roof, type of walls, type of fuel used for cooking, electricity, radio, television, telephone (mobile or land line), refrigerator, computer, internet connection, watch, bicycle, motorcycle or scooter, animal drawn cart, car or truck, boat with motor, source of drinking water and type of sanitation). Each household was then weighted by the number of household members, and the household population was divided into three groups, based on the wealth scores of households they were living in. The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide Information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

Table 3.4 (HH.4): Women's background characteristics

Percentage distribution of women aged 15-49 years by background characteristics, Marsabit District, 2008

Characteristic	Weighted Percentage	Number of women	
		Weighted	Un-weighted
Age			
15-19	20.8	221	181
20-24	23.7	252	278
25-29	14.2	151	167
30-34	12.3	130	158
35-39	10.7	114	118
40-44	10.1	107	88
45-49	8.3	88	73
Marital/Union status			
Currently married/in union	66.3	704	754
Formerly married	11.1	118	110
Never married	22.6	241	199
Motherhood status			
Ever gave birth	73.0	776	841
Never gave birth	27.0	287	222
Education			
None	69.8	742	767
Primary	23.6	251	235
Secondary +	5.7	61	53
Non-standard curriculum	0.9	9	8
Wealth index			
Low	64.0	680	730
Medium	13.5	143	119
High	22.5	239	214
Total	**100**	**1063**	**1063**

3.4 Characteristics of Children under Five

Some background characteristics of children under 5 are presented in Table 3.5 (HH.5). These include distribution of children by several attributes: sex, age in months, mother's or caretaker's education and wealth index. A slightly higher proportion of female children (52 per cent) than male children (48 per cent) was observed in the sample. About 13 per cent of children below 5 years were aged 0-5 months and 10 per cent were in the 6-11 month age category. Sixteen per cent were born by mothers having primary education, while 79 per cent were born by mothers with no education. The distribution of children below 5 years by wealth index shows that a majority (75 per cent) come from low wealth index households, while the least number came from medium wealth index households.

Table 3.5 (HH.5): Children's background characteristics

Percentage distribution of children under five years of age by background characteristics Marsabit District, 2008

Characteristics	Weighted Percentage	Number of under-5 children	
		Weighted	Un-weighted
Sex			
Male	47.6	520	525
Female	52.4	571	566
Age			
< 6 months	12.5	136	137
6-11 months	10.1	110	112
12-23 months	21.5	235	243
24-35 months	19.4	212	213
36-47 months	18.0	197	192
48-59 months	18.4	201	194
Mother's education			
None	79.0	862	867
Primary	16.2	177	173
Secondary +	4.1	44	43
Non-standard curriculum	0.7	8	8
Wealth index			
Low	74.9	818	823
Medium	9.1	100	96
High	15.9	174	172
Total	**100**	**1091**	**1091**

One of the overarching goals of the Millennium Development Goals (MDGs)-Goal 4 Target 5 and the World Fit for Children (WFFC) is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two-thirds between 1990 and 2015 (Goal 4, target 5). Monitoring progress towards this goal is an important objective. Measuring childhood mortality may seem easy, but attempts using direct questions, such as "Has anyone in this household died in the last year?" give inaccurate results. However, the Marsabit district MICS utilized direct measures of child mortality from birth histories which is one of the best ways of obtaining this information. The birth histories obtained from women aged 15-49 years, include the number of children ever born and living by sex, and date of birth of each child born. If the child was not alive at the time of the survey, information on age of the child at the time of death was also obtained. This method is being used by the Demographic and Health Surveys (DHS) worldwide including the Kenya Demographic Health Survey (KDHS). This allows us to compare the mortality rates obtained by MICS with those of KDHS.

Infant mortality rate (IMR) is the probability of dying before the first birthday while the under-five mortality rate (U5MR) is the probability of dying before the fifth birthday. Neonatal mortality rate is the probability of dying before one month of life, while post neonatal mortality is the probability of dying between 28 days and 11 months of life. Child mortality rate refers to the probability of dying between one and five years of life. All mortality rates mentioned above are expressed per 1,000 live births, except for child mortality rate, which is expressed per 1,000 children surviving up to 12 months of age.

Though direct estimates of mortality obtained from birth histories are some of the best, the quality of these estimates depend on the completeness of information obtained in the birth histories. In many cases, women tend to avoid reporting their dead children and this leads to an under estimation of mortality levels.

4.1 Levels of Childhood Mortality

Table 4.1 provides estimates of childhood mortality for the ten-year period preceding the survey. This permits monitoring of changes in childhood mortality rates. The IMR is estimated at 47 per thousand live births, while the under-5 mortality rate (U5MR) is 70 per thousand live births. These estimates have been calculated based on births during the ten-year period preceding the survey.

Table 4.1: Child mortality

Infant, neonatal, post-neonatal, child and under-five mortality rates for 10-year period preceding the survey, Marsabit District, 2008

Periods of analysis of 10 years	Neonatal mortality rate	Post-neonatal mortality rate	Infant mortality rate*	Child mortality rate	Under-five mortality rate**
0-9	26	21	47	24	70
10-19	29	22	51	12	62

***MICS indicator 2; MDG indicator 14**
****MICS indicator; MDG indicator 13**

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

Malnutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and for those who survive, they are more likely to have recurring sicknesses and faltering growth. Three-quarters of the children who die from causes related to malnutrition are only mildly or moderately malnourished – showing no outward sign of their vulnerability. The Millennium Development Goal 1 and target 1c is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. The World Fit for Children goal is to reduce the prevalence of malnutrition among children under five years of age by at least one-third (between 2000 and 2010), with special attention to children under 2 years of age. A reduction in the prevalence of malnutrition will assist in the attainment of the goal towards reduction in child mortality.

5.1 Nutritional Status

In a well-nourished population, there is a reference distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is the WHO/CDC/NCHS reference, which is recommended for use by UNICEF and the World Health Organization. Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of the reference population. Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is less than two standard deviations below the median of the reference population are considered *moderately underweight* while those whose weight-for-age is less than three standard deviations below the median are classified as *severely underweight.*

Height-for-age is a measure of linear growth. 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. Children whose height-for-age is less than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately stunted.* Those whose height-for-age is less than three standard deviations below the median are classified as *severely stunted.* Finally, children whose weight-for-height is less than two standard deviations below the median of the reference population are classified as *moderately wasted,* while those who fall less 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.

During the MICS, weights and heights of all children aged 6-59 months, were measured using anthropometric equipment recommended by UNICEF (UNICEF, 2006). Findings in this section are based on the results of these measurements. Table 5.1 (NU.1) shows percentages of children classified into each of these categories, based on the anthropometric measurements that were taken during fieldwork and selected background characteristics. Additionally, the table includes the percentage of children who are overweight, which refers to those children whose weight for height is above 2 standard deviations from the median of the reference population.

In Table 5.1, children who were neither weighed nor measured (approximately 2 per cent) and those whose measurements were outside a plausible range were excluded. Another 3 per cent were also excluded from the analysis: those whose measurement could not be obtained; or the age information was missing; or they were flagged out as out layers. Results indicate that approximately one in three (29 per cent) children aged 6-59 months in Marsabit district were moderately underweight; twenty per cent were moderately stunted or too short for their age; while fourteen per cent were moderately wasted.

Children whose mothers have secondary or higher education are less likely to be underweight and stunted compared to children of mothers with no education. Boys appear to be slightly more likely to be

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 5.1). This pattern is related to the age at which many children are weaned. The wealth index also shows a negative relationship with malnutrition among children.

Table 5.1 (NU.1): Child malnourishment

Percentage of children aged 6-59 months who are severely or moderately malnourished, Marsabit District, 2008

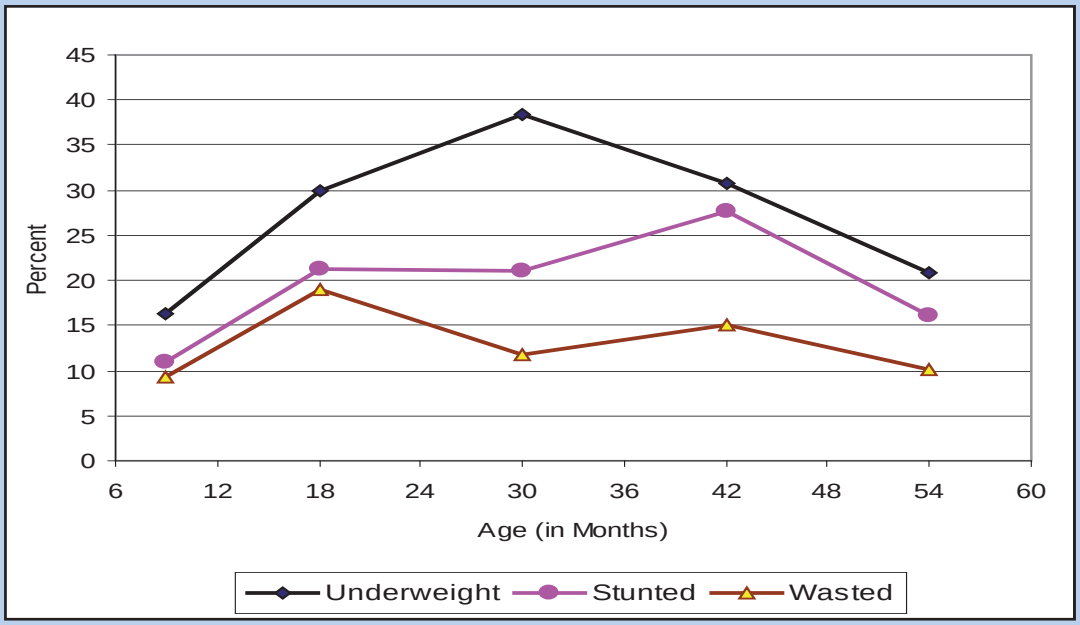
	Weight-for-age per cent below		Height-for-age % below		Weight-for-height % below		% above	Number of children aged 6-59 months
Characteristic	-2 SD*	-3 SD*	-2 SD**	-3 SD**	-2 SD***	-3 SD***	+2 SD	
Sex								
Male	30.2	6.6	19.6	5.1	17.1	1.9	0.8	331
Female	27.0	4.9	20.6	4.4	10.4	0.9	2.0	353
Age								
6-11 months	16.3	1.7	11.2	1.7	6.3	0.0	0.7	85
12-23 months	29.9	5.0	21.2	4.7	18.9	2.1	1.0	175
24-35 months	38.3	8.5	21.0	6.3	11.7	1.0	2.2	158
36-47 months	30.8	7.2	27.7	6.5	15.1	2.2	1.0	136
48-59 months	20.9	3.8	16.2	3.5	10.2	0.0	2.4	117
Mother's education								
None	31.0	5.8	21.0	5.4	14.3	1.4	1.2	501
Primary	27.0	7.0	20.8	3.7	14.4	1.9	0.9	143
Secondary +	2.4	0.0	6.2	0.0	2.1	0.0	7.3	35
Non-standard curriculum	4.6	4.6	4.6	0.0	4.6	0.0	0.0	5
Wealth index								
Low	34.8	7.8	23.9	6.4	17.6	1.8	0.4	460
Medium	21.7	3.1	22.0	2.8	4.8	1.7	0.0	77
High	12.6	0.6	7.2	0.5	5.7	0.0	5.4	147
Total	**28.5**	**5.7**	**20.1**	**4.7**	**13.6**	**1.4**	**1.4**	**684**

***MICS indicator 6; MD indicator 4**
****MICS indicator 7**
*****MICS indicator 8**

Columns 1 and 2 refer to children whose weight-for-age z-scores (i.e., the exact number of standard deviations from the median) fall below 2 standard deviations (moderately underweight) and 3 standard deviations (severely underweight) from the median weight-for-age of the NCHS reference population. Columns 3 and 4 refer to children whose height-for-age z-scores fall below -2 standard deviations (moderately stunted or short for their age) and -3 standard deviations (severely stunted or short for their age) from the median height-for-age of the reference population. Stunted children are considered as chronically undernourished. Columns 5 and 6 refer to children whose weight-for-height z-scores fall -2 standard deviations (moderately wasted) or -3 standard deviations (severely wasted) from the weight-for-height of the reference population. Wasting is usually the result of a recent nutritional deficiency. The table also includes the percentage of children who are overweight, which takes into account those children whose weight-for-height is above 2 standard deviations from the median of the reference population.

The percentage 'below -2 standard deviations' includes those who fall -3 standard deviations below the median.
Children whose height or weight are missing are excluded from the calculations. If height and weight data are missing for more than 10 per cent of under-five children, caution should be exercised in the interpretation of the results. In addition, children for whom the indices are out of range are omitted.

Figure 5.1: Percentage of children age 6-59 months who are undernourished



5.2 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 also unsafe if clean water is not readily available. The World Fit for Children goal states that children should be exclusively breastfed for 6 months and continue to be breastfed with safe, appropriate and adequate complementary feeding for up to 2 years of age and beyond.

WHO/UNICEF have the following feeding recommendations:
Exclusive breastfeeding for first six months:

- Exclusive breastfeeding for the first six months
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods beginning at 6 months
- Frequency of complementary feeding: 2 times per day for 6-8 month olds; 3 times per day for 9-11 month olds

It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators for the recommended child feeding practices are as follows:

- Exclusive breastfeeding rate (< 4 months &< 6 months)
- Timely complementary feeding rate (6-9 months)
- Continued breastfeeding rate (12-15 & 20-23 months)
- Timely initiation of breastfeeding (within 1 hour of birth)
- Frequency of complementary feeding (6-11 months)
- Adequately fed infants (0-11 months)

Table 5.2 (NU.2) provides the proportion of women who started breastfeeding their infants within one hour of birth, and those who started breastfeeding within one day of birth (which includes those who started within one hour). Overall, 77 per cent and 97 per cent of women initiated breastfeeding of infants within one hour of birth and within one day of birth, respectively. Mothers with secondary or higher education recorded the highest percentage of women who initiated breastfeeding within one hour of birth at 79 per cent followed by those with no education at 77 per cent. In the case of mothers who breastfed their children within one day,

mothers with no education recorded the highest percentage (98per cent) whereas mothers with secondary or higher education and primary recorded almost similar percentages at 94 and 93, respectively.

Table 5.2 (NU.2): Initial breastfeeding

Percentage of women aged 15-49 years with a birth in the two years preceding the survey who breastfed their baby within one hour of birth and within one day of birth, Marsabit District, 2008

Characteristics	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth**	Number of women with a live birth in the two years preceding the survey
Months since birth			
< 6 months	77.2	95.6	100
6-11 months	78.1	99.0	111
12-23 months	75.9	96.2	180
More than 23 months	(*)	(*)	7
Mother's education			
None	77.4	97.5	314
Primary	73.1	93.4	70
Secondary +	78.7	93.9	12
Non-standard curriculum	(*)	(*)	3
Wealth index			
Low	77.7	97.2	296
Medium	(79.5)	(96.9)	36
High	71.6	94.4	66
Total	**76.8**	**96.7**	**398**

***MICS indicator 45**
NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Figures in parentheses are based on 25-49 unweighted cases.

In Tables 5.3a and 5.3b, breastfeeding status based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview is presented. *Exclusively breastfed* refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The tables show exclusive breastfeeding of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children aged 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age.

Results show that approximately 37 per cent of children aged less than six months are exclusively breastfed – this is considerably lower than the recommended exclusive breastfeeding for the first 6 months of life. At age 6-9 months, a similar proportion of (37 per cent) children were receiving breast milk and solid or semi-solid foods (Table.5.3b). By age 12-15 months, 91 per cent of children were still being breastfed and by age 20-23 months, 59 per cent were still being breastfed. Boys were more exclusively breastfed than girls during 0-3 months, however girls were more exclusively breastfed than boys during the 0-5 months age period.

Table 5.3a (NU.3): Breastfeeding

Percentage of living children according to breastfeeding status at each age group, Marsabit District, 2008

Characteristics	Children age 0-3 months: Percentage exclusively breastfed	Children age 0-3 months: Number of children	Children age 0-5 months: Percentage exclusively breastfed*	Children age 0-5 months: Number of children
Sex				
Male	(46.7)	38	35.4	60
Female	(44.4)	33	38.8	55
Mother's education				
None	46.6	54	36.6	86
Primary	(*)	14	(*)	21
Secondary +	(*)	3	(*)	7
Non-standard curriculum	.	0	.	0
Wealth index				
Low	41.6	52	33.4	82
Medium	(*)	8	(*)	13
High	(*)	11	(*)	20
Total	**45.6**	**71**	**37.0**	**115**

***MICS indicator 15**

Note: Breastfeeding status is based on mother's or caretaker's reports of children's consumption in the 24 hours prior to the interview. Exclusive breastfeeding refers to children who receive only breast milk, or breast milk and vitamins, mineral supplements, or medicine.

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Figures in parentheses are based on 25-49 unweighted cases.

Table 5.3 b (NU.3): Complementary feeding

Percentage of living children according to breastfeeding status at each age group, Marsabit District, 2008

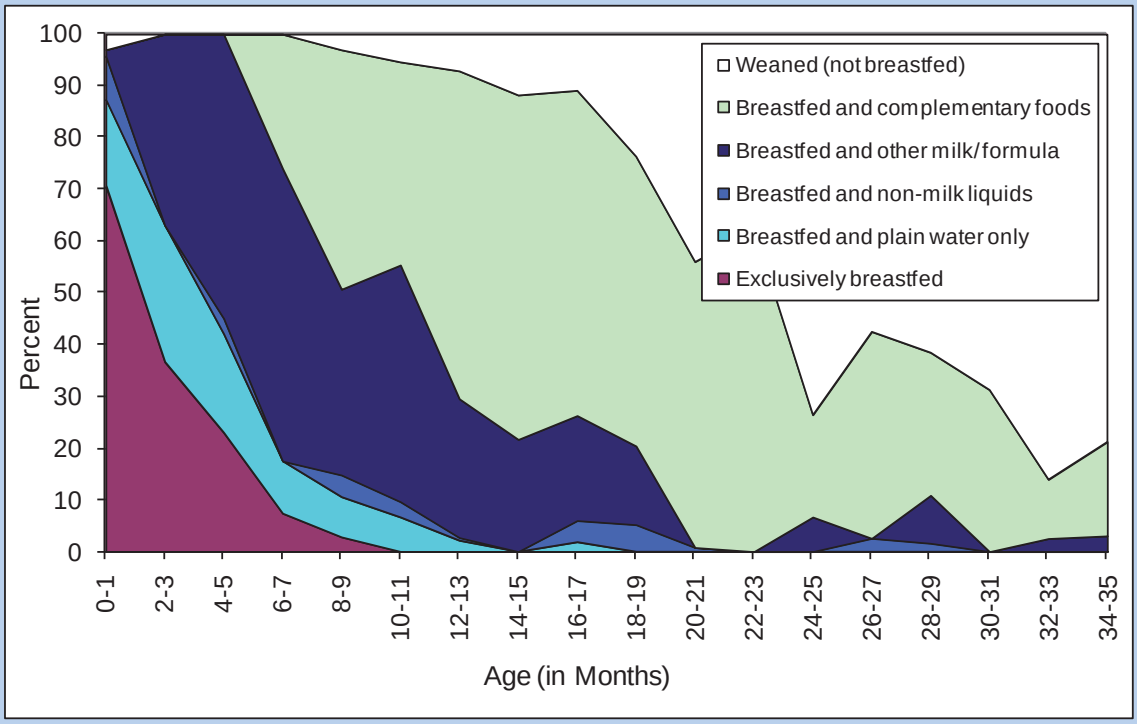
Characteristics	Children age 6-9 months: Per cent receiving breast milk and solid/ mushy food**	Children age 6-9 months: Number of children	Children age 12-15 months: Percentage breastfed***	Children age 12-15 months: Number of children	Children age 20-23 months: Percentage breastfed***	Children age 20-23 months: Number of children
Sex						
Male	(30.5)	38	(97.5)	33	(63.8)	35
Female	(42.9)	46	85.9	46	(53.6)	27
Mother's education						
None	30.9	71	90.6	70	65.8	42
Primary	(*)	11	(*)	8	(*)	18
Secondary +	(*)	2	(*)	2	(*)	2
Non-standard curriculum	.	0	.	0	(*)	1
Wealth index						
Low	29.8	68	94.4	62	63.1	40
Medium	(*)	7	(*)	4	(*)	8
High	(*)	9	(*)	14	(*)	15
Total	**37.4**	**84**	**90.7**	**79**	**59.4**	**63**

****MICS indicator 17**
*****MICS indicator 16**

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Figures in parentheses are based on 25-49 unweighted cases.

Figure 5.2 shows the detailed pattern of breastfeeding by the child's age in months. Even at the earliest ages, majority of children were receiving more liquids or foods other than breast milk. By the end of the sixth month, the percentage of children exclusively breastfed was below five per cent, however one in three children (33 per cent) were receiving breast milk after 2 years.

Figure 5.2: Infant feeding patterns by age



The adequacy of infant feeding in children under 12 months is provided in Table 5.4 (NU.4). Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding. Infants aged 6-8 months are considered to be adequately fed if they are receiving breast milk and complementary food at least two times per day, while infants aged 9-11 months are considered to be adequately fed if they are receiving breast milk and eating complementary food at least three times a day. Among those aged 0-5 months, 37 per cent were currently exclusively breastfed while among those aged 6-8 months 22 per cent were receiving breast milk and complementary food. As a result of these feeding patterns, only 18 per cent of children aged 6-11 months were being adequately fed. Adequate feeding among all infants (ages 0-11 months) drops to 27 per cent. Overall, more female children were fed adequately than their male counterparts, except for those receiving breast milk and complementary food for the age group 6-8 months.

Table 5.4 (NU.4): Adequately fed infants

Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, Marsabit District, 2008

	Percentage of infants					
Characteristic	0-5 months exclusively breastfed	6-8 months who received breast milk and complementary food at least 2 times in prior 24 hours	9-11 months who received breast milk and complementary food at least 3 times in prior 24 hours	6-11 months who received breast milk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	Number of infants aged 0-11 months
Sex						
Male	35.4	22.1	7.2	13.8	24.4	122
Female	38.8	21.9	21.2	21.4	29.1	124
Mother's education						
None	36.6	10.7	13.0	12.0	22.9	195
Primary	(47.0)	(88.9)	(30.4)	(52.1)	(49.3)	40
Secondary +	(*)	(*)	(*)	(*)	(*)	10
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	2
Wealth index						
Low	33.4	9.9	8.9	9.3	20.0	186
Medium	(*)	(*)	(*)	(*)	(*)	23
High	(37.2)	(60.7)	NS	(49.3)	(43.0)	38
Total	**37.0**	**22.0**	**15.0**	**17.8**	**26.8**	**246**

***MICS indicator 18**
****MICS indicator 19**

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

5.3 Salt Iodization

Iodine deficiency disorder (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll by impairing mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The international goal is to achieve sustainable elimination of iodine deficiency by 2005. The indicator is the percentage of households consuming adequately iodized salt ($\geq$15 parts per million).

Table 5.5 (NU.5) shows that in about 74 per cent of households, salt used for cooking was tested for iodine content, while 26 per cent of households had no salt available. In 66 per cent of households, salt was found to contain 15 parts per million (ppm) or more of iodine, i.e., adequately iodized salt. Not much variation was observed in the use pattern of iodized salt by background characteristics of the household.

Table 5.5 (NU.5): Iodized salt consumption

Percentage of households consuming adequately iodized salt, Marsabit District, 2008

Characteristic	Percentage of households in which salt was tested	Number of households interviewed	Percentage of households with Salt test result: No salt	< 15 PPM	15+ PPM*	Total	Number of households in which salt was tested or with no salt
Wealth index							
Low	67.0	784	32.6	7.9	59.5	100.0	780
Medium	90.7	119	9.3	7.7	83.0	100.0	119
High	91.0	202	9.0	9.4	81.5	100.0	202
Total	**73.9**	**1106**	**25.8**	**8.1**	**66.1**	**100.0**	**1101**

***MICS indicator 41**

5.4 Vitamin A Supplements

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is quite prevalent in the developing world and particularly in countries with the highest burden of under-five deaths.

The 1990 World Summit for Children set the goal of virtual elimination of vitamin A deficiency and its consequences, including blindness, by the year 2000. This goal was also endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly's Special Session on Children in 2002. The critical role of vitamin A for child health and immune function also makes control of deficiency, a primary component of child survival efforts, and is therefore critical to the achievement of the fourth Millennium Development Goal: a two-thirds reduction in under-five mortality by the year 2015.

For countries with vitamin A deficiency problems, current international recommendations call for high-dose vitamin A supplementation every four to six months, targeted to all children between the ages of six to 59 months living in affected areas. Providing young children with two high-dose vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating vitamin A deficiency and improving child survival. Giving vitamin A to new mothers who are breastfeeding helps protect their children during the first months of life and helps to replenish the mother's stores of vitamin A, which are depleted during pregnancy and lactation. For countries with vitamin A supplementation programs, the definition of the indicator is the percentage of children aged 6-59 months receiving at least one high dose vitamin A supplement in the last six months.

Based on UNICEF/WHO guidelines, the Government of Kenya recommends that children aged 6-11 months be given one high dose vitamin A capsules, and children aged 12-59 months be given a vitamin A capsule every 6 months. In some parts of the country, vitamin A capsules are linked to immunization services and are given when the child has contact with these services after six months of age. It is also recommended that mothers take a vitamin A supplement within eight weeks of giving birth due to increased vitamin A requirements during pregnancy and lactation. Table 5.6 (NU.6) shows children's vitamin A supplementation information by selected background characteristics. Within the six months prior to the survey, 24 per cent of children aged 6-59 months received a high dose Vitamin A supplement; about 38 per cent did not receive the supplement in the last 6 months but did receive one prior to that time; while about nine per cent received the supplement at some time in the past but their mothers/caretakers were unable to specify when.

Vitamin A supplementation by age in the last six months declined from 36 per cent among children aged 6-11 months to 32 per cent among children aged 12-23 months. There is no substantial variation observed between age groups 24-35 months and 36-47 months.

The mother's level of education is related to the likelihood of Vitamin A supplementation. The percentage receiving a supplement in the last six months increases from 22 per cent among children whose mothers had no education to 32 per cent for those whose mothers have primary education but declines to 27 per cent among children of mothers with secondary or higher education. Household wealth index shows a similar pattern as observed for education of the mother, i.e., Vitamin A supplementation coverage increases then decreases with increasing levels of the household wealth index.

Table 5.6 (NU.6): Children's vitamin A supplementation

Percentage distribution of children aged 6-59 months by whether they have received a high dose vitamin A supplement in the last 6 months, Marsabit, 2008

Characteristic	Percentage of children who received vitamin A: Within last 6 months*	Prior to last 6 months	Not sure when	Not sure if received vitamin A	Never received vitamin A	Total	Number of children aged 6-59 months
Sex							
Male	24.5	35.2	11.3	0.3	28.6	100.0	460
Female	23.0	39.8	6.7	1.2	29.3	100.0	516
Age							
6-11 months	35.5	14.1	2.1	2.0	46.2	100.0	110
12-23 months	31.5	29.1	6.6	0.0	32.8	100.0	235
24-35 months	21.0	41.1	10.2	0.6	27	100.0	212
36-47 months	20.6	49.3	11.7	1.2	18.1	100.0	197
48-59 months	14.6	48.9	12.8	0.9	22.8	100.0	201
Mother's education							
None	21.7	36.3	8.9	0.9	32.2	100.0	776
Primary	32.3	39.0	9.2	0.5	18.9	100.0	156
Secondary +	(27.5)	(57.1)	(8.9)	(0.0)	(6.5)	(100.0)	37
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	8
Wealth index							
Low	22.0	34.8	8.2	0.9	34.0	100.0	735
Medium	31.8	44.7	10.2	0.0	13.3	100.0	87
High	27.3	47.1	11.2	0.5	13.9	100.0	154
Total	**23.7**	**37.7**	**8.9**	**0.8**	**29**	**100**	**976**

***MICS indicator 42**

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

Table 5.7 (NU.7) shows vitamin A supplementation among post-partum mothers by education level and household wealth index. Approximately two out of five (39 per cent) mothers who had a birth in the two years before the survey received a Vitamin A supplement within eight weeks of the birth. Vitamin A coverage increases with the level of education of the mother with 35 per cent of women with no education receiving the Vitamin A compared with 54 per cent among women with primary education.

Table 5.7 (NU.7): Post-partum mothers' vitamin A supplementation

Percentage of women aged 15-49 years with a live birth in the 2 years preceding the survey by whether they received a high dose vitamin A supplement before the infant was 8 weeks old, Marsabit District, 2008

Characteristic	Received vitamin A supplement*	Not sure if received vitamin A	Number of women aged 15-49 years
Education			
None	34.8	0.4	314
Primary	54.0	0.0	70
Secondary +	(*)	(*)	12
Non-standard curriculum	(*)	(*)	3
Wealth index			
Low	33.0	0.4	296
Medium	(65.8)	(0.0)	36
High	49.9	0.0	66
Total	**38.8**	**0.3**	**398**

***MICS indicator 43**

* The numerator includes all women who say they received a vitamin A dose in the first two months after their last birth (even if their last birth was less than two months prior to the interview). The denominator includes women who had a live birth in the two years preceding the date of interview.

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Figures in parentheses are based on 25-49 unweighted cases.

5.5 Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances of survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who are undernourished in the womb face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk of disease. They are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have the most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition or illness during the pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

In the industrialized world, cigarette smoking during pregnancy is the leading cause of low birth weight. In developed and developing countries alike, teenagers who give birth when their own bodies have yet to finish growing, run the risk of bearing underweight babies.

In the industrialized world, cigarette smoking during pregnancy is the leading cause of low birth weight. In developed and developing countries alike, young mothers especially teenagers are more prone to having low birth weight babies than older mothers with well developed bodies.

One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in health facilities, and those who are delivered in institutional facilities represent only a small sample of all births.

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth[6]. Table 5.8 (NU.8) shows the incidence of low birth weight by the education level of the mother and her household wealth index in Marsabit district.

Table 5.8 (NU.8): Low birth weight infants

Percentage of live births in the 2 years preceding the survey that weighed below 2500 grams at birth, Marsabit District, 2008

	Percentage of live births:		
Characteristics	Below 2500 grams*	Weighed at birth**	Number of live births
Mother's education			
None	10.5	16.1	314
Primary	9.2	40.9	70
Secondary +	(*)	(*)	12
Non-standard curriculum	(*)	(*)	3
Wealth index			
Low	11.5	8.5	296
Medium	(7.4)	(41.1)	36
High	6.0	77.5	66
Total	**10.2**	**22.9**	**398**

***MICS indicator 9**
****MICS indicator 10**

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

Overall, only 23 per cent of births were weighed at birth and approximately ten per cent of infants were estimated to weigh less than 2500 grams at birth. There were substantial variations by level of education of the mother and wealth index.

[6] For a detailed description of the methodology, see Boerma, Weinstein, Rutstein and Sommerfelt, 1996.

5.6 Food Relief

As a result of the periodic food shortages occasioned by drought, Kenya has over time become a net food importer. These food imports which include cereals such as maize, rice and wheat are meant for commercial purposes. In addition, the country obtains food AID which is distributed through the provincial administration, to sections of the population who may have been affected by drought. The government, through the National Cereals & Produce Board (NCPB), also maintains strategic reserves of about 3 million bags of maize which is mainly for relief purposes. Marsabit district is generally semi arid and hence has from time to time been a beneficiary of food relief. As shown in Table 5.9 (NU.11), 83 per cent of households in the district had been registered as beneficiaries of the food relief distribution program.

Table 5.9 (NU.11): Food relief

Percentage of households registered as beneficiary of food distribution program, and of those registered time of last receipt of food and whether meeting their full requirement or not, Marsabit District, 2008

Characteristic	Percentage households registered as beneficiary of food distribution	Total number of households	Percentage of households by time last receipt of food distribution					Percentage of households reporting sufficient supply	Household registered as food beneficiary
			Within one week	Between 1 week and one month	Between 1-3 months	After 6 months	Total Percentage		
Wealth index									
Low	89.2	784	19.6	48.2	28.8	1.4	100.0	14.5	700
Medium	85.5	119	25.4	57.2	15.0	1.1	100.0	10.3	102
High	56.6	202	23.3	54.4	20.2	0.0	100.0	3.1	115
Total	**82.8**	**1106**	**20.7**	**49.9**	**26.2**	**1.2**	**100.0**	**12.0**	**916**

Among those registered, 21 per cent received food supplies during the one week preceding the survey, another 50 per cent received between 1 week and one month before the survey, and 26 per cent received between 1-3 months.

6.1 Immunization

The fourth Millennium Development Goal (MDG) is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key role towards the achievement of this goal and has saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide, there are still 27 million children not reached by routine immunization and as a result, vaccine-preventable diseases still cause more than 2 million deaths every year.

A World Fit for Children goal is to ensure full immunization of children under one year of age at 90 per cent nationally, with at least 80 per cent coverage in every district or equivalent administrative unit. The Kenya Expanded Programme on Immunizations (KEPI) and the *Malezi Bora* (a comprehensive initiative to protect children's health in Kenya) campaigns are playing key roles in this regard.

In Kenya, and in accordance with the Ministry of Health guidelines, a child should receive a BCG vaccination to protect him/her against tuberculosis, three doses of DPT to protect against diphtheria, pertussis and tetanus and three doses of polio vaccine by the age of 12 months. The measles vaccine should be administered by the age of 9 months. This is in accordance with the UNICEF and WHO guidelines.

Mothers or caretakers of children below five years of age were asked to provide vaccination cards and the interviewers copied vaccination information from the cards onto the questionnaire. However, information about children with no immunization cards was obtained using a set of structured direct questions on immunization. The immunization coverage shown in this report includes information from vaccination cards as well as re-call, unless mentioned otherwise.

Table 6.1 shows vaccination coverage rates among children aged 12-23 months who received each of the vaccinations by source of information. The denominator for the table comprises children aged 12-23 months so that only children who are old enough to be fully vaccinated are included. 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, as recommended, are included. Overall, 84 per cent of children had health cards. 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, and how many times. 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.

About 93 per cent of children aged 12-23 months received a BCG vaccination by the age of 12 months and 92 per cent received the first dose of DPT. The proportion declines marginally for subsequent doses of DPT to 88 per cent for the second dose, and 83 per cent for the third dose. Similarly, 92 per cent of children received Polio1 by age 12 months and this proportion declined to 80 per cent by the third dose. Measles vaccine coverage by 12 months was lower than the other vaccines at 67 per cent. The results also show that the proportion of children who receive all the recommended vaccinations by their first birthday is only 57 per cent in Marsabit district.

Table 6.1 (CH.1): Vaccinations among children

Percentage of children aged 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, Marsabit District, Eastern Province, Kenya 2008

Vaccinated at any time before the survey	Percentage of children who received: BCG	DPT1	DPT2	DPT3	Polio0	Polio1	Polio2	Polio3	Measles	All*	None	Number of children aged 12-23 months
According to:												
Vaccination card	83.0	81.2	78.2	74.7	49.7	81.8	79.0	74.6	63.0	61.2	0.0	235
Mother's report	10.8	11.4	10.1	8.6	8.2	11.4	9.1	6.1	12.5	5.7	5.4	235
Either	93.8	92.6	88.3	83.3	57.9	93.2	88.1	80.7	75.5	66.8	5.4	235
Vaccinated by 12 months of age	92.7	91.5	87.6	82.6	56.7	92.1	87.6	80.0	66.7	57.3	5.4	235

*** MICS Indicator 25**
**** MICS Indicator 26**
***** MICS Indicator 27**
****** MICS Indicator 28 ; MDG Indicator 15**
******* MICS Indicator 31**

Total number of 12-23 month olds vaccinated with BCG, (OPV3, DPT3, Measles, HepB, or HiB) before 12 months, as validated by card or mother's recall. To estimate the number of children without a card to have received vaccine before 1st birthday the proportion of vaccinations given during the first year of life is assumed to be the same as for the proportion of children with a card that received the vaccine before 1st birthday.

*Children who received 'all' vaccinations are those who have received 3 doses of DPT, 3 doses of Polio (excluding Polio 0), BCG, and Measles.

Figure 6.1: Percentage of children aged 12-23 months who received the recommended vaccinations by 12 months

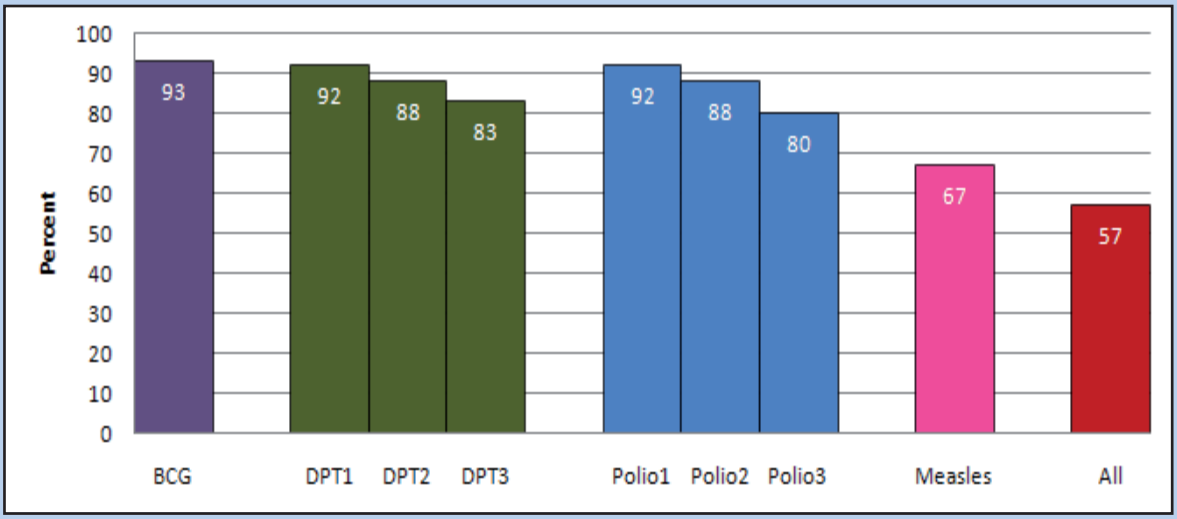


Table 6.2 shows vaccination coverage rates among children aged 12-23 months by background characteristics. The results indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' reports. The coverage of BCG, DPT1 and Polio1 is quite high in Marsabit district at 94, 93 and 92 per cent, respectively. However, the coverage of DPT3 and Polio3 drops to 83 and 81 per cent respectively. The measles vaccination was reportedly received by 76 per cent (Table 6.2 (CH 2)) of children aged 12-23 months, out of which only 67 per cent (Table 6.1 (CH 1)) received it by their first birthday. Overall, 67 per cent of children were fully vaccinated, i.e., received BCG, 3 doses of DPT, 3 doses of Polio and measles vaccines as shown in the table below. There was a 4 percentage point difference in the immunization coverage among the boys and girls (69 per cent for girls versus 65 per cent for boys).

Table 6.2 (CH.2): Vaccinations by background characteristics

Percentage of children aged 12-23 months currently vaccinated against childhood diseases, Marsabit District, 2008

	Percentage of children who received:												
Characteristic	BCG	DPT1	DPT2	DPT3	Polio0	Polio1	Polio2	Polio3	Mea-sles	All	None	Percentage with health card	Number of children aged 12-23 months
Sex													
Male	91.6	91.1	87.0	81.6	53.0	91.9	86.3	78.6	72.7	64.9	6.9	78.8	119
Female	96.1	94.3	89.6	85.1	63.0	94.5	90.0	82.8	78.5	68.9	3.9	88.9	115
Mother's education													
None	92.1	90.6	85.1	80.3	52.4	91.3	85.3	77.9	71.0	62.1	6.9	83.0	184
Primary	(100.0)	(100.0)	(100.0)	(93.0)	(73.7)	(100.0)	(97.8)	(93.0)	(90.0)	(84.4)	(0.0)	(90.5)	41
Secondary +	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Wealth index													
Low	92.1	90.5	84.6	78.2	47.5	91.3	84.3	76.7	69.9	60.7	6.8	84.0	171
Medium	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	21
Total	**93.8**	**92.6**	**88.3**	**83.3**	**57.9**	**93.2**	**88.1**	**80.7**	**75.5**	**66.8**	**5.4**	**83.8**	**235**

Note: The calculation is the same as the top panel of Table 6.1 (i.e., the child's age at vaccination is not taken into account).
Children who were vaccinated at any time before the survey are included in the numerator.

6.2 Tetanus Toxoid

Goal 5, target 6 of the MDGs is to reduce by three quarters the maternal mortality ratio (MMR), with one strategy being to eliminate maternal tetanus. Another goal (Goal 4) is to reduce child mortality with one strategy aiming at reducing the incidence of neonatal tetanus to less than 1 case per 1,000 live births. A World Fit for Children goal is to eliminate maternal and neonatal tetanus by 2005.

Prevention of maternal and neonatal tetanus requires that all pregnant women receive at least two doses of tetanus toxoid vaccine. However, if women have not received two doses of the vaccine during pregnancy, they (and their newborn) are also considered to be protected if the following conditions are met:

- Received at least two doses of tetanus toxoid vaccine, the last within the last 3 years;
- Received at least 3 doses, the last within the last 5 years;
- Received at least 4 doses, the last within the last 10 years; and
- Received at least 5 doses during lifetime.

Table 6.3 shows the protection status from tetanus for women who have had a live birth within the last 12 months. Overall, 50 per cent of women who gave birth during the 2 year period preceding the survey had adequate protection against tetanus. The tetanus coverage increases with improving levels of educational of the mother and the household wealth index categories.

Table 6.3 (CH.3): Neonatal tetanus protection

Percentage of mothers with a birth in the last 12 months protected against neonatal tetanus, Marsabit District, 2008

Characteristic	Percentage of mothers with a birth in the last 12 months who: Received at least 2 doses during last pregnancy	Received at least 2 doses, the last within prior 3 years	Received at least 3 doses, last within prior 5 years	Received at least 4 doses, last within prior 10 years	Protected against tetanus*	Number of mothers
Age						
15-19	(*)	(*)	(*)	(*)	(*)	21
20.-24	44.3	10.2	0.0	0.0	54.5	144
25-29	39.2	12.0	0.0	2.1	53.3	83
30-34	32.0	14.2	0.0	0.0	46.2	73
35-39	27.0	7.1	4.6	3.2	0.0	51
Education						
None	34.8	10.4	1.2	1.0	47.4	314
Primary	48.4	9.3	0.0	0.0	57.7	70
Secondary +	(*)	(*)	(*)	(*)	(*)	12
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	3
Wealth index						
Low	34.4	10.7	0.3	0.8	46.3	296
Medium	(37.0)	(13.9)	(7.2)	(1.9)	(60.0)	36
High	55.6	5.6	0.0	1.7	62.9	66
Total	**38.2**	**10.2**	**0.9**	**1.1**	**50.3**	**398**

***MICS indicator 32**

Tetanus toxoid injections are given to women during pregnancy to protect infants from neonatal tetanus, a major cause of infant death that is due primarily to unsanitary conditions during childbirth. Two doses of tetanus toxoid during pregnancy offer full protection. However, if a woman was vaccinated during a previous pregnancy, she may only need a booster to give full protection. Five doses are thought to provide lifetime protection.

6.3 Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

The goals are to: 1) reduce by one half the deaths due to diarrhoea among children under five by 2010 compared to 2000 (A World Fit for Children); and 2) reduce by two thirds the mortality rate among children under five by 2015 compared to 1990 (Millennium Development Goals). In addition, the World Fit for Children calls for a reduction in the incidence of diarrhoea by 25 per cent.

The indicators are:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)
- Home management of diarrhoea
- (ORT or increased fluids) AND continued feeding

In the MICS questionnaire, mothers/caretakers were asked to report whether their child had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

Table 6.4 shows ORS treatment by background characteristics. Overall, thirteen per cent of under five children had diarrhoea in the two weeks preceding the survey. The peak of diarrhoea prevalence occurs around the weaning period, i.e. children aged 6-23 months. Table 6.4 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Since mothers/caretakers were able to name more than one type of liquid, the percentages do not necessarily add up to 100. The fluids mentioned were; about 33 per cent received fluids from ORS packets; 19 per cent received pre-packaged ORS fluids, and about 15 per cent received recommended homemade fluids. Overall, about two out of five (44 per cent) children with diarrhoea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF), while 56 per cent received no treatment.

Table 6.4 (CH.4): Oral rehydration treatment

Percentage of children aged 0-59 months with diarrhoea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), Marsabit District, 2008

Characteristic	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who received: Fluid from ORS packet	Recom-mended homem ade fluid	Pre-package d ORS fluid	No treat-ment	ORT Use Rate	Number of children aged 0-59 months with diarrhoea
Sex								
Male	13.1	520	29.4	19.4	16.5	60.3	39.7	68
Female	13	571	37.2	10.4	20.5	52.2	47.8	74
Age								
<6 months	9.1	136	(*)	(*)	(*)	(*)	(*)	12
6-11 months	30.0	110	(41.1)	(24.9)	(13.0)	(42.2)	(57.6)	33
12-23 months	15.3	235	(37.4)	(16.1)	(18.5)	(62.6)	(37.4)	36
24-35 months	14.6	212	(28.0)	(9.2)	(12.6)	(64.1)	(35.9)	31
36-47 months	7.0	197	(*)	(*)	(*)	(*)	(*)	14
48-59 months	8.2	201	(*)	(*)	(*)	(*)	(*)	16
Mother's education								
None	13.5	862	36.4	17.3	19.9	53.0	47	116
Primary	10.2	177	(*)	(*)	(*)	(*)	(*)	18
Secondary +	(9.4)	44	(*)	(*)	(*)	(*)	(*)	4
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	4
Wealth index								
Low	14.2	818	36.1	14.7	19.2	53.9	46.1	116
Medium	7.7	100	(*)	(*)	(*)	(*)	(*)	8
High	10.6	174	(*)	(*)	(*)	(*)	(*)	18
Total	**13.1**	**1091**	**33.5**	**14.7**	**18.6**	**56**	**44**	**142**

***MICS indicator 31**

Note: The Percentages receiving various treatments will not add to 100 since some children may have received more than one type of treatment. The ORT use rate includes those who received oral rehydration salts from a packet or any appropriate household solution or pre-packaged ORS fluid.

Table 6.5 provides information on home management of diarrhoea by background characteristics such as sex, age of child in months, mother's education and wealth index. Among children under five who had diarrhoea during the two weeks preceding the survey, 12 per cent drank more than usual while 88 per cent drank the same or less. Twenty two per cent ate somewhat less, same or more (continued feeding), and 78 per cent ate much less or ate almost none. Hence, 12 per cent of the children received increased fluids and at the same time continued feeding. A higher percentage of the boys (15 per cent) were reported to have received ORT or increased fluids and continued feeding than girls (only nine per cent received ORT or increased fluids and continued feeding).

Table 6.5 (CH.5): Home management of diarrhoea

Percentage of children aged 0-59 months with diarrhoea in the last two weeks who took increased fluids and continued to feed during the episode, Marsabit District, 2008

Characteristic	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who: Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none	Home manage-ment of diarrhea	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea
Sex									
Male	13.1	520	16.9	83.1	23.6	76.4	8.0	14.9	68
Female	13.0	571	7.8	92.2	19.7	80.3	4.0	8.8	74
Age									
0-11 months	16.1	223	(0.0)	(100.0)	(3.2)	(96.8)	(0.0)	(0.0)	36
12-23 months	17.5	244	(18.2)	(81.8)	(32.6)	(67.4)	(9.7)	(17.0)	43
24-35 months	15.4	213	(8.6)	(91.4)	(33.6)	(66.4)	(8.6)	(20.5)	33
36-47 months	7.2	204	(*)	(*)	(*)	(*)	(*)	(*)	15
48-59 months	8.0	206	(*)	(*)	(*)	(*)	(*)	(*)	16
Mother's education									
None	13.5	862	11.5	88.5	18.0	82.0	4.6	10.5	116
Primary	10.2	177	(*)	(*)	(*)	(*)	(*)	(*)	18
Secondary +	(9.4)	44	(*)	(*)	(*)	(*)	(*)	(*)	4
Non-standard curriculum	(*)	8	(*)	(*)	(*)	(*)	(*)	(*)	4
Wealth index									
Low	14.2	818	12.3	87.7	21.3	78.7	4.7	11.1	116
Medium	7.7	100	(*)	(*)	(*)	(*)	(*)	(*)	8
High	10.6	174	(*)	(*)	(*)	(*)	(*)	(*)	18
Total	**13.1**	**1091**	**12.2**	**87.8**	**21.6**	**78.4**	**5.9**	**11.7**	**142**

*** MICS indicator 34**
**** MICS indicator 35**

6.4 Care Seeking and Antibiotic Treatment of Pneumonia

Pneumonia is the leading cause of death in children and the use of antibiotics in under-5s with suspected pneumonia is recommended and remains a key intervention. A World Fit for Children goal is to reduce by one-third the deaths due to acute respiratory infections.

Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were NOT due to a problem in the chest and a blocked nose. The indicators are:

- Prevalence of suspected pneumonia
- Care seeking for suspected pneumonia
- Antibiotic treatment for suspected pneumonia
- Knowledge of the danger signs of pneumonia

Table 6.6 presents the prevalence of suspected pneumonia, percentage of children who sought care and the site of care. Nine per cent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Among these children who had symptoms of pneumonia, 45 per cent were taken to an appropriate health service provider and of those taken to a health service provider, 30 per cent were taken to a government facility or service was provided by a government health worker. The differentials in the treatment pattern by different characteristics show a marginal difference in the proportion of female children taken to an appropriate health service provider compared with male children, i.e. 47 per cent for females versus 43 per cent for males.

Table 6.6 (CH.6): Care seeking for suspected pneumonia

			Children with suspected pneumonia who were taken to:																
			Public sources						Private Sources								Other sources		
	Had acute respi-ratory infection	Number of children aged 0-59 months	Govt. hospital	Govt. health centre	Govt. health post	Village health worker	Mobile/ outreach clinic	Other public	Private hospital clinic	Private physician	Pharmacy	Mobile clinic	Other private medical	Relative or friend	Shop	Traditional practitioner	Other	Any appropriate provider *	Number of children aged 0-59 months with suspected pneumonia
Sex																			
Male	8.1	520	(3.9)	(25.1)	(0.0)	(0.0)	(5.3)	(5.5)	(3.1)	(0.0)	(2.0)	(0.0)	(0.0)	(3.4)	(2.4)	(0.0)	(0.0)	42.9	42
Female	9.4	571	9.6	19.0	.0	.0	1.7	3.7	10.5	.0	.0	1.1	1.1	.0	.0	1.1	.0	46.7	53
Age (months)																			
0-11	7.2	223	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	16
12-23	10.5	244	9.6	21.8	(0.0)	(0.0)	(0.0)	(0.0)	9.9	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	41.3	26
24-35	11.0	213	9.1	29.7	(0.0)	(0.0)	(0.0)	6.1	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	45.0	23
36-47	9.3	204	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	19
48-59	5.5	206	(*)	15.0	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
Mother's education																			
None	9.7	862	6.1	24.4	.0	.0	3.7	5.2	7.3	.0	.0	.7	.7	1.7	1.2	.7	.0	48.1	84
Primary	4.1	177	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Secondary+	(10.0)	44	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	4
Non-standard curriculum	(*)	8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0
Wealth index																			
Low	9.5	818	1.7	21.5	.0	.0	4.0	5.6	6.8	.0	.0	.7	.7	1.8	1.3	.7	.0	41.1	78
Medium	2.2	100	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
High	9.0	174	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	16
Total	**8.8**	**1091**	**7.1**	**21.7**	**.0**	**.0**	**3.3**	**4.5**	**7.2**	**.0**	**.9**	**.6**	**.6**	**1.5**	**1.1**	**.6**	**.0**	**45.0**	**95**

*** MICS indicator 23**

Table 6.7 presents the use of antibiotics for the treatment of suspected pneumonia in under-5 children by sex, age, and socioeconomic factors. In Marsabit district, 31 per cent of under-5 children with suspected pneumonia in the last two weeks prior to the survey received an antibiotic. A higher proportion of female children (38 per cent) received antibiotics for the treatment of pneumonia than males (21 per cent).

Table 6.7 (CH.7): Antibiotic treatment of pneumonia

Percentage of children aged 0-59 months with suspected pneumonia in the last two weeks prior to the survey who received antibiotic treatment, Marsabit District, 2008

Characteristics	Percentage of children with suspected pneumonia who received antibiotics	Number of children with suspected pneumonia
Sex		
Male	(21.3)	42
Female	38.2	53
Age		
0-11 months	(*)	16
12-23 months	(*)	26
24-35 months	(*)	23
36-47 months	(*)	19
48-59 months	(*)	11
Mother's education		
None	30.9	84
Primary	(*)	7
Secondary +	(*)	4
Wealth index		
Low	26.2	78
Medium	(*)	2
High	(*)	16
Total	**30.8**	**95**

*** MICS indicator 22**

The mother's knowledge of the danger signs is an important determinant of care-seeking behaviour. Issues related to knowledge of the danger signs of pneumonia are presented in table 6.8 (CH.7A).

The most commonly identified symptom for taking a child to a health facility by the mother/caretaker is when the child develops a fever (84 per cent). A further 31 per cent of mothers/caretakers identified not being able to drink or breastfeed, and 30 per cent mentioned child sickness as a symptom for taking children immediately to a health care provider.

Table 6.8 (CH.7A): Knowledge of the two danger signs of pneumonia

Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and Percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, Marsabit District, 2008

Characteristic	Percentage of mothers/caretakers who think that a child should be taken immediately to a health facility if the child:								Mothers/ caretakers who recognize the two danger signs of pneumonia*	Number of mothers/ caretakers of children aged 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Mother's education										
None	32.3	30.9	83.4	7.6	20.0	4.9	18.1	41.9	2.7	862
Primary	24.0	28.2	87.5	6.1	15.4	3.4	18.0	54.5	4.0	177
Secondary +	(27.1)	(19.3)	(89.4)	(4.8)	(16.9)	(5.6)	(34.5)	(65.7)	(1.9)	44
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8
Wealth index										
Low	33.0	30.1	81.7	7.7	19.0	4.1	17.4	42.3	2.3	818
Medium	23.8	34.3	92.3	9.1	20.7	9.4	19.4	42.9	9.1	100
High	26.2	27.2	92.2	4.1	18.8	4.3	25.8	58.8	1.9	174
Total	**31.1**	**30.0**	**84.3**	**7.2**	**19.1**	**4.6**	**18.9**	**45.0**	**2.8**	**1091**

* Percentage of mothers/caretakers who state fast AND difficult breathing as signs for taking a child to a health facility immediately
Note: The Percentages will not add to 100 since some mothers/caretakers may have indicated more than one symptom.

6.5 Solid Fuel Use

More than 3 billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuels leads to high levels of indoor smoke, a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is products of incomplete combustion, including carbon monoxide (CO), polyaromatic hydrocarbons, sulphur dioxide (SO_2), and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

Information regarding solid fuel use by background characteristics such as education level of the household head and wealth index is shown in Table 6.9 (CH. 8). Overall, there is a high usage of solid fuels for cooking in Marsabit district, with 98 per cent of the households reportedly using this source. Differentials with respect to household wealth index show that 89 per cent of the high wealth index households use solid fuels compared to almost all households from the low and medium wealth index. The results also show that wood is the primary source of solid fuels accounting for slightly more than 91 per cent.

Table 6.9 (CH.8): Solid fuel use

Percentage distribution of households according to type of cooking fuel, and Percentage of households used solid fuels for cooking, Marsabit, Eastern Province, 2008

Characteristics	Type of fuel using for cooking									
	Electricity	Liquid propane gas (LPG)	Kerosene	Charcoal	Wood	Straw/ shrubs/ grass	Other	Total	Solid fuels for cooking *	Number of house-holds
Education of household head										
None	0.0	0.5	0.8	2.9	95.1	0.3	0.5	100.0	98.2	891
Primary	0.0	0.0	0.4	18.4	81.1	0.0	0.0	100.0	99.6	151
Secondary +	2.5	4.3	5.6	28.5	59.1	0.0	0.0	100.0	87.6	54
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10
Wealth index										
Low	0.0	0.0	0.0	0.2	99.3	0.3	0.2	100.0	99.8	784
Medium	0.0	0.0	0.0	2.1	97.9	0.0	0.0	100.0	100.0	119
High	0.7	3.5	5.3	32.1	57.3	0.0	1.2	100.0	89.4	202
Total	**0.1**	**0.6**	**1.0**	**6.2**	**91.4**	**0.2**	**0.4**	**100.0**	**97.9**	**1106**

***MICS indicator 24; MDG indicator 29**

6.6 Malaria

Malaria is one of the leading causes of death among children less than five years of age in Kenya. It also contributes to anaemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of mosquito nets treated with insecticide (ITNs), can dramatically reduce malaria morbidity and mortality rates among children. In areas where malaria is common, international recommendations suggest treating any fever in children as if it were malaria and immediately giving the child a full course of recommended anti-malarial tablets. Children with severe malaria symptoms, such as fever or convulsions, should be taken to a health facility. Also, children recovering from malaria should be given extra liquids and food and, for younger children, should continue breastfeeding.

The questionnaire incorporated questions on the availability and use of bed nets, both at household level and among children under five years of age, as well as anti-malarial treatment, and intermittent preventive therapy for malaria. The results in Table 6.10 (CH.10) indicate that 53 per cent of households in Marsabit district have at least one insecticide treated net (ITN). The differentials by household characteristics indicate a positive association between the use of mosquito nets and the educational level of the head of the household and the wealth index of the household. As shown on the table, only 50 per cent of households headed by someone with no education have at least one mosquito net, while the corresponding figure among those with secondary and higher education is 85 per cent. The results by wealth index show that 48 per cent of households from the low wealth index have at least one mosquito net versus 72 per cent among those from high wealth index households.

Table 6.10 (CH.10): Availability of insecticide treated nets

Characteristic	Percentage of households with: At least one mosquito net	Two or more mosquito nets	At least one insecticide treated net (ITN)	Number of households
Education of household head				
None	50.0	19.4	49.3	906
Primary	64.9	28.6	64.9	137
Secondary +	84.9	53.8	81.4	55
Non-standard curriculum	(*)	(*)	(*)	8
Wealth index				
Low	48.4	13.8	47.5	807
Medium	57.0	38.2	57.0	108
High	72.7	48.7	72.2	191
Total	53.4	22.2	52.7	**1106**

*** MICS indicator 36**

Figure 6.2: Percentage of households with at least one treated mosquito net

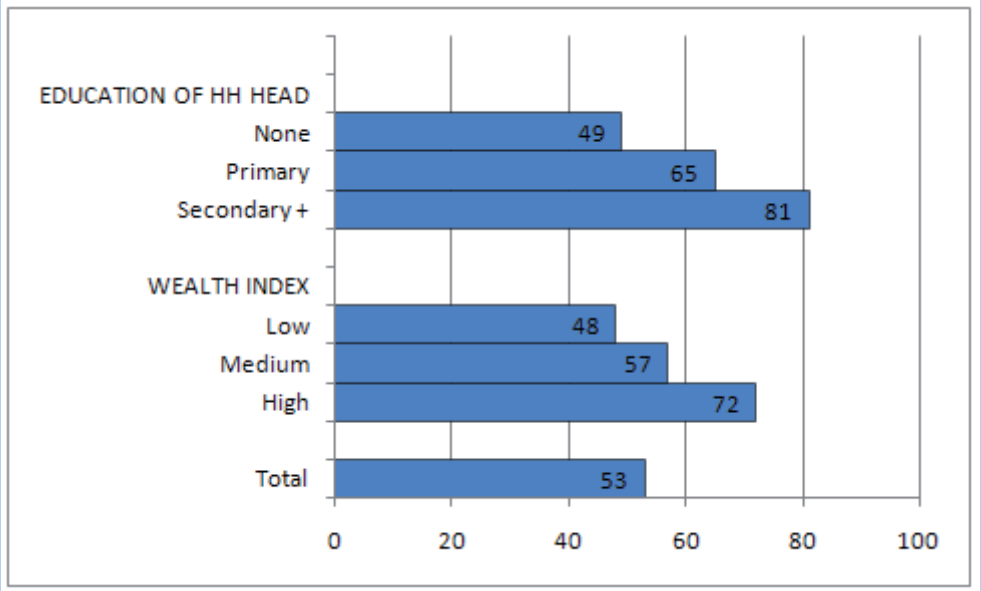


Table 6.11 (CH.11) indicates that slightly over 22 per cent of children under the age of five slept under a mosquito net the night prior to the survey leaving nearly 77 per cent of children under age five who did not sleep under any mosquito net. Children who slept under an insecticide treated net were 22 per cent. Slightly more male children slept under an insecticide treated net than females (24 per cent versus to 20 per cent respectively). The usage of insecticide treated net is high among children aged between 0 to 23 months (accounting for about 26 per cent), with the proportion reducing to about sixteen per cent for children children aged 48-59 months. The proportion of children that use insecticide treated net increases with increasing levels of the household wealth index.

Table 6.11 (CH.11): Children sleeping under bed nets

Percentage of children aged 0-59 months who slept under a bed net during the previous night, Marsabit District, 2008

Characteristic	Percentage of children who: Slept under a bednet *	Sleep under an insecticide treated net **	Slept under an untreated net	Slept under a net but don't know if treated	Don't know if slept under a net	Did not sleep under a bednet	Number of children aged 0-59 months
Sex							
Male	24.4	24.0	0.4	0.0	0.1	75.5	520
Female	20.5	20.0	0.5	0.0	0.3	79.2	571
Age (months)							
0-11	27.1	26.1	0.9	0.0	0.3	72.7	223
12-23	27.1	26.6	0.5	0.0	0.3	72.5	244
24-35	20.8	20.8	0.0	0.0	0.0	79.2	213
36-47	19.4	19.0	0.4	0.0	0.4	80.2	204
48-59	16.4	16.0	0.4	0.0	0.0	83.6	206
Wealth index							
Low	15.2	14.8	0.4	0.0	0.1	84.7	818
Medium	31.8	31.8	0.0	0.0	0.0	68.2	100
High	50.9	50.0	0.9	0.0	0.9	48.2	174
Total	**22.4**	**21.9**	**0.4**	**0.0**	**0.2**	**77.4**	**1091**

***MICS indicator 38**
****MICS indicator 37; MDG indicator 22**

Questions on the prevalence and treatment of fever with anti-malarial drugs were asked for all children under age five and the results are shown in Table 6.12 (CH.12). Slightly more than one in ten (12 per cent) children were ill with fever in the two weeks prior to the survey. Fever prevalence declined with age and peaked at 24-35 months.

For mothers/caretakers who said their child had a fever in the last two weeks prior to the survey, they were asked to report all of the medicines given to the child to treat the fever, including both medicines given at home and medicines given or prescribed at a health facility. Overall, only 38 per cent of children with fever in the last two weeks were treated with an “appropriate” anti-malarial drug, with 29 per cent having received the anti-malarial drugs within 24 hours of onset of symptoms. Among children that received anti-malarial drugs, the highest proportion (15 per cent) indicated they received SP/fansidar and a good proportion of children took other drugs such as Paracetamol/Panadol/Acetaminophen (at 34 per cent).

Table 6.12 (CH.12): Treatment of children with anti-malarial drugs

Percentage of children aged 0-59 months who were ill with fever in the last two weeks who received anti-malarial drugs, Marsabit District, 2008

			Children with a fever in the last two weeks who were treated with:													
			Anti-malarials:							Other medications:						
Characteristic	Had a fever in last two weeks	Number of children aged 0-59 months	SP/ Fansidar	Chloro -quine	Amodia-quine	Qui-nine	Artemis-inin based combin-ations	Other anti-malarial	Any appropriate anti-malarial drug	Paracet-amol/ Panadol/ Acetamin-ophen	Aspirin	Ibu-profen	Other	Don't know	Any appropriate anti-malarial drug within 24 hours of onset of symptoms*	Number of children with fever in last two weeks
Sex																
Male	11.9	520	12.4	6.6	2.9	5.6	7.1	2.5	37.2	33.0	12.2	1.4	19.4	3.6	31.8	62
Female	12.3	571	16.3	1.9	9.3	1.1	13.5	0.0	38.9	34.0	14.6	1.2	13.9	9.4	26.0	70
Age																
0-11 months	11.2	223	(7.0)	(0.0)	(7.2)	(0.0)	(11.5)	(0.0)	(25.7)	(13.7)	(16.1	(0.0)	(21.3)	(14.9)	(19.8)	29
12-23 months	13.7	244	(13.5)	(8.2)	(5.1)	(3.9)	(12.1)	(2.2)	(42.4)	(35.1)	(2.7))	(0.0)	(15.1)	(0.0)	(37.3)	30
24-35 months	14.0	213	(19.3)	(4.4)	(7.2)	(5.3)	(2.8)	(0.0)	(39.0)	(44.6)	(16.2)	(5.6)	(11.7)	(9.2)	(32.0)	30
36-47 months	10.6	204	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	23
48-59 months	10.6	206	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	18
Mother's education																
None	11.3	862	14.3	1.5	5.0	2.2	10.1	0.0	30.8	28.3	9.8	0.9	18.1	9.0	19.0	98
Primary	14.9	177	16.4	15	6.5	7.8	11.9	2.8	60.5	41.4	27.9	0.0	12.2	0.0	60.5	26
Secondary +	10.8	44	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	5
Non-standard curriculum	39.9	8	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	3
Wealth index																
Low	12.3	818	11.5	4.1	3.1	2.6	9.2	0.0	28.3	27.1	11.0	0.8	15.3	8.8	18.9	101
Medium	12.8	100	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	13
High	10.7	174	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	19
Total	**12.1**	**1091**	**14.5**	**4.1**	**6.3**	**3.2**	**10.5**	**1.2**	**38.1**	**33.5**	**13.5**	**1.3**	**16.5**	**6.7**	**28.7**	**132**

* MICS indicator 39; MDG indicator 22

* The Percentages given various drugs may not add to 100 since some children may have been given more than one type of drug.

Pregnant women living in places where malaria is highly prevalent are four times more likely than other adults to get malaria and twice as likely to die of the disease. Once infected, pregnant women risk becoming aneamic, and are likely to have a premature delivery and/or stillbirth. Malaria during pregnancy is also linked to low birth weight outcomes, a factor that is associated with low survival during the first year of life. For this reason, steps are taken to protect women during pregnancy by distributing insecticide-treated mosquito nets and offering malaria treatment during antenatal check-ups with appropriate drugs that are recommended for (intermittent preventive treatment (IPT)). In Marsabit district, women were asked the medicines they had received during their last pregnancy in the two years preceding the survey. Women are considered to have received intermittent preventive therapy if they received at least 2 doses of SP/Fansidar during pregnancy.

Results regarding intermittent preventive treatment for malaria in pregnant women who gave birth in the two years preceding the survey are presented in Table 6.13 (CH.13). Thirty seven per cent of mothers who delivered a child during the two-year period preceding the survey received treatment to prevent malaria during pregnancy. One in five (20 per cent) received SP/Fansidar only once and less than one in five (14 per cent) received the same treatment two or more times. The differentials by educational level and wealth index show a positive association with the use of medicine to prevent malaria during pregnancy. While 33 per cent of mothers with no education received medicine to prevent malaria during pregnancy, the corresponding figure for those with secondary or higher level of education was 81 per cent. Similarly, only 28 per cent of women from low wealth index households received IPT compared to 65 per cent among those from high wealth index households.

Table 6.13 (CH.13): Intermittent preventive treatment for malaria

Percentage of women aged 15-49 years who gave birth during the two years preceding the survey who received intermittent preventive therapy (IPT) for malaria during pregnancy, Marsabit District, 2008

	Percentage of pregnant women who took:							
Characteristic	Medicine to prevent malaria during pregnancy	SP/ Fansidar only one time	SP/ Fansidar two or more times *	SP/ Fansidar but number of times unknown	Chloroquine	Other medicines	Don't know medicine	Number of women who gave birth in the preceding two years
Education								
None	32.8	17.4	14.1	0.1	0.3	0.7	0.4	314
Primary	46.4	26.3	13.1	1.0	0.0	3.0	3.1	70
Secondary +	80.6	44.1	24.6	0.0	0.0	11.9	0.0	12
Non-standard curriculum	92.3	25.9	27.7	0.0	0.0	0.0	38.7	3
Wealth index								
Low	28.4	15.4	11.2	0.1	0.3	0.5	1.1	296
Medium	57.0	23.6	26.4	0.0	0.0	3.8	3.1	36
High	64.8	37.7	21.8	1.1	0.0	4.2	0.0	66
Total	**37.0**	**19.8**	**14.4**	**0.2**	**0.3**	**1.4**	**1.1**	**398**

7.1 Water

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as, 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, who bear the primary responsibility for carrying water, often for long distances, especially in rural areas. Goal 7, target 10 of MDG aims to halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one-third.

The list of indicators used in MICS are as follows:

Water

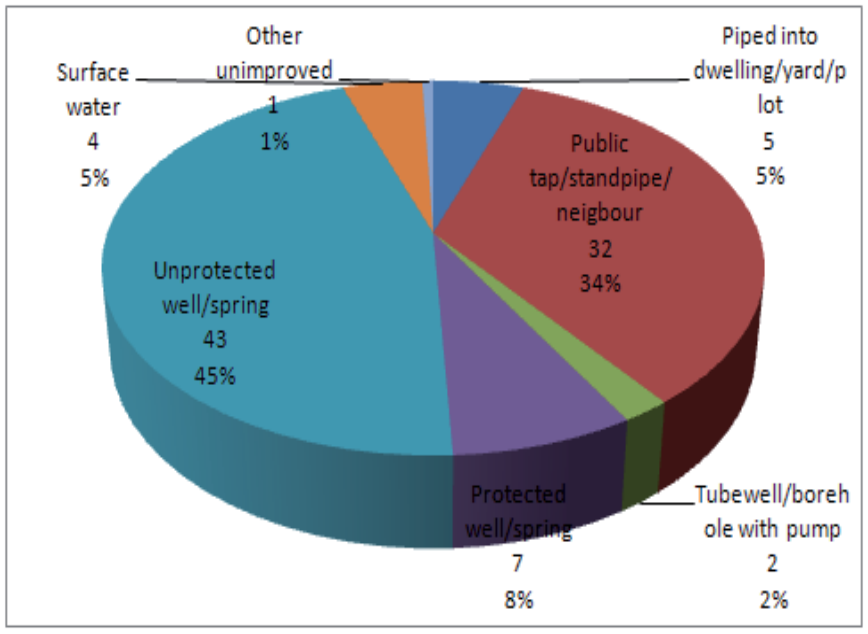
- Use of improved drinking water sources
- Use of adequate water treatment method
- Time to source of drinking water
- Person collecting drinking water

Sanitation

- Use of improved sanitation facilities
- Sanitary disposal of child's faeces

The distribution of the population by source of drinking water is shown in Figure 7.1. This information is also available by background characteristics in Table 7.1 (EN 1). The population using *improved sources* of drinking water are those using any of the following types of supply: piped water (into dwelling, yard or plot), public tap/standpipe, tubewell/borehole, protected well, protected spring, and rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for other purposes, such as hand washing and cooking.

Figure 7.1: Percentage distribution of household members by source of drinking water, Marsabit district, 2008



Overall, 50 per cent of the population is using an improved source of drinking water in Marsabit district. The proportion of the population using an improved source of drinking water increases with increasing levels of the household wealth index (41 per cent among those from low wealth index households versus 74 per cent for those from high wealth index). Among the improved sources of drinking water, the highest source mentioned in the district was public tap/standpipe at 32 per cent.

Table 7.1 (EN.1): Use of improved water sources

Percentage distribution of household population according to main source of drinking water and Percentage of household population using improved drinking water sources, Marsabit District, 2008

	Main source of drinking water																	
	Improved sources									Unimproved sources								
Characteristic	Piped into dwelling	Piped into yard or plot	Public tap/stand pipe	Piped water from neighbour	Tubewell /borehole with pump	Tubewell/ borehole with powered pump	Protected well	Protected Spring	Bottled water	Unprotected well	Unprotected Spring	Tanker-truck	Cart with small tank	Surface water	Other	Total	Improved source of drinking water	Number of household members
Education of household head																		
None	0.6	3.8	28.8	0.6	1.9	4.0	5.8	1.2	0.0	46.5	0.5	0.5	0.4	5.1	0.4	100.0	46.7	4151
Primary	0.0	8.3	47.1	2.2	0.5	0.7	4.9	0.0	0.0	27.5	1.0	2.4	1.7	2.2	1.6	100.0	63.7	741
Secondary +	0.0	10.7	29.8	1.6	5.9	2.3	5.0	5.9	0.8	22.5	0.0	7.8	5.6	1.4	0.8	100.0	61.1	265
Non-standard curriculum	(0.0)	(0.0)	(29.6)	(0.0)	(0.0)	(10.6)	(12.9)	(13.2)	(0.0)	(33.6)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)	(66.4)	49
Wealth index																		
Low	0.0	1.1	24.6	0.6	1.8	5.3	7.2	0.6	0.0	51.3	0.6	0.0	0.1	6.5	0.5	100.0	41.1	3477
Medium	0.0	9.1	40.0	1.2	3.3	0.2	5.9	0.0	0.0	39.1	1.1	0.0	0.0	0.0	0.0	100.0	59.7	678
High	2.3	13.8	48.6	1.6	1.3	0.0	0.9	5.0	0.2	15.3	0.0	5.6	3.7	0.2	1.4	100.0	73.5	1051
Total	**0.5**	**4.7**	**31.5**	**0.9**	**1.9**	**3.5**	**5.7**	**1.4**	**0.0**	**42.4**	**0.5**	**1.1**	**0.8**	**4.4**	**0.6**	**100.0**	**50.0**	**5206**

*** MICS indicator 11; MDG indicator 30**

Households were asked of ways they may be treating water at home to make it safer for drinking. Boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered as proper treatment of drinking water. Results on use of in-house water treatment are presented in Table 7.2. The table shows the percentage distribution of household members according to drinking water treatment method used and percentage of those using an appropriate water treatment method for households using improved and unimproved drinking water sources. One out of five (19%) persons in Marsabit district drink appropriately treated water. Adding chlorine or bleaching was reported by nine per cent and another 12 per cent reported that they boil their drinking water. Among those using drinking water from unimproved sources, close to 17 per cent were using appropriate water treatment and among those using drinking water from improved sources close to 21 per cent were using appropriate water treatment.

Table 7.2 (EN.2): Household water treatment

Percentage distribution of household population according to drinking water treatment method used in the household, and Percentage of household population that applied an appropriate water treatment method, Marsabit District, 2008

Characteristic	Water treatment method used in the household							All drinking water sources		Improved drinking water sources		Unimproved drinking water sources	
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Let it stand and settle	Other	Appropriate water treatment method	Number of household members	Appropriate water treatment method	Number of household members	Appropriate water treatment method	Number of household members
Education of household head													
None	81.5	10.1	9.1	0.7	0.4	0.8	1.5	16.9	4151	19.8	1914	14.3	2237
Primary	75.3	16.1	10.8	0.0	0.0	0.2	3.0	22.4	741	21.4	456	24.2	285
Secondary +	66.8	24.7	11.2	0.0	0.0	0.0	2.1	31.2	265	27.4	158	36.8	107
Non-standard curriculum	(44.7)	(55.3)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(55.3)	49	(32.7)	33	(*)	17
Wealth index													
Low	84.7	8.8	5.7	0.6	0.4	0.8	1.7	13.7	3477	12.8	1408	14.3	2069
Medium	79.2	10.9	14.2	1.2	0.0	0.2	0.0	19.4	678	19.2	397	19.6	281
High	62.6	23.9	18.3	0.0	0.0	0.4	3.0	35.0	1051	36.2	756	31.9	295
Total	**79.5**	**12.1**	**9.4**	**0.6**	**0.3**	**0.6**	**1.8**	**18.7**	**5206**	**20.7**	**2561**	**16.8**	**2645**

*** MICS indicator 13**

Note that multiple response categories may be used and responses may total to more than 100 Per cent.

A summary of the amount of time it takes to obtain water is presented in Table 7.3 (EN.3). The results show that only seven per cent of the households have their drinking water on the premises while majority (73 per cent) of households spend more than 1 hour for water collection. Excluding those households with water on the premises, the average time to the source to bring drinking water is 250 minutes. A higher proportion of households that have water on the premises, are headed by a person having secondary or higher level education (27 per cent) and these households are mainly from high wealth index group (26 per cent).

Table 7.3 (EN.3): Time to source of water

Percentage distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, Marsabit District, 2008

Characteristic	Time to source of drinking water							Mean time to source of drinking water*	Number of households
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	Don't know	Total		
Education of household head									
None	5.2	7.0	3.7	9.3	74.9	0.2	100.0	243.1	891
Primary	7.7	9.8	2.6	8.3	71.5	0.0	100.0	288.2	151
Secondary +	26.7	6.1	6.6	5.8	54.7	0.0	100.0	281.6	54
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10
Wealth index									
Low	1.5	8.6	4.6	10.6	74.7	0.0	100.0	211.3	784
Medium	8.2	3.9	3.3	3.3	81.4	0.0	100.0	352.7	119
High	25.6	3.9	1.1	6.2	63.2	0.1	100.0	373.5	202
Total	**6.6**	**7.2**	**3.8**	**9.0**	**73.3**	**0.0**	**100.0**	**249.9**	**1106**

*The mean time to source of drinking water is calculated based on those households that do not have water on the premises.

Note that these results refer to one roundtrip from home to a drinking water source.
Information on the number of trips made in one day was not collected.

Details of the person who usually collects the water are presented in Table 7.4 (EN 4). It shows that for 87 per cent of households in Marsabit, an adult female is usually the person responsible for collecting the water, when the source of drinking water is not on the premises. Adult men collect water in only 13 per cent of cases and a similar percentage of children under age 15 years usually collect the water. In about 17 per cent of the cases, an adult female and a child below 15 years collect the drinking water together. However, in 15 per cent of the cases, an adult female and an adult male are responsible for collecting the drinking water.

Table 7.4 (EN.4): Person collecting water

Percentage distribution of households according to the person collecting drinking water used in the household, Marsabit District, Eastern Province, Kenya 2008

Characteristic	Person collecting drinking water*							Number of households
	Adult woman	Adult man	Female child under age 15	Male child under age 15	Adult woman and child	Adult man and child	Adult man and woman	
Education of household head								
None	89.1	11.8	11.2	2.2	13.1	5.9	10.1	891
Primary	82.6	18.2	5.1	2.5	18.7	6.4	15.7	151
Secondary +	(58.2)	(19.3)	(14.0)	(4.1)	(17.8)	(7.9)	(15.7)	54
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10
Wealth index								
Low	94.2	8.8	11.6	2.3	21.8	13.2	15.1	784
Medium	78.6	20.8	13.0	1.6	20.8	7.1	17.6	119
High	61.3	24.2	5.2	2.5	14.1	5.1	12.7	202
Total	**86.5**	**12.9**	**10.6**	**2.3**	**17.2**	**6.7**	**14.6**	**1106**

*Total Per cent may add to more than 100.0 due to multiple responses.

7.2 Sanitation

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoea and cholera. Improved sanitation facilities for excreta disposal include: flush to piped sewer system, septic tank, or latrine; ventilated improved pit latrine, pit latrine with slab, and composting toilet. Information regarding sanitation by education of the household head and wealth index is shown in Table 7.5 (EN.5).

Twenty eight per cent of the population in Marsabit district lives in households where improved sanitation facilities are available. The results indicate that use of improved sanitation facilities is strongly associated with household wealth index (proportion increases from fifteen per cent in the low income households to 55 per cent among the high income households). More than half of the population of Marsabit district (53 per cent) have no sanitary facilities or use bush/fields.

Table 7.5 (EN.5): Use of sanitary means of excreta disposal

Percentage distribution of household population according to type of toilet facility used by the household, and the Percentage of household population using sanitary means of excreta disposal, Marsabit District, 2008

	Type of toilet facility used by household												
	Improved sanitation facility						Unimproved sanitation facility						
Characteristic	Flush to piped sewer system	Flush to septic tank	Flush to pit (latrine)	Ventilated Improved Pit latrine (VIP)	Pit latrine with slab	Pit latrine with slab and cover	Pit latrine without slab/open pit	Bucket	No facilities or bush or field	Other	Total	Percentage of population using sanitary means of excreta disposal *	Number of household members
Head Education of household													
None	0.6	0.1	1.6	13.9	6.8	1.3	16.1	0.1	59.1	0.5	100.0	24.2	4151
Primary	0.0	0.0	6.6	17.8	13.6	1.2	29.8	0.0	30.1	1.0	100.0	39.2	741
Secondary +	0.0	0.0	6.3	19.9	17.8	0.8	42.1	0.0	13.2	0.0	100.0	44.7	265
Non-standard curriculum	(0.0)	(0.0)	(0.0)	(17.7)	(11.1)	(0.0)	(0.0)	(0.0)	(71.2)	(0.0)	100.0	(28.8)	49
Wealth index													
Low	0.0	0.0	1.0	10.6	2.6	0.6	6.2	0.1	78.2	0.7	100.0	14.9	3477
Medium	0.0	0.0	2.3	26.5	18.8	0.9	46.6	0.0	4.2	0.6	100.0	48.6	678
High	2.2	0.2	7.5	21.1	20.8	3.5	44.6	0.0	0.0	0.0	100.0	55.4	1051
Total	**0.5**	**0.0**	**2.5**	**14.8**	**8.4**	**1.2**	**19.2**	**0.1**	**52.**	**0.5**	**100.**	**27.5**	**5206**

***MICS indicator 12; MDG indicator 31**

Safe disposal of a child's faeces implies disposing of the stool, from the child by using a toilet or by rinsing the stool into a toilet or latrine. Disposal of faeces of children aged 0-2 years is presented in Table 7.6 (EN.6). In 29 per cent of the cases, stool was disposed safely, with 29 per cent of households reportedly putting the stool in the toilet/latrine as the mode of disposal. In 45 per cent of the cases, child's stool is left in the open.

Table 7.6 (EN.6): Disposal of child's faeces

Percentage distribution of children aged 0-2 years according to place of disposal of child's faeces, and the percentage of children aged 0-2 years whose stools are disposed of safely, Marsabit District, 2008

Characteristic	Place of disposal of child's faeces									Proportion of children whose stools are disposed of safely	Number of children aged 0-2 years
	Child used toilet	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	Don't know/ missing	Total		
Mother's education											
None	0.1	18.5	6.7	15.8	0.6	52.9	4.9	0.3	100.0	18.6	546
Primary	0.2	62.4	6.7	5.9	1.1	17.9	4.7	1.1	100.0	62.6	119
Secondary +	(0.0)	(91.4)	(3.1)	(0.0)	(0.0)	(2.6)	(2.9)	(0.0)	(100.0)	(91.4)	29
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	5
Wealth index											
Low	0.2	9.3	8.1	16.8	0.7	58.7	5.5	0.6	100.0	9.4	518
Medium	0.0	71.5	3.1	8.5	2.0	11.1	3.8	0.0	100.0	71.5	67
High	0.0	94.0	1.5	0.7	0.0	1.7	2.1	0.0	100.0	94.0	113
Total	**0.1**	**29.0**	**6.5**	**13.4**	**0.7**	**44.8**	**4.8**	**0.4**	**100.0**	**29.1**	**699**

*** MICS indicator 14**

An overview of the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal is presented in Table 7.7. The percentage of household population using improved sources of drinking water and sanitary means of excreta disposal was only 28 per cent. This percentage increases with educational level of the head of the household and household wealth index. For example, eight per cent of households from the low wealth index are using improved sources of drinking water and sanitary means of excreta disposal compared to 74 per cent for those from high wealth index households.

Table 7.7 (EN.7): Use of improved water sources and improved sanitation

Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, Marsabit District, 2008

Characteristic	Percentage of household population: Using improved sources of drinking water	Using sanitary means of excreta disposal	Using improved sources of drinking water and using sanitary means of excreta disposal	Number of household members
Education of household head				
None	46.7	40.3	22.8	4151
Primary	63.	69.0	45.9	741
Secondary +	61.1	86.8	54.6	265
Non-standard curriculum	66.4	28.8	28.8	49
Wealth index				
Low	41.1	21.1	8.2	3477
Medium	59.7	95.2	57.5	678
High	73.5	100.0	73.5	1051
Total	**50.0**	**46.7**	**27.8**	**5206**

*** MICS indicator 11; MDG indicator 30**
**** MICS indicator 12; MDG indicator 31**

This chapter presents information about fertility, marriage, contraception, unmet need for contraceptives and antenatal care collected in the Marsabit district MICS 2008.

8.1 Fertility

Achieving national goals is directly linked to a country's population and resources available to support it. Studies have shown that in most developing countries, resources are meagre to support a rapidly growing population. It is therefore important to balance population growth with resource availability. To develop programs to target desired fertility levels, information about prevailing fertility levels become a crucial component. In MICS, birth histories of women aged 15-49 years from sampled households are collected and used to estimate the fertility levels. Birth histories include details of all children ever born to a woman, such as child's name, sex, month and year of birth, survival status and if dead, the age at death.

Table 8.1 presents the measures of current fertility in Marsabit district for the three-year period preceding the survey, corresponding to the period from mid-2005 to mid-2008. Current fertility measures include age-specific fertility rates (ASFRs) and total fertility rate (TFR). ASFRs are calculated by dividing the number of births to women in a specific age group by the number of women years lived during a given period. TFR is defined as the average number of children a woman would have if she went through her entire reproductive period (15-49 years) reproducing at the prevailing ASFRs.

The total fertility rate in Marsabit district was 6.1 children per woman for the three-year period preceding the survey - this is three times the replacement level of fertility. In Marsabit district, the fertility peaks around the age groups 20-24 and 25-29. An analysis of the age-specific fertility rates shows that 54 per cent of the total fertility rate was contributed by women aged between 20-29 years, and the contribution of older women aged 40-49 years was less than 10 per cent. The contribution of adolescent age group, i.e., 15-19 years to total fertility was about 10 per cent - this shows a high prevalence of teenage pregnancy in the district.

Table 8.1: Current fertility

Age specific fertility rates (ASFRs) and total fertility rate (TFR) for the 3-year preceding the survey, Marsabit District, 2008

Age group	ASFR
15-19	136
20-24	210
25-29	266
30-34	236
35-39	176
40-44	105
45-49	81
TFR	**6.1**

TFR: Total fertility rate for women age 15-49 years expressed per woman.

The distribution of all women and married women based on the number of children ever born and living is shown in Table 8.2. The mean number of children ever born to all women aged 15-49 years is 4.3 and that of surviving is 4.2. It is of interest to note that 27 per cent of all women aged 15-49 years did not have any live birth. On the other hand, more than 40 per cent of the currently married women aged 45-49 years have 8 or more children ever born, and this is 27 per cent in case of women aged 40-44 years.

Table 8.2: Children ever born and living

Percentage distribution of all women and currently married women by number of children ever born, and mean number of children ever born and living, according to age groups, Marsabit District, 2008

Age group	Number of children ever born									Number of women	Mean number of children	
	0	1	2	3	4	5	6	7	8+	Total		Ever born	Living
All women													
15-19	89.3	6.3	4.4	0.0	0.0	0.0	0.0	0.0	0.0	100.0	221	1.4	1.3
20-24	21.7	33.8	26.4	12.9	3.4	1.0	0.4	0.2	0.0	100.0	252	1.9	1.9
25-29	17.7	16.7	16.9	20.4	15.2	10.7	1.7	0.8	0.0	100.0	151	3.0	2.9
30-34	1.2	3.7	14.8	17.7	21.3	21.7	12.6	5.9	1.1	100.0	130	4.2	4.1
35-39	2.6	0.6	4.3	7.5	14.9	28.0	18.3	12.3	11.4	100.0	114	5.9	5.7
40-44	3.1	5.4	2.0	12.4	6.5	16.7	12.6	17.1	24.0	100.0	107	6.6	6.4
45-49	0.7	2.0	2.9	6.4	8.0	14.9	14.5	14.8	35.7	100.0	88	7.8	7.3
Total	**27.0**	**12.9**	**12.3**	**10.7**	**8.5**	**10.3**	**6.3**	**5.1**	**6.7**	**100.0**	**1063**	**4.3**	**4.2**
Currently married women													
15-19	59.0	21.2	19.8	0.0	0.0	0.0	0.0	0.0	0.0	100.0	49	.6	.5
20-24	8.9	36.5	33.4	15.4	3.6	1.4	0.6	0.3	0.0	100.0	190	1.8	1.8
25-29	6.5	17.6	17.6	25.3	18.1	11.8	2.1	1.0	0.0	100.0	122	2.9	2.8
30-34	0.6	4.2	16.1	18.1	21.7	20.2	12.5	6.6	0.0	100.0	115	4.1	4.0
35-39	0.0	0.7	3.9	8.1	16.9	28.8	18.5	12.2	10.9	100.0	96	5.8	5.6
40-44	4.2	3.6	0.0	6.1	3.5	17.3	17.4	20.7	27.2	100.0	78	6.8	6.5
45-49	0.0	3.3	2.2	2.5	7.7	18.8	11.3	13.9	40.4	100.0	55	8.1	7.7
Total	**8.2**	**15.8**	**16.7**	**13.5**	**10.9**	**13.0**	**7.9**	**6.4**	**7.7**	**100.0**	**704**	**3.9**	**3.7**

8.2 Teenage Pregnancy and Motherhood

Reducing pregnancy among adolescents is one of the flagship programs of the Government of Kenya. The distribution of women aged 15-19 years who have had a live birth or are currently pregnant by selected characteristics is shown in Table 8.3. Eleven per cent of women aged 15-19 years have given birth to at least one child. This percentage is as high as 34 per cent among women with no education compared with twelve per cent among women with primary level of education. Women aged 15-19 years who have began child bearing is more among those from low wealth index households (25 per cent) compared to those from high wealth index households (15 per cent).

Table 8.3: Teenage pregnancy and motherhood

Percentage of women aged 15-19 years who are mothers or pregnant with their first child and percentage who have begun child bearing, Marsabit District, 2008

Characteristic	Percentage who			Number of women
	Have had a live birth	Are pregnant with first child	Have began child bearing	
Age				
15	(0.0)	(2.7)	(2.7)	45
16	11.2	2.5	13.7	50
17	(5.5)	(0.0)	(5.5)	40
18	13.2	22.4	35.6	53
19	(26.9)	(12.8)	(39.7)	32
Education				
None	16.0	18.2	34.2	81
Primary	8.8	3.3	12.0	113
Secondary +	(2.8)	(0.0)	(2.8)	25
Wealth index				
Low	13.3	12.1	25.4	122
Medium	(6.0)	(0.0)	(6.0)	42
High	8.5	6.5	15.1	56
Total	**10.7**	**8.4**	**19.1**	**221**

8.3 Contraception

Access to family planning is important to the health of women and children by: 1) preventing pregnancies that are unwanted; 2) birth spacing and 3) limiting the number of children. A World Fit for Children goal seeks to provide access to all couples with information and services to prevent pregnancies that are too early, too closely spaced, too late or too many. Details on current use of contraception are shown in Table 8.4 (RH.1).

There is a high percentage of women in the district who do not use any contraceptives (92 per cent). Current use of contraception was reported by only eight per cent of currently married or in union women. The most popular method is the injection which was used by four per cent of married women in Marsabit district.

Contraceptive use was highest among the 25-29 year old married women at 12 per cent, while averaging about nine per cent for the remaining age groups. Women's education level is strongly associated with the use of modern contraceptive methods. The percentage of women using any modern method of contraception rises from five per cent among those with no education to 16 per cent among women with primary level education, and to 27 per cent among women with secondary or higher education. A similar pattern is observed with respect to levels of wealth index, with more use among wealthier households.

Table 8.4 (RH.1): Use of contraception

Percentage of women aged 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Marsabit District, 2008

Characteristic	Percentage of women (currently married or in union) who are using: Not using any method	Pill	IUD	Injections	Condom	Diaphragm /foam/jelly	LAM	Total	Any modern method	Any traditional method	Any method *	Number of women currently married or in union
Age												
15-19	(97.7)	(0.0)	(0.0)	(2.3)	(0.0)	(0.0)	(0.0)	(100.0)	(2.3)	(0.0)	(2.3)	49
20-24	91.2	1.0	(0.0)	4.4	1.3	1.2	0.9	100.0	7.9	0.9	8.8	190
25-29	88.3	3.0	(0.0)	8.1	(0.0)	0.0	0.6	100.0	11.1	0.6	11.7	122
30-34	91.9	2.8	(0.0)	2.2	1.0	0.0	2.1	100.0	6.0	2.1	8.1	115
35-39	91.1	5.1	1.2	1.9	0.7	0.0	0.0	100.0	8.9	0.0	8.9	96
40-44	91.2	1.4	(0.0)	7.3	(0.0)	0.0	0.0	100.0	8.8	0.0	8.8	78
45-49	96.5	2.2	(0.0)	(0.0)	(0.0)	0.0	1.3	100.0	2.2	1.3	3.5	55
Number of living children												
0	100.0	0.0	(0.0)	(0.0)	(0.0)	0.0	0.0	100.0	0.0	0.0	0.0	62
1	92.5	2.4	(0.0)	4.4	(0.0)	0.0	0.6	100.0	6.9	0.6	7.5	113
2	89.0	2.1	(0.0)	6.3	1.1	0.9	0.6	100.0	10.4	0.6	11.0	120
3	91.2	0.7	(0.0)	3.8	1.3	1.2	1.8	100.0	7.0	1.8	8.8	94
4+	90.9	3.2	0.4	4.2	0.6	0.0	0.8	100.0	8.3	0.8	9.1	315
Education												
None	93.7	1.6	(0.0)	2.8	0.6	0.4	1.0	100.0	5.3	1.0	6.3	578
Primary	84.0	4.0	1.2	9.6	1.2	0.0	0.0	100.0	16.0	0.0	16.0	96
Secondary +	(73.0)	(10.3)	(0.0)	(16.7)	(0.0)	(0.0)	(0.0)	(100.0)	(27.0)	(0.0)	(27.0)	26
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	5
Wealth index												
Low	96.3	0.3	0.0	1.6	0.5	0.5	0.9	100.0	2.8	0.9	3.7	489
Medium	95.0	1.6	0.0	1.0	1.6	0.0	1.0	100.0	4.1	1.0	5.0	72
High	74.1	9.4	0.8	14.6	0.6	0.0	0.5	100.0	25.4	0.5	25.9	143
Total	**91.7**	**2.3**	**0.2**	**4.2**	**0.6**	**0.3**	**0.8**	**100.0**	**7.5**	**0.8**	**8.3**	**704**

* MICS indicator 21; MDG indicator 19C

8.4 Unmet Need

Unmet need[7] for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth or who wish to stop childbearing altogether. Unmet need is identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity, and fertility preferences.

Women with an unmet need for spacing include those who are currently married (or in union), fecund (are currently pregnant or think that they are physically able to become pregnant), currently not using contraception, and want to space their births. Pregnant women are considered to want to space their births when they did not want the child at the time they got pregnant but willingly express the desire to have more children. Women who are not pregnant are classified in this category if they want to have a (another) child, but want to have the child at least two years later, or after marriage.

Women with an unmet need for limiting are those who are currently married (or in union), fecund (are currently pregnant or think that they are physically able to become pregnant), currently not using any form of contraception, and want to limit their births. The latter group includes women who are currently pregnant but did not wanted the pregnancy at all, and women who are not currently pregnant but do not want to have a (another) child. Total unmet need for contraception is simply the sum of unmet need for spacing and unmet need for limiting.

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. Percentage of demand for contraception satisfied is defined as the proportion of women currently married or in union who are currently using contraception, out of the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting), plus those who are currently using contraception.

Table 8.5 shows the results of the survey on contraception, unmet need, and the demand for contraception satisfied. The unmet need for contraception is about one per cent in Marsabit district. Overall, among those wanting to use contraception, eight per cent are currently using them or their demands are met. The results by wealth index show that a higher proportion of women from the high wealth index category have an unmet need (three per cent) compared to those from lower wealth index households. However, the use of contraception remains higher among the wealthier group than the lower wealth index categories.

[7] Unmet need measurement in MICS is somewhat different than that used in other household surveys, such as the Demographic and Health Surveys (DHS). In DHS, more detailed information is collected on postpartum amenorrhoea, and sexual activity. Results from the two types of surveys are strictly not comparable.

Table 8.5 (RH.2): Unmet need for contraception

Percentage of women aged 15-49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied, Marsabit District, 2008

Characteristic	Current use of contra-ception	Unmet need for contraception			Number of women currently married or in union	Percentage of demand for contraception satisfied *****	Number of women currently married or in union with need for contraception
		For spacing**	For limiting***	Total			
Age							
15-19	(2.3)	(0.0)	(0.0)	(0.0)	49	(*)	1
20-24	8.8	3.1	0.0	3.1	190	(*)	23
25-29	11.7	0.6	0.0	0.6	122	(*)	15
30-34	8.1	0.0	0.0	0.0	115	(*)	9
35-39	8.9	1.4	1.1	2.4	96	(*)	11
40-44	8.8	0.0	0.0	0.0	78	(*)	7
45-49	3.5	0.0	0.0	0.0	55	(*)	2
Education							
None	6.3	1.1	0.2	1.3	578	(82.8)	44
Primary	16.0	1.5	0.0	1.5	96	(*)	17
Secondary +	(27)	(0.0)	(0.0)	(0.0)	26	(*)	7
Wealth index							
Low	3.7	0.6	0.2	0.8	489	(*)	22
Medium	5.0	1.6	0.0	1.6	72	(*)	5
High	25.9	2.7	0.0	2.7	143	(90.4)	41
Total	**8.3**	**1.1**	**0.1**	**1.3**	**704**	**86.7**	**68**

*** MICS indicator 21; MDG indicator**

** Unmet need for spacing is defined as women who are fecund and not currently using contraception and want to space their births.

*** Unmet need to limit is defined as women who are fecund and not currently using contraception and want to limit their births.

***** Proportion of demand satisfied is defined as the proportion of currently married or in union women who are currently using contraception of the total demand for contraception.

8.5 Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. It is also true that women are more receptive to reproductive health messages during this period in order to give due concern for their own health and that of their unborn child. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. The antenatal period also provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant and child survival. Tetanus immunization during pregnancy can be life-saving for both the mother and infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which include:

- Blood pressure measurement
- Urine testing for bateriuria and proteinuria
- Blood testing to detect syphilis and severe aneamia
- Weight/height measurement (optional)

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding the survey by background is presented in Table 8.6 (RH.3).

Coverage of antenatal care by any skilled personnel (a doctor, nurse, or midwife) is relatively high in Marsabit district with 76 per cent of women receiving antenatal care at least once during pregnancy. Nurses and/or midwifes are the highest antenatal care providers in the district at 71 per cent.

Table 8.6 (RH.3): Antenatal care provider

Percentage distribution of women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Marsabit District, 2008

Characteristic	Person providing antenatal care**						No ante-natal care	Total	Antenatal care by any skilled personnel *	Number of women who gave birth in the preceding two years
	Medical doctor	Nurse/ midwife	Traditional birth attendant	Community health worker	Relative/ Friend	Other				
Age										
15-19	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	21
20-24	6.6	70.5	2.2	3.6	0.5	0.9	15.7	100	77	144
25-29	5.8	73.8	4.2	0.0	0.0	0.9	15.3	100	73	83
30-34	5.7	67.3	9.5	2.2	0.0	0	15.3	100	79	73
35-49	3.3	74.3	6.5	2.7	0.0	1.4	12.3	100	77.5	78
Education										
None	3.8	68.6	5.8	3.0	0.2	0.9	17.6	100	72.3	314
Primary	9	79.8	4.2	0.0	0.0	0	7	100	88.8	70
Secondary +	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	12
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	3
Wealth index										
Low	3.7	65.4	6.5	3.2	0.2	0.2	19.9	100	69.1	296
Medium	(5.0)	(89.9)	(1.9)	(0.0)	(0.0)	(0.0)	(3.1)	(100)	(95.0)	36
High	13.4	84.5	2.1	0.0	0.0	0	0	100	97.9	66
Total	**5.4**	**70.8**	**5.3**	**2.4**	**0.2**	**0.2**	**15.1**	**100**	**76.2**	**398**

*** MICS indicator 20**

* Skilled health personnel include doctors, nurses, midwives, and auxiliary midwives.

** If the respondent mentioned more than one provider, only the most qualified provider is considered

The types of services pregnant women received are shown in Table 8.7 (RH.4). Among women who gave birth to a child during the two years preceding the survey, 51 per cent reported that their blood sample was taken during antenatal care visits, 71 per cent reported that their blood pressure was checked, 45 per cent provided urine specimen and 72 per cent of cases were weighed. Overall, younger pregnant women were less likely to receive most of the services compared to their older counterparts. The differentials by mother's education level clearly show an increasing trend in the different types of services received with increasing levels of education. A similar pattern is also observed with respect to household wealth index.

Table 8.7 (RH.4): Antenatal care

Percentage of pregnant women aged 15-49 years receiving antenatal care among women who gave birth two years preceding the survey and Percentage of pregnant women receiving specific care as part of the antenatal care received, Marsabit District, 2008

Characteristic	Percentage of pregnant women receiving ANC one or more times during pregnancy	Percentage of pregnant women who had:				Number of women who gave birth in two years preceding survey
		Blood test taken*	Blood pressure measured*	Urine specimen taken*	Weight measured*	
Age						
15-19	(*)	(*)	(*)	(*)	(*)	21
20-24	84.3	56.0	70.5	48.2	73.4	144
25-29	84.7	49.3	72.0	51.5	75.0	83
30-34	84.7	47.3	69.5	40.3	68.7	73
35-49	87.7	51.0	72.3	39.8	70.8	78
Education						
None	82.4	45.8	65.9	40.5	67.1	314
Primary	93.0	69.5	85.7	61.3	88.4	70
Secondary +	(*)	(*)	(*)	(*)	(*)	12
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	3
Wealth index						
Low	80.1	39.6	61.5	32.6	63.5	296
Medium	(96.9)	(77.9)	(96.9)	(77.9)	(94.6)	36
High	100.0	90.3	96.9	83.4	97.9	66
Total	**84.9**	**51.4**	**70.6**	**45.2**	**72.0**	**398**

*** MICS indicator 44**

* Proportions are calculated separately: Total number of women weighed, blood pressure measured, gave urine sample, gave blood sample.

8.6 Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at the time of birth, and transport is available to a referral facility for obstetric care in case of emergency. A World Fit for Children goal is to ensure that women have ready and affordable access to skilled attendance during delivery. The indicators for this goal are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the Millennium Development target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. *A skilled attendant* includes a doctor, nurse, midwife or auxiliary midwife. Table 8.8 (RH.5) shows the type of personnel available during delivery by background characteristics. Only 23 per cent of births during the two year preceding the MICS were delivered by skilled personnel. The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled attendant. A similar trend is observed with the level of wealth index; with only seven per cent of the women who belonged to a low wealth index household delivering in a health facility compared with 69 per cent among those who were from high wealth index households.

A high proportion of births are assisted by traditional birth attendants (TBA's) at 70 per cent, followed by nurse/midwife at 20 per cent.

Table 8.8 (RH.5): Assistance during delivery

Percentage distribution of women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, Marsabit District, 2008

Characteristic	Person assisting at delivery						No attendant	Total	Any skilled personnel*	Delivered in health facility	Number of women who gave birth in preceding two years
	Medical doctor	Nurse/ midwife	Traditional birth attendant	Community health worker	Relative/ friend	Other					
Age											
15-19	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	21
20-24	1.9	16.5	71.8	.8	1.4	2.2	5.4	100	18.4	18.4	144
25-29	4.4	24.4	63.8	.8	4.5	0.0	2.0	100	28.8	28.0	83
30-34	1.9	18.3	78.4	0.0	0.0	1.4	0.0	100	20.2	15.6	73
35-49	2.9	21.7	66.9	2.5	0.0	1.4	4.6	100	24.6	14.3	78
Education											
None	1.7	15.4	75.4	1.2	1.0	1.3	3.9	100	17.1	14.6	314
Primary	4.0	31.9	58.8	0.0	3.7	1.6	0.0	100	35.9	31.8	70
Secondary +	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	12
Wealth index											
Low	0.2	9.8	81.6	0.9	1.5	1.8	4.1	100	10.1	6.9	296
Medium	(3.1)	(31.4)	(62.4)	(3.1)	(0.0)	(0.0)	(0.0)	(100)	(34.5)	(34.5)	36
High	13.5	59.9	23.8	0.0	1.7	0.0	1.1	100	73.4	69.1	66
Total	**2.7**	**20.1**	**70.3**	**1.0**	**1.4**	**1.3**	**3.3**	**100**	**22.8**	**19.7**	**398**

*** MICS indicator 4; MDG indicator 17**

*** MICS indicator 5**

* Skilled health personnel include doctors, nurses, midwives, and auxiliary midwives

9.1 Child learning

It is well recognized that a period of rapid brain development occurs in the first 3-4 years of life, and that the quality of home care is the major determinant of a child's development during this period. In this context, adult activities with children, presence of books at home for the child, and the conditions of care, are important indicators of the quality of child care. A World Fit for Children goal is that "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn".

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting, or drawing things.

Table 9.1 (CD.1) shows details of family support for learning disaggregated by background characteristics. Results indicate that for 35 per cent of children under-five, a household member engaged in about four activities that promote learning and school readiness during the 3 days preceding the survey. The average number of activities that adults engaged in with their children was 2.8. The results also indicate that the father's involvement in such activities was somewhat limited (19 percent of the children indicated father's involvement in one or more activities).

Table 9.1 (CD.1): Family support for learning

Percentage of children aged 0-59 months for whom household members are engaged in activities that promote learning and school readiness, Marsabit District, 2008

Characteristic	Percentage of children aged 0-59 months					Number of children aged 0-59 months
	For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engaged in with the child	Living in a household without their natural father	
Sex						
Male	34.4	2.7	19.2	0.3	30.3	520
Female	35.1	2.8	18.5	0.3	32.0	571
Age						
0-23 months	16.5	2.3	15.3	0.2	27.3	481
24-59 months	49.2	3.2	21.6	0.4	34.2	610
Mother's education						
None	32.0	2.6	17.5	0.3	29.9	862
Primary	42.7	3.2	22.8	0.4	38.4	177
Secondary +	(54.8)	(4.0)	(27.1)	(0.6)	(23.7)	44
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	8
Father's education						
None	33.8	2.8	22.1	0.3	0.0	557
Primary	31.1	2.8	37.5	0.7	0.0	136
Secondary +	43.5	3.3	38.3	0.7	0.0	51
Father not in HH	37.2	2.7	3.5	0.0	100.0	340
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	7
Wealth index						
Low	32.1	2.6	15.4	0.2	31.8	818
Medium	41.3	2.9	24.8	0.5	37.5	100
High	43.8	3.4	31.5	0.6	24.6	174
Total	**34.8**	**2.8**	**18.8**	**0.3**	**31.2**	**1091**

***MICS indicator 46**
* Any adult has engaged in 4 or more activities to promote learning and school readiness in the past 3 days.

****MICS indicator 47**
** Father has provided one or more activities to promote learning and school readiness.
NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Figures in parentheses are based on 25-49 unweighted cases.

10.1 Pre-School Attendance and School Readiness

Attendance of pre-school education in an organized learning or child education program is important for the readiness of children to school. One of the World Fit for Children goals is the promotion of early childhood education. Details on early childhood education (ECD) by background characteristics such as sex and age of child in months, mother's education and wealth are presented in Table 10.1. Thirty seven per cent of children aged 36-59 months were attending pre-school. Slightly more female children (37 per cent) were reportedly attending early childhood education compared with male children (36 per cent). The differentials by mother's education level show that 35 per cent of children with mothers having no education attended pre-school, while 42 per cent of their counterparts with mothers having primary education attended pre-school. Children belonging to the younger age group (36-47 months) are less likely (26 per cent) to attend pre-school in comparison to those aged 48-59 months (47 per cent)

Table 10.1(ED.1): Early childhood education

Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme and percentage of first graders who attended pre-school, Marsabit District, 2008

Characteristic	Percentage of children aged 36-59 months currently attending early childhood education*	Number of children aged 36-59 months	Percentage of children attending first grade who attended preschool program in previous year**	Number of children attending first grade
Sex				
Male	35.5	168	(*)	23
Female	37.0	230	(*)	10
Age of child				
36-47 months	26.4	197	0.0	0
48-59 months	46.2	194	0.0	0
6 years*	0.0	0	84.6	33
Mother's education				
None	35.0	328	(*)	26
Primary	41.6	60	(*)	6
Secondary +	(59.1)	7	(*)	1
Non-standard curriculum	(*)	0.3		0.0
Wealth index				
Low	37.1	305	(*)	16
Medium	32.0	33	(*)	5
High	36.2	60	(*	12
Total	**36.5**	**386**	**84.6**	**33**

***MICS indicator 52**
* Primary school entry age should be defined at the country level (usually based on UNESCO's ISCED1 classification). Here, it is assumed that primary education starts at age 6.
****MICS indicator 53**
NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

The table also shows the proportion of children in the first grade of primary school who attended pre-school the previous year - an important indicator of school readiness, retention and transition. Overall, 85 per cent of children who were currently aged 6 and attending the first grade of primary school were reported as having attended pre-school the previous year.

10.2 Primary and Secondary School Participation

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 Millennium Development Goals and A World Fit 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.

The indicators for primary and secondary school attendance include:

- Net intake rate in primary education
- Net primary school attendance rate
- Net secondary school attendance rate
- Net primary school attendance rate of children of secondary school age
- Female to male education ratio (or gender parity index - GPI)
-

The indicators of school progression include:

- Survival rate to grade five
- Transition rate to secondary school
- Net primary completion rate

Information on primary school entry by selected background characteristics is presented in Table 10.2 (ED.2). Among children who are of primary school entry age (age 6) in Kenya, only 24 per cent were attending standard 1. The percentage of male children attending standard 1 was double (31 per cent) that of female children (15).

Table 10.2 (ED.2): Primary school entry

Percentage of children of primary school entry age (6 years old) attending standard 1, Marsabit District, 2008

Characteristic	Percentage of children of primary school entry age currently attending standard 1*	Number of children of primary school entry age
Sex		
Male	31.2	97
Female	15.3	74
Mother's education		
None	22.4	134
Primary	(28.3)	35
Secondary +	(*)	2
Wealth index		
Low	16.6	124
Medium	(*)	18
High	(51.7)	30
Total	**24.3**	**171**

***MICS indicator 54**

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

Table 10.3 (ED.3) provides the percentage of children of primary school age attending primary or secondary school. Majority (62 per cent) of these children were attending school at the time of survey. It was also observed that male children have an advantage over their female counterparts (65 per cent versus 59 per cent) in school attendance. Differentials by mother's education and wealth index were also noted. For example, 49 per cent of primary school age children from low wealth index households were attending school at the time of the survey compared with 91 per cent of their counterparts from high wealth index households.

Table 10.3 (ED.3): Primary school net attendance ratio

Percentage of children of primary school age (6–13 years) attending primary or secondary school, Marsabit District, 2008

Characteristic	Net attendance ratio*			Number of children		
	Male	Female	Total	Male	Female	Total
Age						
6	36.0	17.8	28.1	97	74	171
7	52.7	51.5	52.0	70	89	159
8	74.8	55.9	64.3	76	95	171
9	69.5	63.2	66.7	67	54	120
10	67.0	78.3	72.6	94	93	187
11	72.2	61.3	66.6	52	55	108
12	80.7	70.6	75.8	82	76	158
13	76.9	71.1	73.5	62	87	149
Mother's education						
None	61.6	53.7	57.6	487	509	996
Primary	78.2	82.9	80.5	102	98	200
Secondary +	(*)	(*)	(*)	10	11	21
Non-standard curriculum	(*)	(*)	(*)	42.3	6	7
Wealth index						
Low	54.2	44.6	49.3	395	405	800
Medium	77.4	80.6	78.9	89	82	171
High	92.2	89.3	90.6	115	137	252
Total	**64.9**	**59.1**	**62.0**	**600**	**624**	**1224**

***MICS indicator 55; MDG indicator 6**

* The primary school net attendance ratio (NAR) is the percentage of children of primary school age who are attending primary or secondary school. Children of primary school age (6-13 years) currently attending primary or secondary school are included in the numerator. All children of primary school age are included in the denominator.
NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Secondary school net attendance is presented in Table 10.4 (ED.4). The results indicate that about 90 per cent of the children of secondary school age (14-17 years) were not attending secondary school. Majority of those not attending secondary school are either out of school or attending primary school. Gender differentials in secondary school attendance are very apparent and in favour of girls (12 per cent for girls compared with only 9 per cent for boys). It was also observed that children from households with better socio-economic backgrounds are more likely to be attending secondary school.

Table 10.4 (ED.4): Secondary school net attendance ratio

Percentage of children of secondary school age (14–17 years) attending secondary school or higher, Marsabit District, 2008

Characteristic	Net attendance ratio*			Number of children		
	Male	Female	Total	Male	Female	Total
Age						
14	0.0	5.7	2.6	67	56	123
15	4.7	3.9	4.4	77	50	127
16	15.5	18.0	16.6	75	63	138
17	(17.2)	(21.1)	19.0	49	41	91
Mother's education						
None	6.2	13.2	9.0	204	139	343
Primary	(*)	(*)	6.3	21	16	37
Secondary +	(*)	(*)	22.7	3	10	14
Non-standard curriculum	(*)	(*)	0.0	2	0.0	3
Mother not in HH	(18.8)	(12.0)	15.1	40	43	83
Wealth index						
Low	7.7	1.1	5.0	167	115	282
Medium	(2.8)	(23.4)	12.7	43	39	82
High	(16.6)	26.0	21.2	58	57	116
Total	**8.8**	**12.0**	**10.2**	**268**	**211**	**479**

***MICS indicator 56**

* The secondary school net attendance ratio is the percentage of children of secondary school age that are attending secondary school or higher. Children of secondary school age currently attending secondary school or higher are included in the numerator. All children of secondary school age are included in the denominator.

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

The primary school net attendance for children of secondary school age is presented in Table 10.5 (ED.4w). Twenty four per cent of secondary school age children were attending primary school when they ought to be attending secondary school. A lower proportion of children of secondary school age belonging to mothers with secondary or higher levels of education were attending primary schools compared with children belonging to mothers with primary or no education.

Table 10.5 (ED.4w): Secondary school age children attending primary school

Percentage of children of secondary school age (14–17 years) attending primary school, Marsabit District, 2008

Characteristic	Per cent attending primary school*			Number of children		
	Male	Female	Total	Male	Female	Total
Age						
14	44.2	31.4	38.3	67	56	123
15	22.9	35.1	27.7	77	50	127
16	25.8	12.2	19.6	75	63	138
17	(14.3)	(15.9)	15.0	49	41	91
Mother's education						
None	26.1	23.7	25.1	204	139	343
Primary	(*)	(52.9)	58.7	21	16	37
Secondary +	(*)	(*)	21.6	3	10	14
Non-standard curriculum		(*)	100.0	2	100.0	2
Mother not in HH	17.6	(6.7)	11.9	40	43	83
Wealth index						
Low	25.6	22.6	24.4	167	115	282
Medium	(32.9)	35.6	34.2	43	39	82
High	28.7	16.9	22.8	58	57	116
Total	**27.4**	**25.7**	**23.5**	**211**	**268**	**479**

* Children of secondary school age currently attending primary school are included in the numerator. All children of secondary school age are included in the denominator.
NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Figures in parentheses are based on 25-49 unweighted cases.

The gender parity index (GPI) is the ratio of girls to boys attending primary and secondary education. These ratios are obtained from net attendance ratios as opposed to the gross attendance ratios. Information on GPI by selected background characteristics is provided in Table 10.6 (ED.7). The latter provide an erroneous description of the GPI mainly because in most of the cases, majority of over-aged children attending primary education tend to be boys. The table shows that gender parity for primary school is close to 0.91, indicating fewer differences in the attendance of girls to boys in primary school. However, the indicator increases to 1.36 at secondary education - indicating more girls are attending secondary schools compared to boys. The results also show that the primary school attendance ratio increases with increasing levels of the household wealth index and educational level of the mother. However, no clear pattern is observed for secondary school net attendance ratios with respect to the above background characteristics.

Table 10.6 (ED.7): Education gender parity

Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, Marsabit District, 2008

Characteristic	Primary school net attendance ratio (NAR)		Gender parity index for primary school NAR*	Secondary school net attendance ratio		Gender parity index for secondary school NAR*
	Girls	Boys		Girls	Boys	
Sex						
Male	NA	64.9	NA	NA	8.8	NA
Female	59.1	NA	NA	12.0	NA	NA
Mother's education						
None	53.7	61.6	0.87	13.2	6.2	2.12
Primary	82.9	78.2	1.06	0.0	11.1	0.0
Secondary +	100.0	100.0	1.0	17.4	40.9	0.43
Wealth index						
Low	44.6	54.2	0.82	1.1	7.7	0.15
Medium	80.6	77.4	1.04	23.4	2.8	8.43
High	89.3	92.2	0.97	26.0	16.6	1.56
Total	**59.1**	**64.9**	**0.91**	**12.0**	**8.8**	**1.36**

***MICS indicator 61; MDG indicator 9**

* The gender parity index (GPI) is the ratio of female to male net attendance ratios (primary or secondary). The primary and secondary net attendance ratios are presented in tables ED.3 and ED.4.

NA: Not applicable

10.3 Adult Literacy

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, since only a women's questionnaire was administered, the results are based only on females aged 15-24. Literacy was assessed based on a woman's ability to read a short simple statement or on school attendance. The status of adult literacy is presented in Table 10.7 (ED.8). Overall, 38 per cent of women aged 15-24 years are literate in Marsabit district. The proportion literate is higher among the younger age group 15-19 years (53 per cent) compared to the older age group 20-24 years (24 per cent). The level of literacy is highest among women in the medium wealth category at 70 per cent, and is lowest among women from low wealth index households at 20 per cent.

Table 10.7 (ED.8): Adult literacy

Percentage of women aged 15-24 years that are literate*, Marsabit District, 2008

Characteristic	Percentage literate*	Percentage not known**	Number of women aged 15-24 years
Education			
None	2.8	0.0	262
Primary	75.8	0.0	166
Secondary +	(100.0)	(0.0)	40
Non-standard curriculum	(*)	(*)	4
Age			
15-19	53.0	0.0	221
20-24	23.8	0.0	252
Wealth index			
Low	20.1	0.0	295
Medium	69.8	0.0	68
High	64.2	0.0	110
Total	**37.5**	**0.0**	**473**

***MICS indicator 60; MDG indicator 8**

* Percentage of women aged 15-24 years who are able to read a short simple statement about every day life or who attended secondary or higher education.

** The percentage not known includes those for whom no sentence in the required language was available or for whom no response was reported. If the percentage of the population for whom literacy status is not known exceeds 10 per cent in any category, caution should be exercised in the interpretation of the results.

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Figures in parentheses are based on 25-49 unweighted cases.

11.1 Birth Registration

The 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 for children. The World Fit for Children states that there is need to develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The indicator is the percentage of children under 5 years of age whose birth is registered. Details on birth registration by background characteristics are presented in Table 11.1 (CP.1). The table shows that only 27 per cent of children under five years had their births registered in Marsabit district. There were no significant variations in birth registration across sex, or mother's education categories. The data indicates that there is higher registration of births of the younger children aged 0-23 months than those aged 24-59 months. The main reason cited for failure to register births was lack of knowledge that births should be registered (67 per cent).

Table 11.1 (CP.1): Birth registration

Percentage distribution of children aged 0-59 months by whether birth is registered or reasons for non-registration, Marsabit District, 2008

Characteristic	Birth is Regis-tered*	Number of children aged 0-59 months	Birth is not registered because: Costs too much	Must travel too far	Didn't know child should be registered	Late, did not want to pay fine	Doesn't know where to register	Other	Don't know	Total	Number of children without birth registration
Sex											
Male	29.2	520	2.0	7.0	64.5	0.4	15.7	10.2	0.3	100.0	327
Female	25.9	571	1.8	5.0	68.7	0.5	17.4	6.6	0.0	100.0	384
Age											
0-11 months	30.7	223	1.2	5.5	65.8	0.9	15.2	11.3	0.0	100.0	144
12-23 months	37.3	244	2.1	2.3	75.7	0.0	12.1	7.7	0.0	100.0	139
24-35 months	22.4	213	1.5	6.5	60.1	1.4	20.8	9.7	0.0	100.0	148
36-47 months	25.4	204	0.6	6.8	65.0	0.0	19.2	7.6	0.7	100.0	137
48-59 months	20.1	206	3.9	8.3	67.5	0.0	15.6	4.7	0.0	100.0	144
Mother's education											
None	25.4	862	0.8	3.7	72.9	0.1	17.3	5.0	0.1	100.0	599
Primary	27.9	177	8.4	18.8	34.1	2.6	10.5	25.7	0.0	100.0	102
Secondary +	(64.4)	44	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
Non-standard curriculum	(*)	8	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	4
Wealth index											
Low	21.7	818	1.0	5.2	73.1	0.1	16.7	3.6	0.1	100.0	606
Medium	36.2	100	5.3	6.5	37.7	0.0	18.9	31.5	0.0	100.0	57
High	49.5	174	(8.7)	(14.1)	(19.9)	(5.6)	(12.5)	(39.2)	(0.0)	(100.0)	47
Total	**27.4**	**1091**	**1.9**	**5.9**	**66.8**	**0.5**	**16.6**	**8.2**	**0.1**	**100.0**	**711**

***MICS indicator 62**
NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Figures in parentheses are based on 25-49 unweighted cases.

11.2 Child Labour

Article 32 of the Convention on the Rights of the Child states: "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development..." The World Fit for Children mentions nine strategies to combat child labour and the MDGs call for the protection of children against exploitation. In the MICS questionnaire, a number of questions addressed the issue of child labour, that is, children 5-14 years of age involved in labour activities. A child is considered to be involved in child labour activities at the moment of the survey if during the week preceding the survey he/she was involved in:

Ages 5-11: at least one hour of economic work or 28 hours of domestic work per week.
Ages 12-14: at least 14 hours of economic work or 28 hours of domestic work per week.

This definition allows differentiation between child labour and child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of child labour since some children may be involved in hazardous labour activities, for a number of hours that could be less than the numbers specified in the criteria explained above. Table 11.2 (CP.2) presents the results of child labour by the type of work. Percentages do not add up to the total child labour as children may be involved in more than one type of work. Among children aged 5-14 years, 26 per cent are engaged in child labour, with more female children (27 per cent) involved than male (24 per cent).

Table 11.2 (CP.2): Child labour

Percentage of children aged 5-14 years who are involved in child labour activities by type of work, Marsabit District, 2008

Characteristic	Working outside household		Household chores for 28+ hours/ week	Working for family business	Total child labour*	Number of children aged 5-14 years
	Paid work	Unpaid work				
Sex						
Male	0.4	2.1	7.3	16.7	23.7	747
Female	0.1	2.3	10.1	18.6	27.3	762
Age						
5-11 years	0.3	2.2	7.8	18.1	25.5	1079
12-14 years	0.1	2.3	11.0	16.6	25.5	430
School participation						
Yes	0.2	2.1	4.8	11.6	16.9	1060
No	0.3	2.4	18.0	31.9	45.8	449
Mother's education						
None	0.3	2.0	9.5	19.3	28.1	1235
Primary	0.0	3.7	4.7	8.9	13.7	233
Secondary +	(0.0)	(0.0)	(4.4)	(8.6)	(8.6)	33
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	8
Wealth index						
Low	0.4	2.8	10.9	22.2	32.2	977
Medium	0.0	0.3	6.9	11.5	18.0	218
High	0.0	1.9	3.1	7.8	10.0	315
Total	**0.2**	**2.2**	**8.7**	**17.6**	**25.5**	**1509**

***MICS indicator 71**

* The table is based on the responses to a series of questions in the child labour module which is administered to the mother/caretaker of each child 5-14 years of age in the household. The numerator to estimate the child labour percentage includes: (a) children 5-11 years of age who during the week preceding the survey did at least one hour of economic activity or at least 28 hours of domestic chores, and (b) children 12-14 years of age who during the week preceding the survey did at least 14 hours of economic activity or at least 28 hours of domestic chores.

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

Table 11.3 (CP.3) presents the percentage of children classified as student labourers or as labourer students by selected background characteristics in the District. Student labourers were defined as children who were attending school and were also involved in child labour activities at the time of the survey. More specifically, out of the 70 per cent of the children aged 5-14 years attending school, 26 per cent were also involved in child labour activities. On the other hand, out of the 26 per cent of the children classified as child labourers, some of them were also attending school (47 per cent). Gender differentials reveal that more girls were involved in child labour (27 per cent), while boys formed the majority of those attending school (73 per cent) as well as of child labourers who were also attending school (51 per cent).

Table 11.3 (CP3): Labourer students and student labourers

Percentage of children aged 5-14 years who are labourer students and student labourers, Marsabit District, 2008

Characteristic	Percentage of children in child labour*	Percentage of children attending school	Number of children 5-14 years of age	Percentage of child labourers who are also attending school**	Number of child labourers aged 5-14	Percentage of students who are also involved in child labour***	Number of students aged 5-14
Sex							
Male	23.7	73.3	747	51.1	177	16.6	548
Female	27.3	67.3	762	42.8	208	17.4	513
Age							
5-11 years	25.5	69.5	1079	49.3	275	18.1	750
12-14 years	25.5	72.2	430	40.1	110	14.2	311
Mother's education							
None	28.1	65.5	1235	42.2	346	18.1	809
Primary	13.7	91.9	233	(89.7)	32	13.4	214
Secondary +	8.6	94.7	33	(*)	3	9.1	31
Non-standard curriculum	(*)	(*)	8	(*)	4	(*)	6
Wealth index							
Low	32.2	58.9	977	36.7	314	20.1	575
Medium	18.0	84.9	218	(*)	39	18.4	185
High	10.0	95.4	315	(*)	32	10.0	300
Total	**25.5**	**70.3**	**1509**	**46.6**	**385**	**16.9**	**1060**

* The table is based on the responses to a series of questions in the child labour module which is administered to the caretaker of each child 5-14 years of age in the household. The numerator to estimate the child labour percentage includes: (a) children 5-11 years of age who during the week preceding the survey did at least one hour of economic activity or at least 28 hours of domestic chores, and (b) children 12-14 years of age who during the week preceding the survey did at least 14 hours of economic activity or at least 28 hours of domestic chores.
***MICS indicator 72**
** Labourer students: Number of children 5-14 years of age invoved in child labour activities who are also attending school divided by the total number of children 5-14 years of age involved in child labour activities.

*** Student labourers: Number of children 5-14 years of age attending school who are also invoved in child labour activities divided by the total number of children 5-14 attending school.
****MICS indicator 73**

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

11.3 Child Discipline

As stated in A World Fit for Children, "children must be protected against any acts of violence …" and the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In Marsabit district, mothers/caretakers of children aged 2-14 years were asked a series of questions on the ways parents use to discipline their children. Note that for the child discipline module, one child aged 2-14 per household was selected randomly during fieldwork. Out of these questions, the two indicators used to describe aspects of child discipline are: 1) the number of children 2-14 years old who experience psychological aggression as punishment ***or*** minor physical punishment ***or*** severe physical punishment; and 2) the number of parents/caretakers of children 2-14 years of age who believe that in order to raise their children properly, they need to physically punish them. Information on child discipline by selected background characteristics is presented in Table 11.4 (CP.4). In Marsabit district, 78 per cent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members. More importantly, 24 per cent of children were subjected to severe physical punishment. Additionally, a very high proportion (66 per cent) of mothers/caretakers believed that children should be

physically punished. This proportion is close to that of children who were subjected to minor physical punishment (65 per cent).

Table 11.4 (CP.4): Child discipline

Percentage of children aged 2-14 years according to method of disciplining the child, Marsabit District, 2008

Characteristic	Percentage of children 2-14 years of age who experience:						Mother/ caretaker believes that the child needs to be physically punished	Number of children aged 2-14 years**
	Only non-violent discipline	Type of punishment				No discipline or punishment		
		Psycho-logical	Minor physical	Severe physical	Any psychological or physical			
Sex								
Male	21.9	60.6	65.7	22.5	77.6	0.5	67.1	984
Female	21.9	60.6	64.1	25.7	77.5	0.5	65.1	997
Age								
2-4 years	17.7	59.0	71.5	22.6	81.4	0.9	66.7	498
5-9 years	21.9	62.8	68.5	27.1	77.8	0.4	68.4	775
10-14 years	25.0	59.4	56.2	21.9	74.7	0.4	63.2	708
Mother's education								
None	21.5	61.3	64.8	24.6	78	0.5	67.1	1613
Primary	20.7	57.4	67.5	24.2	78.6	0.7	61.2	314
Secondary +	42.2	56.3	47.9	2.5.0	57.8	0.0	57.9	44
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
Wealth index								
Low	18.3	62.2	68.3	24.8	81.2	0.4	70.9	1337
Medium	20.4	67.1	65.5	19.2	79.6	0.0	60.0	265
High	35.7	50.7	52.4	25.1	63.2	1.1	53.5	379
Total	**21.9**	**60.6**	**64.9**	**24.1**	**77.6**	**0.5**	**66.1**	**1981**

***MICS indicator 74**
** Table is based on children aged 2-14 years randomly selected during fieldwork (one child selected per household, if any children in the age range) for whom the questions on child discipline were administered.
NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

While there were no notable differences with respect to the punishment pattern for male and female children, an almost equal number of mothers felt the need for punishing boys than girls (67 per cent versus 65 per cent, respectively). Differentials with respect to many of the background variables are relatively small although a pattern can be observed where the percentages of mothers/caretakers who believe in physical punishment of children decline with both increasing levels of mother's education and household wealth index. It is also of interest to note that the difference between the proportion of children receiving minor and severe punishment is large (65 per cent versus 24 per cent).

11.4 Early Marriage

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 million women aged 20-24 get married before the age of 18. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws that condone the practice. In many parts of the world, parents encourage marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination against Women mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..." While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights - such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices - and is frequently addressed by the Committee on the Rights of the Child. Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. Child marriage was also identified by the Pan-African Forum against the Sexual Exploitation of Children as a type of commercial sexual exploitation of children.

Young married girls are a unique, though often invisible, group. They are required to perform heavy amounts of domestic work and are under pressure to demonstrate fertility, and often carry the responsibility of raising children while still children themselves. Married girls and child mothers face constrained decision-making and reduced life choices. Boys are also affected by child marriage but the issue impacts girls much more. Cohabitation - when a couple lives together as if married - raises the same human rights concerns as marriage. Where a girl lives with a man and takes on the role of caregiver for him, the assumption is often that she has become an adult woman, even if she has not yet reached the age of 18. Additional concerns due to the informality of the relationship - for example, inheritance, citizenship and social recognition - might make girls in informal unions, vulnerable in different ways than those who are in formally recognized marriages. Research suggests that many factors interact to increase a child's risk of marriage. Poverty, protection of girls, and family honour are considered as significant factors in determining a girl's risk of becoming married while still a child. Women who get married at younger ages are more likely to believe that it is sometimes acceptable for a husband to beat his wife, and are more likely to experience domestic violence themselves. The age gap between partners is also thought to contribute to these abusive power dynamics and to increase the risk of untimely widowhood. Closely related to the issue of child marriage, is the age at which girls become sexually active. Women who get married before the age of 18 tend to have more children than those who get married later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort. In addition evidence suggests that girls who marry at young ages are more likely to marry older men, which puts them at an increased risk of HIV/AIDS infection. Parents seek to marry off their girls to protect their honour, and men often seek younger women as wives as a means to avoid choosing a wife who might already be infected.

Table 11.5 (CP.5) presents details of early marriage by background characteristics. Results show that eleven per cent of women aged 15-49 years were married before reaching age 15 and that this percentage was highest (13 per cent) among women with no education. Among women aged 20-49 years, 42 per cent were reportedly married before reaching age 18, while 22 per cent of adolescent girls aged 15-19 years, reported being currently married or in union.

Table 11.5 (CP.5): Early marriage

Percentage of women aged 15-49 years in marriage or union before their 15th birthday, percentage of women aged 20-49 years in marriage or union before their 18th birthday, and percentage of women aged 15-19 years currently married or in union, Marsabit District, 2008

Characteristic	Percentage married before age 15*	Number of women aged 15-49 years	Percentage married before age 18*	Number of women aged 20-49 years	Percentage of women 15-19 married/in union***	Number of women aged 15-19 years
Age						
15-19	4.5	221	NA	0	(22.0)	49
20-24	14.2	252	48.2	252	NA	190
25-29	14.1	151	38.6	151	NA	122
30-34	12.3	130	34.8	130	NA	115
35-39	11.8	114	38.8	114	NA	96
40-45	11.0	107	41.8	107	NA	78
45-49	12.9	88	41.6	88	NA	55
Education						
None	13.1	742	43.7	660	42.0	578
Primary	9.0	251	39.8	138	9.8	96
Secondary +	0.0	61	12.5	36	(13.7)	26
Non-standard curriculum	0.0	9	31.6	8	0.0	2
Wealth index						
Low	13.6	680	44.9	558	29.8	489
Medium	8.6	143	46.5	101	9.2	72
High	6.2	239	28.8	183	14.8	143
Total	**11.3**	**1063**	**41.6**	**842**	**22.0**	**704**

***MICS indicator 67**
****MICS indicator 68**
*****MICS indicator 70**
Figures in parentheses are based on 25-49 unweighted cases.

Another component measured was the spousal age difference with the indicator being the percentage of married/in union women with a difference of 10 or more years younger than their current spouse. Table 11.6 (CP.6) presents the results of the age difference between husbands and wives. Slightly more than one in two married (or in union) women aged 15-24 years in Marsabit have a partner who is 10 or more years older than her; in about 14 per cent of the cases, the partner is less than 5 year older; and 28 per cent have a partner who is 5-9 years older.

Table 11.6 (CP.6): Spousal age difference

Percentage distribution of currently married/in union women aged 15-19 and 20-24 years according to the age difference with their husband or partner, Marsabit District, 2008

Characteristic	Percentage of currently married/in union women whose husband or partner is:					Number of women currently married/ in union
	0-4 years older	5-9 years older	10+ years older*	Husband' s age unknown	Total	
Age						
15-19	(16.3)	(33.5)	(47.8)	(2.3)	(100.0)	49
20-24	13.2	26.4	57.5	2.9	100.0	190
Total	**13.8**	**27.9**	**55.5**	**2.8**	**100.0**	**239**

***MICS indicator 69**

11.5 Female Genital Mutilation/Cutting

Female genital mutilation/cutting (FGM/C) is the partial or total removal of the female external genitalia or other injury to the female genital organs. FGM/C is always traumatic with immediate complications including excruciating pain, shock, urine retention, ulceration of the genitals and injury to adjacent tissue. Other complications include septicaemia, infertility, obstructed labour, and even death. The procedure is generally carried out on girls between the ages of 4 and 14; it is also done to infants, women who are about to be married and, sometimes, to women who are pregnant with their first child or who have just given birth. It is often performed by traditional practitioners, including midwives, using scissors, razor blades or broken glass and without anaesthesia. FGM/C is a fundamental violation of human rights. In the absence of any perceived medical necessity, it subjects girls and women to health risks and has life-threatening consequences. Among those rights violated are the right to the highest attainable standard of health and to bodily integrity. In MICS, a series of questions were asked to determine knowledge of FGM/C, prevalence of FGM/C, and details of the type of FGM/C performed. Table 11.7 (CP.7) presents the prevalence of FGM/C among women; the type and extent of the procedure; as well as the woman's attitudes towards FGM/C. In the Marsabit district, virtually all women aged 15-49 years had heard about FGM/C, and 91 per cent had undergone some form of the practice. No differentials in the level of FGM/C were noticed with respect to the educational level of the women and wealth index of the households. Among those who had undergone FGM/C, the proportion who reported an extreme form was very small. It was none-the-less observed that a higher percentage of women from high wealth index households reported an extreme form compared with their counterparts from low wealth index households.

Table 11.7 (CP.7): Female genital mutilation/cutting (FGM/C)

Percentage of women aged 15-49 years who have heard about female genital mutilation/cutting (FGM/C), had any form of FGM/C, type of FGM/C among those who have had FGM/C, the percentage who have had the extreme form of FGM/C (infibulation), Marsabit District, 2008

Characteristic	Heard about FGM/C	Had any form of FGM/C*	Number of women aged 15-49 years	Percentage of women with FGM/C who: Had flesh removed	Were nicked	Were sewn closed	Form of FGM/C not determined	Total	Had an extreme form of FGM/C**	Number of women with FGM/C
Age										
15-19	98.9	78.9	221	97.1	0.0	2.6	0.3	100.0	2.6	174
20-24	100.0	92.8	252	96.8	0.0	3.2	0.0	100.0	3.2	234
25-29	100.0	97.4	151	96.7	0.0	1.3	2.0	100.0	1.3	148
30-34	100.0	92.7	130	98.9	0.0	1.1	0.0	100.0	1.1	121
35-39	100.0	90.4	114	95.4	1.1	2.8	0.7	100.0	2.8	103
40-44	100.0	91.0	107	99.2	0.0	0.8	0.0	100.0	0.8	97
45-49	100.0	98.7	88	95.7	0.0	4.3	0.0	100.0	4.3	87
Education										
None	99.7	91.9	742	97.2	0.0	2.2	0.5	100.0	2.2	682
Primary	100.0	86.8	251	96.2	0.5	3.1	0.2	100.0	3.1	218
Secondary +	100.0	92.5	61	(*)	(*)	(*)	(*)	(*)	(*)	57
Non-standard curriculum	(*)	(*)	9	(*)	(*)	(*)	(*)	100.0	(*)	8
Wealth index										
Low	99.6	90.6	680	98.0	0.2	1.6	0.2	100.0	1.6	616
Medium	100.0	93.5	143	97.1	0.0	2.9	0.0	100.0	2.9	134
High	100.0	89.0	239	94.5	0.0	4.1	1.4	100.0	4.1	213
Total	**99.8**	**90.6**	**1063**	**97.1**	**0.1**	**2.3**	**0.4**	**100.0**	**2.3**	**963**

***MICS indicator 63**

* Women aged 15-49 reporting they had any type of female genital mutilation/cutting. Individual forms of FGM/C include the removal of flesh from the genital area, the nicking of the flesh of the genital area and sewing closed the genital area.

****MICS indicator 64**

** Extreme form of FGM/C (infibulation) is defined as both the removal of flesh from the genital area AND sewing closed the genital area.

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

All those who had heard about FGM/C were asked about their attitude towards the practice i.e. whether it should be continued or not. The results are presented in Table 11.8 (CP.7). Seventy two per cent of women aged 15-49, who had heard of FGM/C, support the practice to be continued. Only 25 per cent had the view that the practice should be discontinued. Striking differentials by level of education were observed; 84 per cent of women with no education want the practice to be continued versus 17 per cent among those who with secondary or higher level of education.

Table 11.8 (CP.7): Attitude towards Female genital mutilation/cutting (FGM/C)

Percentage distribution of women aged 15-49 years who had heard about FGM/C according to attitudes towards whether the practice of FGM/C should be continued, Marsabit District, 2008

Characteristic	Percentage distribution of women who believe the practice of FGM/C should:					Number of women aged 15-49 years who have heard of FGM/C
	Continue***	Be discontinued	Depends on situation	Don't know	Total	
Age						
15-19	59.6	38.8	1.6	0.0	100.0	218
20-24	74.4	23.4	2.2	0.0	100.0	252
25-29	73.5	23.3	2.8	0.5	100.0	151
30-34	77.3	17.9	4.8	0.0	100.0	130
35-39	69.2	25.7	5.2	0.0	100.0	114
40-44	77.9	17.4	2.3	2.3	100.0	107
45-49	85.7	13.5	0.8	0.0	100.0	88
Education						
None	83.5	13.0	3.1	0.4	100.0	739
Primary	52.4	45.5	2.1	0.0	100.0	251
Secondary +	16.8	82.0	1.1	0.0	100.0	61
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	9
FGM/C experience						
No	34.3	65.7	0.0	0.0	100.0	97
Yes	76.1	20.6	3.0	0.3	100.0	963
Wealth index						
Low	84.6	13.0	1.9	0.5	100.0	678
Medium	54.6	41.9	3.5	0.0	100.0	143
High	48.2	47.4	4.4	0.0	100.0	239
Total	**72.3**	**24.7**	**2.7**	**0.3**	**100.0**	**1061**

*****MICS indicator 66**
NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

All women aged 15-49 with at least one daughter were asked whether their daughter had undergone the practice. Table 11.9 (CP.8) presents the prevalence and extent of FGM/C performed on the respondents' daughters.

Results indicate that 30 per cent of the respondents reported that their daughter(s) had undergone FGM/C. As noted in the case of FGM/C practice among women aged 15-49 years, among daughters too education is an important determinant in having daughters undergo FGM/C or not. Thirty two per cent of those with no education reported that their daughters had undergone the practice compared to 21 per cent of women with primary education.

Table 11.9 (CP.8): Female genital mutilation/cutting (FGM/C) among daughters

Percentage of women with at least one living daughter who has had female genital mutilation/cutting (FGM/C), and the percentage by type of FGM/C of the daughters, Marsabit District, 2008

Characteristic	Daughter had any form of FGM/C	Number of women aged 15-49 years with at least one daughter	Percentage of women whose daughters:				Daughter had an extreme form of FGM/C	Number of women aged 15-49 years with at least one living daughter who had FGM/C
			Had flesh removed	Were nicked	Were sewn closed	Total		
Age of woman								
15-24	0.5	143	(*)	(*)	(*)	(*)	(*)	1
25-34	8.4	212	(*)	(*)	(*)	(*)	(*)	18
35-49	60.5	284	98.3	0.7	1.0	100.0	1.0	172
Education								
None	32.0	517	98.9	0.0	1.1	100.0	1.1	165
Primary	20.7	96	94.3	5.7	0.0	100.0	0.0	20
Secondary +	(*)	20	(*)	(*)	(*)	(*)	(*)	1
Non-standard curriculum	(*)	6	(*)	(*)	(*)	(*)	(*)	4
Mother's FGM/C experience								
Had any FGM/C	31.2	600	98.5	0.6	0.9	100.0	0.9	187
No FGM/C	(7.6)	39	(*)	(*)	(*)	(*)	(*)	3
Wealth index								
Low	27.9	440	98.2	0.9	0.8	100.0	0.8	123
Medium	43.2	76	(*)	(*)	(*)	(*)	(*)	33
High	28.3	123	(*)	(*)	(*)	(*)	(*)	35
Total	**29.8**	**639**	**98.5**	**0.6**	**0.9**	**100.0**	**0.9**	**190**

***MICS indicator 65**

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Figures in parentheses are based on 25-49 unweighted cases.

11.6 Domestic Violence

A number of questions were addressed to women aged 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners for a variety of scenarios. These questions were asked so as to have an indication of cultural beliefs that tend to be associated with the violence against women perpetrated by husbands/partners. The main assumption here is that, women who agree with statements indicating that husbands/partners are justified to beat their wives/partners under the situations described, in reality tend to be abused by their own husbands/partners. The responses to these questions can be found in Table 11.10 (CP.9).

In Marsabit district, 80 per cent of women aged 15-49 believe that a husband is justified in beating his wife/partner when she goes out without telling him, or she neglects children, or she argues with him, or she refuses sex with him, or she burns food. Among the five reasons mentioned above, 76 per cent approve beating if she neglects children; 69 per cent if she goes out without telling him; 60 per cent if she argues with him; 57 per cent if she refuses to have sex; and 41 per cent if she burns food. Approval of wife beating for any of the above reasons drops with increasing levels of women's education and household wealth index status.

Table 11.10 (CP.9): Attitudes toward domestic violence

Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, Marsabit District, 2008

Characteristic	Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner: When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*	Number of women aged 15-49 years
Age							
15-19	55.6	61.1	42.3	39.3	33.4	67.1	221
20-24	70.3	76.9	62.0	59.9	41.6	83.9	252
25-29	71.7	80.4	60.8	61.9	38.9	84.7	151
30-34	75.5	81.3	68.0	64.5	45.0	85.0	130
35-39	76.8	80.6	64.9	55.6	39.6	83.6	114
40-44	66.1	78.7	67.2	63.1	43.8	81.1	107
45-49	76.5	81.3	66.9	70.7	54.3	84.5	88
Marital/Union status							
Currently married /in union	76.2	82.4	68.1	63.7	44.8	86.2	704
Formerly married /in union	64.9	71.9	56.6	61.0	47.0	74.9	118
Never married /in union	49.4	57.4	36.7	36.2	26.8	66.1	241
Education							
None	75.3	81.5	69.5	64.6	47.2	85.5	742
Primary	58.6	65.1	40.8	43.4	31.1	70.3	251
Secondary +	35.0	47.1	19.6	21.3	4.5	61.3	61
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	9
Wealth index							
Low	79.1	84.9	72.6	69.0	50.4	89.3	680
Medium	60.2	63.4	39.7	39.9	33.4	69.6	143
High	44.9	56.4	34.9	34.2	18.7	61.6	239
Total	**68.9**	**75.6**	**59.7**	**57.2**	**41.0**	**80.4**	**1063**

***MICS indicator 100**

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

12.1 Knowledge of HIV Transmission and Condom Use

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step towards raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions although some appear to be universal (for example that sharing food can transmit HIV or mosquito bites can transmit HIV). The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. The HIV module was administered to women 15-49 years of age.

One indicator which is both an MDG and UNGASS indicator is the percentage of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women were asked whether they knew of the three main ways of HIV transmission – having only one faithful uninfected partner, using a condom every time, and abstaining from sex. The results are presented in Table 12.1 (HA.1).

Majority of the interviewed women (93 per cent) have heard of HIV/AIDS. However, the proportion of women who know of all the three main ways of preventing HIV transmission is only 45 per cent. Eighty four per cent of women know of having one faithful uninfected sex partner, 52 per cent know about using a condom every time, and 80 per cent know of abstaining from sex as the main ways of preventing HIV transmission. Knowledge of at least one way to prevent transmission of HIV among women in the Marsabit district is high (91 per cent), with approximately one in ten women (9 per cent) reporting lack of knowledge on of the three ways of preventing transmission. Also the level of knowledge about preventing transmission of HIV increases with increasing levels of women's education as well as household wealth index.

Table 12.1 (HA.1): Knowledge of preventing HIV transmission

Percentage of women aged 15-49 years who know the main ways of preventing HIV transmission, Marsabit District, 2008

Characteristic	Heard of AIDS	Percentage who know transmission can be prevented by: Having 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	Number of women
Age								
15-19	88.5	76.3	50.6	74.0	44.7	85.3	14.7	221
20-24	90.5	83.7	50.7	78.0	44.1	88.4	11.6	252
25-29	97.8	92.4	52.2	83.0	46.5	96.6	3.4	151
30-34	96.4	91.3	61.4	82.7	51.5	96.4	3.6	130
35-39	93.3	80.6	59.9	83.0	51.7	88.7	11.3	114
40-44	95.6	88.2	48.2	76.6	44.3	93.1	6.9	107
45-49	94.2	77.6	37.8	88.4	31.1	92.6	7.4	88
Education								
None	90	79.9	47.5	77.3	40.6	87.3	12.7	742
Primary	99.3	93.7	59.3	84.5	53.8	98.3	1.7	251
Secondary +	100.0	95.1	68.7	87.2	63.8	100.0	0.0	61
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	(*)	9
Wealth index								
Low	89.2	78.5	45.2	76.7	38.1	86.0	14.0	680
Medium	99.5	91.3	58.3	85.1	53.4	99.5	0.5	143
High	99.1	95.1	66.9	85.3	60.5	98.8	1.2	239
Total	**92.9**	**84.0**	**51.9**	**79.7**	**45.2**	**90.7**	**9.3**	**1063**

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 12.2 (HA.2) presents the percentage of women who could correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions: that HIV can be transmitted by supernatural means; and mosquito bites. The table also provides information on whether women know that HIV cannot be transmitted by sharing food, and that HIV can be transmitted by sharing needles.

Among interviewed women, 41 per cent rejected the two most common misconceptions and know that a healthy-looking person can be infected. Seventy-nine per cent know that HIV cannot be transmitted by supernatural means and sixty two per cent know that it cannot be transmitted by sharing food; while 73 per cent know that a healthy-looking person can be infected. From the results, it is evident that a higher proportion of educated women have correct knowledge about HIV/AIDS compared with their non-educated or primary level educated counterparts.

Table 12.2 (HA.2): Identifying misconceptions about HIV/AIDS

Percentage of women aged 15-49 years who correctly identify misconceptions about HIV/AIDS, Marsabit District, 2008

Characteristic	Percentage who know that: HIV cannot be transmitted by: Option 1: Supernatural means	Option 2: Mosquito bites	A healthy looking person can be infected	Reject two most common misconceptions and know a healthy-looking person can be infected	Percentage who know that: Option 3: HIV cannot be transmitted by sharing food	Option 4: HIV can be transmitted by sharing needles	Number of women
Age							
15-19	78.9	63.2	73.5	53.2	69.6	84.4	221
20-24	76.6	43.8	67.9	34.3	55.7	83.8	252
25-29	80.4	52.6	82.9	42.0	64.5	94.5	151
30-34	82.4	42.5	67.4	30.6	65.8	90.4	130
35-39	80.4	50.1	76.9	42.9	59.1	87.6	114
40-44	84.5	51.6	72.1	41.5	61.3	88.1	107
45-49	68.1	45.1	73.3	37.3	50.0	89.2	88
Education							
None	72.7	42.8	65.4	31.5	51.5	83.0	742
Primary	91.0	65.1	89.6	58.9	81.3	97.7	251
Secondary +	100.0	84.1	95.0	79.1	97.8	98.9	61
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	9
Wealth index							
Low	72.5	39.0	63.6	28.1	49.9	81.4	680
Medium	88.0	64.1	89.6	57.5	70.3	98.2	143
High	91.4	74.9	89.5	66.7	89.5	98.5	239
Total	**78.8**	**50.5**	**72.9**	**40.8**	**61.5**	**87.5**	**1063**

Table 12.3 (HA.3) summarizes information from Tables 12.1 (HA.1) and 12.2 (HA.2) and presents the percentage of women who know 2 ways of preventing HIV transmission and rejected the three common misconceptions.

Comprehensive knowledge of HIV prevention methods and transmission is still fairly low. Overall, 23 per cent of women aged 15-49 years in Marsabit district have comprehensive knowledge about HIV/AIDS. The percentage of women with comprehensive knowledge increases with increasing levels of education of women and also by improving levels of the household wealth index (see also Figure 12.1).

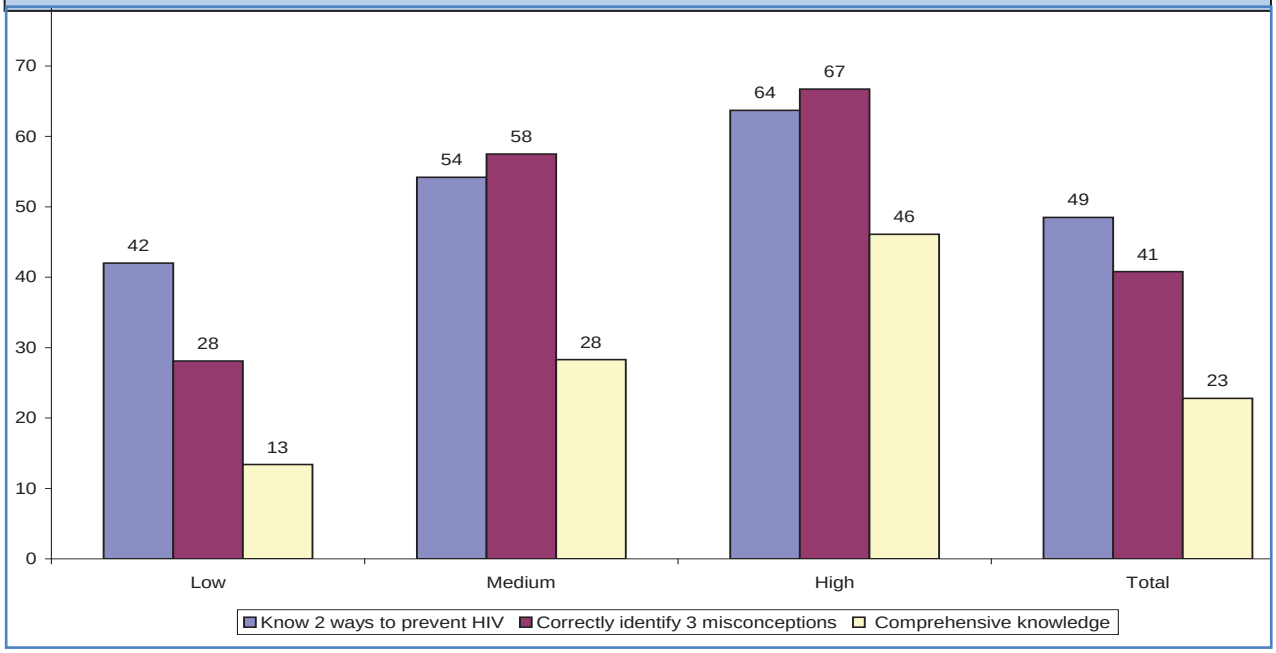
Table 12.3 (HA.3): Comprehensive knowledge of HIV/AIDS transmission

Percentage of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Marsabit District, 2008

Characteristic	Know 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	Number of women
Age				
15-19	45.4	53.2	26.6	221
20-24	49.2	34.3	21.3	252
15-24	47.4	43.1	23.7	473
25-29	50.5	42.0	25.8	151
30-34	57.9	30.6	22.0	131
35-39	53.7	42.9	23.0	114
40-44	46.4	41.5	20.6	107
45-49	33.0	37.3	15.7	88
Education				
None	44.5	31.5	17.8	742
Primary	56.4	58.9	32.0	251
Secondary +	63.8	79.1	46.8	61
Non-standard curriculum	(*)	(*)	(*)	9
Wealth index				
Low	42.0	28.1	13.4	680
Medium	54.2	57.5	28.3	143
High	63.7	66.7	46.1	239
Total	**48.5**	**40.8**	**22.8**	**1063**

***MICS indicator 82; MDG indicator 19b**
NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Figure 12.1: Percent of Women who have comprehensive Knowledge of HIV/AIDS Transmission



Knowledge of mother-to-child transmission is also an important step towards seeking HIV/AIDS testing among pregnant women. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. The level of knowledge among women aged 15-49 years concerning mother-to-child transmission is presented in Table 12.4 (HA).

Overall, 86 per cent of women knew that HIV can be transmitted from mother to child, while 54 per cent know all three ways of mother-to-child transmission. Differentials in correct knowledge regarding mother-to-child transmission of HIV were noted by level of education and household wealth index. While 65 per cent of women with secondary or higher level of education know all three ways of mother to child transmission, only 52 per cent of their counterparts with no education have this knowledge. On the other hand, women from medium wealth index households have the highest percentage (61 per cent) respondents who know all three ways of mother-to-child transmission.

Table 12.4 (HA.4): Knowledge of mother-to-child HIV transmission

Percentage of women aged 15-49 years who correctly identify means of HIV transmission from mother to child, Marsabit District, 2008

Characteristic	Know HIV/ AIDS can be transmitted from mother to child	Percentage who know AIDS can be transmitted:				Did not know any specific way	Number of women
		During pregnancy	At delivery	Through breast milk	All three ways*		
Age							
15-19	81.3	64.1	66.1	70.5	48.6	7.2	221
20-24	80.4	62.9	64.0	68.6	48.1	9.6	252
25-29	89.6	76.5	77.7	79.8	65.3	8.2	151
30-34	90.0	73.9	75.7	84.2	61.9	6.3	130
35-39	90.3	68.8	73.6	85.4	55.0	2.9	114
40-44	91.0	79.8	75.1	71.2	52.3	4.6	107
45-49	88.0	74.6	70.7	70.0	48.6	6.2	88
Education							
None	81.4	67.3	65.8	71.5	51.8	8.6	742
Primary	95.7	75.4	77.9	81.5	55.5	3.6	251
Secondary +	98.3	74.2	96.1	85.6	65.1	1.7	61
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	9
Wealth index							
Low	80.1	67.3	64.3	69.7	50.8	9.1	680
Medium	97.8	81.0	84.8	78.4	61.0	1.7	143
High	95.0	69.9	79.7	86.7	56.8	4.1	239
Total	**85.8**	**69.7**	**70.5**	**74.7**	**53.5**	**7.0**	**1063**

***MICS indicator 89**
NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Indicators on attitudes toward people living with HIV/AIDS measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions: 1) would care for family member who is sick with AIDS; 2) would buy fresh vegetables from a vendor who is HIV positive; 3) think that a female teacher who is HIV positive should be allowed to teach in school; and 4) would ***not*** want to keep HIV status of a family member a secret.

Among those who had heard about HIV/AIDS, twenty one per cent of the women reported that they would not care for a family member who is sick with HIV/AIDS and 63 per cent reported that if a family member is sick with HIV/AIDS, they would like to keep it a secret. Another 42 per cent believed that a teacher should not be allowed to work if he/she has HIV/AIDS, while 53 per cent would not buy food from a person who has HIV/AIDS. Overall, 87 per cent agreed with at least one of the discriminatory statements mentioned above and 13 per cent agreed with none of the discriminatory statements. Except for the statement on keeping HIV status a secret, the proportion expressing support for the discriminatory statements declined with increasing levels of woman's education and household wealth index.

Table 12.5 (HA.5): Attitudes toward people living with HIV/AIDS

Percentage of women aged 15-49 years who have heard of AIDS who express a discriminatory attitude towards people living with HIV/AIDS, Marsabit District, 2008

	Percentage of women who:						
Characteristic	Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discrimi-natory statement	Agree with none of the discrimi-natory statements*	Number of women who have heard of AIDS
Age							
15-19	14.0	66.4	40.6	42.7	85.3	14.7	195
20-24	25.6	60.5	40.5	57.1	88.7	11.3	227
25-29	15.5	70.5	46.0	47.0	85.5	14.5	148
30-34	25.6	59.3	48.5	56.4	87.2	12.8	126
35-39	25.8	53.3	37.3	53.2	83.5	16.5	106
40-44	17.7	61.2	39.7	57.9	85.5	14.5	102
45-49	25.3	73.0	44.2	59.8	91.9	8.1	83
Education							
None	26.3	62.1	47.4	59.3	90.2	9.8	668
Primary	11.0	66.9	36.6	43.2	81.8	18.2	249
Secondary +	1.1	58.6	10.3	18.7	67.0	33	61
Non-standard curriculum	(*)	(*)	(*)	(*)	(*)	(*)	9
Wealth index							
Low	27.3	61.0	51.9	61.9	91.7	8.3	607
Medium	13.0	73.9	41.3	49.1	83.8	16.2	143
High	9.5	62.9	18.0	30.6	75.8	24.2	237
Total	**20.9**	**63.3**	**42.3**	**52.5**	**86.7**	**13.3**	**987**

***MICS indicator 86**

Note: This table is based on women who had heard of AIDS.
An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Another important indicator is the knowledge of where to be tested for HIV/AIDS and use of such services. Questions related to women's knowledge of a facility for HIV testing and whether they have ever been tested is presented in Table 12.6 (HA.6).

Half of the women in Marsabit district know where to be tested, while 27 per cent have actually been tested. Among those tested, many (89 per cent) have received the results. Differentials by level of education and wealth index show that the knowledge about various aspects related to HIV testing increases with increasing levels of education and household wealth index.

Table 12.6 (HA.6): Knowledge of a facility for HIV testing

Percentage of women aged 15-49 years who know where to get an HIV test, percentage of women who have been tested and, of those tested the percentage who have been told the result, Marsabit District, 2008

Characteristic	Know a place to get tested*	Have been tested**	Number of women	If tested, have been told result	Number of women who have been tested for HIV
Age					
15-19	49.6	9.2	221	(*)	20
20-24	48.0	35.5	252	87.5	89
25-29	58.9	42.3	151	90.2	64
30-34	46.5	30.4	130	(94.3)	40
35-39	52.5	36.2	114	(87.4)	41
40-44	48.4	22.2	107	(*)	24
45-49	47.0	11.3	88	(*)	10
Education					
None	38.9	24.4	742	85.6	181
Primary	72.0	33.5	251	92.5	84
Secondary +	92.7	36.6	61	(*)	22
Wealth index					
Low	34.9	17.5	680	77.0	119
Medium	70.2	25.9	143	(96.2)	37
High	81.5	55.1	239	97.4	132
Total	**50.1**	**27.1**	**1063**	**88.8**	**288**

***MICS indicator 87**
* Women who know of a place to get tested for HIV include those women who have already been tested, including those tested during antenatal care.

****MICS indicator 88**
** Women who have been tested for HIV include those tested during antenatal care.
The second and third columns of the table include all women in the denominator, even those who have not heard of AIDS.

In the fifth column, the denominator consists of women who have been tested and the numerator consists of women who have been told the results.

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
Figures in parentheses are based on 25-49 unweighted cases.

Among women who gave birth within the two years preceding the survey, the percentage who received counselling and HIV testing during antenatal care is presented in Table 12.7 (HA.7).

Seventy six per cent of mothers in the district received antenatal care from a health professional during their last pregnancy, while 46 per cent were provided with information about HIV prevention. Thirty eight per cent were tested for HIV during antenatal care visits, and out of these, 31 per cent received results for the test. Differentials by level of education and wealth index are observed in favour of more testing among the well educated and those from wealthier households.

Table 12.7 (HA.7): HIV testing and counseling coverage during antenatal care

Percentage of women aged 15-49 years who gave birth in the two years preceding the survey who were offered HIV testing and counseling during their antenatal care, Marsabit District, 2008

Characteristic	Percentage of women who: Received antenatal care from a health care professional for last pregnancy	Were provided information about HIV prevention during ANC visit*	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit**	Number of women who gave birth in the 2 years preceding the survey
Age					
15-19	(*)	(*)	(*)	(*)	21
20-24	77.0	42.9	34.2	28.5	144
25-29	79.6	47.8	44.1	37.3	83
30-34	73.0	41.5	32.2	30.7	73
35-49	77.5	51.1	40.9	30.3	78
Education					
None	72.3	38.5	31.7	25.2	314
Primary	88.8	73.0	59.3	52.1	70
Secondary +	(*)	(*)	(*)	(*)	12
Non-standard curriculum	(*)	(*)	(*)	(*)	3
Wealth index					
Low	69.1	34.2	24.4	17.2	296
Medium	(95.0)	(71.6)	(69.3)	(65.4)	36
High	97.9	84.4	81.0	76.8	66
Total	**76.2**	**45.9**	**37.8**	**31.4**	**398**

***MICS indicator 90**
****MICS indicator 91**

NOTE: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

12.2 Orphans and Vulnerable Children

As the HIV epidemic progresses, more and more children are becoming orphaned and vulnerable because of AIDS. Children who are orphaned or in vulnerable households may be at increased risk of neglect or exploitation if the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and vulnerable children and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs.

To monitor these variations, a measurable definition of orphaned and vulnerable children needed to be created. The UNAIDS Monitoring and Evaluation Reference Group developed proxy definition of children who have been affected by adult morbidity and mortality. This should capture many of the children affected by AIDS in countries where a significant proportion of the adults are HIV infected. This definition classifies children as orphaned and vulnerable if they have experienced the death of either parent, if either parent is chronically ill, or if an adult (aged 18-59) in the household either died (after being chronically ill) or was chronically ill in the year prior to the survey. The frequency of children living with neither parent, mother only, and father only is presented in Table 12.8 (HA.10).

Sixty per cent of children aged 0-17 years in Marsabit district live with both parents and 10 per cent are not living with a biological parent. More than one out of five children (19per cent) are living with only their mother though the father is alive.

Table 12.8 (HA.10): Children's living arrangements and orphanhood

Percentage distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 years in households not living with a biological parent and percentage of children who are orphans, Marsabit District, 2008

Characteristic	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent*	One or both parents dead**	Number of children
		Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Sex														
Male	61.4	0.9	0.8	7.2	1.4	18.5	9.7	0.9	1.1	0.3	100.0	8.5	14.1	1375
Female	58.0	0.8	0.8	5.4	1.1	19.0	9.5	1.0	0.6	0.2	100.0	11.7	12.8	1385
Age														
0-4 years	68.4	0.1	0.0	3.6	0.2	22.6	4.6	0.4	0.1	0.0	100.0	3.9	5.0	894
5-9 years	59.3	1.1	1.0	7.3	0.7	19.4	8.8	1.3	0.9	0.2	100.0	10.1	12.5	784
10-14 years	55.9	0.7	1.1	9.7	1.9	14.8	13.4	0.6	1.3	0.5	100.0	13.4	18.7	725
15-17 years	46.4	2.3	2.0	10.8	3.8	14.0	16.2	2.3	1.7	0.6	100.0	18.9	25.9	356
Wealth index														
Low	60.9	0.8	0.3	6.0	1.3	17.9	10.9	1.1	0.6	0.3	100.0	8.3	13.9	1862
Medium	52.2	0.0	0.0	6.1	0.1	25.4	12.8	0.6	2.2	0.7	100.0	6.2	15.7	358
High	60.5	1.7	3.1	12.1	1.9	16.2	3.0	0.6	0.9	0.0	100.0	18.8	10.5	540
Total	**59.7**	**0.8**	**0.8**	**7.2**	**1.3**	**18.5**	**9.6**	**1.0**	**0.8**	**0.3**	**100.0**	**10.1**	**13.5**	**2760**

***MICS indicator 78**
*Children who are not living with at least one biological parent, either because the parents live elsewhere or because the parents are dead.

***MICS indicator 75**
**Children for whom one or both biological parents are dead.
The denominator in this table is children aged 0-17 years enumerated in the household listing.

Table 12.9 (HA.11) shows the percentage of orphaned and vulnerable children aged 0-17 years. Overall, the proportion of children living in a household where the parent is chronically ill or where an adult death had occurred is minimal. About one out of seven (14 per cent) children aged 0-17 have one or both of their parents dead. The proportion of children with one or both parents dead increases with age, for example five per cent of the children aged 0-4 years have one or both their parents dead compared with 26 per cent among children age 15-17 years.

Table 12.9 (HA.11): Prevalence of orphanhood and vulnerability among children

Percentage of children aged 0-17 years who are orphaned or vulnerable due to AIDS, Marsabit District, 2008

Characteristic	Chronically ill parent	Adult death in household	Chronically ill adult in household	Vulnerable children*	One or both parents dead**	Orphans and vulnerable children	Number of children aged 0-17 years
Sex							
Male	0.7	0.4	2.4	3.2	14.1	16.5	1375
Female	0.2	0.1	3.6	3.8	12.8	16.0	1385
Age							
0-4 years	0.2	0.2	2.3	2.8	5.0	7.6	894
5-9 years	0.7	0.3	2.7	3.4	12.5	15.5	784
10-14 years	0.0	0.3	3.4	3.4	18.7	20.7	725
15-17 years	1.2	0.0	4.5	5.5	25.9	30.5	356
Wealth index							
Low	0.7	0.0	3.1	3.7	13.9	16.9	1862
Medium	0.0	1.5	3.5	3.7	15.7	18.1	358
High	0.0	0.2	2.4	2.6	10.5	12.9	540
Total	**0.5**	**0.2**	**3.0**	**3.5**	**13.5**	**16.3**	**2760**

***MICS indicator 76**
****MICS indicator 75**

The columns of the table are produced as follows:
1) Either parent has been chronically ill for 3 of the 12 months preceding the survey
2) Adult death in the household after a chronic illness of 3 of the 12 months preceding the survey
3) Any adult in the household has been sick for 3 of the 12 months preceding the survey
4) A vulnerable child is defined as a child who lives in a household where any of the preceding 3 conditions is true.
5) A child is an orphan if one or both of his/her biological parents is dead
6) Orphaned or vulnerable children are those defined in columns 4 or 5.
7) Total number of children aged 0-17 years as enumerated in the household listing.
An orphan is a child aged 0-17 years who has lost one or both parents

One of the measures developed for the assessment of the status of orphaned and vulnerable children relative to their peers looks at the school attendance of children aged 10-14 for children who have lost both parents (double orphans) versus children whose parents are alive (and who live with at least one of these parents). If children whose parents have died do not have the same access to school as their peers, then families and schools are not ensuring that these children's rights are being met.

Information on school attendance of orphaned and vulnerable children in Marsabit district by background characteristics is depicted in Table 12.10 (HA.12). Sixty five per cent of children whose mother and father had died were currently attending school. School attendance was at 72 per cent among children aged 10-14 who had not lost a parent and who lived with at least one parent. This suggests that orphans in Marsabit district are not so disadvantaged compared to the non-orphaned children in terms of school attendance.

Table 12.10 (HA.12): School attendance of orphaned and vulnerable children

School attendance of children aged 10-14 years by orphanhood and vunerability due to AIDS, Marsabit, 2008

Characteristic	Percentage of children whose mother and father have died	School attendance rate of children whose mother and father have died	Percentage of children of whom both parents are alive and child is living with at least one parent	School attendance rate of children of whom both parents are alive and child is living with at least one parent	Double orphans to non-orphans school attendance ratio*	Percentage of children who are orphaned or vulnerable	School attendance of children who are orphaned or vulnerable	Percentage of children who are not orphaned or vulnerable	School attendance of children who are not orphaned or vulnerable	OVC vs non-OVC school attendance ratio	Total number of children aged 10-14 years
Sex											
Male	2.4	45.4	73.8	73.5	0.6	20.9	78.6	79.1	73.9	1.1	357
Female	1.3	100.0	69.0	69.8	1.4	20.5	74.1	79.5	69.7	1.1	368
Wealth index											
Low	2.7	60.4	70.2	55.7	1.1	24.3	69.2	75.7	56.4	1.2	443
Medium	0.0	0.0	74.5	90.9	0.0	20.6	100.0	79.4	88.4	1.1	125
High	1.0	100.0	72.4	99.4	1.0	10.6	85.9	89.4	96.6	0.9	157
Total	**1.9**	**64.9**	**71.4**	**71.7**	**0.9**	**20.7**	**76.3**	**79.3**	**71.8**	**1.1**	**725**

***MICS indicator 77;**
MDG indicator 20

*A double orphan is a child whose mother and father have both died.

Orphaned and vulnerable children due to AIDS (OVC) include children whose mother or father have died (regardless of cause), who live in a household with a chronically ill adult, whose parents are chronically ill, or who live in a household where an adult who was chronically ill has died in the past year.

In many countries few services are available to families that have taken in children who are orphaned or vulnerable. Community-based organizations and governments need to make sure that families are supported to care for these children. The level and types of support provided to households caring for orphaned and vulnerable children due to AIDS is presented in Table 12.11 (HA.13). Sixty four per cent of the orphaned or vulnerable children aged 0-17 years had not received any support while 33 per cent received educational support. Overall, 36 per cent of the orphaned and vulnerable children received some kind of support.

Table 12.11 (HA.13): Support for children orphaned and vulnerable due to AIDS

Percentage of children aged 0-17 years orphaned or made vulnerable due to AIDS whose households receive free basic external support in caring for the child, Marsabit District, 2008

Characteristics	Percentage of orphans and vulnerable children whose households received:							Number of children aged 0-17 years orphaned or vulnerable
	Medical support (in last 12 months)	Emotional and psychosocial support (in last 3 months	Social/ material support (in last 3 months)	Educational support (in last 12 months)	Any support *	All types of support	No support at all	
Sex								
Male	2.8	0.5	0.5	34.7	36.5	0.5	63.5	227
Female	3.8	1.5	1.1	30.2	35.0	0.0	65.0	222
Age								
0-4 years	9.3	3.5	2.8	0.0	12.4	1.5	87.6	68
5-9 years	0.4	0.5	0.7	22.0	22.7	0.0	77.3	122
10-14 years	5.0	0.4	0.6	47.6	50.7	0.0	49.3	150
15-17 years	0.4	0.6	0.0	43.7	44.3	0.0	55.7	109
Wealth index								
Low	4.5	0.3	1.1	25.2	29.0	0.3	71.0	315
Medium	1.1	0.0	0.0	61.0	62.1	0.0	37.9	65
High	0.0	4.8	0.0	39.0	41.9	0.0	58.1	70
Total	**3.3**	**1.0**	**0.8**	**32.5**	**35.8**	**0.2**	**64.2**	**449**

***MICS indicator 81**

Orphaned and vulnerable children due to AIDS (OVC) includes children whose mother or father have died (regardless of cause), who live in a household with a chronically ill adult, whose parents are chronically ill, or who live in a household where an adult who was chronically ill has died in the past year.

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Appendix A: Sample Design

The major features of sample design are described in this appendix. Sample design features include target sample size, sample allocation, sample frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the Marsabit Multiple Indicator Cluster Survey (MICS) was to produce statistically reliable estimates of most indicators, at the district level. A two-stage, cluster sampling approach was used for the selection of the survey sample. Further, the households were stratified into two groups one with a child below 3 years (stratum-1) and the other without a child below 3 years (stratum-2) at the time of household listing, and more households from stratum-1 were selected to get more children in the sample from less number of households. The cluster level stratification was done to net more children and mothers who have given birth during the last few years into the sample.

Sample Size and Sample Allocation

The target sample size for the Marsabit MICS was calculated as 1,200 households. For the calculation of the sample size, the key indicator used was the immunization coverage among children age 12-23 months. The following formula was used to estimate the required sample size for these indicators:

$$n = \frac{[\ 4\ (r)\ (1\text{-}r)\ (f)\ (1.1)\ ]}{[\ (0.12r)^2\ (p)\ (n_h)\ ]}$$

Where

- n is the required sample size, expressed as number of households
- *4* is a factor to achieve the 95 per cent level of confidence
- r is the predicted or anticipated prevalence (coverage rate) of the indicator
- *1.1* is the factor necessary to raise the sample size by 10 per cent for non-response
- f is the shortened symbol for *deff* (design effect)
- *0.12r* is the margin of error to be tolerated at the 95 per cent level of confidence, defined as 12 per cent of r (relative sampling error of r)
- p is the proportion of the total population upon which the indicator, r, is based
- n_h is the average household size.

For the calculation, r (the immunization coverage) was assumed to be 65 percent. The value of *deff* (design effect) was taken as 1.3 based on estimates from previous surveys, p (percentage of children aged 12-23 months in the total population) was taken as 3.2 percent, and n_h (average household size) was taken as 4.4 households.

The resulting number of households from this exercise was 1,519 households which is the sample size needed. But, by adopting the second level stratification the total number of households to be selected was 1,080. However, it was decided to sample 1,200 households. The average cluster size was determined as 24 households (16 from stratum-1 and 8 from stratum-2), based on a number of considerations, including the budget available, and the time that would be needed per team to complete one cluster. This implies a total of 50 clusters for the district.

Sampling Frame and Selection of Clusters

The 1999 census frame was used for the selection of clusters. Census enumeration areas (EAs) were defined as primary sampling units (PSUs), and were selected using systematic PPS (probability proportional to size) sampling procedures, based on the estimated sizes of the enumeration areas from the 1999 Population Census.

Listing and Mapping Activities

Since the sample frame (the 1999 Population Census) was not up to date, household lists in all selected enumeration areas were updated prior to the selection of households. For this purpose, listing and mapping teams were formed, who visited each enumeration area, and listed the occupied households. The households were stratified into two, one having a child below 3 years and the other without a child below 3 years.

The listing and mapping teams were oriented in a 3 day training program in Marsabit, which include class room sessions and field practice. The training was facilitated by experts from KNBS and UNICEF. The district listing and mapping team consists of 3 teams; each team has a lister and a mapper. The teams were supervised by the District Statistical Officer (DSO) on a daily basis, who also attended the 3 days training program. One team was given two days to list an EA§§ and segmentation was allowed for larger EAs with more than 200 households.

Selection of Households

Lists of households were prepared by the listing teams in the field for each enumeration area. The households were grouped into two stratums based on whether the household has a child below 3 years or not. The households were then sequentially numbered from 1 to n_1 and n_2, where n_1 is the total number of households in stratum-1 (i.e., with a child below 3 years) and n_2 is the total number of households in stratum-2 (i.e., with out a child below 3 years) (n_1 + n_2 is the total number of households in each enumeration area) at the District Statistical Office, where selection of 16 households from stratum-1 and 8 households from straum-2 were carried out using systematic selection procedures using a random start.

Calculation of Sample Weights

The Marsabit Multiple Indicator Cluster Survey sample is not self-weighted at cluster level due to cluster level stratification. Therefore, for separate weights were calculated for each of the stratums within a cluster and they were normalized at the district level. The sample weight or multiplier computation formula is given below:

$$\frac{Zd}{nd} X \frac{1}{zdi} X\, sdi\ X \frac{Hdji}{hdji}$$

Where,

Zd = total population of the district ‘d’,

nd = total number of clusters in district ‘d’,

zdi = number of households in the ith cluster of district ‘d’,

§§ For all sampled EAs, both EA and Sub-location maps were developed by the cartography division of KNBS. These maps were provided to the listing and mapping teams to identify the boundaries of EA’s accurately and also to map the structures in them.

sdi = number of segments in the ith cluster of district ‘d’,
$Hdji$ = total number of households listed in the jth stratum of ith cluster in the district ‘d’, and
$hdji$ = number of households surveyed in the jth stratum of ith cluster in the district ‘d’.

As mentioned earlier, 50 clusters were selected from the Marsabit district 2009 Census EA list using the PPS sampling methodology. However, we have computed final multipliers after combining 4-5 clusters because of small sample size in some of the cluster level stratums.

These weights were then standardized (or normalized), one purpose of which is to make the sum of the interviewed sample units equal the total sample size at the district level. Normalization is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardization procedure was followed in obtaining standardized weights for the women’s and under-5’s questionnaires. For the anthropometry additional weights were computed using the non-response for anthropometry section.

Sample weights were appended to all data sets and analyses were performed by weighting each household, woman or under-5 with these sample weights.

Appendix B: List of Personnel Involved in the Survey

Project Director
Mr. A. K. M. Kilele, Director General, KNBS

Technical Co-ordinators
Mr. James Gatungu, KNBS
Mr. Christopher Omolo, KNBS

Cluster Development Co-ordinator
Mr. Michael Musyoka

Supervisor
Anthony Mutua

Enumerators
Adan Bashir
Hussein Abdikadir
Yatani Jarso
Musa Abdikadir
Ali Diqa

Data Collection Co-ordinator
Mr. Andrew Imbwaga

Supervisors
Hassan Daud
Molu Sora Adan

Field Editors
Muigai Gachanja
Charles Ogindo

Research Assistants
Kame Isaac Golo
Adan Guyo
Abudho Koyowa
Forole Paul Kagani
Halima Selesa
Elizabeth Ndalu

Appendix C: Estimates of Sampling Errors

The sample of respondents selected in the Marsabit Multiple Indicator Cluster Survey is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

The following sampling error measures are presented in this appendix for each of the selected indicators:

- Standard error (*se*): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions etc). Standard error is the square root of the variance. The Taylor linearization method is used for the estimation of standard errors.
- Coefficient of variation (*se*/*r*) is the ratio of the standard error to the value of the indicator
- Design effect (*deff*) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect (*deft*) is used to show the efficiency of the sample design. A *deft* value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a *deft* value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design.
- Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error ($p + 2.se$ or $p - 2.se$) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, SPSS Version 14 Complex Samples module has been used, except for the under-five mortality and infant mortality, where CSPro program is used. The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

Sampling errors are calculated for indicators of primary interest at the district level. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.9 show the calculated sampling errors.

Marsabit District

	Estimate	Standard Error	Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count	Confidence limits	
Iodized salt consumption	0.6608	0.03344	0.051	5.487	2.342	357	1,101	0.594	0.728
Child discipline	0.7568	0.01996	0.026	1.868	1.367	267	864	0.717	0.797
								0.000	0.000

	Estimate	Standard Error	Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count	Confidence limits	
Use of improved drinking water sources	0.4566	0.05632	0.123	68.777	8.293	1,688	5,380	0.344	0.569
Use of improved sanitation facilities	0.2621	0.02350	0.090	15.358	3.919	1,688	5,380	0.215	0.309
Net primary school attendance rate	0.6179	0.02358	0.038	2.943	1.715	397	1,251	0.571	0.665
Net secondary school attendance rate	0.1022	0.01820	0.178	1.606	1.267	155	446	0.066	0.139
Primary completion rate	0.0135	0.00188	0.139	0.037	0.192	48	141	0.010	0.017
Child labour	0.2553	0.01862	0.073	2.844	1.686	489	1,561	0.218	0.292
Prevalence of orphans	0.1345	0.01405	0.104	5.056	2.249	895	2,985	0.106	0.163
Prevalence of vulnerable children	0.0350	0.00799	0.228	5.629	2.373	895	2,985	0.019	0.051
								0.000	0.000

	Estimate	Standard Error	Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count	Confidence limits	
Skilled attendant at delivery	0.2277	0.02604	0.114	1.866	1.366	133	485	0.176	0.280
Antenatal care	0.7625	0.03733	0.049	3.724	1.930	133	485	0.688	0.837
Contraceptive prevalence	0.0832	0.01006	0.121	0.998	0.999	236	754	0.063	0.103
Adult literacy	0.3747	0.03632	0.097	2.579	1.606	158	459	0.302	0.447
Prevalence of FGM/C	0.9062	0.02033	0.022	5.165	2.273	356	1,063	0.866	0.947
Marriage before age 18	0.4817	0.03502	0.073	1.361	1.166	84	278	0.412	0.552
Comprehensive knowledge about HIV prevention among young people	0.2275	0.01938	0.085	2.269	1.506	356	1,063	0.189	0.266
Attitudes towards people with HIV/AIDS	0.1327	0.01585	0.119	2.158	1.469	330	990	0.101	0.164
Women who have been tested for HIV	0.2712	0.01993	0.073	2.135	1.461	356	1,063	0.231	0.311
Knowledge of mother-to-child transmission of HIV	0.5355	0.02215	0.041	2.094	1.447	356	1,063	0.491	0.580
								0.000	0.000

	Estimate	Standard Error	Coefficient of Variation	Design Effect	Square Root Design Effect	Population Size	Unweighted Count	Confidence limits	
Underweight prevalence	0.3908	0.01874	0.048	1.202	1.096	304	816	0.353	0.428
Tuberculosis immunization coverage	0.9382	0.02751	0.029	3.157	1.777	89	243	0.883	0.993
Polio immunization coverage	0.8070	0.04079	0.051	2.586	1.608	89	243	0.725	0.889
Immunization coverage for DPT	0.8330	0.04275	0.051	3.179	1.783	89	243	0.748	0.919
Measles immunization coverage	0.7529	0.04172	0.055	2.263	1.504	89	243	0.669	0.836
Fully immunized children	0.6683	0.04417	0.066	2.130	1.459	89	243	0.580	0.757
Acute respiratory infection in last two weeks	0.0875	0.00939	0.107	1.205	1.098	413	1,091	0.069	0.106
Antibiotic treatment of suspected pneumonia	0.3076	0.03946	0.128	0.673	0.820	36	93	0.229	0.387
Diarrhoea in last two weeks	0.1306	0.01189	0.091	1.357	1.165	413	1,091	0.107	0.154
Received ORT or increased fluids and continued feeding	0.1173	0.04249	0.362	2.372	1.540	54	137	0.032	0.202
Fever in last two weeks	0.1209	0.01072	0.089	1.179	1.086	413	1,091	0.099	0.142
Antimalarial treatment	0.2872	0.04125	0.144	1.097	1.047	50	133	0.205	0.370
Support for learning	0.3477	0.01877	0.054	1.694	1.301	413	1,091	0.310	0.385
Birth registration	0.2744	0.01963	0.072	2.110	1.453	413	1,091	0.235	0.314

Table DQ.2: Age distribution of eligible and interviewed women, Marsabit District

		Household population of women age 10-54	Interviewed women age 15-49		4
		Number	Number	Percent	Percentage of eligible women interviewed
Age	10-14	368	.	.	.
	15-19	257	207	20.4	80.5
	20-24	267	243	24.0	90.8
	25-29	151	145	14.3	96.2
	30-34	132	127	12.5	95.9
	35-39	118	108	10.7	91.7
	40-44	103	99	9.8	96.6
	45-49	86	84	8.3	98.0
	50-54	106	.	.	.
	15-49	1113	1012	100.0	91.0

Appendix E: MICS Indicators - Numerators and Denominators

INDICATOR		NUMERATOR	DENOMINATOR
1	Under-five mortality rate	Probability of dying by exact age 5 years	
2	Infant mortality rate	Probability of dying by exact age 1 year	
3	Maternal mortality ratio	Number of deaths of women from pregnancy-related causes in a given year	Number of live births in the year (expressed per 100,000 births)
4	Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5	Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6	Underweight prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five that were weighed
7	Stunting prevalence	Number of children under age five that fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
8	Wasting prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
9	Low-birth weight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10	Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14	Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three

INDICATOR		NUMERATOR	DENOMINATOR
			surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17	Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breast milk and complementary foods	Total number of infants aged 6-9 months surveyed
18	Frequency of complementary feeding	Number of infants aged 6-11 months that receive breast milk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed
19	Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21	Contraceptive prevalence	Number of women currently married or in union aged 15-49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years that are currently married or in union
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
24	Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed
25	Tuberculosis immunization coverage	Number of children aged 12-23 months receiving BCG vaccine before their first birthday	Total number of children aged 12-23 months surveyed
26	Polio immunization coverage	Number of children aged 12-23 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
27	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 12-23 months receiving DPT3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed

INDICATOR		NUMERATOR	DENOMINATOR
28	Measles immunization coverage	Number of children aged 12-23 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed
29	Hepatitis B immunization coverage	Number of children aged 12-23 months immunized against hepatitis before their first birthday	Total number of children aged 12-23 months surveyed
30	Yellow fever immunization coverage	Number of children aged 12-23 months immunized against yellow fever before their first birthday	Total number of children aged 12-23 months surveyed
31	Fully immunized children	Number of children aged 12-23 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
32	Neonatal tetanus protection	Number of mothers with live births in the previous year that were given at least two doses of tetanus toxoid (TT) vaccine within the appropriate interval prior to giving birth	Total number of women surveyed aged 15-49 years with a birth in the year preceding the survey
33	Use of oral Rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral Rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral Rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
36	Household availability of insecticide-treated nets (ITNs)	Number of households with at least one mosquito net, either permanently treated or treated within the previous year	Total number of households surveyed
37	Under-fives sleeping under insecticide- treated nets	Number of children aged 0-59 months that slept under an insecticide-treated mosquito net the previous night	Total number of children aged 0-59 months surveyed
38	Under-fives sleeping under mosquito nets	Number of children aged 0-59 months that slept under a mosquito net the previous night	Total number of children aged 0-59 months surveyed
39	Anti-malarial treatment (under- fives)	Number of children aged 0-59 months reported to have had fever in the previous 2 weeks that were treated with an appropriate anti-malarial within 24 hours of onset	Total number of children aged 0-59 months reported to have had fever in the previous 2 weeks
40	Intermittent preventive malaria treatment (pregnant women)	Number of women receiving appropriate intermittent medication to prevent malaria (defined as at least 2 doses of SP/Fansidar) during the last pregnancy, leading to a live birth within the 2 years preceding the survey	Total number of women that have had a live birth within the 2 years preceding the survey
41	Iodized salt consumption	Number of households with salt testing 15 parts per million or more of iodine/iodate	Total number of households surveyed
42	Vitamin A supplementation (under-fives)	Number of children aged 6-59 months receiving at least one high-dose vitamin A supplement in the previous 6 months	Total number of children aged 6-59 months surveyed

INDICATOR		NUMERATOR	DENOMINATOR
43	Vitamin A supplementation (post-partum mothers)	Number of women with a live birth in the 2 years preceding the survey that received a high-dose vitamin A supplement within 8 weeks after birth	Total number of women that had a live birth in the 2 years preceding the survey
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47	Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
48	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49	Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
50	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed
52	Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53	School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54	Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary- school entry age surveyed
55	Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary- school age surveyed
56	Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary-school age surveyed
57	Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58	Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed

INDICATOR		NUMERATOR	DENOMINATOR
59	Primary completion rate	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed
60	Adult literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed
63	Prevalence of female genital mutilation/cutting (FGM/C)	Number of women aged 15-49 years that reported undergoing any form of genital mutilation/cutting	Total number of women aged 15-49 years surveyed
64	Prevalence of extreme form of FGM/C	Number of women aged 15-49 years that reported undergoing an extreme form of genital mutilation/cutting (such as infibulation)	Total number of women aged 15-49 years surveyed
65	Prevalence of FGM/C among daughters	Number of women aged 15-49 years that reported that at least one daughter had undergone female genital mutilation/cutting	Total number of women aged 15-49 years surveyed that have at least one living daughter
66	Approval for FGM/C	Number of women aged 15-49 years favouring the continuation of female genital mutilation/cutting	Total number of women aged 15-49 years surveyed
67	Marriage before age 15 and age 18	Number of women that were first married or in union by the exact age of 15 and the exact age of 18, by age groups	Total number of women aged 15-49 years and 20-49 years surveyed, by age groups
68	Young women aged 15-19 years currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 years surveyed
69	Spousal age difference	Number of women married/in union aged 15-19 years and 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 15-19 and 20-24 years surveyed that are currently married or in union
70	Polygyny	Number of women in a polygynous union	Total number of women aged 15-49 years surveyed that are currently married or in union
71	Child labour	Number of children aged 5-14 years that are involved in child labour	Total number of children aged 5-14 years surveyed
72	Labourer students	Number of children aged 5-14 years involved in child labour activities that attend school	Total number of children aged 5-14 years involved in child labour activities
73	Student labourers	Number of children aged 5-14 years attending school that are involved in child labour activities	Total number of children aged 5-14 years attending school

INDICATOR		NUMERATOR	DENOMINATOR
74	Child discipline	Number of children aged 2-14 years that (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed
75	Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed
76	Prevalence of vulnerable children	Number of children under age 18 that have a chronically ill parent, that live in a household where an adult aged 18-59 years has died in the past year, or that live in a household where an adult aged 18-59 years has been chronically ill in the past year	Total number of children under age 18 surveyed
77	School attendance of orphans versus non-orphans	Proportion of double orphans (both mother and father dead) aged 10-14 years attending school	Proportion of children aged 10-14 years, both of whose parents are alive, that are living with at least one parent and are attending school
78	Children's living arrangements	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years surveyed
79	Malnutrition among children orphaned and made vulnerable by HIV/AIDS	Proportion of orphaned or vulnerable children under age five that are moderately or severely underweight, of all orphaned and vulnerable children under age five that are weighed	Proportion of children not classified as orphaned or vulnerable under age five that are moderately or severely underweight, of all children not classified as orphaned or vulnerable under age five that are weighed
80	Early sex among children orphaned and made vulnerable by HIV/AIDS	Proportion of orphaned and vulnerable children aged 15-17 years that had sex before age 15, of all orphaned and vulnerable children aged 15-17 years surveyed	Proportion of children not classified as orphaned or vulnerable aged 15-17 years that had sex before age 15, of all children not classified as orphaned or vulnerable aged 15-17 years surveyed
81	External support to children orphaned and made vulnerable by HIV/AIDS	Number of orphaned and vulnerable children under age 18 whose households received free basic external support in caring for the child	Number of orphaned and vulnerable children under age 18 surveyed
82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
83	Condom use with non-regular partners	Number of women aged 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the previous 12 months	Total number of women aged 15-24 years surveyed that had a non-marital, non-cohabiting partner in the previous 12 months
84	Age at first sex among young people	Number of women aged 15-24 years that have had sex before age 15	Total number of women aged 15-24 surveyed
85	Higher risk sex in the last year	Number of sexually active women aged 15-24 years that have had sex with a non-marital, non-cohabitating partner in the previous 12 months	Total number of women aged 15-24 that were sexually active in the previous 12 months

INDICATOR		NUMERATOR	DENOMINATOR
86	Attitude towards people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87	Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested	Total number of women surveyed
88	Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed
89	Knowledge of mother-to-child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed
90	Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24months surveyed
91	Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women that gave birth in the previous 24 months surveyed
92	Age-mixing among sexual partners	Number of women aged 15-24 years that had sex in the past 12 months with a partner who was 10 or more years older than they were	Total number of sexually active women aged 15-24 years surveyed
93	Security of tenure	Number of household members living in urban households that lack formal documentation for their residence or that feel at risk of eviction	Number of urban household members in households surveyed
94	Durability of housing	Number of household members living in urban dwellings that are not considered durable	Number of urban household members in households surveyed
95	Slum household	Number of household members living in urban slums	Number of household members in urban households surveyed
96	Source of supplies	Number of children (or households) for whom supplies were obtained from public providers, presented separately for each type of supply: insecticide-treated mosquito nets, oral Rehydration salts, antibiotics and anti-malarials	Total number of children (or households) for whom supplies were obtained
97	Cost of supplies	Median cost of supplies obtained, presented separately for each type of supply and whether sourced from public or private providers: insecticide-treated mosquito nets, oral Rehydration salts, antibiotics and anti-malarials.	Total number of children (or households) for whom supplies were obtained
98	Unmet need for family planning	Number of women that are currently married or in union that are fecund and want to space their births or limit the number of children they have and that are not currently using contraception	Total number of women interviewed that are currently married or in union
99	Demand satisfied for family planning	Number of women currently married or in union that are currently using contraception	Number of women currently married or in union that have an unmet need for contraception or that are currently using contraception
100	Attitudes towards	Number of women that consider that a husband/partner is justified in hitting or beating his wife in at least one of the	Total number of women surveyed

INDICATOR		NUMERATOR	DENOMINATOR
	domestic violence	following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	
101	Child disability	Number of children aged 2-9 years with at least one of nine reported disabilities: (1) delay in sitting, standing or walking, (2) difficulty seeing, either in the daytime or at night, (3) appears to have difficulty hearing, (4) difficulty in understanding instructions, (5) difficulty walking or moving arms or has weakness or stiffness of limbs, (6) has fits, becomes rigid, loses consciousness, (7) does not learn to do things like other children his/her age, (8) cannot speak or cannot be understood in words, (9) appears mentally backward, dull or slow	Total number of children aged 2-9 surveyed







FORM-A: HOUSEHOLD

H1. Identification — *ENGLISH*

#	Question	Options
HH-A	Province Name & Code _____	☐
HH-B	District Name & Code _____	☐☐
HH1	Cluster Name & Number ☐☐	HH-C Stratum [Child < 3 = 1/Other = 2] ☐
HH2	HH No.	☐☐☐
HH3	Interviewer's Name & No. _____	☐☐☐
HH4	Supervisor Name & No. _____	☐☐☐
HH5	Day/Month/Year of Interview	☐☐/☐☐/☐☐☐☐
HH6	Urban/Rural (Urban=1, Rural=2)	☐
HH7	Name of the Head of the HH (To be filled-in after completing Section H.2)	_____
HH8 to HH14 be filled-in after all questions for the HH have been completed		
HH8	Result of HH interview	Completed ..... 1 Not at home ..... 2 Refused ..... 3 HH not found/destroyed ..... 4 Other (*specify*_____) .. 6
HH9	Respondent to HH Form: Name: _____	Line No.: ☐☐
HH10	Total No. of HH members	☐☐
HH11	No. of women 15-49 eligible ☐☐	HH12 No. of women 15-49 forms completed ☐☐
HH13	No. of children < 5 eligible ☐☐	HH14 No. of children < 5 forms completed ☐☐
HH16	Editor: Name and Code _____ ☐☐☐	HH17 Data Entry: Name and Code _____ ☐☐

Introduction/Consent

HELLO. MY NAME IS (.....) AND I AM WORKING WITH THE KENYA NATIONAL BUREAU OF STATISTICS (KNBS), NAIROBI. WE ARE DOING A SURVEY TO COLLECT INFORMATION ABOUT FAMILY HEALTH AND EDUCATION, FOCUSING ON CHILDREN AND WOMEN, WITH UNICEF SUPPORT. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND EVENTUALLY BE ANONYMOUS. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND MOTHER OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

THE INFORMATION YOU PROVIDE WILL HELP THE GOVERNMENT AND DEVELOPMENT AGENCIES IN PLANNING AND IMPLEMENTING DEVELOPMENTAL PROGRAMS.

MAY I START THE INTERVIEW NOW?

H.2: HH Member Listing — HL

List the head of the HH in line 01. List all HH members (HL2), their relationship to the HH head (HL3), and their sex (HL4)
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK. If yes, complete listing.

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there is more than 15 members. Tick here if continuation sheet used ☐

					Eligible for :			If age 18-59	For children age 0-17 year ask HL9 to HL12A					
					Women Interview	Child Labor	Under-5 Interview							
HL1 LINE NO.	HL2 FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF THE HH?	HL3 WHAT IS THE RELATION-SHIP OF (name) TO THE HEAD OF THE HH?	HL4 IS (name) MALE OR FEMALE? 1 MALE 2 FEMALE	HL5 HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? [record in completed years] 98=DK*	HL6 [Circle line no. if woman is age 15-49]	HL7 [For child age 5-14 years] WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? [record line no. of mother/ caretaker]	HL8 [For child < 5] WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? [record line no. of mother/ caretaker]	HL8A HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9 IS (name's) NATURAL MOTHER ALIVE? 1-YES 2 - NO ⇘ HL11 8 - DK ⇘ HL11	HL10 [If alive:] DOES (name's) NATURAL MOTHER LIVE IN THIS HH? [Record line no. of mother or 00 for 'no']	HL10A [If '00' in HL10] HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS	HL11 IS (name's) NATURAL FATHER ALIVE? 1 YES 2 - NO ⇘ NEXT LINE 8 - DK ⇘ NEXT LINE	HL12 [If alive:] DOES (name's) NATURAL FATHER LIVE IN THIS HH? [Record line no. of father or 00 for 'no']	HL12A [If '00' in HL12] HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS
Line	Name	Relation	M F	Age	15-49	Mother/CT	Mother/CT	Y N DK	Y N DK	Mother	Y N DK	Y N DK	Father	Y N DK
01		0 1	1 2	☐☐	01	☐☐	☐☐	1 2 8	1 2 8	☐☐	1 2 8	1 2 8	☐☐	1 2 8
02		☐☐	1 2	☐☐	02	☐☐	☐☐	1 2 8	1 2 8	☐☐	1 2 8	1 2 8	☐☐	1 2 8
03		☐☐	1 2	☐☐	03	☐☐	☐☐	1 2 8	1 2 8	☐☐	1 2 8	1 2 8	☐☐	1 2 8
04		☐☐	1 2	☐☐	04	☐☐	☐☐	1 2 8	1 2 8	☐☐	1 2 8	1 2 8	☐☐	1 2 8
05		☐☐	1 2	☐☐	05	☐☐	☐☐	1 2 8	1 2 8	☐☐	1 2 8	1 2 8	☐☐	1 2 8
06		☐☐	1 2	☐☐	06	☐☐	☐☐	1 2 8	1 2 8	☐☐	1 2 8	1 2 8	☐☐	1 2 8
07		☐☐	1 2	☐☐	07	☐☐	☐☐	1 2 8	1 2 8	☐☐	1 2 8	1 2 8	☐☐	1 2 8
08		☐☐	1 2	☐☐	08	☐☐	☐☐	1 2 8	1 2 8	☐☐	1 2 8	1 2 8	☐☐	1 2 8
09		☐☐	1 2	☐☐	09	☐☐	☐☐	1 2 8	1 2 8	☐☐	1 2 8	1 2 8	☐☐	1 2 8

					Eligible for :			If age 18-59	For children age 0-17 year ask HL9 to HL12A						
					Women Interview	Child Labor	Under-5 Interview								
HL1 LINE NO.	**HL2** FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF THE HH?	**HL3** WHAT IS THE RELATION-SHIP OF (name) TO THE HEAD OF THE HH?	**HL4** IS (name) MALE OR FEMALE? 1 MALE 2 FEMALE	**HL5** HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? [record in completed years] 98=DK*	**HL6** [Circle line no. if woman is age 15-49]	**HL7** [For child age 5-14 years] WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? [record line no. of mother/ caretaker]	**HL8** [For child < 5] WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? [record line no. of mother/ caretaker]	**HL8A** HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	**HL9** IS (name's) NATURAL MOTHER ALIVE? 1-YES 2 - NO ⇘ HL11 8 - DK ⇘ HL11	**HL10** [If alive:] DOES (name's) NATURAL MOTHER LIVE IN THIS HH? [Record line no. of mother or 00 for 'no']	**HL10A** [If '00' in HL10] HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS	**HL11** IS (name's) NATURAL FATHER ALIVE? 1 YES 2 - NO ⇘ NEXT LINE 8 - DK ⇘ NEXT LINE	**HL12** [If alive:] DOES (name's) NATURAL FATHER LIVE IN THIS HH? [Record line no. of father or 00 for 'no']	**HL12A** [If '00' in HL12] HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS
Line	Name	Relation	M F	Age	15-49	Mother/CT	Mother/CT	Y N DK	Y N DK	Mother	Y N DK	Y N DK	Father	Y N DK
10		☐☐	1 2	☐☐	10	☐☐	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8
11		☐☐	1 2	☐☐	11	☐☐	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8
12		☐☐	1 2	☐☐	12	☐☐	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8
13		☐☐	1 2	☐☐	13	☐☐	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8
14		☐☐	1 2	☐☐	14	☐☐	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8
15		☐☐	1 2	☐☐	15	☐☐	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8	1 **2** **8**	☐☐	1 2 8

ARE THERE ANY OTHER PERSONS LIVING HERE - EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HH? INCLUDING CHILDREN AT SCHOOL OR WORK? [If yes, insert child's name and complete the information. Fill in the totals below:]

*HL5: Ascertain age for all persons below 60 years; Code '00' for children below 1 year and '97' for 97+ years.

	Women 15-49	Children 5-14	Children under 5	Very sick (1)	Mother dead (2)		Mother sick (1)	Father dead (2)		Father sick (1)
TOTALS	☐☐	☐☐	☐☐	☐☐	☐☐		☐☐	☐☐		☐☐

Codes for HL3 : Relationship to the Head of HH:

01 - Head
02 - Wife or Husband
03 - Son or Daughter
04 - Son-in-law or daughter-in-law
05 - Grand child
06 - Parent
07 - Parent-in-law
08 - Brother or Sister
09 - Brother-in-law or sister-in-law
10 - Uncle/Aunt
11 - Niece/Nephew by blood
12 - Niece/Nephew by marriage
13 - Other relative
14 - Adopted/Foster/Step child
15 - Not related
98 - Don't know

H.3: Education (For all age 5 and above) ED

For members age 5 and above

Members age 5-24 years only

ED1 Line No.	ED1A Name	ED1B How old Is (name)? How old was (name) on his/her last birthday? [Record completed years]	ED2 HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ⇨ Next Line		ED3 WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST CLASS (name) COMPLETED AT THIS LEVEL? If < 1 grade, enter 00		ED4 DURING THIS (2008) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRE-SCHOOL ANY TIME? 1 Yes 2 No ⇨ED7		ED5 SINCE LAST (DAY OF THE WEEK), HOW MANY DAYS DID (name) ATTEND SCHOOL? [Record no. of days]	ED6 DURING THIS SCHOOL YEAR 2008, WHICH LEVEL AND CLASS IS (name) ATTENDING?		ED7 DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR 2007? 1 Yes 2 No ⇨ Next Line 8 DK ⇨Next Line			ED8 DURING THAT PREVIOUS SCHOOL YEAR 2007, WHICH LEVEL AND CLASS DID (name) ATTENDED?	
Line	Name	Age	Y	N	Level	Grade	Y	N	Days	Level	Grade	Y	N	DK	Level	Grade
			1	2			1	2				1	2	8		
			1	2			1	2				1	2	8		
			1	2			1	2				1	2	8		
			1	2			1	2				1	2	8		
			1	2			1	2				1	2	8		
			1	2			1	2				1	2	8		
			1	2			1	2				1	2	8		
			1	2			1	2				1	2	8		
			1	2			1	2				1	2	8		
			1	2			1	2				1	2	8		

CODES FOR ED3, ED6 & ED8

0 - Pre-School
1 - Primary
2 - Post-Primary, Vocational
3 - Secondary, 'A' Level
4 - College – Middle Level
5 - University
6 - Non-standard curriculum
8 – Don't know

H.4: Water & Sanitation — WS

#	Question	Options	Skip
WS1	WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	**Piped water** **Piped into dwelling ..... 11** **Piped into yard or plot ..... 12** **Public tap/standpipe ..... 13** **Pipe water from neighbour's house ..... 14** **Tubewell/borehole with hand-pump ..... 21** **Tubewell/borehole with powered pump ..... 22** **Dug well** **Protected well ..... 31** **Unprotected well ..... 32** **Water from spring** **Protected spring ..... 41** **Unprotected spring ..... 42** **Rainwater collection ..... 51** **Tanker-truck ..... 61** **Cart with small tank/drum ..... 71** **Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81** Bottled water ..... 91 Other (*specify* _____) 96	11⇨WS5 12⇨WS5 13-81 ⇨WS3 96⇨WS3
WS2	WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water **Piped into dwelling ..... 11** **Piped into yard or plot ..... 12** Public tap/standpipe ..... 13 Pipe water from neighbour's house ..... 14 Tubewell/borehole with hand-pump ..... 21 Tubewell/borehole with powered pump ..... 22 Dug well Protected well ..... 31 Unprotected well ..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank/drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Other (*specify* _____) ___ 96	11⇨WS5 12⇨WS5
WS3	HOW LONG DOES IT TAKE TO GO THERE, GET WATER AND COME BACK? [Code '900' for over 15+ hours]	No. of minutes ..... ☐☐☐ **Water on premises ..... 995** Don't know 998	995⇨WS4A
WS4	WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HH? **Probe:** IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (15+ years) ..... A Adult man (15+ years) ..... B Female child (under 15) ..... C Male child (under 15) ..... D Don't know ..... Z	

H.4: Water & Sanitation — WS

#	Question	Options	Skip
WS4A	WHAT IS THE MAIN TYPE OF CONTAINER USED FOR STORING DRINKING WATER IN THIS HOUSEHOLD?	Jerry can/Narrow neck container with lid ... 1 Jerry can/Narrow neck container without lid ... 2 Open container with lid ... 3 Open container without lid ... 4 Others (specify_____) ... 6	
WS4B	DURING THE LAST 12 MONTHS, DOES THIS HOUSEHOLD RECEIVE ANY CANS/CONTAINER THROUGH FREE DISTRIBUTION?	Yes ... 1 No ... 2 Don't know ... 8	
WS5	DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes ... 1 **No ... 2** **Don't know ... 8**	 2⇨WS7 8⇨WS7
WS6	WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? ANYTHING ELSE? *[Record all items mentioned]*	Boil ... A Add bleach/chlorine ... B Strain it through a cloth ... C Use water filter (ceramic, sand, composite, etc.) ... D Solar dis-infection ... E Let it stand and settle ... F Other (*specify*_____) ... X Don't know ... Z	
WS7	WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? **If "flush" or "pour flush":** WHERE DOES IT FLUSH TO? **[Ask for permission & observe the facility]**	Flush / pour flush Flush to piped sewer system ... 11 Flush to septic tank ... 12 Flush to pit (latrine) ... 13 Flush to somewhere else ... 14 Flush to unknown place/not sure/DK where to flush ... 15 Pit latrine Ventilated Improved Pit latrine ... 21 Pit latrine with slab ... 22 Pit latrine without slab/open pit ... 23 Pit latrine with slab & cover ... 24 Pit latrine with slab & foot rest ... 25 Pit latrine with slab, cover & foot rest ... 26 Composting toilet ... 31 Bucket ... 41 Hanging toilet/hanging latrine ... 51 **No facilities or bush or field ... 95** Other (*specify*)_____ 96	 95⇨ WS11
WS8	DO YOU SHARE THIS FACILITY WITH OTHER HHS?	Yes ... 1 **No ... 2**	 2⇨ WS10
WS9	HOW MANY HHS IN TOTAL USE THIS TOILET FACILITY?	No. of HHs (if less than 10) ... ☐ Ten or more HHs ... 10 DK ... 98	

H.4: Water & Sanitation			WS
#	Question	Options	Skip
WS10	DO YOU HAVE A HAND-WASHING FACILITY OUTSIDE THE TOILET? **[Ask for permission & observe the facility]**	Seen the facility filled with water ..... 1 Seen the facility but no water ..... 2 Not seen ..... 3 No facility 4	
WS11	HOW DO MEMBERS OF YOUR HOUSEHOLD MAINLY GET RID OF THE GARBAGE (RUBBISH)?	Dumped in street/empty plot ..... 01 Garbage burnt ..... 02 Garbage buried ..... 03 Thrown in pit ..... 04 Composted ..... 05 Community disposal point ..... 06 Regular collection by government ..... 07 Infrequent collection by government ..... 08 Pays for private collection ..... 09 Other (specify_____) 96	

H.5: Household Characteristics — HC

#	Question	Options	Skip
HC1.A	WHAT IS THE RELIGION OF THE HEAD OF THIS HH?	Catholic ..... 1 Other Christian ..... 2 Muslim ..... 3 No Religion ..... 8 Others (specify) 9	
HC1.B	WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Kiswahili ..... 01 Embu ..... 02 Kalenjin ..... 03 Kamba ..... 04 Kikuyu ..... 05 Kisii ..... 06 Luhya ..... 07 Luo ..... 08 Maasai ..... 09 Meru ..... 10 Mijikenda ..... 11 Somali ..... 12 Other (specify_____) 96	
HC2	HOW MANY ROOMS IN THIS HH ARE USED FOR SLEEPING?	No. of rooms ..... ☐☐	
HC3	**Observe and record:** Main material of the dwelling **floor**:	Natural floor Earth/sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm/bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35 Other *(specify*_____) .. 96	
HC4	**Observe and record:** Main material of the **roof**:	Natural roofing No Roof ..... 11 Thatch/palm leaf ..... 12 Sod ..... 13 Rudimentary Roofing Rustic mat ..... 21 Palm/bamboo ..... 22 Wood planks ..... 23 Finished roofing Metal ..... 31 Wood ..... 32 Calamine/cement fiber ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36 Other *(specify*_____) 96	

H.5: Household Characteristics — HC

#	Question	Options	Skip
HC5	**Observe and record:** Main material of the **walls**:	Natural walls No walls ..... 11 Cane/palm/trunks ..... 12 Mud/dirt ..... 13 Rudimentary walls Bamboo with mud ..... 21 Stone with mud ..... 22 Uncovered adobe ..... 23 Plywood ..... 24 Carton ..... 25 Reused wood ..... 26 Finished walls Cement ..... 31 Stone with lime/cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Covered adobe ..... 35 Wood planks/shingles ..... 36 Other (*specify*_____) 96	
HC6	WHAT TYPE OF FUEL DOES YOUR HH MAINLY USE FOR COOKING?	**Electricity** ..... **01** **Liquid Propane Gas (LPG)** ..... **02** **Natural gas** ..... **03** **Biogas** ..... **04** Kerosene ..... 05 Coal / Lignite ..... 06 Charcoal ..... 07 Wood ..... 08 Straw/shrubs/grass ..... 09 Animal dung ..... 10 Agricultural crop residue ..... 11 Other (*specify*_____) 96	01 ⇨ HC8 02 ⇨ HC8 03 ⇨ HC8 04 ⇨ HC8
HC7	IN THIS HH, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? **Probe for type**	Open fire ..... 1 Open stove ..... 2 **Closed stove** ..... **3** **Other (*specify*_____) 6**	3 ⇨ HC8 6 ⇨ HC8
HC7A	DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes ..... 1 No 2	
HC8	IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING OR OUTDOORS?	In the house ..... 1 In a separate building ..... 2 Outdoors ..... 3 Other (*specify*_____) .. 6	

H.5: Household Characteristics — HC

#	Question	Options		Skip
HC9	DOES YOUR HOUSEHOLD HAVE	Yes	No	
	A. ELECTRICITY?	1	2	
	B. RADIO?	1	2	
	C. TELEVISION?	1	2	
	D. MOBILE TELEPHONE?	1	2	
	E. TELEPHONE (LAND LINE)?	1	2	
	F. REFRIGERATOR?	1	2	
	G. COMPUTER?	1	2	
	H. INTERNET CONNECTION?	1	2	
HC10	DOES ANY MEMBER OF YOUR HH OWN:			
	A. WATCH?	1	2	
	B. BICYCLE?	1	2	
	C. MOTORCYCLE OR SCOOTER?	1	2	
	D. AN ANIMAL DRAWN CART?	1	2	
	E. A CAR OR TRUCK?	1	2	
	F. A BOAT WITH A MOTOR?	1	2	
HC11	DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes ..... 1 No 2		
HC12	DOES THIS HH OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes ..... 1 No 2		

H.6: Use of Mosquito Net — TN

#	Question	Options		Skip
TN1	DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes ..... 1 No 2		 2⇨(H.7)
TN2	HOW MANY MOSQUITO NETS DOES YOUR HH HAVE? [If 7 or more nets, record '7']	Number of nets ..... ☐		
	Ask the respondent to show you the nets in the household, if more than 2, tell them to show the two recently obtained ones.	**Most Recent [Net #1]**	**Last But One [Net #2]**	
TN3	MAY I HAVE A LOOK AT THE TWO NET(S) YOU HAVE OBTAINED LAST, TO ESTABLISH THE BRAND?	Observed ..... 1 Not observed 2	Observed ..... 1 Not observed 2	
TN4	HOW MANY MONTHS AGO DID YOUR HOUSEHOLD ACQUIRE THE LAST/LAST BUT ONE MOSQUITO NET? *[If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.]*	No of Months ..... ☐☐ More than 3 years ..... 95 Don't know/not sure 98	No of Months ..... ☐☐ More than 3 years ..... 95 Don't know/not sure 98	
TN5	***Observe the brand/type** of mosquito net.* *If not observed ask:* WHAT BRAND IS THE NET?	Long lasting nets **Permanet ..... 1 ⇨ TN8** **Olyset ..... 2 ⇨ TN8** Other nets Supanet ..... 3 Other(sp_____) ... 8 Don't know 9	Long lasting nets **Permanet ..... 1 ⇨ TN8** **Olyset ..... 2 ⇨ TN8** Other nets Supanet ..... 3 Other(sp_____) ... 8 Don't know 9	
TN6	SINCE YOU GOT THIS MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOS?	Yes ..... 1 **No ..... 2 ⇨ TN8** **Don't know ..... 9 ⇨ TN8**	Yes ..... 1 **No ..... 2 ⇨ TN8** **Don't know ..... 9 ⇨ TN8**	
TN7	HOW MANY MONTHS AGO WAS THIS NET LAST DIPPED OR SOAKED? *[If answer is "12 months" or "1 year", probe to determine if net was dipped or soaked exactly 12 months ago or earlier or later.]*	No of Months ..... ☐☐ More than 2 years ..... 95 Don't know/not sure 98	No of Months ..... ☐☐ More than 2 years ..... 95 Don't know/not sure 98	
TN8	DID ANYONE SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? **If 'yes',** WHO SLEPT UNDER THIS NET LAST NIGHT? ANY ONE ELSE? *[Record the person's line number from the household schedule]* *[If more than 4 persons slept under a net, record the details of children and women first]* *[If guest, code '77' and none, code '00']*	**Name** **Line No** 1 ..... ☐☐ 2 ..... ☐☐ 3 ..... ☐☐ 4 ..... ☐☐	**Name** **Line No** 1 ..... ☐☐ 2 ..... ☐☐ 3 ..... ☐☐ 4 ..... ☐☐	

H.7: **Orphan-hood/Vulnerability**			**OV**
#	**Question**	**Options**	**SKIP**
OV1	**Check HL5 (in section H.2): Any children 0-17?** ☐ **Yes ⇨ Continue to OV2** ☐ **No ⇨ Next Section [H.10]**		
OV2	I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HH DIED IN THE LAST 12 MONTHS?	Yes ..... 1 **No 2**	2⇨OV5
OV3	(OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59 YEARS?	Yes ..... 1 **No 2**	2⇨OV5
OV4	(OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59 YRS.) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?	**Yes ..... 1** No 2	1⇨OV8
OV5	**Check the following in the HH Listing** **1. Check totals for HL9 and HL11** ☐ **At least one mother or father dead ⇨ OV8** ☐ **No mother or father dead** **2. Check total for HL8A** ☐ **At least one adult aged 18-59 very sick 3 of last 12 months ⇨ OV8** ☐ **No adult aged 18-59 very sick 3 of last 12 months** **3. Check totals for HL10A and HL12A** ☐ **At least one mother or father ill 3 of last 12 months ⇨ OV8** ☐ **No mother or father ill 3 of last 12 months ⇨ Go to Section H.8**		

H.7: Orphan-hood — OV

OV8	List all children aged 0-17 Years. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the HH Listing section. Use a continuation sheet if there are more than 4 children aged 0-17 years. Ask all questions for one child before moving to the next child.				
	Name (from HL2)	1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD .....
	Line number (from HL1)	___ ___	___ ___	___ ___	___ ___
	Age (from HL5)	___ ___	___ ___	___ ___	___ ___
OV9	I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HH MAY HAVE RECEIVED FOR (name) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.				
OV10	NOW I WOULD LIKE TO ASK YOU ABOUT THE SUPPORT YOUR HH RECEIVED FOR *(name)*. IN THE LAST 12 MONTHS, HAS YOUR HH RECEIVED ANY MEDICAL SUPPORT FOR *(name)*, SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8
OV11	IN THE LAST 12 MONTHS, HAS YOUR HH RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR *(name)*, SUCH AS COMPANIONSHIP, COUNSELING FROM A TRAINED COUNSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV13**	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV13**	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV13**	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV13**
OV12	DID YOUR HH RECEIVE ANY OF THIS SUPPORT FOR *(name)*, IN THE PAST 3 MONTHS?	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8
OV13	IN THE LAST 12 MONTHS, HAS YOUR HH RECEIVED ANY MATERIAL SUPPORT FOR *(name)*, SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV15**	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV15**	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV15**	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV15**
OV14	DID YOUR HH RECEIVE ANY OF THIS SUPPORT FOR *(name)*, IN THE PAST 3 MONTHS?	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8
OV15	IN THE LAST 12 MONTHS, HAS YOUR HH RECEIVED ANY SOCIAL SUPPORT FOR *(name)*, SUCH AS HELP IN HH WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV17**	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV17**	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV17**	Yes ..... 1 **No ..... 2** **DK ..... 8** **2 or 8 ⇨ OV17**
OV16	DID YOUR HH RECEIVE ANY OF THIS SUPPORT FOR *(name)*, IN THE PAST 3 MONTHS?	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8
OV17	**Check OV8: Age of the child 5-17 Yr?**	☐Yes ⇨ OV18 ☐No ⇨ Next child	☐Yes ⇨ OV18 ☐No ⇨ Next child	☐Yes ⇨ OV18 ☐No ⇨ Next child	☐Yes ⇨ OV18 ☐No ⇨ Next child
OV18	IN THE LAST 12 MONTHS, HAS YOUR HH RECEIVED ANY SUPPORT FOR *(name's)* SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8	Yes ..... 1 No ..... 2 DK 8

H.8: Child Labour (for 5-14 years of age only) CL

To be administered to mother/caretaker of each child in the HH age 5 through 14 years.

NOW, I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HH MAY DO.

CL1 Line no.	CL2 Name	CL3 DURING THE PAST WEEK, DID *(name)* DO ANY KIND OF WORK FOR SOMEONE, WHO IS NOT A MEMBER OF THIS HH? **If Yes:** FOR PAY IN CASH OR KIND? 1=Yes, for pay (cash or kind) 2=Yes, unpaid **3=No ⇨ CL5**			CL4 SINCE LAST *(day of the week)*, ABOUT HOW MANY HOURS DID *(name)* DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HH? *[If more than one job, include all hours at all jobs]* **Record & skip to ⇨ CL6**	CL5 AT ANY TIME DURING THE PAST YEAR, DID *(name)* DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HH? **If Yes:** FOR PAY IN CASH OR KIND? 1=Yes, for pay (cash or kind) 2=Yes, unpaid 3=No			CL6 DURING THE PAST WEEK, DID *(name)* HELP WITH HH CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER OR CARING FOR CHILDREN? 1= Yes **2= No ⇨ CL8**		CL7 SINCE LAST *(day of the week)*, ABOUT HOW MANY HOURS DID *(name)* SPEND DOING THESE CHORES?	CL8 DURING THE PAST WEEK, DID *(name)* DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1=Yes **2=No ⇨Next Line**		CL9 SINCE LAST *(day of the week)*, ABOUT HOW MANY HOURS DID *(name)* DO THIS WORK?
Line No.	Name	Yes		No	No. of hours	Yes		No	Yes	No	No. of hours	Yes	No	No. of hours
		Paid	Unpaid			Paid	Unpaid							
		1	2	**3**	☐☐	1	2	3	1	**2**	☐☐	1	**2**	☐☐
		1	2	**3**	☐☐	1	2	3	1	**2**	☐☐	1	**2**	☐☐
		1	2	**3**	☐☐	1	2	3	1	**2**	☐☐	1	**2**	☐☐
		1	2	**3**	☐☐	1	2	3	1	**2**	☐☐	1	**2**	☐☐
		1	2	**3**	☐☐	1	2	3	1	**2**	☐☐	1	**2**	☐☐
		1	2	**3**	☐☐	1	2	3	1	**2**	☐☐	1	**2**	☐☐
		1	2	**3**	☐☐	1	2	3	1	**2**	☐☐	1	**2**	☐☐
		1	2	**3**	☐☐	1	2	3	1	**2**	☐☐	1	**2**	☐☐

H.9: Child Discipline CD

Review the household listing and list all children aged 2-14 years below in order according to their line number (HL1). Do not include other HH members outside of the age range 2-14 years. Record the line number, [name, sex, age, and the line number of the mother or caretaker] for each child. Then record the total number of children aged 2-14 in the box provided (CD7). {write the name, sex, age and the mother/caretaker line no. only for the eligible child}

CD1 Rank	CD2 Line No. from HL1	CD3 Name from HL2	CD4 Sex from HL4 M	CD4 F	CD5 Age from HL5	CD6 Line no. of mother/ caretaker from HL7/HL8	CD7
01	__ __		1	2	__ __	__ __	
02	__ __		1	2	__ __	__ __	
03	__ __		1	2	__ __	__ __	
04	__ __		1	2	__ __	__ __	
05	__ __		1	2	__ __	__ __	
06	__ __		1	2	__ __	__ __	
07	__ __		1	2	__ __	__ __	
08	__ __		1	2	__ __	__ __	
	Total children aged 2-14 years in the HH						__ __

If there is only one child age 2-14 years in the household, then go to CD11 to administer child discipline questions.

Random Selection Of Child

Use the grid below to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8	Number of Eligible Children in the Household							
Last digit of HH. No.	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9	Record the rank number of the child.....	__ __

H.9: Child Discipline CD

Review the household listing and list all children aged 2-14 years below in order according to their line number (HL1). Do not include other HH members outside of the age range 2-14 years. Record the line number, [name, sex, age, and the line number of the mother or caretaker] for each child. Then record the total number of children aged 2-14 in the box provided (CD7). (write the name, sex, age and the mother/caretaker line no. only for the eligible child)

CD1 Rank	CD2 Line No. from HL1	CD3 Name from HL2	CD4 Sex from HL4 M	CD4 F	CD5 Age from HL5	CD6 Line no. of mother/ caretaker from HL7/HL8	CD7
01	__ __		1	2	__ __	__ __	
02	__ __		1	2	__ __	__ __	
03	__ __		1	2	__ __	__ __	
04	__ __		1	2	__ __	__ __	
05	__ __		1	2	__ __	__ __	
06	__ __		1	2	__ __	__ __	
07	__ __		1	2	__ __	__ __	
08	__ __		1	2	__ __	__ __	
	Total children aged 2-14 years in the HH						__ __

If there is only one child age 2-14 years in the household, then go to CD11 to administer child discipline questions.

Random Selection Of Child

Use the grid below to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8	Number of Eligible Children in the Household							
Last digit of HH. No.	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9	Record the rank number of the child.....	__ __

H.9: Child Discipline — CD

Identify eligible child aged 2-14 in the household using the tables on the preceding page.
Request and interview the mother or primary caretaker of the selected child (identified by the line number in CD6).

#	Question	Options	Skip
CD11	Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name & Line No.: ☐☐	
CD12	ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF *YOU OR ANYONE ELSE IN YOUR HOUSEHOLD* HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH.		
CD12a	TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes 1 No 2	
CD12b	EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes 1 No 2	
CD12c	SHOOK HIM/HER.	Yes 1 No 2	
CD12d	SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No 2	
CD12e	GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No 2	
CD12f	SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No 2	
CD12g	HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes 1 No 2	
CD12h	CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No 2	
CD12i	HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD12j	HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes 1 No 2	
CD12k	BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes 1 No 2	
CD12l	PINCH HIM/HER.	Yes 1 No 2	
CD13	DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) *(name)* PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes 1 No 2 Don't know/no opinion 8	

H.10: Food Relief			FR
#	Question	Options	Skip
FR1	ARE YOU REGISTERED AS A BENEFICIARY OF FOOD DISTRIBUTION PROGRAM?	Yes ..... 1 **No 2**	2⇨ FR6
FR2	HOW LONG AGO WAS THE LAST RATION?	No. of weeks ..... 1 ☐☐ No. of months ..... 2 ☐☐	
FR3	DOES THE FOOD AID MEET ALL THE FOOD NEEDS OF THE HOUSEHOLD?	Yes ..... 1 No ..... 2 Don't Know 8	
FR4	DO MEMBERS OF THE HOUSEHOLD SELL FOOD TO OBTAIN MONEY TO MEET OTHER NEEDS?	Yes ..... 1 **No ..... 2** **Don't Know 8**	2⇨ FR6 8⇨ FR6
FR5	DOES THE PRICE THE HOUSEHOLD RECEIVE FOR THIS FOOD EQUAL MARKET RATES?	Much Less ..... 1 Roughly the Same ..... 2 Much More ..... 3 Don't Know 8	
FR6	IS ANY OF YOUR CHILDREN REGISTERED IN THE CHILD FEEDING PROGRAM?	Yes ..... 1 No 2	
FR7	HAS THE HOUSEHOLD BEEN DISPLACED ANY TIME DURING THE PAST 12 MONTHS?	Yes ..... 1 No 2	

H.11: Salt Iodization — SI

#	Question	Options	Skip
SL1	WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HH IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HH LAST NIGHT? [Once you have examined the salt, circle number that corresponds to test outcome]	Not iodized ..... 1 **Less than 15 ppm ..... 2** **15 ppm and more ..... 3** **No salt at home ..... 6** **Salt not tested 7**	 2⇨ SL2 3⇨ SL2 3⇨ SL2 3⇨ SL2
SL1A	TYPE OF SALT	Crystal ..... 1 Powder ..... 2 Other (Specify_____) 9	
SL2	**Check HL6: Does any eligible woman age 15-49 in the HH? You should have a Form with the Woman ID filled in for each eligible woman.** ☐ **Yes ⇨ Go to WOMAN 15-49 FORM to administer the questions to the first eligible woman.** ☐ **No ⇨ Continue to SL3.**		
SL3	**Check HL8: Does any child under the age of 5 in the HH? You should have a Form with the Under-Five ID filled in for each eligible child.** ☐ **Yes ⇨ Go to CHILD < 5 FORM to administer the Form to mother or caretaker of the first eligible child.** ☐ **No ⇨ End the interview by thanking the respondent for his/her cooperation.** **Gather together all Forms for this household and tally the number of Forms completed on the cover page.**		

Interviewer's Remarks:

Supervisor's Remarks:



FORM-B: WOMAN AGE 15-49 YEARS

W.1: Identification Panel		ENGLISH
This Form is to be administered to all women age 15-49 years (See Column HL6 in the HH Form). Fill in one Form for each eligible woman.		
WM-A	Province Name and Code:	☐
WM-B	District Name and Code:	☐☐
WM1	Cluster Name and Number	☐☐
WM-C	Stratum code: HH with child < 3 = 1 Other HHs = 2	☐
WM2	HH No.	☐☐☐
WM3	Name of the woman (from FORM-A: **HL2**)	_____
WM4	Line no. of woman (from FORM-A: **HL1**)	☐☐
WM5	Interviewer's Name & Code	☐☐☐
WM6	Day/Month/Year of interview	☐☐/☐☐/☐☐☐☐
WM7	Result of interview for woman	Completed ..... 1 Not at home ..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated ..... 5 Other *(Specify* _____ *)* 6
	Remarks if any:	

Read, if the respondent has not responded to any other Forms

Introduction/Consent

HELLO. MY NAME IS (.....) AND I AM WORKING WITH THE KENYA NATIONAL BUREAU OF STATISTICS (KNBS), NAIROBI. WE ARE DOING A SURVEY TO COLLECT INFORMATION ABOUT FAMILY HEALTH AND EDUCATION, FOCUSING ON CHILDREN AND WOMEN, WITH UNICEF SUPPORT. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND EVENTUALLY BE ANONYMOUS.

THE INFORMATION YOU PROVIDE WILL HELP THE GOVERNMENT AND DEVELOPMENT AGENCIES IN PLANNING AND IMPLEMENTING DEVELOPMENTAL PROGRAMS.

MAY I START THE INTERVIEW NOW?

ENGLISH

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.

KISWAHILI

1. Mtoto anasoma kitabu.
2. Mvua ilichelewa mwaka huu.
3. Nilazima wazazi watunze watoto wao.
4. Ukilima ni kazi ngumu.

W.2: Woman Information			WI
#	Question	Options	Skip
WM8	IN WHAT MONTH AND YEAR WERE YOU BORN? [Date of birth]	Month ☐☐ DK Month 98 Year ☐☐☐☐ DK Year 9998	
WM9	HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age in completed years ☐☐	
WM10	HAVE YOU EVER ATTENDED SCHOOL OR PRE-SCHOOL?	Yes 1 **No 2**	2⇨WM14
WM11	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-School 0 Primary 1 Post-Primary, Vocational 2 Secondary, 'A' Level 3 College – Middle Level 4 University 5 Non-standard curriculum 6	
WM12	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade ☐☐	
WM13	**Check WM11: Level of schooling** ☐ **Secondary/College/University (codes 3 or 4 or 5)** ⇨ **WM15** ☐ **Other** ⇨ **Continue to WM14**		
WM14	NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. [Show language test card to respondent]	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 (specify language_____) Blind/mute, visually/speech impaired 5	
WM15	HOW OFTEN DO YOU LISTEN TO RADIO?	Almost everyday 1 At least once a week 2 At least once a month 3 Rarely/Never 4	
WM16	HOW OFTEN DO YOU WATCH TELEVISION?	Almost everyday 1 At least once a week 2 At least once a month 3 Rarely/Never 4	
WM17	HOW OFTEN DO YOU READ NEWSPAPERS?	Almost everyday 1 At least once a week 2 At least once a month 3 Rarely/Never 4	

W.3: Child Mortality — CM

#	Question	Options	Skip
To be administered to all women age 15-49. All questions refer to LIVE births only.			
CM1	NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? ***If "No" probe by asking:*** I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ..... 1 **No** **2**	2⇨(W.6)
CM3	DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 **No** **2**	2⇨CM5
CM4	HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?	A. Sons at home ☐☐ B. Daughters at home ☐☐	
CM5	DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ..... 1 **No** **2**	2⇨CM7
CM6	HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	A. Sons elsewhere ☐☐ B. Daughters elsewhere ☐☐	
CM7	HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? **If "No" probe by asking:** ANY BABY WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE BUT DID NOT SURVIVE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ..... 1 **No** **2**	2⇨CM9
CM8	HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	A. Boys dead ☐☐ B. Girls dead ☐☐	
CM9	**Sum answers to** CM4, CM6, & CM8.	Sum ☐☐	
CM10	**JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL _____ BIRTHS DURING YOUR LIFE. IS THIS CORRECT?** ☐ **Yes** ⇨ **Continue to W.3a (next page).** ☐ **No** ⇨ **Check responses and make corrections before proceeding to W.3a**		

MICS

unicef

W.3a: Birth History — BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.
Record names of all the births in BH1. Record twins and triplets on separate lines.

BH1		BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9		BH10
#	WHAT NAME WAS GIVEN TO YOUR (FIRST/ NEXT) BABY?	WERE ANY OF THESE BIRTHS TWINS?	IS *(name)* A BOY OR GIRL?	IN WHAT MONTH AND YEAR WAS *(name)* BORN? **Probe:** WHAT IS HIS/HER BIRTHDAY?	IS *(name)* STILL ALIVE?	HOW OLD WAS *(name)* AT HIS/HER LAST BIRTHDAY? [Record age in completed years]	IS *(name)* LIVING WITH YOU?	Record HH line number of child [Record '00' if child not listed in HH]	*If dead:* HOW OLD WAS *(name)* WHEN HE/SHE DIED? HOW MANY MONTHS OLD WAS *(name)*? [Record days if less than 1 month; months if less than 2 years; or years]		WERE THERE ANY OTHER LIVE BIRTHS BETWEEN *(name of previous birth)* AND *(name)*?
01		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No ..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ next line**	Days ..... 1 Month ..... 2 Year 3	☐☐	
02		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No ..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ BH10**	Days ..... 1 Month ..... 2 Year 3	☐☐	Yes ..... 1 [Add] No ..... 2 [Next]
03		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No ..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ BH10**	Days ..... 1 Month ..... 2 Year 3	☐☐	Yes ..... 1 [Add] No ..... 2 [Next]
04		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No ..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ BH10**	Days ..... 1 Month ..... 2 Year 3	☐☐	Yes ..... 1 [Add] No ..... 2 [Next]
05		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No ..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ BH10**	Days ..... 1 Month ..... 2 Year 3	☐☐	Yes ..... 1 [Add] No ..... 2 [Next]
06		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No ..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ BH10**	Days ..... 1 Month ..... 2 Year 3	☐☐	Yes ..... 1 [Add] No ..... 2 [Next]
07		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No ..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ BH10**	Days ..... 1 Month ..... 2 Year 3	☐☐	Yes ..... 1 [Add] No ..... 2 [Next]
08		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No ..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ BH10**	Days ..... 1 Month ..... 2 Year 3	☐☐	Yes ..... 1 [Add] No ..... 2 [Next]

W.3a: Birth History — BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.
Record names of all the births in BH1. Record twins and triplets on separate lines.

	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9		BH10
#	WHAT NAME WAS GIVEN TO YOUR (FIRST/ NEXT) BABY?	WERE ANY OF THESE BIRTHS TWINS?	IS *(name)* A BOY OR GIRL?	IN WHAT MONTH AND YEAR WAS *(name)* BORN? **Probe:** WHAT IS HIS/HER BIRTHDAY?	IS *(name)* STILL ALIVE?	HOW OLD WAS *(name)* AT HIS/HER LAST BIRTHDAY? [Record age in completed years]	IS *(name)* LIVING WITH YOU?	Record HH line number of child [Record '00' if child not listed in HH]	*If dead:* HOW OLD WAS *(name)* WHEN HE/SHE DIED? HOW MANY MONTHS OLD WAS *(name)*? [Record days if less than 1 month; months if less than 2 years; or years]		WERE THERE ANY OTHER LIVE BIRTHS BETWEEN *(name of previous birth)* AND *(name)*?
09		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ BH10**	Days ..... 1 Month ..... 2 Year 3	☐☐	Yes ..... 1 [Add] No ..... 2 [Next]
10		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ BH10**	Days ..... 1 Month ..... 2 Year 3	☐☐	Yes ..... 1 [Add] No ..... 2 [Next]
11		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ BH10**	Days ..... 1 Month ..... 2 Year 3	☐☐	Yes ..... 1 [Add] No ..... 2 [Next]
12		Sing .. 1 Mult ... 2	Boy .... 1 Girl 2	Month ☐☐ Year ☐☐☐☐	Yes ... 1 **No..... 2** **⇨ BH9**	☐☐	Y .... 1 N 2	☐☐ **⇨ BH10**	Days ..... 1 Month ..... 2 Year 3	☐☐	Yes ..... 1 [Add] No ..... 2 [Next]
BH11	HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth)? **If yes,** record birth(s)					Yes ..... 1 No 2					
BH12	**Compare CM9 with number of births in history above and mark:** ☐ **Numbers are different ⇨ Probe and reconcile** ☐ **Numbers are same** ⟹					**Check:** **For all birth:** Year of birth is recorded ..... ☐ **For each living child:** Current age is recorded ..... ☐ **For each dead child:** Age of death is recorded..... ☐ **For age at death 12 months or 1 year:** Probe to determine exact number of months ..... ☐					

W.3a: Birth History			BH
BH13	SOME PREGNANCIES END BEFORE FULL TERM AS A MISCARRIAGE OR AN ABORTION, WHILE OTHERS MAY RESULT IN A STILLBIRTH. HAVE YOU HAD A MISCARRIAGE OR ABORTION?	Yes ..... 1 **No 2**	2⇨ BH15
BH14	IN ALL HOW MANY PREGNANCIES DID YOU HAVE THAT ENDED IN A MISCARRIAGE OR AN ABORTION?	Miscarriages/abortions ..... ☐☐ DK 98	
BH15	HAVE YOU HAD A STILLBIRTH?	Yes ..... 1 **No 2**	2⇨CM12
BH16	IN ALL HOW MANY PREGNANCIES DID YOU HAVE THAT ENDED IN A STILLBIRTH?	Still births ..... ☐☐ DK 98	
CM12	**Check BH4 of last birth: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2006)? If child has died, take special care when referring to this child by name in the following sections.** ☐ **No live birth in last 2 years** ⇨ **MARRIAGE/UNION Section [W.6]** ☐ **Yes, live birth in last 2 years** ⇨ **Continue to CM13** **Name of child:** _____		
CM13	AT THE TIME YOU BECAME PREGNANT WITH (name), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?	Then ..... 1 Later ..... 2 No more 3	

W.4: Tetanus Toxoid			TT
#	Question	Options	Skip
This section is to be administered to all women with a live birth in the 2 years preceding the date of interview.			
TT1	DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? [If a card is presented, use it to assist with answers to the following questions]	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK 8	
TT2	WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, WHICH IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER OR THIGH)?	Yes ..... 1 **No ..... 2** **DK 8**	2⇨ TT5 8⇨ TT5
TT3	HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times ..... ☐☐ **DK 98**	98⇨ TT5
TT4	***Check:* How many TT doses during last pregnancy were reported in TT3?**	**At least 2 TT inj. during last pregnancy ..... 1** Fewer than 2 TT inj. during last preg 2	**1⇨ (W.5)**
TT5	DID YOU RECEIVE ANY TT INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes ..... 1 **No ..... 2** **DK 8**	**2⇨ (W.5)** **8⇨ (W.5)**
TT6	HOW MANY TIMES DID YOU RECEIVE IT?	No. of times ..... ☐☐	
TT7	IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY? Skip to next section only if year of injection is given. Otherwise, continue with TT8.	Month ..... ☐☐ DK month ..... 98 **Year** ..... ☐☐☐☐ DK year 9998	**Skip to (W.5)**
TT8	HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago ..... ☐☐	

W.5: Maternal and Newborn Health — MN

#	Question	Options	Skip
	This section is to be administered to all women with a live birth in the 2 years preceding date of interview. Check CM12 (in section W.3a) and record name of last-born child here _____. Use this child's name in the following questions, where indicated.		
MN1	IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH *[THE BIRTH OF name]*, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? Show 200,000 IU capsule or dispenser (Red).	Yes ..... 1 No ..... 2 DK 8	
MN2	DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? **If yes:** WHOM DID YOU SEE? ANYONE ELSE? [Probe for the type of person seen and circle all answers given]	Health professional: Doctor/Clinical Officer ..... A Nurse/Midwife ..... B Other person: Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (*specify*_____) ..... X **No one ..... Y**	Y⇨MN6A
MN2A	HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	No. of times ..... ☐☐ Don't know 98	
MN2B	DURING THIS PREGNANCY, WERE YOU GIVEN OR DID YOU BUY ANY IRON TABLETS? [Show Tablets]	Yes ..... 1 **No ..... 2** **Don't know 8**	2⇨MN3 8⇨MN3
MN2C	DURING THE WHOLE PREGNANCY, FOR HOW MANY DAYS DID YOU TAKE THE TABLETS? [If the answer is not numeric, probe for approximate number of days]	No. of days ..... ☐☐☐ Don't know 998	
MN3	AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?	Y N	
	MN3a. WERE YOU WEIGHED?	Weighed 1 2	
	MN3b. WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure 1 2	
	MN3c. DID YOU GIVE A URINE SAMPLE?	Urine sample 1 2	
	MN3d. DID YOU GIVE A BLOOD SAMPLE?	Blood sample 1 2	
MN4	DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?	Yes ..... 1 No ..... 2 Don't know 8	
MN5	I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?	Yes ..... 1 **No ..... 2** **Don't know 8**	2⇨MN6A 8⇨MN6A
MN6	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 Don't know 8	
MN6A	DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes ..... 1 **No ..... 2** **Don't know 8**	2⇨MN7 8⇨MN7

W.5: Maternal and Newborn Health — MN

#	Question	Options	Skip
MN6B	WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? [Circle all medicines taken. If type of medicine is not determined, **show typical anti-malarial** to the respondent]	SP/Fansidar ..... A Chloroquine ..... B Others (*specify*_____) .. X DK ..... Z	***If 'A' is not circled, skip to MN7***
MN6C	HOW MANY TIMES DID YOU TAKE SP/FANSIDAR DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times ..... ☐☐	
MN7	WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD *(name)*? ANYONE ELSE? [Probe for the type of person assisting and circle all answers given]	Health professional: Doctor/Clinical Officer ..... A Nurse/Midwife ..... B Other person: Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (*specify*_____) ..... X No one ..... Y	
MN8	WHERE DID YOU GIVE BIRTH TO *(name)*? [If the facility is hospital, health center, or clinic; write the name of the place below. Probe to identify the type of source and circle the appropriate code] _____ (NAME OF PLACE?)	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. clinic/health center ..... 22 CHAM ..... 23 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other pvt. medical (*specify*_____) .. 36 Other (*specify*_____) .. 96	
MN8A	AFTER *(name)* WAS BORN, DID A HEALTH PROFESSIONAL OR A TRADITIONAL BIRTH ATTENDANT CHECK ON YOUR HEALTH?	Yes ..... 1 **No** ..... **2** **DK** **8**	2⇨MN8D 8⇨MN8D
MN8B	HOW MANY DAYS OR WEEKS AFTER DELIVERY DID THE FIRST CHECK TAKE PLACE? [Record '00' days if same day]	Days after delivery ..... 1 Weeks after delivery ..... 2 ☐☐ Don't Know 998	
MN8C	WHO CHECKED ON YOUR HEALTH AT THAT TIME? [Probe for most qualified person]	Health professional: Doctor/Clinical Officer ..... 11 Nurse/Midwife ..... 12 Other person: Traditional birth attendant ..... 21 Community health worker ..... 22 Other (*specify*_____) 96	

W.5: Maternal and Newborn Health			MN
#	Question	Options	Skip
MN8D	**Check MN8 for place of birth:** ☐ **Birth at home (Code 11 or 12)** ⇨ **Continue to MN8E** ☐ **Otherwise** ⇨ **Skip to MN9**		
MN8E	IN THE TWO MONTHS AFTER *(name)* WAS BORN, DID ANY HEALTH CARE PROVIDER OR A TRADITIONAL BIRTH ATTENDANT CHECK ON HIS/HER HEALTH?	Yes ..... 1 **No** ..... **2** **DK** **8**	 2⇨MN9 8⇨MN9
MN8F	HOW MANY HOURS, DAYS OR WEEKS AFTER THE BIRTH OF *(name)* DID THE FIRST CHECK TAKE PLACE? [If less than one day, record in hours. If less than one week, record in days.]	Hours after birth ..... 1 Days after birth ..... 2 Weeks after birth ..... 3 ☐☐ Don't Know 998	
MN8G	WHO CHECKED ON *(name)*'S HEALTH AT THAT TIME? [Probe for most qualified person]	Health professional: Doctor/Clinical Officer ..... 11 Nurse/Midwife ..... 12 Other person: Traditional birth attendant ..... 21 Community health worker ..... 22 Other (*specify*_____) 96	
MN8H	WHERE DID THIS FIRST CHECK OF *(name)* TAKE PLACE? [Probe to identify the type of source and circle the appropriate code. If unable to determine if a hospital, health centre or clinic is public or private medical, write the name of the place] _____ (NAME OF THE PLACE)	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. clinic/health center ..... 22 CHAM ..... 23 Other public (*specify*_____) ..... 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other pvt. medical (*specify*_____) ..... 36 Other (*specify*_____) 96	
MN9	WHEN YOUR LAST CHILD *(name)* WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK 8	
MN10	WAS *(name)* WEIGHED AT BIRTH?	Yes ..... 1 **No** ..... **2** **DK** **8**	 2⇨MN12 8⇨MN12

W.5: Maternal and Newborn Health			MN
#	Question	Options	Skip
MN11	HOW MUCH DID *(name)* WEIGH? [Record weight from health card, if available]	Card ..... 1 Re-call ..... 2 (Record in Kgs) ☐.☐☐☐ Don't know 99998	
MN12	DID YOU EVER BREASTFEED *(name)*?	Yes ..... 1 **No 2**	2⇨ (W.6)
MN13	HOW LONG AFTER BIRTH DID YOU FIRST PUT *(name)* TO THE BREAST? If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.	Immediately ..... 000 Hours after ..... 1 ☐☐ Days after ..... 2 Don't know/remember 998	
MN14	DID *(name)* RECEIVE ANYTHING ELSE BEFORE STARTING TO BREASTFEED?	Yes ..... 1 **No ..... 2** **Don't know 8**	2⇨ (W.6) 8⇨ (W.6)
MN15	DID *(name)* RECEIVE ANY OF THE FOLLOWING:	Yes / No	
	MN15A. PLAIN WATER?	Plain water ..... 1 / 2	
	MN15B. MINERAL WATER?	Mineral water ..... 1 / 2	
	MN15C. SWEETENED, FLAVOURED WATER?	Sweetened/Flavored water ..... 1 / 2	
	MN15D. FRUIT JUICE OR TEA?	Fruit juice or tea ..... 1 / 2	
	MN15E. ANYTHING ELSE?	Other (specify_____) ... 1 / 2	

W.6: Marriage/Union — MA

#	Question	Options	Skip
MA1	ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a man ..... 2 **No, not in union** **3**	3⇨MA3
MA2	HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	**Age in years** ..... ☐☐ **DK** **98**	**SKIP TO ⇨ MA5**
MA3	HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 **No** **3**	3⇨(W.7)
MA4	WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated 3	
MA5	HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once 2	
MA6	IN WHAT MONTH AND YEAR DID YOU **FIRST** MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month ..... ☐☐ DK month ..... 96 Year ..... ☐☐☐☐ DK year 9998	
MA7	**Check MA6: For month and year of marriage** ☐ **Both Month and year of marriage are known?** ⇨ **Next Section (W.7)** ☐ **Either month or year of marriage/union not known?** ⇨ **Continue to MA8**		
MA8	HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ..... ☐☐	

W.7: Contraception and Unmet Need — CP

#	Question	Options	Skip
CP1	I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, currently pregnant ..... 1 **No ..... 2** **Unsure or Don't know 8**	 2⇨ CP2 8⇨ CP2
CP1A	AT THE TIME YOU BECOME PREGNANT DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU NOT WANT TO HAVE ANY MORE CHILDREN?	Then ..... 1 Later ..... 2 Not want more children 3	1⇨ CP4 2⇨ CP4 3⇨ CP4
CP2	SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 **No 2**	 2⇨ CP6
CP3	WHICH METHOD ARE YOU USING? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization/Tubeligation ..... A Male sterilization/Vasectomy ..... B Pill ..... C IUD/coil ..... D Injections ..... E Implants ..... F Condom ..... G Female condom ..... H Diaphragm ..... I Lactational amenorrhoea method (LAM) ..... J Periodic abstinence ..... K Withdrawal ..... L Other (*specify*_____) ... X	
CP4	NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN? **if currently pregnant:** AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD OR YOU WOULD PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child ..... 1 **No more/none ..... 2** **Says she cannot get pregnant ..... 3** **Undecided/don't know 8**	 2⇨CP6 3⇨(W.8) 8⇨CP6
CP5	HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months ..... 1 ☐☐ Years ..... 2 Soon/now ..... 993 **Says she cannot get pregnant ..... 994** After marriage ..... 995 Other ..... 996 Don't know 998	 994⇨(W.8)
CP6	**Check CP1: Pregnancy status** ☐ **Currently pregnant (code = 1) ⇨ Next Section (W.8)** ☐ **Not currently pregnant ⇨ Continue to CP7**		
CP7	DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes ..... 1 No ..... 2 Don't know 3	

W.8: Female Genital Mutilation/Cutting — FG

#	Question	Options	Skip
FG1	HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	**Yes** ..... **1** No 2	1⇨FG3
FG2	IN A NUMBER OF COMMUNITIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes ..... 1 **No** **2**	2⇨(W.9)
FG3	HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes ..... 1 **No.** **2**	2⇨FG8
FG4	NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THIS TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	**Yes** ..... **1** No. ..... 2 DK 8	1⇨FG6
FG5	WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes ..... 1 No ..... 2 DK 8	
FG6	WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?	Yes ..... 1 No ..... 2 DK 8	
FG7	WHO CIRCUMCISED YOU?	TRADITIONAL PERSONS Traditional 'circumciser' ..... 11 Traditional birth attendant ..... 12 Other traditional (***specify*** _____) .. 16 HEALTH PROFESSIONAL Doctor ..... 21 Nurse/midwife ..... 22 Other health professional (***specify*** _____) .. 26 Don't know 98	
FG8	**Check CM4 and CM6 (in Section W.3): Woman has living daughter?** ☐ **Yes, has living daughter** ⇨ **Continue with FG9** ☐ **No living daughter** ⇨ **Go to FG16**		
FG9	HAVE ANY OF YOUR DAUGHTERS BEEN CIRCUMCISED? **If yes**, HOW MANY?	No. of daughters circumcised ..... ☐☐ **No daughters circumcised** **00**	00⇨FG16
FG10	TO WHICH OF YOUR DAUGHTERS DID THIS HAPPEN MOST RECENTLY? [Record the daughter's name]	Name of daughter: _____	
FG11	NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO *(name)* AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	**Yes** ..... **1** No ..... 2 DK 8	1⇨FG13

W.8: Female Genital Mutilation/Cutting — FG

#	Question	Options	Skip
FG12	WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes ..... 1 No ..... 2 DK 8	
FG13	WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?	Yes ..... 1 No ..... 2 DK 8	
FG14	HOW OLD WAS *(name)* WHEN THIS OCCURRED? [If the respondent does not know the age, probe to get an estimate]	Daughter's age at circumcision ..... ☐☐ Don't know 98	
FG15	WHO DID THE CIRCUMCISION FOR *(name)*?	TRADITIONAL PERSONS Traditional 'circumciser' ..... 11 Traditional birth attendant ..... 12 Other traditional (***specify*** _____) .. 16 HEALTH PROFESSIONAL Doctor ..... 21 Nurse/midwife ..... 22 Other health professional (***specify*** _____) .. 26 Don't know 98	
FG16	DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued ..... 1 Discontinued ..... 2 Depends ..... 3 DK 8	

W.9: Domestic Violence						DV
#	Question	Options				Skip
DV1	SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK	
	DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?	Goes out without telling.....	1	2	8	
	DV1B. IF SHE NEGLECTS THE CHILDREN?	Neglects the children.....	1	2	8	
	DV1C. IF SHE ARGUES WITH HIM?	Argues with husband.....	1	2	8	
	DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex.....	1	2	8	
	DV1E. IF SHE BURNS THE FOOD?	Burns the food.....	1	2	8	

W.10: HIV/AIDS — HA

#	Question	Options	Skip
HA1	NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes ..... 1 **No** **2**	2⇨ END
HA2	CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes ..... 1 No ..... 2 Don't know 8	
HA3	CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 Don't know 8	
HA4	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 Don't know 8	
HA5	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 Don't know 8	
HA6	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes ..... 1 No ..... 2 Don't know 8	
HA7	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes ..... 1 No ..... 2 Don't know 8	
HA7A	CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY AN INFECTED PERSON?	Yes ..... 1 No ..... 2 Don't know 8	
HA8	IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 Don't know 8	
HA9	CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY (.....)	Yes / No / DK	
	HA9A. DURING PREGNANCY?	During pregnancy 1 2 8	
	HA9B. DURING DELIVERY?	During delivery 1 2 8	
	HA9C. BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA10	IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 Don't know/not sure/depends 8	
HA11	WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 Don't know/not sure/depends 8	

W.10: HIV/AIDS			HA
HA12	IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 Don't know/not sure/depends 8	
HA13	IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HH?	Yes ..... 1 No ..... 2 Don't know/not sure/depends 8	
HA14	**Check MN5 (in Section W.5): Tested for HIV during antenatal care?** ☐ **Yes ⇨ HA19** ☐ **No ⇨ Continue to HA15**		
HA15	I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 **No 2**	2⇨HA18
HA16	I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes ..... 1 No 2	
HA17	DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	**Asked for the test ..... 1** **Offered and accepted ..... 2** **Required 3**	**END**
HA18	AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	**Yes ..... 1** **No 2**	**END**
HA19	OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No 2	

-: Check, whether the Form has any gaps, if yes, fill-in those gaps and thank the respondent for spending time and providing valuable information; and go to the next respondent :–

Remarks/Observations by the Supervisor/Editor/Coordinators:



FORM-C: CHILD BELOW 5 YEARS

C.1: General Information — ENGLISH

This FORM is to be administered to all mothers/caretakers (See Column HL8 of HH Listing Form) who care for a child that lives with them and is under the age of 5 years (See Column HL5 of HH Listing Form). Use a separate Form for each eligible child.

UF-A	Province Name & Code. _____		☐
UF-B	District Name & Code. _____		☐☐
UF1	Cluster Name and Number _____ ☐☐	UF-C	Stratum Code: [Child < 3 = 1/Other = 2] ☐
UF2	HH No.		☐☐☐
UF4	Child Name & Line No. _____		☐☐
UF6	Mother/Caretaker Name & Line No. _____		☐☐
UF7	Interviewer's Name & Code _____		☐☐☐
UF8	Day/Month/Year of interview		☐☐/☐☐/☐☐☐☐
UF9	Result of interview for children under 5 [Codes refer to mother/caretaker]		Completed ..... 1 Not at home ..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated ..... 5 Other (Specify) _____ 6

Remarks

Read, if the respondent has not responded to any other Forms

Introduction/Consent

HELLO. MY NAME IS (…….) AND I AM WORKING WITH THE KENYA NATIONAL BUREAU OF STATISTICS (KNBS), NAIROBI. WE ARE DOING A SURVEY TO COLLECT INFORMATION ABOUT FAMILY HEALTH AND EDUCATION, FOCUSING ON CHILDREN AND WOMEN, WITH UNICEF SUPPORT. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND EVENTUALLY BE ANONYMOUS. DURING THIS TIME I WOULD LIKE TO SPEAK TO YOU ABOUT YOUR CHILDREN AND/OR CHILDREN YOU TAKE CARE IN THIS HOUSEHOLD.

THE INFORMATION YOU PROVIDE WILL HELP THE GOVERNMENT AND DEVELOPMENT AGENCIES IN PLANNING AND IMPLEMENTING DEVELOPMENTAL PROGRAMS.

MAY I START THE INTERVIEW NOW?

UF10	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU/IN THIS HH NOW. NOW I WANT TO ASK YOU ABOUT (*name*). IN WHAT MONTH AND YEAR WAS (*name*) BORN? **Probe:** WHAT IS HIS/HER BIRTHDAY? DOES HE/SHE HAVE A BIRTH CERTIFICATE? [If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day]	**Date of birth:** Day ☐☐ Don't know the day of birth 98 Month ☐☐ Year ☐☐☐☐
UF11	HOW MANY MONTHS OLD IS (*name*)? [Record age in completed months]	Age in months ☐☐

C.2: Birth Registration and Early Learning — BR

#	Question	Options	Skip
BR1	DOES (*name*) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	**Yes, seen** 1 **Yes, not seen** 2 No 3 Don't know 8	1⇨BR5 2⇨BR5
BR2	HAS (*name's*) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	**Yes** 1 No 2 **Don't know** 8	1⇨BR5 8⇨BR4
BR3	WHY IS (*name's*) BIRTH NOT REGISTERED? PROBE: DID YOU KNOW THAT A BIRTH HAS TO BE REGISTERED? DID YOU TRY TO REGISTER THIS ONE? WHY DID YOU FAIL TO REGISTER THIS BIRTH?	Costs too much 1 Must travel too far 2 Did not know it should be registered 3 Did not want to pay fine 4 Does not know where to register 5 Other (*specify* _____) 6 Don't know 8	
BR4	DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No 2	
BR4A	DO YOU KNOW WHERE TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No 2	
BR5	**Check UF11 (age of the child): Child is 36-59 months old?** ☐ **Yes ⇨ Continue to BR6** ☐ **No ⇨ Go to BR8**		
BR6	DOES (*name*) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes 1 **No** 2 **Don't know** 8	2⇨BR7A 8⇨BR8
BR7	WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (*name*) ATTEND?	No. of Hours ☐☐	**Skip to BR8**

C.2: Birth Registration and Early Learning — BR

BR7A	WHAT IS THE MAIN REASON FOR (*name*) NOT ATTENDING ANY PRE-SCHOOL LEARNING/EARLY CHILDHOOD EDUCATION PROGRAM?	No facility nearby ..... 1 The facility is not good ..... 2 No money to pay the fees/expensive ..... 3 Child is too young ..... 4 Other (specify _____) .... 6 Don't know 8				
BR8	IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): ***If yes, ask:*** WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)? *Circle all that apply.*	Mother	Father	Other	None	
BR8a	READ BOOKS OR LOOK AT PICTURE BOOKS WITH (*name*)?	A	B	X	Y	
BR8b	TELL STORIES TO (*name*)?	A	B	X	Y	
BR8c	SING SONGS WITH (*name*)?	A	B	X	Y	
BR8d	TAKE (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A	B	X	Y	
BR8e	PLAY WITH (*name*)?	A	B	X	Y	
BR8f	SPEND TIME WITH (*name*) NAMING, COUNTING, AND/OR DRAWING THINGS?	A	B	X	Y	

C.3: Vitamin A — VA

#	Question	Options	Skip
VA1	HAS (name) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? SHOW CAPSULE OR DISPENSER FOR DIFFERENT DOSES: 100,000 IU FOR THOSE 6-11 MONTHS OLD (BLUE/YELLOW) 200,000 IU FOR THOSE 12-59 MONTHS OLD (RED)	Yes ..... 1 **No ..... 2** **Child below 6 months old ..... 3** **Don't know 8**	 2⇨ (C.4) 3⇨ (C.4) 8⇨ (C.4)
VA2	HOW MANY MONTHS AGO DID (*name*) TAKE THE LAST DOSE?	Months ..... ☐☐ Don't know 98	
VA3	WHERE DID (*name*) GET THIS LAST DOSE?	On routine visit to health facility ..... 1 Sick child visit to health facility ..... 2 National Immunization/Vit. A Campaign ..... 3 Other (Specify _____) ... 6 Don't know 8	

C.4: Breastfeeding — BF

#	Question	Options	Skip
BF1	HAS (*name*) EVER BEEN BREASTFED?	Yes ..... 1 **No** ..... **2** **Don't know** **8**	 2⇨ BF3 8⇨ BF3
BF1a	HOW LONG AFTER BIRTH WAS (*name*) PUT TO THE BREAST FOR THE FIRST TIME?	Immediately after birth ..... 000 Hours ..... 1 ☐☐ Days ..... 2 Don't know 998	
BF2	IS HE/SHE STILL BEING BREASTFED?	**Yes** ..... **1** No ..... 2 **Don't know** **8**	1⇨ BF2b 8⇨ BF3
BF2a	FOR HOW MANY MONTHS DID (*name*) BREASTFEED?	Months ..... ☐☐ Don't know 98	Skip to BF3
BF2b	SINCE THIS TIME YESTERDAY, HOW MANY TIMES HAS (*name*) BREASTFED? *(If answer is not numeric, probe for approximate number)*	Times Breastfed ..... ☐☐ Don't know 98	

BF3 — SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:
(Read each item aloud and record response before proceeding to the next item)

Item	Yes	No	DK	
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	1	2	8	
BF3B. PLAIN WATER?	1	2	8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	1	2	8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	1	2	8	
BF3E. INFANT FORMULA?	1	2	8	
BF3F. TINNED, POWDERED OR FRESH MILK?	1	2	8	
BF3G. ANY OTHER LIQUIDS?	1	2	8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	1	2	8	

BF4 — **Check BF3H. Child received solid or semi-solid (mushy) food?**

☐ **Yes** ⇨ **Continue to BF5**

☐ **No or DK** ⇨ **Next Section (C.5)**

C.4: Breastfeeding			BF
#	Question	Options	Skip
BF5	SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID *(name)* EAT SOLID, SEMISOLID OR SOFT FOODS OTHER THAN LIQUIDS? *(If 7 or more times, record 7)*	No. of times ..... ☐ Don't know 8	
BF5a	AT WHAT AGE DID *(name)* START RECIVING WATER OTHER THAN BREASTMILK? *(If 7 or more months old, record 7)*	Age in months ..... ☐ Don't know 8	
BF5b	AT WHAT AGE DID *(name)* START RECIVING SOLID OR SEMI-SOLID FOOD? *(If 15 or more months old, record 15)*	Age in months ..... ☐☐ Don't know 98	

C.5: Care of Childhood Illness — CI

#	Question	Options	Skip
CA1	HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? *(Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool)*	Yes ..... 1 **No ..... 2** **Don't know 8**	 2⇨CA5 8⇨CA5
CA2	DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.*		

Item	Yes	No	DK	
CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (*local name for ORS packet solution*)?	1	2	8	
CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?	1	2	8	
CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	1	2	8	

CA3	DURING (*name's*) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none ..... 1 About the same (or somewhat less) ..... 2 More ..... 3 Don't know 8	
CA4	DURING (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? **If "less", probe:** MUCH LESS OR A LITTLE LESS?	None ..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5 Don't know 8	
CA5	HAS (*name*) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST?	Yes ..... 1 **No ..... 2** **Don't know 8**	 2⇨CA12 8⇨CA12
CA6	WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 **No ..... 2** **Don't know 8**	 2⇨CA12 8⇨CA12
CA7	WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest ..... 1 **Blocked nose ..... 2** Both ..... 3 **Other (*specify* _____) ... 6** Don't know 8	 2⇨CA12 6⇨CA12
CA8	DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes ..... 1 **No ..... 2** **Don't know 8**	 2⇨CA10 8⇨CA10

C.5: Care of Childhood Illness — CI

CA9	FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? [Circle all providers mentioned, but do NOT prompt with any suggestions] [If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.] _____ (NAME OF PLACE)	**Public sector** Govt. hospital ..... A Govt. health centre ..... B Govt. health post ..... C Village health worker ..... D Mobile/outreach clinic ..... E Other public (specify_____) ..... H **Private medical sector** Private hospital/clinic ..... I Private physician ..... J Private pharmacy ..... K Mobile clinic ..... L Other private (specify_____) ..... O **Other source** Relative or friend ..... P Shop ..... Q Traditional practitioner ..... R Other (specify_____) X	
CA10	WAS (*name*) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes ..... 1 **No ..... 2** **Don't know 8**	2⇨CA12 8⇨CA12
CA11	WHAT MEDICINE WAS (*name*) GIVEN? (Circle all medicines given)	Antibiotic ..... A Paracetamol/Panadol/Acetaminophen ..... P Aspirin ..... Q Ibupropfen ..... R Other (*specify*_____) ..... X Don't know ..... Z	
CA12	**Check UF11: Child age 0-35 months?** ☐ **Yes ⇨ Continue to CA13** ☐ **No ⇨ CA14**		
CA13	THE LAST TIME (*name*) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet/latrine ..... 01 Put/rinsed into toilet or latrine ..... 02 Put/rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open ..... 06 Other (*specify*) _____ 96 Don't know 98	
CA14	[Ask **ONLY ONCE** for each mother/ caretaker] SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? [Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned] [Do not prompt with any suggestions]	Child not able to drink or breastfeed ..... A Child becomes sicker ..... B Child develops a fever ..... C Child has fast breathing ..... D Child has difficult breathing ..... E Child has blood in stool ..... F Child is drinking poorly ..... G Other1 (*specify*_____) . X Other 2(*specify*_____) . Y Other3 (*specify*_____) . Z	

C.6: Malaria			ML
#	Question	Options	Skip
ML1	IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST, HAS (*name*) BEEN ILL WITH A FEVER?	Yes ..... 1 **No ..... 2** **Don't' know 8**	 2⇨ML10 8⇨ML10
ML2	WAS (*name*) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes ..... 1 **No ..... 2** **Don't' know 8**	 2⇨ML6 8⇨ML6
ML3	DID (*name*) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes ..... 1 **No ..... 2** **Don't' know 8**	 2⇨ML5 8⇨ML5
ML4	WHAT MEDICINE DID (*name*) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? *[Circle all medicines mentioned]*	Anti-malarials: SP/Fansidar ..... A Chloroquine ..... B Amodiaquine ..... C Quinine ..... D Artemisinin-based combinations ..... E Other anti-malarial (specify_____). H Other medications: Paracetamol/Panadol/Acetaminophen ..... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*_____) ..X Don't know ..... Z	
ML5	WAS (*name*) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	**Yes ..... 1** **No ..... 2** **Don't' know 8**	1⇨ML7 2⇨ML8 8⇨ML8
ML6	WAS (*name*) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes ..... 1 **No ..... 2** **Don't' know 8**	 2⇨ML8 8⇨ML8
ML7	WHAT MEDICINE WAS (*name*) GIVEN? *[Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.]*	Anti-malarials: SP/Fansidar ..... A Chloroquine ..... B Amodiaquine ..... C Quinine ..... D Artemisinin-based combinations ..... E Other anti-malarial (specify_____). H Other medications: Paracetamol/Panadol/Acetaminophen ..... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*_____) ....X Don't know ..... Z	

C.6: Malaria			ML
#	Question	Options	Skip
ML8	**Check ML4 and/or ML7: Anti-malarial mentioned (Codes A-H)?** ☐ **Yes ⇨ Continue to ML9** ☐ **No ⇨ ML10**		
ML9	HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from ML4 or ML7*)? [If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned] [Record the code for the day on which the first anti-malarial was given]	Same day ..... 0 Next day ..... 1 2 days after the fever ..... 2 3 days after the fever ..... 3 4 or more days after the fever ..... 4 DK 8	
ML10	DID (*name*) SLEEP UNDER A MOSQUITO NET LAST NIGHT?	Yes ..... 1 No ..... 2 Don't' know 8	

C.7: Child Immunization — IM

#	Question		Options	Skip
If an immunization card is available, copy the dates in IM2-IM8b for each type of immunization or vitamin A dose recorded on the card. IM9 is for recording vaccinations that are not recorded on the card. IM10-IM17 will only be asked when a card is not available.				
IM1	IS THERE A VACCINATION CARD FOR (*name*)?		Yes, seen ..... 1 **Yes, not seen** ..... **2** **No** **3**	 2⇨IM10 3⇨IM10
	(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization Day / Month / Year	
IM2	BCG	BCG		
IM3a	Polio 0	OPV 0		
IM3b	Polio 1	OPV 1		
IM3c	Polio 2	OPV 2		
IM3d	Polio 3	OPV 3		
IM4a	DPT - HepB + Hib: 1 (Pentavalent 1)	DPT 1		
IM4b	DPT - HepB + Hib: 2 (Pentavalent 2)	DPT 2		
IM4c	DPT - HepB + Hib: 3 (Pentavalent 3)	DPT 3		
IM6	Measles (or MMR)	Measles		
IM7	Yellow fever	Y Fever		
IM8a	Vitamin A (1)	Vit. A1		
IM8b	Vitamin A (2)	Vit A2		
IM9	IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? [Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Measles or Vitamin A supplements.]		Yes ..... 1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B and go to IM19.) **No** ..... **2** **Don't know** **8**	 2⇨IM19 8⇨IM19
IM10	HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?		Yes ..... 1 **No** ..... **2** **Don't know** **8**	 2⇨IM19 8⇨IM19
IM11	HAS (*name*) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?		Yes ..... 1 No ..... 2 Don't know 8	
IM12	HAS (*name*) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?		Yes ..... 1 **No** **2**	 2⇨IM15

C.7: Child Immunization — IM

		Don't know **8**				8⇨IM15
IM13	HOW OLD WAS (*name*) WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks) ..... 1 Later 2				
IM14	HOW MANY TIMES (*name*) BEEN GIVEN THESE DROPS?	No. of times ..... ☐☐				
IM15	HAS (*name*) EVER BEEN GIVEN "**DPT/ HepB/ Hib1** VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH AND BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B, *HAEMOPHILIS INFLUENZAE TYPE B*? SOMETIMES GIVEN AT THE SAME TIME AS POLIO.	Yes ..... 1 **No** ..... **2** **Don't know** **8**				2⇨IM17 8⇨IM17
IM16	HOW MANY TIMES?	No. of times ..... ☐				
IM17	HAS (*name*) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" OR MMR – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes ..... 1 No ..... 2 Don't know 8				
IM18	HAS (*name*) EVER BEEN GIVEN "YELLOW FEVER VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF **9** MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? SOMETIMES GIVEN AT THE SAME TIME AS MEASLES	Yes ..... 1 No ..... 2 Don't know 8				
IM19	PLEASE TELL ME. IF (*name*) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:		Yes	No	DK	
IM19a	CHILD HEALTH DAYS, VIT-A CAMPAIGN		1	2	8	
IM19b	MEASLES & VITAMIN A CAMPAIGN		1	2	8	
IM19c	CHILD HEALTH DAYS - VIT. A & DEWORMING CAMPAIGN		1	2	8	
IM20	**Does another eligible child reside in the HH for whom this respondent is mother/caretaker? Check HH listing, column HL8.** ☐ **Yes ⇨ End the current Form and go for another 'Child < 5 Form' to administer the Form for the next eligible child.** ☐ **No ⇨ End the interview with this respondent by thanking him/her cooperation.** **If this the last eligible child in the HH, go on to Anthropometry Section (C.8).**					

C.8: Anthropometry — AN

#	Question	Options	Skip
	After completing Forms for all children age 6-59 months, the weight and height measurements of each child are to be taken. Record weight and length/height below, taking care to record the measurements on the correct Form for each child. Check the child's name and line number on the HH Listing Section before recording measurements.		
AN-A	**Check UF11: Child age 6-59 months?** ☐ **Yes ⇨ Continue to AN-B** ☐ **No ⇨ END**		
AN-B	Name and Line Number of the Child _____	Line Number ..... ☐☐	
AN1	Child's weight	Kilograms (Kg) ..... ☐☐.☐	
AN2	**Child's length or height. Check age of child in UF11:**		
	☐ **Child age below 24 months ⇨ Measure length (lying down).**	**Length (cm)** Lying down ..... ☐☐☐.☐	
	☐ **Child age 24+ months ⇨ Measure height (standing up).**	**Height (cm)** Standing ..... ☐☐☐.☐	
AN3	Measurer/investigator identification code	Measurer Code ..... ☐☐	
AN4	Result of measurement	Measured ..... 1 Not present ..... 2 Refused ..... 3 Others (Specify) _____ 6	
AN5	**Is there another child in the HH who is eligible for measurement?** ☐ **Yes ⇨ Record measurements for next child.** ☐ **No ⇨ End the interview with this household by thanking all participants for their cooperation.** **Gather together all Forms for this HH and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.**		

Remarks/Observations by the Supervisor/Editor/Coordinators:

Kenya - Eastern Province, Marsabit District

Multiple Indicator Cluster Survey

2008