

# Standardized Survey Bulletin 2

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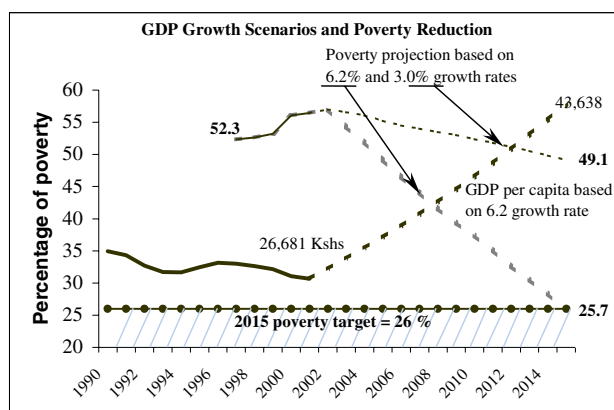
The *Standardized Survey Bulletin* presents key welfare outcome indicators extracted from surveys conducted by African National Statistical Offices (NSOs). The survey data files have been reformat- ted and “standardized” by the Operational Quality and Knowledge Services Unit of the World Bank’s Africa Region to facilitate comparisons across and within data sets.

## Kenya Welfare Monitoring Survey, 1997

Kenya has been a relatively stable country since its independence in 1963, although there were serious politically instigated ethnic clashes in the 1990s. Kenyan population accounts for 4.6

### Poverty reduction

Based on the Kenya Welfare Monitoring Survey (WMS) III, poverty was estimated at 52 percent in 1997. The Millennium Development Goals (MDGs) had called for cutting poverty in half between 1990 and 2015. However, the decade of the 1990s is a lost opportunity, with an average negative GDP per capita growth rate. Using poverty in 1997 as the baseline estimate, starting from 2003, if the annual GDP growth is to recover to 3 percent from the current 1 percent, poverty will only be reduced slightly to 49 percent by 2015. If poverty is to be halved between 1997 and



Data sources: Staff calculation based on KWMS 1997 and World Bank Africa LDB.

percent of total Sub-Saharan Africa population, and the current HIV/AIDS prevalence is 13.9 percent. The PRSP report (September 2001) prepared by the Government of Kenya includes sustained and rapid economic growth; improved governance and security; increasing ability of the poor to raise their incomes, improving poor people’s lives, and improving equity and participation. It is within this national planning framework that the government is preparing the PRSP action plan, given the budget constraints determined by economic performance.

### About the Survey

Survey sample size	10,874 households 50,713 respondents
Year of survey	1997
Survey administration	Central Bureau of Statistics, Government of Kenya The data were collected in 43 districts, excluding Mandera, Turkana and Samburu, and Isiolo, Garissa and Wajir rural clusters.
Reports	Second Report on Poverty in Kenya Vol. I: Incidence and Depth of Poverty Vol. II: Poverty and Social Indicators Vol. III: Social Welfare Atlas
Contact	Director, Central Bureau of Statistics, P.O. Box 30266, Nairobi, Kenya

Survey Databank

The World Bank - Africa Region

# Findings

## The Africa Household Survey Databank and Standardized Survey Files

The Africa Household Survey Databank (AHSDB) contains one of the largest collection of household surveys on Africa in the World. It is maintained by the Bank, but the surveys remain the property of the relevant National Statistical Office (NSO) that carried out the survey. The AHSDB currently contains Household Budget Surveys (HBS), Living Standards Measurement Surveys (LSMS), Integrated and Priority Surveys (IS and PS), Demographic and Health Surveys (DHS), and the Core Welfare Indicators Questionnaire (CWIQ) surveys. The surveys vary greatly in scope and structure, the need to make the data more accessible and available in user friendly formats has led to the establishment of the Standard files and Standard Indicators (SFSI) Project. For more information, visit <http://www.worldbank.org/afr/poverty/databank> on the web.

### What are Standard Files and Standard Indicators?

The objective of the SFSI program is to facilitate the monitoring of social and economic outcomes of national development programs, such as Poverty Reduction Strategy Papers. Standard files, extracted from household survey data, comprise a common set of core variables. These variables have common definitions and can be used to produce needed indicators in real time. Two standard files are produced for each survey,

one household level and one individual level data. They provide readily accessible social and living standards at the national level, as well as at sub-national levels for different income groups. Once survey data files have been "standardized," they can be accessed and queried through the World Bank's Intranet. The program is still in its development stage, but once completed, the standardized files and indicators will be directly accessible on the Internet.

This Standardized Survey Bulletin is one of the products from the SFSI program. It provides a description of the key survey findings, which can be used to facilitate the monitoring of a country's progress towards the Millennium Development Goals (MDGs). To find out more, visit <http://www.worldbank.org/afr/stats> on the web.

### What are the Millennium Development Goals?

The Millennium Development Goals (MDG) have been commonly accepted as a framework for measuring development progress. The goals focus efforts on achieving significant, measurable improvements in people's lives. The first seven goals are directed at reducing poverty in all its forms. The last goal is about global partnership for development. For information, visit: <http://www.developmentgoals.org>

2015, the annual GDP growth rate starting from 2003 would have to reach 6.2 percent. Given the 1997 income distribution and assuming that everyone benefits from growth equally, the figure on page one depicts a poverty trend based on the GDP growth rates 3 and 6.2 percent, respectively. The solid lines show the historical trend, while the dotted lines indicate the projections based on PRSP target and MDG needs.

### Characteristics of a typical Kenya household

- The average household size in Kenya is 4.6 people. Rural households (4.9) are on average larger than urban households (3.5). Poor households are significantly

larger than non-poor households, particularly in the rural areas, where the average size of a poor household is 6.4 persons, compared with 3.3 persons for a rural non-poor household.

- The ratio of dependents to working-age people (aged 15 to 64) is much higher for poor households than for rich households. Most dependents are young people, since very few people live beyond 65. Age dependency ratio is high for the rural poor. On average, one working age person of rural poor household supports 1.3 nonworking age persons, while for the rural rich households, one working age person supports 0.7 nonworking age person.
- The relationship between poverty and the head of the household's

educational attainment is very marked. For the country as a whole, 77 percent of household heads in the poorest quintile had not completed primary education. Over half of these have no schooling at all. This can be compared with the upper quintile, where 60 percent of heads have at least primary education, and over half of them have completed secondary or above.

- *De jure* female households constitute the larger proportion of households (17 percent) and are found in both rural and urban areas.
- *De facto* female headed households on average have more dependents. This could explain why these households are predominantly in the poorest group.

- Of the active population aged 15–64, less than half are employed. This should be interpreted with caution, especially in the rural areas where most agricultural activities are carried out by non-paid family members, who are not counted as employed.

### How much do Kenyans spend?

- *Disparity in total household expenditures.* Average household expenditures per capita were around Kshs 2,200 per month in 1997, but this masks massive variations between groups. For the country as a whole, the richest households spent more than ten times that of the poorest households.

When a separation is made between urban and rural households, the differences are even more extreme, with the poorest rural households averaging only Kshs 450 per month, compared with the wealthiest urban households, who consumed Kshs 9,400 per month—almost twenty times as much.

	Unit of Measure	National			Expenditure Quintile			Urban		
		All	Poorest 20%	Richest 20%	All	Rural Poorest 20%	Rural Richest 20%	All	Poorest 20%	Richest 20%
<i>Indicators</i>										
<b>Demographic Indicators</b>										
Sample size (households)	Number	10,874	1,622	3,293	8,963	1,339	2,644	1,911	273	535
Total Population	000s	25,468	5,095	5,098	21,490	4,298	4,298	3,978	797	795
Age dependency ratio	Number	0.9	1.3	0.5	1.0	1.3	0.7	0.6	1.1	0.3
Average household size	Number	4.6	6.3	2.9	4.9	6.4	3.3	3.5	5.3	2.5
<b>Head Of Household Characteristics</b>										
<b>Age Dependency by household structure</b>										
Monogamous male	Number	0.9	1.3	0.5	1.0	1.3	0.7	0.6	1.1	0.3
Polygamous male	Number	1.0	1.3	0.8	1.0	1.2	0.8	0.8	1.0	0.2
Single male	Number	0.4	1.0	0.1	0.5	1.0	0.1	0.0	0.1	0.0
De facto female	Number	1.3	1.7	0.8	1.3	1.7	0.9	0.8	1.5	0.7
De jure female	Number	0.9	1.3	0.6	1.0	1.4	0.8	0.6	0.9	0.2
<b>Education level of head</b>										
No level	Percent	27.5	40.8	17.0	32.5	41.1	26.1	8.0	14.7	5.6
Primary, not completed	Percent	27.8	35.8	21.6	29.7	36.0	24.7	20.2	28.9	10.6
Primary completed, no secondary	Percent	14.9	11.4	14.6	14.6	10.9	14.8	16.1	17.3	11.6
Secondary not completed	Percent	10.4	5.7	13.1	8.7	5.6	9.8	17.1	19.5	15.0
Secondary completed	Percent	14.4	3.4	25.0	10.8	3.5	19.0	28.3	16.0	35.9
Tertiary	Percent	2.8	0.5	6.8	1.3	0.5	3.1	8.5	0.9	19.8
Pre-school	Percent	0.1	0.0	0.1	0.1	0.0	0.1	..	..	..
Undefined	Percent	2.2	2.2	1.7	2.3	2.3	2.4	1.8	2.7	1.3
<b>Marital Status of head</b>										
Monogamous male	Percent	58.0	56.3	57.1	56.0	56.9	53.3	65.8	76.3	68.5
Polygamous male	Percent	7.2	11.2	4.3	8.1	11.0	5.4	3.8	6.2	2.4
Single male	Percent	6.5	1.9	13.6	5.6	1.8	11.4	10.0	1.7	15.6
De facto female	Percent	11.6	16.4	7.7	13.7	16.0	11.0	3.6	5.6	1.7
De jure female	Percent	16.6	14.2	17.3	16.5	14.4	18.9	16.9	10.2	11.9
<b>Labor Market</b>										
Proportion aged 15-64 in population	Percent	52.0	43.2	65.7	49.8	42.6	58.8	64.1	48.8	76.9
Proportion employed (aged 15 to 64)	Percent	43.9	33.7	58.8	39.7	34.4	50.5	61.5	48.1	71.9
Females among employed (aged 15 to 64)	Percent	37.9	38.5	34.9	39.2	38.7	37.3	34.4	30.5	32.4
<b>Employment Ratios (among labor force)</b>										
Employment Ratio	Percent	85.4	82.7	88.7	86.3	84.0	89.3	83.2	75.2	92.0
Formal Employment among Employed	Percent	26.9	12.4	40.7	21.7	12.1	32.6	41.2	28.7	51.2
Public Employed among Formal Employment	Percent	48.5	34.5	51.0	52.8	38.0	58.5	42.6	41.2	40.8
Informal Employment among Employed	Percent	72.4	87.4	58.0	77.9	87.6	66.7	57.4	70.9	46.0
Self-Employed among Informal Employed	Percent	67.0	70.8	58.7	72.5	70.3	69.1	46.7	41.8	60.7
Employers among Employed	Percent	0.7	0.2	1.3	0.5	0.2	0.7	1.4	0.4	2.8
Proportion Employed in Agriculture	Percent	43.4	63.2	25.0	56.9	64.7	47.6	6.9	8.1	7.2
<b>MDG1: Eradicate Extreme Poverty and Hunger</b>										
Mean monthly per capita expenditure	Kshs.	2,244	479	4,811	1,716	455	3,569	4,299	1,048	9,396
Mean monthly share on food	Percent	70.4	76.7	61.0	73.9	76.8	68.8	56.9	65.3	47.9
Mean monthly share on health	Percent	0.2	0.1	0.2	0.2	0.1	0.2	0.2	0.1	0.3
Mean monthly share on education	Percent	3.5	2.8	4.0	3.3	2.8	3.5	4.0	1.9	5.3

- *Food security.* Poor households commit a much higher share of their expenditures to food than nonpoor households. The extremely high share of food expenditures (77 percent) among rural poor households indicates a very low level of food security. Any shocks, such as temporary illness of a family member, or even a need to replace a farm tool, would squeeze the already low food consumptions.
- *Education expenditure.* On average, households in Kenya spent 3.5 percent of their expenditure on education, with the rich spending a higher share than the poor. It should be noted that this average cost includes households who do not have students. For households with enrolled students, the share of education cost would be higher than the average.
- *Health care.* Health expenditures are extremely low. On average, households in Kenya spent 0.2 percent of their expenditure on health (services and medication). Although health expenditure share is similar between the poor and nonpoor alike, given the disparity in total expenditure, the poor spent much less than the rich on health care.

**Do poor, rural children and females have educational opportunities?**

- At the primary level, poor children, regardless whether they live in urban or rural areas, are less likely to attend school (NPER 65–71 percent) than the nonpoor children (NPER 74–87 percent). No education will certainly prevent the next generation of the poor escaping from poverty. The NPER must increase by about 10 percent per year for the poor children to achieve universal enrollment by 2015.
- The rural-urban gap in secondary enrollment ratio is very large. Net secondary enrollment ratio is 7

percent among rural children, versus 29 percent among urban children.

- Only a few children from poor households attend secondary schools, especially in rural areas. The net secondary enrollment ratio is 4 percent for the rural poor children, while it is 63 percent for the children of urban non poor. Low education predicts a poverty trap for the rural poor.
- On average, no discrimination against girls exists at the primary education level in terms of enrollment. In fact, primary school enrollment ratio among poor boys is slightly lower than that of poor girls. However, there is a significant gender bias against girls at the secondary level among urban nonpoor households (57 percent enrollment ratio for girls versus 84 percent for boys).
- By area of residence, a large gap exists between rural and urban literacy rates, at 75 percent and 93 percent, respectively. This could indicate a past gender bias against rural areas.
- Youth literacy rates, however, are over 90 percent regardless of the area of residence or wealth status. This implies that both males and females now have equal access to basic literacy, a trend that was non-existent as depicted by high illiteracy levels at older ages.

**Where do people go for health care or maternal health care?**

- Although differences are small between poor and nonpoor and between rural-urban, nonpoor are more likely to report illnesses. Self-reported illness is typically higher among nonpoor since they could “afford” feeling ill while the poor could not.
- Most people who fell sick, about 90 percent, sought medical attention.
- Private health service provision is dominant. Among patients who sought medical attention nation-

wide, 60 percent visited private or NGO/missionary health facilities, 10 percent visited traditional doctors, and 30 percent visited public facilities.

- Utilization of public services is highest among the urban poor (52 percent), while most of the urban rich sought their medical services from private facilities (80 percent). This may indicate that the quality of services is higher in private than in public health facilities.
- For rural poor and nonpoor alike, only about 30 percent of patients sought medical attention from public services, indicating a problem of accessibility to public facilities in rural areas. The majority of rural residents sought medical attention from private/missionary facilities or traditional doctors.

**Does poverty affect child survival and nutrition?**

- Utilization of trained staff in child birth is much more prevalent in urban than in rural areas (75 versus 42 percent). Access to trained birth attendants for the poor is low compared to the nonpoor households, regardless of the area of residence.
- The Millennium Development Goal indicator stresses that the proportion of one-year-olds immunized against measles should reach 90 percent by 2015. For the nonpoor this goal has already been achieved. But for the rural poor, the coverage is only 70 percent. If Kenya is to attain this goal, measles coverage rate must increase by about 7 percent annually for the rural poor.
- Average immunization vaccine coverage for one-year-olds is about 72 percent. However, this masks great differences. The low coverage is predominantly associated with low income, as well as area of residence. The coverage

Indicators	Unit of Measure	Expenditure Quintile								
		National			Rural			Urban		
		All	Poorest 20%	Richest 20%	All	Poorest 20%	Richest 20%	All	Poorest 20%	Richest 20%
<b>MDG2: Education and Literacy; MDG3: Promote Gender Equality</b>										
Access to primary school (within 30 minutes)	Percent	68.8	58.1	77.6	63.0	56.6	66.0	91.4	88.4	94.7
<b>Net primary enrollment rate</b>										
Total	Percent	73.3	65.5	82.0	72.8	64.9	81.6	77.7	69.3	79.8
Male	Percent	72.1	64.0	80.3	71.5	63.6	81.6	77.0	65.6	73.7
Female	Percent	74.5	67.0	83.6	74.1	66.1	81.5	78.2	72.1	86.2
<b>Net secondary enrollment rate</b>										
Total	Percent	11.8	3.9	28.4	9.7	3.8	18.1	28.7	9.8	61.8
Male	Percent	12.1	3.5	32.5	9.3	3.3	18.9	35.9	18.4	72.7
Female	Percent	11.5	4.4	24.4	10.1	4.3	17.1	21.7	3.4	49.5
<b>Tertiary enrolment rate per 10,000</b>										
Total	per 10,000	27.5	..	..	..	..	..	..	..	..
<b>Adult literacy rate</b>										
Total	Percent	77.9	66.8	86.1	74.6	67.1	79.4	92.5	87.1	94.9
Male	Percent	85.7	76.5	92.7	83.2	76.9	87.9	95.9	91.9	97.5
Female	Percent	70.6	58.6	78.8	67.0	58.9	71.1	88.7	82.8	90.8
<b>Youth literacy rate</b>										
Total	Percent	93.5	90.3	95.0	93.1	91.0	94.8	95.3	91.7	95.9
Male	Percent	95.1	91.2	97.5	94.5	91.9	95.8	98.1	94.6	98.3
Female	Percent	92.1	89.4	92.7	91.8	90.1	93.9	93.1	90.1	93.3
<b>MDG4: Reduce Child Mortality; MDG5: Improve Maternal Health</b>										
Proportion with time to Health Center less than 1 hour	Percent	71.6	56.6	84.4	64.7	55.7	72.8	98.2	97.6	99.0
Morbidity	Percent	15.6	12.2	19.1	15.2	12.2	17.9	17.4	14.3	20.9
Action taken when sick	Percent	90.4	87.3	92.3	89.9	86.1	92.4	92.3	88.2	88.2
<b>Health provider ownership</b>										
Public	Percent	31.9	33.5	28.9	31.0	34.1	27.3	36.0	54.2	28.0
Private - Modern Medicine	Percent	51.0	48.7	60.0	49.3	47.7	55.2	58.5	41.1	68.5
Private - Traditional Healers	Percent	2.8	3.3	1.2	3.1	3.4	1.5	1.6	3.1	0.3
Other	Percent	7.1	6.8	3.6	8.3	6.6	6.2	1.2	0.3	1.0
<b>MDG4: Reduce Child Mortality; MDG5: Improve Maternal Health</b>										
Birth assisted by trained staff	Percent	47.4	31.0	72.8	42.1	30.4	60.7	75.1	61.5	94.2
1-year-olds immunisation coverage	Percent	71.5	57.3	86.4	68.5	51.6	80.5	85.5	72.7	91.7
1-year-olds immunized against measles	Percent	82.6	72.6	92.2	80.5	69.4	90.6	92.3	87.1	91.7
Stunting (6-59 months)	Percent	38.4	49.4	31.5	39.5	50.4	34.8	32.2	43.9	21.2
Wasting (6-59 months)	Percent	6.2	6.1	5.5	6.4	6.5	6.2	5.3	5.1	1.6
Underweight (6-59 months)	Percent	22.4	31.7	13.1	24.0	32.4	18.9	13.4	19.9	8.3
<b>MDG7: Ensure Environmental Sustainability</b>										
Owner occupancy rate	Percent	71.7	94.8	45.1	87.4	96.1	73.8	10.6	16.8	14.2
Access to sanitation facilities	Percent	85.7	74.2	93.2	83.4	73.4	89.3	94.7	87.9	97.3
Proportion with time to Water Source less than 30 min	Percent	67.9	54.1	80.4	61.7	53.3	68.1	92.4	89.1	94.2
Proportion with time to Market less than 1 hour	Percent	82.3	77.1	87.8	78.0	77.0	79.1	98.9	99.4	99.5
<b>Access to improved water source</b>										
Pipe (own tap)	Percent	16.6	3.5	32.0	9.5	3.2	16.6	44.0	32.5	59.0
Pipe borne	Percent	19.2	11.8	26.4	13.7	10.3	16.8	40.3	42.0	30.1
Well (Protected)	Percent	12.9	16.3	7.0	15.7	16.0	12.3	2.0	6.1	0.9
Total	Percent	48.6	31.6	65.4	38.9	29.4	45.7	86.3	80.6	90.0
<b>Access to unimproved water source</b>										
Surface Water	Percent	31.6	45.5	20.8	39.2	46.9	34.9	1.8	2.7	1.7
Other	Percent	19.8	22.9	13.8	21.9	23.8	19.4	11.9	16.7	8.3
Total	Percent	51.4	68.4	34.6	61.1	70.6	54.3	13.7	19.4	10.0
<b>Traditional Fuel Use</b>										
Firewood	Percent	73.3	97.9	43.5	91.0	99.1	78.2	4.6	16.2	1.6
Charcoal	Percent	8.2	1.2	15.5	4.8	0.7	11.0	21.3	32.2	11.7
Total	Percent	81.5	99.1	59.0	95.8	99.8	89.2	25.9	48.4	13.3
<b>Nontraditional Fuel Use</b>										
Kerosene	Percent	15.3	0.5	32.5	3.2	..	9.3	62.2	51.4	54.2
Electricity	Percent	0.7	0.1	1.8	0.1	..	0.2	2.8	0.2	7.4
Gas	Percent	2.0	0.1	6.2	0.3	0.1	0.8	8.7	..	24.7
Other	Percent	0.5	0.2	0.5	0.6	0.1	0.5	0.4	..	0.4
Total	Percent	18.5	0.9	41.0	4.2	0.2	10.8	74.1	51.6	86.7

for rural poor is only 52 percent while it is 92 percent for urban nonpoor.

- The long-term nutrition indicators (stunting and underweight) are markedly higher among poor and rural children, but there is no significant differences in short-term nutrition indicator (wasting). Malnutrition is proved to adversely affect children's school performances. Higher prevalence of long-term nutrition deficiency is just another compounding factor to keep the poor in poverty.

### Who has access to safe drinking water?

- The access to safe drinking water is primarily determined by the area of residence. While only 39 percent rural population have access to safe drinking water (pipe, pipe borne, and protected well), 86 percent of urban households have such access. This implies that rural households are more prone to water-borne diseases.
- Urban areas have very good access to piped water (84 percent), and needless to say that such access is low in rural areas.

### How do households ensure environmental sustainability?

- Firewood is the main source of fuel for rural residents, especially for the poorest (99 percent). For urban residents, kerosene (62 percent) and charcoal (21 percent) are the predominate sources of fuel. For urban rich, 86 percent use kerosene, gas, or electricity as fuel. It is apparent that poverty puts great stress on environment.

## Definitions

*Household.* Defined as a person or group of people living in the same compound (fenced or unfenced), answerable to the same head, and sharing a common source of food and/or income. In polygamous unions, if each household makes its own decisions, they are then considered different households.

*Expenditure quintiles* are derived by ranking weighted sample individuals according to annual deflated per capita expenditure. Individuals are used as the basis for estimating quintiles. Quintiles are constructed such that the first quintile represents the poorest 20 percent, the second quintile the next poorest 20 percent (less poor), and so on; the fifth quintile represents the richest 20 percent.

*Price deflators* are used to adjust expenditures for regional price differences.

### Demographic indicators

*Number of households in each quintile* varies due to differences in household size, although the total number of individuals in each quintile is the same.

*Total population.* Sampled population weighted by the cluster weights to give the actual estimated population size.

*Age dependency ratio.* Ratio of people below 15 years and above 64 years old over people between 15 and 64 years old.

### Education indicators (enrollments rates based on UNESCO definitions)

*Net primary enrollment rate.* The total number of children of primary school age (6 to 12 years) enrolled as a proportion of the total number of children of primary school age.

*Net secondary enrollment rate.* The total number of children of secondary school age (13–17 years) enrolled as a proportion of the total number of children of secondary school age.

### Literacy indicators

*Literacy (adult).* The percentage of people aged 15 and above who can read and write a short, simple statement on everyday life. The survey did not actually do any testing to confirm respondent's ability to read and write.

*Literacy (youth).* The percentage of people aged 15–24 who can read and write a short, simple statement on everyday life. The survey did not actually do any testing to confirm respondent's ability to read and write.

### Head of household indicators

*Monogamous male-headed.* Male-headed household having no more than one spouse.

*Polygamous male-headed.* Male-headed household with more than one spouse. However, differences exist in the way in polygamous households are defined. Wives do not have to live under the same roof.

*Single male-headed.* Male-headed household where the head is either divorced or has never been married.

*De facto female-headed* household

- without a resident male-head or where the husband is not present and the wife is the head by default and the main decision-maker in his absence;
- may include a household where the resident male head has lost most of his functions as the economic provider due to infirmity, inability to work, etc.

*De jure female-headed* single female-headed household, where the head has never been married, or is divorced or separated or widowed.

### Household expenditure indicators

These indicators provide information on per capita expenditure in

local currency (including the value of own-produced food consumed in the household) and the share of food in household expenditures.

*Mean per capita expenditure*, in local currency, is estimated as the weighted average per capita household expenditure. It includes both food (value of own-produced food and purchased) and non-food consumed in the household.

*Food share in total expenditure*. A weighted estimate of total per capita household expenditure allocated to food, including a valuation of own-produced food consumed by the household.

### Household amenities indicators

*Type of fuel for cooking* includes firewood, gas and kerosene, charcoal, and electricity.

*Access to safe sanitation* refers to households equipped with a flush toilet or simple but protected pit latrine.

*Access to improved safe water* indicates the percentage of households with access to safe sources of safe drinking water.

### Child survival indicators

Births assisted by trained staff include doctors, nurses, midwives and trained traditional birth attendants (TTBA). A trained traditional birth attendant (TTBA) is one who has undergone a course conducted by the modern healthcare sector.

*One-year-olds immunization* refers to children aged 12–23 months.

### Anthropometrics indicators

*Stunting* refers to children 6–59 months of age who have height-for-age Z-scores below minus two standard deviations from the median of the reference population.

*Wasting* refers to children 6–59 months of age who have weight-for-height Z-scores below minus two standard deviations from the median of the reference population.

*Underweight* refers to children 6–59 months of age who have weight-for-age Z-scores below minus two standard deviations from the median of the reference population.

### Employment indicators

*Employment ratio* includes only persons who are employed and the unemployed in the age categories 15–64. Excludes homemakers, retired, dependent, student and other.

### Formal/informal sector

*Formal private sector* includes business units that are well organized, structured, and legally registered.

Employed by *informal sector* is anyone employed in a semi-organized unit; can be legally registered or not. Informal sector employment includes all a) own-account workers, b) unpaid family workers who work for 7+ hours per day, and c) employers and employees in small establishments (< 5 workers).

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**This bulletin has been prepared by Rose Mungai (AFTQK) and Xiao Ye (AFRC) and cleared by the appropriate members of the Kenya country team.**

### How to interpret the Table of Key Indicators?

The indicators shown in this bulletin are presented by consumption (expenditure plus own produced consumption) quintiles. First, the survey data are used to calculate household consumption (consumption is used in favor of income because it is considered easier to measure).

This household consumption variable is then adjusted using regional price deflators so that the expenditure levels of urban households (who face different prices from rural households) can be compared with those of the rural households.

The adjusted household expenditure variable is then used to rank the households from poorest to richest, and split into five equal sized quintiles. (The table only shows figures for the top and bottom quintiles.)

For the purpose of this report, the poor are defined as the households in the lowest quintile (i.e., those households that contain the bottom 20 percent of the population). The non-poor are taken to be those in the top quintile. This “relative” concept of poverty should not be confused with an absolute concept based on the percentage of the population living below an absolute poverty line (such as a dollar a day). In addition to showing national quintiles, the table also shows urban and rural quintiles. In order to calculate these, the population is first divided into urban and rural households; each group is then ranked and split into quintiles as described above.

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