Data collection methodology and tools for supporting the formulation of evidence-based policies in response to the challenge of population ageing in Kenya

CONSULTANCY REPORT

Submitted to the
United Nations Department of Economic and Social Affairs

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Acknowledgements

The successful completion of the Kenya assessment would not have been possible without the support of key bodies and colleagues. Above all, we would like to express our sincere gratitude to the Division of Older Persons and Social Welfare in the Department of Social Development, Kenya Ministry of Labour and East African Affairs in endorsing the research, and specifically Ms. Dorcas Mwandembo, for her invaluable assistance in facilitating the arrangement and conduct of consultations with key policy stakeholders. Lastly, we would like to thank all government and civil society stakeholders who gave so generously of their time, insights and perspectives to help us forge incisive and contextualized findings on the availability and use of data to support the development of evidence-based policy and action on ageing in Kenya

Executive summary

The size of sub-Saharan Africa's (SSA) population of older adults (aged 60 years and above) is rising more rapidly than that of any other world region or age group. Kenya is no exception to this trend, with an anticipated more than four-fold rise in the absolute number of its older citizens from 2.1 million today to 9.2 million by mid century.
This demographic context underlines the imperative of evidence based action on issues of older persons in Kenya, as stipulated in the United Nations Madrid International Plan of Action on Ageing (MIPAA), in several key Sustainable Development Goals (SDG) and associated targets, and in Kenya's own National Policy on Older Persons and Ageing (NPOPA).

Part of a broader UNDESA initiative to advance the building of an evidence base for robust policy formulation and implementation on ageing in SSA, the present Kenya situational analysis has sought to ascertain, assess and report on (i) all extant national data and statistics on older populations and attendant meta-data (ii) existing policy, programming, and evidence use and (iii) evidence needs and data gaps that must be addressed as a priority to promote for evidence-based policy and action.

To fulfill its remit, the analysis has drawn on three major sources of data - namely stakeholder consultations, web-based searches and prior findings of an 'evidence revolution on ageing in Kenya' scoping study - and has developed and utilized an organizing framework that integrates the three MIPAA priority directions and associated issues and objectives, with relevant SDG goals and targets.

The principal strategic insights generated by the Kenya assessment are as follows:
First, there can be no doubt that Kenya's policy architecture already encompasses a considerable scope of broad- as well as sector-specific policy, legal and strategic provisions that speak directly to all-but-two of the 18 MIPAA focal issues across its three priority directions.

Second, and as often typical for the SSA context, the relatively rich policy architecture is not matched by commensurate implementation. Only few substantial programmatic initiatives have so far ensued, which are concentrated narrowly in three areas namely social protection, HIV/AIDS and long term care.

Third, Kenya's policy responses to ageing thus far - with a few exceptions - are characterized by a limited generation or systematic use of evidence to inform policy formulation, decision making on resource allocation, the implementation of policy provisions and, finally, the monitoring and evaluation of such action. The urgent need for such evidence production and

utilization, however – as well as for a mechanism to enable stakeholder information sharing and coordination on ageing responses – is emphasized by both government and civil society stakeholders

Fourth, the circumscribed use of evidence in national policy formulation and action on ageing so far, contrasts with the considerable spectrum of potentially relevant, national data sources on older people that, in fact, exist in Kenya. Such data sources are comprised in a range of routine and one-off national surveys, in ministry or agency administrative information systems, and in other kinds of studies, such as audits. If analyzed systematically, the available data could potentially offer an important, though inevitably partial, initial evidence base on the circumstances of older people in 16 of the 18 MIPAA issues. Such an evidence-base could include indications of older adults' situation relative to other age groups, and as it has evolved over time.

Fifth, government and civil society stakeholders themselves perceive a set of broad substantive and cross-cutting evidence needs that speak to virtually all of the MIPAA issues and that they feel must be addressed as a priority — to enable them to advance effective policy and action on older persons in Kenya. Across Issues, the identified evidence needs reflect stakeholders' express desire to better understand (i) the spectrum of needs and capacities within the older population, (ii) older (and, in part, younger generations') own perceptions on challenges and opportunities of older age and (iii) possible approaches to responding to, and harnessing the above.

Sixth, some of the priority evidence needs may be furnished fully from existing data sources. Others, however, – a majority – may only be furnished partially or not at all, indicating broad data gaps that will need to be addressed through primary survey research. The identified data gaps offer a useful basis for pinpointing essential *specific* topics and questions to be included in a possible survey instrument to this end.

Drawing on its key findings, the Kenya analysis identifies four key recommendations on next steps to promote evidence-based policy on ageing in Kenya:

1. Support the establishment of a Government-led stakeholder information-sharing group on action on ageing in Kenya across sectors

2. Pursue with partners the development of a focused and incisive secondary analysis effort to generate an initial evidence base on the circumstances of Kenya's older population from existing survey, administrative, and other data sources. An exploration of the quality and accessibility of extant administrative and other data needs to be undertaken as a pre-requisite.

3. Pinpoint a set of current priority topics, issues and specific queries to be addressed through a primary data collection initiative, drawing directly on the broad priority evidence needs identified and validated by relevant policy stakeholders in Kenya
4. Ascertain with national partners suitable avenues for such primary data collection as part of existing survey platforms and/or through a stand-alone survey on older persons

MAIN REPORT

1. Background

1.1. Population ageing in sub-Saharan Africa: trends and regional responses

The world is experiencing an unprecedented demographic transformation. In 1980, there were 378 million people aged 60 or above; in 2015, this figure had almost tripled to 900 million comprising 12 percent of the total population (UNPD, 2015). By 2050, the number of people 60 years and older will increase to almost 2 billion, constituting roughly 21 percent of the world's population. This increase is expected to be most rapid in developing regions, where the older population is anticipated to quadruple (UNPD, 2015).

Sub-Saharan Africa is no exception to the trend of ageing populations. To be sure, the share of older adults in the region's total population is, and will remain lower than anywhere else - rising from only around 5% today to just under 8% by 2050 (UNPD, 2015). However, the absolute number of older people in the region - estimated at 46 million in 2015 - is already considerable, and is expected to rise more sharply than in any other part of the globe. By mid-century, an estimated 161 million older adults will live in SSA – 70 million more than in Northern and Western Europe combined, and 40 million more than in North America (Aboderin, 2016; UNPD, 2015). In addition, life expectancy at age 60 is already at 16 years for women and 14 years for men, indicating that a long old age is becoming a reality for many in this region (Aboderin & Beard, 2015).

Cognizant of such trends, African countries, have, over the past decade, made considerable, collective strides, toward developing regional frameworks on, and responses to issues of ageing and older persons.

African Union Policy Framework and Plan of Action on Ageing (2002)
The African Union Policy Framework and Plan of Action on Ageing (AU Plan) was adopted in 2002, at the beginning of, and as a catalyst for, a period of intensifying research and policy debate on issues of ageing in Africa (AU/HelpAge, 2003; Aboderin, 2015). At the time of its launch, the AU Plan provided a first ever demarcation of the wide spectrum of issues regarding older Africans' lives that required consideration - and of desirable policy responses to them. As such, the Plan served to stimulate a gradual growth in governments' awareness - of both the sector-crossing scope of ageing challenges, and the need for concerted country action (Aboderin, 2011, 2015)

Africa Common Position on the Rights of Older People (2013)
The Common Position, adopted in 2013, entails a call by AU Member States for the pursuit of a rights-based approach to issues of concern to older persons. The document makes specific

stipulations on defending and promoting the human rights of older persons. Foremost, the Common Position sets out the AU's clear support for the forging of a United Nations Convention on the Human Rights of Older Persons. Other recommendations include the creation of national sensitization programs to promote societal awareness of the rights of older persons, the inclusion of older persons in post-2015 sustainable development goals (SDGs), and an investment in today's youth in order to improve the outlook of future populations of older persons (AU, 2012).

Common African position on the post-2015 development agenda
This Common Position, adopted by AU Member States as a joint input to deliberations on a post-MDG global development agenda, explicitly recognizes 'ageing' as a key demographic trend that will impact on the continent and that requires urgent responses (AU, 2014). In addition it recognizes rising trends such as population growth and the youth bulge, urbanization, climate change and inequalities and reiterates the importance of prioritizing structural transformation for inclusive and people-centred development in Africa.

AU Protocol on the Rights of Older Persons in Africa (2015)
The AU Protocol, adopted by the AU Summit in 2016, reaffirms the rights of older people in Africa and outlines what governments must do to protect them. It covers a wide range of rights including prohibition of all forms of discrimination against older people; access to justice and equal protection before the law; the right to make decisions; protection from abuse and harmful traditional practices; the right to care and support; and the rights to employment, social protection, health, and access to education, transport and credit facilities, amongst others (AU, 2016).

Monitoring and evaluation framework for the AU Plan and Protocol
The monitoring and evaluation (M &E) framework was adopted in April 2015 by the AU Specialised Technical Committee on Social Development, Labour and Employment. The framework is intended to provide an initial basis and mechanism to encourage and enable AU Member States to report on, and jointly track/assess, their progress in realizing the stipulations of the AU Protocol and associated recommendations in AU Plan (AU, 2015; Aboderin, 2015).

1.2. Population ageing in Kenya: trends and broad responses

Kenya, like other SSA countries, is set to experience a pronounced growth in its older population. The proportion of older persons in Kenya's populace is currently estimated at 4.5 %, and is projected to double to 9.5% by 2050. In the same time span, the absolute number of older Kenyans is predicted to more than quadruple from 2.1 million today to 9.2 million –the

second most rapid rise among East African Community countries, after Rwanda. (UNPD, 2015) Life expectancy for Kenyan women and men at age 60 is 18 and 17 years, respectively (UNPD, 2012). Within the context of such demographic realities, Kenya has demonstrated particular foresight and has developed a series of overarching policy, legal and institutional responses to underpin national action to address key needs and opportunities in its growing older population.

Policy and legal responses

The *New Constitution of Kenya (2010)* provides explicit rights, entitlements and privileges for older persons with specific obligations to the state and family. Under Article 57, the Constitution obligates the State to take measures to ensure older persons' participation, personal development, dignity, respect and protection from abuse; and together with the family, the obligation to provide care and reasonable assistance to older persons. Article 10 (2) (b) underlines the State's obligation to protect older persons together with other marginalized groups; whereas Article 21 (3) obligates State organs and public officers to address the needs of Older Persons and other vulnerable groups. Article 27 (4) promotes and safeguards equality and non-discrimination of Older Persons based on age, while Article 43 (3) requires the State to provide appropriate social security to needy Older Persons.

The *Sessional Paper No. 3 of 2012 on Population Policy for National Development* seeks to guide national planning for economic growth. The policy, for which Kenya received the 2013 Resolve Award from the Global Leaders Council for Reproductive Health, embodies key considerations for older persons as one of its key programme areas.

The *National Policy on Older Persons and Ageing (NPOPA)*, which builds explicitly on the United Nations Madrid International Plan of Action on Ageing (MIPAA), which was adopted by member States, including Kenya, in 2002, and the AU Plan was initially developed in 2009 and revised in 2014 to ensure its alignment with Kenya's new Constitution. The National Policy serves as an overarching framework to anchor all government policy, planning, legislation, and practice on older people and ageing and, in this regard, sets out policy issues and objectives across ten key thematic areas:

- Older persons and the law
- Poverty and sustainable livelihoods
- Health, HIV and AIDS
- Family, community and culture
- Food security and nutrition
- Infrastructure
- Education, training and ICT
- Employment and income security
- Social protection and services
- Cross cutting issues

A key undertaking since the revision of the NPOPA has been to begin development of a National Plan of Action for Older Persons, which will elaborate upon the policy.

A draft *Older Persons Bill* has been developed by a technical committee established by the now MLEAA and has been submitted, together with a Cabinet Memo, to the Cabinet Secretary for further action (MLEAA personal communication).

Institutional responses

The Government of Kenya recognizes that the implementation of the NPOPA and other ageing related strategies will require effective coordinating institutions and bodies. To this end, the Government has established.

A dedicated *Division on Older Persons and Social Welfare (DOPSW)***,** within the now Ministry of Labour, and East African Affairs (MLEAA) - with the explicit mandate to promote and coordinate Government action on ageing across sectors. To fulfill its remit the DOPSW seeks to foster a multi-sectoral approach to mainstream and advance the rights and aspirations of older persons and, to this end, pursues cooperation with key Government departments, civil society organizations and international development partners.

A *National Gender and Equality Commission (NGEC)***,** which is a Constitutional body mandated to spearhead efforts to reduce gender inequalities and the discrimination against women, men, persons with disabilities, the youth, children, the elderly, minority and marginalized group. Through auditing, facilitation, monitoring and advisory functions, the NGEC has thus far continued to lay a foundation for state, private and non-state actors in Kenya for the integration of the principles of equality and inclusion in national and county policies, laws and administrative regulations

A *Health and Ageing Unit* within the Ministry of Health that seeks to address the unique health concerns of older persons

1.3. Sector-specific policy and programming in Kenya

Supported by the above overarching frameworks and institutions, recent years have seen the emergence of a number of sectoral policy and programmatic responses targeting older persons (see details in Section 5). Yet, all indications are that despite the advances, concrete sector-specific or cross-sectoral action on ageing has remained profoundly limited (Aboderin & Owii, 2015).

Most immediately, the gap reflects a relative lack of priority given to issues of older adults within the context of pressing human and economic development needs linked to Kenya's overwhelmingly large population of children and youth: at present 60% of the country's populace are aged below 25 years (UNPD, 2015)

At a more basic level, the dearth of specific policy and programmes on older people is symptomatic of a lack of relevant, easily accessible evidence that policy makers and planners would need to both (i) be convinced of, and make the case for, a need to invest in this population group and (ii) ascertain what particular interventions, programmes, approaches, are most required and promising (Aboderin & Owii, 2015). By the same token, the dearth of such a knowledge base has likely served to limit the incisiveness and potential impact of those provisions that do exist.

Data and evidence gaps

The evidence gap on older Kenyans may itself be seen largely as a function of the aforementioned lack of priority given to this demographic at the expense of younger age-groups. Thus, for example, while significant attention is given to pursuing and expanding the collection, dissemination and use of relevant data on children and reproductive age person (NCPD, personal communication), no comparable initiative so far exists on older people.

Within this context, the DOPSW and other stakeholders have emphasized a need for a concerted effort to enhance the continued generation of comprehensive, and meaningfully disaggregated national data on the scope, profile, circumstances and activities of Kenya's older population. The creation of such a sustained evidence base is recognized as an essential requisite for advancing appropriate policy formulation and implementation that safeguards the rights, and harnesses the contributions of older Kenyans - in line with both the NPOPA and key sustainable development goals (SDG) (Aboderin & Owii, 2015).

A key task toward this end is for Kenya to pinpoint the kinds of knowledge that are needed as a priority by national policy stakeholders, and how best such information may be best collected, analyzed, documented and made available for wide use – as part of a broader 'data revolution' to support the SDG agenda (Aboderin & Owii, 2015).

As a first step in this regard, the DOPSW in conjunction with APHRC and HelpAge undertook a systematic scoping study in 2014 to identify (i) broad priority evidence needs as perceived by relevant government departments, bodies and civil society role players across the 10 NPOPA thematic areas, and (ii) possible existing data sources that may be built upon to furnish these needs. The current assessment for Kenya, conceived as part of a separate project by the United

Nations Department for Economic and Social Affairs (UNDESA), effectively builds on the outcomes of the scoping study.

1.4 Organization of the report

The remainder of this report provides an account of the Kenya assessment and comprises six sections. Section 2 sets out the overall rationale, aims and goals of the UNDESA project. Section 3 describes the specific objectives and implementing modalities of the assessment, and Section 4 sets out general approach and methods employed by it. Section 5 reports on the key findings of the assessment regarding (i) existing policy provisions and data/evidence used to inform them (ii) existing sources of data on older persons and (iii) remaining priority data gaps and needs to promote the development of evidence based policy and action on ageing. Section 6 reflects on challenges encountered and lessons learnt in the course of undertaking the assessment and Section 7 summarizes and distils the key findings of the assessment. Section 8 concludes the report by reflecting on implications of the assessment outcomes for the endeavour to advance evidence based policy and action on ageing in Kenya, and offering a set of recommendations to harness these.

2. UNDESA project: overall rationale and aims

Delivering evidence on the older population can serve as a decisive impetus for garnering political will and identifying concrete directions for action. Against this context, UNDESA launched a project "*Data collection methodology and tools for supporting the formulation of evidence-based policies in response to the challenge of population ageing in Africa*" in 2014. The core purpose of the project is to address the challenge for many African countries to consistently obtain, store, aggregate, disaggregate and disseminate and use data on the situation of older persons in the region.

To this end, the project's key aim is to forge a standard methodology and tools to produce, analyze and deliver a sustained database of harmonized indicators on the situation of older persons in Africa. The goals in establishing the database are to:

- Strengthen the capacity of government staff and other relevant stakeholders in select African countries to produce and analyze statistical information on older persons for evidence-based policies on ageing.

· Increase the capacity of government, in consultations with civil society and other stakeholders in such countries to apply empirical data to formulate, review and adjust national policies on ageing

Once forged, the database is expected to serve as a proof of concept of the general utility of such an approach for promoting strategic national-level action to attain sustainable, equitable and inclusive development, in line with the MIPAA and related internationally Agreed Development Goals (IADGs).

The development of the standard methodology to create the database is to be based on a set of situational analyses carried out in three African countries: Kenya, Uganda and Malawi.

3. Kenya situational analysis: objectives and implementing modalities

Specific objectives

In accordance with terms of reference set by UNDESA (Annex 1), the specific objectives to be accomplished by the situational analysis for Kenya were to ascertain, assess and report on extant:

1. Data and statistics (surveys, administrative data, big data) related to demographic trends on ageing at the national and sub-national level
2. Data & statistics related to the three priority directions of the Madrid Plan of Action on Ageing (MIPAA):
   - Older persons and development;
   - Advancing health and well-being into old age
   - Ensuring enabling and supportive environments
3. Meta-data related to all data & statistics collected
4. Data sources/producers & data users
5. Institutional rules and regulations as well as legal provisions that guide data collection, analysis, dissemination and data sharing protocols and accessibility as well as confidentiality
6. Data and statistics used for evidence based policy cycles at the national level
7. Major data gaps at the national level for (i) evidence-based policy cycles at the national level and (ii) in relation to MIPAA

Executing agency and collaborating partners

In March 2016, UNDESA commissioned the Program on Aging and Development (ADP) of the African Population and Health Research Center (APHRC) to assist in undertaking the situational analysis for Kenya. ADP staff Dr. Isabella Aboderin and Ms. Hilda Akinyi Owii (Annex 2) carried out the assignment between April and May 2016, in close cooperation with the Division of Older Persons and Social Welfare (DOPSW) in the Ministry of Labour and East African Affairs MLEAA. In this regard, an overall project plan was determined in conjunction with the Division, and specific DOPSW inputs to support and facilitate its realization were agreed upon.

4. Approach and methods

4.1. Data sources and collection

In order to achieve its objectives, the situational analysis for Kenya drew on three major data sources:

1. Focused consultations with the MLSSS, and with other relevant government stakeholders to elicit information on extant policy or programmatic action or research activities on ageing; as well as existing one-off, or periodic sources of survey- or administrative data, or emergent non-traditional data initiatives, relevant to the three priority areas of the Madrid International Plan of Action on Ageing and corresponding sustainable development goals and targets
2. Available web-based documentation on available relevant data and statistics or non-traditional data initiatives
3. Findings on national policy or programmatic action on ageing, ageing-related evidence needs and potentially relevant data sources generated by the earlier mentioned scoping study undertaken, and validated as part of a '*Toward an evidence revolution on ageing in Kenya*' initiative, led by APHRC in conjunction with the now MLEAA (Aboderin & Owii, 2015)

Information gathered from all three sources on extant policy, programmatic action and data on older persons was corroborated and further investigated through a scrutiny of all corresponding policy documents, survey and other reports (Annex 3).

Stakeholder consultations

Preparation for, and conduct of stakeholder consultations encompassed the following sequence of activities as agreed with the MLEAA:

Activity 1 – mapping of stakeholders:
In conjunction with the MLEAA a mapping was undertaken of key government departments and civil society stakeholders that work on, or are engaged in areas captured by the NPOPA and the MIPAA and were included in the earlier mentioned scoping study. In total, 13 stakeholder bodies (12 state agencies and 1 civil society organization) were identified and selected for inclusion in the project.

Activity 2 –designing consultation tools:
Subsequent to the mapping, structured topic guides were designed for the stakeholder consultations so as to elicit in-depth information on (i) the nature, scope and guidelines governing any extant data collection on older persons by stakeholders and (i) relevant data sources cited during the scoping study, including scale, quality control[1], data collection methods and modalities for data dissemination, access and use; (iii) policy, programmatic, or advocacy initiatives pursued by the stakeholders and any evidence or data sources utilised in their development, and (iv) priority evidence needed to further advance the stakeholders' action on ageing (the tools used for consultations with government and civil society stakeholders are presented in Annex 4)

Activity 3- conduct of stakeholder consultations:
One-on-one consultations were held with selected stakeholders using the structured topic guides. (see Annex 5 for a list of consulted stakeholders). Formal letters of invitation from the MLEAA to participate in the exercise were sent to prospective respondent units, with requests for follow up communication to identify specific contact persons and schedule consultation appointments. In total the consultations encompassed:

- Nine full face-to-face, and one abridged telephone interview with government stakeholders
- One face to face interview with a civil society stakeholder

All face-to-face consultations were recorded in writing with permission of the respondent stakeholder.

Web-based data search
The web-based data search sought to locate and examine relevant documentation and project reports in order to identify, and ascertain metadata on, any additional potentially pertinent data or statistics, in particular big data or data from non-traditional sources not captured in stakeholder consultations.

[1] An examination data quality itself was beyond the scope of this assessment and, therefore, did not form part of the analysis

To be considered for inclusion in the inventory, any located data sources had to meet three broad criteria:

- Be large-scale, either at the national or subnational level
- Be publicly available with some written documentation
- Be recent (ideally conducted between 1999 and 2016)

Data sources were identified and accessed through three principal channels:

- The Kenya National Bureau of Statistics (KNBS) website was searched to identify any longitudinal and cross-sectional studies which met inclusion criteria. The KNBS is the principal agency of government for collecting, analyzing and disseminating statistical data in Kenya and also acts as the custodian of official statistics.
- The World Bank microdata portal was searched to identify data documentation on cross-sectional studies. The search was restricted to Kenya and no language or specific time limitations were imposed.
- A Google search was conducted for all data sources that met the inclusion criteria. Information was sought from the institutional website and publications based on the identified data set reviewed.

Collected metadata on the content, methodological and access parameters of all identified studies comprised information on:

- Basic characteristics of the study, including year and scope of implementation, coverage and commissioning or implementing agencies
- Methodology, including data collection processes, sampling procedures and sample size
- Quality control procedures, including the use of callback procedures and quality control checks in the field[2]
- Data access policies

Drawing on findings of the 'toward an evidence revolution on ageing' scoping study

As indicated earlier, a 2014/2015 scoping study among all relevant national-level government and civil society role players across the ten NPOPA thematic areas was undertaken by APHRC in conjunction with the now MLEAA.

[2] As mentioned above, an examination data quality itself was beyond the scope of this assessment and, therefore, did not form part of the analysis

The study (i) assessed the scope of current awareness and action on ageing issues in Kenya, (ii) pinpointed priority information needs to advance such action, as perceived by policy stakeholders themselves and (iii) began to identify existing data sources and platforms that could, potentially, be drawn upon to furnish the priority evidence needs (Aboderin & Owii, 2015).

The current analysis built on the scoping study findings specifically by seeking to re-confirm, and gather more in-depth information on (i) identified existing, potentially relevant, data sources and platforms and (ii) the evidence needs classified as being of most critical importance in advancing the development of responses on ageing in Kenya.

4.2 Data mapping and analysis: organizing framework

All data collected through stakeholder interviews, the web-based search and drawing on the earlier scoping study findings were mapped and analysed using an organizing framework developed for the purpose. The framework combines all 35 objectives of the MIPAA, grouped in key issues under three overarching priority directions, with goals and targets contained in the SDG agenda that are pertinent to issues of ageing and older persons (Annex 6). To construct the framework, the project team carefully compared the content of each MIPAA objective with the detailed stipulations in 15 SDG goals and 50 targets identified as containing relevant age references (HelpAge, 2016). In all, 11 SDG goals and 29 targets were found to have direct, substantive overlap with MIPAA objectives and were thus incorporated in the matrix.

By integrating the two overarching instruments that are set to guide the development of policy responses on ageing in Kenya, and SSA broadly in the coming decade, the framework allows a systematic pinpointing of the most critical substantive data sources and gaps in relation to each.

5. Findings

5.1 Extant policy and evidence utilization

This section describes extant national policy provisions and programmatic action for each of the MIPAA priority directions and issue areas and corresponding SDG goals or targets, and the kinds of data or evidence, if any, that were, or are being used to inform their development.

Priority direction I – older persons and development

Issue 1: Active participation in society and development (SDG 5 (5.4); SDG 6 (6.b); SDG 10 (10.2))

This issue area comprises two key objectives:

1 - Recognition of social, cultural, economic, political contribution of older people
2 - Participation of older persons in decision-making processes at all levels

Policy provisions

- Policy provisions that are congruent with objective 1 are found only within the *NPOPA*, in Sections 2.4, and 2.4.3 (ii,iii).
- The second objective is reflected in stipulations of the (i) *NPOPA* (Sections 2.4, 2.4.3 (vii); 2.5, 2.5.3 (ii) and 2.10, 2.10.4 (iv));, (ii) *National Land Commission Strategic Plan (2013-2018)*, which provides for a facilitation of participation of marginalized groups (including older people) and communities in decision making over land and land based resources, and protect their land rights from unjust and illegal exploitation (p 29-30) and (iii) *New Constitution of Kenya (2010),* which under Article 57, State to take measures, among others, to ensure older persons' participation.

Programmatic action/practice

- Aligned with objective 2, the role of older people in settling land disputes is instrumental in the work of the Land adjudication and settlements department in the Ministry of Lands. Older people are often consulted to ascertain communal and customary land rights, as they are, by default, often nominated to local land tribunals and committees.
- Further congruent with objective 2, the NGEC holds quarterly stakeholders meeting with older persons groups and stakeholders in ageing in order to inform the Commission's interventions in programming

Evidence use

- No active use of any specific evidence or data sources appears to have informed the development of any of the above policy provisions or programmatic initiatives.

Issue 2: Work and the ageing labour force (SDG 8 (8.5, 8.8); SDG 10 (10.2, 10.3)

This issue area entails one objective:

1 - Employment opportunities for all older persons who want to work

Policy provisions

· Policy stipulations that directly reflect this objective thus far exist only in the *NPOPA* (Sections 2.8, 2.8.3 (i, iii))).

Practice/programmatic action

· No practice or programmatic initiative directly in line with objective 1 thus far exists.

Evidence use

· No evidence appears to have been actively drawn upon as a basis for developing the above policy provisions

Issue 3: Rural development, migration and urbanization
(SDG 1 (1.4); SDG 2 (2.3); SDG 4 (4.4); SDG 5 (5a); SDG 8 (8.10); SDG 10 (10.2, 10.3, 10.4)

This issue spans three key objectives:

1 - Improved living conditions and infrastructure in rural areas
2 - Alleviation of marginalization of older persons in rural areas
3 - Integration of older migrants within new communities

Policy provisions

· No policy provisions that are congruent with the objectives have thus far been forged

Practice/programmatic action

· No specific practice or programmatic initiative directly in line with objective 1, 2 or 3 has been developed to date.

Issue 4: Access to knowledge, education and training (SDG 4 (4.4, 4.6); SDG 10 (10.2, 10.3))

This issue comprises two key objectives:

1 - Equality of opportunity throughout life with continuing education, training, retraining, vocational guidance and placement services
2 - Full utilization of potential and expertise of persons of all ages recognizing benefits of increased experience with age

Policy provisions

- Policy or legal stipulations that concur with objective 1 are found in the (i) NPOPA (Section 2.7, 2.7.3), as well as (ii) *New Constitution of Kenya (2010),* which under Article 57, State to take measures, among others, to ensure older persons' participation and personal development and in Article 21 (3) obligates State organs and public officers to address the needs of Older persons and other vulnerable groups and (iii) *National Adult and Continuing Education Policy (2010*), which seeks, as one of its key objectives, to promote acquisition of relevant knowledge, attitudes and skills among all adults in order to facilitate adaptation to new technologies and production skills (Ministry of Education, personal communications) While the Policy in its present form speaks broadly to out of school youth and adults aged 18 years and above, the instrument is currently under review and consideration may be given to older people's education needs as a unique group. (iv) The *2013 Basic Education Act* guarantees the implementation of the right to free and compulsory basic education (Part IV). It provides for the establishment of pre-primary, primary and secondary schools, adult and continuing education center as well as special and integrated schools for learners with disabilities (Article 28). (v) *Kenya Vision 2030* identifies education as key within the social pillar to steer Kenya into middle-level income country in 20 years. According to this Vision 2030, "Kenya aims to be a regional centre of research and development in new technologies. This will be achieved through, among others, rejuvenating on-going adult training programmes (pp xiv). *Vision 2030* further seeks to and address 'obstacles facing other vulnerable groups' by equipping them with the skills that will enable them to live more productive and satisfying lives in an expanding and diverse economy (pp. 119)

- Provisions in line with objective 2 are found in the (i) NPOPA (Section 2.7, 2.7.3) and (ii) *Sessional Paper No. 3 of 2012 on Population Policy for National Development*, which advocates for elderly people to undertake provision of population education in their respective communities (Sec 4.2. 4.2.1.2.)

Practice/Programmatic action

- In accordance with objective 1, the *Department of Crop Resources and Agribusiness Development* in the Ministry of Agriculture seeks to provide an enabling environment for the participation of older farmers in development processes through the provision to them of training and/or capacity building on new farming technologies

Evidence use

- No active use of any evidence or data sources appears to have underpinned the formulation of any of the existing policy provisions or practice initiative above.

- However, more recent consideration of findings of the Kenya National Adult Literacy Survey (2007), which show particularly high illiteracy / semi-literacy rates among older persons have stimulated an intention to revise the current adult and continued education policy

Issue 5: Intergenerational solidarity (SDG 10 (10.2, 10.3))

The sole objective under this issue area is:

1 - Strengthen solidarity through equity and reciprocity between generations

Policy provisions

- No national policy provision that is congruent with this objective thus far exists

Practice/Programmatic action

- No specific practice or programmatic initiative directly in line with objective 1 has been developed to date

Issue 6: Eradication of poverty (SDG 1 (1.1, 1.2); SDG 17 (17.18)

This issue comprises one key objective:

1 - Reduction of poverty among older persons

Policy provisions

- Existing policy stipulations in line with this objectives are found in the (i) *NPOPA* (Sections 2.2, 2.2.3 (i-viii))

Practice/programmatic action

- No specific practice or programmatic initiative directly in line with objective 1 has been developed to date

Evidence use

- No active use of any evidence or data sources appears to have informed the formulation of the above policy provisions

Issue 7: Income security, social protection / social security and poverty prevention
(SDG 1 (1.3, 1.4); SDG 5 (5.4); SDG 10 (10.4)

This issue area entails two key objectives:

1 - Promotion of programmes to enable all workers to acquire basic social protection/social security
2 - Sufficient minimum income for all older persons especially socially and economically disadvantaged groups

Policy provisions

· Policy or legal provisions that correspond with objective 1 are found in the (i) *National Social Protection Policy (2011)*, which seeks to mitigate the adverse effects of poverty in Kenya through the establishment of a comprehensive policy framework and well-coordinated programmes designed to promote the well-being of those living in extreme poverty and vulnerability to which many older persons form part (Sec 1.4. pp. 3), (ii) *Sessional Paper No. 3 of 2012 on Population Policy for National Development*, which advocates for the establishment of social security and health insurance schemes, and for formation of community based support networks for the elderly people to undertake provision of population education in their respective communities (Sec 4.2., 4.2.1.2 (d) ii,iii); and (iii) *New Constitution of Kenya (2010),* which, in Article 43 (3) obligates the State to provide appropriate social security to needy older persons and in Article 27 (4) promotes and safeguards equality and non-discrimination of older persons based on age and, finally, (iv) *Vision 2030,* which stipulates a strategy to restructure pension schemes to increase savings for the old and reduce dependency, to reduce the burden of economic dependency among the under- 14 and over-65 age groups (pp 174); Encourage savings and other investments among economically-active Kenyans (pp. 175)

· Existing stipulations in line with objective 2 are contained in the (i) *Social Assistance Act No. 24 of 2013,* which states that "A person qualifies for social assistance as an elderly person if the person— has attained the age of 65; and has been neglected or abandoned without any ascertainable means of support; or lives or begs on the street for a living (Chapter 21), and (ii) in *The New Constitution of Kenya (2010)*, which under Article 21 (3) obligates State organs and public officers to address the needs of Older persons and other vulnerable groups and, under Article 43 (3) obligates the State to provide appropriate social security to needy older persons.

Practice/programmatic action

- Congruent with objective 1, the NGEC has developed advisory laws to, among others ensure prompt access to retirement benefits, and institute preparatory measures for retirement

- Aligned with objective 2, a Vision 2030 flagship project, intended as part of a strategy to the burden of under 14 and over 65 years economic dependency, has been the establishment of a consolidated social protection fund for cash transfers to OVCs and the elderly.
- By way of realizing the envisioned Vision 2030 flagship project, an older persons cash transfer programme (OPCTP) for the poor and vulnerable older persons was instituted in 2009, coordinated by the now MLEAA, and has been progressively expanded to serve about 164,000 beneficiaries with monthly stipends of KES 1,500 at present. Currently Plans are underway to increase coverage of the OPCTP to 800,000 in 2017/18.

- Further in line with objective 2, a Hunger Safety Net Programme 2, implemented by the National Drought Management Authority under the Ministry of Devolution and Planning, supports the poorest and most vulnerable households including those with older persons in the poorest four Arid Counties of Turkana, Mandera, Wajir and Marsabit. The overall objective of HSNP is to reduce extreme hunger and vulnerability by delivering regular and unconditional cash transfers of Kshs. 5,100 every two months (starting from 5th July 2015) to targeted households.
- Within the county government of Bomet a social protection program has registered over 15,000 elderly people (65+). The County government of Bomet has established a monthly stipend – separate from the OPTCP – of 2,500shs for older people, which is wired to registered SIM cards on a monthly basis. In the programme about 12,127 elderly people, aged 70+, benefit.

Evidence use

- There appears to have been no active use of evidence to inform the development of most of the above policy provisions or programmatic initiatives.

- An exception is the Vision 2030 flagship programme – now realized in form of the older persons cash transfer programme –the conception of which was stimulated directly by evidence derived from nationally representative Kenya Integrated Household Budget Survey (2005/6) data as well as extensive qualitative community consultations both of which pointed to an elevated risk of income poverty in older age (Aboderin, 2011)

Issue 8: Emergency situations (SDG 3 (3.4, 3.8); SDG 5 (5.5); SDG 10 (10.2); SDG 13 (13.b)

Two key objectives capture this issue area:,

1 - Equal access by older persons to food, shelter, medical care and other services during/after natural disasters/emergencies
2 - Enhanced contribution of older persons to the re-establishment and re-construction of communities and social fabric

Policy provisions

· Policy or legal stipulations that concur with objective 1 exist in the (i) *National Policy For Disaster Management In Kenya (2009-Draft)*, which stresses the need of special provisions to cater for elderly, among other vulnerable segments of the society in emergencies (pp. 27) as well as (ii) *New Constitution of Kenya (2010)*, which in Article 10 (2) (b) underlines the State's obligation to protect older persons together with other marginalized groups; in s Article 21 (3) obligates State organs and public officers to address the needs of Older persons and other vulnerable groups and in Article 27 (4) promotes and safeguards equality and non-discrimination of Older persons based on age; and (iii) *National Nutrition Action Plan (2012-2017)*, which in its strategic objective 4 seeks to prevent deterioration of nutritional status and save lives of vulnerable groups in emergencies by creating public awareness on the importance of nutrition in emergency at all levels (Sec. 2.4.5. pp 14)

· No direct policy provision corresponding with objective 2 thus far exists.

Practice/programmatic action

· In accord with objective 1, the MLEAA has established and coordinates a *social protection fund* (SPF), to address drought and food crises through access to credit and cash transfer on flexible terms for poor and vulnerable households with older citizens above 65 years of age

Evidence use

· No specific evidence appears to have used as a basis for the forging of the above stipulations or programmatic action

Priority direction II: Advancing health and well-being into old age

Issue 1: Health promotion and well-being throughout life
(SDG 2 (2.1, 2.2); SDG 3 (3.4); SDG 6 (6.2))

Three key objectives capture this issue area:

1 - Reduce cumulative effect of factors that increase risk of disease and potential dependencies in later life
2 - Development of policies to prevent ill-health among older persons
3 - Access to food and adequate nutrition

Policy provisions

· Extant policy provisions that are congruent to objective 1 are contained in the (i) *Kenya National Strategy for the Prevention and Control of NCDs (2015-2020)*, which seeks to 'promote healthy lifestyles and implement interventions to reduce the modifiable risk factors for NCD (strategic objective 3), and 'promote interventions to reduce exposure to environmental, occupational, genetic and biological risk factors' (Strategic objective 8), and (ii) *National Nutrition Action Plan 2013-2017*, which indirectly includes older people in strategic objective 6 to improve prevention, management, control of diet-related NCD (p.38).

· Stipulations in line with objective 2 are found in the (i) *NPOPA* (Section 2.3, 2.3.3 (ii)); and (ii) *Kenya National Strategy for the Prevention and Control of NCDs (2015-2020).* A guiding principle of the strategic plan – a life course approach – implies that policies, plans and services for the prevention and control of NCD need to take into account the health and social needs at all stages of life (Sec 1. Guiding principle 2 pp. 18). Moreover, its strategic objective 2, pursues the formulation and strengthening of legislations, policies and plans for the prevention and control of non-communicable diseases/conditions by both county and national governments

· Provisions in accord with Objective 3 exist in the (i) *NPOPA* (Sections 2.5, 2.5.3 (i, vi, vii)), and (ii) *National Nutrition Action Plan (2012-2017),* which, in strategic objective 7, seeks to improve nutrition in schools and other institutions (including care institutions for older people)(pp ix)

Practice/programmatic action

· No specific practice or programmatic initiative in line with objective 1, 2 or 3 has as yet exists

Evidence use

· No specific evidence appears to have been drawn upon as a basis for the forging of the above stipulations

Issue 2: Universal and equal access to health care services

(SDG 3 (3.8); SDG 5 (5.1, 5.4, 5.5); SDG 10 (10.2, 10.3); SDG 11 (11.1)

Four objectives are comprised under this issue area:

1 - Eliminate social, economic inequalities to ensure older people have universal and equal access to health care
2 - Develop and strengthen primary health care services to meet the needs of older persons and promote their inclusion
3 - Development of a continuum of health care to meet needs of older persons
4 - Involvement of older persons in the development and strengthening of primary and long-term care services

Policy provisions

Provisions that correspond with objective 1 are found in the (i) *NPOPA* (Sections 2.3, 2.3.3 (i, iii, iv)), and (ii) *Kenya Health Sector Strategic And Investment Plan (2014-2018).* One of the Plan's specific priority output targets - improvements in socio-cultural access- entails a target is to ensure that all (100%) of required Kenya Essential Package for Health services are available for populations most at risk from cultural barriers – women, persons with disability, elderly, children, youth, marginalized groups, etc. (Sec 4.1. pp. 31). (iii) The *National Reproductive Health Strategy (2009-2015)*, seeks, in Strategy 1, to create awareness at all levels of the Sexual and Reproductive Health needs of elderly persons by, among others, promoting awareness among service providers at all levels of the sexual and reproductive health needs of elderly persons. (Sec 2.3.9 pp.50). In Strategy 2 it stipulates action to improve access to appropriate facilities for screening, early diagnosis and treatment of reproductive organ cancers (especially cervical, breast and prostate cancers) and complications associated with menopause and andropause (Sec 2.3., 2.3.9. pp 51). (iv) *The New Constitution of Kenya (2010)*, in Article 27 (4), promotes and safeguards equality and non-discrimination of Older persons based on age.

· Stipulations that concur with objective 2 are contained within the *National Reproductive Health Strategy (2009-2015)* under Strategy 1, which seeks to promote Integration of RH Services for the elderly in routine RH services at all Levels of Health Care through the following key Activities: 1. Promotion of awareness within the Community of the availability of RH services for the elderly. 2. Building capacity within health facilities at all levels to provide integrated elderly-friendly services, including management of menopausal problems and cancer screening, as appropriate. 3. Integration of counseling and appropriate health services for elderly persons in current RH programmes and services, including outreach activities (Sec 2.3., 2.3.9)

- Policy specifications in line with objective 3 are included in the (i) *NPOPA* (Section 2.3, 2.3.3 (iii)) and the *National Reproductive Health Strategy (2009-2015)*, which in Strategy 1 seeks to 4. promote healthy lifestyles and good nutrition throughout the life cycle (Sec 2.3., 2.3.9)

- Stipulations that accord with objective 4 exist in the *NPOPA* (Section 2.3, 2.3.3 (vi))

Practice/programmatic action

- In line with objective 1, the Health Insurance Subsidy Program (HISP) a Government of Kenya flagship project under Vision 2030 is being implemented by NHIF and financed by the World Bank. Under this program, the government seeks to provide universal quality healthcare that is accessible, affordable and sustainable through effective and efficient utilization of resources to vulnerable segments of the population (including older persons) in Kenya. NHIF plans to pilot HISP among 3,500 households for two years beginning 1st September 2014. This is approximately 141,000 of the poorest of the poor or approximately 500 households in each of the 47 counties. The program is expected to reach an estimated 9 million poor by 2020. The initial beneficiaries of HISP are households registered under the Orphans and Vulnerable Children (OVC) Cash Transfer Program (CTP) operated by the Social Protection Secretariat (SPS) within the Ministry of Labour, Social Security and Services (now MLEAA). The program will initially target 500 beneficiaries in each county. Each of the households will be given a comprehensive insurance plan that covers both inpatient and outpatient services at no charge to the household. The cost of the program will be covered by the Kenya government. The pilot phase targets 500 households in every county – about 23,000 households country wide and equivalent to around 123 000 beneficiaries countrywide – with 100% subsidy (in and out patient cover) through two schemes: capitation mode (advance payment to public hospitals to provide health care) and through strategic partnerships with county governments to enable coverage of the vulnerable. For example a business strategic partnership with the county government of Bomet social protection program has registered over 15,000 elderly people (65+)

- Congruent with objective 2, an entire information education and communication (IEC) unit at the *Division of reproductive health, Ministry of Health* is dedicated to mobilizing and creating awareness on pap smears and vaccination to enhance participation by communities in enhancing their health. There are also deliberate efforts to provide information on access to health and reproductive care services for rape survivors, a growing number, or even majority of which appear to be older women

Evidence use

- No active use of evidence appears to have underpinned the formulation of the above stipulations

Issue 3: Older persons and HIV/AIDS

(SDG 3 (3.8); SDG 4 (4.4, 4.6); SDG 5 (5.4); SDG 10 (10.2, 10.3)

This issue area entails three objectives:

1 - Improve assessment of impact of HIV/AIDS on the health of older persons
2 - Provision of adequate information, training on caregiving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers
3 - Enhancement and recognition of contribution of older persons to development in their role as caregivers for children with chronic diseases and as surrogate parents

Policy provisions

· Policy directions that concur with objective 1 are entailed in the (i) *Kenya AIDS Strategic Framework (2014/15-2018/19)*, which in its provisions on resourcing and implementing HIV research agenda, seeks to "Investigate less adherent dependent and cost-effective prevention technologies (microbicides, preventive and therapeutic vaccines and cure), long-acting PrEP and PEP, and ARVs for treatment; interaction of HIV with NCD and geriatric diseases; better treatment for children and the elderly living with HIV"(pp. 42)

· Stipulations that accord with objective 2 are found in the (i) *Kenya National AIDS Strategic Plan 2009/10-2012/13.* Under Outcome 1 on Reduced risk behavior among the general, infected, most at risk and vulnerable populations, the plan provides for (a) Enhancing uptake of HIV prevention among men and women aged 15-64 through Communication for social behavior change and character formation, community outreach to reinforce accurate knowledge and demand for services in the general population and increased condom use (b) increasing the proportion of men and women aged 15-64 who know their HIV status through national and local BCC campaigns to reinforce partner reduction, supported by condom use, HIV Testing and Counseling, community mobilisation in the general population (pp. 19).

· No policy provisions in line with objective 3 thus far exist

Practice/programmatic action

· In line with objective 2 and the specifications in the *Kenya National AIDS Strategic Plan 2009/10-2012/13*, HIV prevention and awareness raising services are being extended to older persons aged up to 64 years

· No specific practice or programmatic initiatives in line with objectives 1 or 3 have thus far been forged.

Evidence use

- The Kenya National AIDS Strategic Plan provision to extend services to older individuals up to 64 years was initially prompted by evidence from the 2007 Kenya AIDS indicator survey, which showed a significant prevalence of HIV/AIDS infection among those aged 50-64

Issue 4: Training of care providers and health professionals (SDG 10 (10.3))

This issue area is captured in one objective:

1 - Provision of improved information and training for health professionals and para-professionals on needs of older persons

Policy provisions

- Policy stipulations in accord with this objective exist in the (i) *NPOPA* (Section 2.3, 2.3.3 (v))

Practice/programmatic action

- No specific practice or programmatic initiative in line with objective 1 has thus far been forged.

Evidence use

- No active use of evidence appears to have underpinned the formulation of the above stipulations

Issue 5: Mental health needs of older persons (SDG 3 (3.4, 3.8)

The one objective under this issue area is:

1 - Development of comprehensive mental health care services

Policy provisions

- Policy directions in line with this objective are found in the (i) *Mental Health Policy (2012)*, which acknowledges that older persons especially those without social protection and social networks are often vulnerable to mental disorders. As such one of its values is *continuity of care* i.e. care throughout the course of a person's course of life (as individual, member of family and community) i.e. relational interface between health care provider and community (Sec 3.6 (b)). One of its strategic objectives is to promote the mental health and wellbeing of all persons (Sec 3.4 (a)

Practice/programmatic action

- No specific practice or programme in line with objective 1 has been forged to date.

Evidence use

- No specific evidence appears to have been built upon in the formulation of the above provisions

Issue 6: Older persons with disabilities

(SDG 3 (3.8); SDG 9 (9.1, 9.c); SDG 10 (10.2, 10.3); SDG 11 (11.2, 11.7)

This issue area includes one objective:

1 - Maintenance of maximum functional capacity throughout life course and promotion of full participation of older persons with disabilities

Policy provisions

· Stipulations that concur with this objective are found in the *Kenya – Persons with Disabilities Act 14 of 2003*, which holds that "allowances may be paid to persons with disabilities falling in the following categories and who have no other source of income— (i) persons with severe disabilities and who are therefore not trainable in any skills; (ii) aged persons with disabilities…(33, 2 (e)) ("aged person" refers to a person with a disability who has been forced into retirement from employment due to his disability)

Practice/programmatic action

· In line with objective 1, there are plans by the *National Council for Persons living with Disabilities* to lobby for universal coverage of the Older Persons Cash Transfer Programme for older people living with disability through a tool developed by the United Disabled Persons of Kenya (UPDK) -an umbrella disability organization, and to advocate for an extension of retirement age for PWDs through the Disability Act of 2003

Evidence use

· No specific evidence appears to have been used as a basis to inform the development of the above stipulations

<u>Priority direction III – Ensuring enabling and supportive environments</u>

Issue 1: Housing and living environment

(SG 6 (6.1, 6.2); SDG 10 (10.2);SDG 11 (11.1, 11.2, 11.7)

This issue is captured in two key objectives:

1 - Promotion of ageing in place
2 - Improvement of housing and environment to promote independent living
3 - Improved availability of accessible and affordable transport

Policy provisions

- At present no policy provisions exist that are in line with objective 1
- Stipulations that correspond with objective 2 are found only in the *NPOPA* (Section 2.6, 2.6.3)
- Provisions corresponding to objective 3 are entailed in the (i) *NPOPA* (Section 2.6, 2.6.3 (ii)); and (ii) *Sessional Paper No. 3 on National Housing Policy for Kenya 2004 (under revision)*, which stipulates that new public buildings and facilities, public housing and transport systems will be required to put in place measures that ensure access by elderly and disabled persons. Similar measures will be encouraged during renovation of existing buildings whenever feasible (Chap 3, 3.25 (36)(f))

Evidence use

- No active use of evidence appears to have informed the formulation of the above stipulations

Issue 2: Care and support for caregivers (SDG 3 (3.8); SDG 5 (5.4)

The two objectives under this issue area are:

1 - Provision of a continuum of care and services for older persons from various sources and support for caregivers
2 - Support the caregiving role of older persons especially older women

Policy provisions

- Policy stipulations that correspond with objective 1 are contained within the (i) *NPOPA* (Sections 2.4, 2.4.3 (i)) and (ii) *Ministry of Labor, Social Security and Strategic Plan (2013-2017)* . The Plan comprises an objective to strengthen institutions (homes)offering services to older persons by establishing a model institution/home of older persons and developing guidelines for establishment of homes/institutions developed (pp. 55)
- No specific provisions as yet exist that are in accord with objective 2.

Practice/programmatic action

- The '*Division of Family Affairs*' of the Nairobi County Government has established a care and support programme (Mji wa Huruma Home for the Aged) for abandoned older persons. In the spirit of promoting the family as the fundamental unit for care and support provision for older people, the division works to reconcile older people with their families and to promote a positive culture that recognizes the value of caring for older members at family level (for example, a growing number of young adults seek to enlist their parents to the home but the home's policy is to only take in those who have been referred by social workers and public hospitals as neglected

- The now MLEAA has developed concrete plans for the establishment of a model older persons care centre. In addition, it intends to develop regulatory guidelines for the establishment and registration of these institutions. Once formulated, the guidelines will be gazetted to ensure all stakeholders wishing to establish institutions of older persons adhere to the stipulated standards

Evidence use

- No active use of evidence appears to have underpinned the formulation of the existing stipulations and programmatic initiative above.

- However, the MLEAA's development of concrete plans for an older persons' care centre, and its plans for the development of national guidelines for care institutions are directly informed by a national mapping of all institutions providing services for older persons in the country, undertaken by the now MLEAA itself in 2014. The mapping found evidence of a pervasive lack of standards and regulation, concomitant with apparent widespread poor service quality (MLSSS, 2014)

Issue 3: Neglect, abuse and violence (SDG 5 (5.1, 5.2, 5a); SDG 10 (10.3)

This issue area contains two objectives:

1 - Elimination of all forms of neglect, abuse and violence on older persons
2 - Creation of support services to address elder abuse

Policy provisions

- Policy provisions that concur with objective 1 are contained within the (i) *NPOPA* (Section 2.4, 2.4.3 (v)); as well as (ii) *Ministry of Labor, Social Security and Strategic Plan (2013-2017)*, which includes an objective to sharpen advocacy on elder abuse through IEC materials and sensitization forums (pp.73); the (iii) *The New Constitution of Kenya 2010,* which in Article 57 obligates the State to take measures to ensure that the rights of older persons to live in dignity and respect and be free from abuse are realized and the (iv) *National Reproductive Health Strategy (2009-2015)* which in Strategy 1 seeks to advocate for the elimination of all forms of violence and discrimination against elderly persons (Sec 2.3.9)

- Objective 2 is reflected in the *NPOPA* (Sections 2.4, 2.4.3 (xiii)).

Evidence use

- No specific evidence appears to have been used actively as a basis for the formulation of the above stipulations

Issue 4: Images of ageing (SDG 5 (5.4))

The single objective under this issue area is:

1 - Enhance the public recognition of the authority, productivity, wisdom and other contributions of older persons

Policy provisions

· Stipulations congruent with the objective are found in the *NPOPA* (Sections 2.4, 2.4.3 (ii,iii))

Evidence use

· No specific evidence appears to have been drawn upon to inform the formulation of the above stipulations

5.2 Available data and statistics on older persons in Kenya

For *each* MIPAA priority direction and issue area (and corresponding SD goal or target) this section identifies relevant existing sources of national data or statistics on older persons. The assessment pinpoints the kinds of information that are potentially offered by each source, and that may be generated through focused secondary analysis of the data. Available metadata for each source – on the scope of data collected, the methodology and quality assurance mechanisms employed, and modalities guiding its dissemination, sharing and use – are set out in detail in Annex 7.

<u>Priority direction I – older persons and development</u>

Issue 1: Active participation in society and development
(SDG 5 (5.4); SDG 6 (6.b); SDG 10 (10.2))

National survey data

(i) National Population and Housing Census (2009,1999, 1989)
(ii) Kenya Integrated Household Budget Survey (2015/16, 2005/6)

Both datasets offer potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels and patterns of economic activity of older persons
- The representation of older persons among heads of households
- Living arrangements of older persons

Administrative data

· None identified

Other data sources

(i) One-off 'audit' on the cash transfers in Kenya across 12 counties 'Participation of vulnerable populations in their own programmes: the cash transfers in Kenya' (2013)

This data source offers potential age- and sex-disaggregated information on the level of older persons' participation in the operation and monitoring of the cash transfer programmes designed for them.

Issue 2: Work and the ageing labour force (SDG 8 (8.5, 8.8); SDG 10 (10.2, 10.3)

National survey data

(i) National Population and Housing Census (2009,1999, 1989)
(ii) Kenya Integrated Household Budget Survey (2015/16, 2005/6)

Both datasets offer potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels and patterns of economic activity of older persons

Administrative data

(i) Department of Labour, MLEAA: labour inspections data collected from private employers and trade disputes – using sheets/templates with details on workers' age, sex, rank.

This data source offers potential age-and sex disaggregated cross-sectional and trend information on:

- older persons' role and experiences in issues of redundancy, retirement, terminations, and relocation.

Other data sources

· None identified

Issue 3: Rural development, migration and urbanization
(SDG 1 (1.4); SDG 2 (2.3); SDG 4 (4.4); SDG 5 (5a); SDG 8 (8.10); SDG 10 (10.2, 10.3, 10.4)

National survey data

(i) National Population and Housing Census (2009,1999, 1989)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Broad living conditions of older people in rural and urban areas

(ii) Kenya Integrated Household Budget Survey (2015/16, 2005/6)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Broad living conditions and socio-economic advantage/disadvantage of older people in rural and urban areas

(iii) (Planned National Agricultural Census)

(A census of this nature is being planned by the KNBS and Ministry of Agriculture. Once realized, this data source would offer detailed information on the absolute and relative situation, empowerment and inclusion of older farmers)

Administrative data

· None identified
(Administrative data collected by Ministry of Agriculture on membership by type of agricultural society does not allow for isolation of data on older farmers/rural dwellers)

Other data sources

· None identified

Issue 4: Access to knowledge, education and training

(SDG 4 (4.4, 4.6); SDG 10 (10.2, 10.3))

National survey data

(i) National Population and Housing Census (2009,1999, 1989)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels and broad patterns of educational attainment among older adults

(ii) Kenya Integrated Household Budget Survey (2015/16, 2005/6)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels, broad patterns and correlates of educational attainment among older adults

(iii) Kenya National Adult Literacy Survey (2006)

This dataset offers potential age- and sex disaggregated, cross-sectional information on:

- Absolute and relative levels, broad patterns and correlates of literacy, numeracy, engagement in reading, writing and computational skills, and reading attitudes among older adults

Administrative data

(i) Ministry of education – adult/continuing education service data

This source of data - collected through Service registers at point of contact (during registration) with adult/continuing education services, as well as additional supply focused rosters – provides potential age- and sex disaggregated cross-sectional and trend data on:

- Absolute and relative levels of older adults' enrolment in adult/continuing education services, and broad characteristics and, in some cases, training needs of older enrollees

- Absolute and relative levels of older adults' involvement in teaching in adult/continuing education services

Other data sources

· None identified

Issue 5: Intergenerational solidarity (SDG 10 (10.2, 10.3))

National survey data

(i) Inequalities and social cohesion study (2014)
(data reporting is still ongoing. Specific relevance of data source to be confirmed)

Administrative data

· None identified

Other data sources

(i) Subnational study 'Growing old in Kenya: making it a positive experience' (2009)

Conducted in old people's homes and communities in selected provinces, this data source offers potential cross-sectional data on:

- Older persons' attitudes, fears and perspectives on older age

Issue 6: Eradication of poverty (SDG 1 (1.1, 1.2); SDG 17 (17.18)

National survey data

(i) Kenya Integrated Household Budget Survey (2015/16, 2005/6)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels, broad patterns and correlates of 'hard-core', 'absolute' and 'food' poverty among older adults

Administrative data

· None identified

Other data sources

· None identified

Issue 7: Income security, social protection / social security and poverty prevention

(SDG 1 (1.3, 1.4); SDG 5 (5.4); SDG 10 (10.4))

National survey data

(i) Kenya Integrated Household Budget Survey (2015/16, 2005/6)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Levels, patterns and correlates of pension and other social protection grant receipt in households comprising older adults

Administrative data

(i) MLEAA administrative data on all social protection schemes included in the national safety net programme (includes the Older Persons Cash Transfer)

(Relevance of, and kinds of data offered by this source, **to be confirmed**)

(ii) Programme implementation and beneficiary satisfaction (PIBS) survey for the Kenya national safety net programme (2016)

Once available, this data source will offer potential cross-sectional data on

- older beneficiaries' satisfaction with, and perceptions of the impacts of the respective social protection programme they are served by
- fidelity of the social protection schemes

Other data sources

· None identified

Issue 8: Emergency situations (SDG 3 (3.4, 3.8); SDG 5 (5.5); SDG 10 (10.2); SDG 13 (13.b)

National survey data

· None identified

Administrative data

(i) UNHCR collects routine registration and service use data in all refugee camps operated or overseen by it, including in Kenya. The synthesized data in UNHCR's management system does not allow disaggregation by age (and isolation of information on older people database as adults are captured in a broad age category 15+). However, 'raw' data from camp registration and service records should allow such and sex disaggregation and could offer potential information on

- Representation of older adults among refugee populations
- Absolute and relative levels of service use
- Absolute and relative levels of basic health indicators

Other data sources

· None identified

<u>Priority direction II: Advancing health and well-being into old age</u>

Issue 1: Health promotion and well-being throughout life
(SDG 2 (2.1, 2.2); SDG 3 (3.4); SDG 6 (6.2))

National survey data

(i) Kenya STEPwise Survey for non-communicable disease risk factors (2015)

This dataset offers potential age- and sex disaggregated, cross-sectional information on:

- Absolute and relative levels, patterns and correlates of major behavioral and biological risk factors for NCDs, injuries, and oral diseases among older adults in Kenya

(ii) Global adult tobacco survey (2014)

This dataset offers potential age- and sex disaggregated, cross-sectional information on:

Absolute and relative levels, patterns and correlates of tobacco use prevalence (smoking and smokeless tobacco products); second-hand tobacco smoke exposure; cessation; and knowledge, attitudes and perceptions among older adults.

(iii) Kenya Integrated Household Budget Survey (2015/16, 2005/6)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels, patterns and correlates of household food-expenditure and food-poverty among older adults

(iv) Demographic and Health Survey (2014)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels, patterns and correlates of household food-expenditure among older adults

Administrative data:

(i) National Health Insurance Fund (NHIF) administrative data
(Specific kinds of information offered by this data source to be confirmed)

Other national sources:

· None identified

Issue 2: Universal and equal access to health care services

(SDG 3 (3.8); SDG 5 (5.1, 5.4, 5.5); SDG 10 (10.2, 10.3); SDG 11 (11.1)

National survey data

(i) Kenya Integrated Household Budget Survey (2015/16, 2005/6)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels, patterns and correlates of health care use for recent sickness among older adults

(ii) Kenya Service Provision Assessment Survey (2010)

This dataset offers potential cross-sectional information on:

- The availability of selected essential medicines for key old-age related conditions (such as hypertension) across a representative sample of all health facilities in Kenya

Administrative data

(i) National Health Insurance Fund (NHIF) administrative data

This data set offers potential age- and sex-disaggregated cross-sectoral and trend information on:

- The absolute and relative number and profile of older persons registered with the NHIF, their type of coverage and their health care utilisation profile

(ii) District health information system (DHIS) data

This data set offers potential age and sex disaggregated cross-sectoral and trend information on:

- The absolute and relative number of older patients' treated within selected disease programmes; as well as (variously) their profile in terms of diagnosis, complications, treatment, and disease duration

Other data sources

· None identified

Issue 3: Older persons and HIV/AIDS

(SDG 3 (3.8); SDG 4 (4.4, 4.6); SDG 5 (5.4); SDG 10 (10.2, 10.3)

National survey data

(i) Kenya AIDS Indicator Survey (2007, 2013)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels and broad patterns of HIV infection, testing, Access to HIV prevention, care, and treatment services among older adults aged 60-64 years

Administrative data

(i) Department of Health information system (DHIS)

This data set offers potential age- and sex-disaggregated cross-sectoral and trend information on

- The absolute and relative number of older patients' treated within HIV/AIDS programmes; as well as (variously) their profile in terms of diagnosis, complications, treatment, disease duration and basic socio-demographic background

Other data sources

· None identified

Issue 4: Training of care providers and health professionals (SDG 10 (10.3))

National survey data

(i) Kenya Service Provision Assessment (KSPA)(2010)

This dataset offers potential cross-sectional information on:

- The presence of health staff with at least some geriatric/gerontological training across a representative sample of all health facilities in Kenya

Administrative data

· None identified

Other data sources

· None identified

Issue 5: Mental health needs of older persons (SDG 3 (3.4, 3.8)

National survey data

· None identified

Administrative data

· None identified

Other data sources

· None identified

Issue 6: Older persons with disabilities

(SDG 3 (3.8); SDG 9 (9.1, 9.c); SDG 10 (10.2, 10.3); SDG 11 (11.2, 11.7)

National survey data

(i) Kenya Integrated Household Budget Survey (2015/16, 2005/6)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels, patterns and correlates of functional limitations among older adults

(ii) National Population and Housing Census (2009,1999, 1989)

This dataset offers potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels, types and broad patterns of disability among older adults

(iii) Kenya National Survey for Persons with Disabilities (2007)

This dataset offers potential age- and sex disaggregated, cross-sectional information on:

- Absolute and relative levels, types and broad patterns of disability, coping mechanisms and service use among older adults

Administrative data

· None identified

Other data sources

· None identified

Priority direction III – Ensuring enabling and supportive environments

Issue 1: Housing and living environment

(SG 6 (6.1, 6.2); SDG 10 (10.2); SDG 11 (11.1, 11.2, 11.7)

National survey data

(i) National Population and Housing Census (2009,1999, 1989)
(ii) Kenya Integrated Household Budget Survey (2015/16, 2005/6)

Both datasets offer potential age- and sex disaggregated, cross-sectional and trend information on:

- Absolute and relative levels and patterns of housing conditions among households containing older persons

(iii) Kenya National Housing Survey (2012/13)

This dataset offers potential age- and sex disaggregated, cross-sectional information on:

- Absolute and relative levels and patterns of housing quality, housing finance, and housing infrastructure in households containing older persons

Administrative data

· None identified

Other data sources

· None identified

(A national audit of 'age friendly' infrastructure (buildings, roads and transport) is planned by the National Gender and Equality Commission)

Issue 2: Care and support for caregivers (SDG 3 (3.8); SDG 5 (5.4)

National survey data

· None identified

Administrative data

· None identified

Other data sources

(i) National databank on institutions offering services to older people (2014)

This data source, established through a national mapping exercise by the then MLSSS, offers potential information on

- Location, broad service type, and broad operational modes of all institutions offering services to older persons

(ii) National audit of institutional care facilities for older people (2015)

Once available, this data source, offers potential information on the

- Location, broad service type, and physical/infrastructural accessibility of institutional care facilities for older persons

Issue 3: Neglect, abuse and violence (SDG 5 (5.1, 5.2, 5a); SDG 10 (10.3)

National survey data

· None identified

Administrative data

· None identified

Other data sources

(i) Rapid Assessment on violence against older persons in Kenya (2014)

This sub-national data source, offers potential cross-sectional information on:

- Older adults' and their caregivers' awareness of, and experiences with, violence against older persons
- Types, patterns and drivers of violence against older persons
- Existing responses and community perspectives on required further responses

(ii) (A study on the scope of elder abuse in Kenya is planned by the MLEAA)

Issue 4: Images of ageing (SDG 5 (5.4))

National survey data

- None identified

Administrative data

- None identified

Other data sources

None identified

5.3 Priority evidence needs and data gaps

For *each* MIPAA priority direction and issue area (and corresponding SD goal or target) this section documents (i) broad priority evidence needs as articulated by government and civil society policy stakeholders both in face-to-face consultations, and during the prior 'toward an evidence revolution on ageing in Kenya' scoping study, the findings of which were confirmed in a national validation meeting (Aboderin and Owii, 2015) and (ii) the extent to which the priority evidence needs may be furnished by drawing on identified existing data sources.

Priority direction I – older persons and development

Issue 1: Active participation in society and development
(SDG 5 (5.4); SDG 6 (6.b); SDG 10 (10.2))

Evidence need	Potential for furnishing with existing data sources
· Nature and scope of older people's skills and capacities at community level	—
· Older people's perspectives on their potential contributions to communities	—
· Potential novel community level roles for retirees and other older people	—
· Age-profile and activities of members of cultural industries in the East African community	—
· Group or organizational associations for and by older people and membership in others such as self-help groups	—
· Leadership positions occupied by older people e.g. in associations, church groups	—
· Nature and scope of older people's engagement in community-level services and decision making, including conflict resolution	—
· Profile of post-retirement activities, and level of social integration and engagement, among former formal sector employees	—

Issue 2: Work and the ageing labour force (SDG 8 (8.5, 8.8); SDG 10 (10.2, 10.3)

Evidence need	Potential for furnishing with existing data sources
· Nature /and scope of challenges faced by older workers	Partially (MLEAA – labour inspection data)
· Profile of older people's economic activities	Yes (Census 1989, 1999, 2009) (KIHBS 2005/6, 2015/16)

Issue 3: Rural development, migration and urbanization

(SDG 1 (1.4); SDG 2 (2.3); SDG 4 (4.4); SDG 5 (5a); SDG 8 (8.10); SDG 10 (10.2, 10.3, 10.4)

Evidence need	Potential for furnishing with existing data sources
· Housing and sanitation needs of older persons in rural and low-resource urban areas	—
· Scope of, and factors influencing the migration of older people	—
· Livelihood and social integration of older migrants	
· Age, sex profile of farming population	Partially (Census 1989, 1999,2009) (KIHBS 2005/6, 2015/16)
· Profile of older farmers' agricultural activities, acreage and productivity	—
· Scope and patterns of older adults' land ownership/control	—
· Inclusion of older farmers in extension and other services and strategies	—

Issue 4: Access to knowledge, education and training

(SDG 4 (4.4, 4.6); SDG 10 (10.2, 10.3))

Evidence need	Potential for furnishing with existing data sources
· Factors promoting/ hindering enrolment of older people in adult learning centers	—
· Profile of adult learning centres and age profile of enrolled students	Yes (Ministry of Education-administrative data)
· Older people's perspectives on literacy and literacy training	—
· Level of awareness on, and access to digital technology among older people	—
· Prevalence of indigenous technical knowledge, skills and talents within older population	—

Issue 5: Intergenerational solidarity (SDG 10 (10.2, 10.3))

Evidence need	Potential for furnishing with existing data sources
· Effect/influence of migration of younger family members on older kin	—

Issue 6: Eradication of poverty (SDG 1 (1.1, 1.2); SDG 17 (17.18)

Evidence need	Potential for furnishing with existing data sources
· Income status and livelihood sources of older persons	Partially (KIHBS 2005/6; 2015/16)
· Coping mechanisms of older people in low resource rural and urban areas	—

Issue 7: Income security, social protection / social security and poverty prevention

Evidence need	Potential for furnishing with existing data sources
· Older people's access to credit through banks, micro-finance institutions, etc.	—
· Challenges that older people face in accessing social protection schemes	—
· Profile and efficacy of traditional social protection systems and their potential role as a basis for further developing modern social protection programmes	—
· Profile of social exclusion among older people	—
· Adequacy of OPCTP coverage and stipend	Partially (PIBS 2016)
· Adequacy of OPCTP coverage and stipend	Partially (PIBS 2016)
· Sustainability, potential for expansion of OPCTP	—

Issue 8: Emergency situations (SDG 3 (3.4, 3.8); SDG 5 (5.5); SDG 10 (10.2); SDG 13 (13.b)

Evidence need	Potential for furnishing with existing data sources
· Level and nature of exclusion of older people in emergencies and post-emergency responses	Partially (UNHCR administrative data) (tbc)
· Impacts of humanitarian crises on older people	—
· Capacity for disaster preparedness and resilience among older persons	—

Priority direction II: Advancing health and well-being into old age

Issue 1: Health promotion and well-being throughout life

(SDG 2 (2.1, 2.2); SDG 3 (3.4); SDG 6 (6.2))

Evidence need	Potential for furnishing with existing data sources
· Prevalence of key NCD and NCD risk factors in older population	Yes STEPwise survey (2015)
· Prevalence and types of nutritional diseases among older people	—
· Prevalence of vision and hearing impediments among older people	Yes (Census 1989, 1999, 2009) (National Survey on Persons with Disabilities, 2007)
· Disease profile of older population	Partially (KIHBS 2005/6, 2015/16) (District Health Information System data) (National Health Insurance Fund data)
· Profile of dietary consumption among older people (including in care institutions)	Partially (KIHBS 2005/6, 2015/16) (DHS 2014)
· Older people's perspectives on 'healthy' food and nutrition and exercise	—

Issue 2: Universal and equal access to health care services

(SDG 3 (3.8); SDG 5 (5.1, 5.4, 5.5); SDG 10 (10.2, 10.3); SDG 11 (11.1)

Evidence need	Potential for furnishing with existing data sources
· Extent and patterns of older people's health service use/access	Partially (KIHBS, 2005/6, 2015/16) (National Health Insurance Fund data) (District Health Information System data)
· Profile of older adults using reproductive health services	—
· Nature of key service access barriers faced by older people	—
Medication for older adults: affordability, availability, appropriateness, adherence	—
· Extent, patterns of health insurance coverage among older people	Partially (National Health Insurance Fund administrative data)

Issue 3: Older persons and HIV/AIDS

(SDG 3 (3.8); SDG 4 (4.4, 4.6); SDG 5 (5.4); SDG 10 (10.2, 10.3)

Evidence need	Potential for furnishing with existing data sources
· Number of older people affected and infected by HIV/AIDS	Partially (Kenya AIDS Indicator Survey 2007, 2013)
· Determinants of rising HIV infection among older people	—
· Nature and scope of older people's role in care to grand – or foster children	—
Experiences, challenges and support needs of older carers of grand- or foster children	—

Issue 4: Training of care providers and health professionals (SDG 10 (10.3))

Evidence need	Potential for furnishing with existing data sources
None	N/A

Issue 5: Mental health needs of older persons (SDG 3 (3.4, 3.8)

Evidence need	Potential for furnishing with existing data sources
· Prevalence of dementia among older people	—
· Types of support/care received by older people with dementia	—
· Patterns and levels of mental ill-health among older people	—

Issue 6: Older persons with disabilities

Evidence need	Potential for furnishing with existing data sources
• Extent, types and causes of functional impairment in older population	Partially (Census 1989, 1999, 2009) (National Survey on Persons with Disabilities, 2007)
· Impacts of old-age acquired disability	—
• Scope of use, and utility of assistive devices for mobility and functioning among older population	Partially (National Survey on Persons with Disabilities, 2007)

Priority direction III – Ensuring enabling and supportive environments

Issue 1: Housing and living environment
(SG 6 (6.1, 6.2); SDG 10 (10.2); SDG 11 (11.1, 11.2, 11.7)

Evidence need	Potential for furnishing with existing data sources
· Housing and sanitation conditions and needs of older persons living in low resource rural and urban areas	Partially (Census 1989, 1999, 2009) (Kenya National Housing Survey (2012/13)) (KIHBS 2005/6, 2015/16)
· Need for, and promising approaches to adapting housing for older population	—
· Public transport access and needs of older people	—
Accessibility of physical infrastructure (buildings, housing and public institutions) among older people	—

Issue 2: Care and support for caregivers (SDG 3 (3.8); SDG 5 (5.4)

Evidence need	Potential for furnishing with existing data sources
· Sources of long term care support (state, community, family, private sector) for older people	—
· Number of older people receiving long term care, including in institutions	—
· Adequacy of, and unmet need for, long term care in the older population	—
· Older and younger people's perspectives regarding community, family, state, private sector provision of long term care	—
· Approaches for the regulation of institutional care provision	—
· Nature and scope of older people's role in the provision of long-term care	—
· Experiences, challenges and support needs of older carers of older people providing long-term care	—

Issue 3: Neglect, abuse and violence (SDG 5 (5.1, 5.2, 5a); SDG 10 (10.3)

Evidence need	Potential for furnishing with existing data sources
· Extent, patterns (perpetrators-victims), types and determinants of elder abuse	Partially (Rapid assessment on violence against older persons, 2014)(tbc)
· Nature and prevalence of restorative justice (counseling, etc.) for victims of elder abuse	—

Issue 4: Images of ageing (SDG 5 (5.4))

Evidence need	Potential for furnishing with existing data sources
· Nature and scope of older people's skills and capacities at community level	—
· Older people's perspectives on their potential contributions to communities	—
· Potential novel community level roles for retirees and other older people	—
· Age-profile and activities of members of cultural industries in the East African community	—
· Group or organizational associations for and by older people and membership in others such as self-help groups	—
· Leadership positions occupied by older people e.g. in associations, church groups	—
· Nature and scope of older people's engagement in community-level services and decision making, including conflict resolution	—

6. Challenges and lessons learnt

This section discusses key challenges encountered, and lessons learnt in the course of undertaking the assessment.

Challenges

A number of challenges impeded the optimal execution of the Kenya assessment, and thus ought to be borne in mind when considering and interpreting its findings.

- A first challenge, were the considerable time constraints under which the broad-ranging analysis needed to be conducted at the same time as relatively time consuming protocols for arranging stakeholder engagements needed to be followed. On one level, this precluded a fully exhaustive set of face-to-face interviews, as well as web-based searches for any additional potentially relevant data-sources and references. Given the triangulation with stakeholder consultations and prior scoping study findings, however, the project team is confident that all major data sources have been captured. This not withstanding, the existence of any further relevant material cannot be excluded. On a second level the time constraints limited the extent of 'data' collection through face-to-face interviews. This pertained in particular to information on the use of evidence or data sources in motivating or informing the formulation or implementation of policy provisions on ageing. Such information may be not be traced easily or quickly within the body of relevant involved officers or in institutional 'memory'.

- A second challenge was the lack of an overall central database or overview of existing national policy, legal or strategic provisions on issues of ageing in Kenya, thus requiring collation of such stipulation from numerous sources, as well as detailed scrutiny of the content of relevant instruments and documents.

- A third and final challenge at sector level, was a typical absence of centralized information on extant survey- or administrative- data collection activities by ministries and other institutions. This meant that face-to-face consultations were often unable to provide detailed information on existing data generation, which then had to be ascertained through other avenues including detailed scrutiny of research reports and other documents.

Lessons learnt

The above challenges, as well as other experiences and insights gained in conducting the assessment have yielded a number of lessons:

1. First is a need for targeted and effective communication with stakeholders. Developing a comprehensive stakeholder communications plan that identifies the stakeholders who need

to be engaged and those with whom communication is essential to building buy-in for and support of the project can serve as a project-long road map.

2. Second is the expediency of building on what you've got. The process of organizing and conducting face-to-face stakeholder consultations highlighted the value of building on existing relationships, for example those gained in prior consultations on ageing related issues, in expediting the process of, and allowing for, richer data collection

3. Third is the importance of capacity strengthening on issues of ageing across government sectors. Face-to-face consultations underscored a current lack of capacity on, and understanding of, issues of ageing among many sectoral stakeholders and, at the same time, a keenness on their part to acquire such capability. This points not only to a need-, but also a fertile ground for, capacity-strengthening efforts on ageing aimed at such role players.

4. Fourth, and related to the above, is a need to appreciate stakeholders' 'demand' for information on ageing-related action across sectors. Across consultations, stakeholders expressed a desire for access to up-to-date information on ongoing government or civil society initiatives on ageing in different sectors — to help them navigate and, where relevant, engage with and contribute to such action. The clear absence of such information appears to profoundly undermine coordination and synergy in ageing responses across sectors. The establishment of a national information platform on ageing-relevant action across government departments and other stakeholders, ought to be considered as a potentially fruitful part of the endeavour to advance evidence based policy making on ageing in Kenya

5. Fifth is a need for enhanced 'lobbying' power to decisively advance action on ageing. Besides marshaling an effective evidence base, stakeholders specifically highlighted a need for a higher-level political champion or officer with national-level convening power to drive debate, decision making and investments in programmatic responses for older persons.

6. Sixth is the importance of a focus on relationship building through a prioritization of face-to-face interactions with stakeholders. Such engagement ought to be pursued as an opportunity for genuine listening. In the current assessment, such an approach emerged as a strength, enabling an in-depth probing of repondents' perspectives and insights.

7. Seventh and lastly, is the importance of allowing adequate time for the completion of a thorough analysis, which includes cross-checking and further probing of leads in particular in stakeholder consultations.

7. Summary and distillation of findings

This section of the report summarises and distils the key findings of the Kenya assessment.

Existing policy architecture and action on ageing

There can be no doubt that Kenya's policy architecture already encompasses a considerable scope of provisions that speak directly to issues of older persons across the three MIPAA priority directions. As summarized in Tables 1 - 4, such stipulations are contained not only in the dedicated framework provided by the National Policy on Older Persons and Ageing (NPOPA), but also – and importantly – in several other sectoral policies, strategies and legal frameworks. This suggests a non-negligible diffusion of an ageing-sensibility across thematic areas.

Indeed, of the 18 MIPAA issues, 16 are addressed by extant policy, strategic or legal provisions; and of those, a majority (13) are 'fully' covered with all specific objectives addressed (even if not exhaustively). There are important omissions, however. On two key MIPAA issues, both in priority direction I, no policy stipulations have, thus far, been forged. These are (i) rural development, migration and urbanization and (ii) intergenerational solidarity

As typical in the SSA context, which is, in many domains, 'policy rich but implementation poor', the assessment revealed that few programmatic initiatives have so far ensued to realize existing policy, legal or strategic provisions on older persons. As Table 1 indicates, comprehensive action has emerged only in a few broad areas, particularly:

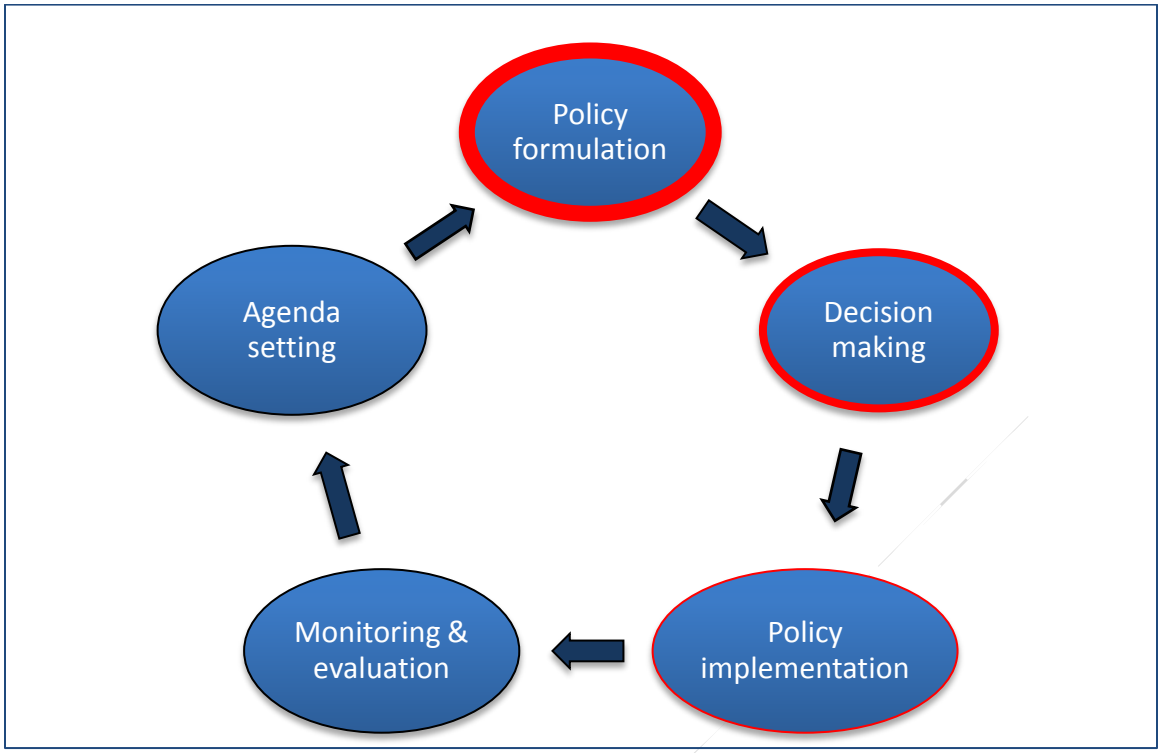
(i) Social protection – in the form of cash transfer- and health insurance mechanisms

(ii) HIV/AIDS - in the provision of prevention and treatment services to older adults aged up to 64 years

(iii) Long term care – in the form of an established, and planned further care centres for older persons.

Taken together, the above findings suggest that responses on ageing in Kenya have largely remained restricted to the initial stages of the policy cycle (see Figure 1, below) .

Figure 1: Action on ageing in Kenya in stages of policy cycle



Evidence use

To what extent has evidence been generated, used or drawn upon systematically in policy formulation, decision making on resource allocation, the implementation of policy provisions and, finally, the monitoring and evaluation of such action in Kenya?

The findings of the assessment show that, overall, Kenya's policy responses to ageing are characterized by a limited active use or generation of evidence. Notable exceptions include the explicit consideration of (i) evidence on elevated poverty rates among older persons as a basis for stipulating an older persons cash transfer scheme in Kenya's Vision 2030 and (ii) survey evidence on considerable HIV infection rates among older adults aged 55-64 years in underpinning an extension of prevention and care services to this age group (Aboderin, 2011).

More recently, moreover, a number government-led efforts to generate evidence for policy formulation, and for monitoring of existing programmes have emerged, in the fields of long-term care and social protection, respectively.

Available data sources

The circumscribed use of evidence in national policy formulation and action on ageing so far, contrasts with the considerable number of potentially relevant, national data sources on older people that, in fact, exist in Kenya. As summarized in Tables 5 and 6, the assessment found that such data sources are comprised in a spectrum of routine and one-off national surveys, some administrative data collected by ministries and other State bodies, as well as in other kinds of studies, such as audits.

The information contained in these data sources relates to 16 of the MIPAA issues, with only Priority Direction II, Issue 5 (*mental health of older persons*), and Priority Direction IIII, Issue 4 (*images of ageing*) not touched on at all.

If analysed systematically, the available data could offer an important, though inevitably partial, initial evidence base on the circumstances of older people in these areas. Importantly, relevant data in surveys and administrative data – as they typically cover the general population – also offer opportunities for benchmarking older adults' situation and well-being against that of other age groups – a critical undertaking in the effort to ensure exclusion, equity and to 'leave no one behind'. In addition, periodically collected survey- or administrative data imply a valuable basis for examining trends in such patterns over time.

Findings of the assessment, as illustrated in Table 7, suggest moreover that virtually all survey data sources are fully accessible, with only two being subject to certain access restrictions. The potential for access and use of extant administrative data, and information from other sources, could not be determined in-depth, as it depends on specific ministry or institutional regulations, which are not thus far in the public domain, and on the quality and usability of the collected data.

Despite the potential richness and policy-relevance of evidence to be generated from the above existing data sources, no formal efforts have so far been made to pursue the development of secondary analyses to this end.

Priority evidence needs

The assessment has pinpointed a spectrum of broad evidence areas that government and civil society stakeholders themselves contend must be addressed as a priority — to enable them to advance the development and implementation of effective policies on older persons in Kenya.

The identified evidence needs speak to virtually all of the MIPAA Issues, with only Priority Direction II, Issue 4 (*training of care providers and health professionals)* not addressed. Across Priority Directions, the knowledge needs reflect stakeholders' principal desire to better understand three key domains: (i) the spectrum of needs and capacities within the older

population, (ii) older (and, in part, younger generations') own perceptions on challenges and opportunities of older age and (iii) possible approaches to responding to, and harnessing the above. Within each domain, stakeholders voiced a requirement for evidence that is sub-nationally (e.g. county, or sub-county) specific, and that highlights gender, rural/urban and other potential patterns of inequalities within the older population.

Data gaps

Through matching policy stakeholders' priority evidence needs with the identified available relevant, data sources, the assessment has demarcated information needs that can be fully furnished with existing data (Table 8), as well as a set of 74 remaining major data gaps. These gaps, summarized in Tables 9 and 10 respectively, represent evidence needs that may be only partially furnished with existing data, or not at all.

It is important to note that the isolated data gaps are relatively broad - given that the evidence needs to which they refer were typically framed by stakeholders in general terms, without reference to a potential survey tool, or to nuanced perspectives in ageing or development debates.

The gaps ought to be understood, therefore, and may be utilized, as a valid basis for pinpointing the most essential *specific* topics and questions to be included in a present-day survey instrument.

8. Implications of findings and recommendations

This final section of the report discusses key implications of the assessment findings for the effort to advance robust responses on ageing in Kenya, and concludes by offering a set of recommendations to this end.

Implications of findings

The information and insights marshaled by the Kenya assessment raise four central implications for the endeavour to advance evidence-based policy and action on ageing in the country.

First, is the existence of a conducive policy architecture, fertile ground and explicit 'demand' among government and civil society stakeholders for a national evidence initiative on ageing. Stakeholders desire such an initiative to both (i) generate robust, national evidence to furnish their priority information needs and (ii) provide a stakeholder information-sharing mechanism to foster synergy in, and co-ordination of action on ageing across sectors.

Second, is the availability of a considerable body of relevant survey, administrative and other data. This represents a ready opportunity for a focused secondary analysis effort to generate an initial, albeit limited, evidence base on the situation of older Kenyans- in absolute terms, as it compares to other age groups and, in part, as it has evolved over time. While survey data is virtually fully accessible, the quality and accessibility of extant administrative remains to be ascertained. This notwithstanding, the collated metadata on each data source offers a resource for the detailed design of a secondary analysis initiative.

Third is the fact that while extant data sources are able to fully furnish several of stakeholders' priority evidence needs; a majority of these evidence needs can only be furnished partially, or not at all with existing data. This implies a need for concerted data collection efforts to address the remaining information gaps.

Fourth is the fact that the broad areas of evidence need articulated by Kenyan policy stakeholders offer, and could be built upon as, a valid basis for pinpointing specific topics, issues and question to be comprised in a primary data collection platform.

Recommendations

Considering the above, the following recommendations emerge on concrete next steps to promote evidence-based policy on ageing in Kenya:

5. Support the establishment of a Government-led stakeholder information-sharing group on action on ageing in Kenya across sectors

6. Pursue with partners the development of a focused and incisive secondary analysis effort to generate an initial evidence base on the circumstances of Kenya's older population from existing survey, administrative, and other data sources. An exploration of the quality and accessibility of extant administrative and other data needs to be undertaken as a pre-requisite.

7. Pinpoint a set of current priority topics, issues and specific queries to be addressed through a primary data collection initiative, drawing directly on the broad priority evidence needs identified and validated by relevant policy stakeholders in Kenya

8. Ascertain with national partners suitable avenues for such primary data collection as part of existing survey platforms and/or through a stand-alone survey on older persons

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TABLES

Table 1. Summary of findings on extant policy and evidence used: MIPAA priority direction I

	Issue 1		Issue 2	Issue 3			Issue 4		Issue 5	Issue 6	Issue 7		Issue 8	
	Obj. 1	Obj. 2	Obj. 1	Obj. 1	Obj. 2	Obj. 3	Obj. 1	Obj. 2	Obj. 1	Obj. 1	Obj. 1	Obj. 2	Obj. 1	Obj. 2
NPOPA	√	√	√	-	-	-	√	√	-	√	-	-	-	-
Other policy, legal, strategic provision	-	√	-	-	-	-	√	√	-	-	√	√	√	√
Practice/ programme	-	√	-	-	-	-	(√)	-	-	-	√	-	√	-
Evidence drawn upon	-	-	-	-	-	-	(√) (survey)	-	-	-	√ (survey)	-	-	-

Table 2. Summary of findings on extant policy and evidence used: MIPAA priority direction II

	Issue 1			Issue 2				Issue 3			Issue 4	Issue 5	Issue 6
	Obj. 1	Obj. 2	Obj. 3	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 1	Obj. 2	Obj. 3	Obj. 1	Obj. 1	Obj. 1
NPOPA	-	√	√	√	-	√	√	-	-	-	√	-	-
Other policy, legal, strategic provision	√	√	√	√	√	-	-	√	√	-	-	√	√
Practice/programme				√	√				√				(√)
Evidence drawn upon									√ (survey)				

Table 3: Summary of findings on extant policy and evidence used: MIPAA priority direction III

	Issue 1			Issue 2		Issue 3		Issue 4
	Obj. 1	Obj. 2	Obj. 3	Obj. 1	Obj. 2	Obj. 1	Obj. 2	Obj. 1
NPOPA	-	-	√	√	-	√	√	√
Other/sectoral policy provision	-	-	√	√	-	√	-	√
Practice/programme	-	-	-	√	-	-	-	-
Evidence drawn upon	-	-	-	(√)	-	-	-	-

( ) denotes planned programmatic action or evidence used to inform such plans

Table 4: Existing policy, legal and strategic frameworks addressing MIPAA priority directions

PRIORITY DIRECTION I	
Issue 1 *Active participation in society and development*	• National Policy on Older Persons and Ageing (2009/2014)
	• National Land Commission Strategic Plan (2013-2018)
	• New Constitution of Kenya (2010),
Issue 2 *Work and the ageing labour force*	• National Policy on Older Persons and Ageing (2009/2014)
Issue 3 *Rural development, migration & urbanization*	• None
Issue 4 *Access to knowledge, education & training*	• National Policy on Older Persons and Ageing (2009/2014)
	• New Constitution of Kenya (2010),
	• National Adult and Continuing Education Policy (2010)
	• Basic Education Act (2013)
	• Kenya Vision 2030
	• Sessional Paper No. 3 of 2012 on Population Policy for National Development
Issue 5 *Intergenerational solidarity*	• None
Issue 6 *Eradication of poverty*	• National Policy on Older Persons and Ageing (2009/2014)
Issue 7 *Income security, social protection/social security & poverty prevention*	• National Social Protection Policy (2011)
	• Sessional Paper No. 3 of 2012 on Population Policy for National Development
	• New Constitution of Kenya (2010)
	• Vision 2030
	• Social Assistance Act No. 24 of 2013
Issue 8 *Emergency situations*	• National Policy For Disaster Management In Kenya (2009-Draft),
	• New Constitution of Kenya (2010),
	• National Nutrition Action Plan (2012-2017

Table 4 continued

PRIORITY DIRECTION II	
Issue 1 *Health promotion and well-being throughout life*	• Kenya National Strategy for the Prevention and Control of NCDs (2015-2020)
	• National Nutrition Action Plan (2013-2017)
	• National Policy on Older Persons and Ageing (2009/2014)
Issue 2 *Universal and equal access to health services*	• National Policy on Older Persons and Ageing (2009/2014)
	• Kenya Health Sector Strategic And Investment Plan (2014-2018)
	• The National Reproductive Health Strategy (2009-2015)
	• The New Constitution of Kenya (2010),
Issue 3 *Older persons and HIV/AIDS*	• Kenya AIDS Strategic Framework (2014/15-2018/19)
	· Kenya National AIDS Strategic Plan (2009/10-2012/13)
Issue 4 *Training of care providers and health professionals*	• National Policy on Older Persons and Ageing (2009/2014)
Issue 5 *Mental health needs of older persons*	• Mental Health Policy (2012)
Issue 6 *Older persons with disabilities*	• Kenya – Persons with Disabilities Act 14 of 2003

• PRIORITY DIRECTION III	
Issue 1 *Housing and living environment*	• Sessional Paper No. 3 on National Housing Policy for Kenya (2004) (under revision)
	• National Policy on Older Persons and Ageing (2009/2014)
Issue 2 *Care and support for caregivers*	• Ministry of Labor, Social Security and Strategic Plan (2013-2017)
	• National Policy on Older Persons and Ageing (2009/2014)
Issue 3 *Neglect, abuse and violence*	• Ministry of Labor, Social Security and Strategic Plan (2013-2017)
	• The New Constitution of Kenya (2010)
	• National Reproductive Health Strategy (2009-2015)
	• National Policy on Older Persons and Ageing (2009/2014)
Issue 4 *Images of ageing*	• National Policy on Older Persons and Ageing (2009/2014)

Table 5. Existing relevant data sources: overview

PRIORITY DIRECTION I								
	Issue 1	**Issue 2**	**Issue 3**	**Issue 4**	**Issue 5**	**Issue 6**	**Issue 7**	**Issue 8**
Data source	√ survey, other	√ survey, administrative	√ survey, administrative	√ survey, administrative	√ survey (tbc), other	√ survey	√ survey, administrative	√ administrative
PRIORITY DIRECTION II								
Data source	√ survey administrative	√ survey administrative	√ survey administrative	-	-	√ survey		
PRIORITY DIRECTION III								
Data source	√ survey	√ other	√ other	-				

Table 6: Summary of findings: details on available data sources

(Colour code: blue – national survey data; yellow - administrative data; pink – other data sources)

PRIORITY DIRECTION I	
Issue 1 *Active participation in society and development*	• National Population and Housing Census (2009,1999, 1989) • Kenya Integrated Household Budget Survey (2015/16, 2005/6) • 'Audit' on the cash transfers in Kenya across 12 counties 'Participation of vulnerable populations in their own programmes: the cash transfers in Kenya' (2013)
Issue 2 *Work and the ageing labour force*	• National Population and Housing Census (2009,1999, 1989) • Kenya Integrated Household Budget Survey (2015/16, 2005/6) • Department of Labour, MLEAA: labour inspections data
Issue 3 *Rural development, migration & urbanization*	• National Population and Housing Census (2009,1999, 1989) • Kenya Integrated Household Budget Survey (2015/16, 2005/6)
Issue 4 *Access to knowledge, education & training*	• National Population and Housing Census (2009,1999, 1989) • Kenya Integrated Household Budget Survey (2015/16, 2005/6) • Kenya National Adult Literacy Survey (2006) • Ministry of education – adult/continuing education service data
Issue 5 *Intergenerational solidarity*	• Inequalities and social cohesion study (2014) **(tbc)** • Subnational study 'Growing old in Kenya: making it a positive experience' (2009)
Issue 6: *Poverty eradication*	• Kenya Integrated Household Budget Survey (2015/16, 2005/6)
Issue 7 *Income security, social protection/social security & poverty prevention*	• Kenya Integrated Household Budget Survey (2015/16, 2005/6) • MLEAA administrative data on all beneficiaries of social protection schemes included in the national safety net programme **(tbc)** • Programme implementation and beneficiary satisfaction (PIBS) survey for the Kenya national safety net programme (2016)
Issue 8: *Emergency situations*	• UNHCR refugee camp registration / service use data **(tbc)**

PRIORITY DIRECTION II	
Issue 1 *Health promotion and well-being throughout life*	• Kenya STEPwise Survey for non-communicable disease risk factors (2015) • Global adult tobacco survey (2014) • Kenya Integrated Household Budget Survey (2015/16, 2005/6) • Demographic and Health Survey (2014) • National Health Insurance Fund (NHIF) administrative data
Issue 2 *Universal and equal access to health services*	• Kenya Integrated Household Budget Survey (2015/16, 2005/6) • District Health Information System (DHIS) administrative data • National Health Insurance Fund (NHIF) administrative data • Kenya Service Provision Assessment (KSPA)(2010)
Issue 3 *Older persons and HIV/AIDS*	• Kenya AIDS Indicator Survey (2007, 2013) · District Health Information System (DHIS) administrative data
Issue 4 *Training of care providers/ health professionals*	• Kenya Service Provision Assessment (KSPA)(2010)
Issue 5 *Older people's mental health needs*	• None
Issue 6: *Older persons with disabilities*	• Kenya Integrated Household Budget Survey (2015/16, 2005/6) • Kenya National Survey for Persons with Disabilities (2007) • National Population and Housing Census (2009,1999, 1989)

Table 6 continued

• PRIORITY DIRECTION III	
Issue 1 *Housing and living environment*	• Kenya National Housing Survey (2012/13)
	• Kenya Integrated Household Budget Survey (2015/16, 2005/6)
	• National Population and Housing Census (2009,1999, 1989)
Issue 2 *Care and support for caregivers*	• National databank on institutions offering services to older people (2014)
	• National audit of institutional care facilities for older people (2015)
Issue 3: *Neglect, abuse, violence*	• Rapid Assessment on violence against older persons in Kenya (2014)
Issue 4 *Images of ageing*	None

Table 7: Access status of available data sources

NATIONAL SURVEY DATA	Access
National Population and Housing Census (2009,1999, 1989)	√
Kenya Integrated Household Budget Survey (2015/16, 2005/6)	√
Kenya STEPwise Survey for non-communicable disease risk factors (2015)	√
Global adult tobacco survey (2014)	√
Demographic and Health Survey (2014)	√
Inequalities and social cohesion study (2014) **(tbc)**	tbc
Kenya National Housing Survey (2012/13)	√
Kenya Service Provision Assessment (2010)	√
Kenya AIDS Indicator Survey (2007, 2013)	√ (restricted)
Kenya National Survey for Persons with Disabilities (2007)	√
Kenya National Adult Literacy Survey (2006)	√ (restricted)
ADMINISTRATIVE DATA	
Department of Labour, MLEAA: labour inspections data	tbc
Ministry of education – adult/continuing education service data	tbc
MLEAA administrative data on national safety net programme **(tbc)**	tbc
UNHCR refugee camp registration / service use data (tbc)	tbc
National Health Insurance Fund administrative data (tbc)	√ (conditional)
District Health Information System data	tbc
OTHER DATA SOURCES	
Programme implementation and beneficiary satisfaction (PIBS) survey for the Kenya national safety net programme (2016)	tbc
National audit of institutional care facilities for older people (2015)	tbc
National databank on institutions offering services to older people (2014)	tbc
Rapid Assessment on violence against older persons in Kenya (2014)	tbc
'Participation of vulnerable populations in their own programmes: the cash transfers in Kenya' (2013)	tbc
Subnational study 'Growing old in Kenya: making it a positive experience' (2009)	tbc

Table 8 – Priority evidence needs that may be fully furnished from existing data sources

PRIORITY DIRECTION I	
Issue 2	• Profile of older peoples economic activities
Issue 4	• Profile of adult learning centres and age profile of enrolled students
PRIORITY DIRECTION II	
Issue 1	• Prevalence of key NCD and NCD risk factors in older population
	• Prevalence of vision and hearing impediments among older people
PRIORITY DIRECTION III	
None	

Table 9: Priority evidence needs that may be partially furnished from existing data sources

PRIORITY DIRECTION I	
Issue 2	• Nature and scope of challenges faced by older workers
	• Profile of older people's livelihood sources
Issue 3	• Age, sex profile of farming population
Issue 6	• Income status and livelihood sources of older persons
Issue 7	• Adequacy of OPCTP coverage and stipend
	• OPCTP impacts on beneficiary households, families and communities
PRIORITY DIRECTION II	
Issue 1	• Disease profile of older population
	• Profile of dietary consumption among older people (including in care institutions)
Issue 2	• Extent and patterns of older people's health service use/access
	• Extent, patterns of health insurance coverage among older people
Issue 3	• Number of older people affected and infected by HIV/AIDS (tbc)
Issue 6	• Extent, types and causes of functional impairment in older population
	• Scope of use, and utility of assistive devices for mobility and functioning among older population
PRIORITY DIRECTION III	
Issue 1	• Housing and sanitation conditions and needs of older persons living in low resource rural and urban areas
Issue 3	• Extent, patterns (perpetrators-victims), types and determinants of elder abuse

Table 10 – Priority evidence needs that cannot be furnished from existing data sources

PRIORITY DIRECTION I	
Issue 1	· Nature and scope of older people's skills and capacities at community level
	· Older people's perspectives on their potential contributions to communities
	· Potential novel community level roles for retirees and other older people
	· Age-profile and activities of members of cultural industries in the East African community
	· Group or organizational associations for and by older people, and group membership
	· Leadership positions occupied by older people e.g. in associations, church groups
	· Nature and scope of older people's engagement in community-level services and decision making, including conflict resolution
	• Profile of post-retirement activities, and level of social integration and engagement, among former formal sector employees
Issue 3	• Housing and sanitation needs of older persons in rural and low-resource urban areas
	• Factors influencing the migration of older people
	• Livelihood and social integration of older migrants
	• Profile of older farmers' agricultural activities, acreage and produce
	• Scope and patterns of older adults' land ownership/control
	• Inclusion of older farmers in extension and other services and strategies
Issue 4	• Factors promoting/ hindering enrolment of older people in adult learning centers
	• Older people's perspectives on literacy and literacy training
	• Level of awareness on, and access to digital technology among older people
	• Prevalence of indigenous technical knowledge, skills and talents within older population
Issue 5	• Effect/influence of migration of younger family members on older kin
Issue 6	• Coping mechanisms of older people in low resource rural and urban areas
Issue 7	• Older people's access to credit through banks, micro-finance institutions, etc.
	• Challenges that older people face in accessing social protection schemes
	• Profile and efficacy of traditional social protection systems and their potential role as a basis upon which to further develop modern social protection programmes
	• Profile of social exclusion among older people
	• Sustainability and potential for expansion of the OPCTP
Issue 8	• Level and nature of exclusion of older people in emergencies and post-emergency responses
	• Impacts of humanitarian crises on older people
	· Capacity for disaster preparedness and resilience among older persons
	• Level and nature of exclusion of older people in emergencies and post-emergency responses

Table 10 continued

PRIORITY DIRECTION II	
Issue 1	· Prevalence and types of nutritional diseases among older people
	· Older people's perspectives on 'healthy' food and nutrition and exercise
	• Profile of older adults using reproductive health services
	• Nature of key service access barriers faced by older people
	• Medication for older adults: affordability, availability, appropriateness, adherence
	• Determinants of rising HIV infection among older people
	• Nature and scope of older people's role in care to grand – or foster children
	• Experiences, challenges and support needs of older carers of grand- or foster children
Issue 2	• Profile of older adults using reproductive health services
	• Nature of key service access barriers faced by older people
	• Medication for older adults: affordability, availability, appropriateness, adherence
Issue 3	• Determinants of rising HIV infection among older people
	• Nature and scope of older people's role in care to grand – or foster children
	• Experiences, challenges and support needs of older carers of grand- or foster children
Issue 4	• None
Issue 5	• Prevalence of dementia among older people
	• Types of support/care received by older people with dementia
	• Patterns and levels of mental ill-health among older people
Issue 6	• Impacts of old-age acquired disability

PRIORITY DIRECTION III	
Issue 1	· Need for, and promising approaches to adapting housing for older population
	· Public transport access and needs of older people
	· Accessibility of physical infrastructure (buildings, housing and public institutions) among older people
Issue 2	• Sources of long term care support (state, community, family, private sector) for older people
	• Number of older people receiving long term care, including in institutions
	• Adequacy of, and unmet need for, long term in the older population
	• Older and younger people's perspectives regarding community, family, state, private sector provision of long term care
	• Approaches for the regulation of institutional care provision
	• Nature and scope of older people's role in care to grand – or foster children
	• Experiences, challenges and support needs of older carers of grand- or foster children
Issue 3	• Extent, patterns (perpetrators-victims), types and determinants of elder abuse
	• Nature and prevalence of restorative justice (counseling, etc.) for victims of elder abuse
Issue 4	• As for Priority Direction 1, Issue 1

ANNEXES

Annex 1: Terms of Reference

UNITED NATIONS NATIONS UNIES

Department of Economic and Social Affairs (DESA)

Terms of Reference

CONSULTANCY: Data collection methodology and tools for supporting the formulation of evidence-based policies in response to the challenge of population ageing in Kenya

I. Background:

Sub-Saharan Africa will experience rapid growth in the number of older persons in the population until at least 2050. The percentage of population aged 60 and above is projected to rise from 5.4 per cent in 2015 to 8.9 per cent in 2050 (United Nations, 2015), with a larger share of women (5.9 per cent in 2015 and 9.5 per cent in 2050) than men (5.0 per cent in 2015 and 8.3 per cent in 2050) to be found aged 60 and above. In absolute terms, this equates to a more than tripling of the number of older persons in Africa from 64 million in 2015 to 220 million in 2050, with a total of 29 million men and 35 million women in 2015 and 102 million men and 118 million women over 60 in 2030. As a result, African countries need to plan for a time in the not-too-distant future when their populations will be considerably older than they are today.

These demographic changes are occurring at the same time as other equally significant economic and social transformations are underway. Some of these challenges are multi-dimensional and cross-cutting and impact on older persons, males and females, in more than one way. Increasing levels of education and urbanization among the younger generations, together with rapid economic development, tend to go hand-in-hand with higher rates of rural-urban migration, changing patterns of labour force participation and other major social and behavioural changes.

At the same time, there is also a need to document the economic, social and cultural contributions older men and women make to their families and communities. Older persons can contribute to rural development and, in countries where rates of rural to urban migration are high, the proportion of smallholders aged 50 and over can increase. It is critical to also seek to improve the understanding of the gender dimensions of the lives of older persons, since social, economic, health and cultural factors affect older women and men in different ways.

UNDESA has launched a project with the objective to develop a standard methodology to produce, analyze and deliver a database of harmonized indicators on the situation of older persons in Africa. This objective is to be achieved through the development of a tool, based on the situation analysis of the three African countries and to be piloted in a single country to

provide policymakers with a comprehensive picture of the situation of older persons, men and women, in their country. This survey instrument aims to assist countries in collecting and analyzing data on older persons in order to be able to more accurately monitor the changing situation of older persons during the implementation phase of the new post-2015 development agenda.

II. Objective

The main objective of the project is to assess the status of empirical data for evidence-based policy formulation on ageing, to identify the knowledge-gap in the African region and to develop a methodology to produce, analyze and deliver a database of information about the situation of older persons in Africa.

The specific objective of this consultancy is to conduct a systematic assessment of available data on older persons at the national level and to identify of gaps in data required for evidence-based policy on older persons.

III. Methodology

All project activities will be coordinated by the project coordinator DESA (DSPD & Population Division). The implementation of the project is to be supported by national and international consultant.

IV. Tasks

Under the general guidance of UNDESA/DSPD and daily supervision by UNFPA/Nairobi the consultant will be tasked with conducting an in depth assessment of existing data and statistics on ageing and older persons available from Government Ministries, National Statistics Office (NSO), academia, civil society, regional and global research institutions and international organisations in Kenya.

The following information is to be collected by the consultant:

8. Data & statistics (surveys, administrative data, big data) related to demographic trends on ageing at the national and sub-national level;
9. Data & statistics related to the three priority directions of the Madrid Plan of Action on Ageing (MIPAA):
   - Older persons and development;
   - Advancing health and well-being into old age;
   - Ensuring enabling and supportive environments.
10. Meta-data related to all data & statistics collected;
11. Data sources/producers & data users;
12. Institutional rules and regulations as well as legal provisions that guide data collection, analysis, dissemination & data sharing protocols and accessibility as well as confidentiality;
13. Data & statistics used for evidence based policy cycles at the national level;

14. Identification of major data gaps at the national level for evidence-based policy cycles at the national level (i) and in relation to MIPAA (ii).

The consultant will keep a log of sources, institutions/persons contacted, problems encountered, and other relevant information.

Under the general supervision of UNDESA the Consultant will:

- Select and clear with UNDESA the desk-study methodology and sources of information;
- Develop an annotated outline of the report;
- Provide periodic verbal and/or written updates to UNDESA every two weeks from the date of this agreement;
- Provide more regular, or ad hoc, briefings on different aspects of the desk study as needed.
- The consultant is expected to support the preparation of the national workshop and to present the paper to the meeting.

V. Expected outputs

The Consultant will be expected to produce the following outputs:

i. Preparation of assessment report covering item IV 1-7;
ii. Report on sources, institutions/persons contacted and problems encountered.
iii. Summary of the main findings.
iv. Support organization of the national workshop.

VI. UN Responsibilities:

1. Provide access to all available national and regional reports, data and statistics sources for Kenya;
2. Introduce consultant to the national counterparts;
3. Monitor and guide consultant and provide regular feedback.

VII. Profile of Consultant

Experience: The Consultant must have a graduate degree in Economics, Sociology, Demography or a related field and a minimum of five years of proven progressively responsible experience in social research and social statistical analysis as it relates to socio-economic development and evidence-based social policy formulation. Proven working experience with a wide range of data users and producers, such as National Statistical Offices, government line Ministries, academia and civil society in Kenya. Additional core requirements are ability to organize and analyze data, excellent report writing skills. Strong interpersonal communication skills are a prerequisite for this assignment. Experience with data and statistics related to ageing and older persons is highly desirable.

Language: Fluency of spoken and written English is required; working knowledge of Bantu Swahili is required.

IIX. Duration

The duration of the assignment is for one work month within the period 1 March 2016 to 31 May 2016. No travel is involved.

IX. Time Lines

i Preparation of assessment report covering item IV 1-6:
- The Consultant will submit the draft methodology and sources of information to UNDESA on or before 21 March 2016;
- The Consultant will submit the draft annotated outline of the report to UNDESA on or before 4 April 2016;
- The Consultant will provide a first draft of the report to UNDESA on or before 25 April 2016;
- The Consultant will submit the final report to UN DESA on or before 9 May 2016).

ii Report on sources, institutions/persons contacted and problems encountered (9 May 2016);

iii Summary of the main findings (9 May 2016)

iv Support organization of the national workshop (1 April – 31 May 2016)

X. PAYMENT SCHEDULE

The Consultant will be paid a total of US$3,999.99. The payment structure as follows:

i First payment of US$1,500 will be disbursed upon submission and approval of final report (output i);

ii Second payment of US$1,500 will be disbursed upon submission and approval by UNDESA of a) the final report on sources and problems encountered (output ii) and b) the summary of the main findings (output iii);

iii Third payment upon completion of the workshop (output iv).

Annex 2. Brief profile of consultants

With years of experience in ageing and development issues, Professor Isabella Aboderin is currently engaged as a Senior Research Scientist at the African Population and Health Research Center (APHRC) in Nairobi, Kenya, where she leads the Programme on Ageing and development. She is also Associate Professor in Gerontology at the University of Southampton.

Prior to establishing a base at APHRC Isabella was a Senior Research Fellow at the Oxford Institute of Population Ageing and a Technical Officer in the World Health Organization Unit on Ageing and Lifecourse in Geneva, and a research associate at the International Institute on Health and Ageing at the University of Bristol. Isabella provided overall intellectual guidance to, and oversight of the UNDESA-Data project.

With a background in Gerontology, Ms. Hilda Owii has spent much of the last 7 years assisting in research activities on the older population in Kenya and sub-Saharan Africa. Hilda currently works as a Research Officer in the Programme on Ageing and Development at APHRC. She brings with her wide-ranging experience in the conduct of qualitative and desk-based research on issues of older persons including with the relevant stakeholders. She undertook the day-to-day operation of the in-depth assessment.

Annex 3. List of documents reviewed

Reports

- National Coordinating Agency for Population and Development Kenya National Survey for Persons with Disabilities – Preliminary Report (2008). NCAPD

- Kenya National Bureau of Statistics. (2007). Kenya National Adult Literacy Survey Report (2007). KNBS
- National Gender and Equality Commission. (2014). Participation of Vulnerable groups in Their Own Programmes: the Cash Transfers in Kenya. NGEC
- National Gender and Equality Commission. (2014). Whipping Wisdom: Rapid Assessment on Violence against older persons in Kenya
- Government of Kenya. Kenya National Bureau of Statistics. National Population and Housing Census 2009. KNBS
- Republic of Kenya. Ministry of Lands, Housing and Urban Development. 2012/2013 Kenya National Housing Survey- Basic Report
- Kenya National Commission on Human Rights. (2012). Realising Sexual and Reproductive Health Rights in Kenya: A myth or reality?
- Kenya National Commission on Human Rights (2009). Growing Old In Kenya: Making it a Positive Experience
- National AIDS and STI Control Programme (NASCOP), Kenya. Kenya AIDS Indicator Survey 2012: Final Report. Nairobi, NASCOP. June 2014
- National AIDS and STI Control Programme, Ministry of Health, Kenya. July 2008. Kenya AIDS Indicator Survey 2007: Preliminary Report. Nairobi, Kenya.
- African Population and Health Research Center (2014). Development of a Monitoring and Evaluation Framework for the African Union Plan of Action on Ageing: Principles, Approach and Initial Framework. Interim Project Report
- Kenya Institute for Public Policy Research (KIPPRA) Inequalities and social cohesion in Kenya (2014). Draft survey report

Regional policy frameworks

- African Union Policy Framework and Plan of Action on Ageing (2002)
- Fourth Session of the AU Conference of Ministers of Social Development. Addis Ababa, Ethiopia 26-30 May 2014. Draft Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa
- 3rd Session of the AU Conference of Ministers of social Development. Addis Ababa, Ethiopia 26-30 November 2012. Draft Africa's Common Position on the Rights of Older People (2013)
- Africa Union (AU). (2014). Common African position on the post-2015 development agenda

National Policies/Strategies

- Republic of Kenya. Reversing the trends The Second NATIONAL HEALTH SECTOR Republic of Kenya Strategic Plan of Kenya: Taking the Kenya Essential Package for Health to the Community
- Republic of Kenya. Ministry of Labor, Social security and Services. National Policy on Older Persons and Ageing (2009- Draft revision).
- Government of Kenya. Ministry Of State for Special Programmes Office Of The President. Draft National Policy for Disaster Management in Kenya (2009).
- Ministry of Health. National AIDS Control Council. (2009). Kenya National AIDS Strategic Plan (2009/10- 2012/13). Delivering on Universal Access to Services. MoH/NACC

- Ministry of Health. National AIDS Control Council Kenya AIDS Strategic Framework 2014/2015 - 2018/2019. MoH/NACC
- Republic of Kenya. Ministry of Medical Services. Mental Health Policy (2012-Draft).MOMS
- Ministry of Labor, Social Security and Services Strategic Plan (2013-2017)
- Republic of Kenya. Constitution of Kenya 2010
- Republic of Kenya. National Land Strategic Plan (2013-2018)
- Republic of Kenya. National Adult and Continued Education Policy (2010)-
- Republic of Kenya. National Social Protection Policy (2011)
- Republic of Kenya. Social Assistance Act No. 24 of 2013
- Republic of Kenya. Employment Act 2007
- Republic of Kenya. Sessional Paper No. 3 of 2012 on Population Policy for National Development
- Republic of Kenya. Ministry of Public Health and Sanitation. National Nutrition Action Plan 2012-2017
- Republic of Kenya. Ministry of Health. Kenya Health Sector Strategic And Investment Plan (2013-2*017)*
- Republic of Kenya. Ministry of Health. National Reproductive Health Strategy (2009-2015)-

Annex 4. Tools for stakeholder consultation

INTERVIEW GUIDE FOR GOVERNMENT STAKEHOLDERS

1. Data Collection on older persons

a. Does your ministry/department/institution routinely collect any kind of information/data? (If yes), what kind? (*Interviewer may make reference to identified areas in previous consultation*)
b. Does this include data/statistics on older persons?
c. If yes to (b) please describe in detail the nature and scope of the data collected on older persons,
d. Please explain how the data you have mentioned in (c) above is collected, processed, updated and maintained.
e. Are there institutional rules and regulations as well as legal provisions that guide data collection, analysis, dissemination and data sharing protocols?
f. Are there institutional rules and regulations as well as legal provisions that guide accessibility to, and confidentiality of, data within your ministry/department?
g. Please could you share with us, or point us to any existing documentation on the data sources you have mentioned

2. Priority evidence gaps on older persons

a. What kinds of national policy or programmatic action on ageing has your Ministry/department developed and/or is it currently developing
b. What kinds of data or evidence were used, or are being used to inform the policy or programme development?
c. What kinds of data or information on older persons would your department / ministry require most to initiate / further advance the development of policy and/or programmes on older persons?

INTERVIEW GUIDE FOR NON-STATE STAKEHOLDERS

1. Data collection on older persons in Kenya

a. What kind of advocacy on ageing and older persons are you currently involved in?
b. Do you collect any data on older persons?
c. If yes to (a) please describe in detail the nature and scope of the data collected on older persons,
d. Please explain how the data you have mentioned in (c) above is collected, processed, updated and maintained.
e. Are there institutional rules and regulations as well as legal provisions that guide data collection, analysis, dissemination and data sharing protocols?
f. Are there institutional rules and regulations as well as legal provisions that guide accessibility and confidentiality of data within your ministry/department?
g. Please could you share with us, or point us to any existing documentation on the data sources you have mentioned

2. Priority evidence gaps on older persons in Kenya

a. What kinds of data or information on older persons does your institution require as a priority to support your advocacy or programmatic work on older persons?

Annex 5: List of stakeholders with whom consultations were undertaken

1. Ministry of Labour, East African Community Affairs	Mary Kezzah Assistant Labour Commissioner/ Labour Officer Department of Labour
2. Kenya National Bureau of Statistics, Directorate of Population and Social Statistics	Mr. Samuel Ogola Assistant Director
3. Kenya Institute for Public Policy Research and Analysis, Social Sector	Ms. Rose Ngara Muraya Policy Analyst
4. HelpAge International	Ms. Roseline Kihumba, Program Officer
5. Kenya National Commission for Human Rights, Public Education and Training	Anaclays Masaku Human Rights Officer
6. Ministry of Agriculture, Livestock and Fisheries, Policy, Cross Cutting Issues	Ms. Jane Mugambi Senior Relations Officer
7. National Gender and Equality Commission, Disability and Elderly	Mr. John Nikou Head of Department
8. Ministry of Education, Directorate of Adult and Continuing Education	Mr. Audi Aluoch Ms. Evelyn A. Odongo Mr. John Cheptoo Mr. David Kabuki Mr. Odhiambo Aliet Ms. Roseline Aluora
9. Population Studies and Research Institute	Prof. Murungaru Kimani Director
10. Ministry of Health, Focal Point on Ageing Health	Dr. Muthoni Gichu

Annex 6.
Organizing framework: MIPAA issues/objectives and corresponding SDG goals/targets

PRIORITY DIRECTION 1 – OLDER PERSONS AND DEVELOPMENT	
Issue 1: Active participation in society and development	
Objective 1: Recognize social, cultural, economic, political contribution of older people	SDG 5 (5.4)
Objective 2: Participation of older persons in decision-making processes at all levels	SDG 6 (6.b) SDG 10 (10.2)
Issue 2: Work and the ageing labour force	
Objective 1: Employment opportunities for all older persons who want to work	SDG 8 (8.5, 8.8) SDG 10 (10.2, 10.3)
Issue 3: Rural development, migration and urbanization	
Objective 1: Improved living conditions and infrastructure in rural areas	SDG 1 (1.4) SDG 2 (2.3) SDG 8 (8.10)
Objective 2: Alleviation of marginalization of older persons in rural areas	SDG 1 (1.4) SDG 2 (2.3) SDG 4 (4.4) SDG 5 (5.a) SDG 10 (10.2, 10.3, 10.4)
Objective 3: Integration of older migrants within new communities	SDG 10 (10.2)
Issue 4: Access to knowledge, education and training	
Objective 1: Equality of opportunity throughout life w.r.t. continuing education, training, retraining, vocational guidance and placement services	SDG 4 (4.4, 4.6) SDG 10 (10.2, 10.3)
Objective 2: Full utilization of potential and expertise of persons of all ages recognizing benefits of increased experience with age	SDG 10 (10.2)
Issue 5: Intergenerational solidarity	
Objective 1: Strengthen solidarity through equity and reciprocity between generations	SDG 10 (10.2, 10.3)
Issue 6: Eradication of poverty	
Objective 1: Reduction of poverty among older persons	SDG 1 (1.1, 1.2) SDG 17 (17.18)
Issue 7: Income security, social protection/social security & poverty prevention	
Objective 1: Promote programmes to enable all workers to acquire basic social protection/ security	SDG 1 (1.3, 1.4) SDG 10 (10.4)
Objective 2: Sufficient minimum income for all older persons especially socially and economically disadvantaged groups	SDG 1 (1.3, 1.4) SDG 5 (5.4) SDG 10 (10.1, 10.4)
Issue 8: Emergency situations	
Objective 1: Equal access by older persons to food, shelter, medical care and other services during/after natural disasters/emergencies	SDG 3 (3.4, 3.8) SDG 10 (10.2)

Objective 2: Enhanced contribution of older persons to the re-establishment and re-construction of communities and social fabric	SDG 5 (5.5) SDG 13 (13.b)

PRIORITY DIRECTION II – ADVANCING HEALTH AND WELL-BEING INTO OLD AGE	
Issue 1: Health promotion and well-being throughout life	
Objectives 1: Reduce cumulative effect f factors that increase risk of disease and potential dependencies in later life	SDG 3 (3.4) SDG 6 (6.2)
Objectives 2: Development of policies to prevent ill-health among older persons	SDG 3 (3.4)
Objectives 3: Access to food and adequate nutrition	SDG 2 (2.1, 2.2)
Issue 2: Universal and equal access to health care services	
Objective 1: Eliminate social, economic inequalities to ensure older people have universal and equal access to health care	SDG 3 (3.8) SDG 5 (5.1) SDG 10 (10.3)
Objective 2: Develop and strengthen primary health care services to meet the needs of older persons and promote their inclusion	SDG 3 (3.8) SDG 10 (10.2) SDG 11 (11.1)
Objective 3: Development of a continuum of health care to meet needs of older persons	SDG 3 (3.8)
Objective 4: Involvement of older persons in the development and strengthening of primary and long-term care services	SDG 5 (5.4, 5.5) SDG 10 (10.2)
Issue 3: Older persons and HIV/AIDS	
Objective 1: Improve assessment of impact of HIV/AIDS on the health of older persons	SDG 4 (4.4, 4.6) SDG 10 (10.2, 10.3)
Objective 2: Provision of adequate information, training on caregiving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers	SDG 3 (3.8) SDG 5 (5.4)
Objective 3: Enhancement and recognition of contribution of older persons to development in their role as caregivers for children with chronic diseases and as surrogate parents	SDG 5 (5.4)
Issue 4: Training of care providers and health professionals	
Objective 1: Provision of improved information and training for health professionals and para-professionals on needs of older persons	SDG 10 (10.3)
Issue 5: Mental health needs of older persons	
Objective 1: Development of comprehensive mental health care services	SDG 3 (3.4, 3.8)
Issue 6: Older persons with disabilities	
Objective 1: Maintenance of maximum functional capacity throughout life course and promotion of full participation of older persons with disabilities	SDG 3 (3.8) SDG 9 (9.1, 9.c) SDG 10 (10.2, 10.3) SDG 11 (11.2, 11.7)

PRIORITY DIRECTION III – ENSURING ENABLING, SUPPORTIVE ENVIRONMENTS	
Issue 1: Housing and living environment	
Promotion of ageing in place	SG 6 (6.1, 6.2) SDG 10 (10.2) SDG 11 (11.1, 11.2, 11.7)
Improvement of housing and environment to promote independent	SDG 11 (11.7)
Improved availability of accessible and affordable transport	SDG 11 (11.2)
Issue 2: Care and support for caregivers	
Provision of a continuum of care and services for older persons from various sources and support for caregivers	SDG 3 (3.8) SDG 5 (5.4)
Support the caregiving role of older persons especially older women	SDG 5 (5.4)
Issue 3: Neglect, abuse and violence	
Elimination of all forms of neglect, abuse and violence of older persons	SDG 5 (5.1, 5.2, 5a) SDG 10 (10.3)
Creation of support services to address elder abuse	
Issue 4: Images of ageing	
Enhance the public recognition of the authority, productivity, wisdom and other contributions of older persons	SDG 5 (5.4)

Annex 7. Metadata related to all identified data/statistics sources

Kenya Integrated Household Budget Survey (2015/16)	
Implementing agency	Kenya National Bureau of Statistics
Data type	Sample survey data
Coverage	National
Scope	The survey will facilitate the following: Provide estimates of total household consumption expenditure as a component of expenditure on GDP; Update classification of household consumption expenditure components by Classification of Individual Consumption by Purpose (COICOP); Analyze the household sector as an institutional unit composed of households and unincorporated enterprises owned by households as an integral part of households; Provide estimates of household saving and social contribution, transfers and income tax; Provide detailed information on household enterprises for informal activity estimates in the household sector; and provide data on remuneration of domestic servants, services received in-kind and payments for licenses and fees.
Questionnaires	Questionnaire 1A Household Members Information Questionnaire Q1B Household Level Information Questionnaire Q1C Consumption Expenditure Information Questionnaire 2A Diary Consumption Questionnaire 2B Dairy Purchases Questionnaire 3 Market Questionnaire Questionnaire Q4 Community Questionnaire
Intervals	
Sampling procedure	Samples will be selected independently in each sampling stratum, by a two stage selection. In the first stage 2,388 clusters will be selected with equal probability and with independent selection in each sampling stratum with the sample allocation given in Table 2.5 below. The clusters will serve as a primary sampling unit for the selection of households in the second stage. A fixed number of 10 households will be selected from each selected cluster. The county with minimum sample size has 44 clusters, while the county with maximum has 80 clusters. This distribution of clusters will allow for further sub-domain analysis. In total, the national sample size for KIHBS 2015/16 comprises a total of 23,880 households from 2,388 clusters. The CAPI will be administered to some selected households in each cluster.
Sample size	23,880 households from 2,388 clusters countrywide
Units of analysis	Households , Individuals, and Community
Data collection mode	Face to face
Data collection dates	1 September 2015 - 31 August 2016

Quality control measures	The report is not ready to provide the quality assurance process
Data processing	The report is not ready to provide the data processing techniques
Data access	Data set not available
Comments	Survey ongoing
Kenya Integrated Household Budget Survey (2005/06)	
Implementing agency	Kenya National Bureau of Statistics
Data type	Sample survey data
Coverage	National
Scope	
Questionnaires	SOCIO-ECONOMIC QUESTIONNAIRE Household member Information; Education ;Health, Fertility and Household Deaths; Labour; Child Health and Anthropometry; Housing ; Water, Sanitation and Energy use; Consumption of Food Items over the past week; Expenditure on regular Non-food items over the past month; Expenditure on Durables over the past 12 months; Agricultural holdings; Agricultural Outputs ; Livestock ; Household Enterprises ; Transfers ; Other Income ; Recent Shocks to Household ;Credit to Household members COMMUNITY QUESTIONNAIRE Community facilities including access to schools, health facilities, roads, extension services and markets; Community major events; Land tenure DIARIES One used to record goods and services purchased, and the other to record goods and services consumed by the household.
Intervals	
Sampling procedure	In the first stage, using the KNBS Master Sample (NASSEP IV), 1,343 clusters were selected with equal probability within a district. In the second stage, 10 households were selected with equal probability in each cluster. A total sample of 13,430 households (10 households in each of 1,430 Primary Sampling Units - called clusters,) was allocated into 136 explicit strata (the urban and rural sections of each of Kenya's 69 districts, except in Nairobi and Mombasa, which are wholly urban). The 1,343 clusters required by the KIHBS were selected from the CBS 1,800-cluster master sample. This selection was done with equal probability within each stratum, except for the six districts that contain urban areas qualified as municipalities. In these districts, the urban part of the sample was further stratified into six groups (five socio-economic classes in the municipality itself and other urban areas in the district,).
Sample size	13,430 households
Units of analysis	Households , Individuals, and Community
Data collection mode	Face to face

Data collection dates	May 16 2005 - May 16 2006
Quality control	To ensure and safeguard data quality, best-practice approaches and procedures were built-in during the design phase and implemented by a strong managerial team. Some of the key quality control and safeguard measures implemented by the KIHBS included hiring the research assistants from the private sector after thorough screening, regular field supervision and data entry in the field
Data processing	Data was captured using a stand-alone program created using Fox-pro software. The analysis was done using SPSS version 12, while the report writing was done in Microsoft Word and the tables were formatted using Microsoft Excel
Data access	Open access data (Public use) - data posted in the KNBS website for download will be available at no charge. Registered access (Licensed) data - data will be availed to sponsors as per agreement between the sponsor and KNBS. Users requesting for specialized services are expected to negotiate and agree on a cost-recovery agreement with the Director General. KNBS may levy fees on statistical information products depending on the type of product, effort expended and the dissemination medium.
Comments	

Kenya STEPwise Survey for non-communicable disease risk factors (2015)	
Implementing agency	Ministry of Health, Division of Non-communicable Diseases Kenya National Bureau of Statistics
Data type	Sample survey data
Coverage	National
Scope	Magnitude of the major behavioral and biological risk factors for NCDs, injuries, and oral diseases among adults in Kenya
Questionnaires	The WHO STEP wise approach to Chronic Disease risk factor surveillance questionnaire (Demographic and behavior information; physical measurements on blood pressure, heart rate, height, weight, waist &hip circumference; bio-chemical measurement on blood glucose and blood lipids)
Intervals	N/A
Sampling procedure	A three-stage cluster sample design was adopted. This involved selection of clusters, households and eligible individuals. In the first stage, 200 clusters (100 urban and 100 rural) were selected from one sub-sample of NASSEP V frame. A uniform sample of 30 households from the listed households in each cluster was selected in the second stage of sampling. The last stage of sampling was done using Personal Digital Assistants (PDAs), where one individual was randomly selected from all eligible listed household members using a programmed KISH method of sampling.
Sample size	6000 individuals
Units of analysis	Individuals (18-69 years)
Data collection mode	Face to face
Data collection dates	
Quality control measures	· All field personnel were-trained rigorously on interview techniques and use of the equipment · The questionnaire was translated into Kiswahili and back to English · Each team of field workers was supervised by a team supervisor · The Supervisors spot checked at least 5% randomly selected households and conducted interviews for each of the fieldworkers they supervised. They also conducted sit-ins and observations for each field interviewer at the initial stages of data collection at random intervals · Team leaders checked all questionnaires filled by interviewers to check for potential errors and missing information. Where it was necessary, the field worker was asked to revisit the respondent and clarify the information · The study co-coordinators conducted random spot checks across the study areas · All interview responses were recorded electronically using PDAs. Hence, there was no need for manual data entry

	· The eSTEPS questionnaire was pre-coded with specific check codes and skip patterns to minimize entry errors · Biochemical results were recorded on a paper and entered into the database twice · For the chemical biomarkers, control strips were used at recommended intervals to ensure that equipment were taking accurate measurements · The final dataset was cleaned by a team of qualified data analysts
Data processing	Data collection was administered using a Personal Digital Assistant (PDA) loaded with eSTEPS software. The system was designed to allow PDA to show only a question and all its possible answers at a time in one screen view, and also provided various filters, skips and validation procedures. Data cleaning for STEPS survey data was done in Microsoft Excel and SPSS. The data was then exported to Microsoft Access, which is the platform that Epi Info Software uses to generate the standard WHO STEPS tabulations. The outputs were then copied from html files that are generated by Epi Info software to Microsoft word processor.
Data access	Open access data (Public use) - data posted in the KNBS website for download will be available at no charge. Registered access (Licensed) data - data will be availed to sponsors as per agreement between the sponsor and KNBS. Users requesting for specialized services are expected to negotiate and agree on a cost-recovery agreement with the Director General. KNBS may levy fees on statistical information products depending on the type of product, effort expended and the dissemination medium.
Comments	

Program implementation and beneficiary sample survey Cycle 1, 2015	
Implementing agency	Ministry of Labor, Social Security and Services (MLSSS) now Ministry of Labor and East Africa Affairs (MLEAA)
Data type	Sample survey data
Coverage	National
Scope	The purpose of this cross sectional study on Programme Implementation and Beneficiary Satisfaction Survey (PIBS) is to provide, independent and rigorous data on the implementation of NSNP and on the beneficiaries' satisfaction levels with the services provided by the Programme. The Survey is expected to provide: · Annual indicators representative of the different NSNP Programmes through a survey of beneficiaries; · A qualitative assessment of how well the procedures in the Operations Manuals (OMs) are understood and applied by Programme implementers; · Qualitative assessment of beneficiaries' feedback on the NSNP; and · Information to verify progress against disbursement linked indicators (DLIs)
Questionnaires	The tools included but were not limited to: · *Quantitative household (HH) questionnaires* were structured in order to facilitate collection of quantitative data on household characteristics such as adults, children in the household, type of shelter, main source of water, among others. · *Semi-structured questionnaires*. These were a mix of structured and unstructured questionnaires. They helped to collect information on the extent to which the implementation of the Programmes where adhered to according to the operations manuals. These questionnaires were administered to key informants in the four Programmes namely: · Programme Implementers of the four Programmes at National, County, Sub-county and community level. · In case of Programme for CT-OVC these included Area Advisory Committees (AAC), County Coordinator for Children Services, County Coordinator for Gender and Social Development, Social Protection Committees, Sub-County OVC Sub Committees, District Gender and Social Development Officer (DGSDO) and District Gender and Social Development Committees (DGSDC), BWCs and Sub-County Children Officers (SCCOs); · In respect to HSNP Programme these included Programme Implementation and Learning Unit (PILU), County Drought Coordinators (CDC), Drought Recovery Officers (DRC), County

	Programme managers for PILU, and Programme service managers (PSM) · Payment service providers (PSPs) in all the Programmes, namely; Equity Bank, Kenya Commercial Bank (KCB), Postal Corporation of Kenya were targeted. · The Programme Implementation agencies in HSNP who comprised Financial Sector Deepening Trust, Kenya, Payment Service Manager and National Social Protection Rights (SPR) Partners represented by HelpAge International (HAI)) who deals with social protection rights also participated in the Survey. · Additional information was gathered through Focus group discussions (FGDs) that involved members of Beneficiary Welfare Committees (BWCs) for CT-OVC, OPCT and PWSD-CT and Rights Committees (RCs) for HSNP. · Further insights were gained by review of previous reports done by Merttens and Morris on the impact of HSNP in 2013 and 2014 respectively; Fitzgibbon on HSNP Phase II Registration and Targeting: lessons learned and recommendations in 2014. · Observation checklists were used to collect data on observable characteristics at household level for beneficiaries and households in terms of payment methods, payment points, among others. It was complemented by quantitative tool
Intervals	N/A
Sampling procedure	*Sampling for quantitative component* The quantitative methods were utilized to generate M&E indicators that were representative estimates of NSNP at the level of each of the four Programmes by sub-location type (urban and rural areas) and two cohorts of enrollees, that is, those enrolled during and before FY13, and during FY14. The sample design for the survey was expected to generate representative estimates for the following domains of inference: At the level of each of the four programmes (CT-OVC, HSNP, OPCT, PWSD); For urban and rural areas; For two cohorts of enrollees (those enrolled during and before FY13, and those enrolled during FY14) To meet the above requirement, stratified sampling (Explicit Stratification on Programme, implicit stratification on sub-location and cohort) was employed. Implicit stratification was applied at sub-location level by cohort (2013 and before and 2014) and Simple random sampling technique applied to select the beneficiaries. The explicit stratification was employed to organize the beneficiary population into strata that is CT-OVC, HSNP, OPCT and PWSD-CT and to determine the sample size from each stratum independently.

	Sampling for qualitative component The qualitative method, on the other hand, was used to establish how well the procedures in the Operation Manuals (OM) of the various Programmes were understood and applied by Programme Implementers. To ensure collection of the requisite qualitative information, interviews with key informants were held during focus group discussions by Programme and Implementers. At Sub-county/sub-locational/community level the Rights Committee (RCs) members who had been selected and worked for the HSNP Cash Transfer Programmer and the Beneficiary Welfare Committees (BWCs), who are selected to work on behalf of the OVC, OP and PWSD CT Programmes were interviewed. Other participants at community level included the local area administrators (chiefs) in the locations of operations and the CSACs/social protection committees. Mobilization of key informants was mainly done through physical visits to the respective organizations' offices and booking for appointments with the relevant Programme officers. In addition, use of mobile phones facilitated the booking of appointments with the relevant Programme officers. The County officers also helped in identification of relevant people for selection and inclusion for interviews for the respective Programmes
Sample size	3170 households spread across 206 clusters
Units of analysis	Households and Individuals
Data collection mode	Face to face
Data collection dates	Phase I of the survey was carried out between the months of April and September 2015
Quality control	Field supervision of the enumerators was carried out by the supervisors who not only guided the enumerators but also ensured delivery of quality by reviewing all the questionnaires on daily basis and conducting random call backs on respondent households
Data processing	The first stage of cleaning data in the PIBS survey was in the field during the data collection. The supervisors edited all the questionnaires from the enumerators and ensured that there were no common errors. Where anomalies in the questionnaires could not be easily resolved, the interviewers would be requested to make call backs to the respondent to verify information. When the questionnaires were received at the headquarters, there was further editing that involved insertion of codes, validation as well as identification of information. The questionnaires were then filed and prepared for data entry. Data entry was carried out using EPI Data software, which had been programed with controls to ensure that there were no entries of invalid values. For categorical data, ranges for the values of the variables were

	included in the data entry program. When the data entry was completed, the merged data file was examined for invalid entries that could have been made during data entry. The cleaning process of all the variables was done using syntaxes in SPSS. After completion of data entry, data was exported to SPSS for analysis. To facilitate Proxy Means Test (PMT) and poverty score conformity computations, all questions on household dwelling characteristics, ownership of household durables, household income and consumption expenditure were analysed using ordinary Least Square equations for CT-OVC and HSNP and weight allocation based on poverty indicators for OPCT and PWSD-CT. The qualitative data from FGDs and key informant interviews were analysed using content analysis to evaluate how well the procedures in the operational manuals (OM) of the various Programmes are understood and applied by Programme Implementers
Data access	
Comments	

Participation of vulnerable populations in their own programmes: the cash transfers in Kenya (2013)	
Implementing agency	National Gender and Equality Commission
Data type	Assessment/Audit
Coverage	12 counties; Machakos, Kirinyaga, Marsabit, Nakuru, Vihiga, Siaya, Kajiado, Mombasa, Kilifi, Nyamira, Homabay, and Baringo
Scope	In 2013, the Commission conducted an audit of the cash transfer programs for the Orphans and Vulnerable Children (OVC), Persons with Severe Disability (PWSD), and the Elderly in 21 sub-counties of Kenya. The aim was to provide the national and county governments with a snap shot account of the implementation of the cash transfer program and the level of participation of the vulnerable populations in programs designed for them. The activity assessed the adherence of the program to the procedures provided for in the regulatory frameworks for cash transfer and several legislative and policy frameworks. The audit also assessed the effects of the program to vulnerable populations and their immediate families, and challenges faced by various players and agencies during the implementation
Questionnaires	Data was collected through informal discussions, group discussions and individual interviews · The audit administered a module to beneficiaries to assess their level of participation and inclusion in the administration of the three cash transfers. Three dimensions of participation were assessed: i) Awareness of a locational committee and their participation in its selection, ii) If they had been trained on the fund and their rights and iii) How often the locational committee visited to monitor the fund · Beneficiaries and care givers were asked to state how and where they obtained the bi-monthly allowances · The audit assessed difficulties beneficiaries face to enroll in the program, access the services offered and in drawing optimal benefits from the social protection program · The audit collected data on the administration of the CTP from various stakeholders consisting of social development officers, children officers and members of the selected committees for the CTP at district and location levels, and former provincial administration officers
Intervals	
Sampling procedure	A five-stage approach was used in the design of the audit of the cash transfer programs in Kenya. The first stage involved the review of the essential legal instruments informing the cash transfer programs from the elderly, PWSD, and OVC taking into consideration that some policy

	instruments were formulated before the promulgation of the 2010 Constitution. The second stage involved a consultation forum with the senior officers in the Ministry of Labor, Social Security and Services to obtain latest data on cash transfers and updated guidelines informing the design, implementation and management of the program. The forum also identified the counties of study with clear justification and entry points at the study sites. The gender officers in each of the county were identified to help mobilize and convene meetings with district staff and members of the implementing committees for data collection and consultations. The third step involved the design of instruments for data collection and field logistics. The fourth step involved data gathering through mixed methods including panel discussions with critical stakeholders in the program at county and sub-county levels, in-depth interviews with beneficiaries, and focus group discussions. The fifth step involved data analysis, report development, validation of the key findings and recommendations and adoption of the report. The first phase of the audit covered eight counties and assessed the cash transfer programs for elderly and PWSD. The second phase covered nine counties five of which had participated in the first phase. The second phase of the audit was expanded to cover the third type of cash transfer targeting OVC. The counties were selected purposively either because they are pilot areas of the cash transfer programs or benefited from the rapid scale-up of the programs after successful pilot. Also, information on performance of the different counties on efficiency of implementation of the program was considered.
Sample size	A total of 203 beneficiaries participated in the audit
Units of analysis	Individuals
Data collection mode	Face to face
Data collection dates	April 2013 and October 2013
Quality control	Not provided
Data processing	Not provided
Data access	
Comments	

Rapid Assessment on Violence against older persons in Kenya (2014)	
Implementing agency	National Gender and Equality Commission
Data type	Rapid assessment
Coverage	Muranga, Tharaka Nithi, Narok and Kisii Counties
Scope	Data were collected from older persons and their caregivers using structured questionnaires and observation schedule. These tools were used to gather information on personal characteristics, awareness of and experiences with violence against older persons. Additional information was gathered from key opinion leaders and informants drawn from police, judiciary, faith leadership, county governance, county administration, civil societies and village elders. Opinion leaders provided data on gaps and opportunities existing in the legal and policy frameworks related to aging, crime, social protection, and family values and responsibility. They also provided information about types of violence, place of crime, profile of perpetrators, drivers of violence, access to justice and responses to the vice.
Intervals	N/A
Sampling procedure	The counties were sampled on the basis of population distribution of older persons (high and low); media reports on incidences of violence against older persons and regional diversity.
Sample size	The assessment contacted 30 older persons, 12 caregivers and made 12 home observations. Two thirds of individual based interviews were conducted with men aged 60 and above. One third of the respondents were aged between 60-65 years and a similar proportion fell in ages 76 and above
Units of analysis	Individuals
Data collection mode	Face to face
Data collection dates	February 2014- May 2014
Quality control	Not provided in report
Data processing	Not provided
Data access	Not provided
Comments	

Global Adult Tobacco Survey (2014)	
Implementing agency	Ministry of Health, Tobacco Control Unit Kenya National Bureau of Statistics
Data type	Sample survey data
Coverage	National
Scope	Tobacco use prevalence (smoking and smokeless tobacco products); Second-hand tobacco smoke exposure and policies; Cessation; Knowledge, attitudes and perceptions; Exposure to media; Economics.
Questionnaires	Household questionnaire; individual questionnaire
Intervals	2014 was the first round
Sampling procedure	The sample was selected in three stages. Stage one involved selection of clusters while stage two selected households and stage three selected individuals. The clusters were selected systematically from NASSEP V frame maintained by KNBS with equal probability independently within the urban-rural domains. The process involved ordering the cluster by urbanicity, then county and finally by unique geocode.
Sample size	5,376 households
Units of analysis	Households and Individuals (all non-institutionalized men and women aged 15 years and older)
Data collection mode	Face to face
Data collection dates	2 Jan 2014- 2 Feb 2014
Quality control measures	The report is not ready to provide information on quality control procedures
Data processing	Questionnaires are administered using an electronic data collection device. The IPAQ PDA was used to manage household assignments and to input data. Screening and respondent selection was done throughout the Household Questionnaire. The Individual Questionnaire data was transmitted data using SD CARDs
Data access	Open access data (Public use) - data posted in the KNBS website for download will be available at no charge. Registered access (Licensed) data - data will be availed to sponsors as per agreement between the sponsor and KNBS. Users requesting for specialized services are expected to negotiate and agree on a cost-recovery agreement with the Director General. KNBS may levy fees on statistical information products depending on the type of product, effort expended and the dissemination medium.

Demographic and Health Survey (2014)	
Implementing agency	Kenya National Bureau of Statistics National AIDS Control Council Kenya Medical Research Institute
Data type	Sample survey data
Coverage	National
Scope	
Questionnaires	HOUSEHOLD Identification; Usual members and visitors in the selected households; Background information on each person listed, such as relationship to head of the household, age, sex, marital status, survivorship and residence of biological parents, and highest educational attainment; Characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor, roof and walls of the house, and ownership of various durable goods (these items are used as proxy indicators of the household's socioeconomic status); Household food consumption; Weight and height measurement for children age 0-5 ; Weight and height measurement for women age 15-49) INDIVIDUAL WOMAN Background characteristics (education, marital status, media exposure, etc.); Reproductive history; Knowledge and use of family planning methods; Fertility preferences; Antenatal and delivery care; Breastfeeding and infant feeding practices; Vaccinations and childhood illnesses; Marriage and sexual activity; Women's work and husbands' background characteristics; Childhood mortality; Awareness and behavior regarding HIV and other sexually transmitted infections; Adult mortality, including maternal mortality; Domestic violence; Female circumcision; Fistula INDIVIDUAL MAN Respondent background characteristics; Reproduction; Contraception; Marriage and sexual activity; Fertility preferences; Employment and gender roles; HIV/AIDS; Other health issues
Intervals	Every 5 years
Sampling procedure	The survey used two subsamples of the NASSEP V frame that were developed in 2013. The 2014 KDHS was designed to produce representative estimates for most of the survey indicators at the national level, for urban and rural areas separately, at the regional (former provincial) level, and for selected indicators at the county level. In order to meet these objectives, the sample was designed to have 40,300 households from 1,612 clusters spread across the country, with 995 clusters in rural areas and 617 in urban areas. Samples were selected independently in each sampling stratum, using a two-stage sample design. In the first stage, the 1,612 EAs were selected with equal probability from the NASSEP V frame. The households from listing operations served as the sampling frame for the second stage of selection, in

	which 25 households were selected from each cluster. The interviewers visited only the preselected households, and no replacement of the preselected households was allowed during data collection. The Household Questionnaire and the Woman's Questionnaire were administered in all households, while the Man's Questionnaire was administered in every second household. Because of the non-proportional allocation to the sampling strata and the fixed sample size per cluster, the survey was not self-weighting. The resulting data have, therefore, been weighted to be representative at the national, regional, and county levels.
Sample size	39,679 households
Units of analysis	Household and Individual (children age 0-5; Women age 15-49; Men age 15-54)
Data collection mode	Face to face
Data collection dates	7 May 2014 - 20 October 2014
Quality control measures	Data collection was overseen by 18 coordinators who had also served as trainers during the pretest and main training and by a staff of 28 quality assurance personnel. Coordinators were each assigned two to three teams for which they were responsible for observing and monitoring data collection quality, ensuring uniformity in data collection procedures and fidelity to the survey protocol, providing moral support to the field teams, and replenishing field team supplies. Coordinators met in person and via phone with teams throughout the fieldwork, spending a total of 70 days in the field. Quality control staff fulfilled similar responsibilities and spent a total of 60 days in the field.
Data processing	Completed questionnaires were sent to the KNBS Data Processing Centre in Nairobi. Office editors verified cluster and household numbers to ensure that they were consistent with the sampled list. They also ensured that each cluster had 25 households and that all questionnaires for a particular household were packaged together. All data were double entered (100 percent verification) using CSPro software. Secondary editing, which included further data cleaning and validation, ran simultaneously with data entry.
Data access	To request dataset access, one must first be a registered user of the website then create a new research project request. The request must include a project title and a description of the analysis you propose to perform with the data. Access to DHS, MIS, AIS and SPA survey datasets (Surveys, HIV, and GPS) is requested and granted by country. This means that when approved, full access is granted to all unrestricted survey datasets for that country https://www.dhsprogram.com/what-we-do/survey/survey-display-451.cfm
Demographic and Health Survey (2008/9)	
Implementing agency	Kenya National Bureau of Statistics Ministry of Health

	National AIDS Control Council National AIDS and STI Control Programme National Coordinating Agency for Population and Development Kenya Medical Research Institute
Data type	Sample survey data
Coverage	National
Scope	The survey obtained detailed information on fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood and maternal mortality, maternal and child health, and awareness and behaviour regarding HIV/AIDS. The survey also included collection information on ownership and use of mosquito nets, domestic violence, and HIV testing of adults
Questionnaires	HOUSEHOLD Characteristics of each person listed, including age, sex, education, and relationship to the head of the household; characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor, walls, and roof of the house, ownership of various durable goods, ownership of agricultural land, ownership of domestic animals, and ownership and use of mosquito nets; anthropometric measurements; consent to give HIV blood samples WOMEN Respondent's background characteristics (e.g., education, residential history, media exposure); Reproductive history; Knowledge and use of family planning methods; Antenatal, delivery, and postnatal care; Breastfeeding; Immunization, nutrition, and childhood illnesses; Fertility preferences; Husband's background characteristics and woman's work; Marriage and sexual activity; Infant and child feeding practices; Childhood mortality; Awareness and behavior about HIV/AIDS and other sexually transmitted diseases ;Knowledge of tuberculosis; Health insurance; Adult and maternal mortality; Domestic violence; Female genital cutting MEN Information similar to that collected in the Women's Questionnaire, except for reproductive history, maternal and child health, nutrition, maternal mortality, and domestic violence
Intervals	Every 5 years
Sampling procedure	The 2008-09 KDHS adopted the NASSEP IV, which was developed on the platform of a two-stage sample design. The first stage involved selecting data collection points ('clusters') from the national master sample frame. A total of 400 clusters-133 urban and 267 rural-were selected from the master frame. The second stage of selection involved the systematic sampling of households from an updated list of households. All women age 15-49 years who were either usual residents or visitors present in sampled households on

	the night before the survey were eligible to be interviewed in the survey. In addition, in every second household selected for the survey, all men age 15-54 years were also eligible to be interviewed. All women and men living in the households selected for the Men's Questionnaire and eligible for the individual interview were asked to voluntarily give a few drops of blood for HIV testing.
Sample size	10,000 households (8,444 women age 15 to 49 and 3,465 men age 15 to 54 selected from 400 sample points (clusters)
Units of analysis	Household and Individual (children age 0-5; Women age 15-49; Men age 15-54)
Data collection mode	Face to face
Data collection dates	November 2008 to February 2009
Quality control	Three tests were given to help participants understand the survey concepts and how to complete each of the three questionnaires. Anthropometric measurement was given special attention by inviting an expert who conducted training and also provided many hours of demonstrations and practical exercises to each group. A separate class was organized for the health workers. Staff from KEMRI and NACC trained the health workers on how to administer the consent procedures, how to take blood spots for HIV testing, and how to minimize risks in handling blood products ('universal precautions')
Data processing	Tabulation of the results was done by KNBS in collaboration with ICF Macro. Data processing for blood draws was delayed at the National HIV Reference Laboratory to allow for completion of data cleaning and validation and to remove all personal identifiers from the stored questionnaires. The KDHS preliminary report was prepared and launched in November 2009.
Data access	To request dataset access, one must first be a registered user of the website then create a new research project request. The request must include a project title and a description of the analysis you propose to perform with the data. Access to DHS, MIS, AIS and SPA survey datasets (Surveys, HIV, and GPS) is requested and granted by country. This means that when approved, full access is granted to all unrestricted survey datasets for that country https://www.dhsprogram.com/what-we-do/survey/survey-display-451.cfm
Demographic and Health survey (2003)	
Implementing agency	Central Bureau of Statistics Ministry of Health National Council for Population and Development
Data type	Sample survey data
Coverage	National
Scope	Collected information on fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding

	practices, nutritional status of women and young children, childhood and maternal mortality, maternal and child health, and awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections (STIs). In addition, it collected information on malaria and use of mosquito nets, domestic violence among women, and HIV prevalence of adults.
Questionnaires	HOUSEHOLD Characteristics of each person listed, including age, sex, education, and relationship to the head of the household; characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor and roof of the house, ownership of various durable goods, and ownership and use of mosquito nets; height and weight measurements of women age 15-49 years and children under the age of 5 years, households eligible for collection of blood samples, and the respondents' consent to voluntarily give blood samples WOMENS Background characteristics (e.g., education, residential history, media exposure); Reproductive history; Knowledge and use of family planning methods; Fertility preferences; Antenatal and delivery care; Breastfeeding; Vaccinations and childhood illnesses; Marriage and sexual activity; Woman's work and husband's background characteristics ;Infant and child feeding practices; Childhood mortality; Awareness and behaviour about AIDS and other sexually transmitted diseases; Adult mortality including maternal mortality; experience of domestic violence MENS Information similar to that collected in the Women's Questionnaire, except for reproductive history, maternal and child health, nutrition, maternal mortality, and domestic violence
Intervals	Every 5 years
Sampling procedure	The 2003 survey utilised a two-stage sample design. The first stage involved selecting sample points ("clusters") from NASSEP IV. The list of enumeration areas covered in the 1999 population census constituted the frame for the KDHS sample. A total of 400 clusters, 129 urban and 271 rural, were selected from the master frame. The second stage of selection involved the systematic sampling of households from a list of all households that had been pre-pared for NASSEP IV in 2002. The household listing was updated in May and June 2003 in 50 selected clusters in the largest cities because of the high rate of change in structures and household occupancy in the urban areas
Sample size	8,195 women age 15 to 49 and 3,578 men age 15 to 54 selected from 400 sample points (clusters)
Units of analysis	Household and Individual (children age 0-5; Women age 15-49; Men age 15-54)

Data collection mode	Face to face
Data collection dates	April 2003 - September 2003
Quality control	All interviewers were trained on interviewing techniques and the contents of the KDHS questionnaires. The training was conducted following the standard DHS training procedures, including class presentations, mock interviews, and four written tests. All of the participants were trained on how to complete the Women's Questionnaire and how to take anthropometric measurements. Staff from KEMRI, CDC/Kenya, and ORC Macro trained the health workers on informed consent procedures, taking blood spots for HIV testing, and procedures for minimising risks in handling blood products ("universal precautions"). The whole group visited households in two sites close to the training center for practical interviews.
Data processing	Completed questionnaires were returned periodically from the field to CBS offices in Nairobi, where they were edited and entered by data processing personnel specially trained for this task. Data were entered using CSPro. All data were entered twice (100 percent verification). The concurrent processing of the data was a distinct advantage for data quality, since CBS was able to advise field teams of errors detected during data entry. The data entry and editing phase of the survey was completed in October 2003.
Data access	To request dataset access, one must first be a registered user of the website then create a new research project request. The request must include a project title and a description of the analysis you propose to perform with the data. Access to DHS, MIS, AIS and SPA survey datasets (Surveys, HIV, and GPS) is requested and granted by country. This means that when approved, full access is granted to all unrestricted survey datasets for that country https://www.dhsprogram.com/what-we-do/survey/survey-display-451.cfm

Survey on Institutions of older persons and the establishment of county databanks, 2014	
Implementing agency	Ministry of Labor and East Africa Affairs
Data type	Sample survey data
Coverage	National
Scope	The survey aimed to identify existing institutions in the country that are addressing the welfare concerns of older people, issues of ageing and the services they render to the clients. Some of the specific objectives of the survey included; 1) to identify the specific location for the institutions 2) to establish their source of funding/support and their partners/collaborators, and 3) to understand the challenges they experience in their operations
Questionnaires	The main data collection tools used was a questionnaire which had both structured and open-ended questions
Intervals	N/A
Sampling procedure	Not provided
Sample size	N/A
Units of analysis	Institutions
Data collection mode	Face to face
Data collection dates	February- April 2014
Quality control	Not indicated
Data processing	Both quantitative and qualitative data was collected. The data was collected at the sub-county level. An electronic template was also used to capture data from all the sub counties in each county. Both quantitative and qualitative techniques were used to analyse the data. A coding manual was prepared based on the various parameters to facilitate data entry which was done using the both MS Excel and SPSS. Data was analysed using the Statistical Package for Social Sciences (SPSS)
Data access	Not provided
Comments	

Inequalities and social cohesion in Kenya, 2014	
Implementing agency	Kenya Institute for Public Policy Research
Data type	Secondary analysis data
Coverage	National
Scope	The objective of this study is to provide an understanding of the status of inequality and cohesion in Kenya. The study traces the roots of inequality and weak cohesion to the country's agro-ecological heritages, which shaped colonial policies of unequal development, and to the failure of successive independence governments to act decisively to bridge development gaps across various population entities. The main elements covered include: trust; bonds, social values and solidarity; horizontal and vertical inequalities; unemployment; political participation; violence over previous ten years; diversity; role of the state; poverty; and access to justice. Specific items covered include: (i) Perceptual and objective measures of cohesion and complexity of the concept (ii) Measurement of social cohesion and its relationships with various dimensions of inequality
Questionnaires	N/A
Intervals	N/A
Sampling procedure	N/A
Sample size	N/A
Units of analysis	Individuals
Data collection mode	The study employs several indicators to illustrate the extent of vertical inequality among individuals and horizontal inequality among regions. It also illustrates the state of cohesion and weak integration using data from the Kenya Integrated Household Budget Survey of 2005/06, the 2009 census and a 2010 Knowledge Attitude and Perceptions Survey by the Kenya Institute for Public Policy Research and Analysis (KIPPRA). Finally, it employs regression analysis to identify social cohesion components that are strongly correlated with factors amenable to policy manipulation, such as education, area of residence, ethnic diversity of an administrative unit, and the pride that people feel and express at being Kenyan
Data collection dates	N/A
Quality control	N/A
Data processing	Once complete, the report will provide an overview on type of data used in the analysis (notably KIHBS 2005/6, the 2009 Census, Afro barometers) and surveys conducted by KIPPRA. Inequality and social cohesion indices will be generated. In the statistical analysis, other factors that influence social cohesion (apart from poverty and inequalities) will be considered
Data access	Data analysis not complete
Comments	

Kenya National Housing Survey (2012/13)	
Implementing agency	Kenya National Bureau of Statistics
Data type	Sample survey data
Coverage	National (3 counties namely Wajir, Garissa and Mandera were not covered because the household-based sampling frame had not been created in the region by the time of the survey due to insecurity)
Scope	The core issues captured in the modules included housing affordability, housing quality, housing production, housing finance, and housing infrastructure.
Questionnaires	· Financiers questionnaires · Institution and regulatory framework · Built environmental professionals questionnaire · Household's questionnaire (information on older persons can be inferred from household roster) · Developers' and home builders' questionnaire
Intervals	Last housing survey was conducted in 1983
Sampling procedure	The NASSEP V sampling frame was utilized in the renters and owner-occupiers and home builders/ developers. The first stage involving selection of Primary Sampling Units (PSUs) which were the EAs using Probability Proportional to Size (PPS) method. The second stage involved the selection of households for various surveys. 2012/2013 KNHS utilized all the clusters in C2 sub-sample of the NASSEP V frame excluding Wajir, Garissa and Mandera counties.
Sample size	The target for the household component of the survey was to obtain approximately 19,140 completed household interviews.
Units of analysis	Households , Individuals, and Community
Data collection mode	Face to face
Data collection dates	
Quality control	Every County data collection team had a trained data entry operator and two data analysts were responsible for ensuring data was submitted daily by the trained data entry operators. They also cross-checked the accuracy of submitted data by doing predetermined frequencies of key questions. The data entry operators were informed of detected errors for them to re-enter or ask the data collection team to verify the information. Data entry was done concurrently with data collection therefore guaranteeing fast detection and correction of errors/inconsistencies. Data capture screens incorporated inbuilt quality control checks triggered in case of invalid entry. Such checks were

	necessary to guarantee minimal data errors that would be removed during the validation stage (data cleaning). In data cleaning, a team comprising subject-matter specialists developed editing specifications, which were programmed to cross-check raw data for errors and inconsistencies. The printed log file was evaluated with a view to fixing errors and inconsistencies found. Further on, they also developed data tabulation plans to be used on the final datasets and cross checked tabulated outputs were used in writing the survey basic report.
Data processing	The survey implemented a Paper and Pencil Interviewer (PAPI) technology administered by trained enumerators while data entry was decentralised to collection teams with a supervisor. Data was keyed from twelve (12) questionnaires namely household based questionnaire for renters, owner occupier and home builders, building financiers such as banks and SACCOs, building professionals such as architects, valuers etc., institutional questionnaires covering Local Authorities, Lands department, Ministry of Housing, National Environmental Management Authority, Physical Planning department and, Water and Sewerage Service providers and housing developers. Each of these questionnaires was keyed individually. The data processing of the 2012/13 Kenya National Housing Survey results started by developing a data capture application for the various questionnaires using CSPro software. Data entry was done concurrently with data collection therefore guaranteeing fast detection and correction of errors/inconsistencies. Data capture screens incorporated inbuilt quality control checks triggered in case of invalid entry. Such checks were necessary to guarantee minimal data errors that would be removed during the validation stage (data cleaning)
Data access	Open access data (Public use) - data posted in the KNBS website for download will be available at no charge. Registered access (Licensed) data - data will be availed to sponsors as per agreement between the sponsor and KNBS. Users requesting for specialized services are expected to negotiate and agree on a cost-recovery agreement with the Director General (directorgeneral@knbs.or.ke). KNBS may levy fees on statistical information products depending on the type of product, effort expended and the dissemination medium.
Comments	

Kenya AIDS Indicator Survey (2012)	
Implementing agency	Ministry of Health
Data type	Sample survey data
Coverage	National (excluding North Eastern due to regional security issues during the survey
Scope	Provides comprehensive information on trends in HIV infection, behaviors that place persons at risk for HIV infection, knowledge and attitudes around HIV/AIDS, and population based coverage of HIV prevention, care, and treatment programs to understand the status of the HIV epidemic and impact of the national HIV response. The KAIS 2012 builds upon the previous population-based HIV estimates derived in the first Kenya AIDS Indicator Survey (KAIS 2007), allowing for comparisons of prevalence estimates and behavioural and programmatic indicators over time.
Questionnaires	HOUSEHOLD QUESTIONNAIRE · Household membership listing (information on older persons on household roster) · Parental survivorship · Household characteristics and possessions · Support for orphans and vulnerable children CHILD QUESTIONNAIRE (10–14 years) · Socio-demographic characteristics · HIV/STI knowledge, attitudes, and perceptions · Sexual activity (for children aged 12–14 years only) · HIV testing · Male circumcision · Alcohol and drug use · Participation in HIV prevention interventions · HIV stigma ADULT QUESTIONNAIRES (15–64 years) · Socio-demographic characteristics · Reproduction, fertility, and family planning · Male circumcision · Marriage and sexual history · Drug use · HIV/STI knowledge, attitudes, and behaviours · HIV testing · Access to HIV prevention, care, and treatment · services · Tuberculosis and other health issues · Blood and injection safety · Migration

	BIOLOGIC TESTING · Venous and dried blood spot specimens collected · to test for HIV (DBS), CD4 (venous blood), viral · load (DBS), and future tests (DBS) at the NHRL · In home HIV and POC CD4 testing offered · Referral to treatment and care services for those · found HIV positive through HBTC · HIV incidence testing
Intervals	Every 5 years
Sampling procedure	Two-stage stratified cluster sample, where the first stage included selection of clusters from the NASSEP V and the second stage included selection of 25 households within each selected cluster. For child sample, every other household from the 25 households was selected
Sample size	Approximately 18,000 individuals from 8,035 households (Included children aged 18 months to 14 years for the first time in a national HIV survey)
Units of analysis	Individuals
Data collection mode	Face to face
Data collection dates	September 2012-
Quality control	
Data processing	Household-level data were collected on netbooks (Mirus Innovations, Mississauga, Ontario, Canada) using a so• ware application developed for KAIS 2012 with automated skip patterns, which restricted responses to valid ranges. Data were transmitted on a regular basis from the field to the central data server in Nairobi, allowing for real-time data monitoring. Cellular modems were used to transmit collected data through a secure virtual private network with the country's largest network service provider; Safaricom. Venous blood was collected from participants for HIV and CD4+ T-cell count testing at the National HIV Reference Laboratory (NHRL). If HIV-infected, the samples were further tested for HIV RNA and recent infection. Remnant specimens after testing were stored for future unspecified testing
Data access	Restricted, formal request to KNBS required
Comments	
Kenya AIDS Indicator Survey (2007)	
Implementing agency	National AIDS and STI Control Program
Data type	Sample survey data
Coverage	National
Scope	For the first time, KAIS provides population-based information about CD4 cell counts among people with HIV. The specific objectives were to determine the magnitude and distribution of HIV, HSV-2, syphilis and in adults ages 15-64 estimate HIV incidence through laboratory testing, determine access to

	and unmet need for HIV/AIDS services and describe socio-demographic and behavioural risk factors related to HIV and other STI
Questionnaires	· HOUSEHOLD QUESTIONNAIRE · Household census · Parental survivorship · Household characteristics · Mosquito net use · Support for sick persons · INDIVIDUAL QUESTIONNAIRE · Socio-demographic characteristics · Reproduction, fertility, and family planning · Marriage and sexual partnerships · HIV/STI knowledge, attitude, behaviours · uptake of HIV prevention, care and treatment services · BLOOD DRAW · Venous blood: HIV, HSV-2, syphilis testing; CD4 for those with HIV · Dried blood spot: HIV testing only RETURN OF RESULTS FORM · Specific test results retrieved · Individual or couple counseling · Minors with or without parents · Referrals provided
Intervals	Every 5 years
Sampling procedure	The overall design for KAIS 2007 was a stratified, two-stage cluster sample design for comparability to the KDHS 2003. The first stage involved selecting clusters from NASSEP IV, and the second stage involved the selection of households for KAIS with equal probability in the urban-rural strata within the districts. A sample of 415 clusters and 10,375 households were systematically selected for KAIS in order to achieve the power necessary to make the estimates at the level of estimation desired by KAIS partners. A uniform sample of 25 households per cluster was selected using an equal probability systematic sampling method. The sample size took in to consideration the level of non-response in the 2003 Kenya DHS.
Sample size	10,375 households (almost 18000 individuals participated
Units of analysis	Individuals
Data collection mode	Face to face
Data collection dates	June 2007- December 2007
Quality control	Data collection teams were supervised by teams of national supervisors with representation from different KAIS collaborating institutions. These supervision teams travelled throughout the country to visit field teams, deliver survey supplies, perform quality checks on data completeness,

	provide technology support, assess mobilization efforts, and help address challenges to data collection
Data processing	The initial steps in data processing included: editing questionnaires, both in the field and at KNBS headquarters, prior to data entry, and complete double-data entry of all questionnaire responses to minimize error. Data were entered using Census and Survey Processing System (CSPro) version 3.3. Once all survey responses were transferred to electronic format, data cleaning began. The first step was to ensure 100 percent verification between the two data entry databases, using paper questionnaires to resolve any discrepancies. Next, a series of consistency and range checks were used to identify any unreasonable responses and to verify that responses adhered to skip patterns. Data cleaning programs were written in Stata version 8.0 and corrections were entered directly in CSPro. As the survey data were cleaned at KNBS, a concurrent process of cleaning the raw laboratory data by laboratory information management specialists was ongoing. The final cleaned, combined questionnaire database was merged with the laboratory results database using unique barcodes and study identification numbers to ensure the greatest accuracy. Preliminary analyses were conducted using SAS software version 9.0. SUDAAN and SAS have procedures to account for the KAIS multi-stage stratified sampling design, and were used to produce reliable standard errors and confidence intervals. Some data analyses of interest were verified in Stata version 8.2, to ensure reproducibility across software programs. Limited preliminary analyses covered response rates, overall prevalence estimates for HIV, syphilis and HSV-2 (genital herpes); CD4 distribution; HIV testing and correct knowledge of HIV status; and antiretroviral therapy and cotrimoxazole usage.
Data access	Restricted, formal request to KNBS required
Key findings	· More than 1.4 million adults are living with HIV/AIDS. · 7 out of 10 HIV infected adults are rural residents. Though the prevalence in rural areas is lower in urban areas, the greatest burden of disease is in rural areas since most Kenyans live in rural areas · Among married individuals who are HIV infected, 45% have a partner who is not currently infected

Kenya National Micronutrient Survey 2011	
Implementing agency	Kenya National Bureau of Statistics
Data type	Sample survey data
Coverage	
Scope	
Questionnaires	Micronutrient Men 15-54 years Micronutrient Household Questionnaire Micronutrient Women of Reproductive Age Questionnaire Micronutrient School Age Children 5-14 years
Intervals	First Micronutrient Survey was conducted in 1999
Sampling procedure	The sampling frame for the survey was based on NASSEP IV. The sample was selected using a stratified two-stage cluster design consisting of 296 clusters, 123 in the urban and 173 in the rural areas. From each cluster a total of 10 households were selected using systematic simple random sampling. For the survey, an urban area was defined as "an area with an increased density of human-created structures in comparison to the areas surrounding it and has a population of 2,000 people and above". Using this definition, urban areas included Cities, Municipalities, Town Councils, Urban Councils and all District Headquarters. A rural area was defined as an isolated large area of an open country in reference to open fields with peoples whose main economic activity was farming. Every attempt was made to conduct interviews in the 10 selected households, and one additional visit was made to ascertain this compliance in cases of absence of household members to minimize potential bias. Non responding households were not replaced
Sample size	
Units of analysis	Individuals
Data collection mode	Face to face
Data collection dates	
Quality control	Each team was assigned one data editor whose specific duties were to monitor data questionnaires and forms with the aim of improving and maintaining the quality of data collected. Editing of completed interviews was essential to ensure accurate and complete data collection. This was especially important during the initial phases of fieldwork, when opportunities to eliminate interviewer error patterns were high before they became habits. Editors were expected to review and edit Household Questionnaires, Individual Questionnaires, and the Laboratory/Anthropometry form for completeness, legibility, and consistency throughout the fieldwork. This had to be done in real time to enable rectification by the enumerator before leaving the respondent and/or cluster. The data editor also ensured the safe handover of the data collection

	form to the team leader daily for review; addressed on a daily basis any discrepancies in the questionnaires with the team before leaving the cluster; and handed over complete bound questionnaires with cluster name and number to the team leader once a cluster is complete for review and transportation to Nairobi. Weekly site reports were sent to the study coordinator with information on Time per cluster • Enrollment rate per team per cluster • Participant refusal rates (HH and individual level, as well as individual tests) • Participant referral • Time of procedures for enumerators, nurse/phlebotomy, cluster lab • Sample collection times (time from collection, delivery to cluster lab, processing times)
Data processing	The field questionnaires baring household characteristics, individual population characteristics, and anthropometrics measurements were double entered into a computer database designed using MS-Access application. Regular file back-up was done using flash disks and external hard disk to avoid any loss or tampering. Data comparison was done using Epi-info version 7.0. Data cleaning and validation was performed to achieve clean datasets. The datasets were exported into a Statistical Package format (IBM® SPSS® Statistics version 20.0). The laboratory results were entered in excel format and later exported into a Statistical Package format (IBM® SPSS®Statistics version 20.0). Data merging exercise was systematically conducted using the four datasets i.e. household characteristics, individual population characteristics, anthropometrics measurements, and laboratory results. Each of the five populations namely; Pre-school children (PSC), School aged children (SAC), Pregnant women (PW), Non-pregnant women (NPW), and Men were separately merged. Data merging was conducted as follows: STEP1: The 'laboratory results' file was first merged to the 'anthropometrics' file using 'LABLE NUMBER' as the unique identifier. STEP2: The merged 'laboratory + anthropometrics' file was merged to individual population characteristics file using a merging variable constructed by concatenating 'CLUSTER NUMBER + HOUSEHOLD NUMBER + LINE NUMBER' as the unique identifier. STEP3: The merged 'laboratory + anthropometrics + individual population characteristics' file was merged to the 'household characteristics' file using a merging variable constructed by concatenating 'CLUSTER NUMBER + HOUSEHOLD NUMBER + LINE NUMBER' as the unique identifier. Five master-files were backed-up for safe keeping and a copy was shared with the statisticians for analysis. All the questionnaires and laboratory forms were filed and stored in lockable drawers for confidentiality. The validated data was exported to SPSS Version 20 for analysis
Data access	Open access data (Public use) - data posted in the KNBS website for download will be available at no charge. Registered access (Licensed) data - data will be availed to sponsors as per agreement between the sponsor and

	KNBS. Users requesting for specialized services are expected to negotiate and agree on a cost-recovery agreement with the Director General. KNBS may levy fees on statistical information products depending on the type of product, effort expended and the dissemination medium
Comments	

Kenya Service Provision Assessment, 2010	
Implementing agency	National Coordinating Agency for Population and Development now NCPD, Ministry of Medical Services (MOMS), Ministry of Public Health and Sanitation (MOPHS) [Kenya], Kenya National Bureau of Statistics
Data type	Sample survey data
Coverage	National and sub-national
Scope	The KSPA 2010 collected information on the delivery of health services in Kenya. It examined the capacity of facilities to provide good quality health services. The services that were assessed included: (1) child health promotion and treatment of childhood illnesses; (2) maternity care (antenatal, delivery, postpartum, and newborn); (3) family planning services; (4) services for the prevention and management of sexually transmitted infections (STIs); and (5) HIV/AIDS services. The 2010 SPA also included observations of service delivery and a community component that looked at the utilization of community services at the facility levels
Questionnaires	FACILITY AUDIT QUESTIONNAIRES Interviewers collected information on the availability of resources, support systems, and facility infrastructure elements necessary to provide a level of service that generally meets accepted national and international standards. The support services assessed were those that are commonly acknowledged as essential management tools for maintaining health services. The questions included child health, maternal and newborn care, family planning, HIV/AIDS, laboratory, and pharmacy modules. The HIV/AIDS modules assessed how clients with HIV/AIDS were handled, from counseling and testing through treatment, referral, and follow-up. Interviewers also collected information on health facility policies and practices related to collecting and reporting HIV/AIDS-related records and statistics on services provided to clients through the health facility OBSERVATION PROTOCOL Tailored to the service being provided. For sick child, ANC, family planning, delivery, and STI consultation services, the observer assessed the extent to which service providers adhered to standards of care, based on generally accepted practices for good-quality service delivery. The observations, which were recorded in a checklist, covered the process used in conducting specific procedures and examinations and also the content of information exchanged between the provider and the client (including history, symptoms, and advice) THE EXIT INTERVIEW Included questions on the client's understanding of the consultation or examination as well as his or her recall of instructions received about treatment or preventive behavior. The interviewer also elicited the client's perception of the service delivery environment. HEALTH WORKER/PROVIDER INTERVIEW

	Service providers were interviewed regarding their qualifications (pre-service training, experience, and continued in-service training), the supervision they had received, and their perceptions of the service delivery environment In addition to the above-mentioned standard SPA tools, the following instruments were also used: · Observation of Routine (Normal) Delivery Care: Partograph, Active Management of the Third Stage of Labour, and Immediate Newborn Care · Checklist for Management of Postpartum Haemorrhage · Checklist for Manual Removal of Placenta · Checklist for Internal Manual Compression of the Uterus · Checklist for Compression of the Abdominal Aorta · Checklist for Newborn Resuscitation · Checklist for Severe Pre-eclampsia and Eclampsia These protocols were used to observe normal deliveries and how delivery-related complications are managed. · Guide for in-depth interviews with community health workers, including community health extension workers (CHEWs) · Guide for focus group discussions with mothers of young children ages 0-2 years These two guides supported the community component of the 2010 KSPA
Intervals	Previous KSPAs in 2004 and 1999
Sampling procedure	Data were collected from a representative sample of facilities in the country, a sample of health service providers at each sampled facility, and a sample of sick children, family planning, ANC, STI, and delivery clients. The sample of *facilities* included in the 2010 KSPA survey was randomly selected from a Master Facility List (MFL) of 6,192 functioning health facilities in Kenya at the time of the survey. The MFL, obtained from the division of Health Information Systems, Department of Standards and Regulatory Services, included hospitals, health centres, maternity and nursing homes, clinics, and stand-alone VCT facilities under public, faith-based, private and NGO managing authorities. A sample size of 703 facilities was selected for the survey. The sample was carefully designed to allow for key indicators to be presented at national and provincial levels, by type of facility, and by the different managing authorities. Hospitals, maternity facilities and stand-alone VCT facilities were oversampled.1 All three national referral hospitals and all eight provincial hospitals in Kenya were included in the sample. The final KSPA sample covered approximately 11 percent of all facilities in the country. The sample of health service providers was selected from providers who were present in the facility on the day of the survey and who provided services that were assessed by the 2010 KSPA. The aim was to interview an average of eight providers in each facility to cover providers of the range of services being assessed. In facilities with fewer than eight health care providers, all of the providers present on the day of the visit were

	interviewed. In facilities with more than eight providers, efforts were made to interview eight providers, including all providers whose work was observed. If interviewers observed fewer than eight providers, then they also interviewed a random selection of the remaining health care providers to obtain eight provider interviews. *Clients* were systematically selected for observation based on the number of clients expected for each service on the day of the survey. Where many clients were present and eligible for observation, the rule was to observe a maximum of five clients for each provider of the service, with a maximum of 15 observations for each service in any given facility. In order to achieve the target number of observations, the total number of expected clients was divided by five to derive the "Nth" interval for selecting the next client to be observed.
Sample size	703 health facilities
Units of analysis	Facilities
Data collection mode	Face to face and Observation
Data collection dates	21 January 2010- 18 May 2010
Quality control	Through periodic field visits and spot checks, NCAPD, MOPHS, MOMS, and KNBS officers ensured quality control. Field-check tables generated by the data entry programme were also used to check the quality of the collected data, and, where necessary, NCAPD staff communicated with team leaders and sorted out any emerging problems
Data processing	The design of the tabulation plan and the preparation of the programmes for producing statistical tables were carried out from April through June 2010. Data analysis, including clarification of unclear information, was carried out from July through October 2010. During data analysis the analysis plan was revised on the basis of feedback from the KSPA management team.
Data access	
Comments	In FGDs, CHWs were asked about the challenges that people with special needs experience in seeking health services—those with HIV, the disabled, and the **elderly.** The questionnaire also had questions on elder care asking whether facilities provided services geared toward the elderly and whether they had capacity for cataract removal- a condition commonly associated with older people, whether they provide any diagnostic, treatment or follow-up services to the elderly or disabled; whether training covered any topic specific to the diagnosis and management of chronic conditions , falls , immobility and confusion in the elderly
Kenya Service Provision Assessment, 2004	
Implementing agency	National Coordinating Agency for Population and Development now NCPD (NCAPD), the Ministry of Health, and the Central Bureau of Statistics now KNBS

Data type	Sample survey data
Coverage	National
Scope	The survey was designed to extract information about the general performance of facilities that offer maternal, child, and reproductive health services, as well as services for specific infectious diseases (STIs, HIV/AIDS, and tuberculosis). Information to provide a picture of the strengths and weaknesses of the service delivery environment for each assessed service was collected from a representative sample of facilities managed by the public sector, the private sector, faith-based organizations (FBOs) and non-governmental organizations (NGOs) from all eight provinces of the country.
Questionnaires	FACILITY INVENTORY QUESTIONNAIRE Interviewers collected information on the availability of resources, support systems, and infrastructure elements necessary to provide a level of service that generally meets accepted standards. The support services assessed were those that are commonly acknowledged as essential management tools for maintaining health services HEALTH PROVIDER INTERVIEW Interviewers asked providers about their qualifications (training, experience, and continued in-service training), the supervision they had received, and their perceptions of the service delivery environment OBSERVATION PROTOCOL Tailored to the service being provided. For sick child, antenatal care, family planning, and STI consultations, the observer assessed the extent to which service providers adhered to standards of care, based on generally accepted practices for good-quality service delivery. The observations included both the process used in conducting specific procedures and examinations and the content of information exchanged between the provider and the client (history, symptoms, and advice EXIT INTERVIEW After clients were observed receiving a service, they were asked to participate in an Exit Interview as they left the facility. The exit interview included questions on the client's understanding of the consultation or examination, as well as his or her recollection of the instructions received about treatment or preventive behavior. The interviewer also elicited the client's perception of the service delivery environment HIV/AIDS SERVICES MODULE Assessed how inpatient and outpatient HIV/AIDS clients were handled, from the counseling and testing stage through the treatment, referral, and follow-up stages. Interviewers also asked for records and statistics on HIV/AIDS clients. Together with the above-mentioned tools, which have been used in other SPA surveys, several Kenya specific instruments were also used: · The Maternal Health Statistics summary sheet summarized information on complications, procedures, and outcomes for maternity clients.

	· The District Health Management Team (DHMT) questionnaire sought information about DHMTs' management of facilities, staff training, operations, budgeting, and record keeping. · The Normal delivery record review was used to collect information on the quality of care provided during normal labour and delivery. · The Maternal Health Worker Knowledge questionnaire assessed the health worker's knowledge of various symptoms that pregnant women experience and what actions need to be taken in response to those symptoms.
Intervals	Previous survey in 1999
Sampling procedure	Data were collected from a representative sample of facilities, a sample of health service providers at each facility, and a sample of sick children (SC), family planning (FAMILY PLANNING), antenatal (ANC), and STI clients. The sample used for the KSPA 2004 was obtained from a list of 4,742 health facilities in Kenya provided by the Ministry of Health. The list included hospitals, health centres, maternities, clinics, dispensaries and stand-alone VCT facilities, with different managing authorities, including government, (NGOs), private for-profit, and faith-based organisations (FBOs). The two national referral hospitals and all eight provincial general hospitals were purposely included in the sample. The rest of the facilities were sampled in such a way as to provide national and provincial representation. A sample size of 453 facilities was selected for the survey, based on logistic considerations, as well as the minimum sample size required for the desired analysis (margin of error of 10 percent). Since information on HIV/AIDS services constituted a separate interest, and given that these services were expected to be offered in only a fraction of facilities, facilities offering PMTCT and VCT services were oversampled to provide sufficient numbers for analysis. Thus, the KSPA final sample covered approximately 11 percent of all facilities, and for PMTCT and VCT services, sampling covered 34 and 42 percent, respectively of all available services. The sample of health service providers was selected from providers who were present in the facility on the day of the survey and who provided services that were assessed by the KSPA. The ideal was to interview an average of eight providers in a facility. In facilities with fewer than eight health providers, all of the providers present on the day of the visit were interviewed. In facilities with more than eight providers, an average of eight providers were interviewed, including all providers whose work was observed. If interviewers observed fewer than eight providers, they also interviewed a random selection of the remaining health providers, to obtain an average of eight provider interviews. The sample for *observations* was opportunistic, meaning clients were selected for observation as they arrived, since it was not possible to know how many eligible clients would attend the facility on the day of the survey. Where numerous clients were present and eligible for observation, the rule was to observe a maximum of five clients for each provider of the service, with a

	maximum of 15 observations in any given facility for each service. In practice, however, at some facilities, interviewers observed fewer clients than were eligible for observation. This occurred primarily where multiple services were being offered to clients at the same time in different locations in a facility. Any family planning or ANC client who was also assessed for STI symptoms was observed both for elements related to STI services and elements related to either FAMILY PLANNING or ANC, whichever one was relevant. Interviewers attempted to give an exit interview to all observed clients (or sick child caretakers) before they left the facility. For *child health consultations*, only children who were suffering from an illness (rather than an injury or a skin or eye infection) were selected for observation. When several eligible ANC or FAMILY PLANNING clients were waiting, interviewers tried to select two new clients for every one follow-up case. The day's caseload and logistics of organizing observations did not always allow them to meet this objective
Sample size	453 facilities. In all, 440 facilities were assessed
Units of analysis	Facilities
Data collection mode	Face to face and Observation
Data collection dates	18 September 2004 - 10 January 2005
Quality control	Quality control was ensured throughout the data collection period by holding monthly meetings to review progress and address any emerging issues. The technical advisors undertook field spot checks on a regular basis. There was regular telephone communication between the technical advisors and the data collectors. In addition, several teleconferences were held between NCAPD and ORC Macro to update on the progress and sort out any emerging problems
Data processing	The design of the tabulation plan and the preparation of the programmes for producing statistical tables were carried out from January through February 2005. Data analysis, including clarification of unclear information, was carried out from March through May 2005. During data analysis, the analysis plan was revised on the basis of feedback from the NCAPD and the KSPA technical advisors to ensure that the analysis was appropriate for the Kenyan health system.
Data access	Data accessible from NCPD
Comments	
Kenya Service Provision Assessment, 1999	
Implementing agency	National Council for Population and Development
Data type	Sample survey data
Coverage	National

Scope	The KSPA focused on the supply side of the health care situation in Kenya, gathering information on the availability of maternal and child health (MCH), family planning (FP), and sexually transmitted infection (STI) services and on the manner in which these services are delivered. The KSPA was designed to collect this information from a number of perspectives. Residents of local communities living in the areas sampled during the 1998 KDHS were interviewed to obtain information on the community's perspective on the availability and accessibility of reproductive and child health services. A sample of health facilities was also visited, and detailed information was collected on supplies, equipment, staffing, and other characteristics of the facilities. In all of the visited facilities, staff that provided MCH, FP, and STI services were interviewed to obtain information on their background, training, and attitudes. In addition, in a subsample of KSPA facilities, consultations between family planning, antenatal care, STI, and sick-child clients and the health providers were observed. Exit interviews were also conducted in the subsample of facilities with clients who had received the services. The observation and exit interview data were collected to provide information to assess the quality of provider-client interactions
Questionnaires	COMMUNITY QUESTIONNAIRE Community information; reproductive health services in the community; availability and accessibility of health facilities FACILITY INVENTORY QUESTIONNAIRE General information; personnel; maternal health services; child health services; family planning services; STI/HIV/AIDS services; monitoring, supervision, and patient feedback; cost sharing; laboratory capability; Availability of equipment and supplies; service statistics and record-keeping HEALTH WORKER QUESTIONNAIRE Experience and training in MCH/FP/STI services; family planning; STI/HIV/AIDS services; knowledge and recommendations for treatment; supervision and demographics NEW FAMILY PLANNING CLIENT CONSULTATION PROTOCOL Client counseling; physical examination; method selection; provision of method; client follow-up; observer's impressions of consultation FAMILY PLANNING CLIENT EXIT INTERVIEW QUESTIONNAIRE Basic features; client satisfaction; personal characteristics of client STI CLIENT CONSULTATION PROTOCOL Consultation characteristics; laboratory tests; diagnosis and treatment; privacy STI CLIENT EXIT INTERVIEW QUESTIONNAIRE

	Information about the consultation; general knowledge; knowledge of AIDS; client satisfaction; personal characteristics of client SICK-CHILD CONSULTATION PROTOCOL General assessment; diarrhea; cough/rapid breathing; fever/malaria; ear problems; sick-child consultation protocol ; medicines for treatment; classification and treatment; observer's impressions of consultation SICK-CHILD VISIT EXIT INTERVIEW QUESTIONNAIRE Information about visit; caretaker satisfaction; background characteristics and household socio-economic status ANTENATAL CARE CONSULTATION PROTOCOL Pre-consultation; consultation ANTENATAL CARE CLIENT EXIT INTERVIEW QUESTIONNAIRE Information about the visit; client satisfaction; personal characteristics of clients
Intervals	
Sampling procedure	SAMPLING OF COMMUNITIES A random sample of half of the 530 clusters in the 1998 KDHS sample was selected for the community portion of the KSPA. In rural areas, the KDHS clusters often included more than one community. Where this occurred, the community survey was conducted in the village closest to the geographic centre of the KDHS cluster. In urban communities, it was carried out in the specific geographic location where the KDHS cluster was located. To select a sample of facilities for the KSPA, a complete list of all of the hospitals, maternities/nursing homes, health centres, dispensaries, and clinics in Kenya was used. This list was compiled from information that the Ministry of Health collected during visits to District Health Teams in August 1998. At that time, each District Health Team was asked to identify all the hospitals, maternities/nursing homes, health centres, dispensaries, and clinics in its district and to specify whether the facilities offered maternal and child health, family planning, and sexually transmitted infection services
Sample size	1,813 health facilities
Units of analysis	Facilities
Data collection mode	Face to face and Observation
Data collection dates	April and September 1999
Quality control	The data collected by the interviewers were directly entered into computers in the field. The direct data entry allowed for a reduction in the use of paper questionnaires and ensured against misplacing completed surveys. It also allowed for great efficiency in the data processing component of the KSPA since it made it easier to correct errors and obtain missing data

Data processing	The primary goal of the sample design was to obtain a representative sample of health care providers offering MCH, FP, and STI services that would provide reliable information on the manner in which these services are being delivered to the Kenyan population. A secondary objective was to design the sample in such a manner that the KSPA data could be linked to data from the 1998 KDHS. It was hoped that linking these two data sets would allow for an analysis of the relationship between the availability and functioning of health facilities and the population's utilisation of the services
Data access	
Comments	

Knowledge, Attitudes and Perception Survey, 2010	
Implementing agency	Kenya Institute for Public Policy Research Institute
Data type	Sample survey data
Coverage	Sub-national
Scope	Against the backdrop of the 2007/08, the Knowledge, attitudes and perception survey (KAPS) investigated respondents' trust of people of their own ethnic group, as well as that of people from other ethnic groups. The study also investigated the national pride associated with a Kenyan rather than with an ethnic identity
Questionnaires	Report not available to obtain this information
Intervals	N/A
Sampling procedure	Report not available to obtain this information
Sample size	"
Units of analysis	"
Data collection mode	Face to face
Data collection dates	Report not available to obtain this information
Quality control	"
Data processing	"
Data access	
Comments	

National Population and Housing Census, 2009	
Implementing agency	Kenya National Bureau of Statistics
Data type	Census
Coverage	National
Scope	Demography; fertility; education status; economic activities; mortality; housing conditions and amenities; livestock and asset ownership
Questionnaires	Diplomatic missions; emigrants; enumerators manual; institutions; long form; vagrants; travelers; supervisors manual; hotel/lodge residents/in-hospital patients/prison or police cells
Intervals	Every 10 years
Sampling procedure	10 per cent sample, every 10th household
Sample size	Person records: 3,841,935
Units of analysis	Individuals and Households
Data collection mode	Face to face
Data collection dates	24 Aug 2009 -25 Aug 2009
Quality control	The KNBS Census Quality Assurance Framework details the steps necessary to achieve quality in data collection. This framework begins with a discussion of quality and then applies quality considerations to each component of the Census. Where applicable, there is a listing of the tasks that need to be performed for the successful conduct of that census component. This is followed by recommendations. http://siteresources.worldbank.org/SCBEXTERNAL/Resources/POP_Kenya_3.PDF
Data processing	Involved data capture, processing and/or cleaning, and tabulation. The 2009 KPHC took full advantage of advances in ICT in the implementation of various census activities, especially cartographic mapping and data processing. The KNBS opted for the OCR/ICR (Optical /Intelligent Character Recognition) scanning technology. A decision was made to use the Integrated Computer Assisted Data Entry (ICADE) system, supported through technical assistance provided by the US Census Bureau. The census forms were specifically designed and enumerators specially recruited and trained to enhance the efficiency of the ICADE system.
Data access	Open access data (Public use) - data posted in the KNBS website for download will be available at no charge. Registered access (Licensed) data - data will be availed to sponsors as per agreement between the sponsor and KNBS. Users requesting for specialized services are expected to negotiate and agree on a cost-recovery agreement with the Director General (directorgeneral@knbs.or.ke). KNBS may levy fees on statistical information

	products depending on the type of product, effort expended and the dissemination medium.
Comments	A monograph on the elderly was developed from the 2009 census results. However this can still not be released owing to the irregularities/contention arising from the enumeration in about 8 constituencies in North Eastern region.
National population and Housing census 1999	
Implementing agency	Kenya National Bureau of statistics
Data type	Census/enumeration data
Coverage	National
Scope	Gender dimensions; Housing conditions and social amenities; Labor force; population dynamics; mortality monograph; migration and urbanization
Questionnaires	Kenya 1999 Enumeration form
Intervals	Every 10 years
Sampling procedure	Total count
Sample size	Personal records: 1,407,547
Units of analysis	Individuals and households
Data collection mode	Face to face
Data collection dates	24 Aug 1999 - 31 Aug 1999
Quality control measures	
Data processing	
Data access	Open access data (Public use) - data posted in the KNBS website for download will be available at no charge. Registered access (Licensed) data - data will be availed to sponsors as per agreement between the sponsor and KNBS. Users requesting for specialized services are expected to negotiate and agree on a cost-recovery agreement with the Director General (directorgeneral@knbs.or.ke). KNBS may levy fees on statistical information products depending on the type of product, effort expended and the dissemination medium

Growing old in Kenya: Making it a positive experience, 2009	
Implementing agency	Kenya National Commission on Human Rights
Data type	
Coverage	Sub-national
Scope	A survey was conducted in homes for older persons and within communities to gauge understanding of growing old as a process, the attitudes and fears associated with growing old as well as preparations undertaken towards growing old. The survey also sought to understand the challenges faced by older persons and recommendations from the public on what ought to be done to ensure that Kenyans grow old in dignity and with rights
Questionnaires	N/A
Intervals	N/A
Sampling procedure	Sampling procedures involved selection of a proportionate number of homes for the old in each province, depending on the total homes available. The coverage of all the provinces ensured that the final output had a national outlook. In provinces with less than three homes, a total census of the homes was carried out. Sampling was however undertaken for those provinces with more than three homes. In each of the selected homes, 10 elderly persons were selected using a table of random numbers applied on a numbered list of persons in the home. In order to enhance triangulation and data validity, an extra number of interviews (20) were carried out in the communities around the selected homes, using a random route. This helped augment the data from older persons themselves and capture issues of growing old from the general population, including the youth, adults and older persons outside the homes for the old. The total sub-sample from outside the homes was 480. The homes for the aged were purposively (in some cases) and randomly (in others) sampled for the study
Sample size	692 respondents
Units of analysis	Individuals
Data collection mode	The methodology of the study comprised literature review, field surveys constituted by respondent and key informant interviews, and reference group review meetings
Data collection dates	
Quality control measures	
Data processing	First, quantitative data was coded (for open-ended questions) and entered onto a database, using SPSS version 12 software. This data was then organized, reduced, presented and interpreted using appropriate tools and summary statistics. Secondly, qualitative data was reduced, organized and

	interpreted on the basis of themes generated from the literature review and the data. Qualitative techniques of data analysis, that is, successive approximation, trends analysis, illustrative method and cultural analysis, among others, were employed so as to systematize the process of data interpretation and overall presentation. Both quantitative and qualitative data was collated with the secondary data
Data access	

Kenya National Survey for Persons with Disabilities (2007)	
Implementing agency	National Coordinating Agency for Population and Development Kenya National Bureau of Statistics
Data type	Sample survey data
Coverage	National
Scope	The information collected included an estimation of the number of PWDs; their distribution, demographic, socio-economic and cultural characteristics; the nature, types and causes of disabilities; coping mechanisms; and the nature of services available to them.
Questionnaires	HOUSEHOLD QUESTIONNAIRE Used to collect background information at the household level and also to screen persons with disabilities by type in the household for subsequent questions in the individual questionnaire. INDIVIDUAL QUESTIONNAIRE Administered to the person(s) with disabilities who had been identified using the household questionnaire. The questionnaire has different sections including: activity limitation; environmental factors; situation analysis; support services; education; employment and income; immediate surrounding; assistive devices; attitudes towards disability; health and general wellbeing; and reproductive health. REPRODUCTIVE HEALTH QUESTIONNAIRE Administered to all eligible females aged 12–49. This questionnaire collected information on reproductive health of females with disabilities. Institutional questionnaire Used to collect information from the heads of the various categories of institutions serving persons with disabilities. Randomly selected persons with disabilities in these institutions were also interviewed using the individual questionnaire. FOCUS GROUP DISCUSSION GUIDE Used to collect qualitative information from a group of 6–10 members of the community in each sampled cluster. The groups comprised PWDs, community leaders, service providers, opinion leaders and teachers. The focus groups elicited information on knowledge, attitudes and beliefs of community members on PWDs and the different services available for PWDs in the different communities.
Intervals	
Sampling procedure	The household survey utilized a two-stage cluster sampling design. The first stage of the sampling process involved selecting sample points (clusters) from NASSEP-IV sampling frame). The list of enumeration areas covered in the 1999 Kenya Population and Housing Census constituted the frame for NASSEP IV sample selection. The second stage of selection involved the systematic sampling of households from a list of all households in the selected clusters. The National Sample Frame is 1,800 clusters out of which

	600 were sampled for the KNSPWD. Of these, 436 were rural clusters and 164 were urban. A systematic random sample of 25 households per cluster was selected for the survey.
Sample size	15,000 households
Units of analysis	Individuals, Institutions, Communities
Data collection mode	Face to face
Data collection dates	July – November 2007
Quality control	
Data processing	Computers were installed with SPSS, Nudist and CS-PRO software programmes. Programmes for data entry and analysis were written, edited, and tested. Mechanisms were put in place for adequate data quality control checks.
Data access	Data accessible from NCPD
Key findings	· The most common forms of disabilities in Kenya are associated with chronic respiratory diseases, cancer, diabetes, malnutrition, HIV/AIDS, other infectious diseases, and injuries such as those from road accidents, falls, land mines and violence. · Six functional classifications of disabilities were used to compute the prevalence rate of disability. The question to the respondents focused on the individual's experience with or without use of assistive devices or support services. The overall disability rate was 4.6%. Overall, nine in ten PWDs found disability without assistive devices a big problem. · Activity limitation refers to difficulties experienced by an individual in the absence of any kind of assistance. The data indicate that PWDs who are unable to carry out their daily activities were more likely to be residing in rural areas (9%) than in urban areas (4%). · The accessibility of the immediate surroundings plays an important role in PWDs' participation in various activities. The survey shows that about 15% of PWDs are likely to be affected by environmental factors on a daily basis and 3% on a weekly basis. Three out of five (65%) PWDs mentioned the environment as major problem in their daily lives. · A third of the PWDs worked on own family business with a quarter doing no work. About 16% worked for pay and one out of ten indicated that they were homemakers. The survey found that a third of PWDs use an assistive device or support service. Out of this proportion, one in five uses an information device while 12% use a personal mobility device. · Overall, nine in ten PWDs are aware of the health care services available, but more PWDs

Kenya National Adult Literacy Survey (2006)	
Implementing agency	Kenya National Bureau of Statistics Ministry of Education, Department of Adult Education
Data type	Sample survey data
Coverage	National
Scope	The KNALS 2006 was undertaken to determine the magnitude, levels and distribution of adult literacy for persons aged 15 years and above and to bring out the challenges faced by the adult literacy programme
Questionnaires	HOUSEHOLD QUESTIONNAIRE Collected information relating to the following aspects: gender, age, marital status, religion, tribe, school/centre attendance, educational attainment, disability and employment for all household members aged five years and above. INDIVIDUAL QUESTIONNAIRE Administered to the selected household members aged 15 years and above in all the households and collected the following information on awareness of, participation and attendance in, adult education programmes; Self-assessment of literacy and numeracy skills; Purposes for reading, writing and computational skills; Sustainability of literacy skills, reading attitudes, and work requirements; Employment and occupation; Language and migration status; INSTITUTIONAL QUESTIONNAIRE Collected information on issues relating to the provision of adult education. The questions covered the following aspects: Enrolment by gender for the past five years; Number of instructors by gender for the past five years; Institution's background information; Policies and programmes; Assessment of learners; Views of teachers; Teaching staff remuneration and welfare; Institutional infrastructure LITERACY ASSESSMENT INSTRUMENT The KNALS administered a literacy assessment test to all selected respondents.8 The literacy levels obtained, therefore, provided information about literacy such as whether the respondents could read and understand instructions or read and make use of the information provided
Intervals	
Sampling procedure	The survey used a two-stage sample design. The first stage involved selecting clusters from the national master sample maintained by the KNBS. A total of 1,200 clusters comprising 377 urban and 823 rural were selected from this master frame. The second stage involved the systematic sampling of households from a list of all households. Eighteen households were sampled from each of the clusters. The household listing was updated in 2005 while preparing for the Kenya Integrated and Household Budget Survey (KIHBS). KNBS experts in Nairobi did the selection of clusters and households for the survey and the sample lists were given to survey supervisors. All members of

	the household selected aged 15 years and above were eligible for inclusion in the literacy survey. However, only one eligible member from each household was randomly selected to complete the individual questionnaire and test items
Sample size	18,000 households
Units of analysis	Household, Individuals and Institutions
Data collection mode	Face to face
Data collection dates	June 8- August 8 2006
Quality control	There were coordinators at national and regional levels, who were responsible for ensuring the implementation of the survey in their respective areas including quality assurance.
Data processing	Complete field-edited questionnaires were sent to KNBS offices in Nairobi for data capture and further editing. Data processing consisted of re-editing, recoding (particularly the labour module) data entry, verification and data cleaning. After cleaning, the data was weighed to conform to the known population parameters. The following data processing programmes were used: CSPro (Census and Survey Processing System), SPSS (Statistical zPackage for the Social Sciences) and RUMM software for analysing assessment and attitude questionnaire data, based on Rasch analysis technique.
Data access	Restricted access, formal request to KNBS required
Key findings	· High Adult Illiteracy (Approximately 7.8 Million Young People and Adults in Kenya are Illiterate) · High regional and gender disparities in Literacy Levels · Low mastery of literacy competency in the country · Poor remuneration of teachers · Low awareness of ACE programmes
Comments	

Administrative data

Kenya National Bureau of Statistics, Directorate of Population and Social Statistics	
Administrative data collection	· Agriculture (Membership of cooperative societies by type of society 2006-2012, irrigation schemes, crops & livestock) · Population and health statistics (vital statistics, outpatient morbidity in patients below 5 years of age in 2012 by County · Education (secondary schools enrolment by county 2007-2012, university enrolment, secondary school students enrolled by form and gender 2009-2012, primary school enrolment by county 2007-2012, KCSE examination candidates analysis 2011-2012, enrolment in national polytechnics & enrolment in teacher training polytechnics 2007-2012) · Energy (electricity installed capacity by type of power 2004-2012, throughput and output of finished petroleum products 2004-2012) · National Accounts (growth of GDP by activity at constant prices 2008-2012, GDP by sector 2008-2012, expenditure on the GDP 2008-2012) · Monetary financial services (principal interest rates 2009-2013, NSE shares index, money and quasi money supply 2009-2013, domestic credit, deposit liabilities in the banking system · Building construction and housing (ministry of transport and infrastructure expenditure on roads 2005/6 2011/12, cement production and consumption 2006-2012) · Justice and crime statistics (convicted prison population by age and gender 2008-2012, persons reported to police to have committed offences against morality and other offences against persons by gender 2007-2012, number of persons reported to police to have committed offences by gender 2007-2012, cases disposed of by various magistrates courts 2007-2012, break down of crimes by provinces) · Public Finance (statement of Central government operations 2008/9 - 2012/13, Central government gross receipts on recurrent account 2008/9-2012/13, classification of government expenditure by functions of government 2009/10-2012/13, central government outstanding debt by source 2008-2012) · Tourism (tourism visitor statistics) · Industry (all firms and establishments including large scale ones manufacturing sector · Labour & Employment (wage employment by industry) · Transport (registered vehicles 2008-2012) · ICT (mobile, fixed telephone and internet subscription 2009-2012) · International Trade & BOP (trade balance of total trade by geographic al area and county 2010-2012, imports value by country

	of origin 2008-2012, domestic exports value by country of destination 2007-2012, domestic exports by broad economic category 2003-2012, BOP total net credits 2003-2012) · Environment (wildlife population estimates in Kenya rangelands, quantity and value of fish landed, mineral production)
Data specific to older population	Most statistical information on older people comes from more general data sources such as the census, Demographic and Health Surveys (DHS) and other nationally representative sample survey
Scope of data on older population	· Numbers of older people by age and sex · Socioeconomic wellbeing by location and wealth quintiles · Demographic characteristics i.e. fertility, mortality, the life table
Data collection processes	The statistics KNBS produces and analyses are geared to meet the needs of the general public, the business community, researchers, politicians economic agents and stakeholders involved in national planning and decision-making processes. For surveys, the data collection process involves training of field interviewers, community sensitization, piloting of tools, field work, supervision, data entry and editing, data processing and analysis, reporting and dissemination
Institutional rules and regulations governing data collection, sharing, access and confidentiality	· KNBS Data Dissemination and Access Policy (2012) - this policy covers microdata and its outputs, macro data and its outputs, administrative data and all geographical information system products. The broad objective of this dissemination policy is to ensure timely and quality data provision to data users to be achieved through (a) Provision of a framework for availing data to the public in conformity with the government's open data initiative (b) Definition of formats in which data can be disseminated in line with the latest technologies (c) Definition of the nature of data files that will be released, the intended use of these files and conditions under which the files shall be released, (d) Provision of guidelines on the permitted usage of KNBS data. (file:///C:/Users/APHRC/Downloads/KNBS_Data_Access_and_Data_Dissemination_Policy.pdf) · Statistics Act No. 4 of 2006 - specifically mandates KNBS to act as the principal agency of the government for collecting, analysing and disseminating statistical data in Kenya; act as custodian of official statistics; conduct the Population and Housing Census every ten years, and such other censuses and surveys as the Board may determine; maintain a comprehensive and reliable national socio-economic database, establish standards and promote the use of best practices and methods in the production and dissemination of statistical information across the NSS; and; plan, authorise, coordinate and supervise all official statistical programmes undertaken within the national statistical system Paragraphs 19-23

	stipulate provisions for supply of information, power to access information, power of entry restriction on disclosure of information. The Act also provides protection legislation and census confidentiality legislation that allows anyone who discloses personal census details to be prosecuted http://www.kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/StatisticsAct_Cap112.pdf · Code of regulations (2006) - The result of research or scientific investigations should be published in scientific journals, or as separate monographs, and not in annual reports. The reports should, however, include a reading list referring to these separate publications (D26 (4)) No information which has passed between Government departments or between the public and Government departments should be communicated to any member of the public without the sanction of the Permanent Secretary of the Ministry/Department (D.5); The reproduction of unpublished official documents which may include memoranda prepared by officers in their official capacity with access to official information, is prohibited (O27 (4)) (http://www.health.go.ke/wp-content/uploads/2015/09/REVISED%20CODE%20OF%20REGULATION%202006%20(2).pdf) · Constitution of Kenya, Oath of office of State Officers - Before assuming a State office, acting in a State office, or performing any functions of a State office, a person shall take and subscribe the oath or affirmation of office, in the manner and form prescribed by the Third Schedule or under an Act of Parliament · Confidentiality oaths for data collection clerks - Everyone working with personal census or data details must sign or take an oath of secrecy that they will protect the privacy/confidentiality of information.
Existing documentation on data sources	· Kenya statistical abstracts (2015, 2014,2013, 2000, 1999, 1998, 1996,1995, 1991, 1990, 1989, 1987, 1986, 1985,1982,1981,1980 , 1979,1978) · Economic Survey publications (1996 - 2015)
Comments	A monograph on the elderly was developed from the 2009 census results. However this can still not be released owing to the irregularities/contention arising from the enumeration in about 8 constituencies in North Eastern region

Kenya Institute of Public Policy Research and Analysis, Social Sector	
Administrative data collection	The mandate of the Social Sector Division is to conduct research and policy analysis in the areas of education, health, poverty, labour markets and social institutions. The Division is a source of evidence-based information on social issues in Kenya, including: determinants of schooling in Kenya; private and public sector investment in education; teaching norms, financing of healthcare, labour market dynamics, social budgeting, cash transfers, among others. Some most recent projects include Youth Unemployment and Underemployment in Kenya and the Inequalities and Social Cohesion Study conducted in conjunction with JICA
Data specific to older population	No old age-specific data is collected. However inferences on socio-demographics of older people may be drawn from data capturing information on the general population for example the Inequalities and Social Cohesion Study
Scope of data on older population	
Data collection processes	KIPPRA identifies its annual research and capacity building agenda through an annual Client Satisfaction Survey, regular interaction with government and private sector during public policy debates, government medium and long term development blueprints, and through proactive approaches, especially in identifying long term research agenda. The Client Satisfaction Survey enables the Institute to gauge the extent to which clients are satisfied with the Institute's work, and thus identify research, policy and human and institutional capacity gaps that clients would like addressed. The organization then uses a mix of data-collection methods, including desk reviews of reference material e.g. when assessing the state of devolution, interviews (individual and FGDs), and field visits. Statistics and information collected during the data-collection phase are used for the analysis and synthesis of findings for the final presentation of conclusions and recommendations. Results of interviews and observations from field visits are summarized and analyzed after the data-collection phase. Data from different sources are usually triangulated and cross-examined
Data access	To be confirmed
Institutional rules and regulations governing data collection, sharing, access and confidentiality	The Institute has developed a wide range of datasets among them the Social Cohesion Index Data 2014 and the Health Service Delivery Indicators and Public Expenditure Tracking 2012. Some datasets are available to the public on request, subject to approval by the Executive Director

Existing documentation on data sources	· Mwabu G, Munga B, Nyanjom O, Onsomu E, Mwange N. "Inequalities and Social Cohesion in Kenya: Evidence and Policy Implications.". In: KIPPRA Report; 2013. · Legal and other constraints on access to financial services in Kenya: survey results In addition, KIPPRA publishes research outputs under several series · Discussion papers- disseminate results and reflections from ongoing research activities of the Institute's programmes. The papers are internally refereed and are disseminated to inform and invoke debate on policy issues. · Kenya Economic Report- The report analyses Kenya's economic performance for the last year, prospects for the next three years, and benchmarks the performance against comparator and selected countries. The inaugural report was produced in 2009. · Working Papers - Disseminate results of on-going research at the Institute. The papers in the series cover specific policy issues in detail and are meant to provide policy makers and researchers with background information that can be used in developing refined discussion and policy papers. The papers are authored and reviewed by KIPPRA researchers and disseminated to provoke debate and solicit comments · Special reports- The reports provide in-depth survey results and/or analysis on policy issues. They are meant to help policy analysts in their research work and assist policy makers in evaluating various policy options · Occasional papers- They focus on broad issues that are of significance to contemporary policy concerns. Papers in this series are meant to generate debate and to inform a wide range of audience, including the general public. They draw on the practical experience and expertise of a wide cross-section of persons who have been involved in research, policy and leadership positions in government, international organisations, civil society and business Conference proceedings- They report the proceedings of conferences and workshops organised by the Institute. Whenever possible, discussions at such forums are also included. The proceedings are compiled and reviewed by KIPPRA researchers and are disseminated to inform, provoke, and solicit comments · Policy papers and policy briefs- hey aim at wide dissemination of the Institute's policy research findings (over 100) * The Institute also has numerous unpublished research reports on various policy issues, compiled for various clients in government and private sector. Some of these reports are available to the public, while others are for limited circulation

Comments	

Kenya National Commission for Human Rights, Public Education and Training	
Administrative data collection	The Research and Compliance Department conducts research on various human rights issues with the objective of informing the Commission's interventions in relation to legislation, policy and implementation. The themes are often selected using various criteria such as: Being a topical issue, non-familiar /rarely discussed topics/, forgotten areas, and issues which need further clarification. Such themes are decided upon by the department/commission but partners may also approach the commission to conduct research in selected areas. The department also provides background/supportive research to other departments within the commission
Data specific to older population	The Commission does not work with specific groups rather looks at human rights issues at a general population level then provides reference where necessary. As such does not collect old-age specific data
Scope of data on older population	
Data collection processes	Data is collected through public hearings, focus group discussions, petitions and memorandums, and key informant interviews
Institutional rules and regulations governing data collection, sharing, access and confidentiality	· Internal Policy on the Management of information · ICT Policy
Existing documentation on data sources	
Comments	

Ministry of Agriculture, Livestock and Fisheries, Cross Cutting Issues	
Administrative data collection	· General agricultural statistics such as the relationship of the Gross Domestic Product (GDP) and agriculture, unemployment and earnings, gross and marketed production and value, terms of trade and imports of agricultural inputs and annual rainfall data is also presented in this section. · Basic data on export and industrial crops including coffee, tea, cotton, pyrethrum, sisal and tobacco. · Data on food crops including wheat, rice, sugar, maize, beans, millet, sorghum, sweet potatoes, cassava, arrow roots, grams, cowpeas, yams, and barley. Hybrid seed maize utilization by type · Data on oil crops including rape seed, groundnuts, simsim, sunflower, cashew nuts, bixa, coconut, and soya beans. · Data on horticultural crops including tomatoes, cabbages, onions, citrus, avocadoes and macadamia. · Livestock data including beef and dairy cattle, sheep, poultry, milk, pig and pork production · Related prices of commodities (products and inputs) · Quarterly data on all activities i.e. trainings, field day exhibitions on agriculture, women group meetings etc.
Data specific to older population	No specific data collection on older people
Scope of data on older population	
Data collection processes	Data is collected through monitoring & evaluation and reporting on agricultural policies, programmes and their impacts on Kenyan agriculture in liaison with Counties. In gathering data such as crop area planted and production, the ministry uses its front-line agricultural extension officers. The extension officers are each assigned a given area (e.g. a sub-location) and estimates the area planted and expected production during the Source visits to farmers. This data is then sent to the Divisional Agricultural Officer (DAO) who compiles a divisional data set (or report) and sends it to the District Agricultural Officer (DAO), the senior-most agricultural officer in an administrative district. The DAO then compiles a district report, which is then sent to the Ministry headquarters to be used in compiling national annual totals. The data on crop area and production by district are culled from the District Annual Reports prepared by the MoALD.

Institutional rules and regulations governing data collection, sharing, access and confidentiality	The Agricultural Policy Information and Data Management unit coordinates data collection, collation, analysis, storage and retrieval
Existing documentation on data sources	· Statistical Abstracts · Economic Surveys
Comments	The main sources of agricultural data in Kenya are the KNBS and the Department of Resources and Remote Sensing (DRSRS) Ministry of Environment and Natural Resources. The data available is not sufficiently accurate to guide planning and policy formulation. The Ministry is therefore planning to conduct farmers' census to get accurate data. Gender disaggregated data will be part of the statistics that will be collected during the Kenya census of agriculture

Ministry of Education, Adult and Continuing Education	
Administrative data collection	Data is collected at point of contact (during registration) on socioeconomic background of enrolling adult learners (age, gender, level of education, economic activities); Facilities or infrastructure on adult learning ; Instructors/ officers/teachers (entry or exit, age); Training needs of enrollees and through the Kenya National Adult Literacy Survey
Scope of data on older population	School attendance; awareness, participation and attendance in adult education programmes; disability status of older learners can be inferred from the Centre registers. Basing on the available center registers socioeconomic information (age, socioeconomic status, disability status, education level, religious background etc.) areas of competence in literacy may be inferred
Data collection processes	Use of a template questionnaire for new enrollees, which is analyzed on a routine basis to check for deviations. Plans underway to program, through the design of an instrument, data into age disaggregated components in line with the Constitution. Linkages have been developed with the KNBS as custodians in this regard to have data on enrollees, including older persons that are not based on broad age categories i.e. through the Economic Survey. This will help the government in allocation of funds and in programming
Institutional rules and regulations governing data collection, sharing, access and confidentiality	he Ministry plans to develop a comprehensive Education Management Information System (EMIS) to deliver timely and reliable education data in support of education planning and management. This will come with its set of guidelines.
Existing documentation on data sources	· Kenya National Adult Literacy Survey Report (2007)- The report presents information on school attendance; awareness, participation and attendance in adult education programmes; disability status of the respondents; results of self-assessment of literacy and numeracy skills; construction of test items; field administration and scoring of test items; definition of competency levels and score ranges; literacy and numeracy competency levels; adult literacy and numeracy rates; minimum and mastery desired levels of literacy and numeracy. The report also presents information gathered from adult literacy centres/classes · 2014 Education Statistical Booklet - provides an insight into the education sector status for the period and gives data and information on all the basic education levels. A number of critical issues in the sector have been presented including: number of institutions, enrolments, schooling profile, internal efficiency, pupil teacher ratios, school infrastructure, and examination performance among others

Comments	

Ministry of Labor and East African Affairs, Department of Labor	
Administrative data collection	Data is obtained from labor inspections on redundancy, retirement, terminations, and relocation collected from private employers and from trade disputes on the above areas
Scope of data on older population	No specific data collection on older people
Data collection processes	Sheets/templates with details about workers age, sex, rank etc. are used during labor inspections. The current method for gathering information needs a serious consideration. Given the vast geographic location that is covered by data collection, a more realizable means of data collection should be considered.
Institutional rules and regulations governing data collection, sharing, access and confidentiality	Data has typically been collected ad hoc meaning that information is all over the place. However, the Labor management information system is currently being developed. This platform will, among other functions, provide information on what the department/ministry has done
Existing documentation on data sources	Currently data collection is not timely enough to be incorporated in reports
Comments	

National Gender and Equality Commission, Disability and Elderly	
Administrative data collection	· The elderly program aims to systemically advice and deliver evidence for policy & action on ageing. The program is mandated to conduct research activities and secondary analysis and surveys to establish the nature, scope, patterns of disability and ageing among other functions. In this regard it has conducted: An audit of selected care institutions for older persons in all counties to check the quality of care and service delivery and whether infrastructural standards meet the national threshold Audit of the cash transfer programs for the Orphans and Vulnerable Children (OVC), Persons with Severe Disability (PWSD), and the Elderly in 21 sub-counties of Kenya · An assessment of the scope of violence and elder abuse in selected areas in Kenya
Scope of data on older population	As above
Data collection processes	The first stage involves the review of the essential legal instruments followed by a consultation forum with the senior officers in the relevant ministry to obtain latest data on the research are and updated guidelines informing the design, implementation and management of the study. Then follows the identification of sites/counties of study with clear justification and entry points. Gender officers in each of the county are identified to help mobilize and convene meetings with district staff and members of the implementing committees for data collection and consultations. The third step involves the design of instruments for data collection and field logistics. The fourth step involves data gathering through mixed methods including panel discussions with critical stakeholders in the program at county and sub-county levels, in-depth interviews with participants, and focus group discussions with community stakeholders. The fifth step involves data analysis, report development, validation of the key findings and recommendations and adoption of the report
Institutional rules and regulations governing data collection, sharing, access and confidentiality	The Research Monitoring and Documentation Department ensures development of appropriate tools for data collection, analysis and undertakes monitoring, evaluation and documentation of the programmes' outcomes and related outputs for the six departments at the Commission. In addition, the department reviews monitoring issue for all six progammes during the programme design stage ensuring incorporation of critical indicators for performance measurement
Existing documentation on data sources	· Cash Transfer Program Report- provides the national and county governments with a snap shot account of the implementation of

	the cash transfer program and the level of participation of the vulnerable populations in programs designed for them · Whipping Wisdom: Rapid Assessment on Violence against older persons in Kenya- documents prevalence of elderly abuse in Kenya, examines the different forms of violence meted against older persons in Kenya, and identifies emerging drivers of violence against older persons in Kenya * The Red Cross provided a physical report to the Commission, detailing statistics on emergency cases i.e. numbers of older people, people living with disability and women that are attacked and/or die as a result (could not be obtained at the time of interview)
Comments	· Working in close collaboration with KNBS to retrieve reasonable statistics on (i)how many older people are receiving NHIF support for treatment (ii) how many older people are in the NHIF scheme and (iii)what other health schemes provide care for older people. The rationale is Article 43 on economic social rights the latter which is key for the NGEC and the fact that evidence shows that almost 70-80 percent of older people are on medical care · Plans still underway for an audit of age friendly infrastructure (buildings, roads and transport) subject to availability of funds · Plans to conduct a study on the inclusion of older people in County Integrated Plans in next FY 2016/17 then provide advice to Governors. This builds on the realization that issues of older persons are not devolved and secondly that no funds have been set aside for older persons particularly those who have not worked anywhere or are not benefiting from government schemes

Population Studies Research Institute	
Administrative data collection	Although the Institute is mandated to undertake research in the field of population and reproductive health, it is typically a user of, rather than a collector of data. Secondary data on fertility, mortality, migration and population development are analysed by students for their thesis and interested staff members with interests in the topics. The Institute usually provides technical backstopping on population issues to various national and international agencies including KNBS. These collaborative research projects (e.g. maternal mortality studies in Kilifi with the UNFPA, poverty and fertility in Kenya, and the Kenya Population Situation Analysis 2013) are available to the public through the Library
Scope of data on older population	No specific data collection and/or analysis on older people although one key co-authored publication is the 2014 Monograph on the 'Elderly and Vulnerable Groups'. Report commissioned by the Kenya National Bureau of Statistics (KNBS) on the Kenya 2009 Population and Housing Census
Data collection processes	Secondary data analysis that are later published
Institutional rules and regulations governing data collection, sharing, access and confidentiality	Documented Research Project Regulations for individual projects
Existing documentation on data sources	· The 2014 Monograph on the 'Elderly and Vulnerable Groups'. Report commissioned by the Kenya National Bureau of Statistics (KNBS) on the Kenya 2009 Population and Housing Census is one of the Institutes key publications · Annotated bibliography of all PSRI work published after every 5 years
Comments	· The Institute hosts a research site in Rusinga Island (Rusinga Island Population Lab)which collects routine demographic data on population processes i.e. births, deaths, migration, age, etc. This mainly provides backup research and training for students for field experience in methodology. · A mathematical PhD. student plans to model projections of population ageing in Kenya by 2050 for their thesis. This will provide useful information

The District Health Information System (DHIS)	
Administrative data collection	DHIS is typically used as national health information systems for data management and analysis purposes, for health program monitoring and evaluation, as facility registries and service availability mapping, and for logistics management
Scope	The routine service data from facility registries is categorized according to inpatient records (by single age) and outpatient records (by specific age groups or cohorts). For specific programmes such as the Adult Diabetes Programme, information on date of birth, physical address, occupation, level of education, diagnosis, complication presented, treatment and duration of disease are documented
Data disaggregation	Depending on whether they are inpatient or outpatient records, data is disaggregated by age, cohort, gender and by level of care or service.
Protocols governing data access	Needs for submission of a formal request to the Permanent Secretary, Health specifying which data is required and for what purpose
Existing documentation on data sources	To be clarified
Comments	

The National Health Insurance Fund	
Administrative data collection	Data is collected on the profile of disease burden and patterns among NHIF members in the country as well as on access to facilities. To be clarified
Scope	To be clarified
Data disaggregation	As above
Protocols governing data access	Formal request to the requisite authority (the C.E.O NHIF) stating the purpose for which we intend to use the data
Existing documentation on data sources	To be clarified
Comments	To be clarified

The Social Protection Fund of the Ministry of Labor and East African Affairs	
Administrative data collection	**tbc**
Scope	
Data disaggregation	
Protocols governing data access	
Existing documentation on data sources	
Comments	