

# PMA2020 SDG INDICATOR BRIEF

## PMA2015/ Kenya Round 4



### ABOUT THE SUSTAINABLE DEVELOPMENT GOALS (SDGs)

In September 2015, world leaders adopted the 2030 Agenda for Sustainable Development with the goal to end poverty, improve health, reduce inequality and address climate change by 2030. To measure progress, 17 Sustainable Development Goals (SDGs) were created, each with specific targets to be achieved over the next 15 years. Each goal includes a set of indicators to track success. PMA2020 provides data for several of these indicators, allowing government officials, civil society, researchers, world leaders and other stakeholders to track progress towards achieving these ambitious goals more frequently than ever before. This brief provides data and indicators available from the second round of the PMA2020 survey in Kenya, conducted in 2015.

For more information on the Sustainable Development Goals please visit <https://sustainabledevelopment.un.org>

## SDGs in Kenya



While Kenya made substantial progress toward meeting the Millennium Development Goals (MDGs), progress can be uneven across goals and within the country. Strides have been made in attaining universal primary education; reducing infant mortality and in the fight against HIV/AIDS. However, SDG progress must focus more on gender and socio-economic equity of benefits.

"It is only by identifying the disadvantaged or excluded groups, that evidence-based policies, programs, and practices can be designed and inequalities tackled effectively... In addressing access to reproductive health matters and gender equality, there is no space for complacency... For development to be sustainable and resilient, it must be inclusive and equitable, [and] given that half of humanity are women, their empowerment is a must and not an option" --Sicily K. Kariuki, (Cabinet Secretary for Public Service, Youth and Gender Affairs in the Government of Kenya)\*

KENYA	2015**	2030*
<b>Population</b> (millions)	46.0	65.4
<b>Population Density</b> (persons/km <sup>2</sup> )	80.9	114.9
<b>Total Fertility Rate</b> (children per woman)	4.4	3.6
<b>Life Expectancy</b> (years)	60.6	66.0
<b>Infant Mortality Rate</b> (infant deaths per 1000 live births)	39.0***	39.0
<b>Gross national income PPP per capita</b> (US\$) -2011	\$2762**	

Sources: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, Data Query.

\*Kaiser Foundation Global Health Policy Report; April 12, 2016

\*\*UNDP-- Kenya Human Development Reports: GNI per capita

\*\*\*Kenya Demographic and Health Survey 2014



**Target 1.4 aims to ensure access to basic services for all.**

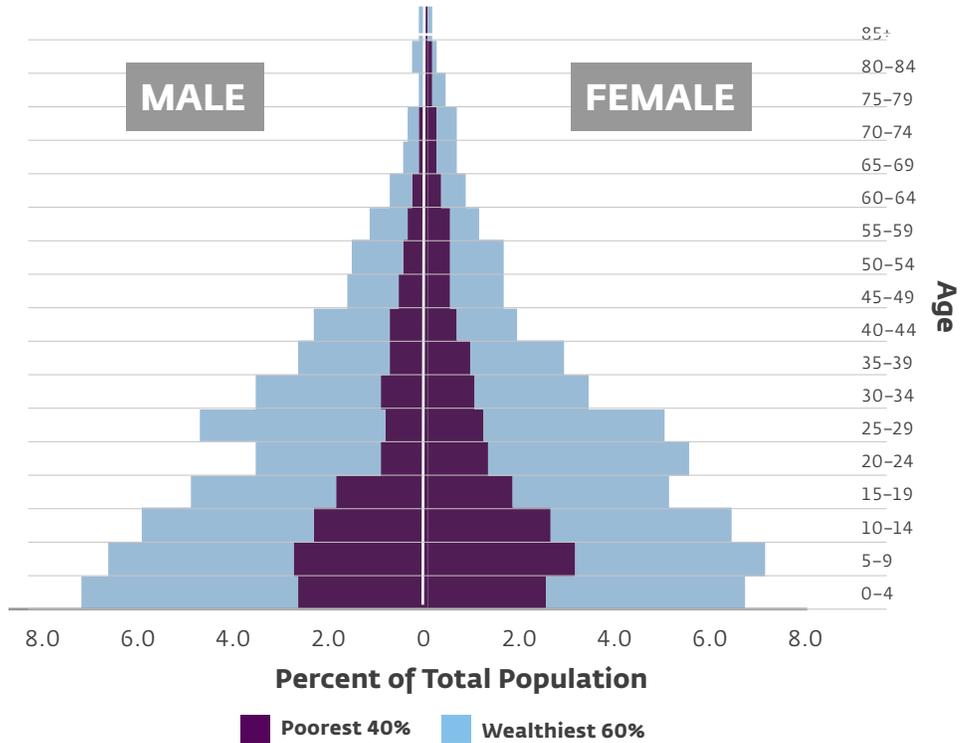
Nearly half the population (48%) live in the poorest households (lowest 40%). Almost a fourth (22.5%) percent of children age 0 to 14 grow up in these households. A large proportion of young males appear to emigrate out of the country for work and education opportunities. Presently one quarter of persons over 60 years live in the poorest households.

Access to basic services varies by wealth. While nearly all wealthy households (highest quintile) have access to electricity (99.0%), just 0.3% of the poorest fifth do. Almost all (97.1%) of the wealthiest households have improved water sources compared to 44.4% of the poorest households. Of the wealthiest households 60.7% have access to sanitation facilities compared to 6.1% of the poorest.

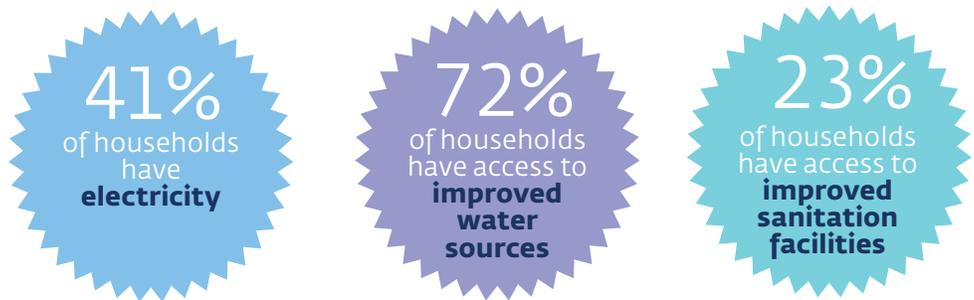
One quarter of all households are headed by females, irrespective of wealth status.

## Indicators on wealth and equity

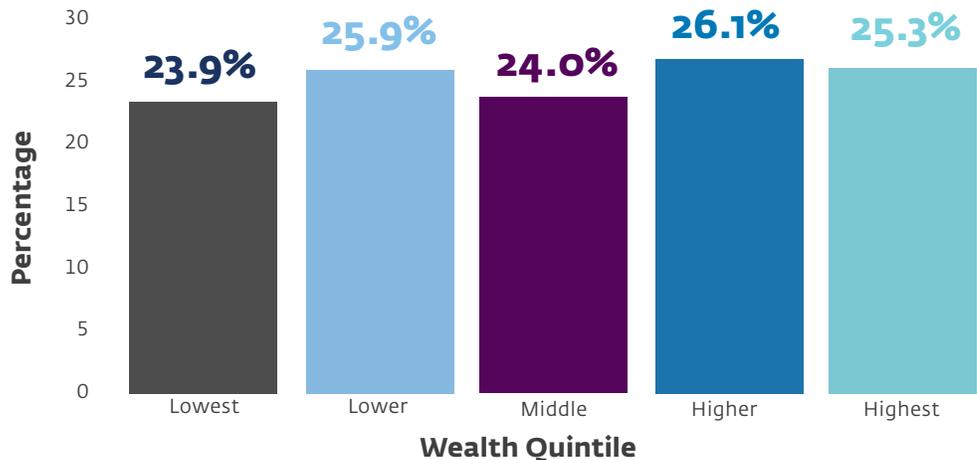
Two fifths of the population of Kenya is under the age of 15



**Despite overall improvement in access to basic services, not all households have electricity and improved water and sanitation.**



**Percentage of female heads of household by wealth quintile:**



**GOAL 3  
Good Health  
& Well-Being**



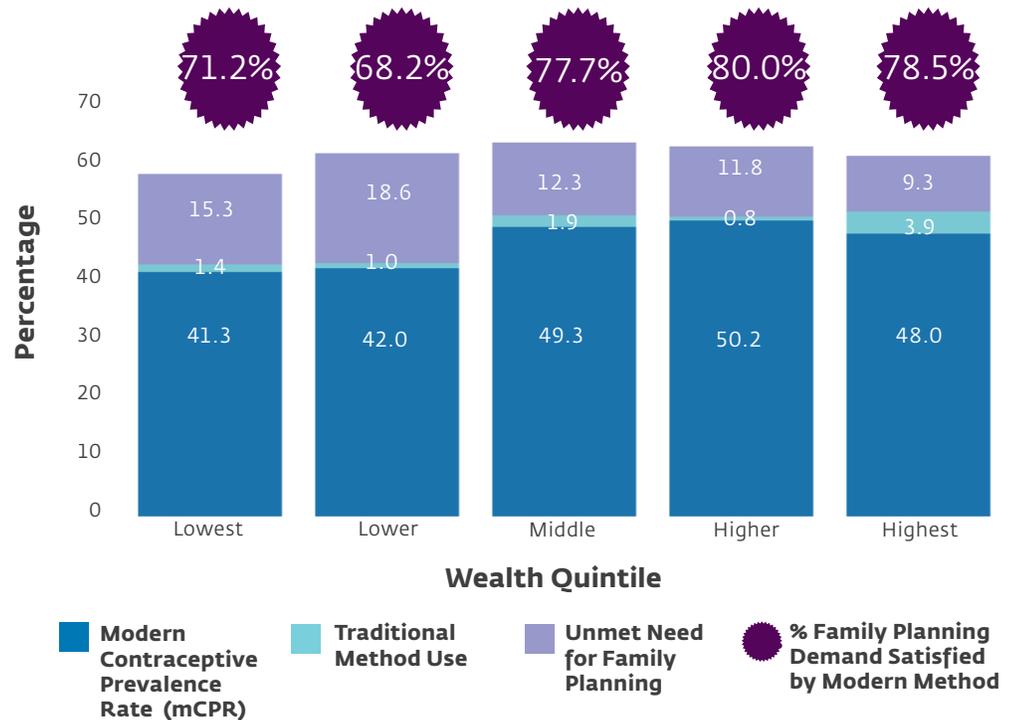
**Target 3.7 aims to ensure universal access to sexual and reproductive health services.**

Just under half of all women 15-49 (46.0%) use a modern method of contraception. Three fourths of women (75.0%) have their demand for family planning satisfied by a modern method of contraception. Unmet need for family planning (13.6% among all women) is higher in the poorest households (15.3%) compared to the wealthiest (9.3%).

Meeting unmet need for all women remains an important goal for sustainable human development. Progress is needed among the poor in Kenya.

**Family Planning Indicators**

**Thirteen percent of women age 15-49 have unmet need for family planning**



**GOAL 4  
Quality  
Education**



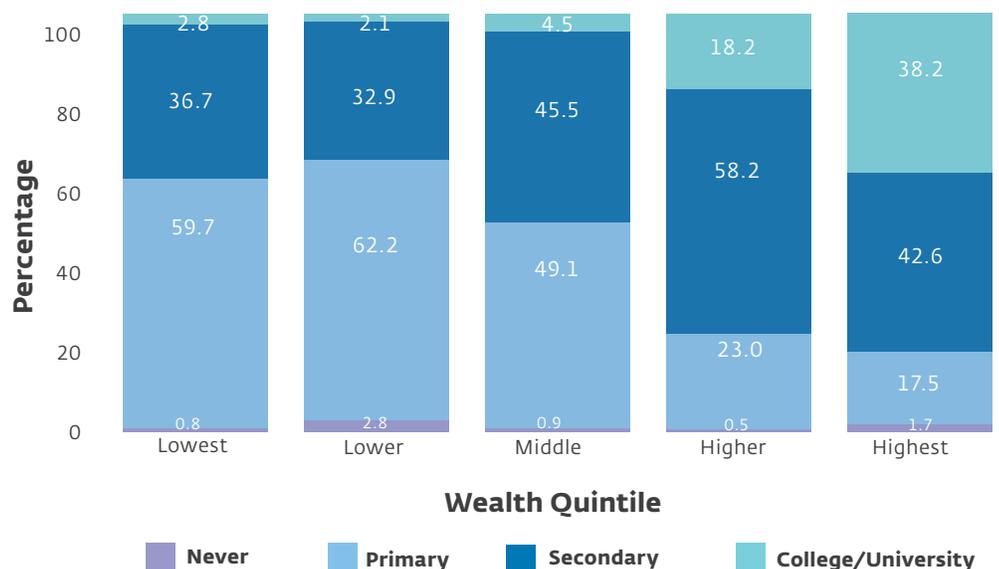
**Target 4.1 aims for all girls and boys to complete free and equitable primary and secondary school.**

Almost half of women age 15-24 in Kenya (47.2%) have attended some secondary school. 36.7% of women in the poorest 20% of households have attended or are attending secondary school. 38.2% of women from the wealthiest quintile attend university or an academy program compared to 2.8% from the poorest 20%.

Increasing opportunities for education for all women in Kenya is important in meeting the sustainable development targets.

**School Attendance**

**Despite impressive gains in girls' education, secondary and tertiary school attendance still lags in the poorest 60% of households**



**GOAL 5  
Gender  
Equality**

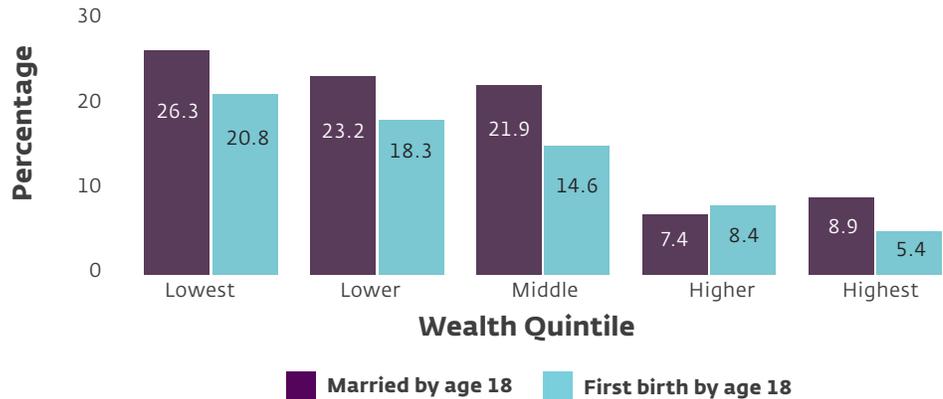


**Target 5.3 aims to eliminate early marriage.**

In Kenya, 17.2% of women age 18-24 were married by age 18, and 13.2% had a child by age 18. Among women age 18-24 living in the poorest 40% of households, nearly half were married before age 18.

**Early Marriage, Early Childbearing**

**Women age 18-24 in the poorest households are nearly three times more likely to marry by age 18 than women in the wealthiest**



**GOAL 6  
Clean Water  
& Sanitation**



**Target 6.2 aims to achieve access to equitable hygiene for all and eliminate open defecation.**

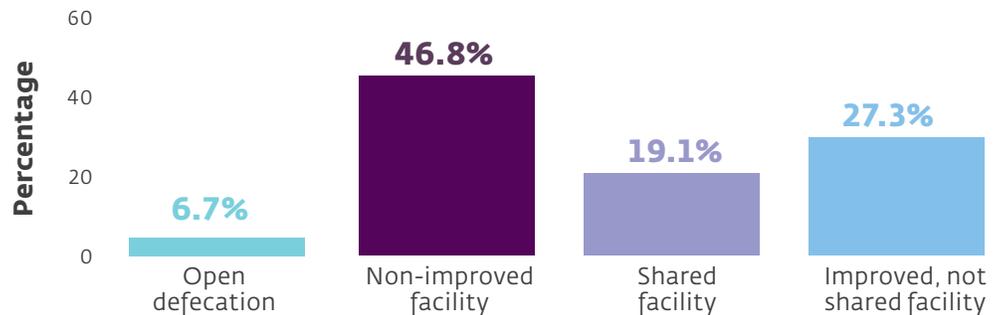
Many data sources measure only the main source of water and the main sanitation practice used by each household. PMA2020 provides a more complete picture by measuring all regular household water sources and sanitation practices – those used by households several times per week during at least one season of the year. As a result, PMA2020 data show that many more people regularly practice open defecation than other surveys record, providing valuable insight and a more realistic baseline for the SDG target of eliminating open defecation.

46.8% of households use non-improved sanitation facilities, and 49.8% of the household population with an improved main drinking source have only intermittent access.

All results for Goal 6 are reported as the percent of the household population.

**Water and Sanitation**

**Only 27.3% of the household population rely on an improved, non-shared sanitation facility as the main facility**



**Among the household population...**



**About PMA2020/Kenya**

PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in 11 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Kenya is led by the Ministry of Health in collaboration with International Centre for Reproductive Health Kenya (ICRHK), National Council for Population and Development, and Kenya National Bureau of Statistics. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. PMA2020 is funded by the Bill & Melinda Gates Foundation. For more information on PMA2020 please visit <http://www.pma2020.org>. Data collection for this survey round (4) took place between November 10 and December 20, 2015. This brief has been developed in partnership with the Advance Family Planning advocacy initiative (AFP).

\* Definitions of all indicators available at [www.pma2020.org](http://www.pma2020.org).

