

Key Findings from the 2010 Kenya Malaria Indicator Survey

The 2010 Kenya Malaria Indicator Survey (KMIS) assessed malaria knowledge, prevention, and treatment practices and malaria and anaemia prevalence. Over 6,500 households were interviewed, and over 11,000 children were tested for anaemia and malaria.

Malaria Prevalence in Children

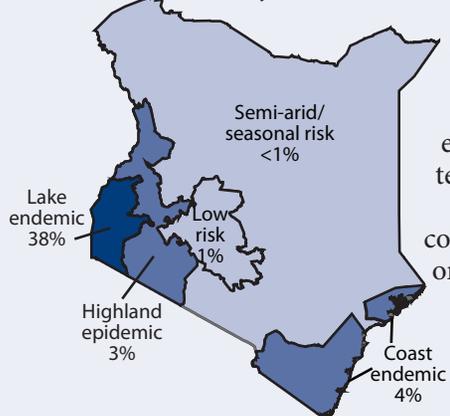
Percent of children testing positive for malaria by blood smear



Eight percent of children under aged 3-59 months tested positive for malaria according to blood smears. Thirteen percent of children age 5-14 tested positive for malaria.

Malaria Prevalence in Children

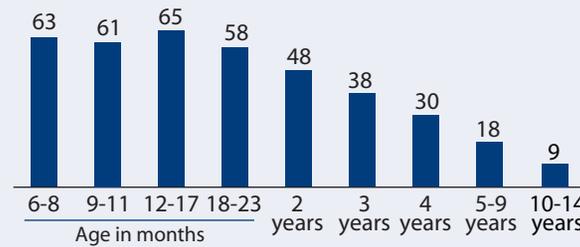
Percent of children testing positive for malaria by blood smear



Almost 4 in 10 children in the Lake endemic area tested positive for malaria compared to 4% or less in other areas.

Anaemia Prevalence in Children

Percent of children with moderate or severe anaemia

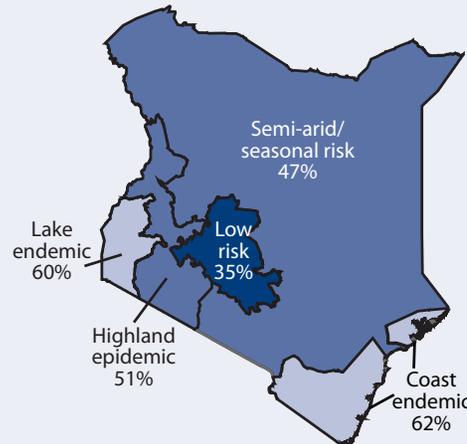


Anaemia is a common symptom of malaria infection. More than half of children under age 5 have moderate or severe anaemia (shown above). Anaemia is most common in younger children.

Anaemia prevalence ranges from 16% in low risk endemicity areas to 34% in lake endemic areas.

Ownership of ITNs

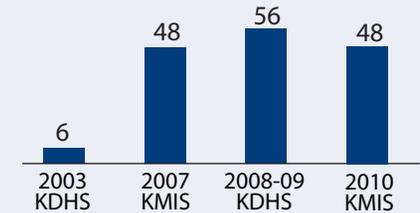
Percent of households with at least one ITN



Overall, 48% of Kenyan households own at least one insecticide-treated net (ITN). ITN ownership is lowest in low risk areas.

Trends in Ownership of ITNs

Percent of households with at least one ITN

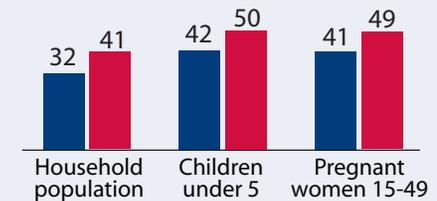


Ownership of ITNs has decreased slightly since the 2008-09 KDHS after a sizable increase between 2003 and 2007.

Indoor residual spraying is fairly common in highland epidemic areas and lake endemic areas, where 38% and 15% of households, respectively, were sprayed in the year before the survey.

Use of ITNs and IRS

■ Slept under an ITN the night before the survey ■ Slept under an ITN the night before the survey or in a dwelling sprayed by IRS in the past year

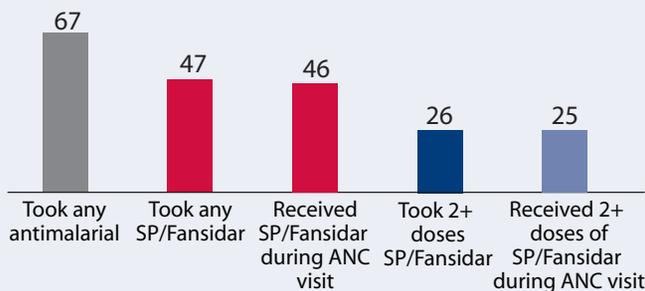


Children and pregnant women are the most vulnerable to malaria. About 2 in 5 children and pregnant women slept under an ITN the night before the survey. Half of children and pregnant women were protected either by ITNs or IRS.



Intermittent Preventive Treatment of Pregnant Women

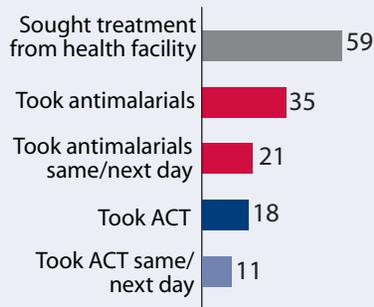
Percent of women pregnant in the two years before the survey, based on their last birth



Pregnant women should receive at least two doses of the antimalarial SP/Fansidar during an antenatal visit to prevent malaria. One-quarter of pregnant women received this recommended treatment. This is a large increase since 2008-09 when only 14% of pregnant women received IPTp.

Management of Childhood Fever

Among children under 5 with fever in the 2 weeks before the survey, percentage who:



One-fifth of children with fever received an antimalarial the day of or day after the fever. Only 11% took ACT, the recommended antimalarial, the day or day after the fever.

Response rates and methodology:

Malaria testing was carried out on children age 3 months-14 years living in selected households. Malaria testing was done through both rapid diagnostic blood testing, as well as blood smear microscopy. Of the 12,436 children eligible for malaria testing, 92% were tested. Anaemia testing was carried out on a blood drop using the HemoCue system for children age 6 months-14 years.

For more information on the results of the 2010 Kenya Malaria Indicator Survey, please contact:

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The 2010 Kenya Malaria Indicator Survey (KMIS) was carried out by the Division of Malaria Control (DOMC) in the Ministry of Public Health and Sanitation in partnership with the Kenya National Bureau of Statistics (KNBS). The Department for International Development provided financial assistance for the survey through the World Health Organisation (WHO). Additional funding as well as support for technical assistance was provided by the U.S. Presidential Malaria Initiative (PMI). Funding was also provided by UNICEF. Technical assistance in implementing the survey was provided by WHO, the Centers for Disease Control and Prevention (CDC)/ Atlanta and the MEASURE Demographic and Health Surveys (DHS) programme at ICF Macro.

Cover photo courtesy of PSI.

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Key Findings

