

# Kenya - Greater Eldoret Health and Development Survey, Wave 1, 2004

**Markus Goldstein and Harsha Thirumurthy**

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# Overview

## Identification

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### ID NUMBER

KEN\_2004\_GEHDS-W1\_v01\_EN\_M\_v01\_A\_OCS

## Overview

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### ABSTRACT

Information from these households thus presents an opportunity to understand the health and socio-economic characteristics of the population served by the Mosoriot health centre. The Mosoriot Rural Health Training Centre is located approximately 25 kilometers south of Eldoret town and is the main health care provider in Kosirai Division. The health centre provides primary care services and is mainly an outpatient facility. In addition, a collaboration between Indiana University and the Moi University Faculty of Health Sciences has established an electronic medical record system (MMRS) at Mosoriot which contains a range of clinical information on all patients who visit the health centre (Hannan, et al. 2000). In 2001, this same collaboration also created the Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH). AMPATH's first rural HIV clinic was opened in Mosoriot in November 2001 (Cohen, 2004). Beginning in late-2003, the HIV clinic at Mosoriot has experienced tremendous growth, with the number of patients rising from less than 100 in 2003 to over 800 as of October 2004 (AMPATH data).

### KIND OF DATA

Sample survey data [ssd]

### UNITS OF ANALYSIS

Households

## Scope

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### NOTES

The scope of the Greater Eldoret Health and Development Survey includes:

#### (a) HOUSEHOLD:

Current household members children residing elsewhere

Permanent individual roster

Education

Education expenditures

Health and health services use

Food consumption and expenditures

Other household expenses

Assets

Income and activities

Agricultural activities

Enterprises

Unexpected events

Transfers and credit

Time allocation

Knowledge and behaviour

Anthropometrics

Polygamous household identification

(b) YOUTH:

Background characteristics

Education

Marriage

Knowledge of HIV/AIDS

HIV testing

Sexual behaviour

Job training

Income and expenditures

#### TOPICS

Topic	Vocabulary	URI
Social Development	FAO	
Children & Youth	FAO	
Food (production, crisis)	FAO	
Agriculture & Rural Development	FAO	
Health	FAO	
Nutrition	FAO	
Access to Finance	FAO	
Labor	FAO	

## Coverage

#### GEOGRAPHIC COVERAGE

Regional

## Producers and Sponsors

#### PRIMARY INVESTIGATOR(S)

Name	Affiliation
Markus Goldstein and Harsha Thirumurthy	The World Bank

## Metadata Production

## METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Office of Chief Statistician	OCS	Food and Agriculture Organization	Adoption of metadata for FAM
Akiko Sagesaka		The World Bank	Documentation of the DDI
Olivier Dupriez		The World Bank	Documentation of the DDI

## DDI DOCUMENT VERSION

KEN\_2004\_GEHDS-W1\_v01\_EN\_M\_v01\_A\_OCS\_v01

## DDI DOCUMENT ID

DDI\_KEN\_2004\_GEHDS-W1\_v01\_EN\_M\_v01\_A\_OCS\_FAO

# Sampling

## Sampling Procedure

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### (a) SURVEY AREA

The household survey was conducted in Kosirai Division, a rural area located in the Nandi North District of western Kenya. Kosirai division has an area of 195 square kilometers (76 square miles) and a population of 35,383 individuals and 6,643 households (Central Bureau of Statistics, 1999). The survey households are scattered across more than 100 villages where animal and crop farming are the primary economic activity. The survey's random sample of 512 households (described below) is intended to be representative of households in Kosirai Division. Information from these households thus presents an opportunity to understand the health and socio-economic characteristics of the population served by the Mosoriot health centre.

### (b) SAMPLE SELECTION

A range of factors were considered when designing the sample of households in the survey. A random sample of households in Kosirai Division was created to provide representative information on the disease burden and socio-economic issues in the survey area. To further examine specific issues relating to HIV/AIDS (such as impacts of the disease and treatment), a separate sample of HIV-positive patients in AMPATH's HIV clinic was chosen. Finally, a small sample of VCT clients (who tested HIV-positive or HIV-negative) was chosen to examine issues relating to HIV testing. It should be noted that the random sample also serves as a comparison group to the HIV and VCT samples. The sample of survey households is thus comprised of three different groups:

- (i) 512 households chosen randomly from a household census of Kosirai Division (the random sample)
- (ii) 250 households with at least one HIV-positive individual who receives medical care at the HIV clinic in the Mosoriot health centre (the HIV sample, or "HIV households")
- (iii) 61 households with an individual who has recently visited the VCT clinic in MRHTC (the VCT sample)

Of the 250 households in the HIV sample, 167 are households in which the HIV-positive individual is receiving antiretroviral (ARV) treatment at the Mosoriot HIV clinic. In the random sample, the HIV status of respondents is usually unknown, unless the respondent reported having gone for an HIV test and testing HIV-positive or negative. Finally, in the VCT sample, most respondents have tested HIV-negative. Mosoriot Rural Health Training Centre. The health centre is located approximately 25 kilometers south of Eldoret town and is the main health care provider in Kosirai Division. The health centre provides primary care services and is mainly an outpatient facility. In addition, a collaboration between Indiana University and the Moi University Faculty of Health Sciences has established an electronic medical record system (MMRS) at Mosoriot which contains a range of clinical information on all patients who visit the health centre (Hannan, et al. 2000). In 2001, this same collaboration also created the Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH). AMPATH's first rural HIV clinic was opened in Mosoriot in November 2001 (Cohen, 2004). Beginning in late-2003, the HIV clinic at Mosoriot has experienced tremendous growth, with the number of patients rising from less than 100 in 2003 to over 800 as of October 2004 (AMPATH data).

## Questionnaires

No content available

## Data Collection

### Data Collection Dates

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Start	End	Cycle
2004-03	2004-08	N/A

### Data Collection Mode

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Face-to-face [f2f]

## Data Processing

No content available



## Data Appraisal

No content available