

Kenya: WHO and UNICEF estimates of immunization coverage: 2024 revision

BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

* Burton et al. 2009. Bull World Health Organ. * Burton et al. 2012. PLoS One.
* Brown et al. 2013. Open Pub Health Journal. * Danovaro-Holliday et al. 2021. Gates Open Res.

DATA SOURCES

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 6-11, 12-23 or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on data collection period.

ABBREVIATIONS AND DEFINITIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

POL3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants < 1 year of age. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (POL3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated POL3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated POL3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

IPV2: percentage of surviving infants who received a 2nd dose of inactivated polio vaccine. IPV2 coverage estimates produced for OPV using countries.

MCV1: percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

MCV2: percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration in the production of the estimate.

HEPB: percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HEPB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

HEPB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

HIB3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

ROTAC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

PCV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PCV prior to the 1st birthday if coverage for the booster dose is not reported.

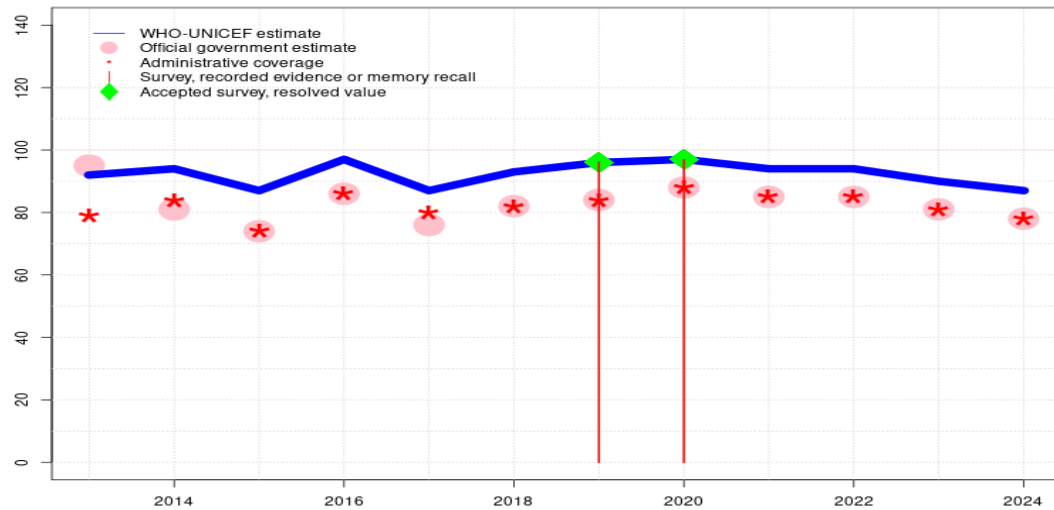
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

MENGA: percentage of children who received one dose of meningococcal A conjugate vaccine. MENGA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

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Kenya - BCG

KEN - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	94	87	97	87	93	96	97	94	94	90	87
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	95	81	74	86	76	82	84	88	85	85	81	78
Administrative	79	84	74	86	80	82	84	88	85	85	81	78
Survey	-	-	-	-	-	-	96	97	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

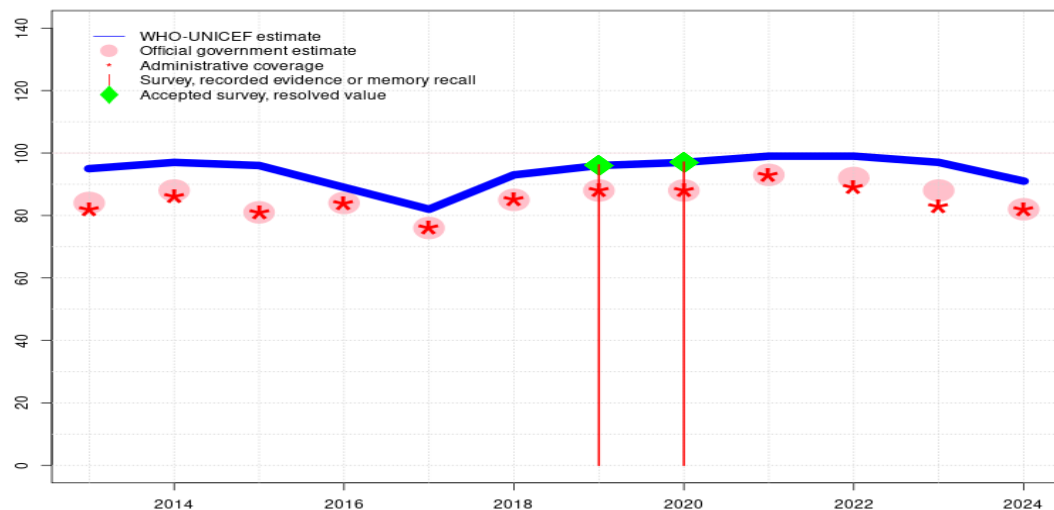
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2020 levels. Programme reported 3 months vaccine stock-out at the national and subnational levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Programme reports less than one month vaccine stockout at national level. Estimate challenged by: R-
- 2020: Estimate of 97 percent assigned by working group. Estimate informed by survey coverage. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Estimate challenged by: R-
- 2019: Estimate of 96 percent assigned by working group. Estimate informed by survey coverage. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Estimate challenged by: R-
- 2018: Reported data calibrated to 2012 and 2019 levels. Programme reports one month vaccine stockout at the national level. Estimate challenged by: R-
- 2017: Reported data calibrated to 2012 and 2019 levels. Programme reports one month vaccine stockout. Estimate challenged by: R-
- 2016: Reported data calibrated to 2012 and 2019 levels. Programme reports one month national level stockout. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 and 2019 levels. Programme reports two months national level stockout. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 and 2019 levels. Reported year to year change in number of births between 2012 and 2013 is significantly higher than in previous years. Insufficient explanation of methods and data sources used to derive government official estimates. Estimate challenged by: R-

Kenya - DTP1

KEN - DTP1



Description:

- 2024: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2020: Estimate of 97 percent assigned by working group. Estimate informed by survey coverage. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Programme reports a vaccine stockout at national and subnational levels of less than one month. Estimate challenged by: R-
- 2019: Estimate of 96 percent assigned by working group. Estimate informed by survey coverage. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Programme reports five months vaccine stockout. Estimate challenged by: R-
- 2018: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-S-
- 2016: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-
- 2015: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2014: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2013: Estimate informed by estimated DTP3 coverage adjusted for dropout. Insufficient explanation of methods and data sources used to derive government official estimates. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	95	97	96	89	82	93	96	97	99	99	97	91
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	88	81	84	76	85	88	88	93	92	88	82
Administrative	82	86	81	84	76	85	88	88	93	89	83	82
Survey	-	-	-	-	-	-	96	97	-	-	-	-

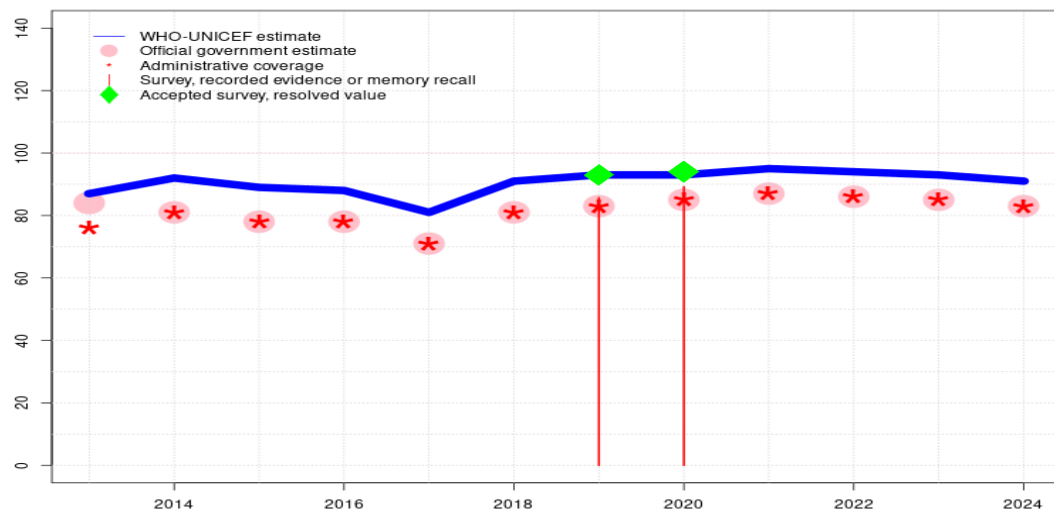
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Kenya - DTP3

KEN - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	92	89	88	81	91	93	93	95	94	93	91
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	84	81	78	78	71	81	83	85	87	86	85	83
Administrative	76	81	78	78	71	81	83	85	87	86	85	83
Survey	-	-	-	-	-	-	86	89	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

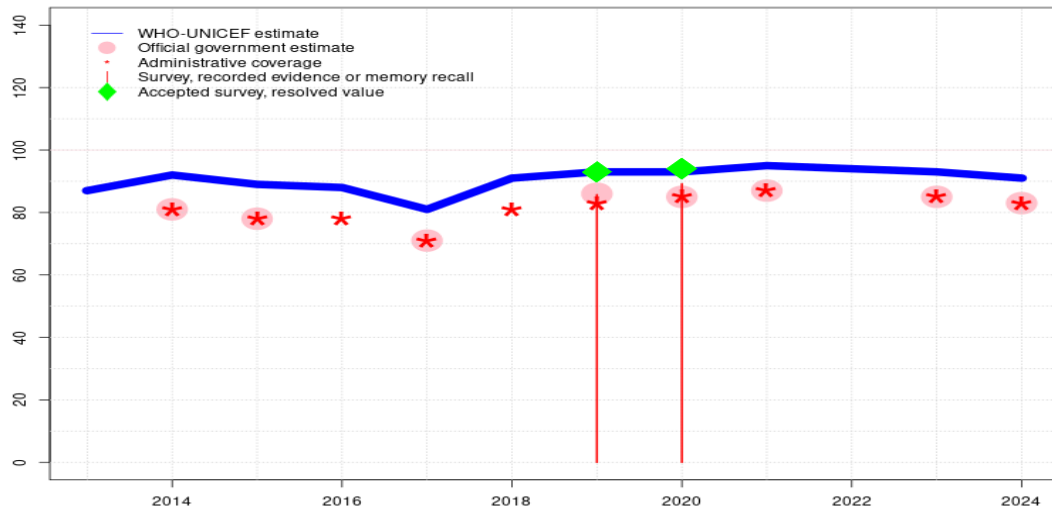
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2020: Estimate of 93 percent assigned by working group. Estimate informed by survey coverage. Kenya Demographic and Health Survey 2022, Volume 1 record or recall results of 89 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 73 percent. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Programme reports a vaccine stockout at national and subnational levels of less than one month. Estimate challenged by: R-
- 2019: Estimate of 93 percent assigned by working group. Estimate informed by survey coverage. Kenya Demographic and Health Survey 2022, Volume 1 record or recall results of 86 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 59 percent. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Programme reports five months vaccine stockout. Estimate challenged by: R-
- 2018: Reported data calibrated to 2012 and 2019 levels. Increase in reported coverage from 2017 to 2018 is exceptionally large at such high levels of coverage. Estimated coverage for 2018 may represent an overestimation. Estimate challenged by: R-
- 2017: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-S-
- 2016: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 and 2019 levels. Insufficient explanation of methods and data sources used to derive government official estimates. Estimate challenged by: R-

Kenya - HEPB3

KEN - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	92	89	88	81	91	93	93	95	94	93	91
Estimate GoC	●●	●	●	●	●	●	●	●	●	●●	●	●
Official	-	81	78	-	71	-	86	85	87	-	85	83
Administrative	-	81	78	78	71	81	83	85	87	-	85	83
Survey	-	-	-	-	-	-	86	89	-	-	-	-

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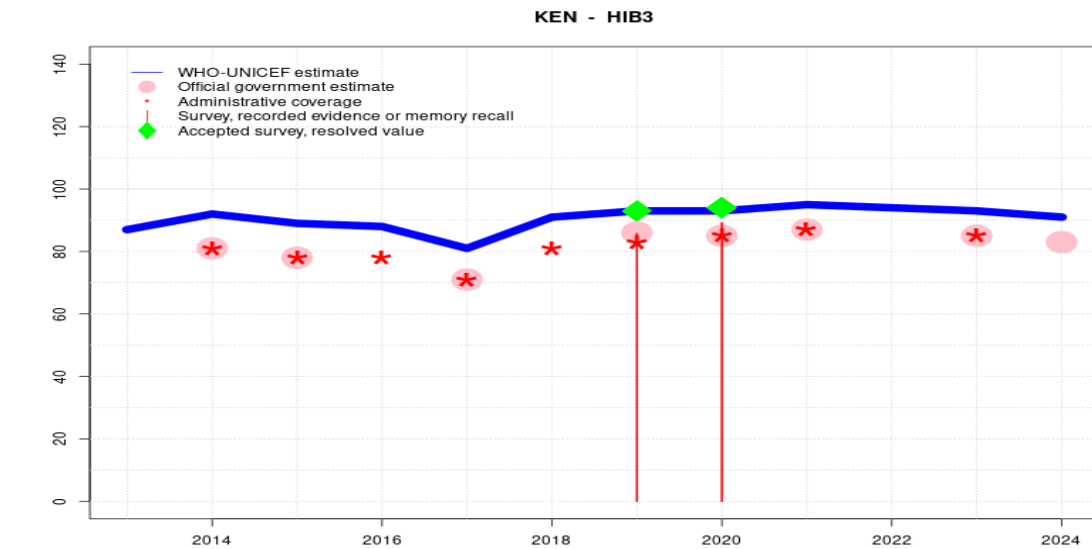
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. GoC=S+
- 2021: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2020: Estimate of 93 percent assigned by working group. Estimate informed by survey coverage. Kenya Demographic and Health Survey 2022, Volume 1 record or recall results of 89 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 73 percent. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Programme reports a vaccine stockout at national and subnational levels of less than one month. Estimate challenged by: R-
- 2019: Estimate of 93 percent assigned by working group. Estimate informed by survey coverage. Kenya Demographic and Health Survey 2022, Volume 1 record or recall results of 86 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 59 percent. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Estimate challenged by: R-
- 2018: Estimate informed by estimated DTP3 coverage. Increase in reported coverage from 2017 to 2018 is exceptionally large at such high levels of coverage. Estimated coverage for 2018 may represent an overestimation. Estimate challenged by: R-
- 2017: Estimate informed by estimated DTP3 coverage. Estimate challenged by: R-S-
- 2016: Estimate informed by estimated DTP3 coverage. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2019 levels. Estimate challenged by: R-
- 2014: Estimate of 92 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Estimate challenged by: R-
- 2013: Estimate informed by estimated DTP3 coverage. Insufficient explanation of methods and data sources used to derive government official estimates. GoC=S+

Kenya - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	92	89	88	81	91	93	93	95	94	93	91
Estimate GoC	●●	●	●	●	●	●	●	●	●	●●	●	●
Official	-	81	78	-	71	-	86	85	87	-	85	83
Administrative	-	81	78	78	71	81	83	85	87	-	85	-
Survey	-	-	-	-	-	-	86	89	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

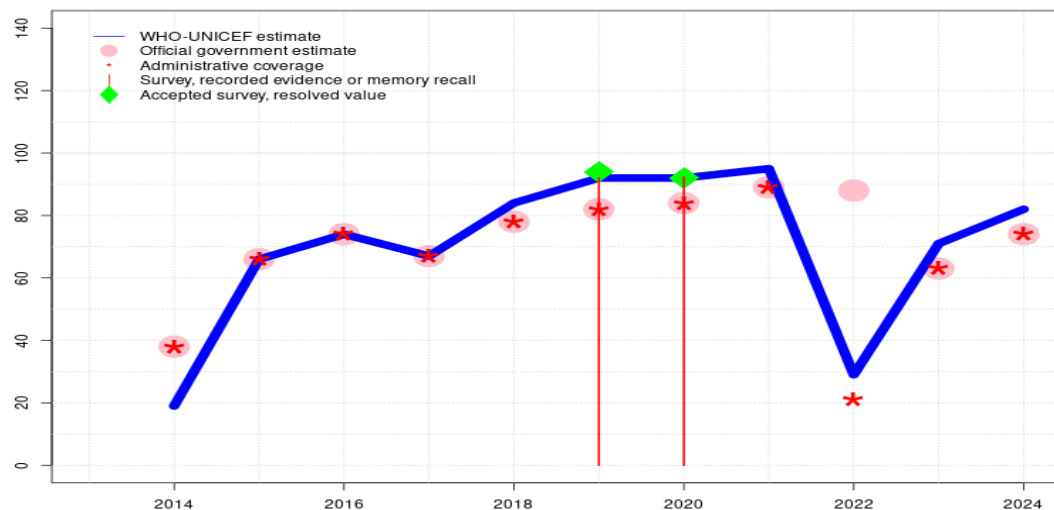
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Description:

- 2024: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. GoC=S+
- 2021: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2020: Estimate of 93 percent assigned by working group. Estimate informed by survey coverage. Kenya Demographic and Health Survey 2022, Volume 1 record or recall results of 89 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 73 percent. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Programme reports a vaccine stockout at national and subnational levels of less than one month. Estimate challenged by: R-
- 2019: Estimate of 93 percent assigned by working group. Estimate informed by survey coverage. Kenya Demographic and Health Survey 2022, Volume 1 record or recall results of 86 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 59 percent. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Estimate challenged by: R-
- 2018: Estimate informed by estimated DTP3 coverage. Increase in reported coverage from 2017 to 2018 is exceptionally large at such high levels of coverage. Estimated coverage for 2018 may represent an overestimation. Estimate challenged by: R-
- 2017: Estimate informed by estimated DTP3 coverage. Estimate challenged by: R-S-
- 2016: Estimate informed by estimated DTP3 coverage. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2019 levels. Estimate challenged by: R-
- 2014: Estimate of 92 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Estimate challenged by: R-
- 2013: Estimate informed by estimated DTP3 coverage. Insufficient explanation of methods and data sources used to derive government official estimates. GoC=S+

Kenya - ROTAC

KEN - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	19	66	74	67	84	92	92	95	29	71	82
Estimate GoC	-	•	••	••	•	•	•	•	•	•	•	•
Official	-	38	66	74	67	78	82	84	89	88	63	74
Administrative	-	38	66	74	67	78	82	84	89	21	63	74
Survey	-	-	-	-	-	-	92	92	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

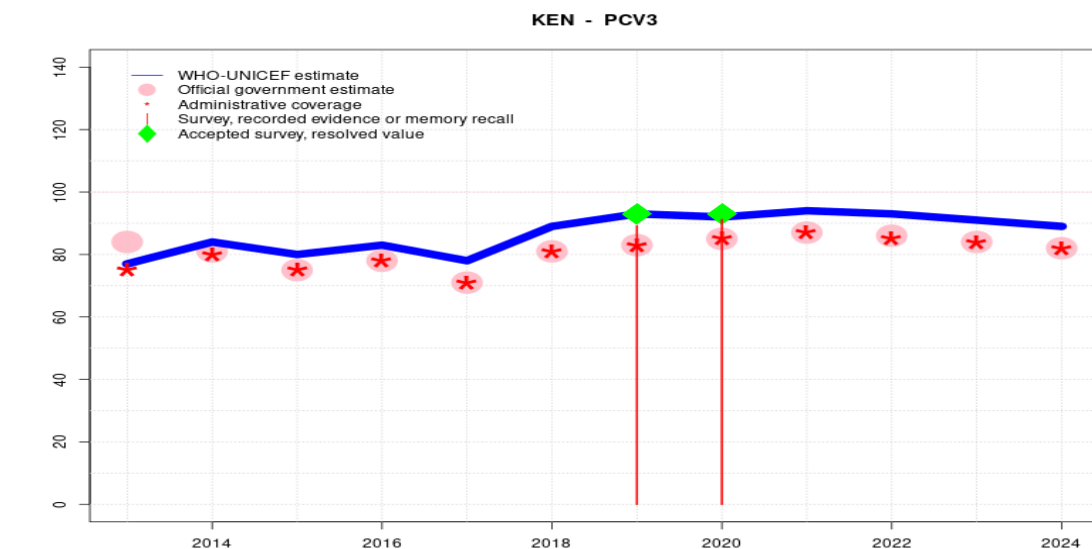
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2020 levels. Estimate based on reported coverage. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimated coverage informed by 2022 coverage estimate. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Programme reports 9.8 month vaccine stockout at national and subnational levels. Unexplained adjustment of official coverage from administrative coverage. Estimate of 29 percent changed from previous revision value of 23 percent. Estimate challenged by: R-S-
- 2021: Estimate informed by estimated DTP3 coverage level. Programme reports five month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2020: Estimate of 92 percent assigned by working group. Estimate informed by survey coverage. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Estimate challenged by: R-
- 2019: Estimate of 92 percent assigned by working group. Estimate informed by survey coverage. Kenya Demographic and Health Survey 2022, Volume 1 record or recall results of 92 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 60 percent. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Programme reports one half month vaccine stockout. Estimate challenged by: R-
- 2018: Reported data calibrated to 2017 and 2019 levels. Estimate of 84 percent changed from previous revision value of 92 percent. Estimate challenged by: R-
- 2017: Estimate informed by reported data following introduction. Estimate of 67 percent changed from previous revision value of 66 percent. Estimate challenged by: S-
- 2016: Estimate informed by reported data. Estimate of 74 percent changed from previous revision value of 67 percent. GoC=R+ D+
- 2015: Estimate informed by reported data following introduction. Estimate of 66 percent changed from previous revision value of 53 percent. GoC=R+ D+
- 2014: Estimate of 19 percent assigned by working group. Rotavirus vaccine introduced in 2014. Programme achieved 38 percent coverage in 50 percent of the national target population. Estimate informed by annualized coverage for the national birth cohort. Programme reports local level stockouts due to vaccination of children out of target age range. Estimate challenged by: R-

Kenya - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	77	84	80	83	78	89	93	92	94	93	91	89
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	84	81	75	78	71	81	83	85	87	86	84	82
Administrative	75	80	75	78	71	81	83	85	87	85	84	82
Survey	-	-	-	-	-	-	89	91	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2024: Reported data calibrated to 2020 levels. Estimate challenged by: R-
2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
2022: Reported data calibrated to 2020 levels. Estimate challenged by: R-
2021: Reported data calibrated to 2020 levels. Estimate challenged by: R-
2020: Estimate of 92 percent assigned by working group. Estimate informed by survey coverage.

Kenya Demographic and Health Survey 2022, Volume 1 record or recall results of 91 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 72 percent. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Estimate challenged by: R-

2019: Estimate of 93 percent assigned by working group. Estimate informed by survey coverage. Kenya Demographic and Health Survey 2022, Volume 1 record or recall results of 89 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 59 percent. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Estimate challenged by: R-

2018: Reported data calibrated to 2012 and 2019 levels. Increase in reported coverage from 2017 to 2018 seems exceptional. Estimated coverage for 2018 may represent an overestimation. Estimate challenged by: R-

2017: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-S-

2016: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-

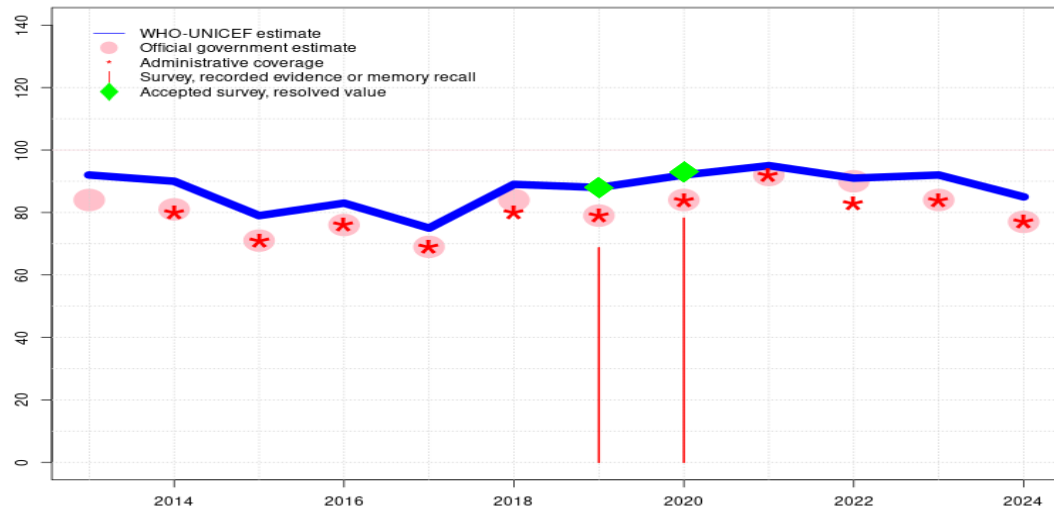
2015: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-

2014: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-

2013: Reported data calibrated to 2012 and 2019 levels. Insufficient explanation of methods and data sources used to derive government official estimates. Estimate challenged by: R-S-

Kenya - POL3

KEN - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	90	79	83	75	89	88	92	95	91	92	85
Estimate GoC	••	•	•	•	•	•	•	•	•	•	•	•
Official	84	81	71	76	69	84	79	84	92	90	84	77
Administrative	-	80	71	76	69	80	79	84	92	83	84	77
Survey	-	-	-	-	-	-	69	78	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

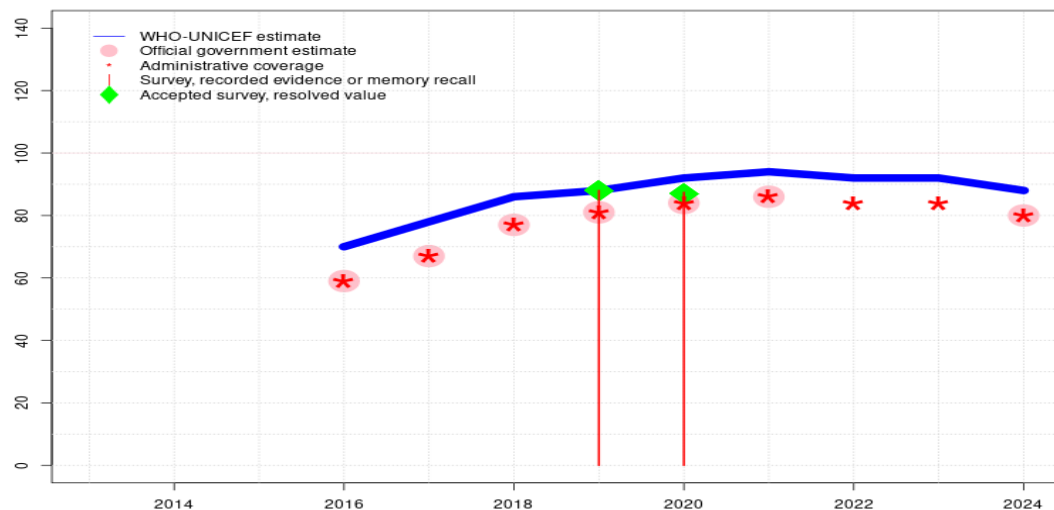
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2020 levels. Programme reported 3 months vaccine stock-out at the national and subnational levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Programme reports 3.8 months vaccine stockout at national and subnational levels. Unexplained official coverage. Estimate challenged by: R-
- 2021: Estimate informed by estimated DTP3 coverage level. The relative increase from the prior year in the number of reported doses administered was 6 percent, greater than that for DTP3 and likely reflects polio intensification activities. Programme reports two months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2020: Estimate of 92 percent assigned by working group. Estimate informed by survey coverage. Kenya Demographic and Health Survey 2022, Volume 1 record or recall results of 78 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 72 percent. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Programme reports a vaccine stockout at national and subnational levels of less than one month. Estimate challenged by: R-
- 2019: Estimate of 88 percent assigned by working group. Estimate informed by survey coverage. Kenya Demographic and Health Survey 2022, Volume 1 record or recall results of 69 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 57 percent. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Programme reports three months vaccine stockout. Estimate challenged by: R-
- 2018: Reported data calibrated to 2012 and 2019 levels. Programme reports two months vaccine stockout at the national level. Estimate challenged by: R-
- 2017: Reported data calibrated to 2012 and 2019 levels. Estimate of 75 percent changed from previous revision value of 76 percent. Estimate challenged by: R-S-
- 2016: Reported data calibrated to 2012 and 2019 levels. Estimate of 83 percent changed from previous revision value of 84 percent. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 and 2019 levels. Programme reports two months national level stockout. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2019 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 and 2019 levels. Insufficient explanation of methods and data sources used to derive government official estimates. Estimate of 92 percent changed from previous revision value of 93 percent. GoC=S+

Kenya - IPV1

KEN - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	70	78	86	88	92	94	92	92	88
Estimate GoC	-	-	-	●	●	●	●	●	●	●	●	●
Official	-	-	-	59	67	77	81	84	86	-	-	80
Administrative	-	-	-	59	67	77	81	84	86	84	84	80
Survey	-	-	-	-	-	-	88	87	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

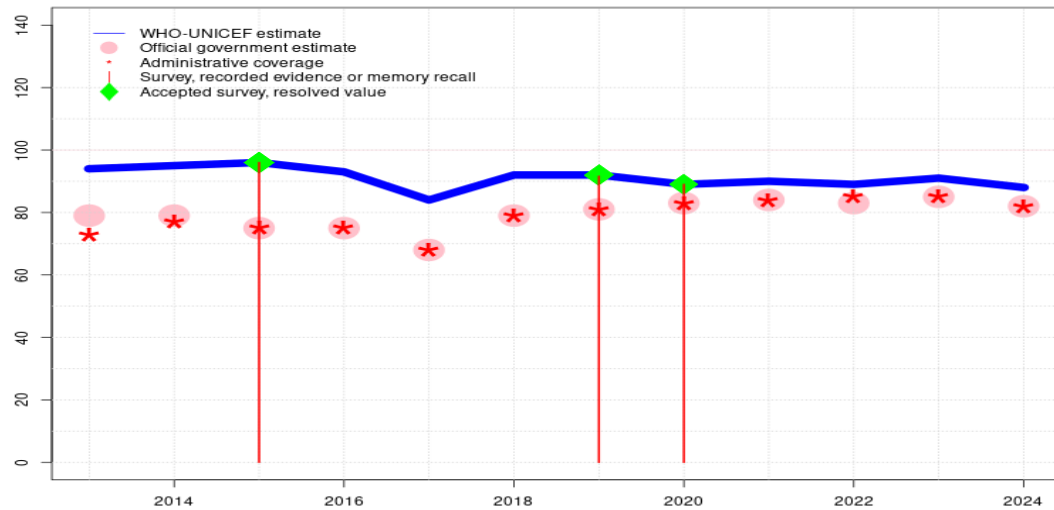
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2021 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2021 levels. Estimate of 92 percent changed from previous revision value of 87 percent. Estimate challenged by: R-
- 2022: Reported data calibrated to 2021 levels. Programme reports a less than one month vaccine stockout at national level. Estimate of 92 percent changed from previous revision value of 87 percent. Estimate challenged by: R-
- 2021: Estimate of 94 percent assigned by working group. Estimate is based on the relationship between admin coverage for DTP3 and IPV1 applied to the estimated DTP3. Programme reports four month vaccine stockout at national and subnational levels. Reported coverage does not appear to indicate any impact from reported stockout. Estimate of 94 percent changed from previous revision value of 89 percent. Estimate challenged by: R-
- 2020: Estimate of 92 percent assigned by working group. Estimate is based on the relationship between admin coverage for DTP3 and IPV1 applied to the estimated DTP3. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Programme reports a vaccine stockout at national and subnational levels of less than one month. Estimate of 92 percent changed from previous revision value of 87 percent. Estimate challenged by: R-
- 2019: Estimate of 88 percent assigned by working group. Estimate informed by survey coverage. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Programme reports less than one month vaccine stockout. Estimate challenged by: R-
- 2018: Reported data calibrated to 2017 and 2019 levels. Estimate challenged by: R-
- 2017: Estimate of 78 percent assigned by working group. Based on the relationship between DTP3 and IPV coverage. Estimate challenged by: R-
- 2016: Estimate of 70 percent assigned by working group. Estimate based on estimated DTP3 coverage adjusted for the difference in reported administrative coverage for DTP3 and IPV1. Vaccine introduced in December 2015, reporting started in 2016. Estimate challenged by: R-

Kenya - MCV1

KEN - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	94	95	96	93	84	92	92	89	90	89	91	88
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	79	79	75	75	68	79	81	83	84	83	85	82
Administrative	73	77	75	75	68	79	81	83	84	85	85	82
Survey	-	-	96	-	-	-	92	89	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

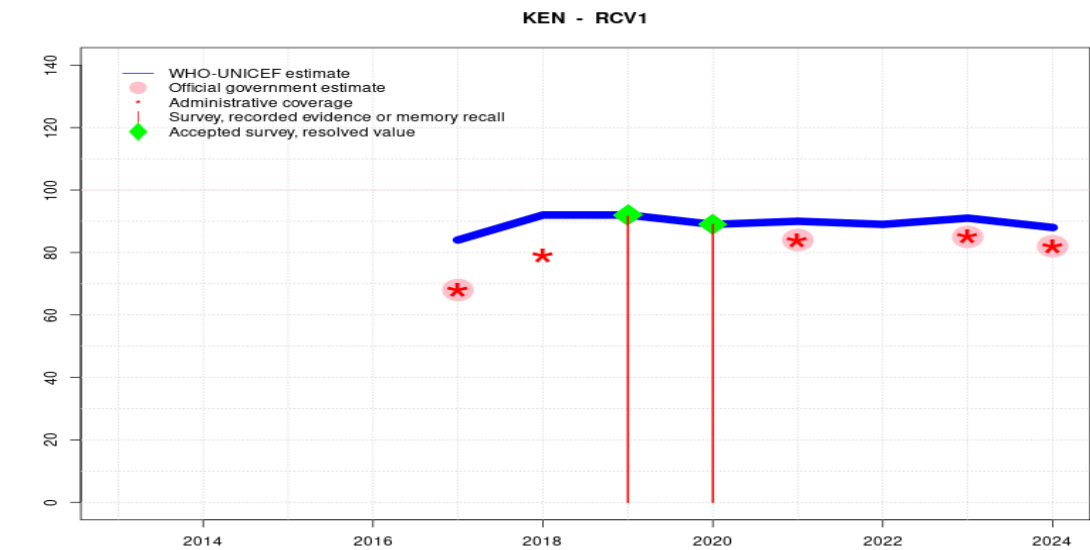
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2020 levels. Programme reported 3 months vaccine stock-out at the national and subnational levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2020: Estimate of 89 percent assigned by working group. Estimate informed by survey coverage. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2019: Estimate of 92 percent assigned by working group. Estimate informed by survey coverage. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Programme reports five months vaccine stockout. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2019 levels. Programme reports 2.5 month vaccine stockout at the national level. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2019 levels. Estimate challenged by: R-S-
- 2016: Reported data calibrated to 2015 and 2019 levels. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2014: Estimate informed by interpolation between 2012 and 2015 levels. Estimates based on survey results. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2012 and 2015 levels. Estimates based on survey results. Decline in of number of children vaccinated with measles is unexplained. Insufficient explanation of methods and data sources used to derive government official estimates. Estimate challenged by: D-R-

Kenya - RCV1



Description:

2024: Estimate based on estimated MCV1. Programme reported 3 months vaccine stock-out at the national and subnational levels. Estimate challenged by: R-

2023: Estimate based on estimated MCV1. Estimate challenged by: R-

2022: Estimate based on estimated MCV1. Estimate challenged by: R-

2021: Estimate based on estimated MCV1. Estimate challenged by: R-

2020: Estimate based on estimated MCV1. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Estimate challenged by: R-

2019: Estimate based on estimated MCV1. Estimate challenged by: R-

2018: Estimate informed by estimate MCV1 level. Estimate challenged by: R-

2017: Estimate based on estimated MCV1. Measles-Rubella combination vaccine introduced in January 2017. Estimate challenged by: R-S-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	84	92	92	89	90	89	91	88
Estimate GoC	-	-	-	-	•	•	•	•	•	•	•	•
Official	-	-	-	-	68	-	-	-	84	-	85	82
Administrative	-	-	-	-	68	79	-	-	84	-	85	82
Survey	-	-	-	-	-	-	92	89	-	-	-	-

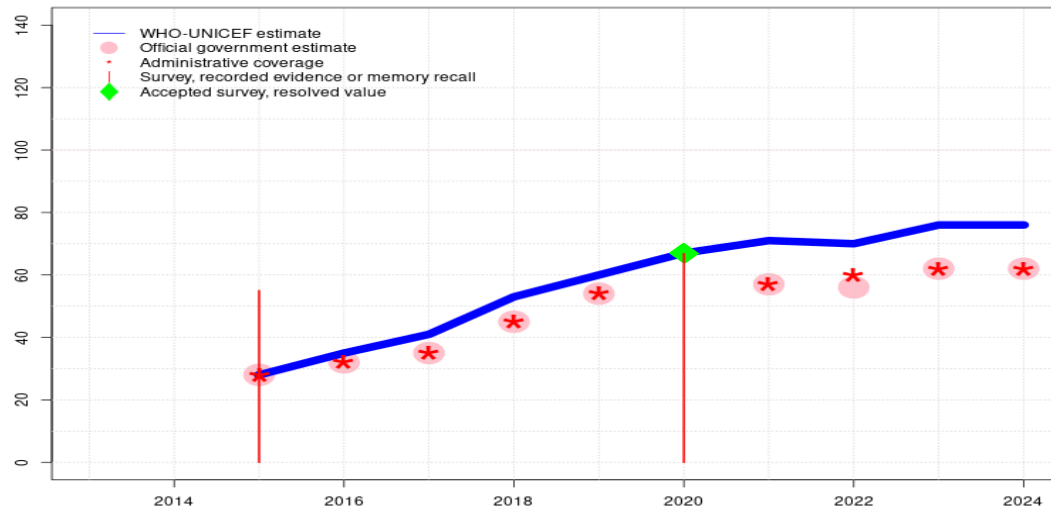
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Kenya - MCV2

KEN - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	28	35	41	53	60	67	71	70	76	76
Estimate GoC	-	-	••	•	•	•	•	••	•	•	•	•
Official	-	-	28	32	35	45	54	-	57	56	62	62
Administrative	-	-	28	32	35	45	54	-	57	60	62	62
Survey	-	-	55	-	-	-	-	67	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

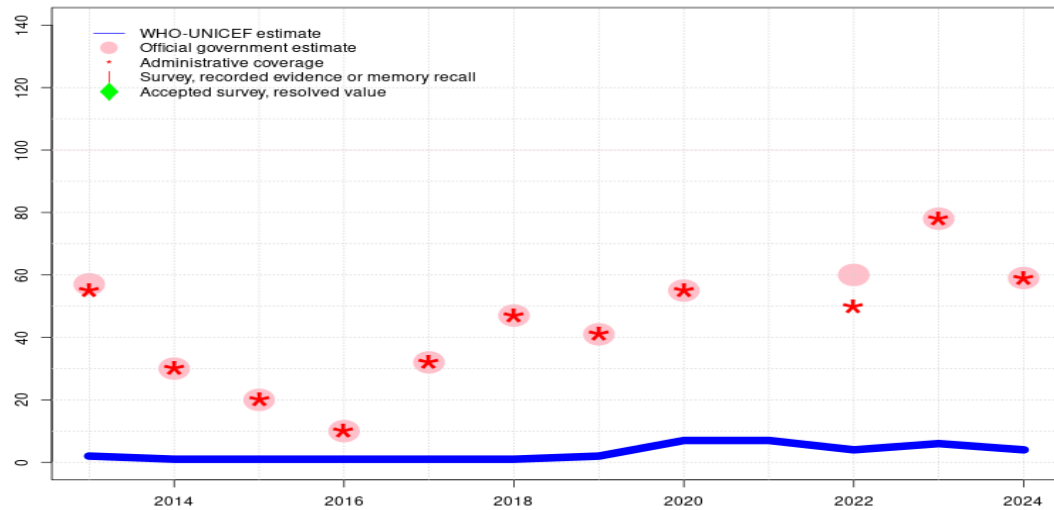
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2020 levels. Programme reported 3 months vaccine stock-out at the national and subnational levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 67 percent based on 1 survey(s). Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Programme reports a one month vaccine stockout at national and subnational levels. GoC=S+
- 2019: Reported data calibrated to 2015 and 2020 levels. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Reported target population for MCV2 is based on the MCV1 target from the prior year. Programme reports five months vaccine stockout. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2020 levels. Estimate challenged by: R-S-
- 2017: Reported data calibrated to 2015 and 2020 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 and 2020 levels. Estimate challenged by: R-
- 2015: Second dose of MCV introduced in July 2013 and recommended for administration at 18 months. Reporting started in 2015. Survey evidence for the 2014 birth cohort likely reflects campaign introduction doses. Kenya Post Measles-Rubella SIA Coverage Survey Technical Report, June 2016 results ignored by working group. Survey results likely overestimated during introduction year. GoC=R+ D+

Kenya - YFV

KEN - YFV



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	2	1	1	1	1	1	2	7	7	4	6	4
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	57	30	20	10	32	47	41	55	-	60	78	59
Administrative	55	30	20	10	32	47	41	55	-	50	78	59
Survey	-	-	-	-	-	-	-	-	-	-	-	-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported coverage of 59 percent achieved in 7 percent of national target population. Reported data excluded due to sudden change in coverage from 78 to 59 percent. Estimate challenged by: R-
- 2023: Reported coverage of 78 percent achieved in 7 percent of national target population. Reported data excluded due to an increase from 60 percent to 78 percent with decrease to 59 percent. Estimate challenged by: R-
- 2022: Programme reports less than one month vaccine stockout at national level. Programme reports 50 percent coverage achieved in 8 percent of the national target population. Estimated coverage is based on that achieved in annual national cohort. Estimate challenged by: R-
- 2021: Estimate based on prior year estimate in the absence of reported data. GoC=No accepted empirical data
- 2020: Programme reports 55 percent coverage achieved in seven percent of the national target population. Estimate informed by annualized coverage in the total national target population. Reported denominator for 2020 is from projections of the 2019 census. Declining reported denominator for the last three years. WHO and UNICEF recommend a revision of historical denominators. Estimate challenged by: R-
- 2019: Programme reports 41 percent coverage achieved in six percent of the national target population. Estimate informed by annualized coverage in the total national target population. Reported data excluded. Country notes that new census results suggest a smaller target population size than that based on projections from the prior census. Estimate challenged by: R-
- 2018: Programme reports 47 percent coverage achieved in three percent of the national target population. Estimate informed by annualized coverage in the total national target population. Programme reports a three months vaccine stockout at national level. Estimate challenged by: R-
- 2017: Programme achieved 32 percent coverage in three percent of the national target population. Estimate informed by total national target population. Programme reports six month vaccine stockout. Estimate challenged by: R-
- 2016: Programme achieved 10 percent coverage in three percent of the national target population. Estimate informed by total national target population. Programme reports seven month national level stockout. Estimate challenged by: R-
- 2015: Programme achieved 20 percent coverage in three percent of the national target population. Estimate informed by total national target population. Programme reports three months national level stockout. Estimate challenged by: R-
- 2014: Programme achieved 30 percent coverage in three percent of the national target population. Estimate informed by total national target population. Estimate challenged by: R-
- 2013: Fifty-four percent coverage achieved in three percent of the target population. Insufficient explanation of methods and data sources used to derive government official estimates. Estimate challenged by: R-

Kenya - Survey Details

NOTE A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

2020 Kenya Demographic and Health Survey 2022, Volume 1

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	22	12-23 m	812	76
BCG	Record	74.9	12-23 m	2512	76
BCG	Record or Recall	96.9	12-23 m	3324	76
BCG	Record or Recall<12m	96.7	12-23 m	3324	76
DTP1	Recall	22	12-23 m	812	76
DTP1	Record	75.1	12-23 m	2512	76
DTP1	Record or Recall	97.1	12-23 m	3324	76
DTP1	Record or Recall<12m	97.1	12-23 m	3324	76
DTP3	Recall	16.7	12-23 m	812	76
DTP3	Record	72.5	12-23 m	2512	76
DTP3	Record or Recall	89.2	12-23 m	3324	76
DTP3	Record or Recall<12m	88.9	12-23 m	3324	76
HEPB1	Recall	22	12-23 m	812	76
HEPB1	Record	75.1	12-23 m	2512	76
HEPB1	Record or Recall	97.1	12-23 m	3324	76
HEPB1	Record or Recall<12m	97.1	12-23 m	3324	76
HEPB3	Recall	16.7	12-23 m	812	76
HEPB3	Record	72.5	12-23 m	2512	76
HEPB3	Record or Recall	89.2	12-23 m	3324	76

HEPB3	Record or Recall<12m	88.9	12-23 m	3324	76
HIB1	Recall	22	12-23 m	812	76
HIB1	Record	75.1	12-23 m	2512	76
HIB1	Record or Recall	97.1	12-23 m	3324	76
HIB1	Record or Recall<12m	97.1	12-23 m	3324	76
HIB3	Recall	16.7	12-23 m	812	76
HIB3	Record	72.5	12-23 m	2512	76
HIB3	Record or Recall	89.2	12-23 m	3324	76
HIB3	Record or Recall<12m	88.9	12-23 m	3324	76
IPV1	Recall	21.7	12-23 m	812	76
IPV1	Record	65.7	12-23 m	2512	76
IPV1	Record or Recall	87.4	12-23 m	3324	76
IPV1	Record or Recall<12m	87	12-23 m	3324	76
MCV1	Recall	20.4	12-23 m	812	76
MCV1	Record	68.7	12-23 m	2512	76
MCV1	Record or Recall	89	12-23 m	3324	76
MCV1	Record or Recall<12m	85.9	12-23 m	3324	76
MCV2	Recall	24.6	24-35 m	1246	61
MCV2	Record	42.3	24-35 m	1984	61
MCV2	Record or Recall	66.8	24-35 m	3230	61
MCV2	Record or Recall<12m	64.7	24-35 m	3230	61
PCV1	Recall	21.9	12-23 m	812	76
PCV1	Record	74.6	12-23 m	2512	76
PCV1	Record or Recall	96.5	12-23 m	3324	76
PCV1	Record or Recall<12m	96.5	12-23 m	3324	76
PCV3	Recall	19.4	12-23 m	812	76
PCV3	Record	71.8	12-23 m	2512	76
PCV3	Record or Recall	91.2	12-23 m	3324	76
PCV3	Record or Recall<12m	90.7	12-23 m	3324	76
POL1	Recall	21.2	12-23 m	812	76
POL1	Record	75.2	12-23 m	2512	76
POL1	Record or Recall	96.5	12-23 m	3324	76
POL1	Record or Recall<12m	96.5	12-23 m	3324	76
POL3	Recall	5.9	12-23 m	812	76
POL3	Record	72.3	12-23 m	2512	76
POL3	Record or Recall	78.2	12-23 m	3324	76
POL3	Record or Recall<12m	77.9	12-23 m	3324	76
RCV1	Recall	20.4	12-23 m	812	76
RCV1	Record	68.7	12-23 m	2512	76
RCV1	Record or Recall	89	12-23 m	3324	76

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RCV1	Record or Recall<12m	85.9	12-23 m	3324	76
ROTAC	Recall	20.1	12-23 m	812	76
ROTAC	Record	72.2	12-23 m	2512	76
ROTAC	Record or Recall	92.3	12-23 m	3324	76
ROTAC	Record or Recall<12m	91.7	12-23 m	3324	76

2019 Kenya Demographic and Health Survey 2022, Volume 1

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	35.5	24-35 m	1246	61
BCG	Record	60.8	24-35 m	1984	61
BCG	Record or Recall	96.2	24-35 m	3230	61
BCG	Record or Recall<12m	95.2	24-35 m	3230	61
DTP1	Recall	35.1	24-35 m	1246	61
DTP1	Record	61.1	24-35 m	1984	61
DTP1	Record or Recall	96.2	24-35 m	3230	61
DTP1	Record or Recall<12m	95.7	24-35 m	3230	61
DTP3	Recall	26.3	24-35 m	1246	61
DTP3	Record	59.4	24-35 m	1984	61
DTP3	Record or Recall	85.7	24-35 m	3230	61
DTP3	Record or Recall<12m	84.7	24-35 m	3230	61
HEPB1	Recall	35.1	24-35 m	1246	61
HEPB1	Record	61.1	24-35 m	1984	61
HEPB1	Record or Recall	96.2	24-35 m	3230	61
HEPB1	Record or Recall<12m	95.7	24-35 m	3230	61
HEPB3	Recall	26.3	24-35 m	1246	61
HEPB3	Record	59.4	24-35 m	1984	61
HEPB3	Record or Recall	85.7	24-35 m	3230	61
HEPB3	Record or Recall<12m	84.7	24-35 m	3230	61
HIB1	Recall	35.1	24-35 m	1246	61
HIB1	Record	61.1	24-35 m	1984	61
HIB1	Record or Recall	96.2	24-35 m	3230	61
HIB1	Record or Recall<12m	95.7	24-35 m	3230	61
HIB3	Recall	26.3	24-35 m	1246	61
HIB3	Record	59.4	24-35 m	1984	61
HIB3	Record or Recall	85.7	24-35 m	3230	61
HIB3	Record or Recall<12m	84.7	24-35 m	3230	61
IPV1	Recall	34.2	24-35 m	1246	61
IPV1	Record	53.9	24-35 m	1984	61

IPV1	Record or Recall	88	24-35 m	3230	61
IPV1	Record or Recall<12m	86.5	24-35 m	3230	61
MCV1	Recall	33.8	24-35 m	1246	61
MCV1	Record	57.8	24-35 m	1984	61
MCV1	Record or Recall	91.6	24-35 m	3230	61
MCV1	Record or Recall<12m	84.8	24-35 m	3230	61
PCV1	Recall	34.8	24-35 m	1246	61
PCV1	Record	60.8	24-35 m	1984	61
PCV1	Record or Recall	95.6	24-35 m	3230	61
PCV1	Record or Recall<12m	95.1	24-35 m	3230	61
PCV3	Recall	30.4	24-35 m	1246	61
PCV3	Record	58.8	24-35 m	1984	61
PCV3	Record or Recall	89.2	24-35 m	3230	61
PCV3	Record or Recall<12m	88	24-35 m	3230	61
POL1	Recall	33.3	24-35 m	1246	61
POL1	Record	61	24-35 m	1984	61
POL1	Record or Recall	94.3	24-35 m	3230	61
POL1	Record or Recall<12m	93.8	24-35 m	3230	61
POL3	Recall	11.3	24-35 m	1246	61
POL3	Record	57.3	24-35 m	1984	61
POL3	Record or Recall	68.7	24-35 m	3230	61
POL3	Record or Recall<12m	67.7	24-35 m	3230	61
RCV1	Recall	33.8	24-35 m	1246	61
RCV1	Record	57.8	24-35 m	1984	61
RCV1	Record or Recall	91.6	24-35 m	3230	61
RCV1	Record or Recall<12m	84.8	24-35 m	3230	61
ROTAC	Recall	32.6	24-35 m	1246	61
ROTAC	Record	59.5	24-35 m	1984	61
ROTAC	Record or Recall	92.1	24-35 m	3230	61
ROTAC	Record or Recall<12m	91.4	24-35 m	3230	61

2015 Kenya Post Measles-Rubella SIA Coverage Survey Technical Report, June 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	71	12-23 m	1196	-
MCV1	Record	25	12-23 m	1196	-
MCV1	Record or Recall	96	12-23 m	1196	-
MCV2	Recall	47	24-35 m	1373	-

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MCV2	Record	7	24-35 m	1373	-
MCV2	Record or Recall	55	24-35 m	1373	-

2012 Kenya Demographic and Health Survey, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	23.5	12-23 m	957	75
BCG	Record	73.2	12-23 m	2820	75
BCG	Record or Recall	96.7	12-23 m	3777	75
BCG	Record or Recall<12m	95.9	12-23 m	3777	75
DTP1	Recall	23.3	12-23 m	957	75
DTP1	Record	74.2	12-23 m	2820	75
DTP1	Record or Recall	97.5	12-23 m	3777	75
DTP1	Record or Recall<12m	97	12-23 m	3777	75
DTP3	Recall	18.9	12-23 m	957	75
DTP3	Record	70.9	12-23 m	2820	75
DTP3	Record or Recall	89.9	12-23 m	3777	75
DTP3	Record or Recall<12m	88.3	12-23 m	3777	75
HEPB1	Recall	23.3	12-23 m	957	75
HEPB1	Record	74.2	12-23 m	2820	75
HEPB1	Record or Recall	97.5	12-23 m	3777	75
HEPB1	Record or Recall<12m	97	12-23 m	3777	75
HEPB3	Recall	18.9	12-23 m	957	75
HEPB3	Record	70.9	12-23 m	2820	75
HEPB3	Record or Recall	89.9	12-23 m	3777	75
HEPB3	Record or Recall<12m	88.3	12-23 m	3777	75
HIB1	Recall	23.3	12-23 m	957	75
HIB1	Record	74.2	12-23 m	2820	75
HIB1	Record or Recall	97.5	12-23 m	3777	75
HIB1	Record or Recall<12m	97	12-23 m	3777	75
HIB3	Recall	18.9	12-23 m	957	75
HIB3	Record	70.9	12-23 m	2820	75
HIB3	Record or Recall	89.9	12-23 m	3777	75
HIB3	Record or Recall<12m	88.3	12-23 m	3777	75
MCV1	Recall	21.7	12-23 m	957	75
MCV1	Record	65.4	12-23 m	2820	75
MCV1	Record or Recall	87.1	12-23 m	3777	75
MCV1	Record or Recall<12m	78.9	12-23 m	3777	75
PCV1	Recall	22.5	12-23 m	957	75

PCV1	Record	71.2	12-23 m	2820	75
PCV1	Record or Recall	93.7	12-23 m	3777	75
PCV1	Record or Recall<12m	93	12-23 m	3777	75
PCV3	Recall	18	12-23 m	957	75
PCV3	Record	67.1	12-23 m	2820	75
PCV3	Record or Recall	85.1	12-23 m	3777	75
PCV3	Record or Recall<12m	83.2	12-23 m	3777	75
POL1	Recall	23.6	12-23 m	957	75
POL1	Record	74.5	12-23 m	2820	75
POL1	Record or Recall	98	12-23 m	3777	75
POL1	Record or Recall<12m	97.5	12-23 m	3777	75
POL3	Recall	18.8	12-23 m	957	75
POL3	Record	71.3	12-23 m	2820	75
POL3	Record or Recall	90	12-23 m	3777	75
POL3	Record or Recall<12m	88.1	12-23 m	3777	75

2011 National Immunization Coverage Survey, 2012-Summary of Findings

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Scar	94	12-23 m	3986	74

2007 Kenya Demographic and Health Survey 2008-09

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	25.8	12-23 m	1096	70
BCG	Record	69.9	12-23 m	1096	70
BCG	Record or Recall	95.6	12-23 m	1096	70
BCG	Record or Recall<12m	95.4	12-23 m	1096	70
DTP1	Recall	25.9	12-23 m	1096	70
DTP1	Record	69.9	12-23 m	1096	70
DTP1	Record or Recall	95.8	12-23 m	1096	70
DTP1	Record or Recall<12m	93.8	12-23 m	1096	70
DTP3	Recall	20	12-23 m	1096	70
DTP3	Record	66.4	12-23 m	1096	70
DTP3	Record or Recall	86.4	12-23 m	1096	70
DTP3	Record or Recall<12m	84.1	12-23 m	1096	70
HEPB1	Recall	25.9	12-23 m	1096	70

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HEPB1	Record	69.9	12-23 m	1096	70
HEPB1	Record or Recall	95.8	12-23 m	1096	70
HEPB1	Record or Recall<12m	93.8	12-23 m	1096	70
HEPB3	Recall	20	12-23 m	1096	70
HEPB3	Record	66.4	12-23 m	1096	70
HEPB3	Record or Recall	86.4	12-23 m	1096	70
HEPB3	Record or Recall<12m	84.1	12-23 m	1096	70
HIB1	Recall	25.9	12-23 m	1096	70
HIB1	Record	69.9	12-23 m	1096	70
HIB1	Record or Recall	95.8	12-23 m	1096	70
HIB1	Record or Recall<12m	93.8	12-23 m	1096	70
HIB3	Recall	20	12-23 m	1096	70
HIB3	Record	66.4	12-23 m	1096	70
HIB3	Record or Recall	86.4	12-23 m	1096	70
HIB3	Record or Recall<12m	84.1	12-23 m	1096	70
MCV1	Recall	24.2	12-23 m	1096	70
MCV1	Record	60.8	12-23 m	1096	70
MCV1	Record or Recall	85	12-23 m	1096	70
MCV1	Record or Recall<12m	73.5	12-23 m	1096	70
POL1	Recall	26.2	12-23 m	1096	70
POL1	Record	70.1	12-23 m	1096	70
POL1	Record or Recall	96.4	12-23 m	1096	70
POL1	Record or Recall<12m	94.3	12-23 m	1096	70
POL3	Recall	20.8	12-23 m	1096	70
POL3	Record	66.7	12-23 m	1096	70
POL3	Record or Recall	87.5	12-23 m	1096	70
POL3	Record or Recall<12m	84.1	12-23 m	1096	70
YFV	Recall	0	12-23 m	1096	70
YFV	Record	3.4	12-23 m	1096	70
YFV	Record or Recall	3.4	12-23 m	1096	70
YFV	Record or Recall<12m	2.4	12-23 m	1096	70

2002 National Demographic and Health Survey 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30.3	12-23 m	1131	60
BCG	Record	57	12-23 m	1131	60
BCG	Record or Recall	87.3	12-23 m	1131	60
BCG	Record or Recall<12m	87	12-23 m	1131	60

DTP1	Recall	29.9	12-23 m	1131	60
DTP1	Record	59.3	12-23 m	1131	60
DTP1	Record or Recall	89.2	12-23 m	1131	60
DTP1	Record or Recall<12m	88.2	12-23 m	1131	60
DTP3	Recall	19.6	12-23 m	1131	60
DTP3	Record	52.6	12-23 m	1131	60
DTP3	Record or Recall	72.2	12-23 m	1131	60
DTP3	Record or Recall<12m	70.5	12-23 m	1131	60
HIB3	Recall	19.6	12-23 m	1131	60
HIB3	Record	52.6	12-23 m	1131	60
HIB3	Record or Recall	72.2	12-23 m	1131	60
HIB3	Record or Recall<12m	70.5	12-23 m	1131	60
MCV1	Recall	26.1	12-23 m	1131	60
MCV1	Record	46.4	12-23 m	1131	60
MCV1	Record or Recall	72.5	12-23 m	1131	60
MCV1	Record or Recall<12m	62.8	12-23 m	1131	60
POL1	Recall	31.7	12-23 m	1131	60
POL1	Record	59.3	12-23 m	1131	60
POL1	Record or Recall	91	12-23 m	1131	60
POL1	Record or Recall<12m	89.6	12-23 m	1131	60
POL3	Recall	20.3	12-23 m	1131	60
POL3	Record	52.2	12-23 m	1131	60
POL3	Record or Recall	72.5	12-23 m	1131	60
POL3	Record or Recall<12m	70.3	12-23 m	1131	60

1999 Kenya Multiple Indicator Cluster Survey 2000, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	27.7	12-23 m	1544	-
BCG	Record	63.2	12-23 m	1544	-
BCG	Record or Recall	90.9	12-23 m	1544	-
BCG	Record or Recall<12m	90.5	12-23 m	1544	-
DTP1	Recall	26.1	12-23 m	1544	-
DTP1	Record	63.3	12-23 m	1544	-
DTP1	Record or Recall	89.4	12-23 m	1544	-
DTP1	Record or Recall<12m	88.9	12-23 m	1544	-
DTP3	Recall	17.8	12-23 m	1544	-
DTP3	Record	58.4	12-23 m	1544	-
DTP3	Record or Recall	76.2	12-23 m	1544	-

DTP3	Record or Recall<12m	75.1	12-23 m	1544	-
MCV1	Recall	24.9	12-23 m	1544	-
MCV1	Record	51.2	12-23 m	1544	-
MCV1	Record or Recall	76.1	12-23 m	1544	-
MCV1	Record or Recall<12m	71.6	12-23 m	1544	-
POL1	Recall	24.1	12-23 m	1544	-
POL1	Record	62.5	12-23 m	1544	-
POL1	Record or Recall	86.6	12-23 m	1544	-
POL1	Record or Recall<12m	85.7	12-23 m	1544	-
POL3	Recall	15.1	12-23 m	1544	-
POL3	Record	57.7	12-23 m	1544	-
POL3	Record or Recall	72.8	12-23 m	1544	-
POL3	Record or Recall<12m	71.7	12-23 m	1544	-

1997 Kenya Demographic and Health Survey 1998,1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	41.2	12-23 m	1097	55
BCG	Record	54.7	12-23 m	1097	55
BCG	Record or Recall	95.9	12-23 m	1097	55

BCG	Record<12m	94	12-23 m	1097	55
DTP1	Recall	41	12-23 m	1097	55
DTP1	Record	54.8	12-23 m	1097	55
DTP1	Record or Recall	95.8	12-23 m	1097	55
DTP1	Record<12m	94.5	12-23 m	1097	55
DTP3	Recall	28.2	12-23 m	1097	55
DTP3	Record	50.9	12-23 m	1097	55
DTP3	Record or Recall	79.2	12-23 m	1097	55
DTP3	Record<12m	76.3	12-23 m	1097	55
MCV1	Recall	33.3	12-23 m	1097	55
MCV1	Record	46	12-23 m	1097	55
MCV1	Record or Recall	79.2	12-23 m	1097	55
MCV1	Record<12m	70.7	12-23 m	1097	55
POL1	Recall	40.5	12-23 m	1097	55
POL1	Record	54.9	12-23 m	1097	55
POL1	Record or Recall	95.4	12-23 m	1097	55
POL1	Record<12m	94.2	12-23 m	1097	55
POL3	Recall	29.7	12-23 m	1097	55
POL3	Record	51	12-23 m	1097	55
POL3	Record or Recall	80.8	12-23 m	1097	55
POL3	Record<12m	77.7	12-23 m	1097	55

Further information and estimates for previous years are available at:
<https://data.unicef.org/topic/child-health/immunization/>
<https://immunizationdata.who.int/listing.html>