OVERALL KEY FINDINGS

Since 2015, there has been a decline in mCPR, from 62% to 56% among married women.

The shift toward long-acting family planning (FP) methods has continued, growing from 11 to 20% use among all women due mainly to increases in implant use.

Contraceptive stock-outs have increased since 2015, most notably for implants, injectables and pills.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE
Percent of women age 15-49 currently using modern contraception (mCPR) by marital status

[Graph showing mCPR by marital status from 2014 to 2019, with a decline from 62% to 56% among married women]

CONTRACEPTIVE PREVALENCE BY METHOD TYPE
Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=9,477)

[Graph showing prevalence by method type from 2014 to 2019, with a shift towards long-acting methods]

Since 2015, there has been a decline in mCPR, from 62% to 56% among married women.

The shift toward long-acting family planning (FP) methods has continued, growing from 11 to 20% use among all women due mainly to increases in implant use.

Contraceptive stock-outs have increased since 2015, most notably for implants, injectables and pills.
**Modern Contraceptive Method Mix**

Percent distribution of modern contraceptive users age 15-49 by method and marital status

- Married women (n=3,138)
- Unmarried, sexually active women (n=501)

Key for method mix charts:

- Other modern methods
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

"Other modern methods" include male sterilization, standard days/cycle beads, emergency contraception, and diaphragm.

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**Method Use, Unmet Need, and Demand Satisfied by a Modern Method**

Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=9,478)

Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.
12-MONTH DISCONTINUATION RATE
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=4,386 episodes)

- Reasons for discontinuation:
  - 2% experienced method failure
  - 8% were concerned over side effects or health
  - 13% had other fertility related reasons
  - 4% had other method-related reasons
  - 13% wanted a more effective method
  - 4% other/don’t know

- Discontinued but switched methods:
  - 4% discontinued to become pregnant
  - 45% discontinued for other reasons
  - 19% Switched

KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND
- Overall mCPR has declined slightly in recent years, with a continuing shift away from short-acting towards long-acting methods.
- 74% of demand among all women is being satisfied by a modern method, a slight decrease after consecutive years of increases.
- 49% of the time, methods were discontinued within one year of starting, 4% did so to become pregnant, and 19% switched to another method.
- 42% of pregnancies were unintended, with 30% mistimed and 12% not wanted.

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY
Percent of women by intention of their most recent birth or current pregnancy (n=5,341)
- 58% Intended
- 12% Wanted no more children
- 30% Wanted later
- 42% of pregnancies were unintended

SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

METHOD INFORMATION INDEX PLUS (MII+)
Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods (n=4,000)

- When you obtained your method were you told by the provider about side effects or problems you might have?
  - 34% Yes, 66% No

- Were you told what to do if you experienced side effects or problems?
  - 9% Yes, 91% No

- Were you told by the provider about methods of FP other than the method you received?
  - 27% Yes, 73% No

- Were you told that you could switch to a different method in the future?
  - 26% Yes, 74% No

Percent of women who responded “Yes” to all four MII+ questions
- 51% answered “No” to at least one MII+ question
- 49% answered “Yes” to all four MII+ questions
**DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW**

Percent of women who received FP information from a provider or community health worker (CHW), by age

- **15-19** (n=2,039)
  - Yes: 15%
  - No: 85%
- **20-24** (n=1,667)
  - Yes: 34%
  - No: 66%
- **25-49** (n=5,771)
  - Yes: 36%
  - No: 64%

**CLIENT EXIT INTERVIEWS**

Percent of female clients age 15-49 who said yes to the following questions (n=3,901)

- **During today’s visit, did the provider tell you the advantages/disadvantages of the FP method?**
  - Yes: 60%
  - No: 40%

- **During today’s visit, did you obtain the method of FP you wanted?**
  - Yes: 89%
  - No: 11%

- **Were you satisfied with FP services you received today at this facility?**
  - Yes: 98%
  - No: 2%

Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

**KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING**

- 98% of clients report satisfaction with FP services they received, however only 60% reported that the provider discussed the advantages and disadvantages of the chosen method.
- Adolescent girls are least likely to have discussed FP with their health provider/CHW in the past year.

**SECTION 3: PARTNER DYNAMICS**

**PARTNER INVOLVEMENT IN FP DECISIONS**

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=4,007)

- **Does your partner know that you are using this method?**
  - Yes: 84%
  - No: 16%

- **Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?**
  - Yes: 77%
  - No: 23%

Percent of women who are currently using FP and agree with the following statements (n=4,263)

- **Would you say that using FP is mainly your decision?**
  - Yes: 51%
  - No: 49%

- **Would you say that not using FP is mainly your decision?**
  - Yes: 20%
  - No: 80%

Percent of women who are not currently using FP and agree with the following statements (n=4,685)

- **Would you say that using FP is mainly your decision?**
  - Yes: 35%
  - No: 65%

- **Would you say that not using FP is mainly your decision?**
  - Yes: 7%
  - No: 93%

**KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS**

- Among women using a modern method that can be concealed, 17% report that their partner does not know that they are using contraception.
- 13% of women who are using a contraceptive method report that it is mainly their partner’s decision. 20% of the decisions not to use and 51% of the decisions to use FP are jointly made.
SECTION 4: WOMEN AND GIRLS’ EMPOWERMENT

AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

Exercise of choice (self-efficacy, negotiation) for family planning (n=9,367)

- I feel confident telling my provider what is important when selecting an FP method.
  - Strongly agree: 70
  - Agree: 14
  - Neutral: 9
  - Disagree: 3
  - Strongly disagree: 3
  - Don’t know: 5

- I can decide to switch from one FP method to another if I want to.
  - Strongly agree: 67
  - Agree: 14
  - Neutral: 5
  - Disagree: 3
  - Strongly disagree: 3
  - Don’t know: 22

Existence of choice (motivational autonomy) for family planning (n=9,279)

- If I use FP, my body may experience side effects that will disrupt relations with my partner.
  - Total score: 50
  - Strongly agree: 50
  - Agree: 14
  - Neutral: 14
  - Disagree: 5
  - Strongly disagree: 9
  - Don’t know: 22

- If I use FP, my children may not be born normal.
  - Total score: 67
  - Strongly agree: 67
  - Agree: 16
  - Neutral: 14
  - Disagree: 3
  - Strongly disagree: 3
  - Don’t know: 11

- There will be conflict in my relationship/marriage if I use FP.
  - Total score: 63
  - Strongly agree: 63
  - Agree: 16
  - Neutral: 14
  - Disagree: 3
  - Strongly disagree: 3
  - Don’t know: 13

- If I use FP, I may have trouble getting pregnant the next time I want to.
  - Total score: 60
  - Strongly agree: 60
  - Agree: 14
  - Neutral: 4
  - Disagree: 6
  - Strongly disagree: 4
  - Don’t know: 16

- If I use FP, my partner may seek another sexual partner.
  - Total score: 70
  - Strongly agree: 70
  - Agree: 14
  - Neutral: 3
  - Disagree: 4
  - Strongly disagree: 3
  - Don’t know: 9

WOMEN’S AND GIRL’S EMPOWERMENT (WGE) SUB-Scale FOR FAMILY PLANNING

The Women’s and Girls’ Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes.

Presented results are only for the existence of choice and exercise of choice domains for family planning.

Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains.

Range for the combined WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.
### SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

#### PERSONAL ATTITUDES

Percent of women who personally agree with statements made about contraceptive use, by age, residence, and contraceptive use status.

<table>
<thead>
<tr>
<th>By age</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
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</thead>
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<tr>
<td>15-19</td>
<td>48</td>
<td>52</td>
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<tr>
<td>20-24</td>
<td>52</td>
<td>48</td>
</tr>
<tr>
<td>25-49</td>
<td>45</td>
<td>55</td>
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</tbody>
</table>

#### By age

- **Adolescents who use FP are promiscuous.**
- **FP is only for married women.**
- **FP is only for women who don't want any more children.**

<table>
<thead>
<tr>
<th>By residence</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
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</thead>
<tbody>
<tr>
<td>Urban</td>
<td>51</td>
<td>49</td>
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<tr>
<td>Rural</td>
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<td>55</td>
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<table>
<thead>
<tr>
<th>By contraceptive use status</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
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</thead>
<tbody>
<tr>
<td>Users</td>
<td>48</td>
<td>53</td>
</tr>
<tr>
<td>Non-users</td>
<td>46</td>
<td>54</td>
</tr>
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</table>

- Women who score higher on the empowerment scale are much more likely to be using a modern contraceptive method or to intend to use in the future.
- Women who are employed are more likely to be using or intending to use modern contraception.
SECTION 6: REPRODUCTIVE TIMELINE

Reproductive timeline
Median age at reproductive events, by urban vs. rural residence (n=5,911)

<table>
<thead>
<tr>
<th>By age</th>
<th>Urban (median age)</th>
<th>Rural (median age)</th>
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<td>15-19</td>
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<td>20-24</td>
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<tr>
<td>25-49</td>
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Reproductive events by age 18
Percent of women aged 18-24 who experienced reproductive events by age 18 (n=2,441)

- Had first sex by age 18: Urban 48, Rural 14
- Married by age 18: Urban 19, Rural 11
- Gave birth by age 18: Urban 11

KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- Rural women enter sexual activity earlier, marry earlier, give birth earlier, but initiate contraception later than urban women.
- While nearly half of young women have had first sex by age 18, only 14% are married by that age and just 11% have used a contraceptive.
SECTION 7: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=784)

- Dec 2014: 31, 61
- July 2015: 26, 66
- Dec 2015: 25, 69
- Dec 2016: 28, 60
- Dec 2017: 25, 62
- Dec 2018: 28, 66
- Dec 2019: 31, 56

Private facilities (PMA Phase 1 n=142)

- Dec 2014: 85, 2
- July 2015: 76, 17
- Dec 2015: 79, 13
- Dec 2016: 76, 18
- Dec 2017: 80, 2
- Dec 2018: 77, 16
- Dec 2019: 77, 17

Main reasons for stockout in public facilities:
- 66% Ordered but did not receive shipment
- 17% Did not place order for shipment

Main reasons for stockout in private facilities:
- 33% Ordered but did not receive shipment
- 17% Did not place order for shipment

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=784)

- Dec 2014: 8, 12
- July 2015: 4, 3
- Dec 2015: 5, 3
- Dec 2016: 11, 5
- Dec 2017: 13, 4
- Dec 2018: 16, 1
- Dec 2019: 2, 2

Private facilities (PMA Phase 1 n=142)

- Dec 2014: 74, 8
- July 2015: 66, 15
- Dec 2015: 74, 28
- Dec 2016: 69, 19
- Dec 2017: 73, 22
- Dec 2018: 67, 19
- Dec 2019: 59, 21

Main reasons for stockout in public facilities:
- 86% Ordered but did not receive shipment
- 6% Ordered but did not receive right quantities

Main reasons for stockout in private facilities:
- 40% Ordered but did not receive shipment
- 20% Did not place order for shipment

*Current in stock and no stockout in last 3 months* | *Currently in stock but stockout in last 3 months* | *Currently out of stock* | *Not offered*
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=784)


Private facilities (PMA Phase 1 n=142)


Main reasons for stockout in public facilities:

- 86% Ordered but did not receive shipment
- 7% Ordered but did not receive right quantities

Main reasons for stockout in private facilities:

- 60% Ordered but did not receive shipment
- 14% Ordered but did not receive right quantities

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=784)


Private facilities (PMA Phase 1 n=142)


Main reasons for stockout in public facilities:

- 80% Ordered but did not receive shipment
- 9% Did not place order for shipment

Main reasons for stockout in private facilities:

- 39% Did not place order for shipment
- 28% Ordered but did not receive shipment
TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 1 n=784)

<table>
<thead>
<tr>
<th>Year</th>
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<td>2/7</td>
<td>95%</td>
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<tr>
<td>July 2015</td>
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<td>91%</td>
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<td>Dec 2015</td>
<td>1/6</td>
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<td>Dec 2016</td>
<td>1/12</td>
<td>78%</td>
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<tr>
<td>Dec 2017</td>
<td>1/11</td>
<td>77%</td>
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<tr>
<td>Dec 2018</td>
<td>1/3</td>
<td>91%</td>
</tr>
<tr>
<td>Dec 2019</td>
<td>2/7</td>
<td>91%</td>
</tr>
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</table>

Private facilities (PMA Phase 1 n=142)

<table>
<thead>
<tr>
<th>Year</th>
<th>Fees</th>
<th>No fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2014</td>
<td>13/6</td>
<td>83%</td>
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<tr>
<td>July 2015</td>
<td>6/7</td>
<td>84%</td>
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<tr>
<td>Dec 2015</td>
<td>15/8</td>
<td>66%</td>
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<tr>
<td>Dec 2016</td>
<td>15/8</td>
<td>66%</td>
</tr>
<tr>
<td>Dec 2017</td>
<td>17/7</td>
<td>63%</td>
</tr>
<tr>
<td>Dec 2018</td>
<td>16/7</td>
<td>67%</td>
</tr>
<tr>
<td>Dec 2019</td>
<td>16/7</td>
<td>67%</td>
</tr>
</tbody>
</table>

Main reasons for stockout in public facilities:
- 68% Ordered but did not receive shipment
- 12% Unexpected increase in consumption

Main reasons for stockout in private facilities:
- 40% Ordered but did not receive shipment
- 20% Unexpected increase in consumption

FEES FOR SERVICES
Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP

Public facilities (n=784)
- 5% Fees
- 95% No fees

Private facilities (n=142)
- 11% Fees
- 89% No fees

FACILITY READINESS
Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=829)

- 26% Yes
- 74% No

Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=577)

- 34% Yes
- 66% No

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- Contraceptive stockouts have increased steadily in recent years for implants, injectables and pills – in both public and private facilities.
- Implants are the method most likely to be currently or recently out of stock in the public sector. In the private sector, the injectable is most likely to be currently or recently out of stock.
- The most common reason given for stock-outs is that they placed the order, but did not receive the shipment.

72% of women obtained their current modern method from a public health facility (n=4,007)
### TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

#### ALL WOMEN

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<tr>
<th>Data source</th>
<th>Round/Phase</th>
<th>Data collection</th>
<th>Female sample</th>
<th>CPR%</th>
<th>SE</th>
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<th>Unmet need (%)</th>
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#### WOMEN IN UNION

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<th>Female sample</th>
<th>CPR%</th>
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<th>mCPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>Unmet need (%)</th>
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<td>50.09</td>
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<td>R7</td>
<td>Nov-Dec 2018</td>
<td>3,337</td>
<td>62.77</td>
<td>1.30</td>
<td>60.17</td>
<td>65.30</td>
<td>60.69</td>
<td>1.28</td>
<td>58.13</td>
<td>63.18</td>
<td>13.82</td>
</tr>
<tr>
<td>PMA Phase 1</td>
<td>R1</td>
<td>Nov-Dec 2019</td>
<td>5,596</td>
<td>59.70</td>
<td>0.90</td>
<td>57.91</td>
<td>61.46</td>
<td>56.37</td>
<td>0.89</td>
<td>54.60</td>
<td>58.12</td>
<td>15.01</td>
</tr>
</tbody>
</table>

PMA Kenya collects information on knowledge, practice, and coverage of family planning services in 308 enumeration areas selected using a multi-stage stratified cluster design with urban-rural stata. The results are nationally and county-level representative. Data were collected in 9 counties in PMA2020 R1-4 and 11 counties in PMA2020 R5-7 and PMA Phase 1. Data were collected between November and December 2019 from 10,378 households (98.1% response rate), 9,478 females age 15-49 (98.7% response rate), 945 facilities (94.6% completion rate), and 3,901 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA 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 are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.