PMA2020 NUTRITION SURVEY – KENYA
Key Results | August 2017

Photo credit: Riccardo Gangale, USAID

Performance Monitoring and Accountability 2020 (PMA2020) uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key health indicators in 11 countries. The project is implemented by local universities and research organizations, deploying a cadre of female data collectors trained in mobile-assisted data collection. The PMA2020 Nutrition Survey is the first survey to rapidly generate actionable data on nutrition interventions at the national level in Kenya. PMA2020/Kenya is led by the Ministry of Health in collaboration with International Centre for Reproductive Health Kenya (ICRHK), National Council for Population and Development, and Kenya National Bureau of Statistics. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health.
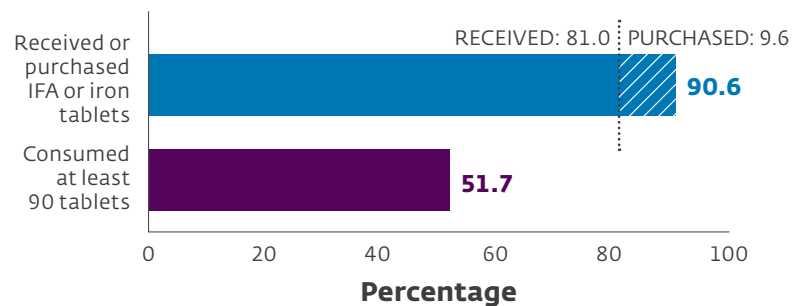
For more information, visit http://www.pma2020.org

NUTRITION INTERVENTIONS FOR PREGNANT WOMEN

Antenatal care (ANC) is the primary delivery platform for nutrition interventions to pregnant women in Kenya.
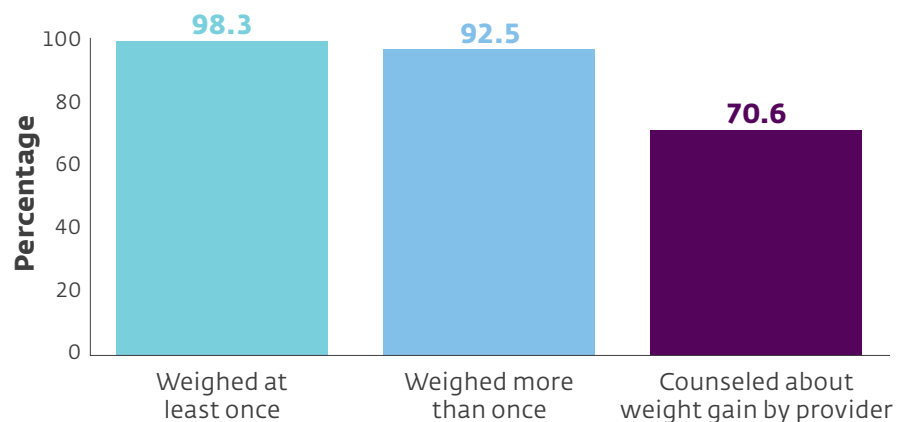
- 98% of recently pregnant women reported attending at least one ANC visit.
- Only 1% of recently pregnant women who were weighed during ANC reported receiving food support from a facility or community based program.

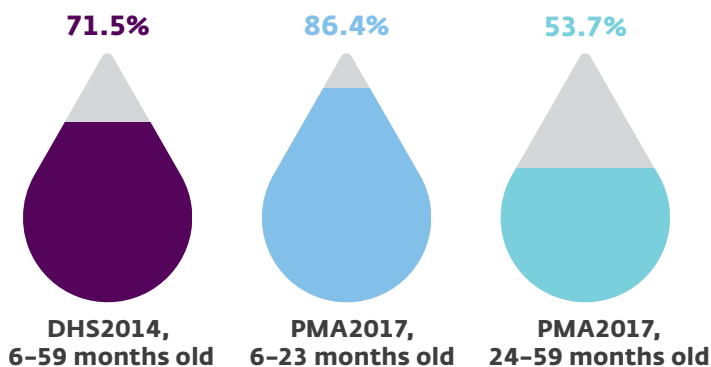### Receipt and Consumption of Iron-Containing Supplements Among Recently Pregnant Women

RECEIVED: 81.0   PURCHASED: 9.6

Received or purchased IFA or iron tablets: **90.6**

Consumed at least 90 tablets: **51.7**

Percentage

Recently pregnant women are defined in this survey as women who had a live birth in the previous 2 years.

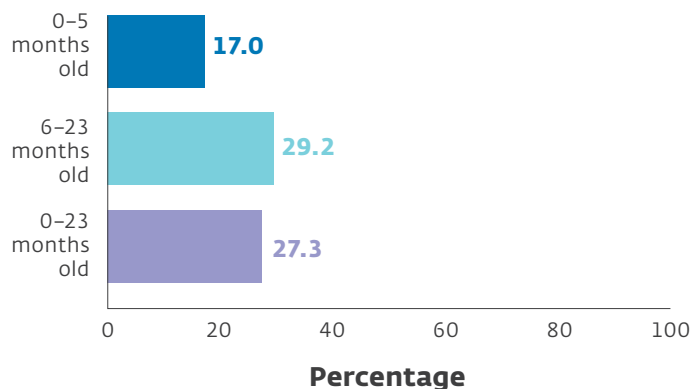### Monitoring of Weight Gain Among Recently Pregnant Women Who Attended ANC

Percentage

- Weighed at least once: **98.3**
- Weighed more than once: **92.5**
- Counseled about weight gain by provider: **70.6**

SELECT NUTRITION INTERVENTIONS FOR CHILDREN UNDER 5

## Children 6–59 months Who Received a High-Dose Vitamin A Supplement in Previous 6 Months

71.5%

86.4%

53.7%

DHS2014, 6–59 months old

PMA2017, 6–23 months old

PMA2017, 24–59 months old

Children 0-23 Months with Diarrhea in Previous 2 Weeks Who Received Zinc

Age group	Percentage
0–5 months old	17.0
6–23 months old	29.2
0–23 months old	27.3

Percentage (0, 20, 40, 60, 80, 100)

Growth Monitoring and Screening for Malnutrition

Children 0-59 months who had height, weight, or mid-upper arm circumference measured in the last 30 days
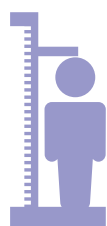
33.3% Height in last 30 days

58.6% Weight in last 30 days

8.9% Mid-upper arm circumference in last 30 days

59.2% At least 1 measurement of the 3 in last 30 days

- 20% of caregivers of children 0–23 months old who were measured in previous 30 days were told their child was malnourished.

- 3% of caregivers of children 6–23 months old reported receiving a food supplement for treatment of malnutrition.

Nutritional Status of Children 6–59 Months Old at Time of Survey

	PMA 2017	
	6-23 months old (%)	24-59 months old (%)
MUAC <115 mm (Severe Acute Malnutrition)	2.2	0.3
MUAC 115–125 mm (Moderate Acute Malnutrition)	4.1	0.7

BREASTFEEDING

Breastfeeding Counseling and Support at Four Critical Contact Points

DURING ANC

- 75% of recently pregnant women received information from ANC provider about how to feed their newborn

AT DELIVERY

- 85% of recently pregnant women delivered in a health facility. Of these women:
  ○ 60% of these women had baby placed on chest or side immediately after delivery to promote early initiation of breastfeeding
  ○ 74% received information about feeding their newborn
  ○ 80% had a health worker observe their breastfeeding technique

AT POSTNATAL VISIT WITHIN 30 DAYS OF DELIVERY

- 28% of women received information about feeding their newborn
- 36% of women had a health worker observe their breastfeeding technique

AT SICK CHILD VISIT IN PREVIOUS 2 WEEKS FOR BREASTFED CHILD 0–23 MONTHS

- 65% of women were counseled about continued breastfeeding during illness

Breastfeeding Practice

	DHS2014	PMA2017
Early initiation of Breastfeeding (within 1 hour) (%)	62.0	67.9
Given pre-lacteal within 3 days of birth (%)	15.5	11.9
Exclusive breastfeeding 0–5 month olds (%)	61.0	64.1
Predominant breastfeeding 0–5 month olds (%)*	75.0	72.6
Continued breastfeeding at 24 months (%)	53.0	61.5
Received infant formula in last 24 hours (%)	4.1	3.2

*Predominant breastfeeding includes exclusive breastfeeding.

Exclusive Breastfeeding by Age in Months

■ DHS2014 ■ PMA2017

	0–1 month	2–3 months	4–5 months
DHS2014	81.0	63.0	42.0
PMA2017	81.3	71.4	39.4
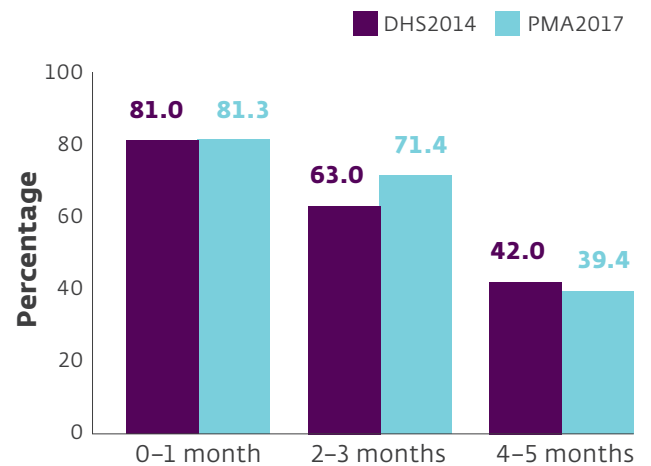
Complementary Feeding: Appropriately Timed and Targeted Counseling

FOR 0-5 MONTH OLDS
- 23% of mothers received advice on complementary feeding

FOR 6-11 MONTH OLDS
- 32% of mothers received advice on complementary feeding in the last 30 days

FOR 12-23 MONTH OLDS
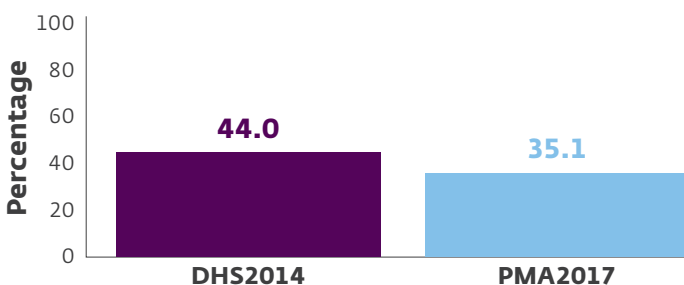- 35% of mothers received advice on complementary feeding in the last 3 months

FOR CHILDREN 0-23 MONTHS WITH SICK CHILD VISIT IN PREVIOUS 2 WEEKS
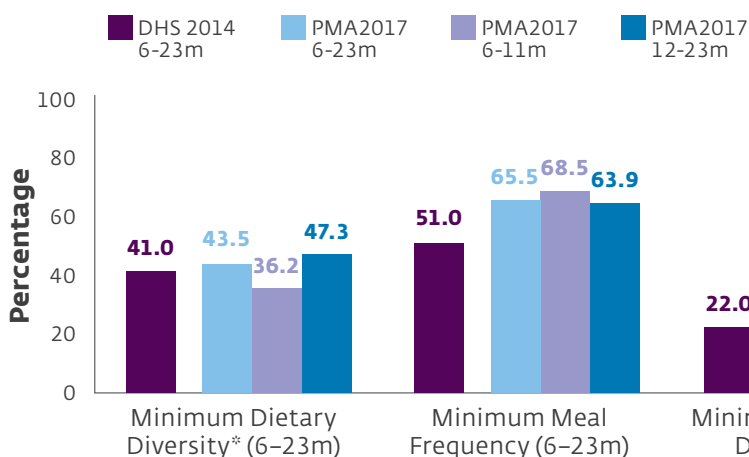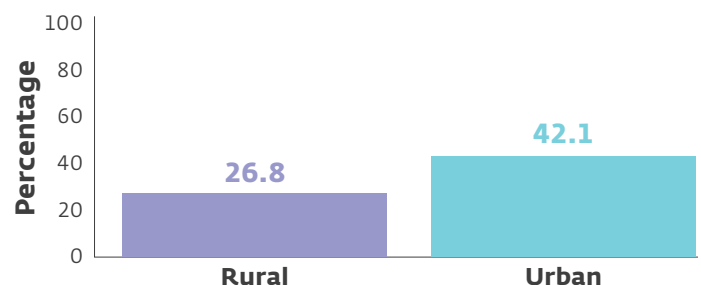- 54% of mothers received advice on continued feeding during illness

Complementary Feeding Practice

NON- BREASTFED CHILDREN WHO RECEIVED AT LEAST 2 MILK FEEDS

AMONG 6–23 MONTH OLDS

DHS2014	PMA2017
44.0	35.1

PMA2017 RURAL VERSUS URBAN

Rural	Urban
26.8	42.1

■ DHS 2014 6-23m ■ PMA2017 6-23m ■ PMA2017 6-11m ■ PMA2017 12-23m

	Minimum Dietary Diversity* (6–23m)	Minimum Meal Frequency (6–23m)	Minimum Acceptable Diet* (6–23m)
DHS 2014 6-23m	41.0	51.0	22.0
PMA2017 6-23m	43.5	65.5	33.9
PMA2017 6-11m	36.2	68.5	28.6
PMA2017 12-23m	47.3	63.9	36.7

6% of 6-11 month old children and **22%** of 12-23 month old children were not breastfed.

INTRODUCTION OF SOFT, SEMI SOLID OR SOLID FOODS BETWEEN (6–8M)

DHS2014	PMA2017
80.0%	88.1%
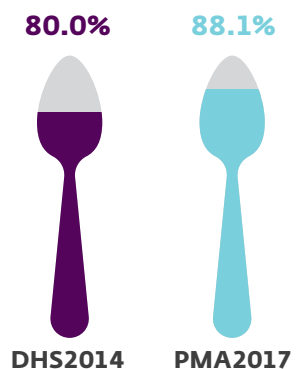
*Minimum Diet Diversity and Minimum Acceptable Diet estimates include breast-fed and non-breastfed children. DHS uses WHO 2006 Infant and Young Child Feeding definitions. PMA2020 reflects recent proposed changes to definitions and corrects for bias against breastfed children by including breast milk as a food category and uses a cut off of >5 food groups for all children.

CHILD CONSUMPTION OF UNHEALTHY FOODS

Children 6–59 Months Old Who Consumed Processed Snack Food* or Sugar-Sweetened Beverages Yesterday

Legend: ALL, RURAL, URBAN

6-23 months: ALL 46.4, RURAL 47.5, URBAN 45.5
24-59 months: ALL 46.5, RURAL 38.3, URBAN 58.8
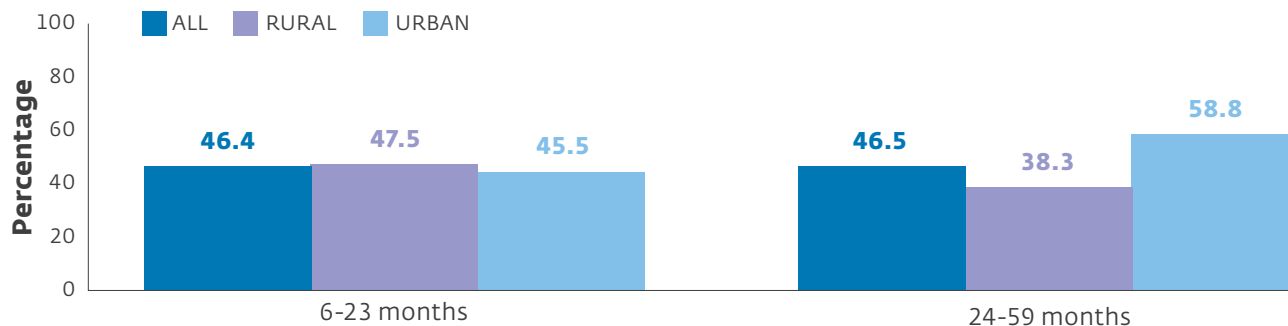
*Processed snack food includes sugary foods or savory snacks.

DIETARY INTAKE: WOMEN & ADOLESCENT GIRLS*

Women and Adolescent Girls (10–49 y) Who Consumed From at Least 5 of 10 Food Groups Yesterday

30.7% All 10–49 years

40.3% Urban

22.3% Rural
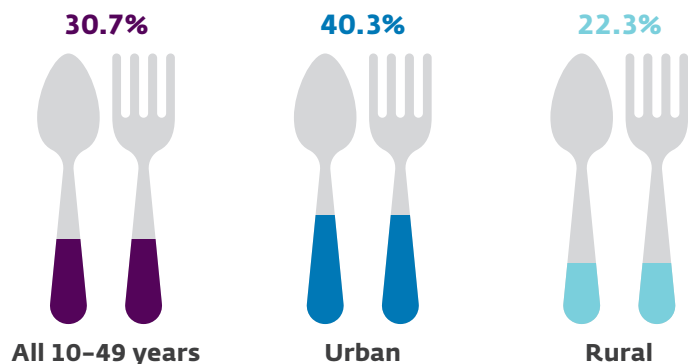
Women and Adolescent Girls (10-49 y) Who Consumed Food Group Yesterday

FOODS	%
Grains	98.6
Pulses	42.8
Nut & seed	5.3
Eggs	14.9
Meat, poultry and fish	36.1
Dark green leafy vegetables	72.6
Vitamin A-rich fruits and vegetables	37.6
Other Fruits	22.4
Other Vegetables	27.2
Dairy	26.5

Women and Adolescent Girls (10–49 y) Who Consumed Fried or Sugary Foods or Sugar-Sweetened Beverages Yesterday

11.2% Fried

43.1% Sugary

47.7% Sugar-Sweetened Beverage

70.4% One or more unhealthy foods

*Respondents were able to select more than one answer

SURVEY DESIGN

The PMA2020/Kenya Nutrition Round 1 used a multi-stage stratified cluster design with urban-rural and selected 11 counties as strata. A sample of 151 enumeration areas (EAs) was drawn by the Kenya National Bureau of Statistics from its master sampling frame for the Kenya Round 5 PMA2020 family planning survey and these EAs were used for the nutrition survey. In each EA, 140 households and up to three private service delivery points (SDPs) were selected. Households were randomly selected using the "Random Number Generator" application. Occupants in selected households were enumerated and the nutrition questionnaire was administered in eligible households, defined as a household with both a child under two and a female age 10-49. In eligible households, all women age 10-49 were contacted and consented for interview. Data collection was conducted between May and August 2017. The final sample included a total of 19,944 households (94.8% response rate), 4,628 eligible households (23.2% eligible rate), 7,207 females (99.3% response rate) and 431 SDPs (96.2% response rate). This sample included: 4,407 recently pregnant women; 1,233 females 10-14 years old; 963 females 15-19 years old; 5,011 females 20-49 years old; 1,160 children 0-5 months old; 1,095 children 6-11 months old; 2,170 children 12-23 months old; and, 2,042 children 24-59 months old.