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 local female data collectors trained in mobile-assisted data collection. 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 pregnant women visited a qualified ANC provider at least once
- 60% reported attending four or more ANC visits
- On average, women reported attending 5 ANC visits during pregnancy

### Interventions during ANC

- **Weighed by a provider**: 92.4%
- **If weighed, weighed more than once**: 89.7%
- **If weighed, counseled about weight gain**: 54.4%
- **Received food support**: 1.3%
- **Received information on nutrition and diet**: 67.4%

### Iron-Containing Supplements

- **Counseled on taking iron at ANC**: 74.5%
- **Received or purchased IFA or iron tablets**: 88.8%
- **Consumed at least 90 tablets**

### Calcium Supplements

- **Counseled on taking calcium at ANC**: 49.0%
- **Received or purchased calcium tablets**: 25.4%
- **Consumed for at least 30 days**

### Received Vitamin A in first month post-partum

- 68.4%

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*a Respondents are women age 10-49 who had a live birth in the last two years

**If they obtained the supplement*
BREASTFEEDING

Breastfeeding practice (0-23 months), %

| Early initiation of breastfeeding (within 1 hour) | 67.5 |
| Gave baby colostrum | 98.3 |
| Gave pre-lacteal within 3 days of birth | 11.5 |
| Continued breastfeeding at 24 months | 44.9 |
| Received infant formula in last 24 hours | 3.5 |

Breastfeeding Counseling and Support at Four Critical Contact Points

DURING ANC
- 60% of pregnant women received information from ANC provider about how to feed their newborn.

WITHIN 2 DAYS OF DELIVERY
- 81% of women gave birth in a facility.
  - Of those, 59% said a health care worker helped them put the baby to breast the first time.
- 46% of all women received information about feeding their newborn.
- 50% of all women were observed breastfeeding by a health worker to ensure correct technique.

AT VISIT WITHIN 2-30 DAYS OF DELIVERY
- 43% of women received information about feeding their newborn.
- 42% of women were observed breastfeeding by a health worker to ensure correct technique.

AT SICK CHILD VISIT IN PREVIOUS 2 WEEKS FOR BREASTFED CHILD 0-23 MONTHS
- 61% of caregivers were counseled about continued breastfeeding during illness.

COMPLEMENTARY FEEDING

Complementary Feeding: Appropriately Timed and Targeted Counseling

FOR 0-5 MONTH OLDS
- 33% of caregivers ever received advice on complementary feeding.
  - Of those, 67% received advice in the last month.

FOR 6-11 MONTH OLDS
- 46% of caregivers ever received advice on complementary feeding.
  - Of those, 46% received advice in the last month.

FOR 12-23 MONTH OLDS
- 48% of caregivers ever received advice on complementary feeding.
  - Of those, 26% received advice in the last month.

FOR CHILDREN 0-23 MONTHS WITH SICK CHILD VISIT IN PREVIOUS 2 WEEKS
- 48% of caregivers received advice on continued feeding during illness.

Introduction of soft, semi solid or solid foods between 6-8 months

89.2%
**Nutritional Status of Children 6–59 Months Old at Time of Survey, %**

<table>
<thead>
<tr>
<th></th>
<th>6-23 MONTHS</th>
<th>24-59 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moderate Acute Malnutrition (MUAC 115-125 mm)</strong></td>
<td>2.9</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Severe Acute Malnutrition (MUAC &lt;115 mm)</strong></td>
<td>2.4</td>
<td>1.0</td>
</tr>
</tbody>
</table>

*Only 1% of children were ever enrolled in a food support program*

**Growth Monitoring and Screening for Malnutrition**

Children who had height, weight, or mid-upper arm circumference (MUAC) measured in the last 30 days

- **Height**
  - 0–23 MONTHS: 44.1%
  - 24–59 MONTHS: 18.8%
  - TOTAL 0-59 MONTHS: 28.6%

- **Weight**
  - 0–23 MONTHS: 72.4%
  - 24–59 MONTHS: 32.6%
  - TOTAL 0-59 MONTHS: 48.0%

- **MUAC**
  - 0–23 MONTHS: 11.5%
  - 24–59 MONTHS: 7.7%
  - TOTAL 0-59 MONTHS: 9.2%

**Child Consumption of Snacks and Sugar-Sweetened Beverages (SSB)**

- **Children 6-59 Months Who Consumed Snack Foods or SSB Yesterday**
  - **Savory Snack**
    - 6-23 MONTHS: 10.9%
    - 24-59 MONTHS: 16.5%
    - TOTAL: 14.7%

  - **Sweet Snack**
    - 6-23 MONTHS: 38.4%
    - 24-59 MONTHS: 32.9%
    - TOTAL: 34.6%

  - **Sugar-Sweetened Beverage (SSB)**
    - 6-23 MONTHS: 11.2%
    - 24-59 MONTHS: 24.7%
    - TOTAL: 20.4%

*Does not count sweetened milk tea as SSB*

**Source of Snack Food and SSB for Children 6-59 Months**

- Savory snacks were most likely to be obtained outside the home—61% of urban children and 45% of rural children who had a savory snack had at least one from a vendor or restaurant.

- Sweet snacks were most likely to be a processed or packaged product, with 64% of urban and 50% of rural children who ate sweet snacks reporting consumption of commercial products.

- 54% of children who had an SSB such as soda or sweetened fruit juice reportedly consumed a packaged product, with similar trends toward greater consumption by children in urban areas (64%) compared to rural (49%) areas.

- While 20% of children overall had an SSB like soda or sweetened juice, an additional 58% of children had milk tea with added sugar, typically made at home.
The PMA2020/Kenya Nutrition survey in 2018 used a multi-stage stratified cluster design with urban-rural and 11 selected counties as strata. A sample of 151 enumeration areas (EAs) was drawn by the Kenya National Bureau of Statistics for the Kenya Round 6 PMA2020 family planning survey and these EAs were used for nutrition survey. In each EA, 56 households were randomly selected. The household survey was administered to all consenting households selected. Twenty-five percent of households were then randomly sub-selected. The female-child questionnaire was administered to all women age 10-49 in sub-selected households, and to caregivers of children under five in all selected households, with one form per child. Data collection was conducted between May and August 2018. The final sample included 8,046 households (95.2% response rate), 4,508 eligible households (56.0% eligible rate), 2,471 females (98.96% response rate), and 4,563 children under 5 (99.8% response rate).