

# PMA2020 NUTRITION SURVEY RESULTS: KENYA

August 2018



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.

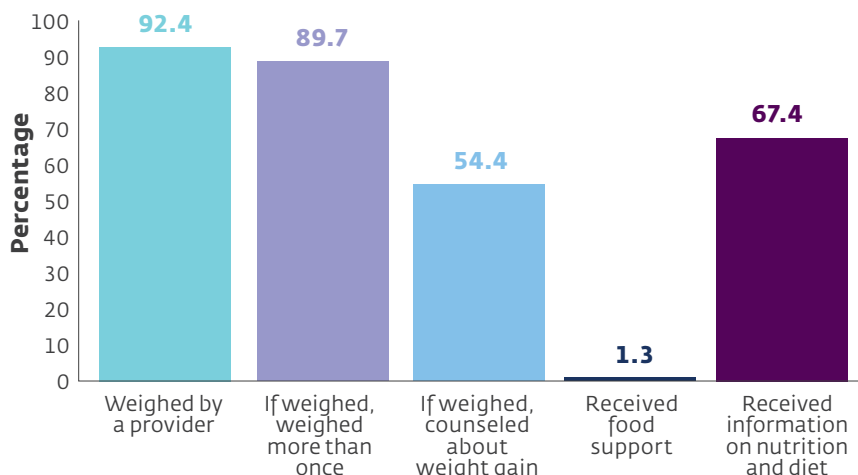
For more information, visit <http://www.pma2020.org>.

## 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

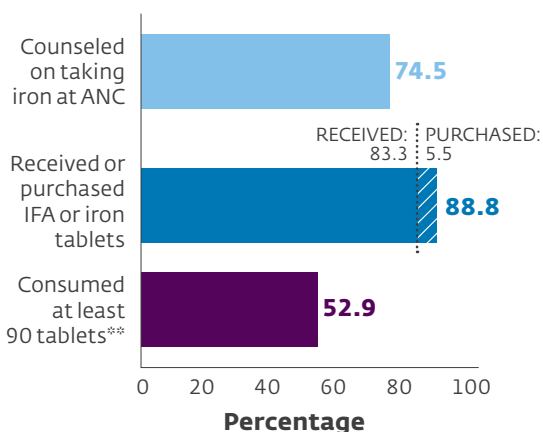
### Interventions during ANC



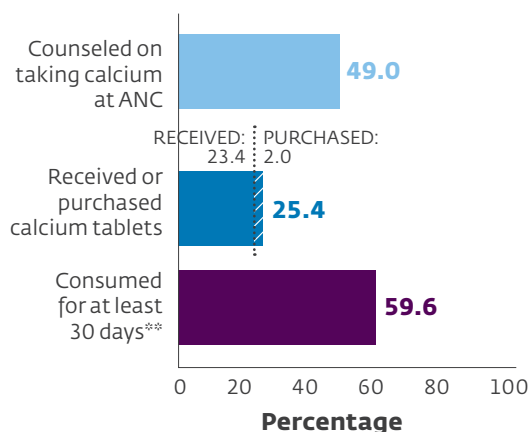
**Among women who received information on nutrition during ANC**

- 73% received during group education sessions
- 46% received during one-on-one counseling

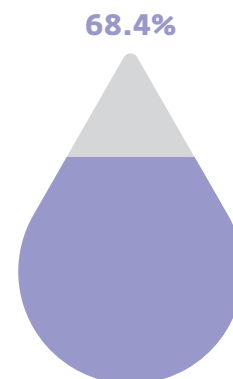
### Iron-Containing Supplements



### Calcium Supplements



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



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

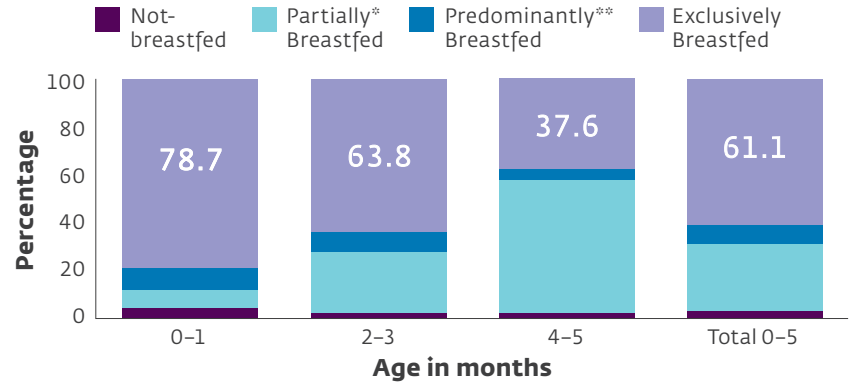
\*\* If they obtained the supplement

## 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 pattern (0-5 months old)



\*Definition of Partial: child consumed breastmilk and other forms of milk and/or soft, solid or semi-solid foods in last 24 hours.  
 \*\* Definition of Predominant: child consumed breastmilk and other water-based liquids in last 24 hours.

### 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.

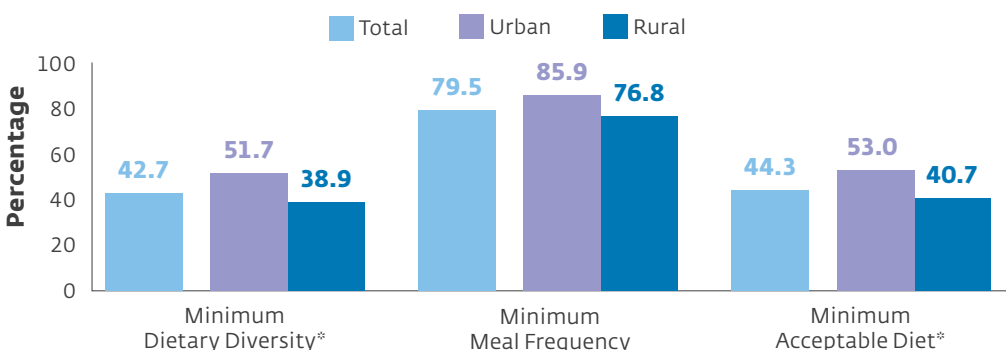
#### FOR 12-23 MONTH OLDS

- 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.

### Complementary Feeding Practice (6-23 months old)



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

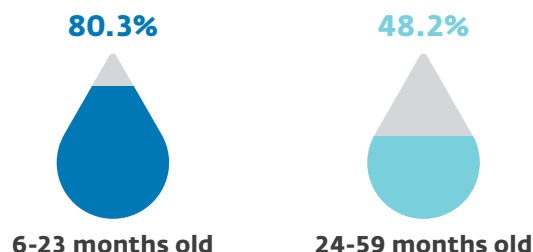
89.2%



\*PMA2020 reflects a recently proposed change to the MDD definition in the UNICEF Meeting Report on Reconsidering, Refining, and Extending the WHO IYCF Indicators and corrects for bias 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.

## NUTRITION INTERVENTIONS FOR CHILDREN UNDER 5

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



### Children 0-59 months with Diarrhea in the Last Two Weeks, %\*

	TREATED WITH ORS	TREATED WITH ORS AND ZINC
0-23 months:	68.1	35.7
24-59 months:	60.9	32.4

\* 25.9% of children 0-59 months had diarrhea in the past 2 weeks

### 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%**

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

	6-23 MONTHS	24-59 MONTHS
Moderate Acute Malnutrition (MUAC 115-125 mm)	2.9	1.2
Severe Acute Malnutrition (MUAC <115 mm)	2.4	1.0

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

## 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%**

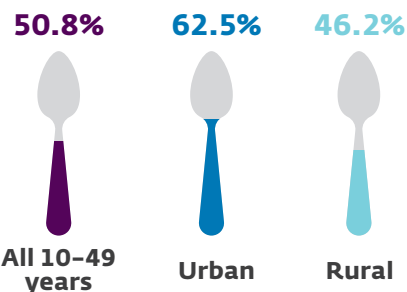
### SOURCE OF SNACK FOOD AND SSB FOR CHILDREN 6-59 MONTHS

- 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.

\* Does not count sweetened milk tea as SSB

## DIETARY INTAKE ADOLESCENT GIRLS AND WOMEN (10-49 YEARS)

### Consumption of at least 5 of 10 Food Groups Yesterday



Fewer than 6% of non-pregnant women accessed iron supplements

### Consumption of Snack Food and Sugar-Sweetened Beverages Yesterday



#### Savory Snack



#### Sweet Snack



#### Sugar-Sweetened Beverage (SSB)



### SOURCE OF SNACK FOOD AND SSB FOR WOMEN 10-49

- Among women who consumed savory snacks, 53% reported purchasing at least one outside the home from vendors or restaurants; 21% reported consuming a processed or packaged product.
- Similarly, among women who consumed sweet snacks, 48% reported obtaining one from a vendor or restaurant; while 20% reported consuming a processed or packaged product.
- Of women who consumed SSBs such as soda, sweetened fruit juice, or sweetened milk tea, 84% reported consuming a homemade beverage.

## SURVEY DESIGN

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).



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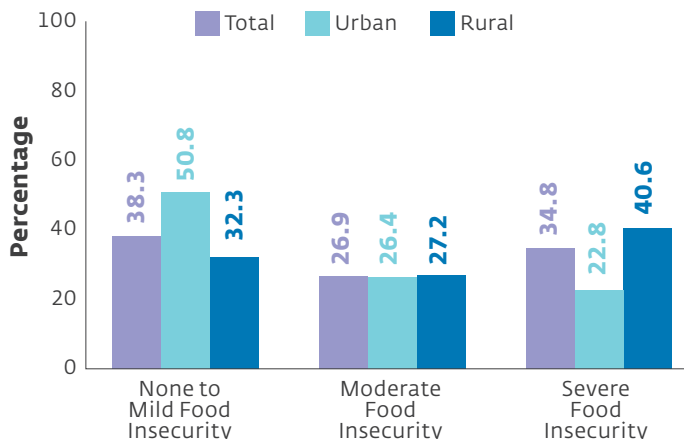


MINISTRY OF HEALTH



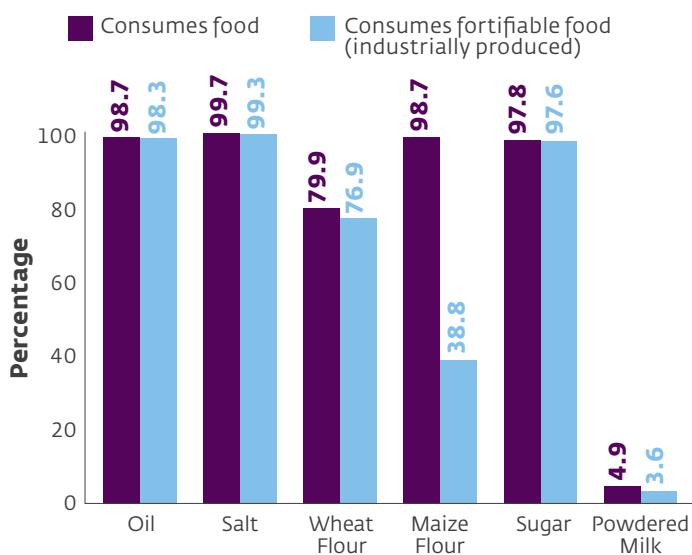
## HOUSEHOLD INDICATORS

### Household Food Security Status by Residence



\*Food security status is determined by the raw FIES score <http://www.fao.org/3/a-bl354e.pdf>

### Coverage of Fortifiable Foods, % of Households\*



\*Adapted from FACT survey indicators <https://www.gainhealth.org/knowledge-centre/fortification-assessment-coverage-tool-fact/>



36% of households recognized the food fortification logo and of those households, 46% were influenced to buy food because of the logo.