Republic of Kenya

Ministry of Health

Scaling Up Nutrition

Key Achievements

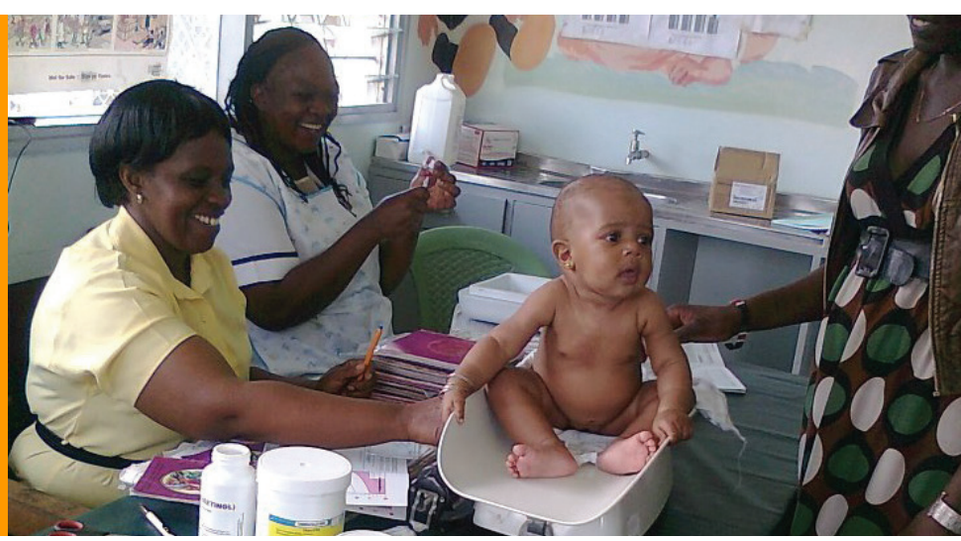
Nutrition is Key: Step up commitments to scale up

Malnutrition, including micronutrient deficiencies, is a significant public health problem in Kenya. Nutritional trends show no significant change in the nutritional status of children less than five years from 1998 to 2008 with the stunting stagnating at about 33% according to KDHS in 1998, 2003 and 2008. Today in Kenya, 2.8 million children are stunted which is a serious national development concern. Exclusive breast feeding, one of the most cost-effective preventive health practices, is practiced by only 32% of mothers (KDHS 2008/2009). Micronutrient deficiencies are highly prevalent in Kenya, particularly at crucial stages of the life cycle when needs for specific minerals and vitamins are high. Vitamin and mineral deficiencies exist even among population groups with sufficient food in terms of meeting energy requirements. Children under five years are particularly affected by deficiencies in vitamin A (84% of children), iron (73.4%), and zinc (51%). Women, especially pregnant women, are among the most vulnerable with a high risk of iron deficiency (60% among pregnant woman) and vitamin A deficiency (39%). An estimated 16% of adult males suffer from iron deficiency (anemia).

The major factors contributing to high malnutrition in Kenya include; increasing food insecurity, as a result recurrent droughts and rising food prices; poor dietary diversity and poor access to fortified foods; inadequate quantities of food; and other underlying factors like poor hygiene, child care and feeding practices and low access nutrition services.

Key Highlights

- Kenya signed up to SUN Movement
- Policies developed
- Nutrition recognised in Constitution
- SUN networks formed
- High-level SUN Patron in place



Nutrition is Key

"Commitment and Collaboration to SUN"

Summary of Nutritional Status

	Status	Target 2016/17
Stunting	35%	16.3
Underweight	16%	11.05%
Wasting	7%	3.05%
Vitamin A deficiency (<5 years)	84.4%	
Iron Deficiency		
Specific Nutrition Practices		
Specific Nutrition Practices		
Exclusive Breastfeeding	32 %	56%
Optimal Complementary Feeding	54 %	67%
Zinc Treatment for Diarrhea	0.2 %	80%
Pregnant Women receiving Iron Folic Acid Supplementation (90 days)	12.0%	80%
Vitamin A Supplementation for children	30.3 %	86%
Presence of Iodized Salt in the House	97.6 %	100%
Households consuming micronutrient rich foods including fortified foods (Oils, Sugar, flours – wheat & maize)	Minimal	8% increase
Nutrition Sensitive Approaches – ongoing interventions include: • Food Security and Agriculture • Support on Care Environment • Public Health and Water and Sanitation • Women's Empowerment & Support for Resilience		

Scaling Up Nutrition Key Achievements:

Thematic Area	Achievements November 2012-to date
Policy environment	**There has been an enhanced policy environment starting from the Kenyan constitution and including a clear commitment from government to nutrition by signing up to SUN. Further specific programmes policy, strategies and guidelines have been developed especially in the areas of Maternal, Infant and Young Child Nutrition (MIYCN and Micronutrients). The key achievements include:** • Constitution of Kenya (2010), article 43 – states that every person has the right to be free from hunger and article 53 - every child has the right to basic nutrition • Kenya signed up to the SUN movement in November 2012 as the 30th Country • National Food and Nutrition Security Policy launched October 2012. (multi-sectoral) • Costed National Nutrition Plan of Action 2012 to 2017, launched during 1st National Nutrition Symposium (November 2012). • MIYCN Policy and Strategy finalized. • Breast Milk and Substitutes Act (2012) • Mandatory fortification of flour and oils (2012) • Kenya Health Sector Strategic Plan (2012-2017) includes nutrition component • MIYCN Policy statement launched and distribution with plan for dissemination in 2013 • Dissemination of the nutrition action plan to 43 counties and development of the drafting of County nutrition action plans • Development of the Urban Nutrition Strategy (2013 – 2017) • Guidelines and Job Aids for IMAM and MIYCN Operational Guidance for Emergency are readily available at all level
Resource mobilization	• Increased funding through: • World bank funding for nutrition supplies • DFID multiyear plan (2012-2015) - amount is approximately 30 Million USD • EU funding for 4 years (19 Million Euros) • Increased allocation to nutrition in Counties e.g. in Turkana County
Partnerships and coordination	Improved coordination at both national and subnational including clearly defined leadership for SUN and the formation of the SUN Networks as listed below. The various SUN Networks have defined Terms of Reference and have recently met in an All SUN Networks meeting: • A high level SUN Patron is now in place, Her Excellency, Margaret Kenyatta, First Lady The Republic of Kenya • SUN Focal Point is in Place, The Head, Nutrition and Dietetics Unit, Mrs. Gladys Mugambi • Government Network – membership comprise of key line ministries that undertake or support nutrition related programmes and is chaired by Ministry of Health • Business network – membership comprise of the business o private sector stakeholders undertaking nutrition activities and is chaired by INSTA • Civil Society Network – civil society organizations implementing nutrition or food security programmes form this group and is chaired by Action Contra Faim (ACF) • Donor Network – donors supporting nutrition and food security programmes form this network and is convened by the European Union • UN Network – UN agencies supporting nutrition, health or food security programmes form the membership of the network and is chaired by UNICEF
Service delivery	• **Improved surveillance:** the nutrition sector periodically conducts surveillance activities. Based on the smart survey, there has been good progress in the global acute malnutrition rates across the counties with an exception of Mandera, Turkana, Wajir, Marsabit, Samburu and Baringo which reflects that one in every four children are wasted. • There has been good progress in the management of severe acute malnutrition with a sustained coverage of over 60% for treatment of severe acute malnutrition. In 2013, more than 100,000 children below five years were admitted into the nutrition program. Performance indicators have also met Sphere standards with cured rates constantly above 75%. • **Infant and young child nutrition:** there has been a scale up of infant and young child nutrition program with pregnant or lactating women were provide with health education on appropriate infant and young child feeding practices. • **Micronutrient supplementation:** children below five years we continued to be supplemented with Vitamin A, deworming with the coverage in infants below the age of twelve months. • **Supplies assistance:** 100% of nutrition supplies (i.e. RUTF and RUSF) required have been procured. In 2015, the pipeline remained healthy throughout the year • Evidence generated on nutrition situation and bottleneck analysis to support planning & response

Policy environment | Resource mobilization | Partnerships and coordination | Service delivery

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Challenges

- Low understanding of linkage between national food security, basic education, and water and sanitation strategies
- Limited prioritization of nutrition in political and economic agendas.
- Program strategies are vertical in nature and lack nutrition as an outcome indicator
- Insecurity in ASAL counties (Mandera, Wajir, Turkana, Tana River & Marsabit) affect service delivery.
- Weak inter sectoral coordination structures
- Inadequate funding of nutrition programs by government (2% of health sector budget in 2012).
- The human resource gap for nutritionists and dieticians within public health facilities and at community level is critical and needs immediate action. According to the Kenya Nutrition and Dieticians Institute, there are 1290 nutritionists, with 600 of them in public health facilities. This translates to 1 nutritionist for every 31,000 people. High staff turnover in ASAL counties.
- Kenya has numerous nutrition stakeholders including government ministries, United Nations (UN) agencies, donors, private and public teaching and research institutions, nutrition working groups and professional associations, and the private sector. However, even with so many players in nutrition, little positive impact, including impact from implementation of high impact nutrition interventions, has been realized from nutrition interventions. This, in part, is attributed to challenges arising from coordination of the nutrition programmes in different sectors, the short-term nature of interventions which mainly target emergency situations and the lack of holistic programming leading to interventions with limited scope and impact. These issues call for a harmonized and coordinated implementation of nutrition programmes through establishment of a Multi-Stakeholder Platform that has a multi-sectoral Common Results Framework guiding its activities.

Steps to addressing the key challenges

Leadership and oversight

Integration in all stages of planning and budgeting: Partners in the health and nutrition sector need to ensure a robust budgetary and planning focus on providing high impact nutrition services as a package and within the mainstream health system.

Partnership and Coordination: Need for enahanced partnership and cordiantion at all levels.

Involvement and Commitment: Long term commitment by government and partners to support capacity to deliver high standard critical nutrition interventions.

Increased Funding: need for continued and increased funding to Nutrition from Government and Partners to reflect contribution of nutrition to mortality and morbidity.

Information, monitoring and evaluation: Need for support to the exisisting information system and further Monitor steady progress towards ambitious targets. Identify and address constraints.

Advocacy: Need for continued advocay for nutrition For high level political commitment and effective intersectoral coordination body for nutrition in Kenya.

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