

# KENYA PROGRAMS

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## NUTRITION INTERNATIONAL IN KENYA

Kenya is among seven countries in the world in which all forms of malnutrition are present. The “triple burden” of malnutrition in Kenya is characterized by the coexistence of (i) undernutrition as manifested by stunting, wasting and underweight; (ii) micronutrient deficiencies; (iii) overweight and obesity.

Although Kenya has made substantive progress in reducing the prevalence of stunting in children under five (from 35% in 2008 to 26% in 2014), 1.9 million (26%) are still stunted and 794,200 (11%) are underweight, while about 288,800 (4%) are overweight or obese (KDHS 2014). Stunting is highest in the Coast, Eastern, and Rift Valley regions. Eleven out of 47 counties have a stunting prevalence of above 30%, a level categorized as “severe”. While wasting among children under five is relatively low nationally (4%), it is 14% in the Northern region (Kenya National Bureau of Statistics et al. 2015).

Kenya’s neonatal mortality and under-five mortality rates also remain high. Iron deficiency (26%) and anaemia (42.6%) are high among pregnant women in Kenya, with grave consequences on the health and development of the mother and her unborn baby. Maternal deaths make up to 15% of all deaths among women of reproductive age, translating to approximately 7,300 women dying each year.

It is estimated that, between 2010 and 2030, undernutrition will have costed Kenya approximately US\$38.3 billion in Gross Domestic Product (GDP) losses (USAID 2017). Without scaled up and sustained efforts to address malnutrition, the country’s long-term development will be seriously affected. Strategic planning is key to achieving good nutritional status in the country.

Since 2006, Nutrition International Kenya has worked with government (national, and sub national), to support research, policy development and implementation of low-cost, high-impact nutrition interventions in the country.

Besides facilitating development of a costed multi-sectoral nutrition plan with a monitoring and accountability framework, Nutrition International also coordinates implementation by chairing the Scaling Up Nutrition (SUN) Movement’s Civil Society Network, and hosts the SUN Business Network as well as the Emergency Nutrition Network.



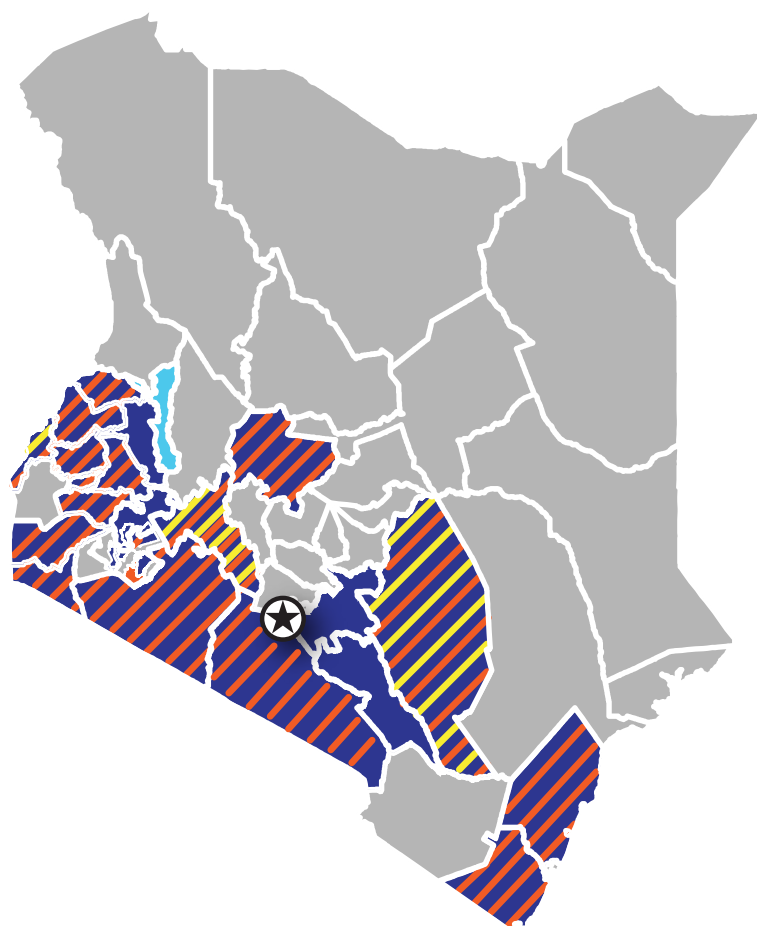


## PRIORITY PROGRAMS AND GEOGRAPHIC COVERAGE

Nutrition International Kenya aims to achieve five key and complementary objectives between 2019 and 2024:

- Improve the nutrition status, health and survival of pregnant women and newborns
- Improve the nutrition, survival, health and development of children under five
- Improve the nutrition, health, and well-being of adolescent girls and women 20 to 49 years of age
- Improve the nutrition, health, development and productivity of the general population
- Strengthen nutrition policy implementation, governance and increase resourcing for nutrition

Nutrition International programs cover a wide geographic scope based on needs and priority areas. National programs include vitamin A supplementation (VAS), food fortification, technical assistance for nutrition, maternal and newborn health, infant and young child feeding, and adolescent nutrition programs.



### National programs supported by NI:

Maize flour fortification  
VAS

### Sub-national programs supported by NI\*:

- ENRICH
- Adolescent nutrition
- Maternal nutrition + birth and post-natal package
- IYCN

\* Stripes indicate multiple NI-supported programs defined by colors above



**Kenya Capital: Nairobi**

## TECHNICAL ASSISTANCE FOR NUTRITION

Nutrition International's Technical Assistance for Nutrition (TAN) project, supported by UK aid from the UK government, seeks to improve the capacity of 20 countries that have signed up to the SUN Movement to design, plan, manage and monitor the delivery of multi-sectoral national nutrition plans – and to generate, learn from and adopt knowledge that works. TAN also provides technical assistance to the SUN Movement Secretariat.

In Kenya, Nutrition International coordinates provision of technical assistance (including contextual/budget analysis and tracking) to strengthen quality and delivery of interventions. Tapping into its global hub, the TAN project sources and deploys the necessary expertise towards effectiveness.

Since 2016, TAN has supported an in-depth review of the NNAP, provided complementary support to the development of the Kenya Nutrition Action Plan 2018-2022, support for coordination of the SUN Business Network, and is currently working with counties to develop County Nutrition Action Plans. The project has delivered improved learning and accountability at all levels.





## CURRENT PROJECTS

### MATERNAL AND NEWBORN HEALTH AND NUTRITION

Nutrition International works with the national government as well as 10 county governments to improve maternal, infant, young child nutrition and health. Nutrition International maintains a supply of iron and folic acid supplements to combat anaemia, promotes consumption in pregnancy, and develops robust community support systems to reach more pregnant women within the first three months of pregnancy. In addition, Nutrition International works with partners to scale up efforts to increase skilled birth attendance (including facility-based delivery and delivery by skilled birth attendants), improve antenatal care quality and attendance, and improve the implementation of a package of care for newborns. This includes optimal timing of cord clamping, timely initiation of breastfeeding, chlorhexidine cord care, and Kangaroo Mother Care for preterm and low birth weight babies. As a component of each intervention, Nutrition International promotes dietary diversity for optimal nutrient intake.

### INFANT AND YOUNG CHILD NUTRITION

The first 1,000 days, from conception to two years of age, is a critical period for a child's health and development. Infant and young child nutrition practices are poor in Kenya. To address child malnutrition, Nutrition International promotes optimal infant and young child nutrition practices including exclusive breastfeeding, complementary feeding – prioritizing micronutrient density of foods while at the same time addressing age appropriate feeding frequency and food consistency, among other priorities. Working in collaboration with 10 county governments, Nutrition International has set up community support groups (mother to mother and father to father) through its Baby Friendly Community Initiative. Under this initiative, child growth is monitored, while caregivers receive counselling on appropriate feeding practices.





## **CURRENT PROJECTS**

### **VITAMIN A SUPPLEMENTATION**

According to the Kenya National Micronutrient Survey 2011, as many as 62% of children age 6 to 59 months are either vitamin A deficient (9.2%) or have marginal vitamin A deficiency (52.6%), which compromises their immune system and increases their vulnerability to illnesses such as diarrhoea, measles, and respiratory infections. Each year, Nutrition International provides the Ministry of Health (MOH) with over 16 million capsules – which is enough for two doses a year for all children six to 59 months in Kenya. Nutrition International also supports the delivery of VAS during the annual national ‘malezi bora’ weeks in May and October. We work with the Government of Kenya and our partners to make VAS a routine service delivered by health facilities. In addition, Nutrition International is currently supporting a research project to find cost-effective ways of maximizing VAS delivery through the various recommended platforms including early childhood centres, health facilities and community health units. In 2018 alone, Nutrition International's direct support to 25 traditionally low-performing counties reached 2.8 million children (67%) with two doses of vitamin A.

### **DIARRHOEA MANAGEMENT**

Diarrhoea remains one of the leading causes of child deaths in Kenya. According to the KDHS 2014, 15% of children under five had diarrhoea in the two weeks before the survey. Together, zinc and oral rehydration salts treat diarrhoea quickly and effectively. Our aim is to decrease the number of diarrhoea episodes in children below five, while increasing the number of children treated adequately with zinc and oral rehydration salts (ORS). Out of the reported diarrhoea cases, only 7.2% were treated with ORS (KDHS, 2014). Nutrition International is working with its partners to increase public access and utilization of zinc and ORS, making it available in public and private health facilities, via community health volunteers, through pharmacies and shops, as well as other community level outlets.

## CURRENT PROJECTS

### NUTRITION FOR ADOLESCENT GIRLS AND WOMEN

Anaemia is a public health concern for adolescent girls in Kenya. 16% of adolescents aged 10 to 14, and 16% of those aged 15 to 19, are anaemic. Nutrition International's adolescent health program in Kenya focuses on two components: strengthening the enabling environment for adolescent health and nutrition through support to the MOH, and implementation of a large-scale pilot project on nutrition education and weekly iron and folic acid supplementation (WIFAS) together with MOH (at the county level) and the Ministry of Education (MOE). In 2018, nearly 4.7 million tablets were procured and distributed. In the same year 80,000 adolescent girls consumed the recommended scheme of WIFAS.

With Nutrition International's technical support to the MOH and MOE, several policies and guidelines necessary for adolescent health and nutrition programming have been developed. In addition, 160,954 adolescents (124,250 girls and 36,704 boys) were reached with gender-sensitive health and nutrition education.

### FOOD FORTIFICATION

Food fortification is considered a key strategy in addressing micronutrient malnutrition. Given the high consumption of maize flour across the population, Nutrition International's food fortification program in Kenya focuses on maize flour fortification. Nutrition International provides both technical and financial support to government for coordination, strategy development and execution, capacity building of industry and government officers, as well as monitoring and evaluation of food fortification activities.

In addition, we support policy development and compliance on well-researched fortification standards for small and medium scale millers. In 2017, Nutrition International supported the development of the Kenya multi-year National Food Fortification Strategic Plan (2018-2022). Through our program, over 160,000 additional people had access to, and consumed adequately fortified maize flour in 2018.







## **CURRENT PROJECTS**

### **NUTRITION SERVICES TO IMPROVE MATERNAL AND CHILD HEALTH (ENRICH)**

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ENRICH is a special project which aims to improve the health and nutrition status of mothers, newborns and children in select regions of Kenya. The project is implemented in partnership with World Vision with an aim to develop health workforce capacity, strengthen commodity supply chain management, health management information systems and social behaviour change communication in Elgeyo Marakwet county. Findings from ENRICH have informed the design and implementation of Nutrition International's Right Start and child survival initiatives.

### **NUTRITION LEVERAGE AND INFLUENCE FOR TRANSFORMATION (NLIFT)**

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Through its NLIFT initiative, Nutrition International, in partnership with AMREF Health Africa, is implementing an integration project geared towards improving AMREF's capacity to deliver nutrition interventions through its existing extensive health programs and platforms. The goal of the project is to ensure nutrition integration across AMREF programs, improve quantity, quality and timeliness of the provision of nutrition interventions, and increase demand/ uptake of nutrition interventions based on gaps identified during through a mapping exercise.



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