

KAJIADO

NUTRITION INVESTMENT CASE

KENYA



Despite progress made on health outcomes over time, malnutrition in Kajiado County remains a major public health problem. The county stunting level stands at 25.2%, wasting at 5% and underweight at 8.1% (KDHS, December 2014). However, the county government has demonstrated political commitment for preventing malnutrition by investing in the scale-up of low-cost, high-impact nutrition interventions. With the support of Nutrition International, county leadership and nutrition stakeholders, Kajiado County has developed the County Nutrition Action Plan (CNAP) 2018-2023, which sets ambitious targets for the scale-up of nutrition interventions over the next five years. The plan identifies priority multisectoral nutrition actions for each sector, defines targets for each intervention, and provides a monitoring and accountability framework as well as costing of interventions, which the county can use for subsequent planning and budgeting. This Investment Case highlights the potential health impacts and economic benefits of scaling up the low-cost, high-impact nutrition-specific interventions included in the Kajiado County CNAP.¹

KAJIADO COUNTY CNAP (2020-2025)

TOTAL COST OVER
FIVE YEARS:

KSh1.87B

(US \$17.94M)

COST OF HIGH-IMPACT
PREVENTATIVE INTERVENTIONS:

KSh863.56M

(US \$8.29M)

PROJECTED HEALTH IMPACT:

7,144 cases of stunting averted

7,254 child deaths averted

2,722 cases of wasting averted

1,172 cases of anaemia in pregnancy averted

¹ While all costs and programs included in the CNAP are important, it is not possible to model the impact of nutrition-sensitive, public health and enabling environment interventions due to lack of evidence of their effects.

THE COST OF MALNUTRITION

HEALTH IMPACTS

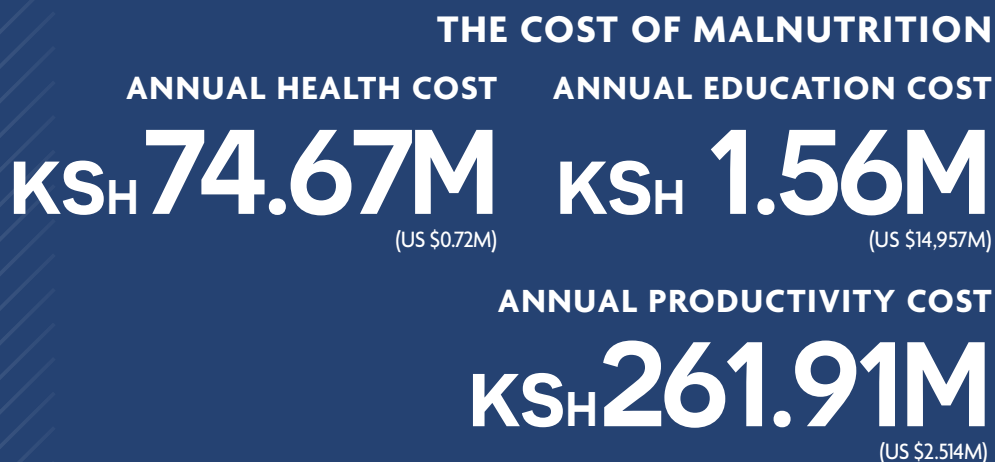
The Cost of Hunger in Africa (COHA) study in Kenya report (2019) highlighted the high levels of child undernutrition and its lasting health and human capital consequences for the country. The COHA model was applied during the development of this County Investment Case by customizing it using county nutrition data to estimate the level of morbidity, mortality, school repetition, school dropout and reduced physical capacity that can be directly associated to a person's undernutrition before the age of five. The COHA study estimated additional cases of morbidity, mortality, school repetitions, school dropouts and reduced physical capacity that can be directly associated with undernutrition in children under the age of five for the year 2014. It is estimated that 25.2% of children under the age of five (CNAP), which is equivalent to 39,395 children in Kajiado County, were stunted. Furthermore, malnutrition causes an estimated 7,271 cases of low birth weight and underweight annually. Overall, undernutrition in Kajiado County costs the health system approximately KSh 74.67M per year (US \$0.72M).

HUMAN CAPITAL AND ECONOMIC IMPACTS

In addition to the impact of stunting on the health of individuals, it also affects cognitive development in children, and in turn, reduces a child's educational performance, resulting in increased grade repetition and dropouts. It is estimated that there are 126 cases of grade repetition in Kajiado County annually due to stunting, which costs an estimated KSh 1.56M (US \$14,957) annually to the education system and families.²

In addition, stunting affects future economic productivity due to increased mortality (i.e., loss of workforce) and lowered labour productivity. From the analysis, it is estimated that the annual losses in economic productivity due to malnutrition in Kajiado County were KSh 185.68M (US \$1.78M). Overall, the annual cost of malnutrition in the county is equal to KSh 261.91M (US \$2.51M), which represents 0.35% of its GDP.

² Kenya COHA Report (2019)



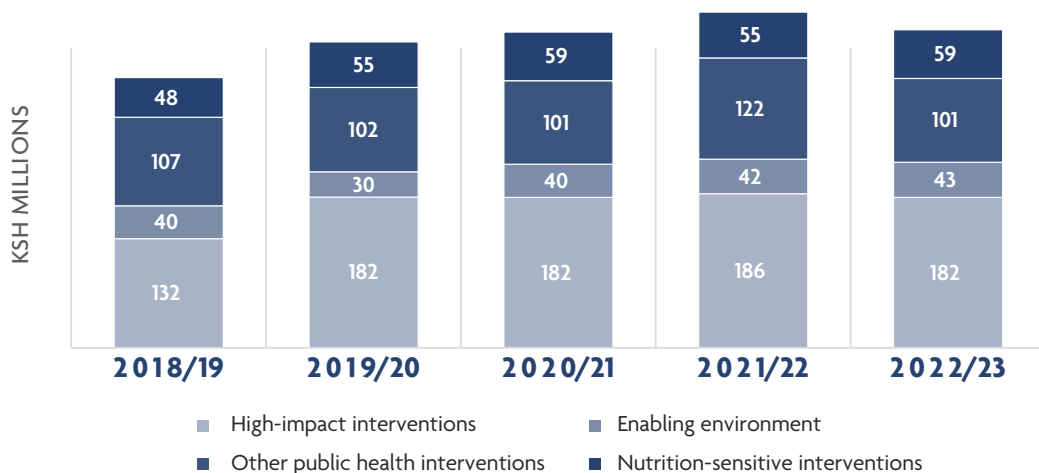
KAJIADO'S COUNTY NUTRITION ACTION PLAN

TOTAL COST OVER FIVE YEARS

The total public investment required to deliver the Kajiado CNAP is estimated to be KSh 1.87B (US \$17.94M) between 2018 and 2023. Within the CNAP, 46% of the resources are allocated to low-cost, high-impact nutrition interventions, 15% to nutrition-sensitive interventions, 29% to other public health interventions, and 10% to health and nutrition system and infrastructure costs (enabling environment). The average annual cost of the CNAP is KSh 374M (US \$3.59M) per year.

Category	Total Cost (KShB)	Total Cost (US \$M)	Total cost (%)
High-impact interventions (with severe acute malnutrition treatment)	0.86	8.29	46%
Enabling environment	0.19	1.87	10%
Other public health interventions	0.53	5.12	29%
Nutrition-sensitive interventions	0.28	2.65	15%
Total	1.87	17.94	100%

CNAP COSTS BY CATEGORY



Source: Kajiado CIC Analysis



COST OF HIGH-IMPACT NUTRITION INTERVENTIONS

Within the package of evidence-based high-impact preventative nutrition interventions included in the Kajiado CNAP, the total cost for each preventative interventions over five years is KSh 66.44M (US \$0.64M) for weekly iron and folic acid supplementation, KSh 243.05M (US \$2.33M) for iron and folic acid supplementation in pregnancy (IFAS), KSh 123.92M (US \$1.19M) for infant and young child feeding (IYCF), KSh 302.86M (US \$2.91M) for the treatment of severe acute malnutrition (SAM), KSh 74.13M (US \$0.71M) for vitamin A supplementation (VAS), KSh 14.43M (US \$0.14M) for micronutrient powder supplementation (MNP), KSh 2.35M (US \$0.02M) for kangaroo mother care (KMC), KSh 20M (US \$0.19) for zinc and oral rehydration salts (ORS) supplementation, and KSh 16.38M (US \$0.16M) for other high-impact interventions.

ANNUAL COST OF HIGH-IMPACT NUTRITION INTERVENTIONS:

PER CAPITA

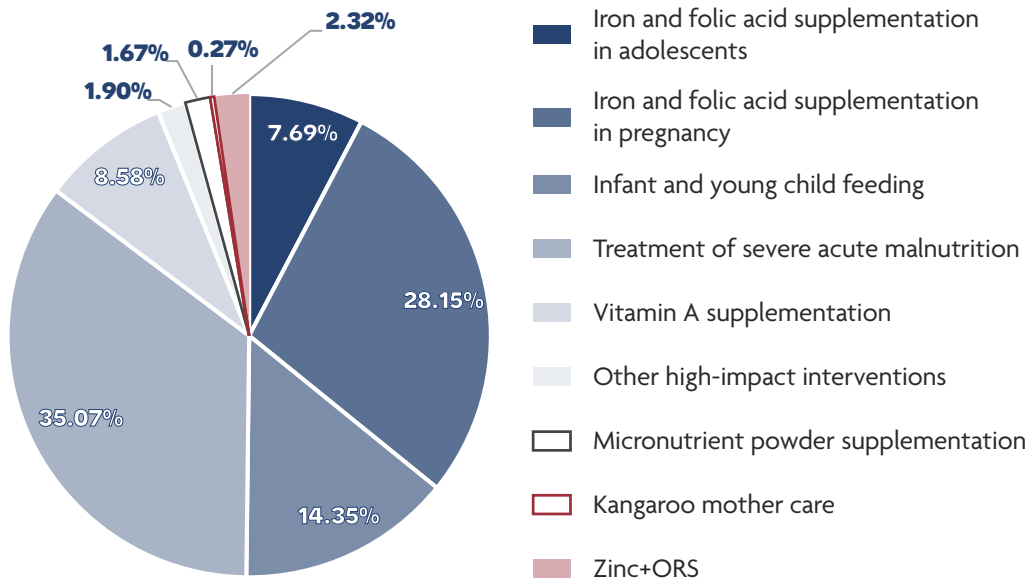
KSh 261
(US \$2.51)

PER PREGNANT WOMAN, ADOLESCENT
GIRL AND CHILD (UNDER FIVE)

KSh 1,965.6
(US \$18.87)



BREAKDOWN OF THE COSTS OF HIGH-IMPACT NUTRITION INTERVENTIONS

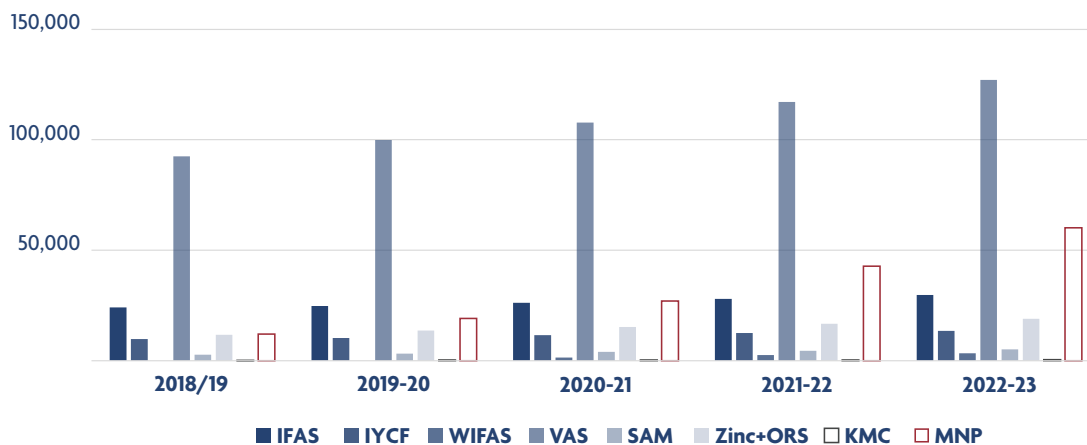


THE HEALTH AND ECONOMIC BENEFITS OF INVESTING IN NUTRITION

INTERVENTION REACH

The preventative high-impact nutrition interventions within the CNAP will reach an average of 200,666 newborns, children, adolescent girls, and pregnant women annually. The interventions with the highest reach over five years are VAS, IFAS in pregnancy, and MNP.

REACH OF HIGH-IMPACT NUTRITION INTERVENTIONS



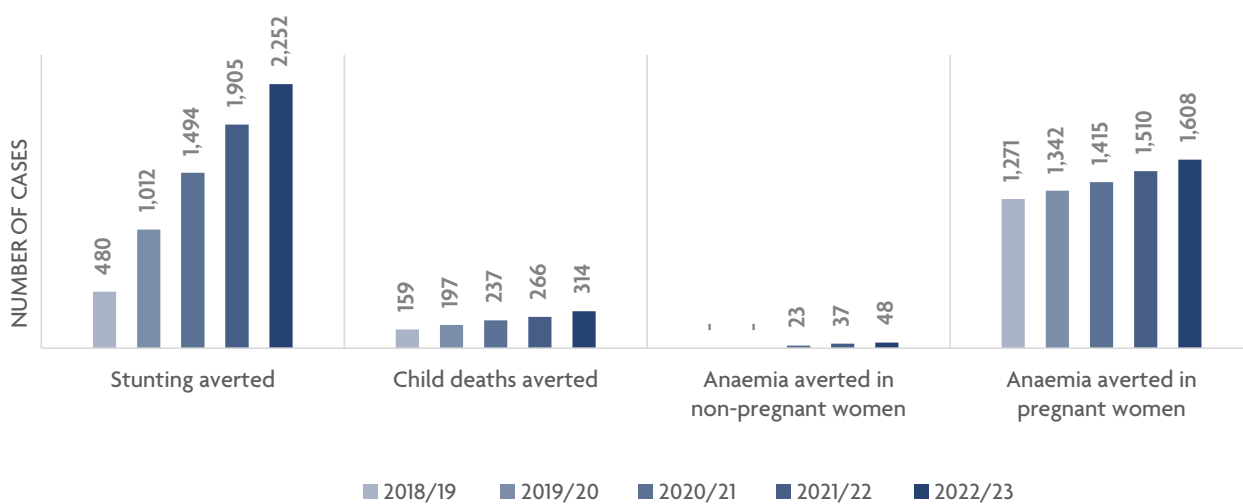
Intervention	Total reach over five years
IFAS	132,988
IYCF	58,005
WIFAS	7,638
VAS	544,397
SAM	20,032
Zinc+ORS	76,793
KMC	1,955
MNP	161,524

HEALTH IMPACTS

Nutrition interventions within the Kajiado CNAP are projected to have a significant impact on the health of newborns, children, adolescent girls, and pregnant women. The interventions are projected to result in 7,144 additional alive, non-stunted children (a reduction of the prevalence of stunting by approximately 21% within five years). The interventions are projected to result in 7,254 cases of anaemia averted in women. This impact will result in reduction of the prevalence of iron deficiency anaemia in pregnant women by approximately 43%. In addition, the interventions are projected to result in 2,722 cases of wasting averted, which will reduce the prevalence of wasting in children under five by 55%.

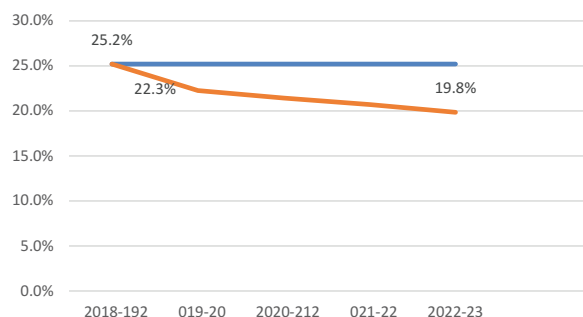
Overall, the interventions are projected to result in 1,172 child deaths averted. The sum of these health impacts results in a potential 78,643 Disability Adjusted Life-Years (DALYs)³ averted. In addition to the health impact, these interventions will lead to cognitive and human capital impacts over time such as increased IQ and educational attainment.

HEALTH IMPACTS OF HIGH-IMPACT INTERVENTIONS

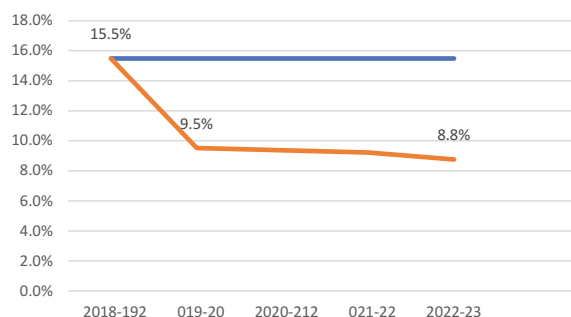


³ A Disability-Adjusted Life-Year (DALY) averted can be thought as one lost year of "healthy" life.

Prevalence of Stunting in Children



Prevalence of Iron Deficiency Anaemia in Pregnant Women



— Baseline scenario — Scale-up scenario

The CNAP is projected to contribute a relative reduction of 21% in the prevalence of stunting, and of 43% in the prevalence of iron-deficient anaemia in pregnant women by 2025, which represent important gains towards the World Health Assembly global nutrition targets.

COST-EFFECTIVENESS AND BENEFIT-COST

There is a strong evidence base demonstrating that the high-impact preventative nutrition interventions included in the Embu CNAP are highly cost-effective. It is estimated that the cost per case of stunting in children is KSh 130,737 (US \$1,255.16). Additionally, the cost per case of anaemia averted in pregnancy is projected to be KSh 1,408 (US \$13.52) for IFAS in pregnancy.

By translating this level of health impact into DALYs averted, it is estimated that investing in the high-impact nutrition interventions costs KSh 21,954 (US \$211) per DALY averted. Using a Value of Statistical Life-Year for Kenya, the Embu CNAP is also estimated to yield a benefit-cost ratio of 16:1 in the long-term, which is indicative of excellent value for money from this investment.

HIGH-IMPACT INTERVENTION COST-EFFECTIVENESS: VERY COST EFFECTIVE

COST PER DALY AVERTED

KSh10,980
(US \$105)

BENEFIT-COST RATIO

33:1

RECOMMENDATIONS

Recommendation 1:

Invest in nutrition for guaranteed value for money and an essential path to reaching national and county aspirations.

To accelerate and scale up efforts towards the elimination of malnutrition as a public health problem, Kajiado county government must make adequate budget allocations to nutrition. In order to implement the interventions prioritized in the Kajiado CNAP, consistent resources allocation by the government will be required in the next five years. Inclusion of a line item on nutrition in the county government budget will be critical to showing the direct investment that the county is making in nutrition programming. This analysis shows there are huge (benefit-cost ratio 33:1) economics benefits that will be realized with optimized investments in nutrition programs in the county and therefore there is a strong case for a call to harness both domestic and external resources and to direct them to these high-impact nutrition interventions.

Recommendation 2:

Take a sustainable financing approach to nutrition.

Sustained investment in nutrition has higher benefits over time, which calls for more sustainable financing approaches to guarantee coverage. Domestic resources mobilization offers an optimal path to sustainable financing for nutrition in Kajiado County, and this will call for continued advocacy to ensure increased political and public support for nutrition, resource allocation for identified high-impact nutrition activities and promotion of healthy nutrition behaviours and practices. These combined efforts will see great improvements in funding and resonate well with the World Bank call for US \$30 per child targeted in order to meet nutrition targets (WB 2014).

Recommendation 3:

Support the generation of critical nutrition data to guide planning and budgeting for nutrition in the county.

The CNAP defines a common results measurement and accountability framework for county actions. There is a clear need to routinely collect and collate nutrition data from various sectors to inform planning and budgeting and provide clarity on equity and efficiency of interventions. To improve data management and its use for decision making, Kajiado County should facilitate regular nutrition data/information review during coordination meetings and generation/dissemination of knowledge products. This should include data that provides a clear understanding of the nutrition financing landscape in the county.

Recommendation 4:

Enhance governance and coordination of nutrition interventions at county level.

To realize optimal benefits in nutrition investment, there is need to promote a multisectoral approach and encourage cross-sectoral collaboration to address the social determinants of malnutrition and ensure optimal nutrition for citizens of Kajiado County. Additionally, political commitment has been noted as a key driver in advancing plans and an essential element in prioritizing the fight against under nutrition. The nutrition stakeholders in Kajiado County are encouraged to promote continued advocacy and meaningful communication with people (particularly in leadership positions) previously not familiar with nutrition issues to rally them to support nutrition initiatives. Sustained commitment will be required to address the complex and long-term challenges in the actual implementation of scale-up plans.