



# KENYA PROGRAMS

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## NUTRITION INTERNATIONAL IN KENYA

Kenya is among the countries in the world where all forms of malnutrition are present (Global Nutrition Report 2020). The triple burden of malnutrition in Kenya is characterized by the coexistence of undernutrition as manifested by stunting, wasting and underweight, micronutrient deficiencies, and overweight and obesity. While more remains to be done, Kenya has made substantive progress in reducing the prevalence of stunting nationally, dropping from 26% in 2014 to 18% in 2022. Of the country's 6.3 million children under five, 1.13 million are stunted (18%), 631,196 (10%) are underweight and 189,359 (3%) are overweight (Kenya Demographic and Health Survey 2022). Stunting is highest among children in rural areas (20%) compared to those in urban areas (12%). Out of 47 counties, three have very high levels of stunting, 10 have high levels and 31 have medium levels, according to the World Health Organization's classification. While acute malnutrition (wasting) among children under five is relatively low nationally (5%), 15 counties have wasting rates above the national average (KDHS 2022).

Pregnant women in Kenya have high levels of iron deficiency (26%) and anaemia (42.6%) with grave consequences on health and development for 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. The neonatal mortality rate in Kenya is estimated at 21 deaths per 1,000 live births, while the infant mortality rate is 32 deaths per 1,000 live births and the under-five mortality rate is 42 deaths per 1,000 live births (KDHS 2022).

It is estimated that from 2010 to 2030, undernutrition will cost Kenya approximately US \$38.3 billion in gross domestic product (GDP) losses (USAID 2017).

The economic impacts associated with underweight and stunting is quite significant with far reaching effects on health, education and productivity. According to the 2019 Cost of Hunger Study, they had cost Kenya the equivalent of 6.9% of its GDP (or Sh.273.9B). This reinforces the need for concerted efforts towards addressing undernutrition. Without scaled-up and sustained efforts, the country's long-term development will be seriously affected.

Since 2006, Nutrition International has worked in Kenya with governments at national and sub-national level, to support research, policy development implementation and coordination of multi-sectoral nutrition interventions. In addition to supporting the implementation of the government's National Nutrition Action Plan, Nutrition International coordinates the Scaling Up Nutrition (SUN) Movement's Civil Society Alliance, and hosts the SUN Business Network and Emergency Nutrition Network.



## PRIORITY PROGRAMS AND GEOGRAPHIC COVERAGE

Nutrition International aims to achieve five key and complementary objectives in Kenya:

- Improve the nutritional 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 wellbeing of adolescent girls and women 20-49 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. National programs include provision of vitamin A capsules through in-kind donations and food fortification, and sub-national programs include maternal and newborn health, infant and young child nutrition, vitamin A supplementation (VAS) and adolescent nutrition programs.

### National programs supported by Nutrition International

- Provision of vitamin A capsules (through in-kind donations)
- Maize flour fortification

### Sub-national programs supported by Nutrition International

#### NANDI

- Vitamin A supplementation
- Zinc and LO-ORS
- Adolescent nutrition
- First 1,000 Days

#### VIHIGA

- Vitamin A supplementation
- Zinc and LO-ORS
- Adolescent nutrition
- First 1,000 Days

#### BUSIA

- Vitamin A supplementation
- Zinc and LO-ORS
- Adolescent nutrition
- First 1,000 Days

#### BOMET

- Vitamin A supplementation
- Zinc and LO-ORS
- First 1,000 Days

#### KAJIADO

- Vitamin A supplementation
- Zinc and LO-ORS
- Adolescent nutrition
- First 1,000 Days

#### ELGEYO MARAKWET

- Vitamin A supplementation
- Zinc and LO-ORS
- First 1,000 Days

#### NAKURU

- Vitamin A supplementation
- Zinc and LO-ORS
- Adolescent nutrition
- First 1,000 Days

#### EMBU

- Vitamin A supplementation
- Zinc and LO-ORS
- First 1,000 Days

#### MURANG'A

- Vitamin A supplementation
- Zinc and LO-ORS
- First 1,000 Days

#### KIAMBU

- Vitamin A supplementation
- Zinc and LO-ORS
- First 1,000 Days

#### MAKUENI

- Vitamin A supplementation
- Zinc and LO-ORS
- Adolescent nutrition
- First 1,000 Days







## CURRENT PROJECTS

### MATERNAL AND NEWBORN HEALTH AND NUTRITION, AND INFANT AND YOUNG CHILD NUTRITION PROGRAM

Although Kenya has made considerable progress in reducing maternal and infant morbidity and mortality, progress towards meeting the national and global targets continues to lag behind. Optimal nutritional status is critical at the time of conception and during pregnancy to maintain the health of the mother and ensure healthy growth and development for the fetus. Poor nutritional status before and during pregnancy has been associated with high morbidity and mortality among women, newborns and infants.

The program aims to contribute to the reduction of anaemia in pregnancy, prematurity and low birthweight as well as maternal and newborn mortality in Kenya. The main objective is to improve care and nutrition for pregnant women, newborns and young infants up to two years. Our main interventions include: comprehensive antenatal care (ANC) attendance (early and recommended number of visits); micronutrient supplementation in pregnancy; dietary counselling during pregnancy and the postnatal period; promotion of skilled birth attendance including transformation of traditional births attendants into birth companions; postnatal care for mothers and newborns within 48 hours; early and exclusive breastfeeding; scaling up use of chlorhexidine for neonatal umbilical cord care; scaling up of kangaroo mother care for low birthweight babies; essential newborn care; and meaningful participation of men in maternal and newborn health and nutrition.

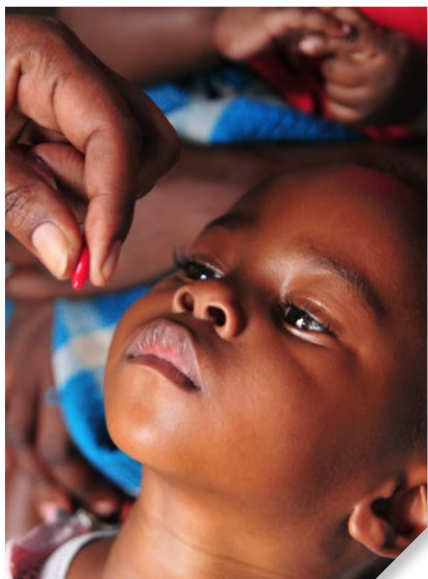
Our key achievements in 2021 include:

- 229,400 pregnant women completed at least four recommended ANC visits
- 89% of pregnant women attending ANC visits received combined iron folic acid supplements
- 350,048 deliveries were attended by skilled birth attendants
- 303,763 newborns were breastfed within one hour after birth
- 246,198 newborns received chlorhexidine applications for umbilical cord care
- 14,063 low birthweight newborns were supported with Kangaroo Mother Care services

### VITAMIN A SUPPLEMENTATION

About 62% of children under five in Kenya are vitamin A deficient, 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 with over 16 million capsules which is enough for two doses a year for all children 6-59 months. (Kenya National Micronutrient Survey 2011). Nutrition International also supports the delivery of VAS through various platforms. Nutrition International works with the government and partners to make VAS a routine service delivered by health facilities, through household visits by community health volunteers, early childhood development and education centres and outreach.

Through the in-kind donation of vitamin A capsules to Kenya, 5.7 million children (92.3%) 6-59 months received vitamin A in the first half of the year (January – June 2022). In 15 counties receiving direct support for child survival interventions, 1.98 million children 6-59 months (96%) received a dose of vitamin A in the same period.







## CURRENT PROJECTS

### PROMOTING DIARRHOEA MANAGEMENT

Diarrhoea remains one of the leading causes of child deaths in Kenya (WHO 2020). Together, zinc and low-osmolarity oral rehydration salts (LO-ORS) treat diarrhoea quickly and effectively. Nutrition International's aim is to increase the number of children with diarrhoea adequately treated with zinc and LO-ORS. Over the years, Nutrition International has worked closely with partners to develop policies and guidelines for integrated management of newborn and childhood illnesses. Through innovative research, Nutrition International has been working with partners to increase public access and utilization of zinc and LO-ORS, making them available in community-level private sector outlets such as shops. This has proven successful and will be rolled out to more counties. Nationally, 26% of diarrhoea cases were treated with zinc and LO-ORS alongside continued feeding.

### NUTRITION FOR ADOLESCENT GIRLS AND WOMEN

In Kenya, there are approximately 11.6 million adolescents between the ages of 10 and 19, making up 24% of the population (KPHC 2019). Anaemia is a public health concern for adolescent girls in Kenya – according to the Kenya Malaria Indicator Survey (2020), the prevalence of anaemia among adolescent girls between the ages of 10 and 14 is 24.2%. The Adolescent Health Survey 2019 showed that more than half (65.5%) of adolescents had inadequate individual dietary diversity scores. Among adolescents aged 15 to 19, 14.9% have been pregnant while 12% have had a live birth. Nutrition International's adolescent health and nutrition program focuses on building multisectoral collaborations with Ministries of Education, Health, and Social Protection, reducing gendered barriers to school attendance and advocacy for keeping girls in school, youth-responsive health systems and identification of opportunities to reach adolescent girls living in vulnerable situations.







## CURRENT PROJECTS

The overall objective of the adolescent program is to improve survival, health, and wellbeing of adolescents, with a focus on preventing and reducing iron deficiency anaemia among adolescent girls.

Nutrition International's adolescent program in Kenya focuses on two components: strengthening the enabling environment for adolescent health and nutrition through support to the Ministry of Health (MoH) and implementation of gender-responsive nutrition education and weekly iron and folic acid (WIFA) supplementation. The program is implemented in collaboration with the MoH, Ministry of Education (MoE) and Ministry of Agriculture at the national and the county levels. By end of 2021, about 12 million tablets had been procured and distributed, while 150,000 adolescent girls consumed the recommended scheme of WIFA supplements.

With Nutrition International's technical support to MoH and MoE, several policies and guidelines necessary for adolescent health and nutrition programming have been developed. These includes a neonatal, child and adolescent health policy, school health policy and guidelines, a National Nutrition Action Plan, nutrition content for inclusion in the school curriculum review and healthy diets and physical activities guidelines. In addition, 556,000 adolescents (357,110 girls and 198,890 boys) were reached with gender-sensitive health and nutrition education.



## FOOD FORTIFICATION

Food fortification is a low-cost, high-impact strategy for addressing micronutrient deficiencies amongst all cohorts of the population. Given the high consumption of maize flour in the country, Nutrition International's food fortification program in Kenya focuses on maize flour fortification. The objective of the program is to scale up production and availability of adequately fortified maize flour to address micronutrient deficiencies amongst the general population. Nutrition International provides both technical and financial support to the government for coordination, strategy development and execution, capacity building of industry and government officers, as well as monitoring and evaluation of food fortification interventions. In addition, Nutrition International has been instrumental in supporting national micronutrient surveys as well as routine surveillance and annual rapid assessments with the aim of ascertaining status of food safety and fortification amongst the industry players to inform programming and guide corrective actions.

Our key achievement in food fortification in 2021 include:

- Approximately 161,942 metric tonnes of fortified maize flour was produced by the millers in 2021. This was a result of customized technical support to millers, Quality Assurance/Quality Control training to enforcement agencies, and support for acquisition of fortification equipment for millers by the program through a cost-recovery scheme
- A total of 2,914,956 additional people consumed adequately fortified maize flour in areas served by Nutrition International supported maize flour mills

## TECHNICAL ASSISTANCE FOR NUTRITION

Since 2016, Nutrition International has supported an in-depth review of the National Nutrition Action Plan 2012-2017, providing complementary support to the development of the Kenya Nutrition Action Plan (KNAP) 2018-2022, and worked with county governments to develop County Nutrition Action Plans in 12 Counties. The program delivered improved learning and accountability at country level.

## GENDER EQUALITY AND MAINSTREAMING IN NUTRITION AND HEALTH

Led by our Program Gender Equality Strategy, Nutrition International applies a gender lens to all programs, projects, and partnerships to ensure women and girls can be empowered advocates for their own health and nutrition. We take a gender mainstreaming approach, with the end goal of improving nutritional outcomes. We believe that improving gender equality will lead to improved nutrition and vice versa.

We are intentional about conducting gender analyses in our core countries to better understand the needs of diverse groups of women. The findings from these studies help to inform our program design and the recommendations are operationalized through gender action plans. In parallel, we are building the capacity of our staff to better understand and apply gender equality principles and approaches in their work through an ongoing learning process. We also consider gender mainstreaming within our organizational processes and are increasing the number of dedicated staff to support this work. We look for opportunities to amplify the voices and participation of women and girls within nutrition spaces and are taking a lead in raising awareness of the important nexus of gender and nutrition.