NUTRITION INTERNATIONAL

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Kenya programs

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Nutrition International in Kenya

Malnutrition in Kenya is characterized by the existence of stunting, wasting, underweight, micronutrient deficiencies, overweight and obesity. While the country has made notable progress in reducing stunting nationally, from 26% in 2014 to 18% in 2022, the magnitude of the problem remains high. Out of 6.3 million children under five, 1.14 million are stunted (18%), 0.6 million (10%) are underweight and 0.2 million (3%) are overweight.[1] Stunting is highest among children in rural areas (20%) compared to those in urban areas (12%), with three counties reporting very high rates, 10 counties classified as high, and 31 counties falling into the medium category according to the World Health Organization. Although acute malnutrition (wasting) among children under five is relatively low nationally (5%), 15 counties exceed the national average.[1]

High rates of iron deficiency (26%) and anaemia (42.6%) among pregnant women contribute to serious health and development consequences for the mother and her unborn baby. Maternal deaths account for 15% of all deaths among women aged 15–49, leading to approximately 7,300 women dying each year. Neonatal mortality is estimated at 21 deaths per 1,000 live births, while the infant and under five mortality rates stand at 32 and 42 deaths per 1,000 live births, respectively.[1]

The economic impacts associated with malnutrition are quite significant, with wide-ranging effects on health, education and productivity. It is estimated that from 2010 to 2030, undernutrition will cost Kenya approximately USD $38.3 billion in gross domestic product (GDP) losses.[2] The 2019 Cost of Hunger Study further estimates that malnutrition costs Kenya 6.9% of its GDP (or Sh 273.9B) annually, underscoring the urgent need for comprehensive interventions towards addressing undernutrition. Without scaled-up and sustained efforts, the country will be faced with serious long-term development challenges.

Since 2006, Nutrition International has collaborated with the Government of Kenya at the national and sub-national level, supporting research, policy development, as well as the implementation and coordination of multisectoral nutrition interventions. These efforts include maternal and newborn health and nutrition, infant and young child nutrition, child survival with vitamin A supplementation, food fortification, and adolescent nutrition programs. Nutrition International also supports the implementation of the National Nutrition Action Plan and coordinates the Scaling Up Nutrition (SUN) Movement's Civil Society Alliance, the SUN Business Network, and the national nutrition interagency coordination platform.

Priority programs and geographic coverage

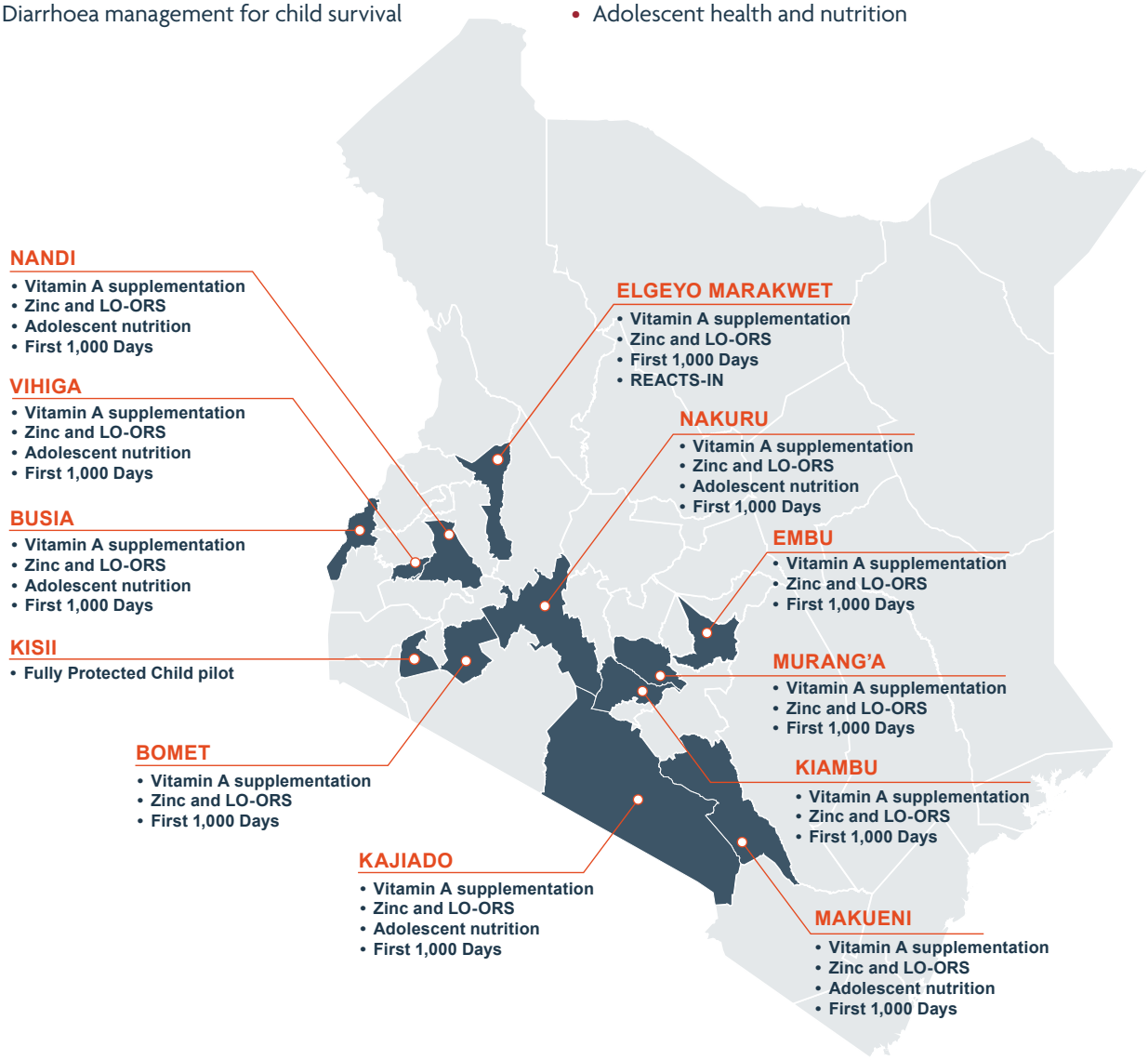
Nutrition International aims to achieve three key and complementary strategic objectives in Kenya:

1. Improve the nutritional status, health and survival of the general population with a specific focus on pregnant women and newborns, children under five, adolescent girls, and women aged 20–49 years
2. Strengthen the policy environment, governance and delivery systems for multisector nutrition interventions
3. Increase domestic and external resourcing for nutrition

Programs supported by Nutrition International

As a key ally and partner, Nutrition International supports the Government of Kenya to deliver a range of programs at both national and subnational levels, including:

- Maternal and newborn health
- The provision of vitamin A capsules
- Diarrhoea management for child survival
- Food fortification
- Infant and young child nutrition
- Adolescent health and nutrition



National programs supported by Nutrition International

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

Maternal and newborn health and nutrition, and infant and young child nutrition

Despite considerable progress in reducing maternal and infant morbidity and mortality, Kenya still falls behind on meeting national and global targets. Achieving optimal nutrition is critical at the time of conception and during pregnancy for maintaining maternal health and ensuring proper fetal growth and development. Poor nutritional status during these periods is linked to high morbidity and mortality among women, newborns and infants.

Nutrition International's maternal and newborn health and nutrition, and infant and young child nutrition programs seek to reduce anaemia during pregnancy, prematurity and low birthweight as well as maternal and newborn mortality in Kenya. The primary objective is to enhance care and nutrition for pregnant women, newborns and young infants up to two years of age.

Nutrition International collaborates with the national government as well as 11 high-priority county governments — Bomet, Busia, Embu, Elgeyo Marakwet, Kajiado, Kiambu, Makueni, Murang'a, Nakuru, Nandi and Vihiga — to implement maternal, newborn and child health and nutrition interventions. These partnerships are based on a 1:1 matching funding agreement, with clearly defined triggers and targets.

Our main interventions include:

- Comprehensive antenatal care (ANC) — early and recommended number of visits
- Micronutrient supplementation during pregnancy
- Dietary counselling during pregnancy and the postnatal period
- Promotion of skilled birth attendance, including the transition of traditional birth attendants into birth companions
- Postnatal care for mothers and newborns within 48 hours
- Early and exclusive breastfeeding
- Chlorhexidine for neonatal umbilical cord care
- Scaling kangaroo mother care for low birthweight babies
- Essential newborn care
- Promoting the meaningful male participation in maternal and newborn health and nutrition

KEY ACHIEVEMENTS 2023–2024

- 213,278 pregnant women completed four ANC visits
- 296,547 deliveries attended by skilled birth attendants
- 170,622 pregnant women attending ANC received the recommended 90 or more iron and folic acid supplements
- 18,243 health managers and healthcare providers at the facility and community level across 11 counties received capacity building training
- 11,982 low birthweight newborns were managed with kangaroo mother care

Vitamin A supplementation

Vitamin A deficiency is a significant public health concern in Kenya. About 9.2% of children under five are vitamin A deficient, while 52.6% are marginally deficient, which compromises their immune system and increases their susceptibility to illnesses such as diarrhoea, measles and respiratory infections.[3] 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. Nutrition International also supports the delivery of vitamin A supplementation (VAS) through various platforms, working closely with the government and partners to integrate VAS into routine services delivered by health facilities. This includes household visits by community health volunteers, outreach initiatives, and early childhood development and education centres.

In Kenya, 11 high focus counties, including Bomet, Busia, Embu, Elgeyo Marakwet, Kajiado, Kiambu, Makueni, Murang'a, Nakuru, Nandi and Vihiga, receive direct support for child survival interventions. Their partnership with the counties operates on a 1:1 matching funding arrangement, with clearly defined triggers and targets.

KEY ACHIEVEMENTS 2023–2024

- 4.4M people reached with key messages on VAS in Nutrition International-supported counties via the radio, group counselling and print media
- 1.3M children under five received two doses of VAS across all Nutrition International-supported counties
- 3,681 healthcare providers, including 299 policymakers, 1,374 health workers, 386 community health promoters and 1,622 teachers were trained on VAS through various forums

Diarrhoea management with zinc and LO-ORS

Diarrhoea remains one of the leading causes of child deaths in Kenya.[4] Nationally, 26% of diarrhoea cases were treated with zinc and low-osmolarity oral rehydration salts (LO-ORS) alongside continued feeding.[1] A combined dose of zinc and LO-ORS treat diarrhoea quickly and effectively.

Nutrition International is committed to increasing the number of children receiving adequate treatment for diarrhoea using zinc and LO-ORS. In collaboration with partners, we help develop policies and guidelines for the integrated management of newborn and childhood illnesses. Through innovative research, Nutrition International is working to expand public access to this treatment by making zinc and LO-ORS available in private sector outlets at the community level, such as local shops. This approach has proven successful and will be rolled out in additional counties.

KEY ACHIEVEMENTS 2023–2024

- 2.7M people across 11 Nutrition International focus counties reached with behaviour change intervention messages on diarrhoea management through the radio, print media and group counselling sessions
- 233,085 diarrhoea episodes in children 1–59 months treated with zinc and LO-ORS at public health facilities
- 8,356 healthcare providers, including 5,859 community health promoters were trained on diarrhoea management using zinc and LO-ORS

Nutrition for adolescent girls and women

In Kenya, there are approximately 11.6 million adolescents between the ages of 10 to 19, representing 22.2% of the population.[5] Anaemia is a public health concern for adolescent girls, with a prevalence of 24.2% among girls aged 10–14.[6] Among those aged 15 to 19, 14.9% have been pregnant while 12% have had a live birth.[7]

Nutrition International's adolescent health and nutrition program emphasizes building multisectoral collaborations with Ministries of Education, Health, and Social Protection. The program aims to reduce gender barriers to school attendance, advocate for keeping girls in school, strengthen youth-responsive health systems and identify new opportunities to reach adolescent girls. Its primary goal is to improve the survival, health and wellbeing of adolescents, with a focus on preventing and reducing iron deficiency anaemia among girls.

In Kenya, Nutrition International's adolescent program focuses on two components: strengthening the enabling environment for adolescent health and nutrition by supporting the Ministry of Health (MoH), and implementing gender-responsive nutrition education alongside weekly iron and folic acid supplementation (WIFAS). The initiative is implemented in collaboration with the MoH, Ministry of Education (MoE) and Ministry of Agriculture at both national and county levels.

Nutrition International's technical support to the MoH and MoE has led to the development of several key policies and guidelines to enhance adolescent health and nutrition programs including a neonatal, child and adolescent health policy, school health policies and guidelines, a National Nutrition Action Plan, nutrition content for inclusion in school curriculums and guidelines on healthy diets as well as physical activity.

KEY ACHIEVEMENTS 2023–2024

- 510,852 adolescents, including 148,551 girls and 362,301 boys, received gender responsive nutrition education
- 209,425 adolescent girls aged 10–19 years received the recommended scheme of WIFAS
- 2,731 school managers, health workers and teachers were trained on the adolescent health and nutrition package
- Technical and financial support provided to the Division of Adolescents and School Health to finalize the Adolescent Health Policy, Strategy and Monitoring & Evaluation Framework

Large-scale food fortification

Food fortification is a low-cost, high-impact strategy to address micronutrient deficiencies across all population groups. In Kenya, these deficiencies remain a major public health threat, particularly among women and children. The most common micronutrient deficiencies include iron, folate, zinc, iodine and vitamin A.[7] About one third of children aged six–59 months and 42% of pregnant women are anaemic.[8] Zinc deficiency is also widespread, affecting 81.6% of children 6–59 months and 67.9% of pregnant women.[7]

Nutrition International's food fortification program in Kenya focuses on maize flour fortification, a staple widely consumed across the population. The program aims to scale up the production and availability of adequately fortified maize flour to address micronutrient deficiencies among the general population. Nutrition International provides both technical and financial support to the government for coordination, strategy development, capacity building for the private sector and government officials as well as monitoring and evaluating food fortification interventions.

Nutrition International engages with maize millers through the Grain Mill Owners Association, which has a membership of over 280 small- and medium-scale millers nationwide. More than 100 milling companies have benefitted from capacity building interventions, including tailored technical assistance that has enhanced staff's skills in microdoser operations, premix dosage calculations, feeding, proper storage and the implementation of standard operation procedures, and Hazard Analysis Critical Control Points. Additionally, over 70 millers have received advanced technology, such as microdosers and aflatoxin testing machines, on a cost-sharing basis. These interventions have significantly improved food safety and fortification practices among participating millers.

Nutrition International has played a key role in advancing national food safety and fortification efforts in the country. This includes supporting micronutrient surveys, routine surveillance and annual rapid assessments with the aim of ensuring food safety and fortification standards among industry players to inform programming and corrective actions.

KEY ACHIEVEMENTS 2023–2024

- 3.6M additional people accessed adequately fortified maize flour in areas served by Nutrition International-supported maize flour millers
- 229,039 metric tonnes of adequately fortified maize flour were produced by millers in 2023–24
- 315 staff from 82 milling companies were trained on key thematic areas in food fortification and safety

Technical assistance for nutrition

Since 2016, Nutrition International has played a key role in reviewing the Kenya's National Nutrition Action Plan 2012–2017, supported the development of the Kenya Nutrition Action Plan 2018–2022 and worked with county governments to develop County Nutrition Action Plans in 12 counties.

Realizing Gender Equality, Attitudinal Change and Transformative Systems in Nutrition (REACTS-IN)

The REACTS-IN project, implemented in collaboration with World Vision, HarvestPlus, the Canadian Association for Global Health and McGill University, aims to strengthen nutrition and health systems with a focus on addressing the gender dimensions of malnutrition. Its activities are designed to:

- Foster behaviour change
- Strengthen systems and community-based service delivery
- Amplify community voices in advocacy and policy to influence resource allocation at the national and subnational level

Through REACTS-IN, Nutrition International is committed to scaling up the weekly iron and folic acid supplementation and gender-sensitive nutrition education packages, targeting 109,000 adolescent girls and boys.

Gender equality and mainstreaming in nutrition and health

Guided 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. Our gender mainstreaming approach aims to enhance nutritional outcomes, operating on the belief that improving gender equality will lead to improved nutrition and vice versa.

We intentionally conduct gender analyses in our core countries to better understand the diverse needs of women. The insights gained from these studies inform our program design and are operationalized through gender action plans. We are also building the capacity of our staff to understand and apply gender equality principles and approaches in their work through an ongoing learning process.

Our commitment extends to gender mainstreaming within our organizational processes, where we are increasing the number of dedicated staff to support these efforts. We actively seek opportunities to amplify the voices and participation of women and girls within nutrition spaces and lead efforts to highlight the crucial link between gender and nutrition.

Domestic resource mobilization

Nutrition International collaborates closely with Kenya's county governments to provide technical assistance for the development of costed County Nutrition Action Plans (CNAP). Each CNAP outlines priority multisector nutrition actions, defines intervention targets, and establishes a monitoring and accountability framework. Building upon the costed CNAPs, a matched funding model is implemented with each county, focusing on high-impact, evidence-based and cost-effective nutrition interventions. This approach maximizes impact, strengthens domestic systems, builds country capacity and drives sustainable economic growth through increased domestic investment.

Between 2020 and 2024, Nutrition International in Kenya helped mobilize domestic funding for nutrition, increasing county contributions from Ksh 56M to Ksh 811M across 11 counties.

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