KEY MESSAGES ON
SCALING UP NUTRITION
Nutrition in Kenya remains of low priority with limited commitment in tackling the high malnutrition rates. Recognizing nutrition as key to human development, the high malnutrition in Kenya needs to be viewed: (i) as an indication of inadequate realization of some of the most basic of all human rights, (ii) as a reflection of inadequate investment and progress in a range of issues related to human capital development; and (iii) in its significant influence on future economic development of a country.

**Message 1:** Good nutrition is a fundamental right for every person

**Message 2:** Malnutrition leads to huge economic losses and is a threat to Kenya’s achievement of Vision 2030

**Message 3:** Addressing malnutrition requires collaborative effort across sectors

**Message 1: Good nutrition is a fundamental right for every person**

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 35% according to KDHS in 1998, 2003 and 2008. This suggests that Kenya's high malnutrition levels have remained the same over the last three decades. Consequently, 19,000 children die every year because they are underweight; 10,000 children die every year because they lack the protection of Vitamin A; 11,000 die every year because they are not exclusively breastfed. Underlying malnutrition continues to be the single greatest contributor to child deaths (45%).

The Constitution of Kenya (2010) recognizes food and nutrition as a human right. Chapter 4 Article 43 (1) (c) states that, every person has the right to be free from hunger and to adequate food of acceptable quality while Article 53 (1) (c) states that every child has the right to basic nutrition. The Kenya Food and Nutrition Security Policy (FNSP) provides a comprehensive framework covering the multiple dimensions of food security and nutrition improvement. It recognizes the need for a multi-sectorial approach embracing both public and private sector involvement, and that hunger eradication and nutrition improvement is a shared responsibility of all Kenyans. Additionally, the Kenya National nutrition action plan has clearly laid out the plan for implementation of nutrition actions at both the national and the county level.

By signing as the 30th Country towards scaling up nutrition, Kenya is committed to implementing practical and sustainable interventions that will prevent under nutrition and reverse the rising trend of non-communicable diseases. The government is committed to scaling up nutrition. This is reflected in a number of actions including implementation of High Impact Nutrition Interventions: which, if implemented fully to scale, can reduce child mortality by 30% and have the potential to reduce stunting.

- **Fortification of staple foods (flour, oil and sugar)** with essential vitamins and minerals such as Vitamins A Iron and Folate and micronutrient supplementation.
- **Growth Monitoring:** Measuring poor growth during the first five years of life is one of the main ways to know how children are being affected in the long-term and is associated with reduced school performance – this can help identify the children most at risk
- **Addressing the challenges of food insecurity,** getting the best nutrition for pregnant women and young children aims to make a difference during that first 1000 days of life and beyond.
- **Giving particular attention to infant and young child nutrition** given the need to increase exclusive breastfeeding and very low proportion of children consuming a minimum acceptable diet from 6-24 months of age.
- **Salt iodization.** Current household coverage of iodised salt is 98%, which is above the international goal of 90%. Kenya has officially
Message 2: Malnutrition leads to huge economic losses and is a threat to Kenya’s achievement of Vision 2030

Malnutrition greatly affects Kenya’s socio-economic development and potential to reduce poverty. Achievement of Vision 2030 will not be realized unless the nutrition of women and children is prioritized in the national development programmes and strategies. Nearly 2.8 million children or 35% of all children in Kenya are undernourished, and micronutrient deficiencies are widespread. In addition to hunger and malnutrition, evidence from the 2008 KDHS points at the growing prevalence of an overweight and obese population in Kenya. The emergence of diet related non-communicable diseases (NCDs) such as cancers and diabetes in Kenya is worrying.

Negative impacts of malnutrition on Vision 2020

a) Child survival and development: If the prevalence of underweight does not improve between now and 2030, an estimated 430,000 children will die. Successfully implemented interventions could save 120,000 lives during this period if underweight prevalence is reduced by even a third.

b) Education: Malnutrition leads to indirect losses in productivity from poor intellectual development and schooling. Low birth weight may reduce a person’s IQ by 5 percentage points while under nutrition may reduce it by 5 to 11 points while iodine deficiency will reduce a person’s IQ by up to 10 to 15 points. An extrapolation of data reveals that every year over 90,000 children will be born with varying degrees of mental retardation in Kenya due to iodine deficiency. Iron deficiency anaemia consistently reduces performance on tests of mental abilities (including IQ) by 8 points. These 2.8 million children will enroll later, complete fewer grades and perform less well in school therefore the impact of free primary education in Kenya is compromised

c) Economy: between 2010 and 2030, Kenya would lose 104 billion shillings, approximately 1 billion USD, due to iodine deficiency disorders. If each household in Kenya were to consume iodized salt, > one million lives would be saved from 2015 to 2030. As a consequence of iron deficiency anaemia in the female labour force, 126 billion shillings worth of productivity will be lost between 2015 and 2030. Iron supplementation could play a large role in helping avert this loss in productivity. It’s estimated that in 2010 alone, Kenya will lose about KShs 95 billion due to stunting and if nothing is done.

Achieved Universal Salt Iodization (USI)—one of the few African countries to do so however we need to reach the remaining 2% of households. The SUN framework strongly advocates for adoption of a multi-sector approach in addressing the challenge of malnutrition

Major gaps exists in the operation and scaling up of the nutrition interventions. The key gaps are

- Low coverage of High impact nutrition interventions
- Inadequate commitment to nutrition as a national priority reflected in lack funding and staffing by the government

- Environmental health conditions are poor in Kenya. Improvements, e.g. improved water source and sanitation, could reduce stunting by at least 10%.
- Gaps in promotion of exclusive breastfeeding promotion and young child feeding with monitoring and accountability of these programmes
- Human resources at district level – While there is government approval for a district nutrition officer in each district, only half the positions are currently filled
- Low general public awareness of importance of nutrition

Sustainable natural growth is reinforced by a healthy and productive workforce.

Poor nutrition contributes to poor health, impaired development and results in death. Malnutrition is the single greatest contributor to death – malnutrition causes over 45% of the child’s health

Malnutrition leads to huge economic losses — Kenya loses about KShs. 147 billion every year due to productivity losses as a result of malnutrition.
**Key gains if malnutrition is addressed**

- **a)** Reduction of underweight by one third would save over 50,000 child lives
- **b)** Scaling up Vitamin A would save over 50,000 deaths
- **c)** It's estimated that 4% and 8% of all deaths among infants are attributed to diarrhea and respiratory infections respectively due to sub-optimal breastfeeding. Scaling up appropriate infant and young child feeding practices would save over 10,000 of all child’s death
- **d)** 400,000 children saved from mental retardation
- **e)** 39 Billion saved from dressing iron deficiency, iodine and Stunting (2010 profiles)

**Message 3: Addressing malnutrition requires collaborative effort across sectors**

**NUTRITION IS KEY: Step up your commitments**

Given the multiple causes of malnutrition, multi-sectorial interventions are needed. This calls for establishment of linkages between various sectors such as agriculture, livestock, fisheries, water, planning, education and health whose programmes impact on nutrition of communities. The nutrition sector cannot do it alone and nutrition within the health sector alone cannot address malnutrition effectively.

Implementation of the nutrition activities requires commitments and collaboration. Delivering an effective multi-sectorial response requires strong co-ordination and leadership at all levels.

However, multi-sectorial capacity at national and county level are weak and with low political demand for action against under nutrition. Top level leadership is needed to achieve better nutrition status.

**Key asks**

- **a)** Commitment for increased funding support to the nutrition sector by the national and county governments.
- **b)** Establishment of a high level multi-sectorial structure (Food and Nutrition Security Council) to promote an agreed agenda for food and nutrition security in the country.
- **c)** Increased funding support by development partners to scale up high impact nutrition interventions in the country.
- **d)** Establishment of multi-stakeholder platforms in counties to provide a platform for broad based coordination of nutrition and food security activities.
- **e)** Need for multi-sectorial platform formation and coordination at a highest possible office e.g., Office of the President.
- **f)** Ensure that key nutrition interventions are integrated across all sectors.
- **g)** Help to mobilize more funds for nutrition interventions from government – establish explicit government lines for nutrition at both national and county level.
- **h)** Strengthening Inter-sectorial collaboration: Strengthening linkages between nutrition, agriculture development, education, food security, social protection.
- **i)** Ensure all interventions are supporting each other.
- **j)** Prioritize nutrition budgeting in all plans and in planning processes.
- **k)** Develop and implement a food and nutrition security implementation plan at all levels.