



Kenya: Nutrition Profile

Background

Kenya's economic growth rose 5.7 percent in 2013, fueled by strong consumption and investment.¹ Agriculture is the backbone of the economy and central to the government's development strategy, employing more than 75 percent of the workforce and accounting for more than half of the country's gross domestic product.² Agriculture productivity suffers from frequent droughts, floods and climate change, and a high proportion of arid or semiarid land. Poverty alleviation remains a challenge, with nearly half of all Kenyans living in poverty.² Kenya also has one of the world's highest rates of population growth. The population has tripled in the past 35 years, straining the country's resources and leaving young people, especially women, particularly vulnerable to poverty. Kenya is not on track to halve poverty or eradicate extreme hunger by 2015 (Millennium Development Goal 1) or to meet the targets for maternal health (MDG 5), and maternal mortality remains very high. Although the rate of child mortality has declined over the past years, largely attributed to increased coverage in immunization and treated mosquito nets, it is unlikely that the target for MDG 4 will be met by 2015.³

Nutrition Situation

Since 2008, Kenya has faced severe food insecurity problems, attributed to frequent droughts, high costs of domestic food production, displacement of farmers during election violence in 2007, high global food prices, and low purchasing power for a large proportion of the population. Each year 2 to 4 million people are in need of external food aid.²

Undernutrition contributes to an estimated one-third of all deaths to children under 5.⁴ More than one-third of children are stunted, and stunting increased from 2003 to 2009.⁵ Stunting has a higher burden on male (37 percent) than female children (33 percent), on children whose mothers are malnourished (45 percent), and in rural (37 percent) versus urban areas (26 percent).⁵ Inadequate infant and young child feeding practices also contribute to high rates of undernutrition, as only one-third of children are exclusively breastfed until 6 months of age, and less than one-quarter of children 6-23 months receive a minimum acceptable diet.⁵ Micronutrient deficiencies are widespread and are exacerbated by low consumption of vitamin A- and iron-rich foods. The North Eastern Province, bordered by Somalia and Ethiopia, and characterized by frequent droughts and high levels of poverty and food insecurity, also has the highest burden of undernutrition in the country.

Kenya Nutrition Data			
Population (2012)	43 Million		
Population under 5 years of age (0-59 months, 2012)	6.8 Million		
	2003 ⁶	2009 ⁵	
Prevalence of stunting among children under 5 (0-59 months)	30%	35%	
Prevalence of underweight among children under 5 (0-59 months)	20%	16%	
Prevalence of wasting among children under 5 (0-59 months)	6%	7%	
Prevalence of anemia among children aged 6-59 months	n/a	46 ⁸	
Prevalence of anemia among women of reproductive age (15-49 years)	n/a	n/a	
Prevalence of thinness among women of reproductive age (15-49 years)	12%	12%	
Prevalence of children aged 0-5 months exclusively breastfed	13%	32%	
Prevalence of breastfed children aged 6-23 months receiving a minimum acceptable diet	n/a	24%	

National Nutrition Policies

Kenya's commitment to improving nutrition is established in Vision 2030, the country's development blueprint, and is aligned to the government's broader Medium Term Development Plan. The Government of Kenya approved a National Nutrition Action Plan in November 2012. Kenya plans to roll out 11 evidence-based High Impact Nutrition Interventions (HiNi) and has set the following nutrition targets for between 2010 and 2030: reduce severe and moderate stunting by one-third, eliminate iodine deficiency, and reduce anemia by 30 percent. The overall impact expected is a 30 percent reduction in child mortality and an increase in GDP of up to 3 percent, if implemented to scale. A Nutrition Interagency Coordinating Committee serves as the multistakeholder and multiagency platform to coordinate nutrition programs.

Higher-level coordination structures, the National Food Security and Nutrition Steering Committee (NFSNSC) and the National Food and Nutrition Security Secretariat (NFNSS), will be established in either the Office of the President or the Ministry of Devolution and Planning. Kenya's ongoing process of decentralization should ensure that nutrition is also prioritized within the country's 47 counties, each of which is developing a nutrition implementation plan for 2013-2015.

In 2012, Kenya joined **Scaling Up Nutrition (SUN)**, a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses and researchers in a collective effort to improve nutrition. There is no SUN donor convener identified.

The government has demonstrated commitment to agricultural development, signing a CAADP (Comprehensive Africa Agriculture Development Programme) Compact in 2010. CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. In the same year, the government launched a new Agricultural Sector Development Strategy, which is aligned with the CAADP.

USAID Programs: Accelerating Progress in Nutrition

Highlighted Bilateral Nutrition Projects in Kenya			
Project Name	Year Awarded	End Date	Objective(s)
Maternal and Child Health Integrated Project (MCHIP)	2008	2014 (follow on in process)	<ul style="list-style-type: none">• Support the Nutrition and Dietetics Unit (national level) to improve maternal, infant and young child nutrition (MIYCN) to achieve:• Improved linkages and coordination of implementation strategies by service delivery partners.• Improved MIYCN practices and adoption of High Impact Nutrition Interventions (HiNi).• Strategies developed for prevention and reduction of maternal anemia.• Improved MIYCN and IMAM. —Integrate FP/MIYCN to achieve:• Improved surveillance and reporting systems for nutrition indicators.
APHIAplus projects (5 service delivery	2011	2015	Support county-level nutrition priorities as identified in the action plans via USAID/Kenya service delivery mechanisms. Key focus is on implementation of HiNi interventions at scale; strengthening nutrition systems including reporting, M&E, and community- and health facility-

mechanisms with different start and end dates)			level activities; addressing social determinants of health (e.g., food insecurity and nutrition); and linkages with Feed the Future activities in regions of overlap.
Nutrition and HIV program (NHP)	2008	2014 (there will be a follow-on)	<ul style="list-style-type: none"> • Support to the National AIDS & STI Control Program (NASCOP) in management and control of HIV-associated nutritional and health risks among key vulnerable populations. • Provide technical guidance and coordination in integration of nutrition services in HIV/AIDS. • Provide capacity building to strengthen technical and management capacities for NACS services. • Provide nutrition commodities (fortified flours, RUTF and POU water disinfectant) to malnourished PLHIV, OVC, and pregnant and postpartum women. • Improve data capture and management and its use in decision making.

Feed the Future Progress

Feed the Future, the U.S. government's global hunger and food security initiative, has an overarching mission to facilitate inclusive agricultural sector growth through value chains, increase resilience and economic growth, and improve the nutritional status of rural farming families, especially women and children under 5 years of age. The value chains selected are maize and drought-tolerant staple crops, dairy, and horticulture. Feed the Future currently targets semiarid and high-rainfall areas, both of which have great potential for increasing agricultural productivity, and also encompass the highest concentrations of malnourished children, female-headed households and rural poor. Two new projects will target the arid areas. Rather than a standalone flagship nutrition project in Kenya, Feed the Future

USAID/Kenya Feed the Future Goals

- Reduce the prevalence of poverty in the Feed the Future target regions by 20 percent
- Reduce the prevalence of children suffering from stunting in Feed the Future target regions by 20 percent

supports projects' nutrition components that are nutrition-sensitive.

Feed the Future's flagship project, the **Kenya Agriculture Value Chain Enterprises** (KAVES), has incorporated pre-existing projects: the still-active Kenya Horticulture Competitiveness Project (KHCP) and the Kenya Maize Development Program (KMDP) II, which ended in 2012. KAVES aims to increase the productivity and incomes of 500,000 smallholder farmers across the strategic value chains of horticulture, dairy and staple crops. The project will also foster the adoption of innovative technologies to improve nutrition in rural households. KHCP is still active, with goals to raise incomes and increase food security for 200,000 smallholder farmers through the adoption of productivity-enhancing technologies for high-value horticultural products; improve farmers' ability to respond to market requirements; improve efficiencies at critical points in the value chain; boost value addition; and build local capacity to produce and market high-quality horticulture products.

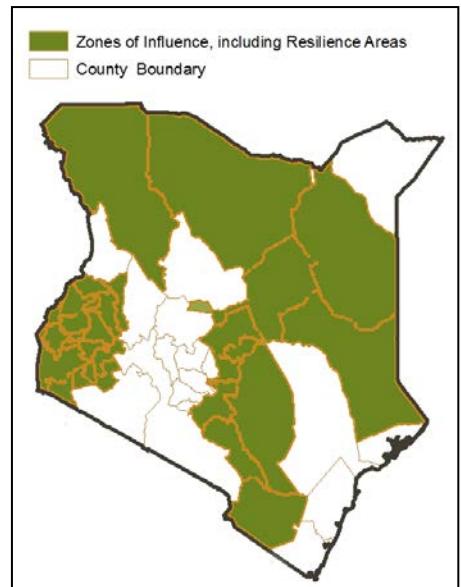
Another project, the **Kenya Dairy Sector Competitiveness Program** (KDSCP), aims to improve the quality and efficiency of milk production. Both KHCP and KDSCP contribute to improving nutrition by training farmers to produce diverse and nutritious produce, such as vitamin A-rich orange-fleshed sweet potatoes, in their kitchen gardens in addition to their staple and cash crops. KHCP works with women to increase production and marketing of indigenous and other nutritional horticultural crops, because women have greater control over revenues derived from these crops and are more likely to invest their income in better food for their children.

Two new Feed the Future projects implemented in the arid regions are the **Resilience and Economic Growth in the Arid Lands — Improving Resilience project** (REGAL-IR) and the **Resilience and Economic Growth in the Arid Lands — Accelerated Growth project** (REGAL-AG). Both projects focus on diversification of livelihoods, livestock value chain improvements, disaster risk reduction, conflict management and natural resource management. REGAL-IR covers Garissa, Isiolo, Marsabit, Turkana and Wajir counties, selected because they had the highest number of households needing food assistance during the 2011 drought. The project includes nutrition components to increase access to and utilization of a sufficient and diverse diet. REGAL-AG will operate in Marsabit and Garissa to facilitate behavior change all along the value chain — from livestock keepers to middlemen, traders, transporters and buyers — in order to improve economic resilience and stimulate growth. Overall, Feed the Future has benefited a cumulative total of 852,706 rural households. This puts USAID on track for achieving the Feed the Future target of moving 502,000 rural Kenyans out of poverty by 2017.⁸

Active Global Nutrition Mechanisms

The **Global Alliance for Improved Nutrition (GAIN)** partners with the Kenya Ministry of Public Health and Sanitation to support fortification of wheat flour and maize meal with iron, folic acid and zinc, and fortification of vegetable oil with vitamin A. The project aims to reach 95 percent of the population with fortified wheat flour and 74 percent of the population with fortified vegetable oil. GAIN also supported a study that showed that children aged 6 to 59 months who consume Sprinkles, a micronutrient powder, saw 14 percent less iron deficiency, 10 percent less vitamin A deficiency and an 11 percent greater cure rate for anemia. In addition, the GAIN Acumen Portfolio Fund (GAP) supports Insta Products (EPZ) Limited, a Kenya-based private manufacturing company developing a low-cost fortified porridge product for children 6 to 24 months.

Kenya: Feed the Future Zones of Influence



Other USAID Nutrition-Related Development Assistance

USAID/Kenya APHIAplus partners support the scale-up of High Impact Nutrition Interventions (HiNi) and investment in the health system's capacity to manage malnutrition at the health facility and community level. Thus far, USAID has trained 359 community health workers and community health extension workers on maternal, infant and young child

nutrition (MIYCN) and has provided nutrition education to community-level mothers' support groups. Some have facilitated Positive Deviance Hearth Groups to support mothers who have malnourished children.

PEPFAR supports a number of nutrition services as part of HIV/AIDS programs. One of the largest projects is the Kenya Nutrition and HIV program (implemented by FHI360). It operates in over 500 sites across the country, builds the capacity of health care providers to deliver nutrition care and support to target groups, including antiretroviral therapy (ART) clients, pre-ART clients, orphans and vulnerable children (OVC), and pregnant and postpartum women with HIV. The program also collaborates with faith-based organizations and civil society organizations, providing nutrition assessment, counseling and support (NACS) services in health facilities and in the community. Nutrition support also includes the provision of therapeutic or supplementary feeding, support to children with growth faltering, and provision of vitamin, A, zinc and deworming.

Food for Peace (Title II) targets food-insecure Kenyans in arid and semiarid areas and refugees living in the Dadaab and Kakuma camps. FFP programs provide relief and build resilience to chronic shocks through direct food distribution, supplementary feeding, maternal and child health and nutrition, food-for-assets, cash-for-assets, and therapeutic feeding activities.

Kenya joined the *Committing to Child Survival: A Promise Renewed* campaign in 2012, and pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition. To view the country action plan for ending preventable child and maternal deaths in Kenya, please see the Acting on the Call 2014 report at:

http://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf.

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