



Nourish Life

KENYA PROGRAMS



NUTRITION INTERNATIONAL IN KENYA

Kenya is among the countries in the world in which all forms of malnutrition are present. 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.

Although Kenya has made substantive progress in reducing the prevalence of stunting in children under five (from 35% in 2008 to 26% in 2014), 1.9 million (26%) are still stunted and 794,200 (11%) are underweight, while about 290,000 (4%) are too thin (KDHS 2014). Stunting is highest in the Coast, Eastern, and Rift Valley regions. Of the country’s 47 counties, 19 have a stunting prevalence above 30%, a level categorized as “very high.” While wasting among children under five is relatively low nationally (4%), it is 14% in the Northern region (Kenya National Bureau of Statistics et al. 2015).

Kenya’s neonatal mortality and under-five mortality rates also remain high. Iron deficiency (26%) and anaemia (42.6%) are high among pregnant women in Kenya, with grave consequences for the health of the mother and development of her unborn baby. Maternal deaths make up 15% of all deaths among women of reproductive age, with 7,300 women dying each year.

It is estimated that, between 2010 and 2030, undernutrition will cost Kenya approximately US \$38.3B in gross domestic product (GDP) losses (USAID 2017). A 2019 Cost of Hunger study revealed that Kenya loses Ksh 374 B every year due to malnutrition, or 6.9% of GDP. Without scaled up and sustained efforts to address malnutrition, the country’s long-term development will be seriously affected. Strategic planning is key to improving nutrition across the country.



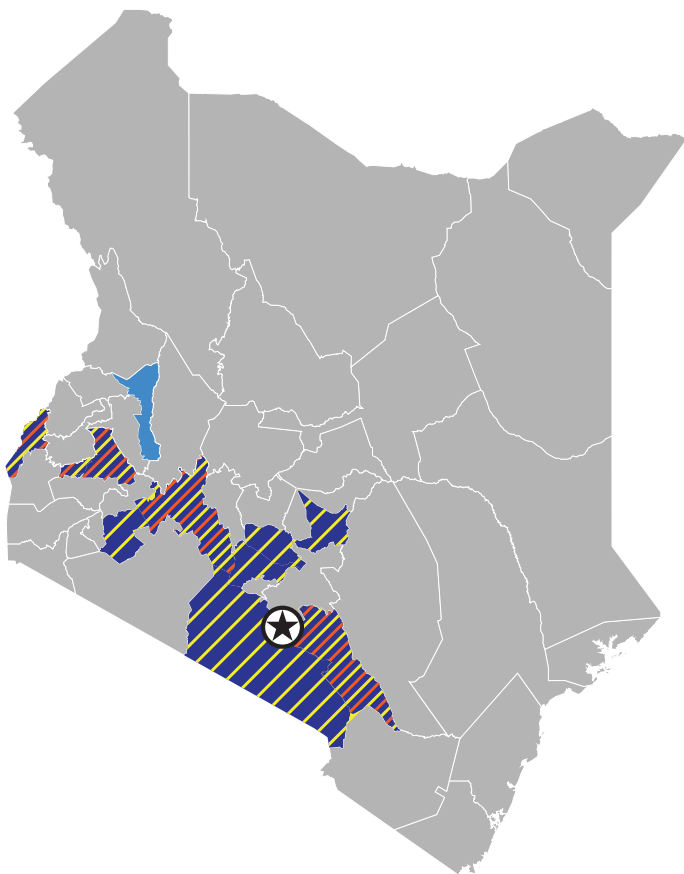


PRIORITY PROGRAMS AND GEOGRAPHIC COVERAGE

Nutrition International Kenya aims to achieve four key and complementary objectives between 2019 and 2024:

- Strengthen nutrition policy dialogue and implementation
- Support leadership, governance and accountability for nutrition
- Scale up resource mobilization and financial tracking for nutrition
- Accelerate progress on improving nutrition status, survival, health and development of people living in vulnerable situations, particularly adolescent girls, women of reproductive age, pregnant women and children under five.

Nutrition International programs cover a wide geographic scope based on needs and priority areas. National programs include vitamin A supplementation, food fortification, technical assistance for nutrition, maternal, newborn, infant and young child health and nutrition, and adolescent nutrition programs.



National programs supported by Nutrition International

Vitamin A supplementation
Maize flour fortification

Sub-national programs supported by Nutrition International

- First 1,000 Days
- Diarrhoea management
- Adolescent nutrition
- ENRICH

★ Kenya Capital: Nairobi

* Stripes indicate multiple NI-supported programs defined by colors above

OUR APPROACH

Since 2008, Nutrition International has been a key partner of the Government of Kenya in its efforts to address the burden of malnutrition. This partnership has included the provision of both technical and financial assistance to the government in implementing and scaling nutrition interventions through the health system. Recently, Nutrition International also provided technical assistance for the development of a Kenya Nutrition Action Plan (KNAP, 2018-2022). At the national level, we support policy development and dialogue, strengthen information systems, support capacity development supervision as well as nutrition governance and coordination.

Given the decentralized system of governance in Kenya, Nutrition International has increasingly focused on working in partnership with county governments in providing technical assistance for the development of costed County Nutrition Action Plans (CNAP). CNAPs identify priority multisectoral nutrition actions for each county, define targets for each intervention, and provide a monitoring and accountability framework. Based on the costed CNAPs, a matched funding model is agreed to with each county focusing on selected low-cost, high-impact nutrition interventions. Through this model, we have mobilized new funding for nutrition by increasing domestic resource allocations at the county level, elevated prioritization of nutrition and accelerated progress towards improved health and nutrition outcomes for women, children and adolescents.

In 2020, following significant consultation and engagement, Nutrition International signed performance-based funding agreements with the county governors of Busia, Makueni, Nandi, and Vihiga. Combined, these counties have committed nearly CAD\$2M in domestic nutrition investment between 2020 and 2023 – CAD\$1.6M of which is additional funding. This represents a five-fold increase in domestic funding for high-impact, low-cost nutrition actions that work. Combined with Nutrition International's 1:1 match of the additional funding, CAD\$3.6M in total will be invested in these four counties through 2023.

In the context of COVID-19, Nutrition International has made addressing the malnutrition crisis a priority. A systematic, integrated approach to nutrition and food security must be a key component of the response, resilience-building and recover. Our interventions are focused on prioritizing good nutrition for people in vulnerable situations, providing technical assistance to nutrition management, and supporting risk reduction.





TECHNICAL ASSISTANCE FOR NUTRITION

Technical Assistance for Nutrition (TAN) is a project within Nutrition International's Nutrition Technical Assistance Mechanism (NTEAM) funded with UK aid from the UK government. Through TAN, Nutrition International provides timely and coordinated technical assistance to help Scaling Up Nutrition (SUN) countries, the SUN Movement Secretariat and regional coordination bodies overcome gaps in capacity, design and delivery of multisectoral national nutrition action plans.

In Kenya, Nutrition International coordinates the provision of technical assistance (including contextual and budget analysis and tracking) to strengthen the delivery and quality of interventions. Tapping into its global hub, Nutrition International, through the TAN project, sources and deploys the necessary expertise towards effectiveness of nutrition interventions.

Since 2016, Nutrition International has supported an in-depth review of the National Nutrition Action Plan 2012-2017, provided complementary support to the development of the Kenya Nutrition Action Plan 2018-2022, supported coordination of the SUN Business Network and development of the SUN Business Strategy, and is currently working with 12 counties to develop County Nutrition Action Plans. This technical assistance is helping translate national nutrition policy into local action for improved nutrition results 'on the ground,' fostering ownership, multisectoral collaboration and commitment of county-level financial resources; identifying relevant, contextualized county-led nutrition actions; and strengthening local capacity to implement them.



CURRENT PROJECTS **FIRST 1,000 DAYS: INTEGRATED MATERNAL, NEWBORN, INFANT & YOUNG CHILD HEALTH AND NUTRITION**

The first 1,000 days, from conception to two years of age, is a critical period for a child's health and development. Nutrition International works with the national government and 10 county governments to improve coverage and quality of integrated maternal, newborn, infant, and young child nutrition and health services at the health facility and community levels. Nutrition International focuses on scaling up low-cost, high-impact nutrition and health interventions to help reduce anaemia in pregnancy, prematurity and low birthweight, stunting, and mortality and morbidity among pregnant women, neonates and young children.

These interventions include iron and folic acid supplementation, nutrition counselling during and after pregnancy, early and comprehensive antenatal care, skilled birth attendance, timely initiation of breastfeeding, exclusive breastfeeding in the first six months, optimal complementary feeding, continued breastfeeding up to two years, kangaroo mother care for preterm and low birthweight babies, chlorhexidine for cord care, and comprehensive postnatal care for mothers and newborns.

The main strategies include policy influence to promote evidence-based programming, advocacy with national and county governments for increased resource allocation for maternal, newborn, infant and young child health and nutrition, strengthening health commodity management, improving health information management for planning, promoting capacity development for frontline health workers including community health volunteers, and behaviour change interventions targeting key social influencers and caregivers.

CURRENT PROJECTS

VITAMIN A SUPPLEMENTATION

The Kenya National Micronutrient Survey 2011 revealed that 62% of pre-school children were either vitamin A-deficient (9.2%) or had marginal vitamin A-deficiency (52.6%), compromising their immune system and increasing their vulnerability to illnesses such as diarrhoea, measles and respiratory infections. Each year, Nutrition International provides the Ministry of Health with more than 16 million capsules of vitamin A, enough for two doses for all children age 6 to 59 months.

Nutrition International supports vitamin A supplementation (VAS) through routine delivery platforms including health facilities, community units, and integration into national 'malezi bora' weeks. Nutrition International works closely with the Government of Kenya and partners to support national and county level coordination mechanisms to deliver vitamin A. Nutrition International also engages in research to explore cost-effective ways of maximizing VAS delivery through various platforms including early childhood centres, health facilities and community health units.

DIARRHOEA MANAGEMENT

Diarrhoea remains one of the leading causes of child deaths in Kenya. According to the KDHS 2014, 15% of children under five had diarrhoea in the two weeks before the survey. Together, zinc and oral rehydration salts (ORS) treat diarrhoea quickly and effectively. Our aim is to decrease the number of diarrhoea episodes in children under five, while increasing the number of children treated adequately with zinc and ORS. Of the diarrhoea cases reported in the 2014 survey, only 7.2% were treated with ORS. Nutrition International is working with partners to increase public access and utilization of zinc and ORS, making it available in public and private health facilities, via community health volunteers, through pharmacies and shops, as well as at other community-level outlets.



CURRENT PROJECTS

NUTRITION FOR ADOLESCENT GIRLS AND WOMEN

Anaemia is a public health concern for adolescent girls in Kenya. 16% of adolescents aged 10 to 14, and 14% of those aged 15 to 19, are anaemic. Anaemia negatively impacts a girl's academic potential and productivity at home and in the community. If an adolescent girl becomes pregnant, anaemia increases the chances of poor reproductive outcomes. In Kenya, teen pregnancy and motherhood rates stand at 18%.

Nutrition International's adolescent health program focuses on reducing iron deficiency anaemia among adolescent girls aged 10-19 years through two components: strengthening the enabling environment for adolescent health and nutrition through support to the Ministry of Health, and implementing a nutrition education and weekly iron and folic acid supplementation (WIFAS) project in collaboration with county departments of health and the Ministry of Education. The project aims to increase access and demand for nutrition education and WIFAS among adolescent girls and key influencers including parents, teachers and opinion leaders, and to strengthen the capacity of available platforms to deliver and monitor nutrition education and WIFAS for adolescent girls and boys. The Nutrition International adolescent project is currently being implemented in five counties (Busia, Nakuru, Nandi, Vihiga and Makueni).

In 2019, 4.6 million iron and folic acid tablets were procured and distributed to 1,487 schools in Busia and Nakuru counties. In the same year, more than 200,000 girls were reached with WIFAS. 39% received the recommended scheme of WIFAS and 37% consumed the recommended scheme. 190,000 adolescents (108,574 girls and 83,117 boys) were reached with gender-sensitive health and nutrition education.

The Ministry of Health and Ministry of Education are responsible for the overall national leadership for adolescent health and nutrition, including policy formulation, coordination of partners at national and county levels, and provision of technical assistance to counties. With Nutrition International's technical and financial support, several policies and guidelines necessary for adolescent health and nutrition programming have been developed.

FOOD FORTIFICATION

Food fortification is a sustainable, cost-effective, high-impact intervention that facilitates wide population coverage with essential vitamins and minerals to address micronutrient deficiencies. Given the high consumption of maize flour across the population, Nutrition International's food fortification program in Kenya focuses on maize flour fortification, in addition to supporting national-level coordination of the broader food fortification program. Nutrition International provides both technical and financial support to the government for coordination, strategy development and execution, capacity building of industry and government officers, and monitoring and evaluation of food fortification activities.

In addition, we support policy development and compliance on well-researched fortification standards for small- and medium-scale millers. In 2017, Nutrition International supported the development of Kenya's National Food Fortification Strategic Plan (2018-2022). Through our program, more than 2.5 million additional people had access to, and consumed, adequately fortified maize flour between 2018 and 2019.

CURRENT PROJECTS NUTRITION SERVICES TO IMPROVE MATERNAL AND CHILD HEALTH (ENRICH)

ENRICH was a special project which aimed to improve the health and nutrition status of mothers, newborns and children in select regions of Kenya. The project, implemented in partnership with World Vision, aimed to develop health workforce capacity, strengthen commodity supply chain management, health management information systems, and social behaviour change communication in Elgeyo Marakwet county.

Key Achievements:

- Improved nutrition service delivery through capacity development of county and sub-county health management teams, health workers and community health volunteers in line with the county Universal Health Coverage agenda.
- Strengthened quality improvement systems through regular supportive supervision, data quality audits and data review meetings
- Micronutrient Powder (MNP) program scaled up from project area to entire county through procurement of 2.1 million sachets of MNP
- Improved production and consumption of nutritious (biofortified) crop varieties, including high iron beans and orange-fleshed sweet potato
- With support from Nutrition International's TAN project, the CNAP 2019-2023 was developed to ensure the county has a roadmap and the commitment to continue addressing the problem of malnutrition. The CNAP identifies priority nutrition interventions across sectors, such as health, agriculture, education, sports, gender and social protection, and water. This action plan defines targets for each intervention and provides a monitoring and accountability framework as well as a budget for each intervention.
- Nutrition International continues to support advocacy for increased domestic resource allocation from nutrition-specific and nutrition-sensitive sectors to implement the CNAP.



CURRENT PROJECTS

SCALING UP NUTRITION CIVIL SOCIETY ALLIANCE

Kenya's Scaling Up Nutrition Civil Society Alliance (SUN CSA) is chaired and hosted by Nutrition International Kenya. SUN is a country-led global movement to end malnutrition in all its forms. Kenya is among the 61 members countries committed to engage, inspire and invest in this mission. The SUN CSA network in Kenya is an alliance of 63 NGO partners spanning multiple sectors and backgrounds. The SUN CSA is mandated to mobilize, coordinate, capacity build, and inform civil society organizations and individuals on food and nutrition security issues. The CSA makes a unique contribution to the SUN movement by:

- Raising awareness, through social mobilization, advocacy and campaigning, of the impact of malnutrition and encouraging governments make addressing it a priority.
- Implementing programs that are reaching affected communities and delivering multisectoral nutrition-sensitive and nutrition-specific interventions.
- Tracking progress, from the local level to the global level, by monitoring nutrition spending, collecting data to ensure no one is left behind and holding governments accountable for their promises.

Nutrition International Kenya also manages the SUN pooled fund. The fund has supported the development of six CNAPs and facilitated advocacy forums to mobilize support, resources and ensure prioritization of these plans at the county level. This also includes working with county first ladies, media, and parliamentarians.

PARTNERSHIP WITH AMREF HEALTH AFRICA

Nutrition International, in partnership with Amref Health Africa, is implementing an integration project geared towards improving Amref's capacity to deliver nutrition interventions through its existing extensive health programs and platforms. The goal of the project is to ensure nutrition integration across Amref programs, improve quantity, quality and timeliness of the provision of nutrition interventions, and increase demand/uptake of nutrition interventions based on gaps identified during through a mapping exercise.







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