Kenya: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policymakers in Kenya, where out of a total under-5 population of 7 million, 1.82 million children (26 percent) are suffering from chronic malnutrition (stunting or low height-for-age) (Kenya National Bureau of Statistics (KNBS) et al. 2015). In addition, although malnutrition indicators are improving, it is estimated that from 2010–2030 undernutrition will cost Kenya approximately US$38.3 billion in GDP due to losses in workforce productivity (USAID 2017a).

Background

Kenya's economy grew rose by an estimated 5.8 percent in 2016, making Kenya one of the fastest-growing economies in Sub-Saharan Africa (World Bank 2017). This growth was supported by a stable macroeconomic environment, low oil prices, a rebound in tourism, strong remittance practices, and government-led infrastructure development. However, political turmoil during the presidential elections in 2017, in which at least 55 Kenyans died, may slow growth (World Bank 2017; USAID 2017b).

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 a fourth of the country's gross domestic product (USAID 2017a). However, agricultural productivity has been stagnating in recent years due to frequent droughts, floods, and climate change; only about 20 percent of Kenyan land is suitable for farming. Maximum yields have not been reached, indicating the potential for substantial increases in productivity (USAID 2017a).

Currently, Kenya ranks 125th out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). According to the most recent Demographic and Health Survey (DHS) in Kenya (2014), the maternal mortality ratio is 362 per 100,000 live births. Although Kenya has made significant strides in reducing neonatal, infant, child, and under-5 mortality, one in every 26 Kenyan children will die before reaching 1 year of age, and one in every 19 will not survive to his/her fifth birthday (KNBS et al. 2015).

Nutrition and Food Security Situation

Kenya continues to face severe food insecurity with 3.4 million people in 2017 suffering from acute food insecurity (USAID 2017a). Persistent droughts, high costs of domestic food production, high global food prices, low purchasing power, and displacement of farmers during election violence in 2007 all contribute to food insecurity in the nation (USAID 2017a).

Kenya has made substantive strides in reducing the prevalence of stunting nationally, falling from 35 percent in 2008 to 26 percent in 2014 (KNBS et al. 2015; KNBS and ICF Macro 2010). Stunting is highest in the Coast, Eastern, and Rift Valley regions. It is most prevalent among children 18–23 months, indicating that poor complementary feeding and hygiene and sanitation practices are likely contributors to stunting in that age group. While acute malnutrition (wasting or low weight-for-height) among children under 5 years is relatively low nationally (4 percent), it reaches almost 14 percent in North Eastern region (KNBS et al. 2015). Children of mothers who did not complete primary school or who have no education are more likely to be stunted at 34 percent and 31 percent, respectively, than children of mothers with a secondary or higher education at 17 percent. Disparities are also apparent among wealth quintiles. Fourteen percent of children in the highest wealth quintile are stunted, while 36 percent of children in the lowest wealth quintile are stunted (KNBS et al. 2015).

Inadequate infant and young child feeding practices also contribute to high rates of malnutrition in the country. Although exclusive breastfeeding practices have increased dramatically, from 32 percent in 2008 to 61 percent in 2014, only 42 percent of infants 4–5 months of age are still exclusively breastfed and only 62 percent of mothers initiate breastfeeding within an hour of birth (KNBS et al. 2015; KNBS and ICF Macro 2010). In addition, complementary feeding practices are poor in Kenya, as only 22 percent of breastfed children 6–23 months received a minimum acceptable diet (KNBS et al. 2015). Vitamin A deficiency is relatively low at 9 percent in children under 5 years. However, only 35 percent of children 6–23 months consumed vitamin A-rich foods and 16 percent consumed iron-rich foods in the past day (KNBS et al. 2015; MOH 2011). Maternal and child anemia are widely prevalent in Kenya, with 36 percent of children under 5 years and 42 percent of pregnant women suffering from anemia (KNBS et al. 2015; National Malaria Control Programme (NMCP Kenya et al. 2016). Adolescent girls 15–19 years in Kenya are the most malnourished group among women of reproductive age; 17 percent have a body mass index < 18.5, compared to 6 percent of women 40–49 years of age (KNBS et al. 2015). Although undernutrition is still an issue in Kenya, overweight and obesity are also becoming a concern, with 33 percent of women overweight or obese (KNBS et al. 2015).

Kenya has one of the world's highest rates of population growth (USAID 2017a). The population has tripled in the past 35 years, straining the country's resources and leaving young people, especially women, particularly vulnerable to poverty and malnutrition (KNBS et al. 2015). Although the total fertility rate has reduced in the past 20 years (from 5.4 in 1993 to 3.7 in 2015), the adolescent fertility rate increased between the 2008–09 DHS and the 2014 DHS, from 36 to 40 percent (Central Bureau of Statistics (CBS) [Kenya], et al. 2004; KNBS and ICF Macro 2010; NMCP Kenya et al. 2016). The high prevalence of adolescent pregnancy has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death than those born to older mothers. The risk of stunting is 33 percent higher among first-born children of girls under 18 years in Sub-Saharan Africa, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014).

Kenya Nutrition Data (DHS 2008–2009 and 2014, MIS 2015, and NNS 2011)		
Population 2016 (UNICEF 2017)	48.5 million	
Population under 5 years of age (0–59 months) 2016 (UNICEF 2017)	7 million	
	DHS 2008–2009	DHS 2014
Prevalence of stunting among children under 5 years (0–59 months)	35%	26%
Prevalence of underweight among children under 5 years (0–59 months)	16%	11%
Prevalence of wasting among children under 5 years (0–59 months)	7%	4%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	6%	8%
Prevalence of anemia among children 6–59 months	46%	36%[1]
Prevalence of anemia among women of reproductive age (15–49 years) (non-pregnant)	22%[2]	NA
Prevalence of thinness among women of reproductive age (15–49 years) (BMI less than 18.5 kg/m2)	12%	9%
Prevalence of children 0–5 months exclusively breastfed	32%	61%
Prevalence of children 4–5 months exclusively breastfed	13%	42%
Prevalence of early initiation of breastfeeding (i.e. put to the breast within 1 hour of birth)	58%	62%
Prevalence of children who receive a pre-lacteal feed	42%	16%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	24%	22%

[1] Data are from the 2015 Malaria Indicator Survey, not the 2014 DHS.
[2] Data are from the 2011 National Nutrition Survey, not the 2008–2009 DHS.

Prevalence of overweight among children under 5 years (0–59 months)	5%	4%
Prevalence of overweight among women of reproductive age (15–49 years)	25%	33%
Coverage of iron for pregnant women (for at least 90 days)	3%	8%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	30%	72%
Percentage of children 6–59 months living in households with iodized salt	98%	100%

NA: Not Available

Global and Regional Commitment to Nutrition and Agriculture

Kenya has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2012	Committing to Child Survival: A Promise Renewed Campaign	Kenya 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 (A Promise Renewed 2017).
2012	Scaling Up Nutrition (SUN) Movement	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. Priorities for 2017–2018 include advocating for the finalization and dissemination of key bills in parliament (e.g., Food and Nutrition Security Bill and the Breastfeeding Bill), support for the dissemination and implementation of the Health Act 2017, and roll-out of the nutrition financial tracking tool at the national and county levels, among others (SUN 2017). The European Union is the SUN donor convener.
2010	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	The government has demonstrated commitment to agricultural development, signing a CAADP Compact in 2010. CAADP is an Africa-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.

National Nutrition Policies/Legislation, Strategies, and Initiatives

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 as well as the following documents:

- National Nutrition Action Plan (2012)
- National Food and Nutrition Security Policy (2011)
- National Comprehensive School Health Policy (2007)
- The Breast Milk Substitutes (Regulation and Control) Act No.34 of 2012
- Kenya National Strategy for the Prevention and Control of Non-Communicable Disease (2015–2020)
- United Nations Development Assistance Framework for Kenya (2014–2018)
- National School Health Strategy Implementation Plan (2011)
- Child Survival and Development Strategy (2008)
- Food Security and Nutrition Strategy (2008)

The Government of Kenya approved a National Nutrition Action Plan (NNAP) in November 2012. As this comes to an end in 2017, the process of reviewing its successes, best practices, challenges, and lessons learned has been completed and will inform the development of the new NNAP. Kenya plans to roll out 11 evidence-based High Impact Nutrition Interventions 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 (USAID 2011). A Nutrition Interagency Coordinating Committee serves as the multi-stakeholder and multi-agency platform to coordinate nutrition programs. High-level coordination structures—the National Food Security and Nutrition Steering Committee (NFSNSC) and the National Food and Nutrition Security Secretariat (NFNSS)—have been established in the Office of the President. Kenya's ongoing process of decentralization ensures that nutrition is also prioritized within the country's 47 counties, each of which is developing a nutrition implementation plan. These efforts to address malnutrition at both the national and county levels are contributing to Kenya being one of the few countries in the world that is on track to meet the World Health Assembly 2025 nutrition targets (UNICEF 2016).

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in Kenya. The U.S. Government selected Kenya as one of 12 Feed the Future target countries for focused investment under the new U.S. Government Global Food Security Strategy.

Selected Projects and Programs Incorporating Nutrition in Kenya

Name	Dates	Description
Feed the Future	Ongoing	Feed the Future, the U.S. government's global hunger and food security initiative, has an overarching mission to: facilitate inclusive agriculture 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. Feed the Future currently targets semi-arid 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. Rather than a standalone flagship nutrition project in Kenya, Feed the Future supports the nutrition components within projects which aim to improve the availability of food, income, and women's empowerment. Nutrition messaging through Social and Behavior Change Communication (SBCC) promotes behavior

		change across agriculture, WASH, and health activities. Since nutrition-sensitive agriculture activities alone do not automatically translate into nutritional gains, the projects layer with maternal and child health services supported by the Office of Health as well as other nutrition-specific interventions. In addition, they layer nutrition-sensitive agriculture activities with WASH activities to contribute to improvements in nutritional status and support behavior changes related to the use of clean water, sanitation, and other practices to support a safe and clean environment.
Food for Peace	Ongoing	USAID's Office of Food for Peace (FFP) targets food-insecure Kenyans in arid and semi-arid 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 in Kenya. In Fiscal Year 2017, FFP is providing support to the World Food Programme (WFP) for contingency planning for possible violence and displacement associated with the Kenyan general elections, as well as supplementary nutritious foods for all children under 5 years and for pregnant and lactating women in the counties with the highest levels of acute malnutrition (USAID 2017b).
Livestock Market Systems (LMS) Program	2017–2022	LMS aims to strengthen people's resilience to shocks and stresses and to reduce the prevalence and depth of poverty, household hunger, and chronic undernutrition. The program aims to do this by strengthening institutions, market systems, governance, and human capital.
USAID Kenya Crop and Dairy Market Systems Development Activity	2017–2022	The purpose of the USAID Kenya Crop and Dairy Market Systems Development Activity is to support inclusive and sustainable agriculturally-led economic growth, strengthened resilience among people and systems, and a well-nourished population, especially women and children.
Afya Halisi	2017–2022	Afya Halisi seeks to increase key nutrition practices and utilization of focused maternal, neonatal, child, and adolescent health services; reproductive health and family planning services; and WASH services in Kitui and Western regions.
Afya Uzazi	2016–2021	Afya Uzazi seeks to increase adoption of healthy maternal, neonatal, child, and adolescent health behaviors; reproductive health behaviors; WASH; and nutrition behaviors in Nakuru and Baringo counties.
Afya Timiza	2016–2021	Afya Timiza seeks to accelerate scale-up of high-impact maternal, neonatal, child, adolescent, and reproductive health interventions, including priority nutrition and WASH interventions in Turkana and Samburu counties.
Kenya integrated Water and Sanitation Program (KIWASH)	2015–2020	KIWASH aims to: improve health outcomes through the provision of sustainable WASH; promote the use of small-scale irrigation kits for use in kitchen gardens to increase the intake of micronutrients at the household level; and provide agricultural information, improved technologies, and nutrition messaging to the rural poor to improve nutrition and potentially increase incomes through sales of excess produce.
Kenya Resilient Arid Lands	2015–2020	Kenya RAPID seeks to help communities have increased access to sustainable WASH services and improved rangeland management. The program seeks to

Partnership for Integrated Development (Kenya RAPID)		promote the use of safe water, sanitation facilities, and good hygiene to improve nutritional outcomes by addressing both the immediate and underlying causes of malnutrition, as well as to promote point-of-use water treatment and safe storage options at the household level in all intervention communities. The program also plans to promote kitchen gardens at household level and provide education on key nutrients and food diversification strategies.
Increasing Smallholder Productivity and Profitability (ISPP) Project	2016–2019	ISPP contributes to the reduction of rural poverty and food and nutrition insecurity of smallholders by improving smallholder farmers' agricultural productive capacity, economic potential, and nutritional outcomes.
Maternal Child Survival Program (MCSP)	2014–2019	MCSP seeks to increase the capacity of county health management teams in Kenya to deliver high-impact interventions including nutrition.
Nutrition Health Program plus (NHPplus)	2015–2019	NHPplus seeks to increase access to and demand for quality nutrition services, improve food and nutrition security, and provide commodity management support. NHPplus buys and distributes fortified, blended food and ready-to-use therapeutic food to address severe acute malnutrition (FHI 360 2017).
Afya Pwani	2016–2019	Afya Pwani seeks to increase access to and utilization of focused maternal, neonatal, and child health services; reproductive health and family planning services; and WASH services in Kilifi county.
Kenya Agricultural Value Chain Enterprises (KAVES)	2013–2018	KAVES seeks to increase the productivity and incomes of rural households and other actors along the dairy, horticulture, and staple crops value chains, thereby enhancing food security and improving nutrition.
Accelerated Value Chain Development Program (AVCD)	2015–2018	AVCD seeks to apply technologies and innovations widely for selected value chains to competitively and sustainably increase productivity; and to contribute to the Feed the Future project goals of inclusive agricultural growth and improved nutrition and food security in the country by: • Increasing the productivity and utilization of crops to improve access to and diversity of food among the targeted beneficiaries. • Undertaking specific activities to improve the quality of food at the household and market levels by improving the storage, processing, and cooking techniques used by households.
Afya Jijini	2015–2018	Afya Jijini seeks to increase access to and utilization of focused maternal, neonatal, child, and adolescent health services; reproductive health and family planning services; WASH; and nutrition services in Nairobi county.

References

A Promise Renewed. 2017. "Kenya." Available at: http://www.apromiserenewed.org/countries/kenya/

Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya] and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003: Key Findings*. Calverton, Maryland, USA: CBS, MOH, and ORC Macro.

FHI 360. 2017. "Project: Nutrition and Health Program Plus (NHPplus) in Kenya." Available at: https://www.fhi360.org/projects/nutrition-and-health-program-plus-nhpplus-kenya.

Fink, G., Sudfeld, C.R., Danaei, G., Ezzati, M., and Fawzi, W.W. 2014. "Scaling-Up Access to Family Planning May Improve Linear Growth and Child Development in Low and Middle-Income Countries." *PLoS ONE* 9(7): e102391. Doi: 10.1371/journal.pone.0102391.

Kenya National Bureau of Statistics, Ministry of Health, National AIDS Control Council, Kenya Medical Research Institute, National Council for Population and Development and ICF International. 2015. *Kenya Demographic and Health Survey 2014*. Nairobi, Kenya and Rockville, MD: KNBS and The DHS Program/ICF International.

KNBS and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.

Ministry of Health (MOH). 2011. *The Kenya National Micronutrient Survey 2011*. Available at: http://www.nutritionhealth.or.ke/wp-content/uploads/Downloads/The%20Kenya%20National%20Micronutrient%20Survey%202011.pdf

National Malaria Control Programme (NMCP) Kenya, Kenya National Bureau of Statistics (KNBS) and ICF International. 2016. *Kenya Malaria Indicator Survey 2015*. Nairobi, Kenya: NMCP, KNBS, and ICF International.

Sachs, J., Schmidt-Traub, G., Kroll, C., Durand-Delacre, D., and Teksoz, K. 2017. *SDG Index and Dashboards Report 2017*. New York, NY: Bertelsmann Stiftung and Sustainable Development Solutions Network (SDSN).

SUN. 2017. *Kenya SUN Movement Annual Progress Report 2017*. Available at: http://docs.scalingupnutrition.org/wp-content/uploads/2017/10/Kenya-SUN-Movement-Annual-Progress-Report-2017.pdf.

UNICEF. 2016. *Kenya, 14 June 2016: First Lady launches the 2016 Global Nutrition Report in Nairobi*. Available at: https://www.unicef.org/esaro/5440_ken2016_2016-nutrition-report.html.

UNICEF. 2017. *The State of the World's Children 2017*. Available at: https://www.unicef.org/sowc/

USAID. 2011. *Kenya: FY 2011–2015 Multi-Year Strategy*. Available at: https://feedthefuture.gov/sites/default/files/resource/files/KenyaFeedtheFutureMultiYearStrategy.pdf

USAID. 2017a. "Country Profile: Kenya." Available at: http://www.feedthefuture.gov/country/kenya

USAID. 2017b. "Horn Of Africa - Complex Emergency Fact Sheet #1, Fiscal Year (FY) 2018." Available at: https://www.usaid.gov/sites/default/files/documents/1866/hoa_ce_fs01_11-28-2017.pdf

World Bank. 2017. "Kenya Country Overview." Available at: http://www.worldbank.org/en/country/kenya/overview