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# Accelerated Nutrition Progress in Kenya

*by Jordan Teague*



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**“Recognizing that children are the greatest asset of our nation, my government is committed to ending child undernutrition.”**

*– The Honorable Uhuru Kenyatta,  
President of Kenya*

## SUMMARY AND HIGHLIGHTS

In just five years, Kenya reduced its child wasting rate by 39 percent. It also made progress on child stunting, with a 35 percent decrease over nine years. This rapid progress against malnutrition was made possible by improvements in many areas: delivering nutrition services, enacting nutrition governance legislation, strengthening supportive economic policies, developing a healthier food system, and building community resilience. Effective advocacy for nutrition and external support to the Kenyan government were also key ingredients in success.

But Kenya faces difficulties in its efforts to further reduce malnutrition. Two areas of difficulty are wide disparities among the country's regions, and shortfalls in funding.

Kenyans themselves must take the lead in overcoming these obstacles, but the U.S. government can support Kenya, along with other countries working to reduce malnutrition, in three main ways:

- Increase nutrition funding to help fill the funding gap.
- Invest nutrition resources for greater impact by increasing the share of nutrition funding in programs and making nutrition a key objective of agriculture and health programs.
- Target nutrition resources to the communities with the highest burden of malnutrition.

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## Introduction

In 2015, the Global Nutrition Report identified Kenya as the only country in the world on track to achieve all six of the World Health Assembly targets on maternal and child nutrition (see Box 1). In 2020, Kenya was still on track to achieve five of the targets and was at risk of missing just one, the target on reducing anemia.

Kenya is a lower middle-income country in East Africa, population approximately 50 million, that has made significant development gains over the past decade. The World Bank notes that Kenya has one of sub-Saharan Africa's fastest growing economies, with a growth rate of 5.7 percent in 2018.<sup>1</sup> Kenya's gross national income (GNI) per capita and its life expectancy are on the rise.

Despite hosting a large refugee population from several neighboring countries, and despite problems that include poverty, economic inequality, and the impacts of climate change, Kenya has the capacity and commitment to make more progress on maternal/child nutrition, as on other issues. In five years, Kenya reduced its child wasting rate by 39 percent. It also reduced child stunting by 35 percent over nine years.

At the time of writing, Kenya's COVID-19 transmissions were on the rise and the country was classified as high risk for rapid transmission by the Africa Centre for Strategic Studies. COVID-19 is projected to be less economically devastating in East Africa than other African

subregions, but the pandemic is nonetheless expected to weaken Kenya's economy.<sup>2</sup> A recession would likely wreak havoc on the country's ability to provide basic services to its population.

Kenya's health system is not well-equipped to handle COVID-19, given a shortage of trained staff (as explored in this paper) and low funding levels. Public health officials are especially concerned about parts of Kenya that already have high levels of acute malnutrition, also known as wasting, among young children. Wasting is life-threatening: malnourished children are nine times more likely to die of preventable diseases as well-nourished children.<sup>3</sup>

### BOX 1: GLOBAL NUTRITION TARGETS

#### 2025 WORLD HEALTH ASSEMBLY GLOBAL NUTRITION TARGETS

- 40% reduction in the number of children under-5 who are stunted
- 50% reduction of anemia in women of reproductive age
- 30% reduction in low birth weight
- No increase in childhood overweight
- Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%
- Reduce and maintain childhood wasting to less than 5%



#### 2030 SUSTAINABLE DEVELOPMENT GOALS

- End malnutrition in all its forms



This paper describes the elements necessary for Kenya to continue its progress against malnutrition, building on already significant reductions. While the full effects of COVID-19 on nutrition in Kenya remain to be seen, Kenya is a potential source of insights that other countries and stakeholders such as the U.S. government could use to shape their own foreign assistance and investments in maternal/child nutrition.

In April 2019, a team from Bread for the World Institute traveled to Kenya to explore how the nation made faster progress on maternal/child nutrition. See Appendix 1 for a list of the team's meetings and site visits.

## Governance

Nearly all stakeholders consulted during the visit to Kenya named governance as a key factor in making progress on nutrition. Governance is defined in Bread for the World Institute's 2017

Hunger Report as “the norms by which a government operates, measured in terms such as transparency, accountability, rule of law, and strength of institutions.”<sup>4</sup> Good governance requires the capacity of government and other stakeholders to provide services and achieve goals.

One vital component of nutrition governance is a steadfast government commitment to improving nutrition. Bread for the World often calls this commitment “political will.” A national government can demonstrate it by adopting a national policy framework that coordinates multiple sectors in a joint effort to find solutions to the causes of malnutrition.

Other components of nutrition governance include enacting laws that create an enabling environment for better nutrition; approving sufficient funding for nutrition services, especially for the people at highest risk; and ensuring that civil society and other non-government stakeholders are genuinely engaged in decision-making and have a platform to exchange views and concerns with government.

Kenya has multiple national policies concerning nutrition (see Box 2). These policies show the government’s commitment to reducing hunger and malnutrition. It is noteworthy that the policies include a list of specific high-impact nutrition services that Kenya considers priorities, along with their estimated costs. This enables external stakeholders to support the country’s priorities and plans.<sup>5</sup>

It is striking that the constitution Kenya adopted in 2010, which features the most progressive bill of rights in Africa, includes the right to be free from hunger, the right to have adequate food of acceptable quality, and other rights that directly reinforce better nutrition. Food security is also among the “Big 4” goals that President Uhuru Kenyatta adopted in 2018 as his second term began (the others are affordable housing, affordable health care, and manufacturing).

Kenya’s Minister of Health, Sicily Kariuki, echoed the president when she said, “The government is committed to ensuring food and nutrition security as envisioned in the Kenya Vision 2030, the National Food and Nutrition Security Policy 2012, the Big Four Agenda, and the 2030 Agenda for Sustainable Development.”<sup>6</sup>

## BOX 2: NUTRITION-RELATED POLICIES IN KENYA

- Nutritionists and Dieticians Act—2007
- National Food and Nutrition Security Policy—2011
- Breast Milk Substitutes Regulation and Control Bill—2012
- Food, Drug, and Chemical Substance Act—2012
- National Nutrition Action Plan—2012 and 2018
- Kenya Health Strategic Plan—2013
- Food and Nutrition Security Policy Implementation Framework—2017
- Breastfeeding Mothers Bill—2017

## BOX 3: HOME-GROWN SCHOOL FEEDING IN KENYA

A good example of U.S. government support that has promoted stronger local governance is the school feeding program in Kenya. Since 2004, the U.S. government has provided support to the World Food Program (WFP), through the McGovern-Dole International Food for Education and Child Nutrition program, to provide school meals. One of the main areas of focus of the McGovern-Dole program is sustainability, meaning that the program should transition to local or national government authorities to operate on their own when the time is right.

In 2009, the government of Kenya established its Home-Grown School Feeding program, which focused on purchasing food from local farmers and serving it to schoolchildren for lunch. Since then,

the World Food Program, with support from the McGovern-Dole program, has been training and supporting government officials to begin operating the school meals program independently. The transition is taking place county by county so that local officials can be offered coaching as they begin to gain experience in managing such a large program. The entire program, which encompasses all 47 counties, was formally transitioned to the government of Kenya in 2018. As mentioned earlier, allocating funding is essential to having the capacity and showing the commitment needed to implement nutrition programs, and in 2019, the Kenyan government budgeted almost \$24 million for the school meals program.<sup>7</sup>



TABLE 1: **PERCENT CHANGE IN STUNTING BY HOUSEHOLD WEALTH FROM 2008 TO 2014**

Population	Percent Reduction in Stunting
Wealthiest quintile	44%
Poorest quintile	19%

Source: Kenya Demographic and Health Surveys 2014.

acutely malnourished children. KEMSA supplies products to more than 10,000 facilities located in every county in the country.<sup>8</sup>

The Kenyan government also hosts a national nutrition technical forum. The forum is a multi-stakeholder platform where people who work in this field can coordinate on nutrition plans, monitor progress on the National Nutrition Action Plan, and share best practices for nutrition in Kenya.

Kenya has the right policies and plans in place for nutrition governance. They mean little, however, if plans have no funding. In 2019, the Ministry of Health had a nutrition budget line item of 250 million Kenyan shillings (roughly \$2.4 million). Of this, nearly 98 percent—245 million shillings—is designated to treat wasting, which, as mentioned earlier, is a life-threatening condition. Although the budget for other nutrition programs is small, it is encouraging that funding for these programs is tracked so that the government, nutrition professionals, civil society, and donors can more easily identify funding gaps.

### Economic Policy

Economic growth, especially growth in ways that reduce poverty and lead to higher incomes for the lowest-income households, is recognized as an “enabling factor” for rapid progress on nutrition<sup>9</sup>—

## BOX 4: DEVOLUTION

Kenya’s 2010 Constitution ushered in a new era of “devolution” to the local level, meaning simply that counties were given authority and responsibility to provide most basic government services. Instead of the national government’s planning, implementing, and allocating resources for services, 47 elected county governments are now entrusted with this work. Of course, it has taken time for the new county officials to become accomplished in carrying out tasks that many had little previous experience with, but devolution has brought decision making power closer to the Kenyan people and made it easier to identify problems and potential solutions. While some gaps remain—for example, some counties do not seem to prioritize nutrition as much as others—“decentralization is one of the biggest drivers” of progress on nutrition in Kenya, said George Ouma, Regional Advocacy and Communications Specialist with Action Against Hunger.

Here are some highlights of devolution’s impact on nutrition:

- The national government has consistently increased its transfers of funds to the counties for general budgets—the latest data show a level of \$2.5 billion

- County allocations to the health sector have increased from an average of 23.4 percent of the county budget in 2015 to 27 percent in 2018
- The publicly-funded health workforce, including nutrition service workers, has increased from 46,000 people in 2014 to 65,000 in 2018<sup>10</sup>
- Mandera County increased its nutrition workforce from three nutritionists to 67—an increase of 2,200 percent
- Mombasa County allocated KES 10 million (nearly \$94,000) to nutrition in 2017<sup>11</sup>

Devolution led to the establishment of county-level nutrition working groups. Almost half the counties have nutrition action plans that working groups are now implementing, and some are now seeking to establish dedicated budget line items for nutrition. Each county has also formed its own nutrition technical forum to coordinate activities. Like the national nutrition technical forum, these are government-led multi-sectoral multi-stakeholder platforms designed to ensure coordination among the services that the government and other stakeholders provide.

as one would expect, it helps speed up progress. Kenya has one of the fastest growing economies in sub-Saharan Africa, with sustained GDP growth that averages 5.9 percent annually since 2010. Kenya has put in place sound economic and fiscal policies<sup>12</sup> that contribute to economic stability.

While Kenya's strong economy has enabled faster progress on maternal and child nutrition, it is also true that wealthier households have made more progress than lower-income households (see Table 1). Kenya's slowly decreasing but still quite high poverty rate of 37 percent<sup>13</sup> is one indication that progress has not been even. It is clear that the benefits of economic growth have not reached everyone. The evidence suggests that GDP growth in and of itself has more impact on reducing stunting in wealthier groups than in the rest of the population. This reinforces the case for targeted policies, programs, and resources that are specifically designed to reach people with lower incomes, who have been historically marginalized, and/or have higher rates of malnutrition.

### Healthy food systems through agricultural and dietary diversity

Since access to affordable nutritious foods is critical to improving nutrition, food systems must be capable of providing nutritious food that is affordable and accessible to all households.

While maize is still Kenya's main staple crop, the amounts of fruit and vegetables that are available (measured in grams per person) are increasing slowly but steadily. The percentage of calories that the average person gets from non-staple foods such as fruits and vegetables is now relatively steady at 43 percent. Demand for fresh food is also on the increase in Kenya.<sup>14</sup>

External donors such as USAID are funding programs that seek to diversify Kenya's agricultural sector, especially by strengthening the horticulture, dairy, and fodder value chains,<sup>15</sup> whose products are essential to diets that have enough variety to be nutritious. The Feed the Future project "Kenya Crop and Dairy Market Systems Development Activity" works to stimulate and facilitate the market for these value chains, enabling smallholder farmers to enter and thrive in these markets, which could lead to consumers having greater access to these foods.

Even if or when diverse, nutritious foods are available, of course people must choose to eat them before the nutrients can begin to improve their nutritional status. Motivating behavior change

#### BOX 5: KENYA'S RESPONSE TO THE 2011 AND 2017 DROUGHTS

In 2011, approximately 2.8 million people faced a hunger emergency due to drought in Kenya. The U.S. government contributed about \$101 million to humanitarian relief efforts.<sup>16</sup> During the severe drought of 2017, however, the health and hunger outcomes were markedly better. An estimated 1 million fewer people faced severe hunger and malnutrition. In an all-too-unusual example of the reality being better than early data had projected, about 500,000 fewer people than expected needed humanitarian assistance. U.S. government spending on the emergency was \$52 million, only about half of what it had been in 2011.<sup>17</sup>

Clearly, the ability of the Kenyan people to weather the impacts of drought improved in the period between 2011 and 2017. What actions helped strengthen resilience in the face of drought?

Two new initiatives were set up to identify and scale up options for families in emergency situations. The Ending Drought Emergencies (EDE) Initiative was

established in 2013 as part of the Kenya Vision 2030 Medium Term Plan 2013-2017. It sought to accelerate investment in resilience efforts. Such efforts often focus on developing what are known as sustainable livelihoods, which are essentially ways of earning an income that families can turn to if there is a natural disaster, crop failure, or other threat to their food security.<sup>18</sup> USAID has continued to support the EDE, including through its Partnership for Resilience and Economic Growth (PREG).

Later, in 2016, the government established the Kenya National Drought Management Authority (NDMA) to coordinate drought risk management, especially in the arid and semi-arid lands (ASALs). The NDMA invests in drought resilience, generates drought information (e.g., early warning systems), leads contingency planning and response, facilitates learning for drought management and climate change adaptation, and coordinates actions across sectors and agencies in drought management and emergency response.<sup>19</sup>

when it comes to choices of food, and building consumer demand for diverse and nutritious diets, are complex but critical tasks in Kenya, as in the United States. The Kenya National Nutrition Action Plan supports using proven strategies from the field of “behavior change communication” to help people develop practices that will lead them toward optimal nutrition.

### Resilience

Drought, conflict, cyclones, and many other shocks and stresses, particularly in the era of climate change, are frequent threats to nutrition and food security. Strengthening people’s resilience

**A high percentage of children in Kenya with severe acute malnutrition (wasting) are admitted for treatment in the health system, with 77 percent of malnourished children receiving treatment.<sup>21</sup>**

to these types of shocks is an important way of improving food security and nutrition. Kenya suffered from severe droughts in both 2011 and 2017. The 2011 East African drought was the worst in 60 years, and the 2017 drought was arguably more severe than the one in 2011.<sup>20</sup>

In 2019, the long rains—typically seen in March to May each year—were delayed. Following this delay, north-west areas of Kenya received heavy rainfall that caused flooding,<sup>22</sup> but eastern regions received only 50 percent to 80 percent of their normal rainfall. These climate-related shocks affect livestock and food prices, and households lose purchasing power for food.

Drought is never a good thing, but Kenya does have a success story to tell (see Box 5). Climate shocks will continue for the foreseeable future, and Kenya, like other nations, must be prepared. It is a daunting task since more than 80 percent of Kenya’s land is arid or semi-arid. Many of the people who live in these areas are from nomadic pastoralist groups or refugee and displaced populations. About 36 percent of the Kenyan population lives in an arid or semi-arid area.<sup>23</sup>

### Capacity to Deliver Nutritious Food and Nutrition Services

A country’s capacity to support and deliver good nutrition is of utmost importance. Knowing this, in 2014, the Kenyan Ministry of Health developed the Kenya Nutrition Capacity Development Framework<sup>24</sup> to provide guidance on how best to build capacity to sustain progress on nutrition. Over the past decade, Kenya has substantially increased the human capital—both the number of workers and their education and skills—that is available to promote better nutrition.

The nutrition workforce—meaning the nutritionists employed in the health system and/or the community health workers who have training in community nutrition services—must be strong if lasting progress is to be made. Without enough people trained to deliver nutrition services (both prevention and treatment), all the plans, budgets, and commodities in the world won’t effectively and efficiently reach people affected by malnutrition.

The need for skilled staff means that the country needs excellent nutrition training programs. It also needs adequate pre-service and in-service training for other healthcare workers, such as doctors, nurses, and generalists such as community health workers. The goal here is to enable them to integrate nutrition into their work for a more holistic approach to health, particularly maternal/child health.

In 2007, the Kenyan Parliament passed the Nutritionists and Dieticians Act, creating the Kenya Nutritionists and Dieticians Institute (KNDI). KNDI is mandated to ensure that nutritionists in Kenya are trained, registered, and licensed, and to regulate the profession. Professionalizing the nutrition workforce in this way was an important step to ensuring that the country had the capacity—both human and technical—to deliver better nutrition. KNDI ensures that nutrition and dietetics training programs uphold minimum standards and that graduates of the programs are capable of providing quality nutrition services to communities. The standards that nutrition services are expected to meet have risen since 2007.

The number of fully trained nutritionists in Kenya has also increased in recent years. In 2014, there were just 2,700 registered nutritionists and dietitians; by August 2017, there were almost 4,500.<sup>25</sup> This significant increase is helpful, but not enough. Even now, the ratio is only one nutritionist for about 11,000 people. Moreover, they are unevenly distributed around the country in patterns that do not reflect community needs.

The situation is largely the same within the different counties. Some counties now employ a significantly higher number of nutritionists; since devolution, Mandera County has gone from having three nutritionists to 67—about 22 times as many. In the southern region of Turkana County, however, there are only 10 nutritionists—even though the needs are such that there are 29 facilities that manage malnutrition.

### Advocacy for Nutrition

Advocacy—at all levels and with multiple actors—has played a significant role in Kenya’s rapid progress on nutrition. Civil society organizations urge government to do more, while advocacy from one government ministry to another has also helped galvanize momentum for nutrition.

Kenya’s SUN Civil Society Alliance (CSA), launched in 2014, now has 48 national and international member organizations. Civil society advocacy, primarily through the SUN CSA, helped secure passage of the Breastfeeding Mothers Bill. “We mobilized over 70,000+ phone calls to government officials in support of the bill,” said George Ouma, the former chair of the SUN CSA in Kenya. The country has already met the 2025 World Health Assembly target for breastfeeding. The target is for 50 percent of all babies to be exclusively breastfed for their first six months, and Kenya now has an exclusive breastfeeding rate of 61 percent.<sup>26</sup>

Nutrition, as mentioned earlier, is embedded deeply into society. It is inherently multisectoral as well. Every country needs the contributions of both the Ministry of Agriculture and the Ministry of Health (or their equivalents) to make progress. Yet nutrition is often housed in one ministry or the other rather than being structured to require cooperation on shared responsibilities.

In 2018, this unproductive “siloeing” began to break down in Kenya. That year the Ministry of Health named Veronica Kirogo, who has a background in agriculture, its Head of Nutrition. Soon thereafter, the Ministry of Agriculture transformed its Home Economics Department into a new Agri-Nutrition Department.<sup>27</sup> Nutrition was integrated as a critical responsibility of the agriculture sector, in addition to the health sector. The catalyst for this change was inter-agency advocacy: to leaders in the Ministry of Agriculture from leaders in the Ministry of Health.

**“When looking at the two sectors, nutrition-specific interventions alone cannot contribute to stamping out malnutrition. We require the food security sector to work with us so closer alignment of the two ministries may help us to realize sustainable gains, because the Ministry of Agriculture will ensure that the food is of the right quality and quantity and that it is safe.”**

—Veronica Kirogo, Head of Nutrition and Dietetics  
Unit in the Kenyan Ministry of Health

### Support from external actors

Kenya has such a robust set of policies designed to improve nutrition that external actors have a seamless path to aligning their activities with the national nutrition plans and implementation frameworks. National and county-level Nutrition Technical Forums are an important coordination mechanism, and all external actors participate.

Because nutrition services are delivered largely through the health system, many external funders work with health facilities and/or community health volunteers to develop their ability to integrate nutrition services into their work. For example, the USAID-funded Nutrition and Health Program

Plus<sup>28</sup> is supporting the efforts of health facilities to integrate high-impact nutrition services into their programs for people living with HIV. The program also focuses on helping health facilities prepare to procure and manage nutrition commodities, specifically RUTF, which as mentioned earlier is a lifesaving food for acutely malnourished children.

Kenya receives significant amounts of both humanitarian and development assistance from external actors, including the U.S. government, other donor governments, the World Bank, and others—\$2.1 billion in 2017,<sup>29</sup> according to the Organization for Economic Cooperation and Development (OECD) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Of that amount, \$613.58 million came from the United States.<sup>30</sup> Eleven percent of the U.S. funding (\$65 million) went to humanitarian assistance. The rest was invested in development assistance programs in health, economic development, education, environment, and peace and security. A total of \$7.1 million was spent on maternal/child nutrition in 2017.

**It is important for countries to invest their own money in nutrition for their people.**

Right now, the total in Kenya's budget for nutrition is approximately \$2.4 million, 90 percent of which typically goes for emergencies in the ASALs. It is important for countries to invest their own money in nutrition for their people, but currently the government of Kenya is simply not able to provide adequate funding for all nutrition needs. This provides an opportunity for external actors to invest in nutrition,<sup>31</sup> especially in non-emergency contexts, and to support the country in achieving its nutrition goals

while the government focuses on meeting the needs of its people in emergency situations (see page 10 for further analysis of nutrition financing and gaps in Kenya).

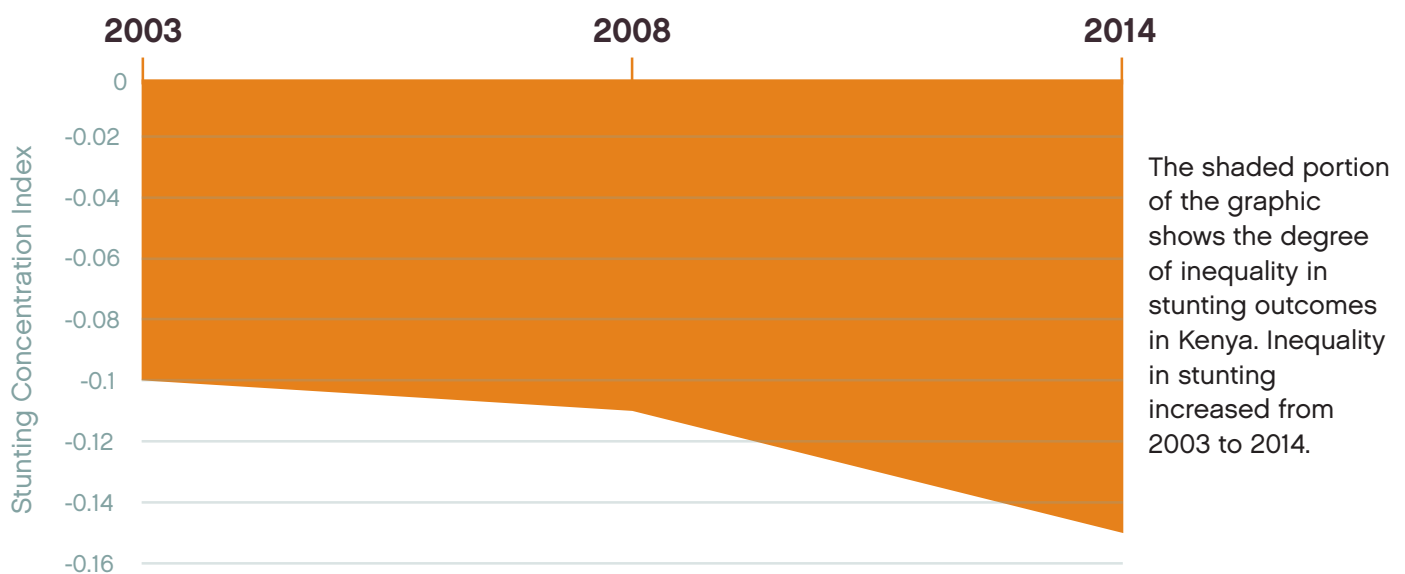
### Gaps in Kenya's Nutrition Efforts

Kenya has made remarkable progress, but ending malnutrition in all its forms is a tall order. Here we discuss two of the most significant obstacles.

#### *Internal Inequality*

While it is true that for several years, Kenya has lowered its malnutrition rate more rapidly than some peer countries, some of its regions and populations continue to have very high rates of both

FIGURE 1: **INEQUALITIES IN STUNTING IN KENYA 2003-2014**



Source: Jonah C. Sambu W. & J May (2018). A comparative analysis of socioeconomic inequities in stunting: a case of three middle-income African countries. Archives of Public Health 76:77.



stunting and wasting. In fact, disparities in stunting rates actually increased between 2008 to 2003, as shown in Figure 1.

One basis for disparities in malnutrition in Kenya is whether people live in the consistently drought-prone, arid areas known as the ASALs. The country's highest rates of childhood wasting are found in North-Eastern Kenya along with the counties of Marsabit and Turkana. The stunting rate in two rural counties—West Pokot in the Rift Valley and Kitui in eastern Kenya—is more than 45 percent. The rural North Eastern Region has a wasting rate of 13.3 percent, with Turkana County at a stunning rate of 22.9 percent<sup>32</sup>—meaning that nearly a quarter of all children younger than 5 are dangerously thin (see Box 6). The residents of these regions are primarily members of either pastoralist communities or the large group of displaced people and refugees hosted by Kenya. Both groups have historically experienced discrimination in many countries in the region.

It is important to identify those at risk and where they live in order to reach them with the nutrition services they need. One obstacle for Kenya and some other countries that are making rapid progress on nutrition is that national statistics mask disparities based on geography, socioeconomic status, and other factors that affect vulnerability to malnutrition.

Over the period 2008 to 2014 (the years covered by the two most recent datasets available), stunting in Kenya decreased more rapidly in urban areas and among the wealthiest households than in rural areas and among the poorest households (see Figures 2 and 3). Most strikingly, stunting decreased by 44 percent in the wealthiest households—which started out with lower stunting rates—but by only 19 percent in the lowest-income households.<sup>33</sup> There are many potential reasons for this. One may be lack of nutrition investment in the areas most in need. A study in 2016 found that some counties that had high stunting rates but were not located in the ASALS region received either no funding or minimal funding from external donors.<sup>34</sup>

**Stunting decreased by 44 percent in the wealthiest households but only 19 percent in the poorest.**

#### BOX 6: WASTING IN KENYA'S ARID AND SEMI-ARID LANDS

Rates of wasting, or severe acute malnutrition, among infants and young children in Kenya's ASALs—especially in Turkana County—remain unacceptably high. It is useful to understand what is driving these high rates of malnutrition and why humanitarian assistance programs have not made fast enough progress in reducing them.

The conflict in neighboring South Sudan has caused 2.3 million people to flee the country, including 106,000 refugees now living in Turkana County. In 2016, UNICEF labeled malnutrition a top challenge among newly arrived refugee children, with more than 20 percent suffering from wasting.<sup>35</sup> The continuing arrival of malnourished South Sudanese children means that the county's rate of wasting remains high.

Kenya's ASALs have also been the scene of multiple natural disasters in recent years, including both drought and flooding—some of the effects of climate change. These disasters have restricted

humanitarian access to affected people, including children's access to treatment for malnutrition.<sup>36</sup> A review of UNICEF's humanitarian situation reports in Kenya shows that these treatment needs have increased during the period 2016 to 2019. But UNICEF's ability to reach those children has fluctuated, and every year its budget has fallen short of what is needed to save lives.

The key challenges to improving nutrition in these areas, as identified by the Turkana County Department of Health and UNICEF, are: an insecure pipeline of RUTF, chronic food insecurity, high prevalence of childhood illness, inadequate dietary diversity, poor access to safe water, poor hygiene practices, and inadequate household incomes and assets. In short, the lack of progress on reducing malnutrition in the ASALs in Kenya is due to the lack of progress on addressing both the immediate causes of undernutrition (e.g., illness, poor diet) and the underlying causes (e.g., food insecurity, poverty, unhealthy environments).

All these disparities deserve further in-depth research to explore their many context-specific causes and help identify solutions. In this paper, we emphasize that it is critically important to ensure that the communities with the highest rates of malnutrition, often those who have historically been oppressed, are given priority when allocating all-too-limited nutrition investments and services. It is only when people from every part of the country and every walk of life are benefiting in an equitable way from both economic growth and government investments in services such as nutrition that the country will have ended malnutrition and hunger.

### *Budgets for nutrition*

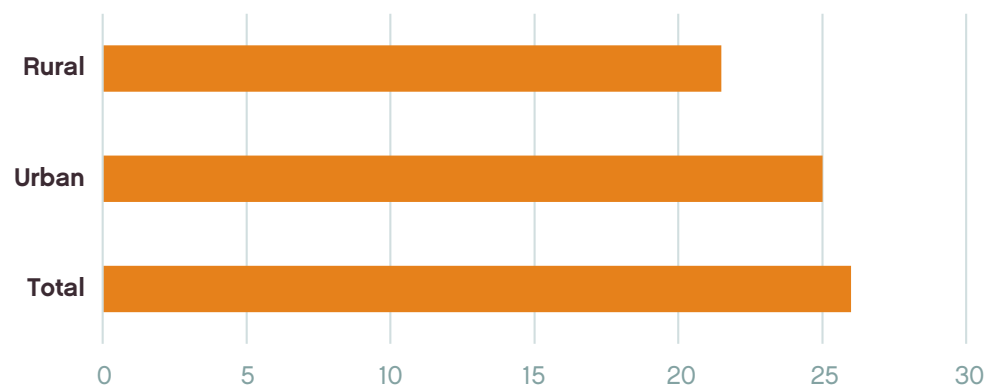
The World Bank estimates that Kenya needs an annual investment of \$76 million to scale up high-impact nutrition-specific services to reach every person who needs them.<sup>37</sup> The national government's nutrition budget is approximately \$2.4 million, and total Official Development Assistance (ODA) to Kenya for basic nutrition varies from year to year within a range of \$12 million to \$25 million.<sup>38</sup> That still leaves a financing gap of at least \$48.6 million to make sure everyone gets the right nutrients at the right time.

Historically, much of the U.S. nutrition funding for Kenya was in the budget of the President's Emergency Plan for AIDS Relief (PEPFAR). However, PEPFAR no longer includes nutrition as a priority investment in Kenya. Less than 1 percent of U.S. assistance to Kenya is dedicated funding for nutrition (see Figure 4). While the U.S. government also supports agriculture

and humanitarian assistance (see Figure 5), most nutrition investments are disbursed as small portions of global health funding\* and spread thin geographically. As one stakeholder in Kenya put it, "The nutrition disbursements are so low, but the expectations are so high."

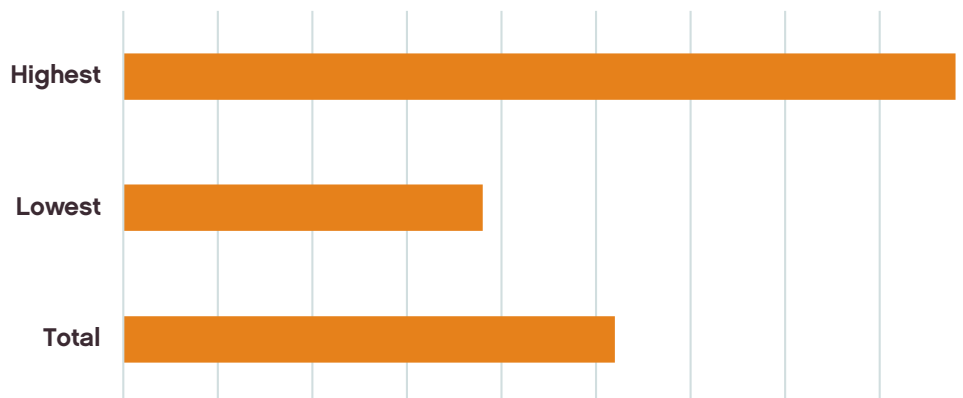
The current fiscal environment is one of external development assistance on the decrease since 2015, yet recurrent shocks and emergencies on the rise. Kenyan policymakers must make difficult decisions as to how to allocate funds to prevent and treat malnutrition. Most of the annual nutrition budget goes to nutrition emergencies, and external donors generally focus on crisis areas as well. Almost no one would question a decision to prioritize treatment when

FIGURE 2: **PERCENT CHANGE IN STUNTING BY GEOGRAPHY**



Source: Kenya Demographic and Health Survey 2014

FIGURE 3: **PERCENT CHANGE IN STUNTING BY WEALTH QUINTILE**



Source: Kenya Demographic and Health Survey 2014

\*Current USAID-funded programs contributing to improving nutrition using nutrition-specific and/or nutrition-sensitive approaches in Kenya are: *Afya Hali, Afya Jijini, Afya Uzazi, Afya Timiza, Maternal Child Survival Program, Nutrition Health Program Plus, and Afya Pwani.*

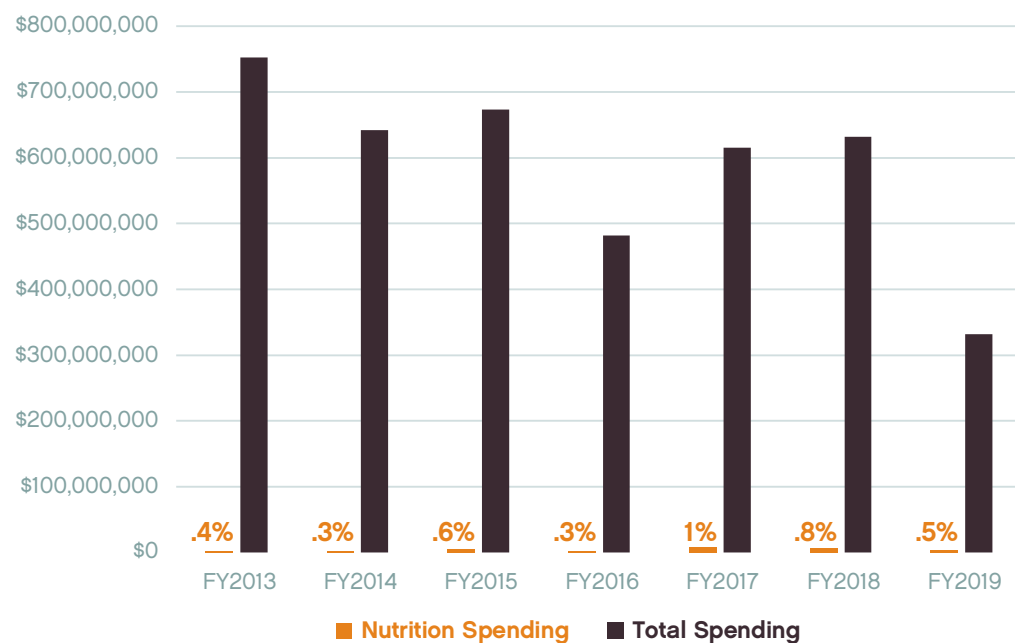
faced with toddlers and preschoolers too weak to walk and other living reminders that Kenya continues to confront life-threatening malnutrition crises.

It is a true dilemma, however, since people generally agree that prevention is better than cure. With nearly all of the limited resources going to treat acute malnutrition, efforts to prevent all forms of malnutrition are overshadowed if not entirely neglected. Prevention programs are often the first to be eliminated or postponed when there are budget cuts. It is the right decision in the moment, but it will take effective prevention measures to end the tragedy of child malnutrition with its terrible costs in young lives and futures. Without these efforts, all that can be done is to try to limit the damage.

One approach to preventing malnutrition is to put in place a strong nutrition-sensitive social protection system. Social protection is a key ingredient in creating an environment where all people, especially women and children, can access the nutritious foods and nutrition services they need.<sup>39</sup> Kenya's national social protection program began in 2004, so it is still relatively new. It has made impressive progress in a short period of time: about 12 percent, or just over 1 million, of Kenya's households regularly access social assistance, mainly in the form of cash transfers.<sup>40</sup> Even so, there are far more low- and middle-income families in need than the program can serve, due largely to lack of sufficient funds.

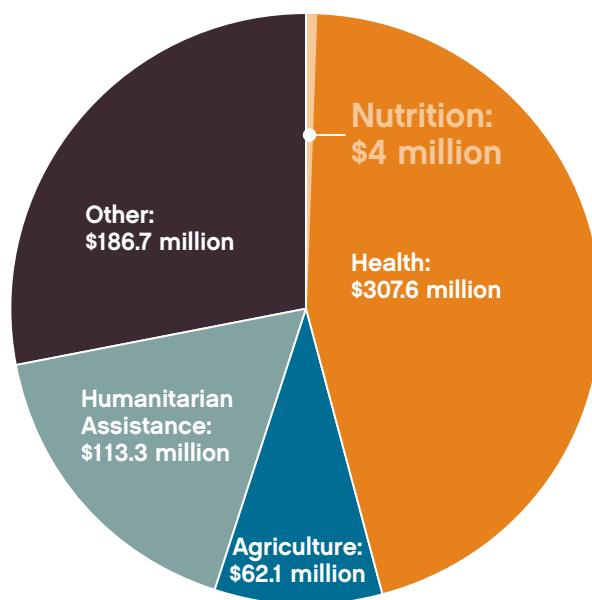
A second social protection initiative, the Hunger Safety Net Program, serves the four ASAL counties of Turkana, Mandera, Wajir, and Marsabit in northern Kenya.<sup>41</sup> The region's rates of childhood wasting are among the highest in the country, ranging from 14.2 percent to 22.9 percent.<sup>42</sup> The program makes cash transfers to 31 percent of the population of these counties.<sup>43</sup> This is a high percentage but, again, there are many more families that the program should serve since all four counties have extremely high poverty rates—between 80 percent and 93 percent.<sup>44</sup> Social protection programs would be better able to prevent malnutrition with more resources and improved targeting of those in greatest need.

FIGURE 4: U.S. FOREIGN ASSISTANCE IN KENYA



Source: ForeignAssistance.gov

FIGURE 5: U.S. FOREIGN ASSISTANCE SPENDING IN KENYA



Source: ForeignAssistance.gov

## Conclusion

Kenya, with the support of many internal and external stakeholders invested in its success, has taken commendable steps to accelerate its progress on nutrition. As we have seen, these steps include prioritizing governance, increasing human resources capacity in nutrition within the health system, diversifying agriculture and people's diets, investing in resilience, creating space for advocacy, and leading coordination efforts among all stakeholders.

While there has been progress on reducing stunting and wasting, Kenya still faces difficulties such as funding shortfalls and uneven progress that risks exacerbating nutrition disparities. Kenyan stakeholders must take the lead on responding to these challenges, but the U.S. government and other international partners can support Kenya and other countries in taking the necessary steps in these ways:

- **Increase nutrition funding to fill the financing gap.** Nutrition programs are good investments. They pay for themselves many times over, and it is impossible to quantify the return on ensuring that young children survive and have healthy futures. Additional funding is needed for effective, proven initiatives such as treatment or preventive treatment of children affected by wasting, multiple micronutrient supplementation for pregnant women, adequate breastfeeding/complementary feeding for infants, and Vitamin A supplementation for children. For Kenya and other countries with high malnutrition burdens, funding—from both the United States and all sources combined—is not adequate to boost nutrition to a level that safeguards human health and productivity.
- **Invest nutrition resources for greater impact** by increasing the share of nutrition funding concentrated in specific projects, programs, and locations. Nutrition should also be a specific objective within the agriculture, health, and humanitarian sectors. Increasing nutrition funding will help achieve these goals.
- **Target nutrition resources to the communities with the highest burden of malnutrition.** The U.S. government should take steps to ensure that funding levels are commensurate with need—whether the source of the funding is the U.S. government, a national or local government, or other donors and financing mechanisms.



# Appendix I

## SITE VISITS

Organization	Location
World Food Programme	Turkana County
UNICEF	Turkana County
FAO	Turkana County
One Acre Fund	Kakamega
Feed the Future Kenya Crop and Dairy Market Systems	Kisumu County
INSTA Foods Factory	Nairobi County

## MEETINGS

Organization
World Food Programme
UNICEF
One Acre Fund
Feed the Future Kenya Crop and Dairy Market Systems
Kenya Ministry of Agriculture
Kenya Ministry of Health
Global Financing Facility
Farm to Market Alliance
Scaling Up Nutrition
USAID Nutrition and Health Program Plus
International Rescue Committee

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