



Comprehensive Africa Agriculture Development Programme (CAADP)

East and Central Africa Regional CAADP Nutrition Program Development Workshop

Nutrition Country Paper – Kenya

DRAFT

February 2013

This synthesis has been elaborated in preparation for the CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, to be held in Dar-es-Salaam, Tanzania, from the 25th to the 1st March 2013.

The purpose of this Nutrition Country Paper is to provide a framework for synthesizing all key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. It presents key elements on the current nutritional situation as well as the role of nutrition within the country context of food security and agriculture, including strategy, policies and main programs. The NCPs should help country teams to have a shared and up-to-date vision of the current in-country nutritional situation, the main achievements and challenges faced both at operational and policy levels.

This work document will be further updated by the country team during the workshop.

General sources used to produce this document

The tableau below suggests a list of sources to consult when completing the NCP. This list has been completed with all country-specific documents (e.g. national policies, strategic plans) that are available in your country.

Sources	Information	Lien internet
FAO	Nutrition Country Profiles	http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm
	FAO Country profiles	http://www.fao.org/countries/
	FAO STAT country profiles	http://faostat.fao.org/site/666/default.aspx
UNICEF	Nutrition Country Profiles	http://www.childinfo.org/profiles_974.htm
	MICS: Multiple Indicators Cluster Surveys	http://www.childinfo.org/mics_available.html
DHS	DHS Indicators	http://www.measuredhs.com/Where-We-Work/Country-List.cfm
OMS	Nutrition Landscape information system	http://apps.who.int/nutrition/landscape/report.aspx
CAADP	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	http://www.nepad-caadp.net/library-country-status-updates.php
REACH	REACH multi-sectoral review of existing data on the nutrition situation, programmes and policies	<i>When available (Mauritania, Sierra Leone)</i>
SUN	Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN)	http://www.scalingupnutrition.org/wp-content/uploads/2011/09/compendium-of-country-fiches-ROME-VERSION.pdf
		http://www.scalingupnutrition.org/events/a-year-of-progress/
WFP	Food security reports	http://www.wfp.org/food-security/reports/search
National Sources	<p>Key policies documents consulted</p> <ul style="list-style-type: none"> - National Food and Nutrition Security Policy - National Nutrition Action Plan (2012-2017) - School Health Policy - Agricultural Sector Development Strategy 2010-2020 - Medium Term Investment Plan 2010-2015 <p>Other key documents consulted</p> <ul style="list-style-type: none"> - Kenya Vision 2030 - KDHS Report 2008 - 1999 National Micronutrient Survey - MICS: Multiple Indicator survey - National Policy for the Sustainable Development of Northern Kenya and other Arid Lands - Releasing Our Full Potential' 	

I. Context – food and nutrition situation

General Indicators		Sources / Year
Population below international poverty line of US\$1.25 per day	47%	World Bank 2003-2008
Under-five mortality rate (per 1,000 live births)	74	DHS 2008
Infant mortality rate (per 1,000 live births)	52	DHS 2008
Primary cause of under-five deaths ⇒ Rate of death due to pneumonia	15%	WHO 2002
Maternal mortality rate /100 000 live births	180	UNICEF 2008
Primary school net enrolment or attendance ratio	82%	World Bank 2008
Primary school net enrolment -ratio of females/males		
Wasting		
underweight		
Stunting		
Agro-nutrition indicators		Sources/Year
Cultivable land area (1000 ha)	5300	FAO 2010
Access to improved drinking water in rural areas	52%	UNICEF 2008
Access to improved sanitation in rural areas	32%	UNICEF 2008
Food Availability		
Average dietary energy requirement (ADER)	2200	FAO 2010
Dietary energy supply (DES)	2030	FAO 2010
Total protein share in DES	11%	FAO 2010
Fat share in DES	21%	FAO 2010
Food Consumption		
Average daily consumption of calories per person	2060	FAO 2010
Calories from protein	11%	FAO 2010
Calories from fat	na	

Geography, population & human development

Illustration of HDI, including key statements about the sanitation and educational situation

Close to one third of Kenya's land area is agriculturally productive, mainly the High Rainfall Areas [HRAs] including the Kenyan highlands, coastal plains and the lake region. The other two thirds are Semi - Arid to Arid areas and are characterized by low, unreliable and poorly distributed rainfall. These areas are used for pastoral farming. The country is recurrently affected by drought, floods and environmental degradation. Kenya is a country with a population of about 39(40) million people and a predominantly rural and very young population with 42% <15 years and 3% > 65 years. Kenya is faced with high levels of poverty and a high disease burden compounded by high levels of food insecurity.

Economic Development

Including specific focus on agriculture

Agriculture, manufacturing, telecommunication and tourism are key economic drivers in Kenya. About 80% of the work force engages in agriculture or food processing. Farming in Kenya is typically carried out by small producers who usually cultivate no more than two hectares using limited technology. These small farms, operated by about three million farming families, account for 75% of total production. In Financial Year 2010, tea was Kenya's top export, accounting for \$1.15 billion. Fresh horticulture exports were \$718 million, well short of the record high of \$1.12 billion in 2007, in part due to unfavorable global weather conditions that affected air transportation. Tourism has rebounded from the drop experienced in 2008 after the post-election violence, bringing in \$807 million in 2009, an increase of 19% from 2008. In 2010, the Kenyan Ministry of Tourism recorded nearly 1.1 million tourists--an all-time high--and an 18% revenue growth, in local currency terms. Economic growth can be helped by developing a more diversified export base beyond tea, tourism and horticulture. Drought has affected large parts of Kenya, leaving 3.7 million people in need of food and other aid. The affected population is nearly 10% of Kenya's population, estimated at 40 million.

Food Security (food availability, access, utilization, and coping mechanisms)

Main indicators of the food insecurity situation, food accessibility (quality and quantity), diversity, utilization and stability.

The Food Security Gap : Only about two-thirds of the Kenyan population can be said to be currently food secure. Thus, about a third (10 million) of an estimated 39) million people in Kenya suffer from chronic food insecurity, based on dietary energy supply and some 7.5 million people live in extreme poverty. In recent years, it is estimated that at any one time about 2-3 million people require food assistance and approximately 30 percent of Kenyan children are classified as undernourished, and micronutrient deficiencies are widespread. During periods of drought, heavy rains and/or floods, the number rise up to 3.5 million. The current food production caters for 30 million which leaves a gap of about 10 million facing hunger and starvation. Thus population growth outmatches increase in food production, a trend that the government intends to reverse and have the country producing as much food as the population demands and extra for export. If nothing is done, by 2015, the gap of the hungry will be 15 million and by 2030, there will be as many as 30 million food insecure people. Poverty is one of the most important concerns in Kenya. Food and nutrition insecurity is closely linked to poverty. About half the Kenyan population falls below the poverty line. Chronically food insecure people suffer from extreme poverty and are largely left to their own devices with no access to some of the safety net provisions available to those suffering from acute food shortages in drought and flood prone areas. On the average 30% of the food consumed by rural households is purchased while 70% is derived from own farm production. On the other hand, 98% of the food consumed in urban areas is purchased while about 2% is own production. Maize is Kenya's most important staple food crop, but its production has fallen short of demand owing to unreliable weather conditions, inadequate supply of certified seeds and

increased costs of farm operations due to high inflation among others. However, Kenya's main food crops are classified into: cereals (maize, wheat, sorghum, rice, millet) ; pulses (beans, pigeon peas, cow peas, chick peas, green grams) ; and roots and tubers (Irish potatoes, sweet potatoes, cassava, arrowroots, and yams). Other foods in Kenya after maize include beans, Irish potato, rice and wheat. Other important sources of food include banana, arrow roots and vegetables. Apart from crops produce, the other sources of food include meat, milk, eggs, fish and other livestock products. According to the Economic Survey for 2010 - 2011, the country is about 60 percent reliant on domestic production of its food requirements. Kenya relies on food imports and food aid to meet demand. This contravenes the government's objective of food self-sufficiency. Currently, the country imports wheat, rice, maize, powder milk and sugar. Food insecurity in Kenya occurs both in urban and rural areas and in both high potential and the Arid and Semi Arid Lands (ASAL) areas. About 51% and 38% of the rural and urban populations respectively are food insecure and employ a number coping mechanisms to meet their food needs.

Causes and symptoms of malnutrition and food insecurity

Causes of food insecurity

1. Over reliance on rain fed agriculture
2. Climate change
3. Increasing food prices
4. Low production
5. Land tenure and land use for agriculture production
6. Inadequate targeted social protection programmes
7. Poor coordination and response to emergency humanitarian aid
8. Insecurity
9. Weak agriculture information and early warning management systems
10. Post – harvest losses

Causes of malnutrition

1. Poverty
2. Food insecurity
3. Poor child care and inappropriate feeding practices
4. Low exclusive breastfeeding rates
5. Lack of safe portable water supply for drinking and household use
6. Inadequate nutritional knowledge
7. Poor dietary diversity
8. Worm infestation particularly in young children
9. Diseases
10. Poor personal and food hygiene

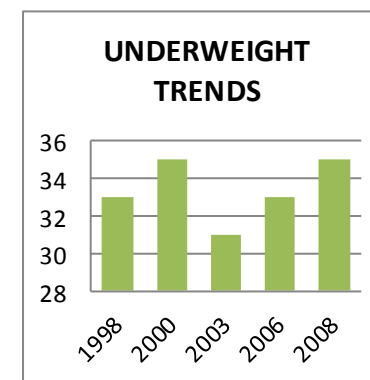
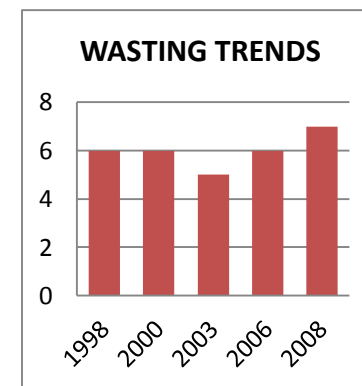
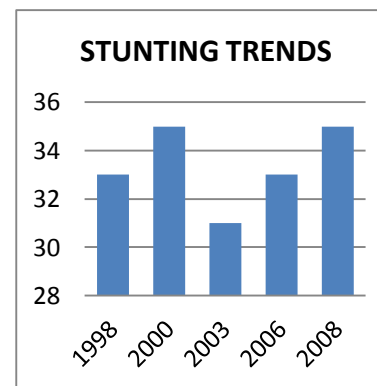
Agro-Nutrition Indicators (continued)		Sources/Year Error! Bookmark not defined.
<i>Nutritional Anthropometry (WHO Child Growth Standards)</i>		
Prevalence of stunting in children < 5 years of age	35%	DHS 2008
Prevalence of wasting in children < 5 years of age	6%	DHS 2008
Prevalence of underweight children < 5 years of age	16.5%	DHS 2008
% Women (15-49 years) with a BMI < 18.5 kg/m ²	12%	DHS 2008

Nutritional Situation

Nationally, 35% of children are stunted while 14% are severely stunted. Male children under five years are more at risk of stunting (37%) than female children (33%). Also, mothers who are thin (BMI < 18.5) have children with the highest stunting levels (45%). Regional differences in stunting rates range from 28% in Nairobi to 42% in the Eastern province. Education is also a determining factor with mother's who have completed secondary school (26%) compared to those who have no education (39%). There has been little change in stunting rates since 2003; only male rates show a decline from 33-31%. Wasting rates peak for the 6-11 months age groups (11%), indicating inadequate feeding practices during the period when complementary foods should be introduced to the diet. As for underweight, data shows that 25% of children from the North Eastern region are underweight as compared to 8% from Nairobi. The higher the educational level of the mother, the less likely children will be underweight. This holds true for income levels as well, with higher wealth quintiles translating to lower rates of children underweight.

Agro-nutrition indicators (continued)		Sources/Year Error! Bookmark not defined.
<i>Infant feeding by age</i>		
Children (0-6 months) who are exclusively breastfed	13%	DHS 2008
Children (6-9 months) who are breastfed with complementary food	84%	DHS 2008
Children (9-11 months) who are using a bottle with a nipple	26%	DHS 2008
Children (18-23 months) who are still breastfeeding	59%	DHS 2008
<i>Coverage rates for micronutrient supplements</i>		
% Households consuming adequately iodized salt (≥ 15 ppm)	98%	DHS 2008
Vitamin A supplementation coverage rate (6-59 months)	30%	DHS 2008
Vitamin A supplementation coverage rate (≤ 2 months postpartum)	45%	DHS 2008
Prevalence of anemia among pre-school children		

Prevalence of anemia among pregnant women	55%	1999
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Indicator (WHO Standards) Source: DHS 2008-2009	Gender			Residence		
	Male	Female	Ratio m/f	Urban	Rural	Ratio u/r
Stunting prevalence	37	33	1.1	26	37	0.7
Underweight prevalence	17	15	1.1	10	17	0.6

Infant feeding

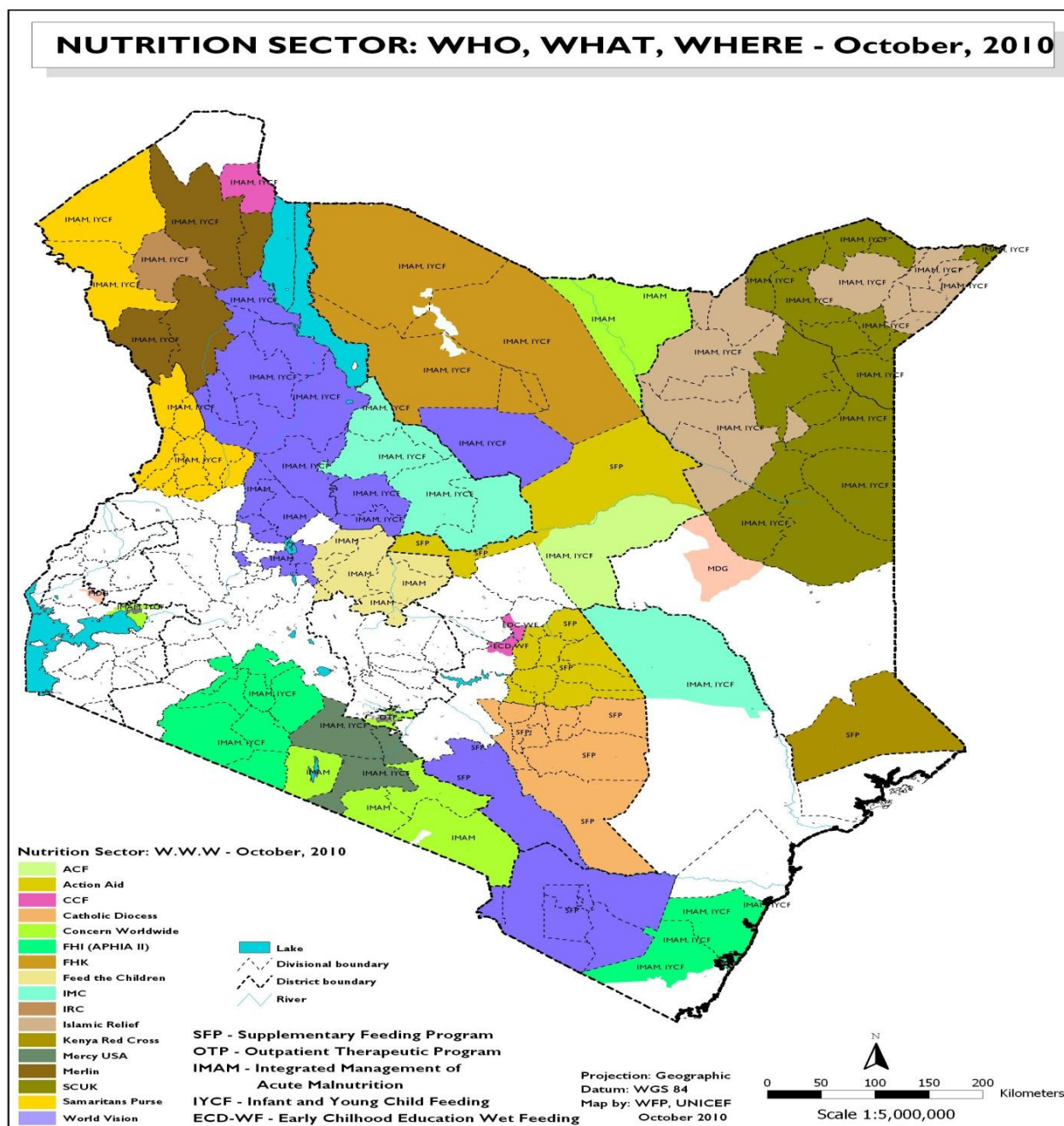
Infant and young child feeding / Maternal nutrition health

While breastfeeding is nearly universal for Kenyan mothers (99%), only 13% of children under six months of age are exclusively breastfed. Early initiation of breastfeeding is at 57% and 86% of children start breastfeeding within the first day of birth. The introduction of complementary foods starts early and at < 3 months 76% of children are receiving other food or milk in addition to breastmilk. The most commonly used foods given to breastfeeding children under age three include food made from grains (72%), vitamin-A rich fruits and vegetables (53%) and other milk (51%). Foods made from grains are introduced to children by two to three months

(31%); by six to eight months, 81 percent are already receiving these foods. Protein-rich foods (meat, fish, poultry, and eggs) are introduced gradually from six to eight months. Generally, for all children under three years of age, the percentage consuming protein-rich foods in the previous 24 hours does not rise above 37 percent.


Micronutrients



Micronutrient deficiencies are highly prevalent in Kenya particularly among women and children. The deficiencies exist even among the populations that are considered food sufficient in terms of meeting energy requirements. Vitamin A deficiency among children and women is of public health concern in Kenya given that 84 % of children under the age of five years are affected by vitamin A deficiency while 66.7 % of pregnant women are VAD. Anemia affects 70.0% of the children under five years and 55% of the pregnant women in Kenya while an estimated 31% of adult males suffer from anemia. Iron deficiency affects 43.2 % and 56.6 % of preschool children and pregnant women respectively according to 1999 national micronutrient survey.






II. Current strategy and policy framework for improving food security and nutrition



Specific strategies, policies and programs currently in place in the food and agriculture sector to improve nutrition




Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor	Stakeholders	Key points	Integration of Nutrition
STRATEGIC FRAMEWORK						
Kenya Vision 2030	2008-2012	<p>The development blueprint by which the country aims to transform into a middle-income nation, through maintaining a stable macroeconomic environment supported by real time structural reforms.</p> <p>Economic growth: 10% annually over next 25 years</p> <p>Social development that is just and equitable in a clean and secure environment</p> <p>Politically: An issue-based, people-centered, result-oriented, and accountable democratic political system?</p>		<p>Government of Kenya:</p> <ul style="list-style-type: none"> . Ministry of Agriculture . Ministry of Livestock Development . Ministry of Fisheries Development . Ministry of State for Development of Northern Kenya and other Arid Lands 	<p>*Flagship projects:</p> <p>Each ministry has flagship projects for achieving the objectives of Vision 2030.</p> <ol style="list-style-type: none"> 1. Enactment of the Consolidated Agricultural Reform Bill. 2. Fertilizer Cost-reduction investment. 3. Disease-Free Zones 4. Land Registry 5. Land use master plan. 6. Arid and Semi Arid Lands development project. <p>The Ministry of Public Health has picked Food Fortification as one of the flagship project. To improve the nutritional content in foods during processing especially to add nutrients that are lost during processing and to add other nutrients that are of concern in the country to foods that are consumed in 90% of the population such as salt, oils, fats, wheat flour, maize flour and sugar.</p> <p>Strategic Thrusts:</p> <ul style="list-style-type: none"> • Institutional reform • Increase productivity of crops and livestock • Transform land use structure • Prepare new lands for cultivation by developing new irrigable areas • Promote growing and consumption of traditional foods (<i>MTP pg 69</i>) • Shifting emphasis from curative to preventive and promotive <i>health care</i> (<i>MTP pg 97</i>) 	




<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
National Medium Term Priority Framework (NMTPF) of Kenya	2008-2012	<p>Priority area 1: Policy reforms under Strategy for Revitalizing Agriculture/Agriculture Sector Development Strategy for agriculture transformation.</p> <p>Priority area 2: Sustainable natural resource and environmental management.</p> <p>Priority area 3: Support to highly vulnerable households including women, youth and orphans and vulnerable children (OVC)</p> <p>Priority area 4: Agricultural information and knowledge management system</p>			<p>Projects for 2012:</p> <ul style="list-style-type: none"> -Preparation and passage of consolidated agricultural policy reform legislation - Revitalise Community Health Centres to promote preventive health care (as opposed to curative intervention) and by promoting healthy of individual Lifestyles - Scale up the output-based approach system to enable disadvantaged groups (e.g. the poor, orphans) to access health care from preferred institutions. 	
AGRICULTURE						
National policy for the sustainable development of arid and semi arid lands of Kenya	2007-ongoing	<p>To strengthen the integration of Northern Kenya with the rest of the country and mobilise resources necessary to reduce inequality and release the region's potential.</p> <p>To improve the enabling environment for development in Northern Kenya and other arid lands by establishing the necessary foundations for development.</p> <p>To develop alternative approaches to service delivery, governance and public administration which accommodate the specific realities of Northern Kenya and pastoral areas.</p> <p>To improve the standard of living of communities in the ASALs and ensure sustainable livelihoods.</p>		<p>Government of Kenya:</p> <ul style="list-style-type: none"> .Ministry of State for Development of Northern Kenya and other Arid Lands. . Agriculture Sector Ministries. . Water and Sanitation 	<ol style="list-style-type: none"> 1. Drought management and climate change. 2. Land and natural resource management 3. Livestock production and marketing 4. Dryland farming 5. Livelihood diversification 6. Reduce poverty and inequality 	





Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor	Stakeholders	Key points	Integration of Nutrition
Kenya Agricultural Productivity and Agribusiness Project	2009-2015	Consolidate and scale up the gains achieved in research, extension and small scale farmer empowerment during the implementation of the Kenya Agricultural Productivity Project that closed in December 2008. It will also enable farmers to strengthen agribusiness development. The project is linked to the East Africa Agricultural Productivity Program and the Kenya Agricultural Productivity and Sustainable Land Management Project	US\$82 million credit	Agricultural sector ministries , beneficiary and communities (farmers, fisherfolk and marketers and other agricultural product value chain players	<ul style="list-style-type: none"> Policy formulation and review Institutional reforms Agribusiness and market development Technology development and transfer Sustainable funding of technology systems, empowerment of farmers and other stakeholders 	
FOOD SECURITY						
Food Security and Nutrition Strategy (FSNS)	200- 2012	Identifies food security as a basic human right. It takes the view that the right to food includes not only sufficient numbers of calories but the right to nutritious foods that guarantee health, growth and development throughout a person's lifecycle. The policy also focuses on the right of every woman and child to share equally or to have greater shares of the available food because of the required needs for growth and development.		Government of Kenya: <ul style="list-style-type: none"> Agriculture Sector Ministries. Ministry of Public Health and Sanitation. 	This strategy addresses chronic poverty based food insecurity and malnutrition, as well as hunger and malnutrition caused by frequent and recurring emergencies. It aims to increase the quantity and quality of food available and accessible in order to ensure that all Kenyans have an adequate, diverse and healthy diet. It provides an overarching framework covering the multiple dimensions of food security and nutrition improvement.	
Kenya National Food Security Programme (Njaa Marufuku Kenya – NMK)	2005-2015	<p>It aims to help poor households improve their access to food. Firmly anchored in national development policies, and with the clear commitment and support of the UN system and other partners, the Government of Kenya is implementing a bold and ambitious ten-year implementation plan for hunger eradication in Kenya.</p> <p>The overall objective of the programme is to contribute to reduction of poverty, hunger and food insecurity among poor and vulnerable communities in Kenya by 2015</p>		Millennium Project FAO GoK Communities (self help groups) CBOs Schools	The strategic objectives include: 1. To enhance community driven food security initiatives through support to resource poor and vulnerable communities. 2. To improve the health and nutrition status of vulnerable groups (pregnant and lactating mothers, children under five and school-going children). 3. To promote participation of private sector in innovative food security and livelihoods initiatives. 4. To strengthen management and coordination of NMK programme through strengthening organizational structures, linkages and collaboration with stakeholders.	

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor	Stakeholders	Key points	Integration of Nutrition
NUTRITION						
National Food and Nutrition Security Policy (NFNSP)	2012	<p>The main goals of the Food and Nutrition Security Policy (FNSP) are:</p> <ul style="list-style-type: none"> -To achieve good nutrition for optimum health of all Kenyans. -To increase the quantity and quality of food available, accessible and affordable to all Kenyans at all times. -To protect vulnerable populations using innovative and cost-effective safety nets linked to long-term development. <p>The Policy was launched in October 2012 by the president and the nutrition sector has come up with a National Nutrition Action Plan which outlines the key activities that will be undertaken by various stakeholders. Some of the activities include the nutrition in schools, promotion of infant and young child nutrition through breastfeeding and appropriate complementary feeding and improving maternal nutrition.</p>			<p>The National Nutrition Action Plan has been developed to operationalize the strategies outlined in the Food and Nutrition Security Policy through:</p> <ul style="list-style-type: none"> • improving the nutritional status of women of reproductive age (15-49years) • improving the nutritional status of children under 5 years of age • Reducing the prevalence of micronutrient deficiencies in the population. • Preventing deterioration of nutritional status and saving lives of vulnerable groups in emergencies. • Improving access to quality curative nutrition services. • Improve prevention, management and control of diet related non-communicable diseases. • Improve nutrition in schools, public and private institutions. • improve nutrition knowledge attitudes and practices among the population • strengthen the nutrition surveillance, monitoring and evaluation systems • enhance evidence-based decision-making through research • strengthen coordination and partnerships among the key nutrition actors and mobilize essential resources 	

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
National strategy on infant and young child feeding (under review)	2007-2010	The strategy provides a mechanism for comprehensive and coordinated interventions for optimal infant and young child feeding and improved child survival. The strategy emphasizes breastfeeding, and improved nutrition in infants and young children. Ministry of Agriculture staff are involved in training farmers on production of nutritious foods and how to utilize them in preparing nutritious meals for women and children.		Gok Unicef MI Save the Children MCHIP	The implementation of the strategy is coordinated by the Maternal Infant and Young Child Nutrition Steering Committee and Ministry of Agriculture is a member of the committee.	
Kenya Nutrition and HIV/AIDS Strategy	2007-2010	<p>The purpose of the nutrition and HIV/AIDS programme strategy is to accelerate mainstreaming of nutritional interventions in HIV/AIDS policies and programmes with a view to making them an integral part of the national response at all levels of programming based on the following:</p> <ul style="list-style-type: none"> • Articulating strategic priorities in food and nutrition for the Kenyan response to HIV/AIDS to ensure that nutrition support services are directed at those areas that are likely to realize highest benefits for PLWHA • Consolidating achievements and improving the quality and coverage of services and institutionalizing key activities within the national HIV/AIDS management framework • Identifying the roles of the various key players in the national response in the development and implementation of nutrition and HIV/AIDS interventions • Defining processes and inputs necessary for the timely realization of the national targets 				

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
Food fortification	2012	Salt iodization is at national level and 95% of the population is consuming iodized salt. Mandatory Fortification of wheat flour, maize flour by returning the B vitamins and adding iron, zinc and folate, oils fats and sugar are to be fortified with Vitamin A. Sugar fortification is done voluntarily but Standards for these foods have been developed and industries have been mobilized to scale up fortification.		GOK UNICEF MI GAIN Salt, Oil, Wheat and maize manufacturers	<ul style="list-style-type: none"> - Fortification of flour, oil was made mandatory in June 2012 - Systems for monitoring the quality of fortified foods are being strengthened 	
Malezi Bora	Years?	Child Mother Health and Nutrition weeks and it focuses of information and care services including on nutrition.		GOK UNICEF MI	Nutrition is a strong component of malezi bora	
HEALTH & SOCIAL PROTECTION						
National comprehensive school health policy	(2007)	This policy compliments existing National education and health policies, and will advocate for the establishment of health programmes in the school system. The goal of the policy is to enhance the quality of health in the school community by creating child friendly school environment for teaching, learning and healthy development. Access to Health and Nutritional Services, is one of the guiding principles in the policy document.		GOK UNICEF MI	The strategy is being implemented by Ministry of Education and Ministry of Health. Currently there is deworming, school feeding and hygiene being implemented but not full scale.	
Kenya Health Policy Framework (Under review)	1994 – 2010	The policy's mission is to enhance promotion and participation in the provision of integrated and high quality promotive, preventive, curative and rehabilitative services to all Kenyans. Health policy has a vision of developing and maintaining an efficient and high quality health care system that is accessible and affordable for every Kenyan. Among the policy highlights is that pregnant women and children below 5 years get free antenatal care and immunization and nutrition services at government facilities				Still under review

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor	Stakeholders	Key points	Integration of Nutrition
Child survival and Development Strategy	2008-2015	This strategy was developed in response to the deteriorating child survival indicators to conform with the then 2005-2010 NHSSP II ‘reversing the trends’. The objectives were to provide a framework that all partners can support to accelerate child survival and development, to advocate for increased political will and financial commitment for child survival and development and to progressively realise the child’s right to survival and development. Under this strategy nutrition interventions for under fives are addressed e.g. exclusive breastfeeding, IMAM, HIV.		GOK MI UNICEF MCHIP	Some of the planned are being implemented but they are not on full scale due to lack of adequate funding. The Nutrition activities are included but there is very little linkage with Agriculture.	
Integrated Management of Childhood Illness (IMCI) strategy	1999- on going	The IMCI strategy, developed by WHO and UNICEF, aims to improve the management of childhood illness at the primary health care level. The three main components of the IMIC are improving case management skills, improving health care delivery systems, increasing community IMCI involvement and awareness. However, implementation of IMCI remains highly inadequate. The three major challenges are low training coverage, trained health workers not following guidelines and barriers to access for community members		GOK UNICEF	<ul style="list-style-type: none"> It is carried out at all levels with and 31% of health workers have been trained. Counseling on and support to breastfeeding, in addition to assessment and management of malnutrition are addressed. There is need to train all health workers 	
Kenya Cash Transfer for Orphans and Vulnerable Children	Years	The project will scale up social protection for Orphans and Vulnerable Children (OVC). It will increase social safety net access for extremely poor OVC households through an effective and efficient expansion of the existing CT-OVC Program.	World Bank US\$50 million	GOK World bank UNICEF	The program is being implemented in some districts and it not used for agricultural or nutrition activities	

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
Water and Sanitation Service Improvement Project. Water Appeal Board	2007- ?	This credit approved in December 2007 will increase access of the Kenyan people to reliable, affordable and sustainable water supply and sanitation services. It will also improve water and waste water services. The project will support the Athi Water Services, Coast Water Services and Lake Victoria North Services boards. In addition, it will provide complementary technical assistance, goods and works to the Water Sector Regulatory Board.	World Bank US\$150 million	GOK UNICEF World Bank		
Total War Against HIV and AIDS	2005/6 – 2009/10	The development objective of the project is to assist Kenya to expand the coverage of targeted HIV/AIDS prevention and mitigation interventions through sustaining the improved performance of the National Aids Control Council and supporting the implementation of the Kenya National Aids Strategic Plan for	US\$135 million	World Bank DFID GOK		
Global Health Initiative Kenya Strategy		To achieve GHI goals, GHI Kenya proposes three priority areas: 1) Health systems strengthening 2) Integrated service provision 3) Demand creation				
National Children Policy (NCP)	Years?	The National Children Policy (NCP) coordinates all the efforts in the advancement of the rights and welfare of all the children in Kenya in all their diverse categories and circumstances. The intent of the policy is to coordinate the activities of the government, non-governmental organizations, faith and community based organizations, bilateral and multi-lateral organizations as well as private sectors providing various services to all children.				

Institutional execution framework linked to food security and nutrition

Main entities in charge of implementing the food and nutrition Security policy framework

Ministry	Role and Responsibilities
Ministry of Public Health and sanitation	Coordination of the nutrition activities under the Ministry and to provide technical support to other Ministries and agencies.
Ministry of Agriculture	To coordinate agriculture and nutrition policy formulation
Ministry of Trade	
Ministry of Education	To coordinate the school health and school feeding policies
Ministry of Northern Kenya, Arid and Semi Arid Lands	To coordinate the response to emergencies due to drought in the Arid Lands and to assess the nutrition situation in the same areas
Ministry of Livestock Development	
Ministry of Fisheries Development	
Ministry of Special Programmes	
Ministry of Environment and Mineral Resources	
Ministry of Forestry and Wildlife	
Coordination Mechanism	
Nutrition Interministerial Coordinating Committee(NICC)	
Agriculture sector coordination unit	

Main technical and financial partners *Role, responsibilities, coordination...*

Multilateral Partners

- FAO - Technical
- UNICEF- Technical and Financial
- WFP – Technical and financial
- FEWS NET - Technical
- ADB - Financial
- EU - Technical
- WHO- Technical
- World bank - Financial

Bi-lateral Partners

USAID - technical and financial

DFID

Micronutrient Initiative

Global Alliance for Improved Nutrition - Financial

DANIDA, SNV, IFAD,

NGOs

Catholic Relief Services, Save the Children , World Vision Kenya, - Financial and technical

Red Cross – Technical

Disaster prevention/management structures

What are the disaster prevention/management structures in place at central and local levels? Do these operate effectively? What more can be done?

Adherence to global / regional initiatives linked to nutrition (e.g. SUN, REACH...)

What global/regional initiatives is the country adhering to in order to promote food and nutrition security? Is it of any value to IP implementation?

What institutions exist at regional level that promote FNS and could be of value to IP implementation?

- The Comprehensive Africa Agriculture Development Programme (CAADP) is an initiative by African governments under the African Union/New Partnership for Africa's Development (AU/NEPAD) to accelerate growth and eliminate poverty and hunger among African countries. The main goal of CAADP is to help African countries reach a higher path of economic growth and achieve Millennium Development Goals (MDGs) through agriculturally-led development which eliminates hunger, reduces poverty and food and nutrition insecurity, and enables expansion of agricultural exports.
- Baby Friendly Hospital Initiative FHI
- Infant and Young Child Feeding Initiative
- Global Strategy for Women's and Children's Health
- Global Code of Practice on the International Recruitment of Health Personnel
- International Code of Marketing of Breast-milk Substitutes
- Millennium Development Goals
- Roll Back Malaria Initiative (RBM)
- Global Strategy for Women's and Children's Health
- A United Call to Action on vitamin and Mineral Deficiencies

Analysis of on going process within nutrition-linked regional and international initiatives *(Ex : Reach, SUN, CAADP...)*

There is a plan to launch SUN

III. Analysis of current and future country nutritional actions & perspectives

Institutional framework & funding

Main evolutions in terms of institutional framework, linked with nutrition and main trends in terms of financing mechanisms

- Some funding for Nutrition is channelled through the NGO
- Unicef funds through PMG Ministry of Finance
- Some international NGOs give funds directly to the Ministry of Public Health

Consideration of nutritional goals into programs / activities related to agriculture and food

Analysis of the Mainstreaming Nutrition in different sectors, and at the institutional level

Nutrition has been mainstreamed into the activities of the Ministries Health and emergency response to the arid and semi arid lands. It is partially mainstreamed into agriculture and education. In agriculture it is a strong component of the njaa marufuku program.

Main food and agriculture programmes and interventions being implemented to improve nutrition in the different sectors (health, agriculture, food security,...)

Description and analysis of these main activities (mainly the ones mentioned above in the institutional framework) Emphasize multisectoral initiatives, Classify according to main levels and axis to address malnutrition

Main population groups targeted & localisation

Analysis of the targeting mechanism / What is the scale in which those programmes and interventions are being implemented at national level, provincial or district level?

Most programs in health are nationwide and they are targeting women of reproductive age and children under the age of five years. Some of the programs are in reproductive health where maternal nutrition counselling is offered and supplements such as iron/folate are provided at health facilities. The growth of children is assessed and nutrition support and counselling is offered. Through the division of child health, zinc supplements are given in the management of diarrhoea. Vitamin A supplements are given to children routinely at the health facilities, during immunization campaigns and at Early Childhood Development Centres.

Monitoring & Evaluation mechanisms

Description of the monitoring & evaluation mechanisms, main indicators collected and used (multisectoral approach)

- **Health Management Information Systems:** information is collected on various tools such as Child Health and Nutrition Information System , Vitamin A supplementation coverage data collection is integrated into the Kenya Expanded program for Immunization data collection tools, and morbidity data.
- Monitoring of household salt consumption and quality is captured in the Kenya Demographic health survey and through Household and market level monitoring of the quality of iodized salt.
- Micronutrient surveys – the last survey was done in 1999 and the country is currently carrying out the survey to get information on vitamin A, the B vitamins, Zinc, Iodine, Iron, folic acid, has been collected analysis has been done and the draft report has not been finalised.
- Kwashiorkor and marasmus are included in the Integrated Disease Surveillance and Response - Surveys-
- Long rain and short rains assessments are carried out every year. Indicators on nutrition such as the Wasting rates, Underweight, Breastfeeding rates, availability of nutritious foods are included
- Demographic Health Survey with stunting, breastfeeding rates and consumption of iodized salt included

Coordination mechanisms (public-public, public-private, technical and financial partners)

Analysis of these mechanisms, and suggestions of improvements

Several coordination mechanisms have been set up at National level to deal with food security and nutrition issues in Kenya.

1. The Kenya Food Security Meeting (KFSM) is the main coordinating body that brings together food security actors in a forum. It has six sectoral working groups that feed back to the KFSM
 - Agriculture and Livestock (FAO/Agriculture/OP)
 - Water and Sanitation (UNICEF/Ministry of Water)
 - Health and Nutrition (UNICEF and Ministry of Health)
 - Disaster Management (Kenya Red Cross and OP-Relief and Rehabilitation)
 - Education – School Feeding Programme
 - Food Aid Estimates- WFP/OP-Relief and Rehabilitation
2. Kenya' Food Security and Nutrition Policy is coordinated by the Inter-ministerial coordinating Committee on Food and Nutrition (ICCFN)
3. The Agricultural Sector Coordinating Unit (ASCU).coordinates the formulation of Food security and Nutrition Policy formulation and review.

4. The National Food Safety coordinating committee (NFSCC). Coordinates the food safety issues and provides technical support to other stakeholders
5. Nutrition Interagency Coordinating Committee in the Ministry of Public Health. The committee meets every three months. It has 5 subcommittees that address issues of Maternal, Infant and young child feeding, Micronutrient deficiency control, Emergency Nutrition, research, Monitoring and Evaluation and Healthy diets and lifestyles. The committee has been consistently conducting meetings and most stakeholders are involved and it now requires financial and technical support to implement some of the proposed activities. More stakeholders are required

Main management and technical capacities at the institutional level

There are Nutritionists at every District/County who have been trained to be managers and have technical skills on nutrition. There are also agriculture extension workers up to the community level and they have the managerial and technical skills to coordinate agriculture activities. There is collaboration with other relevant technical staff in implementation of activities at district and community levels. The coordination mechanisms that are at national level are supposed to be duplicated at county levels once the new government is in place.

All managers are taken for a one month training on senior management at the Kenya School of Government..

Main issues at stake to improve the mainstreaming and scaling-up of nutrition at the country level and regional / international level, taking into account sustainability

- *Passing the necessary policies in parliament*
- *Increase funding for nutrition to all sectors, Health, Agriculture, Education, Social Development to implement the strategies that are outlined in the food security and nutrition policy.*
- *Scaling up of nutrition interventions*
- *Improve Data management by all sectors*
- *Enhancement of communication in all sectors*
- *Capacity for all health, agriculture and education staff to have competencies in addressing nutrition in these target populations, (strengthen counseling, active case finding and follow up.*
- *Advocacy with key sectors to plan and budget for nutrition activities especially the involvement of the private sector who might be having different agenda.*
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- *Investment in food production and distribution (fertilizer and food subsidy.*
- *Management of water resources*
- *Coordination and management of Community nutrition and health programs, Involvement of Community Health workers and whether they should be left to handle some of the activities that are currently coordinated by health workers.*
- *Support for human resource for nutrition in all sectors*
- *Enhance coordination through implementation of the Food and Nutrition Security Policy*

Definitions

Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.	Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. "Hidden hunger" is a lack of essential micronutrients in diets.	Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).	Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. <i>Source : FAO</i>	Stunting (Chronic malnutrition)	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.	Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children. Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.	Wasting	Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. <i>Source : SUN Progress report 2011</i>
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body's tissues. Without iron, the body can't produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.		
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.		
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). <i>Source : SUN Progress report 2011</i>		

Acronyms

ASARECA	Association for Strengthening Agricultural Research in Eastern and Central Africa
AUC	African Union Commission
BMI	Body Mass Index
CAADP	Comprehensive Africa Agriculture Development Program
CILSS	West Africa Regional Food Security Network
CIP	Country Investment Plan
COMESA	Common Market for Eastern and Southern Africa
CORAF	Conference of African and French Leaders of Agricultural Research Institutes
DHS	Demographic and Health Survey
EAC	East African Community
ECOWAS	Economic Community of West African States
FAFS	Framework for African Food Security
FAO	Food and Agriculture Organization
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
JAG	Joint Action Group
MICS	Multiple Indicator Cluster Survey
NAFSIP	National Agriculture and Food Security Investment Planning
NCD	Non-communicable Disease
NCHS	National Center for Health Statistics, Centers for Disease Control & Prevention
NEPAD	New Partnership for Africa's Development
NPCA	National Planning and Coordinating Agency
PRS	Poverty Reduction Strategy
REACH	Renewed Efforts Against Child Hunger
REC	Regional Economic Community
SGD	Strategic Guidelines Development
SUN	Scaling-Up Nutrition
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization