The World Health Assembly (WHA) target and the Sustainable Development Goals (SDGs) aim to reduce the proportion of children suffering from wasting to <5% by 2025 and <3% by 2030. Kenya is hailed to be among the eight countries that are on track to achieve the four World Health Assembly targets by 2025, including the reduction of wasting. According to the Kenya Demographic and Health Survey 2014, the national prevalence of wasting is 4%. However, a closer look at the sub-national prevalence shows that major equity gaps remain, and a significant part of the country still records high and very high levels of wasting (based on WHO thresholds).

The 10 top counties with the highest burden of acute malnutrition are Nairobi, Mandera, Turkana, Garissa, Wajir, Marsabit, Baringo, West Pokot, Kiifi and Isiolo. Together, they account for 65.4% of the total caseload of wasted children in the arid and semi-arid lands (ASAL) as well as urban counties in Kenya. Select arid counties record persistently high levels of wasting and during the drought years, wasting reaches very critical levels. Kenya is also hosting some 0.5 million vulnerable refugees with a high dependence on humanitarian assistance. Nutrition surveys reveal high levels of malnutrition among refugees compounded by poor water and sanitation as well as high levels of morbidities among children under 5 years.

The main determinants of wasting in Kenya include food insecurity coupled with increased morbidities due to the deterioration of WASH practices. This in turn leads to spikes in the population requiring food assistance as well as the treatment of acute malnutrition. In non-drought years, the rates of wasting remain above the emergency thresholds due to endemic factors such as inadequate infant and young child feeding practices (exclusive breastfeeding and especially complementary feeding), poor child care practices, persistent food insecurity, sub-optimal coverage of health and nutrition services, and inadequate social protection. The situation is further aggravated by a limited coping capacity, low literacy levels and poverty.

While Kenya has been able to progressively reduce the average prevalence of wasting at the national level, many ASAL counties remain above the global emergency thresholds. The areas with high levels of wasting face repeated emergencies threatening the lives of children and draining of national resources. Kenya’s limited ability to prevent wasting increases the risk of excess childhood deaths, as well as long term effects of malnutrition to the children who survive the wasting episode. This reinforces the need to focus efforts on the prevention of wasting through multi-sectoral programming.

The system strengthening efforts over the past decade have enabled Kenya to avert excess mortality despite high rates of wasting. For example, 2011 and 2017 saw high levels of wasting with some hot-spot sub-counties recording a prevalence of wasting well over 30%. Unlike the excess mortality recorded in 2011, the system response in Kenya kept mortality rates within the non-emergency levels in 2017.

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By 2025

**OUTCOME 1**

**REDUCE LBW BY IMPROVING MATERNAL NUTRITION**

**SYSTEM**

- **PRIORITY ACTION/SERVICE**
  - Provide quality ANC, delivery, and postnatal care services to pregnant women during pregnancy, delivery, and postpartum including refugee population.
  - Integration of screening for malnutrition among PUM in ANC, PMTCT and delivery and postpartum including refugee population.

**HEALTH**

- **PRIORITY ACTION/SERVICE**
  - Promotion of nutritious food supplementation to target vulnerable/undernourished PUM and Refuguee population.
  - Strengthen linkages for nutrition education through the school curriculum. Mainstreaming nutrition in curriculum-planning and development of strategies to support articulation of curriculum content.

- **OUTCOME 2**

**IMPROVE CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY**

**SYSTEM**

- **PRIORITY ACTION/SERVICE**
  - Strengthen the design and delivery of integrated/comprehensive maternal, neonatal, child health service packages in health facilities (EMNC, MNCH) with communities (CCAs, PMTCT) including through integrated outreachs and referral community health units.

**HEALTH**

- **PRIORITY ACTION/SERVICE**
  - Undertake health education through community health volunteers and other community structures, social media, print media and other forums for the increased utilization of Maternal Neonatal and Child Health (MNCH) services among vulnerable populations.

- **FOOD**

- **PRIORITY ACTION/SERVICE**
  - Promote safe food production among pastoralists, farmers and fisherfolk including safe use of agro-chemicals during food production, proper storage and handling to control incidences of food-related disease outbreaks and contamination.

- **SOCIAL PROTECTION**

- **PRIORITY ACTION/SERVICE**
  - Support operationalization of standards and guidelines for institutional feeding, including school meals.

**OUTCOME 3**

**IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN’S DIETS IN THE FIRST FIVE YEARS OF LIFE**

**SYSTEM**

- **PRIORITY ACTION/SERVICE**
  - Scale up the implementation of baby-friendly hospital and community initiatives and include kangaroo mother care for small and sick neonates (KMC).

**HEALTH**

- **PRIORITY ACTION/SERVICE**
  - Advocacy, awareness and creating awareness through global/national events that promote KMC (e.g., world breastfeeding week, world food day, nutrition week, world premature day, make March)

**FOOD**

- **PRIORITY ACTION/SERVICE**
  - Promote optimal complementary feeding (8-24 months) and integrate IYCF initiatives in early childhood development and multi-sectoral platforms between MH and line ministries (PLHIV).

**SOCIAL PROTECTION**

- **PRIORITY ACTION/SERVICE**
  - Promote increased production of nutrient-rich foods by promoting food diversification.

**OUTCOME 4**

**IMPROVED TREATMENT OF CHILDREN, PLW, PLW/HIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES**

**SYSTEM**

- **PRIORITY ACTION/SERVICE**
  - Scale up IYCF services across the target counties. This includes outreach for hard to reach areas including refugee populations, scale up on UCMN urging, and ensuring continued commodity supplies.

**HEALTH**

- **PRIORITY ACTION/SERVICE**
  - Strengthen and scale-up nutrition care for wasted inpatients and clients with diseases and co-morbidities.

**FOOD**

- **PRIORITY ACTION/SERVICE**
  - Strengthen mechanisms to monitor safety, quality and adherence to standards for nutrition supplies for management of wasting, including end user monitoring.

**SOCIAL PROTECTION**

- **PRIORITY ACTION/SERVICE**
  - Advocacy, resource mobilization for integrated WASH and nutrition activities.