Global Action Plan on Child Wasting | Country Roadmap

Kenya

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).

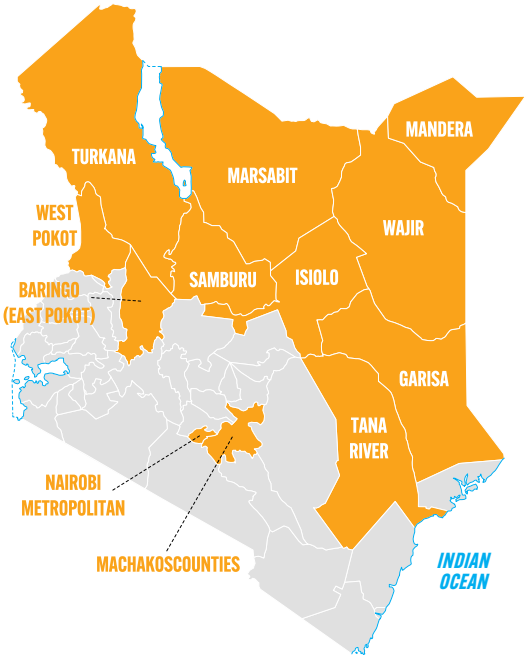
The 10 top counties with the highest burden of acute malnutrition are Nairobi, Mandera, Turkana, Garissa, Wajir, Marsabit, Baringo, West Pokot, Kilifi and Isiolo. Together, they account for 65.4% of the total caseload of wasted children in the arid and semi-arid lands (ASAL) as well as urban counties 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 childcare practices, persistent food insecurity, suboptimal 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.

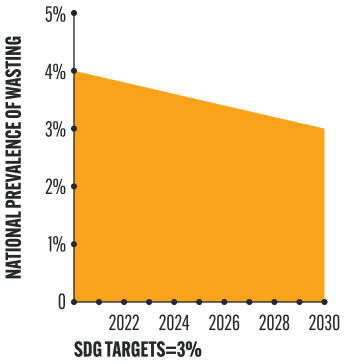
The system strengthening efforts over the past decade have enabled Kenya to avert excess mortality despite high rates of wasting. For example, 2011 and 2017 saw high levels of wasting with some hot-spot sub-counties recording a prevalence of wasting well over 30%. Unlike the excess mortality recorded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

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.

GEOGRAPHICAL PRIORITY AREAS

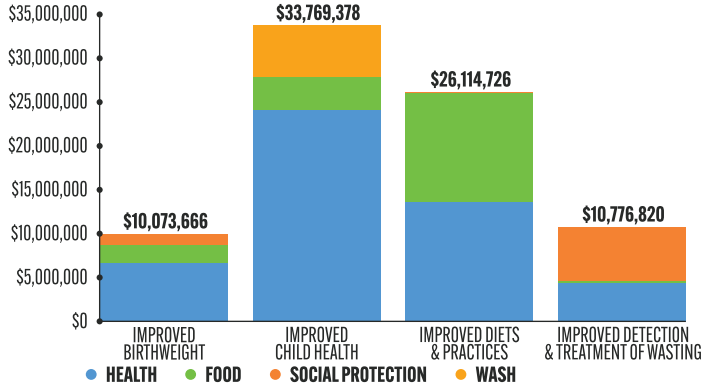


REACHING THE SDG TARGET BY 2030



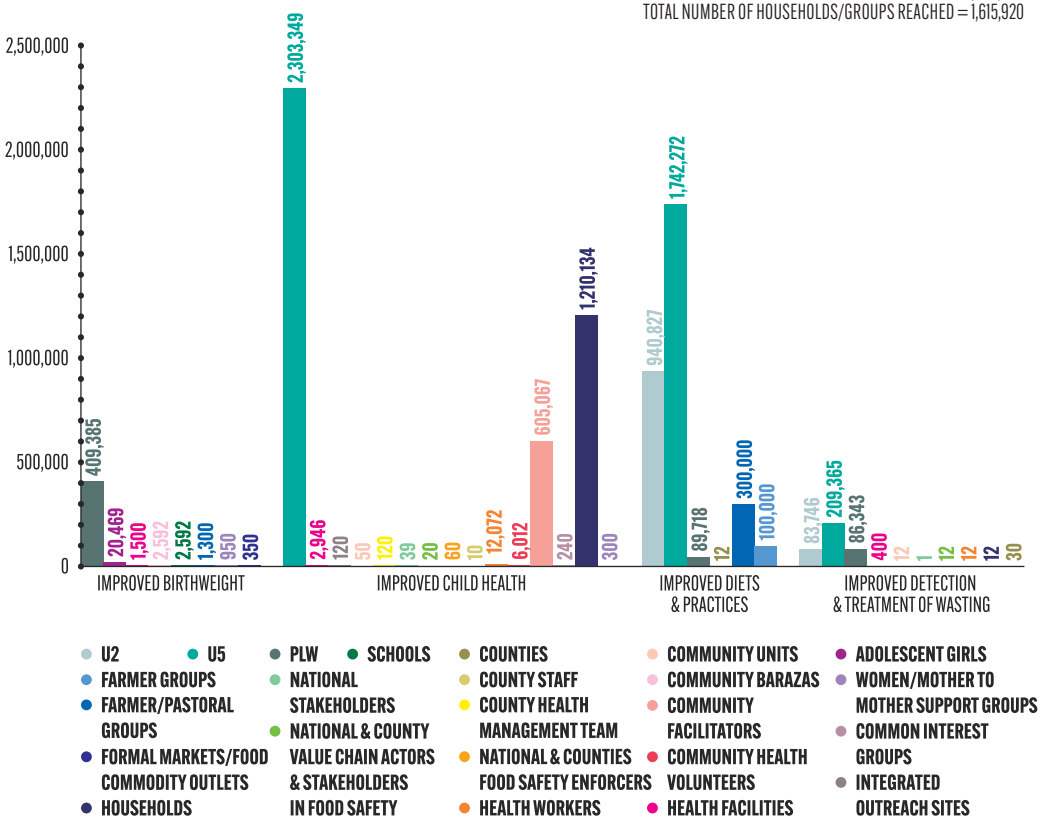
ANNUAL COST (USD)

TOTAL ANNUAL COST = $80,734,589



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 6,508,899
TOTAL NUMBER OF HOUSEHOLDS/GROUPS REACHED = 1,615,920



By 2025

- REDUCE LOW BIRTHWEIGHT TO 5%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO AT LEAST 75%
- INCREASE TREATMENT BY REACHING AT LEAST 75% OF SEVERELY WASTED CHILDREN AND AT LEAST 50% OF MODERATELY WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING 100% UNIVERSAL HEALTH COVERAGE

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Provide quality ANC, obstetric, newborn and postnatal care services to pregnant women during pregnancy, delivery and postpurtum including refugee population. Integration of screening for malnutrition among PLW/G during ANC, PNC Delivery and post partum including refugee population. Provision of nutritious food supplementation to target vulnerable/ undernourished PLW/G including refugee population. Strengthen linkages for nutrition education through the school curriculum. Mainstreaming nutrition in curriculum reform and development of strategies to support articulation of curriculum content. Strengthen implementation of school health programs that includes nutrition service delivery incorporating nutrition assessment components in school health. Provide iron and folic acid supplements to women and adolescents girls during pregnancy. Enforce prohibition of sexual violations, FGM and child marriages through community level platforms. Support the education sector to operationalize the school health policy and strategy and revise the school curriculum to allow comprehensive and age-appropriate sexuality and reproductive health education. Rollout of social behaviour change communication on reproductive health, nutrition and FGM.
FOOD	Promote increased production of nutrient-rich foods by promoting food diversification. Increase the number of nutrition sensitive agriculture technologies and innovations such as kitchen gardens and livestock. To increase production of adequately fortified salt, maize flour and wheat flour, including blended flours and vegetable oil and fats as well as upscale programs to promote their consumption. Support operationalization of standards and guidelines for institutional feeding, including school meals. Promote biofortification of potential food crops using conventional breeding techniques as part of food security and resilience agricultural strategies to improve diets of vulnerable rural communities that rely heavily on few staples.
SOCIAL PROTECTION	Advocate for alignment of nutrition and social protection policies, strategies and programs to leverage social protection systems. Provide pregnant adolescent girls an opportunity to re-enter school after delivery and referral for sexual reproductive health. Support development and implementation of school meals programs that offer support for nutritious meals to ensure intake. Support the implementation of food/cash supplementation program for pregnant and adolescents girls from vulnerable households.

OUTCOME 3

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

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale-up the implementation of baby friendly hospital and community initiatives and include kangaroo mother care for small and sick neonates (BFCI). Advocacy and creating awareness through global/national events that promote MIYCN e.g. world breastfeeding week, world food day, nutrition week, world premature day, malezi bora etc. Promote optimal complementary feeding (6 -23 months) and integrate IYCN initiatives in early childhood development and multisectoral platforms between MOH and line ministries (all). Promote work place support initiatives for women to combine work and breastfeeding both in formal and informal sector. Integrate MIYCN interventions into ECD initiatives. Develop/review policies, standards and guidelines in line with the international standards, conventions and global commitments on MIYCN (MIYCN policy, strategy and training packages, feeding preterm and lowbirth weight guidelines, MIYCN-E operational guidance, BMS Act regulations and training curiculum) and disseminate to frontline health workers, monitor implementation and evaluate policy performance and impact. Strengthen mechanisms for implementation and monitoring and enforcement of the international Code and enforcement of the Breastmilk Substitute Act and regulations on unhealthy foods to minimize harmful effects to children due to inappropriate marketing. Strengthen capacity of frontline health workers on MIYCN interventions. Strengthen MIYCN information systems for decision making and growth monitoring and promotion for children under 2 years.
FOOD	Promote technologies and strengthen food value chains that aim to improve the availability, affordability and consumption of health and nutritious diets including dark green leafy vegetables, biofortified staples and tubers, underutilized indigenous and climage resilient crops and livestock. Promote biofortification of potential food crops using conventional breeding techniques as part of food security and resilience agricultural strategies to improve diets of vulnerable rural communities that rely heavily on few staples. Improve storage capacity, post-harvest loss management, distribution, transport infrastructure and value addition and minimal processing to improve household food access to healthy and nutritious diets at all times. Activity to be intergrated with of nutrition education. Improve production and market access for diverse nutritious foods, including improving post-harvest loss management, storage, distribution and transport infrastructure. Improve agriculture income to enhance dietary diversity including value addition of crop and livestock products; and integration of nutrition education in agribusiness programmes. Promote livelihoods diversification to improve climate resilience of livestock and crop dependent communities and households. Improve analysis, decision-making and response as well as the design of nutrition sensitive interventions; including evidence generation for nutrition sensitive programming.
SOCIAL PROTECTION	Integrate nutrition interventions in cash and in-kind transfers and include nutrition vulnerabilities in the criteria for inclusion.

OUTCOME 2

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

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen the design and delivery of integrated/ comprehensive maternal, neonatal, child health service packages in health facilities (EMONC, IMCI) and communities (ICCM, PHC) including through integrated outreaches and functional community health units. 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. Strengthen and enhance planning, budgeting and coordination of essential Maternal, Neonatal and Child Health (MNCH) services at national and county levels. Initiate or strengthen mental health initiatives among caregivers including promoting wellbeing and social support. Strengthen the supply chain for essential newborn and child health commodities. Disease surveillance, epidemic preparedness and response including promotion of utilization of essential services during the COVID 19 pandemic. High impact nutrition interventions including breastfeeding and complementary feeding promotion and counselling, micronutrient supplementation (vitamin A supplementation, micronutrient powders), deworming prophylaxis, nutrition care and support including during emergencies. Growth monitoring and promotion.
FOOD	Promote safe food production among pastrolists, farmers and fisherfolks including safe use of agro-chemicals during food production, proper storage and handling to control incidents of food-related disease outbreaks and contamination. Support development, adoption and implementation of appropriate food safety standards along the value chains including food production, processing, storage, distribution and enforce implementation. Enhance the regulatory capacity of the National and County institutions involved in product development, standards establishment and monitoring of quality.
WASH	Encourage, facilitate and promote sanitation solutions for households towards eliminating open defecation and improving sanitation behaviours through market based solutions and self support approaches. Improve access to and use of safe and sufficient drinking water at household and institutional level (treatment, strorage). Integrate handwashing message and hygiene during health promotion sessions. Promote joint resource mobilization for integrated WASH and nutrition activities.

OUTCOME 4

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

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale up IMAM services across the target counties. This includes outreach for hard to reach areas including refugee populations, scale up of IMAM surge, and ensuring consistent commodity pipelines. Strengthen and scale up nutrition care for wasted inpatients and clients with disease and/or co-morbidities. Improve screening and referral for acute malnutrition at household, community, health facilities and institutional level. CHVs engagement through community units (such as ICCM), empower mothers/caregivers through family MUAC, growth monitoring at health facility, ECDs and at household level by CHVs. Strengthen nutrition screening and assessment for disease related malnutrition in health facilities. Develop infrastructure and capacity of health workers and institutions for service delivery. Conduct trainings, on the job training, continous medical educations and mentorships, provision of technical guidelines and job aids. Use available mechanisms for coordination of IMAM and to link IMAM services with other programmes (WASH, livelihood, social protection and food security). These coordination forums include nutrition technical forums, emergency nutrition advisory committee (ENAC) and multisectoral coordination forums. Scale up innovative approaches for nutrition education and communication such as Nutrition Improvement Through Health Education (NICHE), adoption of rapid-pro and other SBCC strategies. Strengthen MEAL to ensure evidence based decision making and accountability to service users. Conduct operational research for new approaches. Adopt community initiatives to promote community empowerment for accountability including complaints and response mechanisms, community conversations, community dialogues and actions through community units. Advocacy, resource mobilization and financing for nutrition service delivery including supply chain and ensuring this is covered by government health insurance such as NHIF/UHC. Inclusion of nutrition budget lines in county and national annual budgets, especially for nutrition commodities. Support the development of county strategic planning proceses including CIDP, AWPs, CNAP.
FOOD	Strengthen supply chain systems for the delivery of key commodities for the management and treatment of child wasting including disease related malnutrition. Improve reporting through online systems logistics management informations systems, accurate projection and timely requisition of nutrition commodities. Strengthen mechanisms to monitor safety, quality and adherence to standards for nutrition supplies for management of wasting, including end user monitoring. Strengthen and scale up local production of nutrition commodities.
SOCIAL PROTECTION	Provide regular and predictable cash transfers to all households with pregnant and lactating women with children below 2 to five years, poor and vulnerable households taking care of orphans and vulnerable children (consolidated cash transfer (CCT) programme). This may be universal coverage of use of at risk criteria for targeting (including for universal child benefit- UCB). Support to scale up unconditional cash/food transfer during shocks such as drought. Floods and pandemics to reduce exposure to poor health and nutrition.