



World Food Programme FACTSHEET | NUTRITION

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FACTS & FIGURES

2 million (26%) children in Kenya are stunted

A large percentage of children under 5 years suffer from micronutrient deficiencies

55 percent of pregnant women are anaemic

WFP provides specialised nutritious food to over 1,000 government health facilities

In 2015, WFP treated 23,000 pregnant and breastfeeding women and 35,000 malnourished young children every month

In Dadaab and Kakuma refugee camps WFP treats 2,400 malnourished children per month

Nearly 30,000 children under 2 years and 32,500 pregnant and nursing mothers in Dadaab and Kakuma refugee camps benefit from blanket supplementary feeding programme

Through WFP and GoK, over 90,000 children in the arid counties aged 6-23 months received micro-nutrient powders (MNPs) every month

The national school meals programme, led by the government and supported by WFP, now reaches over 1.6 million school children in food insecure areas.

The daily hot lunch meets a third of children's daily recommended energy intake

How WFP Fights Undernutrition



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Undernutrition often starts in the womb. Undernourished mothers give birth to undernourished children, creating a cycle that continues for generations. Research confirms that good nutrition in the early years of life is crucial for human growth and mental development. We need to break this cycle, by ensuring that the hungry have the right foods at the right time. That's why a large part of WFP's nutrition work is directed at young children and mothers. WFP's role in fighting undernutrition is not only to treat it but also to prevent it being part of its contribution to addressing sustainable development goal 2 of ending hunger, achieving food security and improved nutrition and promoting sustainable agriculture.

The Situation in Kenya

Nationally, an estimated 2 million children (26%) are classified as chronically undernourished (stunted) and 4% are acutely

malnourished (wasted).¹ There are regional differences in acute malnutrition, with arid counties in 2016 having very critical (above 20%) malnutrition levels. In particular, Turkana South has a Global Acute Malnutrition² level of 30.3%, Turkana Central – 24.5%, Turkana North – 22.9%. North Horr in Marsabit – 20%, Mandera East – 22% and East Pokot – 23%.

Analysis of stunting by age group using the 2014 KDHS shows that stunting is highest (36 percent) in children age 18-23 months. Wasting levels are highest for the children in the age groups 6-8 months and 9-11 months (each 7 percent). During this period, children are being introduced to complementary food and are more vulnerable to diseases.

¹ 2014 Kenya Demographic and Health Survey (KDHS)

² WHO crisis classification using rates of global acute malnutrition severity prevalence: Acceptable <5%, Poor 5%–9%, Serious 10%–14%, Critical ≥15%. From WHO (2003) "The Management of Nutrition in Major Emergencies".



Children under five years of age also have a huge burden of micronutrient deficiency—84% have varying levels of vitamin A deficiency, 73% iron deficiency (anaemia), and 51% zinc deficiency. About 55% of pregnant women are anaemic while vitamin A deficiency affects 39% of women. An estimated 31% of adult males suffer from iron deficiency. The prevalence of goitre among school children is 6%.

The main problems contributing to childhood malnutrition in Kenya include inadequate household food security, inadequate caring practices, and an unhealthy environment coupled with limited access to health facilities.

The major constraints to attaining good nutritional status thus include inadequate awareness and knowledge on nutritionally adequate diets, and limited resource allocation and capacity to support the implementation of comprehensive nutrition programs in the country.



A Focus on the Early Years

WFP has the global UN mandate for treatment of Moderate Acute Malnutrition (MAM) and is the key partner with Government of Kenya in addressing MAM. WFP procures and transports specialised nutritious food to over 1000 government health facilities and has treated 23,000 pregnant and breastfeeding women and 35,000 malnourished young children per month in 2015. In addition, WFP treats 2,400 malnourished children per month in Dadaab and Kakuma refugee camps and prevents undernutrition in refugees through a blanket supplementary feeding programme for nearly 30,000 children under 2 years of age and 32,500 pregnant and nursing mothers which covers the 1000 days of a child's most vulnerable period in life.

WFP supports GoK to improve the quality of complementary foods as one of the opportunities to prevent micronutrient deficiencies





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among children less than 2 years of age and contribute to a reduction of stunting. WFP has supported the provision of MNPs to over 90,000 children 6-23 months old per month in arid counties.

Nutrition Capacity Building

WFP is heavily involved in supporting the GoK in policy and strategy formulation covering Food and Nutrition Security and is an active member of the SUN. In 2016, WFP has supported the Nutrition and Dietetics Unit (NDU) in the Ministry of Health with the formulation of guidelines for management of acute malnutrition and micronutrient powders supplementation. WFP is also supporting the NDU and the National AIDs and STD Control Programme (NAS COP) with integration of services for management of acute malnutrition for HIV and Non-HIV clients. WFP is a member of the UN and Business networks of the SUN.

WFP is working with the Ministries of Education, Health and Agriculture in revising the National curriculum and School Health

Policy, promoting appropriate health and nutrition knowledge, behaviour, and practices to all students. In partnership with Unilever, WFP supported the implementation of an integrated Water, Sanitation and Nutrition programme in primary schools in Samburu County, and will be rolling out the same programme in Tana River County. WFP is an active member of technical sub-groups on fortification and maternal, infant and young child nutrition.

WFP is gradually handing over the supply chain component of the Management of Acute Malnutrition (MAM) programme to county governments. In 2016, West Pokot and Baringo counties have contracted the Kenya Medical Supply Authority to provide warehousing and transport services for MAM commodities and MNPs, a role previously undertaken by WFP. Between 2016 and 2018, WFP will also support the two counties with capacity for costing, procurement and management of these commodities, with a complete handover by 2018. Similar agreements will be pursued in three arid counties in 2016.

With its direct implementing partners WFP and 14 nutritionists are supporting the County Nutrition Officers, with developing county plans of action as well as budgeting for nutrition interventions. Ensuring good quality programmes is achieved through supervision and “On the job Learning” of health facility staff.

Greater Quality And Diversity

WFP is in a unique position to improve the dietary intake of some 1.6 million school going children through the WFP supported **School Meals programme**, as well as the GOK supported Home Grown School Meals programme by ensuring that the meals are nutritious and balanced. The aim for 2016 is to improve the dietary diversity and access to micronutrients.



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DIVERSIFYING THE SCHOOL MEAL'S DIET

Traditionally, the school lunch comprises of a cereal, pulses, iodized salt and fortified vegetable oil.

In 2016, WFP has started adding fresh fruits and vegetables to meals in order to diversify the diets of school children. This begun on a trial basis in nine schools within Nairobi.

WFP has also introduced micronutrients (using ready-to-use nutrient powders) to school meals in Garissa and Turkana counties. This will boost the intake of nutrients for 150,000 children (60,000 in Garissa and 90,000 in Turkana).

The outcomes of these pilots will build an evidence base for WFP and future stakeholders to engage in diversifying school meals in Kenya.



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In 2016, WFP scaled up MNPs in school meals in Turkana and Garissa and has piloted the inclusion of fresh fruits and vegetables in schools in Nairobi informal settlements. The aim is to contribute to GoK's evidence base to inform a wide scale approach for diversifying school meals.

Nutrition in All Operations

WFP aims to have all its programmes that are not directly nutrition interventions, **nutrition sensitive in 2015** by ensuring that nutritional education/sensitisation is given to beneficiaries enrolled in schools and in asset creation projects.

WFP has supported the sensitisation of 25 senior managers at the Ministry of Education on strengthening nutrition in the school curriculum, and developed nutrition educa-

tion behaviour change communication for use in 157 schools in Samburu County.

In Kilifi County, WFP has supported the curriculum development for nutrition education and skill transfer for communities to improve Dietary Diversity of households in the asset creation Programme. The Nutrition education component of the CFA will address issues of food utilisation, including food choice, preparation, storage, and preservation. It also includes nutrition sensitive production, in particular, transferring skills on intercropping, multi-storey gardens and promotion of high value crops, as well as promotion of appropriate water and sanitation practices. The aim is also to prevent malnutrition, particular amongst the young children in these households through nutrition education and skill transfer.



If you would like more information, please contact
 joyce.owigar@wfp.org
 charisse.tillman@wfp.org
in the Kenya office.