



Nutrition on the Rise: Raising Kenya's Future

FREQUENTLY ASKED QUESTIONS

Questions About the Presentation

Q. *The presentation is called “Nutrition on the Rise: Raising Kenya’s Future.” Why is nutrition vital for Kenya’s future development?*

A. Malnutrition is a threat to Kenya’s achievement of Vision 2030 and the Millennium Development Goals. Vision 2030 aims to “transform Kenya into a globally competitive prosperous nation with a high quality of life by 2030,” while the objectives of the first five Millennium Development Goals are to: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality; reduce child deaths; and improve maternal health. Achievement of these goals requires a healthy and productive labor force, which in turn, calls for the children who are born today to be well nourished and cared for.¹ Unfortunately, many pregnant women and a majority of children in Kenya do not receive the adequate nutrients they need to grow and develop to their full potential. Many pregnant women are not receiving proper nutrients and the critical vitamins and minerals they need to adequately nourish themselves and their unborn babies. Malnourishment in infants and children leads to poor brain and body development, weakens the immune system, worsens the impact of common illnesses such as diarrhea, and contributes to the deaths of over 35,000 Kenyan children each year.² In addition to improving the health of mothers and children, reducing malnutrition could also boost the economy. Scaling-up vitamin and mineral interventions alone could add more than 200 billion Kenya shillings to the GDP each year.³ So scaling-up nutrition interventions can go a long way toward generating broad-based wealth. Therefore, optimal nutrition is an important factor in achieving Kenya’s economic and development goals.

Q. *Where do the data used in the presentation come from? Are the data accurate and up-to-date?*

A. We used the most up-to-date nutrition data available at the time the presentation was developed. The primary data source for the health statistics is the Kenya Demographic and Health Survey, along with some smaller nutrition studies by local researchers in selected urban and rural areas (Google Earth Satellite Map segment). Data on the economic impacts of malnutrition are derived from the most recent regional calculations by international experts.

Q. *Who is the target audience for this presentation?*

A. This presentation is designed for government policymakers such as ministry officials and Parliamentarians, community leaders, civil society, journalists, and donors, among other influentials. It is intended to support those who work directly in nutrition, as well as those in related or influential fields such as agriculture, child health, gender, and finance. The presentation aims to engage and motivate decision makers to TAKE ACTION—whether that means making nutrition a more explicit goal in their work plans or strategies, allocating more resources to nutrition activities, advocating for strengthening nutrition services, or improving policies and programs to reduce malnutrition.

Potential policymakers at the national level include: the Executive Committee members, Parliamentarians (such as members of the Health & Budget Sub-Committee, Women Parliamentarian groups, and the Population Development Parliamentarians’ Network), Ministers of Health, Devolution and Planning, Treasury, and Agriculture, as well as Principal Secretaries. At the county level, policymakers could include: governors, county senators, county executives, commissioners, representatives, directors and ministers, steering committees, and women representatives.

Additional audiences at the national level may include the First Lady, Vice Presidents, principal advisors, religious counsels, professional associations, academic institutions, nutrition champions, civil societies, the private sector, women group leaders, and the media. At the county level, additional audiences could include local community-based organizations, businesses, youth groups, religious leaders, and agriculture extension workers.

Questions About Malnutrition

Q. What is the difference between hunger and malnutrition?

A. Hunger is a feeling that the body uses to signal that it needs food and generally relates to a lack of food. Meanwhile, malnutrition relates to a lack of nutrients and vitamins that are essential for physical and mental growth and development.⁴ Accordingly, a person or child who has enough food to avoid hunger can still be malnourished if she or he is not eating the right types and quantities of healthy, nutritious food.

Q. Why is there always so much emphasis on stunting?

A. Globally, stunting is now recognized as the main indicator of malnutrition.⁵ Stunting indicates long-term, cumulative effects of inadequate nutrition and poor health status; thus, it gives a broad representation of the nutritional status in the country.⁶ In low- and middle-income countries, 26 percent of children under 5 are stunted.⁷ Even when stunted children survive, there are several long-term impacts, such as reduced educational achievement and economic productivity, and perpetuation of an intergenerational cycle of poverty and ill health.⁸ Stunting is preventable by employing good care and feeding practices such as exclusive breastfeeding and complementary feeding during a child's first two years of life.⁹ Given its severe effects and the fact that simple, feasible solutions are available, it is important that we address stunting.

Q. How do we detect malnutrition and stunting in children at an early age so we can intervene before it's too late?

A. Malnutrition, including conditions such as stunting and underweight among children, is most commonly detected through body measurement indices including weight and height. These measurement indices are compared to the World Health Organization's growth standards, which provide a comparison to the average measurements of children the same age.¹⁰ It is important to take children regularly for medical checkups or to community health screening events, so they can be weighed and measured and any signs of malnutrition can quickly be detected and addressed. Body measurements can usually be done during other well-child visits such as for vaccinations.

Questions About Malnutrition in Kenya

Q. How does Kenya compare to other countries with regard to malnutrition indices among children?

A. Kenya has an estimated 2 million stunted children and ranks #12 among all countries with the greatest number of stunted children. Twenty-six percent of Kenya's 7 million children under the age of 5 are stunted. This is higher than other African countries such as Ghana where the proportion of stunted children is 19 percent. However, Kenya has improved in other important nutrition indicators including exclusive breastfeeding. A national survey indicates that the proportion of infants under 6 months that are exclusively breastfed increased from 32 percent in 2008 to 61 percent in 2014. This is comparable to other countries such as Uganda where 63 percent of infants under 6 months are exclusively breastfed.

Q. In the presentation, it is mentioned that 4 in 5 children in Kenya are not receiving the right foods. What exactly does this mean?

A. To be properly fed, children must eat the right types of food the right number of times a day. While the specifics vary depending on breastfeeding practices, this means that each day, children 6-23 months of age should receive foods from the four main food groups. Foods that would provide the appropriate nutrients include: fruits, vegetables, eggs, milk, fish, meat, and grains. Children should receive solid, semi-solid, or soft foods two-to-four times daily.¹⁵

This is why simply eating, especially if this only includes rice or porridge (common in many areas), will not ensure that a child is properly fed and receives the right amount of nutrients. Children need the right quantity and quality of foods.

Q. What is currently being done at national and county levels to address malnutrition?

A. The 2010 Kenya Constitution recognizes that every person has the right to the highest attainable standard of health, to be free from hunger, and to have adequate food of acceptable quality. To

support these goals, Kenya is taking important steps to address nutrition. For one, we have joined the SUN movement, which stands for Scaling Up Nutrition. This is an exciting new global effort aimed at bringing country and global leaders together to fight against malnutrition. Kenya joined SUN in 2012, and we are joining more than 50 countries and over 100 international organizations and donors to rally around a common agenda and solutions, with the goal of mobilizing broad commitment and resources to advance our nutrition agenda.¹⁶

Secondly, our Food and Nutrition Security Strategy (FNSS), developed from Kenya's Food and Nutrition Security Policy (FNSP), identifies priority interventions and delegates responsibilities among the key players in nutrition and food security. Moreover, the 2012 National Nutrition Action Plan (NNAP) provides government and nutrition stakeholders with a framework to effectively coordinate and implement nutrition-focused policies and programmes that are needed to address malnutrition in Kenya.

In addition, the Government of Kenya is focusing efforts to implement 11 High Impact Nutrition Interventions (HiNi) across the country. These interventions, such as promotion of exclusive breastfeeding, Vitamin A and micronutrient supplementation for children, iron-folate supplementation for pregnant women, food fortification, salt iodization, and deworming have been proven to be effective in reducing malnutrition and mortality in children.¹⁷

Questions About How to Address Malnutrition

Q. Which Ministry, department, agency, or organization at national and county levels should take responsibility for nutrition?

A. Malnutrition is a national problem and finding solutions is a shared responsibility. While the Ministry of Health's Nutrition team should steward all activities related to nutrition, making a large impact will require multi-sectoral collaboration. It is important to ensure that all nutrition interventions support and reinforce one another. We should engage Ministries from across various sectors such as Treasury, Education, Devolution and Planning, Agriculture, Livestock and Fisheries, and Environment, Water and Natural Resources—and find ways to incorporate nutrition into cross-sector strategies, policies, and programmes. It will be critical to our success for leadership and action to come from the community level. For example, we need to engage faith-based organizations, civil society organizations, community-based organizations, professionals, the private sector, and traditional and religious leaders.

Q. What are the issues that high-level policymakers care most about?

A. Often leaders care about short-term outcomes such as reducing deaths and illness, particularly among young, innocent children. Inform them about the significant impact low-cost nutrition interventions can have on improving the health of mothers and children in Kenya. They may be interested to know that vitamin A supplementation alone can reduce child mortality by as much as 23 percent or that iron-folic acid supplementation can reduce maternal deaths by 20 percent.¹⁸ Use the facts to appeal to their emotions and show how simple solutions like “exclusive breastfeeding” can make a world of difference and save lives.

Leaders are also concerned about the country's development. Showing them how reductions in malnutrition can lead to direct improvements in education, productivity, and GDP growth in the long term can be powerful. Well-nourished children grow into a healthier, more productive labor force as adults, and that can mean a boost in GDP growth by as much as 11 percent annually for the country.¹⁹ And finally, the bottom line is often about money—how much will it cost? So it is critical that leaders understand that while they will initially have to spend money on nutrition interventions, this investment will result in substantial savings in health care and economic gains later on. For example, a recent study revealed that investment in key nutrition interventions to reduce stunting would generate economic returns up to 16 times greater than the initial investment.²⁰ For every 100,000 KES spent on key nutrition interventions to reduce stunting, we would generate 1.6 million KES in increased income. So scaling up nutrition interventions would help reduce household poverty and increase broad-based wealth across Kenya.

Q. There are so many competing agendas, and every problem we hear about seems important. So how can we get our officials to pay attention and spend funds on this issue in particular?

A. Yes, it is true that we are often fighting for time, money, and people's attention. That is why it is important to offer something new and interesting. The presentation “*Nutrition on the Rise: Raising*

Kenya's Future" can be used for this purpose. It is available on DVD in a narrated video format to make it easier for you to show to diverse audiences; and there are accompanying nutrition materials available from the Division of Nutrition and Dietetics at the Ministry of Health to distribute at events.

You should also think creatively about how the presentation can be used as a platform to spur action. For example, to expand its reach, it can be shown at events organized by others, including groups not necessarily working in nutrition. To stimulate discussion and interaction, you can plan supplementary activities such as panel discussions with nutrition experts, along with showing the presentation. And to raise awareness, you can involve local celebrities and reach out to the media to cover events.

Q. How can we change policies and programming within our own organizations to improve child nutrition?

A. Advocacy often starts at home. If your organization is already focused on child health and nutrition, it is likely that you could still do more. Look at your organization's work plans and strategies to determine whether or not they involve approaches that are well aligned with best practices known to improve nutrition among infants and young children. Determine whether adjustments can be made in your work plans and budgets so that the most resources are dedicated to high-impact interventions.

If your organization does not include nutrition in its mandate, is this an area that you could consider supporting? For example, could you support efforts to educate mothers on proper young child feeding practices or to promote exclusive breastfeeding? Could you support initiatives to increase access to nutritious food? Determine which gaps you could best fill given your mission and strengths, and adjust your policies, programs, and budgets as needed.

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