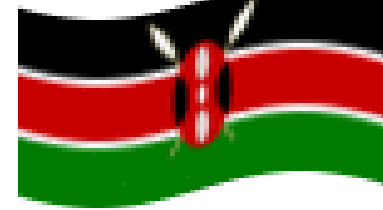


Scaling up Nutrition Kenya Experience

**National nutrition targets setting and
commitments to action**



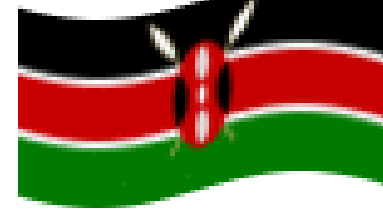
Nutrition is Key
"Commitment and Collaboration to SUN"



GUIDING QUESTIONS

- What was the method of establishing national nutrition targets?
- What kind of commitments to actions were triggered following the agreement on the national nutrition targets?
- How do the targets and commitments link to the national planning and budget cycle for nutrition?

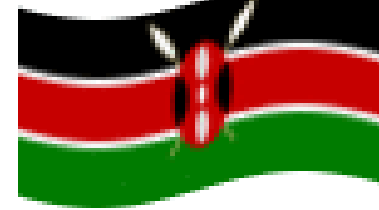




Key triggers to necessitate planning

- Unchanged nutrition situation at national and subnational level-stunting
- Cyclic food security related emergencies and the need to build community resilience
- Enhanced momentum both in-county and globally to address malnutrition
- Increased commitment from government, Donors and partners towards addressing malnutrition
- Availability of periodic data to monitor trends





Method of Establishing nutrition targets

- Benchmarking-Global target, historical trends, regional trends, county prevalence rates and trends, program coverage rates
- Regional and Global commitments for nutrition and health
- Country commitments
- Experience of nutrition sector partners and consensus building on new indicators e.g. budget estimates (increment) based on program reality in Kenya.

Considerations

- Target/indicators feasibility (SPHERE standards – WHO indicator definitions and reference documents on setting targets for practice indicators (WHO indicator Compendium) and UNICEF nutrition indicator reference.
- Methods of collecting data
- Program response and funding



Milestones in developing the county targets

- Data availability and analysis
- Estimation of targets- based on the global, previous coverage and expected outcome
- Consultations with sectors (MOH, emergency) and partners
- Consultation with donors and government on funding availability and potential activity pull

Data review

Target
estimation

Consultation
with
stakeholders
(NIWG)

Identify key
activities

Defining
M&E system

Propose
options for
scaling up



Key Guiding documents for Nutrition (2012-2013)

National level

- Kenya national nutrition action plan-aligned to vision 2030, MTPII and KHSSP III
- Annual working plan
- National M&E framework
- Food and nutrition security Policy
- MOH guidelines on various thematic programs

County

- Kenya national nutrition action Plan
- County nutrition action plan
- County Integrated Development Plans
- County health investment plans
- Annual work plan

Global

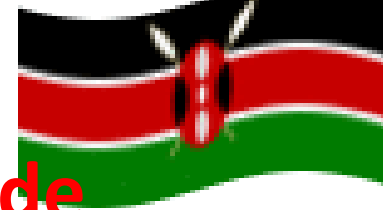
- MDG/SDG guided targets for underweight and stunting
- Global commitments-ICN, SUN, Agenda 2063



Achievements

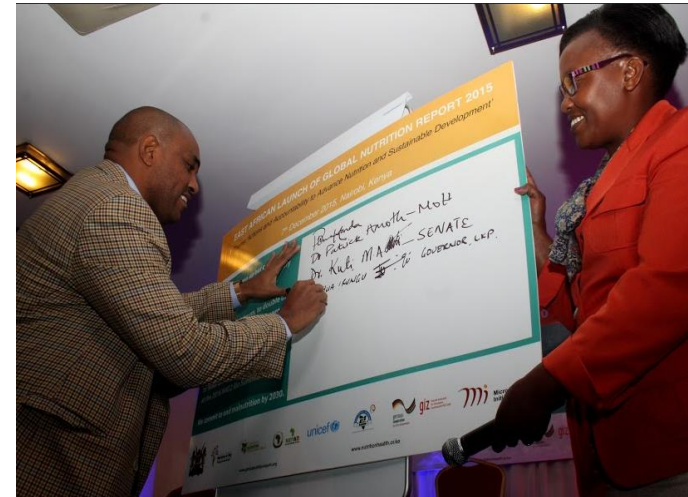
Progress against WHA Nutrition Indicators	Baseline (%)	% Target (2016/2017)	current Prevalence	status	source
Stunting of children under-five years of age	35%	14%	26.00%	on course	2014 KDHS
Wasting of children under-five years of age	6%	2%	4.00%	on course	2014 KDHS
Underweight of children under-five years of age	16%	10%	11%	on course	2014 KDHS
IFA coverage (proportion of women with live birth in the last 5 years who took IFAS)	3%	80%	69.40%	on course	2014 KDHS
Anaemia of women of reproductive age	55%	25%	25%	on course	2011
Exclusive breastfeeding of infants under six months	32%	56%	61.40%	achieved	2014 KDHS
Vitamin A coverage	62%	86%	71.70%	on course	2014 KDHS



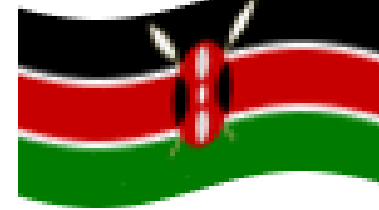


National/political Commitments to guide target setting

- Vision 2030- Productive nation by 2030
- Constitution of Kenya-article 42, and 53 – Rights to food and right to nutrition
- Global commitments-SUN movement etc.

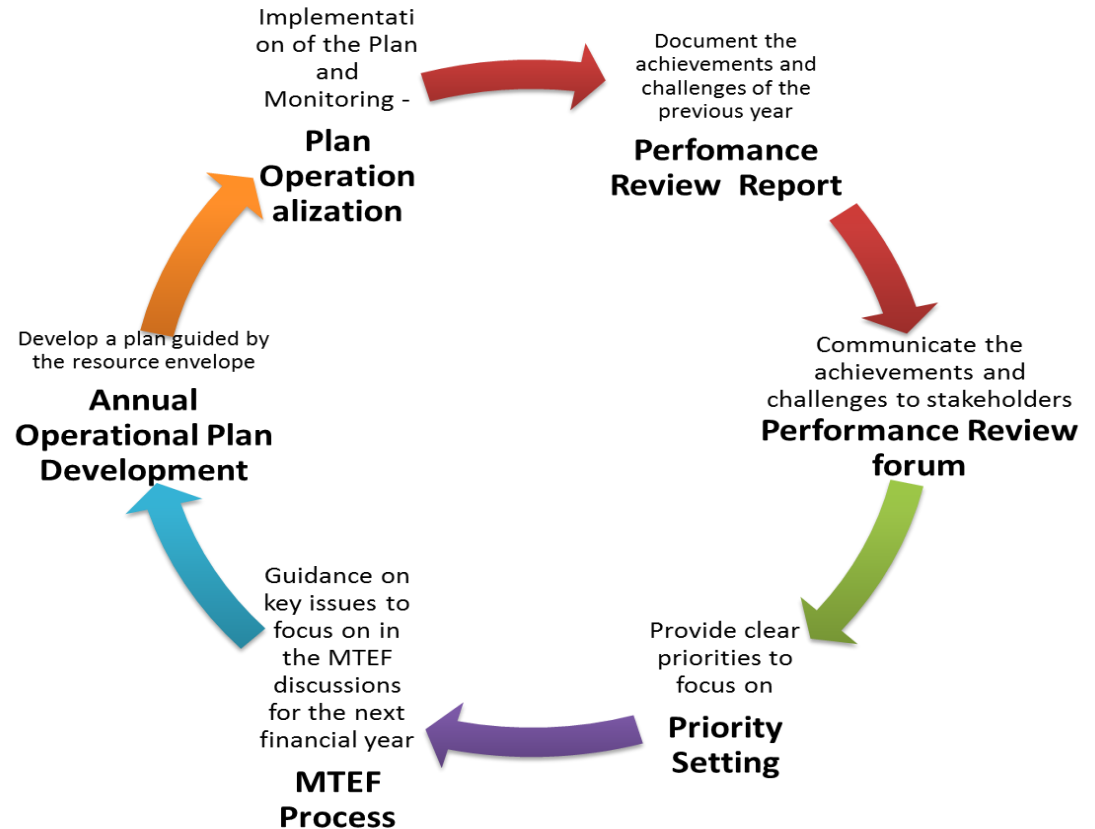


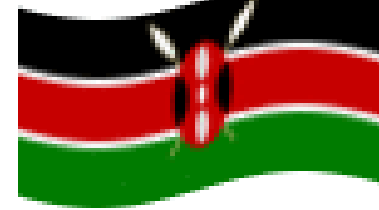
Linking targets to National planning



- MTEF process-SWAP (annually with involvement of all stakeholders and relevant ministries)- national and county level

Approach: sub county → county → national

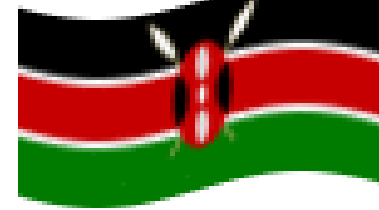




Lessons learnt

- Need for enhanced capacities at the county level to necessitate target setting , monitoring and evaluation of progress
- Need for enhanced engagement in the MTEF process (national and county)
- Kenya is on course to meet targets, there are pocket of deprivation across the country that needs to be addressed.





Next steps

- Review of the national Nutrition action plan based on the Current county rates and global targets -2017
- Linkage of SUN to the EDE (ending drought in emergencies) country agenda
- Review of the country rates for EBF , underweight and /Wasting considering the county has already surpassed the global and county level targets. Targets for stunting ate yet to be achieved.
- Fast track the development of county nutrition action plans





Kenya on course to meet nutrition target



Lakipla Governor Joshua Irungu (right), Senate Health Committee chairman Mohammed Kuti (Centre) and head division of Family Health at the Ministry of Health, Patrick Amoth, Patrick during the official launch of Global Nutrition Report 2015 East Africa in Nairobi yesterday. PHOTO: AYUB MUKIRO

Report paints a rosy picture of country's progress in child nutrition and maternal health

by George Kebaso

These improvements illustrate that in Kenya, we have the answers, we know what works, and feasible interventions. —Muruguri

Kenya is the only country on course to meet all five World Health Assembly (WHA) maternal and child nutrition health targets by the year 2025, according to the East Africa that was released in Nairobi yesterday.

In a space of three years since the WHA set the 2025 goals to improve under-nutrition, Kenya is lauded in the report for having made progress in improving nutrition outcomes for children, with a significant reduction in the national levels of stunting from 35 per cent in 2008 to 25.9 per cent in 2014.

At the same time, the country is commended in the report for

working hard in reducing anaemia in women of reproductive age to 25 per cent. WHA required that countries take this down by 50 per cent.

In 2012, governments agreed to reduce low birth weights in children by 30 per cent, and in the three-year duration, Kenya has improved the situation to 8.5 per cent and rose exclusive breastfeeding numbers to 61.4 per cent, an 11 per cent rise from the WHA requirement of 50 per cent by 2025.

CHILD STATISTICS

One in four children under the age of five are still stunted.

This is the result of chronic nutritional deficiency during the first 1,000 days of a child's life, a period of time that is irreversible once the child turns two.

This means that nearly two million children in Kenya will not have the chance to achieve their full potential.

Four others in the country's National Nutrition Action Plan 2012-2017 has been achieved in the report as one of the key strategies that saw childhood wasting and obesity come down to four per cent.

Of the 73 countries, only four others — Colombia, Ghana, Vietnam and Cambodia — are on course to achieve the five-year strategy target of US\$607 million (Sh9.7 billion) was drawn, out of which the government committed a total of US\$58 million (Sh6 billion) to drive the plan.

These improvements illustrate that in Kenya, we have the answers, we know what works, effective and feasible interventions that have been adopted by the government," said Health Principal secretary, Dr Nicholas Muruguri yesterday.

The National Nutrition Plan is part of the "roadmap to success, Vision 2030.

Nutrition report says kids 'too short' for age

BY PATRICK MUDIA

TWENTY six per cent of children under the age of five are too short for their age, a World Nutrition report has said.

The report launched yesterday says 25 per cent of children and women of reproductive age are anaemic.

Four per cent weigh too little for their height, suffering from a condition known as wasting.

European Union head of Social Affairs and Environment Hjordis Dagostino gave the report to Senate Health Committee chairman Mohammed Kuti at the Panafria Hotel, Nairobi, yesterday.

It says though Kenya is on course to hit five out of six indicators of the World Health Assembly nutrition targets, obesity in both sexes remains a problem.

Currently, the obesity in both sexes stands at seven per cent.

"Between two and 20 per cent of health money in many countries goes to obesity treatment," the report says.

It says 45 per cent of deaths of children under

five are linked to malnutrition.

Health PS Nicholas Muruguri said the government has set aside \$11 million to aid malnutrition programmes.

"We note that financing for health is not at the requisite 15 per cent of total budget based on Abuja declaration but we remain upbeat that it is an achievable target," he said.

The report cites a combination of government commitment, effective nutrition programmes and general poverty reduction as the key factors to the Kenyans success.



THE LONG AND SHORT OF IT: European Union head of Social Affairs and Environment Hjordis Dagostino gives the World Nutrition report to Senate Health Committee chairman Mohammed Kuti at the Panafria Hotel, Nairobi, yesterday.

'More effort needed to end malnutrition in Africa'

December 8, 2015 Africa



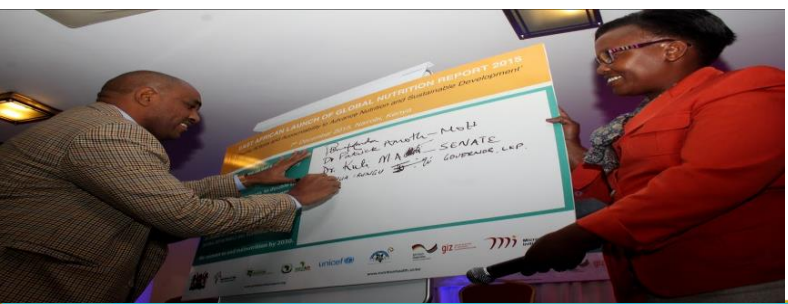
Nicholas Muruguri

NAIROBI. — Senior government officials and nutrition experts as well as civil society organisations from East Africa yesterday called for concerted efforts to end malnutrition in all its forms on the continent.

The officials and experts, who met in Nairobi for the release of the global report on nutrition, resolved to create a political environment for reduction of malnutrition and ensure improved coverage of high-impact nutrition interventions.

Speaking at the launch of the Global Nutrition Report 2015 (GNR) and the GNR Africa Brief, Kenya's Principal Secretary for Health, Nicholas Muruguri hailed the progress achieved so far, but called for enhanced collective action from all stakeholders including government, donor organisations and the private sector, to endeavour to end malnutrition entirely by 2030.

"Every child in Africa has a right to basic nutrition, which if properly implemented at all levels, could reduce the levels of associated illness, incapacity and premature death," Muruguri said.



Nutrition is Key

"Commitment and Collaboration to SUN"