Ending malnutrition for every last child in Kenya

What's the problem?

Kenya is a low middle-income country that aims to become a globally competitive and prosperous nation with a high quality of life by 2030. This vision is anchored in Kenya's constitution, which calls on Kenyans to build 'a nation that will be socially and economically inclusive and cohesive where everyone has equal access and opportunities to realize their full potential'.[i]

However, many Kenyans, including refugees, persons with disabilities, and ethnic minority groups among others, still face inequalities which deny them opportunities to realise their full potential. Malnutrition is one of the indicators of national development. In Kenya, the rates of malnutrition remain unacceptably high with 26% of children being too short for their age (stunted), 4% too thin (wasted) and 11% underweight.[ii] The national rates mask regional disparities; data show that the children who are most affected by malnutrition live in the arid and semi-arid counties in northern Kenya. The counties with the highest proportion of stunted children are West Pokot (45.9%) and Kitui (45.8%). Other counties reporting high proportions of stunting include Kilifi (39%), Mandera (36%), and Bomet (36%). Wasting is concentrated in the northern region of Kenya, with more than 11% of children in Garissa, Wajir (14.2%), Mandera (14.8%), Marsabit (16.3%), Turkana (22.9%), West Pokot (14.3%), and Samburu (13.6%) reported to be wasted. One in four children or more are underweight in five counties: Mandera (24.9%), Marsabit (30.1%), Turkana (34.0%), West Pokot (38.5%), and Samburu (28.9%).[iii]

According to the 2014 Kenya Demographic Health Survey report, the north rastern of Kenya has the highest levels of wasting and underweight, whilst the coastal, eastern and rift valley regions have the highest levels of stunting. What is common in all these regions is that the counties with the highest malnutrition rates are those that are classified as arid and semi-arid lands. The report also identifies children in families in the lowest wealth quintile and those in families where the mothers have no education or did not complete primary school as those likely to be malnourished.

The arid and semi-arid counties comprise the most marginalised counties pre- and post-independence, where poverty levels have remained high. Rural poverty is highest in Turkana, Mandera, Wajir and Marsabit counties where more than 70% of the population is poor.[iv] These counties are characterised by harsh climatic conditions. They also occupy vast land areas with low population density, which makes it very costly to deliver some essential services. These counties also have very poor infrastructure and people therefore have limited access to facilities such as schools, health centres and markets. Another possible explanation for the high poverty levels is that spending in these counties does not target the sectors where the poor are concentrated, further isolating the people and leaving them to lag behind in economic development.[v]

Wajir county is predominantly pastoralist. It has high malnutrition rates and 26.4% of children are stunted. 84.4% of the population is poor[vi] and the adult literacy rate is low at 23.6%[vii]. The county experiences prolonged dry spells which affect availability of water and livestock productivity and therefore livestock-related income, which in turn affects access to food. In addition, the poor infrastructure affects availability, accessibility and affordability of nutritious food, as most food has to be transported over vast distances from other parts of Kenya and across the border with Somalia. Therefore, dietary diversity is extremely poor, particularly for populations in remote rural areas. "We mostly give our children animal milk or porridge with milk. We give the child whatever is available. We lack adequate food due to frequent droughts," said a mother during a focus group discussion.[viii]

In Wajir county, access to health services is a major challenge, with sparsely located health facilities and lack of skilled health workers occasioned by high staff turnover due to the harsh climatic conditions and insecurity. 95.9% of the population lives at least five kilometres from a health facility; only 4.1% have a health facility within a kilometre.[ix] The doctor to patient ratio in Wajir is 1:132,000 compared to the recommended standards of 1:5,000 while the nurse to patient ratio is 1:4,163 compared to the recommended 1:1,000[x].

Traditional beliefs and taboos have also aggravated malnutrition: for example, taboos exist around food consumption during pregnancy where it is believed that consumption of liver in later pregnancy is not good as it can cause the baby to 'grow too big' leading to obstructive labour. It is also common to hear mothers say that it is not good to give liver to a child who has not started talking, as they will never talk.

Women's heavy workload is another factor that affects child nutrition as small children are usually left with other caregivers (sometimes older siblings or elderly grandparents) for long periods during the day, affecting feeding and care of children.

Children have also noted the negative impact that malnutrition and other illnesses pose to their survival. Zahra, a class 8 pupil aged 14 from the catholic primary school in Wajir town, said, *"Most of our young children die before celebrating their fifth birthday. I think this can be reduced to zero. If we join hands, our young children can survive."*

Our response: programmes

Since 2007, Save the Children, has been supporting the government to implement evidence-based high-impact nutrition services in three of the high burden counties in northern Kenya: Mandera, Wajir and Turkana, with funding from the European Commission's Humanitarian Aid and Civil Protection department, the UK Department for International Development (DFID), the European Union and the Office of US Foreign Disaster Assistance (OFDA). Our nutrition services aim to tackle both the immediate and underlying causes of malnutrition, addressing access to healthy diets, the public health environment and optimal care practices, with a particular focus on children under five and pregnant and lactating mothers.

Save the Children supports the implementation of the National Nutrition Action Plan in all the counties, emphasising the need to scale up the following interventions:

- Treatment of severe acute malnutrition
- Treatment of moderate acute malnutrition
- Vitamin A supplements for children aged 6-59 months
- Zinc supplements for diarrhoea treatment
- Iron folate supplements for pregnant mothers
- De-worming for children aged 12-59 months
- Multiple micronutrient supplementation
- Promotion of exclusive breastfeeding for children aged 0-6 months
- Appropriate complementary feeding for children aged 6-59 months.

Save the Children has ensured that these services reach all target groups, irrespective of who they are and where they are located. Our support covers both rural and urban populations, including outreach to remote locations. And to ensure availability of quality services, we support the county governments in supplying and advocating for adequate supplies and a skilled workforce at the health facilities. At community level, we work through existing community structures and groups to promote knowledge and adoption of positive behaviours, addressing barriers that lead to poor health and nutrition.

As well as supporting the treatment of malnutrition, Save the Children implements preventive programmes that address access to income and markets, health services, water, hygiene and sanitation as well as education and disaster risk reduction. With support from the European Commission-funded Food Facility project and OFDA, from 2010–2013, we implemented projects aimed at revitalising markets while ensuring communities are accessing diversified diets using locally-available foods. Households vulnerable to food insecurity were given vouchers enabling them to buy meat, beans and milk from local traders. In addition, with funding from DFID, Save the Children supported the implementation of the Hunger Safety Net Programme, a social protection programme which targets the poorest and vulnerable households in four arid counties (Wajir, Turkana, Mandera and Marsabit) with an objective of reducing extreme hunger and vulnerability. Through support from other donors, Save the Children has implemented programmes aimed at increasing communities' resilience to common risks and disasters; increasing access to water and sanitation facilities at both community and health facilities; and improving access to quality emergency and basic healthcare services including improving community health and basic health infrastructure.

These activities and many others contributed to a decrease in wasting rates from 30% in Wajir East in 2011 to 10.5% in 2013.[xi]

Save the Children's nutrition-related programming promotes an inclusive approach by:

- Working at both community and health facility levels to ensure access to health for all. Save the Children supports the community health strategy which works at the community level, linking with levels 1 and 2 of health service delivery. In places with no health facilities we recruit and support community health volunteers.
- Conducting community feedback sessions to enable community members to give feedback on our programme interventions and make suggestions in order to improve the quality of our programmes.
- Using a community rights based approach for social accountability and to create demand for health and nutrition services.
- Setting up mother-to-mother support groups to raise awareness and promote good practices in feeding infants and young children, antenatal care attendance, immunisation and hospital deliveries.
- Advocating for increased budget allocation for health and improved human resources to bring non-operational health facilities back into use.
- Ensuring an all-inclusive approach by undertaking surveys and assessments across all parts of the county.
- Addressing structural and behavioural barriers through strategic intervention modelling and mapping key drivers of positive change.
- Developing behaviour change strategies aimed at improving practices, such as a communication for development strategy, outreach strategy, and complementary feeding action plan.
- Mobilising for strategic outreach interventions in hard-to-reach locations.

"I am so happy about Save the Children whenever I look at how my daughter Bishara has grown. She was very sick and weak, I had lost hope... When she came out of the hospital I could not believe my eyes and since then Bishara has never been to a hospital except when taking the nutrition supplies. All her four siblings are healthy and since then mothers in my village have learned how to take good care of their children so that they don't become weak like Bishara was in 2011." Ibrahim, father from Barmil, Wajir. At 15 months old, his daughter Bishara was caught up in the East African drought of 2011. Her grandmother took her to a Save the Children-supported hospital where she was treated for diarrhoea and severe malnutrition. She is now a healthy five-year-old.

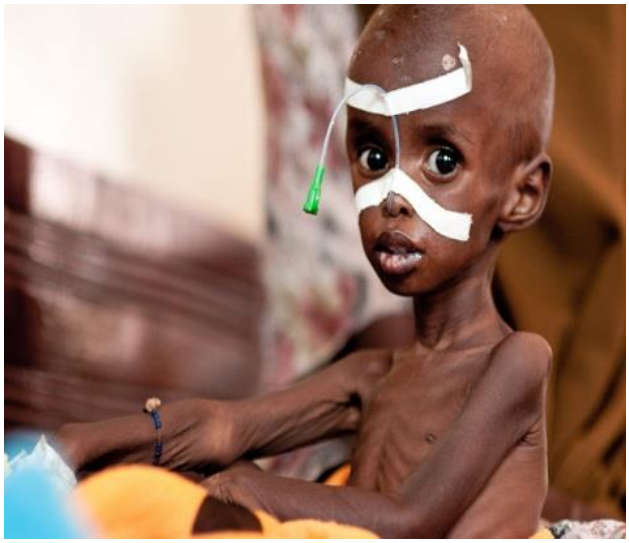

Photo 1: Bishara undergoing inpatient care treatment after being identified with Severe Acute Malnutrition with medical complications in 2011

Photo 2: Bishara, healthy and jovial in Dec, 2015

The government's response

The Constitution of Kenya 2010 recognises food and nutrition as a human right. Chapter 4 Article 43 (1) (c) states that, every person has the right to be free from hunger and to adequate food of acceptable quality while Article 53 (1) (c) states that every child has the right to basic nutrition. The Kenya Food and Nutrition Security Policy provides a comprehensive framework covering the multiple dimensions of food security and nutrition improvement. It recognises the need for a multi-sectoral approach, embracing both public and private sector involvement, and that hunger eradication and nutrition improvement is a shared responsibility for all Kenyans. The National Nutrition Action Plan has been localised and Wajir now has a County Nutrition Action Plan which was designed to accelerate progress towards achieving the Sustainable Development Goals and Vision 2030, Kenya's development programme covering the period 2008 to 2030. The Plan is the primary tool for resource mobilisation and a guide to investment for cost effective nutrition intervention.

Wajir county government launched mobile clinics through the Beyond Zero campaign, an initiative by Kenya's First Lady to reach the communities which do not have access to health services. These clinics offer integrated services.

Thanks to sustained advocacy, the Wajir county government has made great strides in increasing human resources for health.

The county government has also built 12 new health facilities since the devolution of health services from the national government, bringing the total number of health facilities to 88. All the 12 facilities were previously operating as outreach facilities, largely funded by Save the Children and other partners. Construction of maternity wards in each health facility is also a priority for the Wajir county government health department.

Lessons learned

Policies and programmes could be modified to address malnutrition by:

- Revising the community health strategy to allow community health volunteers to be trained to treat malnutrition with supervision from health workers. This would not only reduce the workload at the facilities but also contribute to a reduction in malnutrition as malnourished children can be identified quickly for early treatment.
- Use of modified irrigation methods in locations with large numbers of boreholes and modification of the roads to improve accessibility would enhance food availability and contribute to improved nutrition status.
- Focused food security and livelihoods interventions to ensure food availability throughout the year and reduce seasonal malnutrition.
- Supporting the implementation of the County Nutrition Action Plan, which focuses on strategic interventions and all-inclusive approaches to improve the communities' nutritional status.
- Community empowerment through participation in forums such as on social accountability for health at all levels.
- A more systematic and deliberate engagement of the community as enshrined in the constitution of Kenya. This would help stakeholders understand better some of the underlying causes of malnutrition and provide home-made solutions to problems affecting the vulnerable groups.

Key lessons for addressing malnutrition inclusively include:

- A holistic approach to addressing malnutrition is key to current and future generations. It helps in the early identification and management of cases, thus reducing malnutrition-related mortality.
- Community involvement during planning and implementation of interventions is paramount for ownership and use of the services and sustainability of the gains realised.
- Advocacy for increased budgetary allocation for nutrition by specific government departments is required to sustainably address the causes of malnutrition.
- Joint planning and execution of interventions with the Department of Health creates ownership and understanding during their implementation, while enhancing inclusivity.
- Multi-sectoral coordination with both nutrition-specific and nutrition-sensitive actors is necessary.
- Involvement of key influencers and community 'gatekeepers', including men at household level, is paramount in addressing key health- and nutrition-related behaviours and interventions

[i] President Mwai Kibaki, Speech on the Occasion of the Promulgation of the New Constitution, 27 August 2010, available at: http://www.communication.go.ke
[ii] KDHS 2014
[iii] KDHS 2014
[iv] KIPPRA, Kenya Economic Report 2013
[v] Ibid
[vi] Kenya open data based on 2005/06 Kenya Integrated Budget Survey available at https://www.opendata.go.ke/Poverty/Poverty-Rates-by-County/z6za-e7yb
[vii] Wajir County Integrated Development Plan, 2013
[viii] MIYCN Knowledge Attitude Practices and behaviours (KAPB) survey report, 2014

[ix] Ibid
[x] Government of the Republic of Kenya (2013), Wajir Firsty County Integrated Development Plan.
[xi] Save the Children, SMART survey reports 2011 and 2013