The Costs of Undernutrition

- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.1
- Those who survive are at high risk for impaired cognitive development, which adversely affects the country’s productivity and development.
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country’s productivity and growth.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.2

Where Does Kenya Stand?

- An estimated 35% of children under the age of five are stunted, 4% are severely underweight, and 6% are wasted.2
- 1 in 10 infants are born with a low birth weight.2

Most of the irreversible damage due to malnutrition happens during gestation and in the first 24 months of life.2, 6

As shown in Figure 1, although the overall prevalence of stunting and underweight have been decreasing over the past two decades, the country has made insufficient progress towards meeting MDG 1c (halving 1990 rates of child underweight by 2015).6

As seen in Figure 2, Kenya performs well relative to many of its immediate neighbors. However, other countries with lower per capita incomes such as Haiti (not shown) and Ghana exhibit reduced rates of child stunting, which demonstrates the ability to achieve better nutrition outcomes despite low income.

Undernutrition is not just a problem of poverty. As Figure 3 shows, children are undernourished in nearly 25% of even the richest households. This is not an issue of food access, but of caring practices and disease.

Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, micronutrient deficiencies are widespread in Kenya, as shown in Figure 4.
Poor Infant Feeding Practices
- 48% of all newborns do not receive breast milk within one hour of birth.²
- Only 13% of infants under six months are exclusively breastfed.²
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, 16% of infants are not fed appropriately with both breast milk and other foods.²

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections. In high HIV settings, follow WHO 2009 HIV and infant feeding revised principles and recommendations.⁴

High Disease Burden
- 15% of deaths of children under five are due to diarrhea, and 18% are due to pneumonia.⁶
- Undernutrition increases the likelihood of falling sick and severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food
- 30% of households are food insecure as defined as per capita access to calories.⁷ Many more households likely lack access to diverse diets year round.
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.

Solution: Involve multiple sectors including agriculture, education, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

References

The World Bank Nutrition Related Activities in Kenya

- Adequate intake of micronutrients, particularly iron, vitamin A, iodine and zinc, from conception to age 24 months is critical for child growth and mental development.
- Vitamin A: Around 80% of preschool-aged children, and 17% of pregnant women are deficient in vitamin A.⁸ Supplementation of young children and dietary diversification can eliminate this deficiency.
- Iron: Current rates of anemia among preschool aged children and pregnant women are 69% and 55% respectively.⁹ Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.

• Iodine: An estimated 91% of households consume iodized salt.¹ aloud consumption of iodized salt is a major factor in controlling iodine deficiency, which can cause IQ loss in infants and young children. Universal salt iodization should be sustained.

World Bank Nutrition Related Activities in Kenya

Projects: A US$100 million Health Sector Support Project with components geared at increasing coverage of basic health services to vulnerable groups (especially pregnant women and children) is planned for the delivery in 2010. The Project does not focus explicitly on nutrition, but the new health sector services fund would provide new opportunities to work at the local level on nutrition issues.