INTEGRATION OF HEALTH AND NUTRITION IN OTHER SECTOR POLICIES IN KENYA

Country: Kenya

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Context

• Kenya Faces multiple health challenges - Communicable and non-communicable diseases. The Kenya Constitution recognizes Health as a right.

• The Kenya Health Policy objective 6 is to Strengthen collaboration with private and other sectors that have an impact on health and aims to focus on the determinants of health.

• This presentation focuses on the burden of malnutrition and how the country has changed indicators.
The country still faces a significant burden of disease from communicable and non-communicable conditions, and from injuries including those that result from violence.

Malnutrition contributes to the rise of non-communicable disease.

Kenya is facing the triple burden of malnutrition (Undernutrition, overweight and obesity, and micronutrient deficiencies) which impact greatly on health.
Implementation

- In 2012 the Ministry of Health developed the **Food Security and Nutrition Policy** a multisectoral approach to dealing with food security and nutrition.
- Kenya also joined the global scaling up Nutrition Movement and developed a **Multisectoral Nutrition Plan which was used to mobilize resources from key sectors (education, social protection, agriculture fisheries and livestock) and from donors, civil society and UN.**
- Funding at national level for advocacy, implementation of programs on healthy diets, infant and young child nutrition and micronutrient programs increased.
- Coordination Improved - Quarterly meetings for the National Technical Forum for Nutrition.
Evaluation

Trends in stunting, wasting and underweight - KDHS

![Graph showing trends in stunting, wasting and underweight from 1993 to 2022]

- Stunting
- Underweight
- Wasting

- 1993 KDHS (NCHS) - Stunting: 33%, Underweight: 6.1%, Wasting: 5%
- KDHS 1998 (NCHS) - Stunting: 33%, Underweight: 6%, Wasting: 5
- KDHS 2003 (NCHS) - Stunting: 30.3%, Underweight: 5.6%, Wasting: 5.8%
- 2008 KDHS (NCHS) - Stunting: 29.6%, Underweight: 5.8%, Wasting: 5.6%
- 2008 KDHS (WHO) - Stunting: 35.3%, Underweight: 6.7%, Wasting: 4%
- 2014 KDHS (WHO) - Stunting: 26%, Underweight: 11%, Wasting: 5%
- 2022 KDHS (WHO) - Stunting: 18%, Underweight: 10%, Wasting: 5%
Recommendations

• Multisectoral collaboration is required in dealing with health challenges. Resources can be allocated from various sectors to support the health sector.

• Multisectoral plans provide a clear roadmap and helps in costing and mobilizing resources.

• Advocacy is required at all levels in order for resources to be allocated to promote health in other sectors.