

NANDI COUNTY GOVERNMENT NUTRITION SCORECARD




2023





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LIST OF ABBREVIATIONS AND ACRONYMS

AU	African Union
ARI	Acute Respiratory Infection
ASAL	Arid and Semi-arid Lands
BFCI	Baby Friendly Community Initiative
CNAP	County Nutrition Action Plan
CBOs	Community Based Organization
CSOs	Civil Society Organizations
CIDP	County Integrated Development Plan
CHWs	Community Health Workers
EBF	Exclusive Breastfeeding
FBO	Faith Based Organizations
FGD	Focus Group Discussion
GoK	Government of Kenya
GDP	Gross Domestic Product
KDHS	Kenya Health and Demographic Survey
KII	Key Informant Interview
MAM	Moderate Acute Malnutrition
NGOs	Non- Governmental Organizations
RMNCH	Reproductive, Maternal, Newborn and Child Health
SDGs	Sustainable Development Goals
SPSS	Statistical package for Social Sciences (SPSS),
UN	United Nations
US	United States



FOREWORD

I am pleased to present the Nutrition Scorecard for Nandi County, which has been developed in partnership with the National Taxpayers Association (NTA) and funded by Christian Aid-Kenya. The scorecard is a testament of our commitment to improving Nutrition and the general health standards for the well-being of the people of Nandi County Community, while ensuring transparency and openness in our budgeting process. As Governor of Nandi County, one of my key manifesto items was to enhance proper nutrition standards for our people.

I believe that a well-nourished population is a cornerstone of a healthy and prosperous society. That is why we embarked on this journey to develop a scorecard that would set the foundation for us to champion nutrition programs and improve health data indicators. The development of this scorecard was a collaborative effort between our county nutritionists, community health workers, and the NTA. They went around the six sub-counties of Nandi, namely Emgwen, Mosop, Nandi Hills, Chesumei, Nandi Hills, and Tindiret, gathering data and conducting research to ensure that the scorecard is evidence-based and relevant to our local context.

I am proud to note that Nandi County is a member of the Open Government Partnership (OGP) local in Kenya, together with Makueni, Elgeyo Marakwet, and Nairobi. As part of our OGP commitments, we have pledged to enhance public participation in the budget-making process to enhance transparency and accountability. The Nutrition Scorecard is a reflection of our commitment to these OGP values, and I believe it will play a crucial role in ensuring that we are transparent and accountable in our budgeting process. I would like to express my gratitude to Christian Aid-Kenya for their support in funding this initiative, and to the NTA for their partnership and expertise. I am confident that the Nutrition Scorecard will serve as a valuable tool for us as we work to improve the health and well-being of the people of Nandi.

I encourage all stakeholders to use this scorecard as a guide and reference as we continue to implement nutrition programs in the county. Let us work together to ensure that the people of Nandi have access to nutritious food, and that we build a healthy and prosperous county.

H.E. Stephen Sang
Governor, Nandi County

ACKNOWLEDGEMENT

The National Taxpayers Association (NTA) wishes to acknowledge the contribution of various individuals and institutions who made this publication possible. The Nandi County Community Scorecard is a product of concerted efforts from our chief donor Christian Aid Kenya and the NTA in partnership with the Nandi County Government. The Nutrition scorecard sought to assess enhance the capacity of Communities to improve their participation in the Public Financial Management cycle with a focus on advocacy on allocation of resources on nutrition in Nandi County. In light of county-level competing financial priorities, the health sector allocations have improved, but not the sector needs. Therefore, preventive and promotive health has been identified as an efficient strategy for utilizing health funds. Nutrition is an essential agenda under the promotive programme that has a positive health impact on communities. Therefore, NTA proposes that health budgets require citizen-centred health planning and health financing that holds great potential to improve nutrition indicators and reduce out-of-pocket expenditures.

We acknowledge the NTA National Governing Council and the following NTA staff for their invaluable contribution in the development of this scorecard; Irene Otieno (National Coordinator), Dorcas Ng'ang'a (Admin), Jackson Kihumba (Admin and Finance Manager) and Allan Miheso (Project Officer).

Special thanks to Christian Aid Kenya staff (Rispa Chebet-project Officer, Jane Achieng'-M&E officer, Pasca Chesach- Communications) for their support and collaborative efforts towards the implementation of this project. We also appreciate our consultant Dr. Francis Omondi for his immense technical support throughout the report's life cycle. Lastly, we appreciate key staff from the Nandi County Government (OGP Team and County Nutritionists) for their invaluable insights and technical support since the inception of this project in the county.

Our sincere gratitude goes to Christian Aid Kenya for their generous financial, strategic and technical support, which oversaw the success of this Nutrition Scorecard from its inception stage to its very end. We appreciate your generous support.

Thank you!



EXECUTIVE SUMMARY

Kenya is facing a malnutrition problem, a situation when one's diet fails to provide sufficient nutrients or the right balance of nutrients for optimal health. Correlates of malnutrition in Kenya range from poverty (socioeconomic status), a poor-quality diet, bottlenecks in accessing food such as poor mobility, and unsound dietary choices. Data from the Kenya Demographic and Health Survey (KDHS) 2022 shows that 5% of infants under the age of 5 are wasted, while 18% of children under the age of 5 are stunted or too short for their age. There are regional and class demographic differences in the severity of malnutrition, with children in rural areas more likely to be stunted than those in urban areas. To combat the problem, Kenya has developed an array of programs, such as the Vision 2030 plan, the Big Four Agendas, the Kenya Food and Nutritional Security Plan developed in 2012, and the Kenya Nutritional Action Plan 2018–2022. The cost of malnutrition in Kenya is estimated to be between 1.9% and 16.5% of the GDP, with Isiolo County (50%), Turkana County (50%), Garissa County (45%), Mandera County (45%), Marsabit County (45%), Samburu County (45%), Wajir County (45%), and Baringo County (40%) being the most affected.

According to the Kenya Demographic and Health Survey, 2014, Nandi County constitutes the counties with the highest level of malnutrition in Kenya; the prevalence of stunting among children under five years stood at nearly 30% (4 percentage points above the national stunting average of 26%), while wasting and being underweight stood at 4% and 11%, respectively. These adverse nutrition outcomes are unacceptably high. This therefore highlights the need to develop a nutrition scorecard to help monitor progress and enlist strategies to surmount the problem.

NTA, in partnership with Christian Aid, is implementing a project titled “Afya Bora Sauti Yangu” to enhance the capacity of communities to improve their participation in the nutrition program’s resources by 2023. To realize this goal, the project will also seek to align the county’s budgeting tools to make the budget nutrition-sensitive.

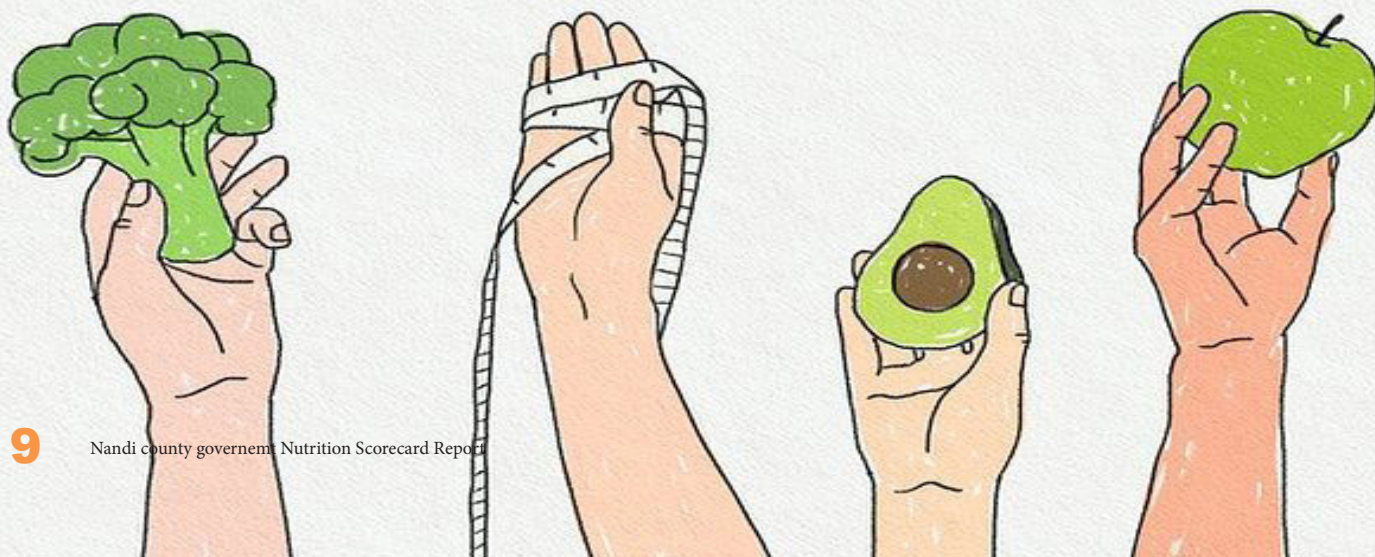
The assignment undertook a desk review of all relevant nutrition policy documents at the national and county levels to inform the development of the Nandi County nutrition scorecard. Secondary data was collected from publications of governmental and non-governmental institutions, the private sector, CSOs, and free access data on the internet.



The survey questionnaires were administered to community members, health workers in various health facilities, community health committee members, community health volunteers, members of health facility management committees, CBOs and local NGOs focusing on nutrition, and participants in focus group discussions (FGDs). Quantitative data was then triangulated with qualitative data to develop a robust nutrition scorecard for Nandi County.

Malnutrition in children under 5 years that manifests itself in terms of being severely underweight is still prevalent in the county (KDHS, 2014). Watery diarrhea is also still common among the children. On the wider household level, households with improved sanitation facilities are still low, which shows a lot still needs to be done. Proper sanitation is key to the reduction of morbidities and mortalities among pregnant women and lactating children. The study finds women, men, and children in the county to be underweight. Being underweight is one of the forms of malnutrition, and thus, a lot still needs to be done to avert these adverse nutrition outcomes in Nandi County.

We further recommend that the county focus on other related sectors, such as safe drinking water and sanitation, to keep nutrition-related illnesses at bay and improve nutrition outcomes. In addition, the county government needs to have nutrition nuggets displayed in areas easily accessible by the public whenever they are within the precincts of health facilities. Also, they can partner with the CSOs to conduct nutrition trainings for members of the public as they seek health care services within the various levels of health facilities in the county. They should also widen access to Vitamin A and deworming services for children.





1

Introduction

There exists an inextricable link between nutrition and an individual's health status. Health, on the other hand, is closely tied to poverty and inequalities, especially in the context of Sub-Saharan Africa, where health outcomes remain largely adverse. The Sustainable Development Goal (SDG) 3, calls on all the global economies to “ensure healthy lives and promote well-being for all at all ages by 2030.”¹

Sustainable Development Goal (SDG) number 2 envisions that world leaders will “end hunger, achieve food security and improved nutrition and promote sustainable agriculture” by 2030. Nutrition is also closely related to at least 12 SDGs (out of the 17): No poverty (1); Good health and well-being (SDG 3); Quality education (SDG 4); Gender equality (SDG 5); work and economic growth (SDG 8); reduced inequalities (SDG 10) and climate action (SDG 13) inter alia. The African Continent also take nutrition issues seriously. The AU Agenda 2063 in the first aspiration highlights that the Continent's leaders are committing to “a prosperous Africa based on inclusive growth and sustainable development”³. Embedded in the first aspiration is goal number 3 that brings to view the fundamental issue of ensuring “healthy and well-nourished citizens.” Different nations too have national and sectoral policies meant to ensure food security is achieved for all ages- children under 5 years and women in the reproductive age inter alia.

The government of Kenya through key policy documents; the Health Policy (2012-2030), National school Meals and Nutrition strategy and the National Food and Nutrition Security Policy have given strong indications to prioritize food and nutrition security by guaranteeing access to adequate, nontoxic and healthy food to meet the dietary needs of all Kenyans.⁴ Besides, the Vision 2030, Kenya's long-term development blueprint, aims to transform the country into a newly industrialized, middle-income country providing a high quality of life to all its citizens by 2030.⁵ The corollary implication, is that the government of Kenya is to prioritize food security to enable the citizenry be able to attain the highest possible standards of health.

1 <https://www.un.org/sustainabledevelopment/economic-growth/>.

2 <https://www.un.org/sustainabledevelopment/hunger/>.

3 <https://au.int/en/agenda2063/aspirations>.

4 <https://www.nutritionhealth.or.ke/resources/nutrition-policies-laws/>.

5 <https://vision2030.go.ke/about-vision-2030/>.

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Nandi County in its County Integrated Development Plan (CIDP) for 2018-2023, highlights health and nutrition as key priority areas for the socioeconomic transformation in the County.⁶ The nutrition outcomes remain dire in the County. To eliminate all these forms of malnutrition, the County currently has a Nutrition Action Plan (CNAP) FOR 2018/19-2022/23 to provide a road map to the County government when it comes to financing nutrition interventions and achieve optimal nutrition for a healthier and better quality of life for the residents in the County.



The 2010 Constitution provides a legal framework that guarantees Kenyans an all-inclusive rights-based approach to health service delivery.

Despite these well-elaborate global, regional and national policies for better nutritional outcomes, achieving food security that is, adequate food and of good quality has increasingly proved an uphill task for the world economies especially in the low- and-middle-income countries (LMICs). Nearly a third of the global population can be classified as moderately and or severely food insecure⁷. The impacts of climate change largely driven by anthropogenic activities, conflicts around the globe and other adverse human behavior have coalesced to ensure adverse nutrition outcomes such as malnutrition (wasting, stunting, underweight and overweight) continue unabated in our world today^{8,9}. In all these, it is the nations ravaged by drought and adverse weather leading to food and nutrition insecurity and the most vulnerable of the populations that will remain threatened the most with adverse nutrition effects. The 2010 Constitution provides a legal framework that guarantees Kenyans an all-inclusive rights-based approach to health service delivery. It provides that Kenyans be entitled to the highest attainable health standards, including the right to healthcare services and reproductive health care (Article 43). Article 53 provides for the right of every child to basic nutrition, shelter and healthcare. However, health and nutritional outcomes for different groups in Nandi County still remains adverse calling for the need to develop nutrition indicators to help monitor progress as the County strives to improve the health and nutritional status of the residents in this region.

⁶<https://cog.go.ke/cog-reports/category/106-county-integrated-development-plans-2018-2022?download=332:nandi-county-integrated-development-plan-2018-2022>.

⁷ <https://globalnutritionreport.org/reports/2022-global-nutrition-report/executive-summary/>.

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1839860/>.

⁹ <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>.

NTA in partnership with Christian Aid are implementing a project titled “**Afya Bora Sauti Yangu**” to enhance the capacity of communities to improve their participation in the nutrition program’s resources by 2023. The project will be instrumental in empowering the locals to effectively participate in the design of nutritional programmes by their County government for better health outcomes.

1.1 Overall Objective

The overall objective of this assignment was to develop the Nandi County nutrition scorecard.

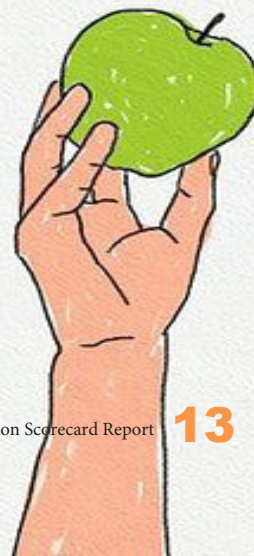
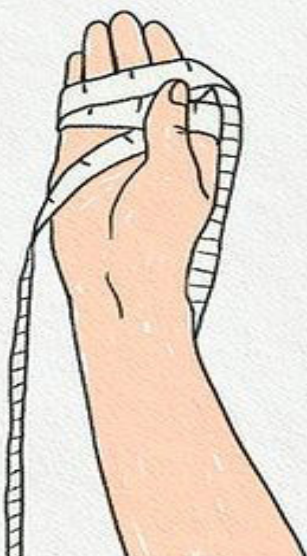
1.2 Specific objectives:

The following were the specific objectives of the assignment:

- i. To develop the Nandi County Government Scorecard Report based on the data collected by CHWs.
- ii. To provide practical recommendations to Nandi County Government and civil society actors



In Africa, stunting affects 30.7% of adults and children under the age of five.



2 METHODOLOGY

2.1 Desk Reviews

Desktop reviews involved gathering secondary data from publications of governmental and non-governmental institutions, private sector, CSOs, and free access data on the internet inter alia. The desktop reviews aided in analysis of relevant literature on health and nutrition status that enabled the development of robust nutrition indicators for Nandi County. Documents reviewed included: Continental Nutrition Accountability Scorecard; The Kenya Nutrition Scorecard; Global nutrition Reports; Global nutrition targets 2025; Global Nutrition Monitoring Framework; Nandi County CIDP; Nandi County Budget statements; Sectoral-department of health/Agriculture budgets and policy statements; National nutrition status reports.

2.2 Quantitative Techniques

2.2.1 Use of surveys

This survey questionnaires were administered to the Community Members, Health workers in various health facilities, Community Health Committee Members, Community Health Volunteers, Members of Health Facilities Management Committees, CBOs/ Local NGOs Focusing on Nutrition. Key information was gathered on nutrition status in Nandi County. Quantitative data gathered from the surveys were then triangulated with those from qualitative methods discussed herein below. This facilitated the development of robust Nutrition Scorecard for Nandi County.

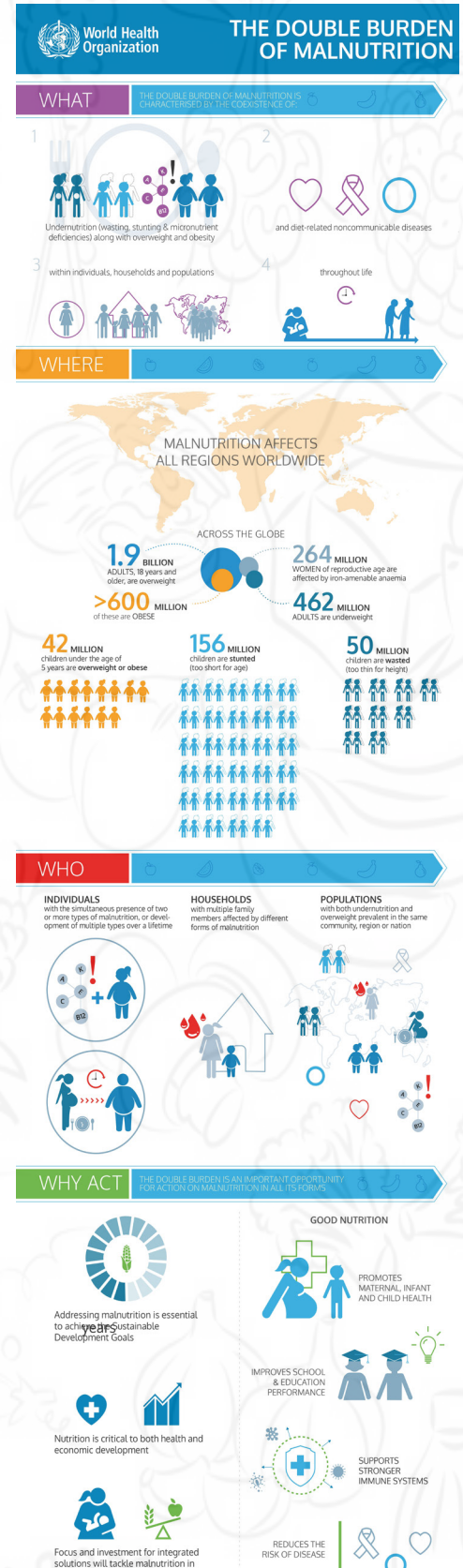
2.2.2 Sample Size Determination

The following formula was used to calculate the sample size assuming unknown population size of the targeted respondents:

$$n = \frac{z^2 pq}{\epsilon^2}$$

Where:

n = required sample size



$p = 1 - q$ (variance expected in the responses assumed to be 50:50 proportion rate). $z =$ Z score value at 95% confidence level (standard value of 1.96)
 $q =$ Estimated responses.
 $=$ Level of precision or margin of error at $\pm 5\%$ (standard value of 0.05).
 Therefore, the sample size is

$$n = \frac{(1.96)^2 (0.5)(0.5)}{(0.5)^2} = 384$$

2.3 Qualitative Techniques

2.3.1 Key Informant Interviews (KIIS)

Key Informant Interviews involved one on one interviews with respondents and or actors dealing with health and food security (nutrition) issues in Nandi County. This included; NGOs working in health and agriculture in the County, national and County government representatives (ministry of health and agriculture), CBOs, representatives of host communities (community leadership).

2.3.2 Focus Group Discussions (FGDs)

The participants in FGDs included NGOs working in health and agriculture in the County, CBOs, and representatives of host communities (community leadership). The choice for the inclusion of these different groups into the KII and FGD's has been in-formed by their knowledge in nutritional issues and their active participation to ensure nutrition outcomes in Nandi County get better.

2.4 Quantitative Analysis

Quantitative data analysis was used to analyze the responses obtained through the surveys. Information gathered (qualitative) through the survey were transformed into quantitative data for effective analysis for evidenced decision-making. The following statistical software were used for analysis: Statistical package for Social Sciences (SPSS), Excel, and Stata software.



3

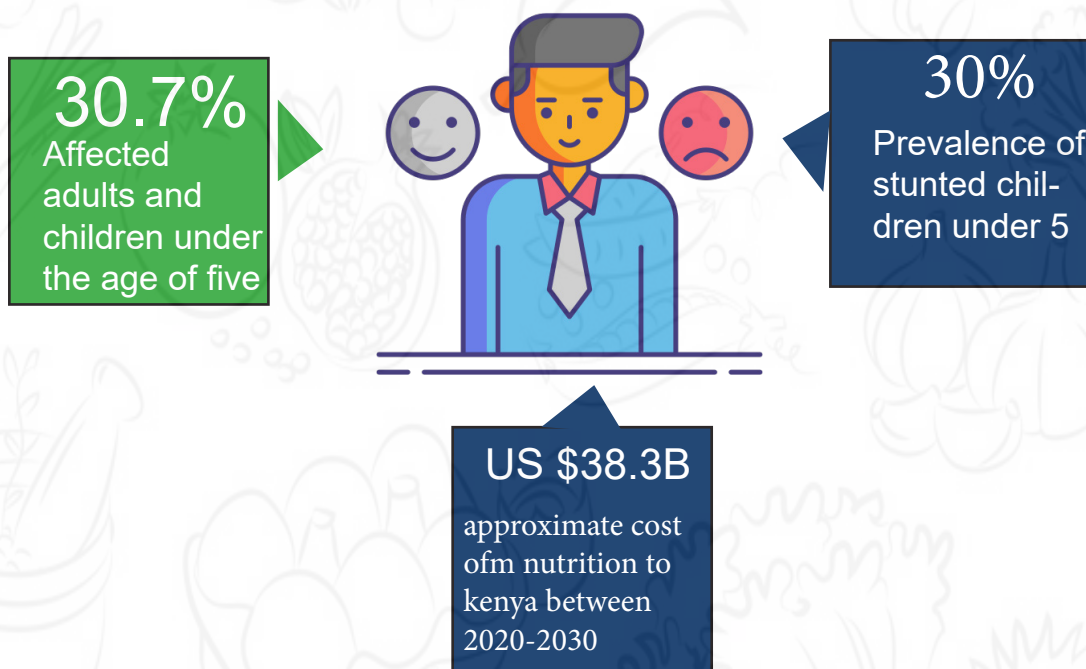
FINDINGS

3.1 Desk Review

3.1.1 Africa Overview

The current global challenges of rising food costs, increasing poverty, and rising inequality have tended to exacerbate food insecurity, putting a lot more people at risk for illnesses related to malnutrition. Additionally, the world's population continues to consume food that is steadily falling short of the basic requirements for a diet that is quality, sustainable and healthy.¹⁰ The human family is experiencing an increase in the burden of sickness as a result.

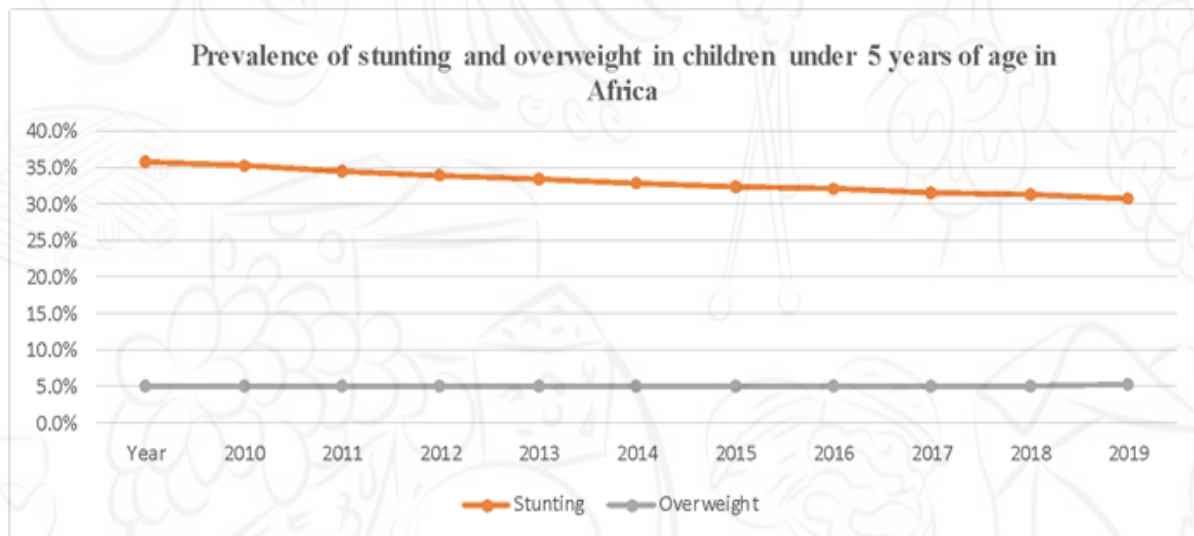
In Africa, stunting affects 30.7% of adults and children under the age of five, which is significantly higher than the global average of 22%. As a result, malnutrition affects both adults and children in Africa, with slow progress being made toward the achievement of nutrition targets¹¹. Figure 1 present prevalence of stunting and overweight in children under 5 years of age in Africa. From the figure, stunting has reduced marginally but still remains very high while overweight has relatively remained flat. These two (stunting and overweight) manifestation of malnutrition shows that Africa still has a long way in eliminating such adverse nutritional outcomes in children under 5 years.



¹⁰ <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>.

¹¹ <https://globalnutritionreport.org/resources/nutrition-profiles/africa/>.

Figure 1: Prevalence of stunting and overweight in children under 5 years of age in Africa



Source: Global Nutrition Report, 2021.

Malnutrition will invariably prove an invisible impediment to the successful realization of the SDGs and possibly erode a country's quest to improve the living standards of their population and reduce poverty and inequality. There has been increased efforts and commitment to prioritize and invest in nutrition at the global, continental and national level. Achieving better nutrition outcomes is a multifaceted course of action- nutrition is closely tied to other socioeconomic issues such health, climate change, education, water, sanitation and hygiene and women's empowerment inter alia.

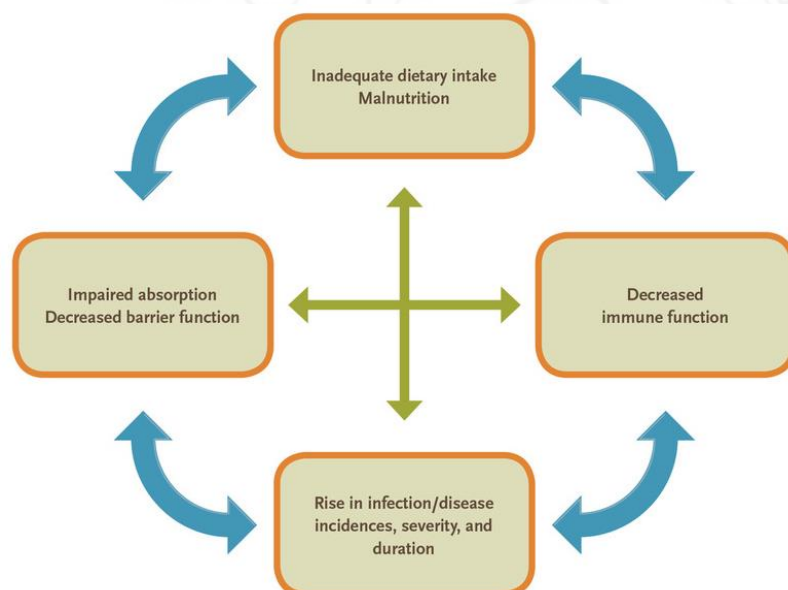
3.1.2 The nutrition Score Card

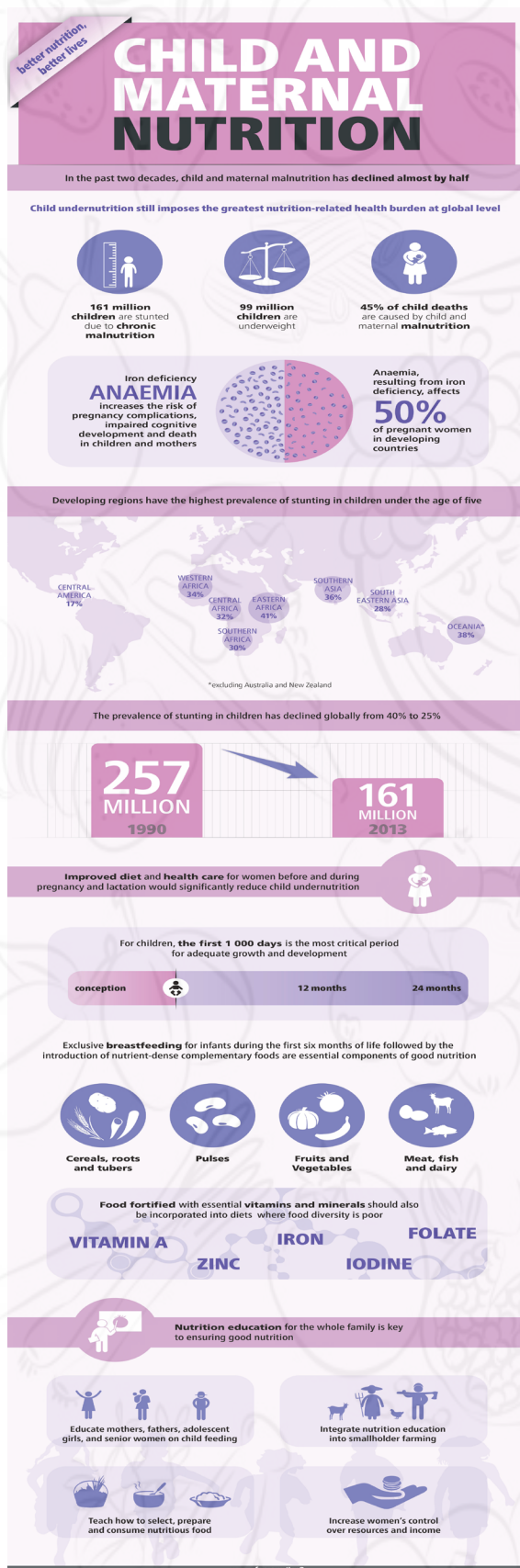
Development of a nutritional score card, requires assessment of the global nutrition targets as given by the World Health Organization (WHO); Anemia, under-five years stunting, under-five years wasting, adult obesity, under-five years overweight, low birth weight and exclusive breastfeeding. In addition to the six indicators by WHO, the African Union (AU) also developed the Continental Nutrition Accountability Scorecard (CNAS) having other more indicators¹⁴. Countries have also adopted and customized these nutritional indicators and in some cases, like for the case of Kenya, added some other indicators. This is well depicted in table 1.

Table 1: Global, Continental and National Nutritional Targets

Global Nutrition Targets	Continental Nutrition Targets- Scorecard Indicators	Kenya (National) Nutrition Targets-Scorecard Indicators
Anemia	% of children under 5 years who are stunted (moderate and severe).	Under 5 years wasting
Under -5 stunting	% of children under 5 who are wasted (moderate and severe)	Under 5 years Underweight
Under -5 wasting	% of children under 5 who are overweight (moderate and severe)	Under 5 years Stunting
Adult obesity	% of women of reproductive age (15-49 years of age) with anemia	Under 5 Overweight
Under-5 overweight	Exclusive breastfeeding (EBF) rate among infants 0-6 months of age	Low Birth Weight
Low birth weight	% of children under 5 with anemia	Under 5 years Anemia (6-59months)
Exclusive breastfeeding	% of children aged 6-59 months who received two age-appropriate doses of Vitamin A in the past 12.	Prevalence of Anemia among pregnant women
	Access to clean drinking water (% population)	% of pregnant women who take IFAS for at least 90 days
	Access to improved sanitation facilities (% population).	% of infants <6months on exclusive breastfeeding
	Per capita GDP (USD)/Health and nutrition budget allocation-targeting RMNCH.	% of adults 18-69 years who are overweight or obese
		Minimum dietary diversity for children 6-23 months
		% of households using <u>an</u> improved sanitation facility

Source: WHO, 2012; AU 2019, GoK, 2021





3.1.3 Kenya's Nutrition Scorecard

Malnutrition remains unacceptably high and responsible for ill health than any other cause in the world.¹⁵ Kenya is facing malnutrition problem spurred by stunting, wasting, and underweight individuals who are also undernourished. Moreover, the lack of micro-nutrients, excess weight, and obesity have contributed to non-communicable diseases and diet-related illnesses.¹⁶ According to data from the Kenya Health and Demographic Survey (KDHS) 2022, 5% of infants under the age of 5 are wasted, while 18% of children under the age of 5 are stunted or too short for their age.

Since 1993, there has been a slight increase in the prevalence of stunting, with the biggest drop occurring between 2008 and 2009 (35%) and 2022 (18%). On the other hand, since 1993, the prevalence of wasting and overweight has steadily decreased, reaching 5% each in 2022¹⁷. In Kenya, there are clear regional and class demographic differences in the severity of malnutrition. Children in rural areas are more likely to be stunted (20%) than those in urban areas (12%). This is due to wealth distribution, which demonstrates that stunting declines as affluence rises. Moreover, a lack of education has contributed to stunting in children under the age of five; 22% of infants born to mothers with no education are stunted, compared to 9% of mothers with higher education.¹⁸

Kenya has developed an array of programs to combat the problem of malnutrition in the nation, which is spurred by food insecurity¹⁹. Some of the frameworks created to address the malnutrition issue in Kenya include the Vision 2030 plan, the Big Four Agendas, the Kenya Food and Nutritional Security developed in 2012, and the Kenya Nutritional Action Plan 2018–2022. In addition, the ministry of health promoted close monitoring of projected trends that would get worse, such as safety resuming household-level surveillance activities like the use of a regular MUAC in an early warning system and integrated nutrition SMART surveys for better detecting and monitoring food and nutrition situation.

15 <https://globalnutritionreport.org/reports/global-nutrition-report-2018/executive-summary/>

16 <https://scalingupnutrition.org/wp-content/uploads/2020/10/Kenya-National-Nutrition-Action-Plan-2018-22.pdf> 17 https://www.knbs.or.ke/wp-content/uploads/2022/02/2022-KDHS-Brochure_ENG.pdf

18 <https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf>

19 https://www.fao.org/fileadmin/templates/faotail/documents/pdf/pdf_Food_Security_Coept_Note.pdf

RECOMMENDED ACTIONS

LIMIT FORMULA MARKETING

WHAT? Significantly limit the marketing of breastmilk substitutes

HOW? Strengthen the monitoring, enforcement and legislation related to the International Code of Marketing of Breastmilk Substitutes



SUPPORT PAID LEAVE

WHAT? Empower women to exclusively breastfeed

HOW? Enact six-months mandatory paid maternity leave and policies that encourage women to breastfeed in the workplace and in public



STRENGTHEN HEALTH SYSTEMS

WHAT? Provide hospital and health facilities-based capacity to support exclusive breastfeeding

HOW? Expand and institutionalize the baby-friendly hospital initiative in health systems



SUPPORT MOTHERS

WHAT? Provide community-based strategies to support exclusive breastfeeding counselling for pregnant and lactating women

HOW? Peer-to-peer and group counselling to improve exclusive breastfeeding rates, including the implementation of communication campaigns tailored to the local context



In addition, national and county governments were recommended to allocate funds for programs that alleviate malnutrition, such as social safety net initiatives and the purchase of goods for management.

Although the yearly cost of malnutrition related to health in Kenya is estimated between 1.9 and 16.5% of the GDP, out of the 47 counties, 9 (or 19%) have prevalence of stunting exceeding 30%, a level classified as severe²¹. Isiolo (50%), Turkana (50%), Garissa (45%), Mandera (45%), Marsabit (45%), Samburu (45%), Wajir (45%), and Baringo (40%) are the counties most afflicted by food insecurity and malnutrition, accounting for 40% of the population of the entire nation in IPC Phase 3 or above. These are predominantly pastoral livelihoods.

According to estimates, under nutrition in Kenya will cost the economy about US \$38.3 billion between 2010 and 2030. Over 1.9 million of the 7.22 million children under five are stunted (26%) while 290,000 are wasting (4%) and 794,200 (11%) are underweight²². The ministry of health developed a nutrition scorecard in 2021/23 to guide the progress of achieving nutritional status in Kenya. This is as shown in Table 2.

Table 2: Kenya's Nutrition Scorecard

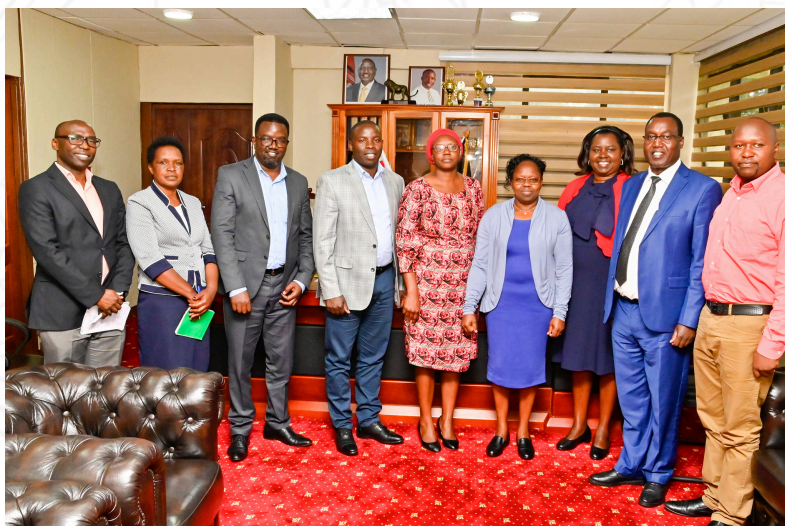
National indicators	Scorecard
Proportion of children under five years wasted	4%
Proportion of children under 5 who are underweight	11%
% Under 5 years who are overweight	4%
Proportion of children under five years stunted	26%
Proportion of Newborns with Low Birth Weights (LBW) – (less than 2500 grams)*	8%
% Under 5 years (6-59) with Anemia {with a Hb concentration < 110g/dl}	26%
Prevalence of Anemia among Pregnant	42%
% Infants <6 months on Exclusive Breastfeeding	61%
Proportion of adults 18-69 years who are overweight or obese	27%
Minimum dietary diversity for children 6-23 months	41%
Proportion of households using an improved sanitation facility	53%

Source: Ministry of Health, 2021

The Ministry of Health team had to determine the level of nutrition relevance of each program that would be included in the costing exercise, thus there were many conversations for the nutrition-sensitive sectors. It was estimated that the Nandi, Makueni, Busia, and Vihiga counties, where this process was carried out, were previously allocating 2%-22% of county budgets to nutrition-related initiatives. For the various counties, this translates to annual amounts between KSh 500,000 and KSh 2,000,000 (about US\$5,000 to \$20,000).

3.1.4 Nandi County Nutrition Status

Malnutrition has continued to worsen in counties, particularly in ASAL counties, after the Covid 19 epidemic began in 2020 because of a decline in food security, such as milk supply.



Nandi County Government Officials led by Hon Governor Arap Sang (fourth from left) after meeting NTA's National Coordinator Ms. Irene Otieno (fifth from left) during the inception Meeting of "Afya Bora Sauti yangu" project in Nandi County.

In Kenya, there are significant regional variations in the distribution of undernourished children. In Kitui and West Pokot, the rate of stunting is higher than the national target of 26%, at 46%. Compared to the country score of 4%, wasting varies from 1% in some counties to 20% in dry and semi-arid counties. In these counties, poor diets and illness, especially in children between the ages of 6 and 23 months because of inadequate childcare and food security, are major contributors to under nutrition in children.

The health strategy in the Nandi county annual plan include reducing the rate of stunting, wasting, underweight, anemia and obesity. The Baby Friendly Hospital Initiative and the Baby Friendly Community Initiative (BFCl) through community units have put this into practice. As a result, 36 community units have been created, of which 15 have not implemented the BFCl due to poor staffing, insufficient and inconsistent information, and inadequate nutrition supplies. Despite progress, nutrition and health indicators are still alarming in Nandi County. The elderly, adults, young children, and infants are the most impacted demographics.

Currently, the prevalence of stunting for children who are under 5 years of age is 30%, which is higher than the national prevalence, which stands at 26%. Children who are underweight and wasting stands at 11% and 3.9% respectively. Obesity prevalence among the under-five is increasing and currently stands at 3.7%. Further, according to the Kenya Demographic and Health Survey, 2014, the prevalence of micro-nutrient deficiency in Nandi County for children below five years is still high as more than 33% of the children under five years of age reported not to have received Vitamin A capsules. Figure 2 presents the high rate of malnutrition in the County.

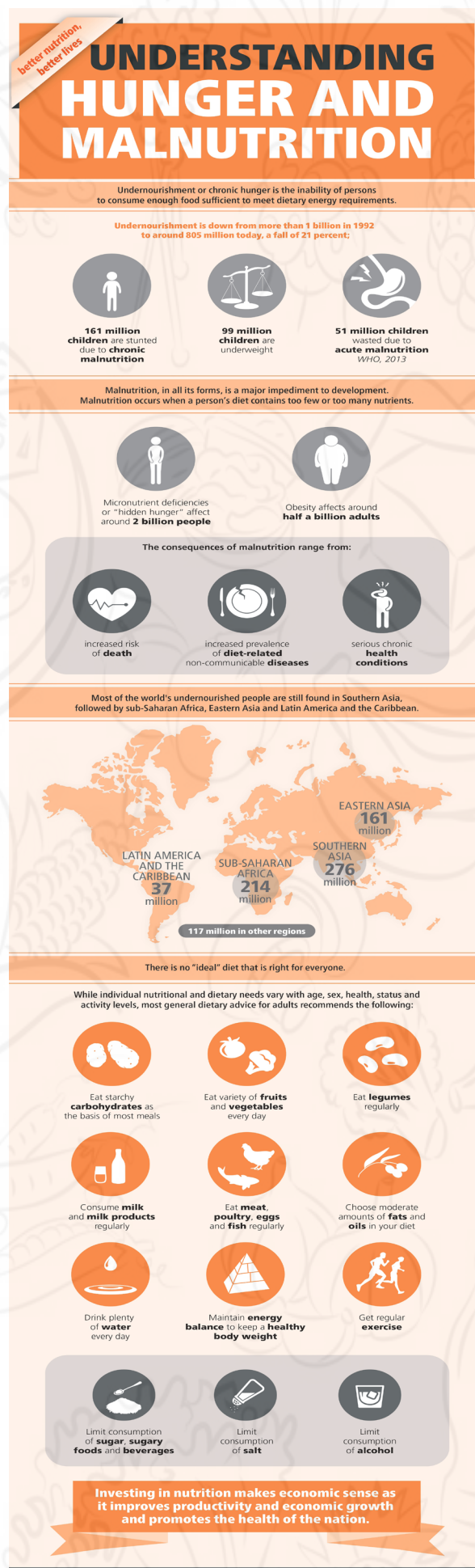
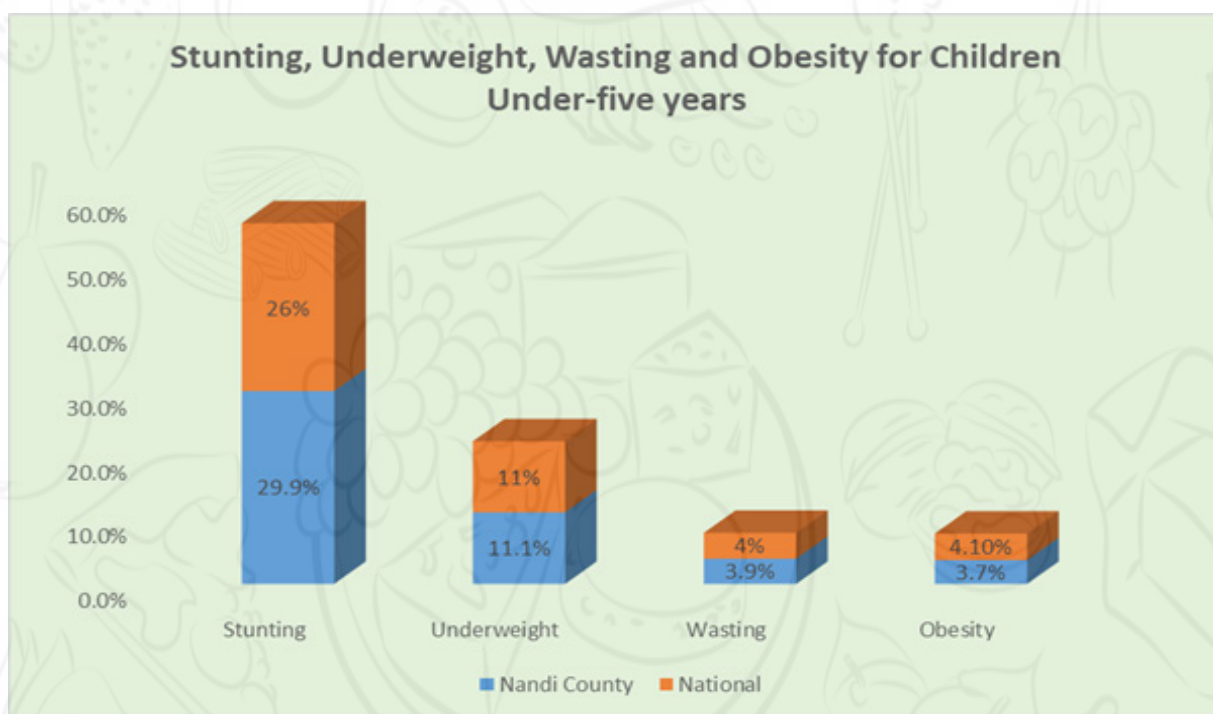


Figure 2: Stunting, Underweight, Wasting and Obesity for Children Under-five years in Nandi County Source: KDHS, 2014.



Further, the percentage of children who are exclusively breastfed is 54% lower than the national government's level of 61%. Prevalence rates for anemia in children and pregnant women in the county are 41.6% and 22.8%, respectively, which is close to the national average of 42%. Children's minimum dietary diversification was reported to be 22%, whereas the national government score was 41%. To enable Health Information System guarantee timely and quality nutrition data, Nandi County has created a Health Information System. Nutrition action plan is key in ensuring the right interventions for improved nutrition outcomes are brought on board. Table 1 presents Nandi County Nutrition Action Plan's framework.

STUNTING

WHY IT MATTERS

Stunting is a largely irreversible outcome of **inadequate nutrition & repeated bouts of infection** during the first **1,000 days** of a child's life

Stunting has long-term effects, including: Diminished cognitive and physical development, reduced productive capacity and **poor health**

Stunted children have an increased risk of becoming **overweight or obese later in life**

Young children who were stunted were **33% less likely to escape poverty as adults**

Nandi County Government Nutrition Scorecard Report **23**

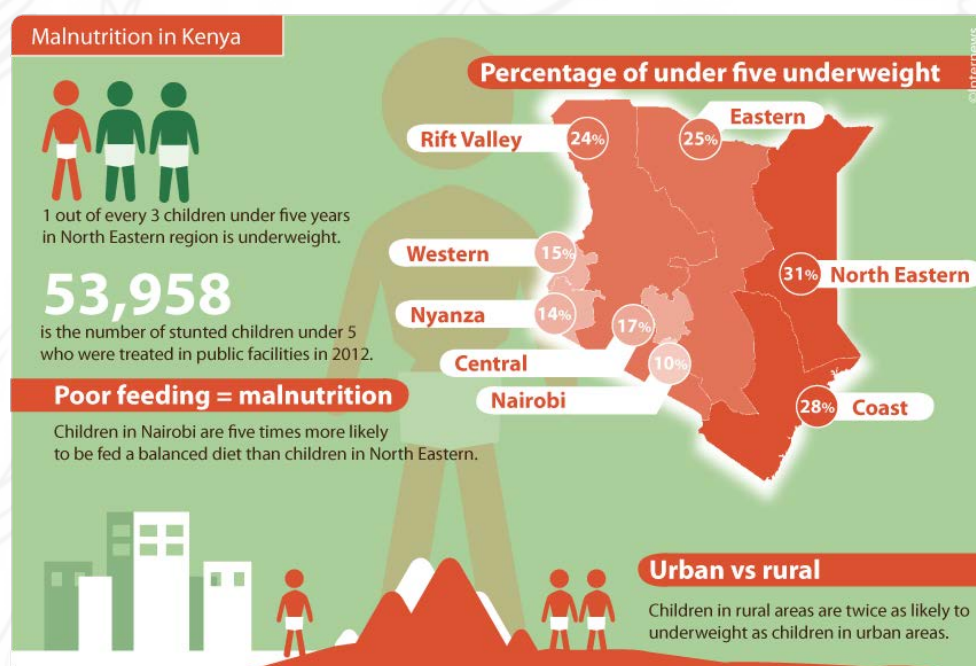
Table 3: Nandi County Action Plan

Outcome Reduction in undernutrition	Reduction of Micronutrient deficiencies	Reduction of over nutrition	Improved leadership, governance coordination	Reduction mortality morbidity due acute malnutrition
-Reduce prevalence of stunting among children under 5 years by 40% -Reduce and maintain childhood underweight to less than 10% -Reduce malnutrition among older children and adolescents by 15%	-Reduce anemia in children 0-59 months by 30% -Reduce anemia in adolescent girls by 30% -Reduce folic acid deficiency among non-pregnant women by 50% -Reduce vitamin A deficiency by 50%	-Reduce mortality due to dietary risk factors by 20%	-Increase domestic financing nutrition -Increased human resource nutrition	-Maintain max rates below 3% MAM and 10% SAM -Reduce proportion patients hospital-based malnutrition by 20

Table 3: Nandi County Action Plan

Source: Nutrition Action Plan (CNAP) 2018/19-2022/23³³

By offering residents promotional, preventative, curative, and rehabilitative services, Nandi County has been encouraging good health and nutrition. The county still has issues with a lack of employees, inadequate infrastructure, a heavy load of communicable diseases, and low immunization rates.



3.2 Primary data

3. 2.0 Introduction

The processed data includes social demographic traits, county resident nutrition status, wasting, overweight, and underweight status, vitamin access, and ownership of mosquito nets in the households. The consumption habits and social economic features of the household are also included.

1.1 Respondent's Socio-demographic characteristics

Table 4 presents a summary of the socioeconomic and demographic characteristics of the respondents.

Table 4: Socioeconomic and demographic characteristics

Variables	Frequency	Percent
Age		
18-24 years	33	13
25-29 years	41	16.1
30-34 years	37	14.6
35-39 years	38	15
40-44 years	47	18.5
45-49 years	24	9.4
>50 years	33	13
Sex of the Respondent		
Female	186	73.2
Male	64	25.2
Sex of Household Head		
Female	64	25.2
Male	184	72.4
Age of household head in years		
18-35 years	76	29.9
36-59 years	166	65.4
60	1	0.4
Members with special needs		
Chronically ill	6	2.4
Living with disability	17	6.7
Old person > 70 years	17	6.7
Orphans	9	3.5
Pregnant/lactating mother	38	15
Education level of Household Head		
No education at all	20	7.9
Some primary education	70	27.6
Completed primary	59	23.2



Post primary	6	2.4
Some secondary	24	9.4
Completed secondary	45	17.7
Post-Secondary	22	8.7
Middle level college	2	0.8
University graduate	6	2.4
Household Head Marital status		
Single	37	14.6
Married	191	75.2
Divorced	4	1.6
Cohabiting	3	1.2
Widowed	15	5.9
Separated	3	1.2
Occupation of Household Head		
Employed (salaried)	21	8.3
Farmer (livestock keeping)	66	26
Own farmer labour	48	18.9
Small scale trader	34	13.4
Waged labour (casual)	72	28.4

The majority of respondents were aged between 40 to 44 years (18.5%). This was followed by those who were in the age category of 25 to 29 years and 35 to 39 years at 16.1% and 15% respectively. Respondents who were between 18 and 24 years were 13%. Male-headed households were the dominant at 72.4%, although; female respondents were the majority at 73.2%.



**Chairperson of Nandi County Health CSOs
Elly Chepkwony presenting a memo to the
Deputy governor Nandi County.**



**Risper Chebet PO Public Health of
Christian Aid making a presentation
during the Nandi County health CSOs
meeting on 1st March 2023.**

Respondents who reported being either pregnant and or breastfeeding stood at 15%. By education levels of household heads, those who reported to having some primary education were nearly 28%, while the household heads who said they have completed secondary education, had middle-level college and University education stood at 17.7%, 0.8% and 2.4% respectively.



Nandi Health CSOs analyzing Nandi County health budgets.



NTA's National Coordinator Irene Otieno addressing the Nandi County health CSOs.



Dr. Yulitta Mitei, Deputy Governor of Nandi County, officially closing the health CSOs meeting on 2nd March, 2023.

Marital status has also been analyzed. Those who indicated they were married were the majority at 75.2%. Those who reported that they are single stood at 14.6%. The respondents who reported that they were- widowed were at nearly 6%. By occupation of the head of the household, The majority did eke their living as waged labour (28.4%). Those who worked on their own farms (18.9%) followed this. Those who were farmers (livestock keeping) stood at 26%.

1.1 The head of the home works mostly in waged labor (casual) at a rate of 26.8%, closely followed by livestock at a rate of 26%, and their marital status at a rate of 26%. Farming is the primary economic activity in the area. Child health and Nutrition.

Distribution of children age 0-5 years by Gender

1.1.1 In the county, there are 58% more female children under the age of five than male children, who make up 42% of the total population of children under five.

Child health status

The study also collected data on the incidences of illnesses on children in Nandi County. The results are presented in Table 5.

Table 5: Distribution of illness among children in Nandi County

Children ever had oedema	Yes	6.9%
	No	93.1%
Child being ill in past 2weeks	Yes	66.7%
	No	33.3%
Types of illness	Bloody diarrhea	1.2%
	Fever with chill like malaria	39.8%
	ARI/Cough	36.1%
	Water diarrhea	22.9%
Water diarrhea in the past two weeks	Yes	42.9%
	No	51%
	Don't know	6.1%



Nandi County Health CSOs Meeting on 1st March 2023.

Children who were reported to have oedema were nearly 7%. Nearly 68% of the children reported to being sick in the past two weeks before to the interview. When it comes to the type of illnesses, children who had Fever with chill like malaria were the majority at about 40%. Those who had ARI/Cough and water lientery stood at 36.1% and 22.9% respectively. Medical Assistance when the child was sick

Figure 3 presents where sick children were taken for medical assistance by their parents and or guardians when unwell.

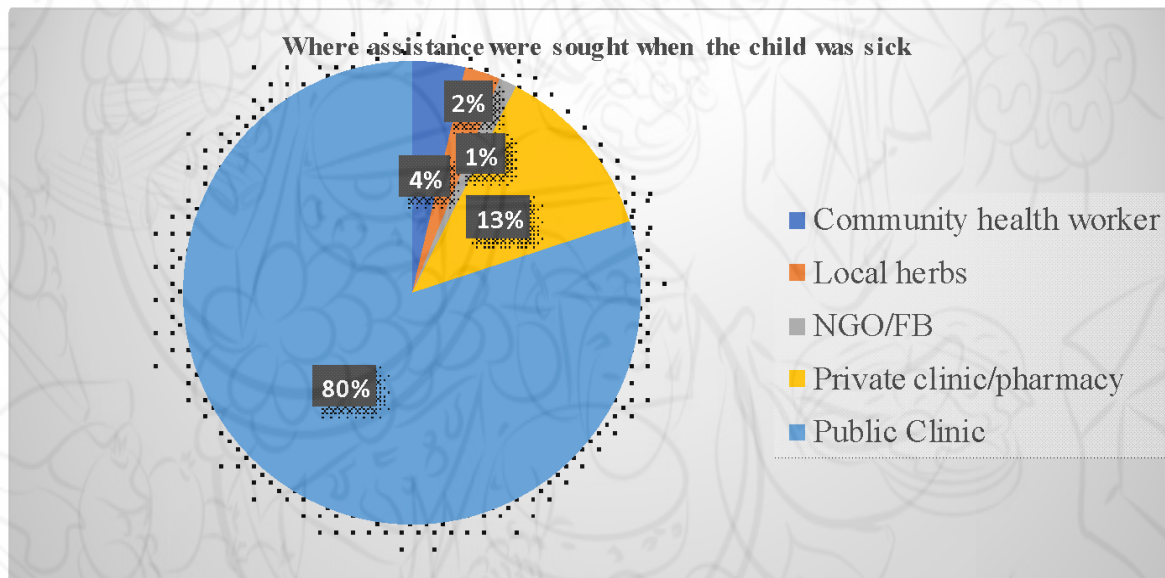


Figure 3: Where assistance was sought when the child was sick

The Majority of the respondents were found to have taken their children (when unwell) to a public health facility at 80%. On the other hand, Faith Based and or Non-Governmental health facilities were the least at 1%.



Deputy Governor (4th from left) having a photo session with Nandi health CSOs.





3.2.1 Nutritional advice during Hospital visits

Respondents were also asked whether they were given any nutritional advice when they attended a health facility. Sound nutritional advice, especially, given at the health facility by qualified health care workers is key in ensuring mothers –pregnant and or already given birth, are able to get balanced diets and of sufficient quality for themselves and for their children. This is presented in Figure 3.

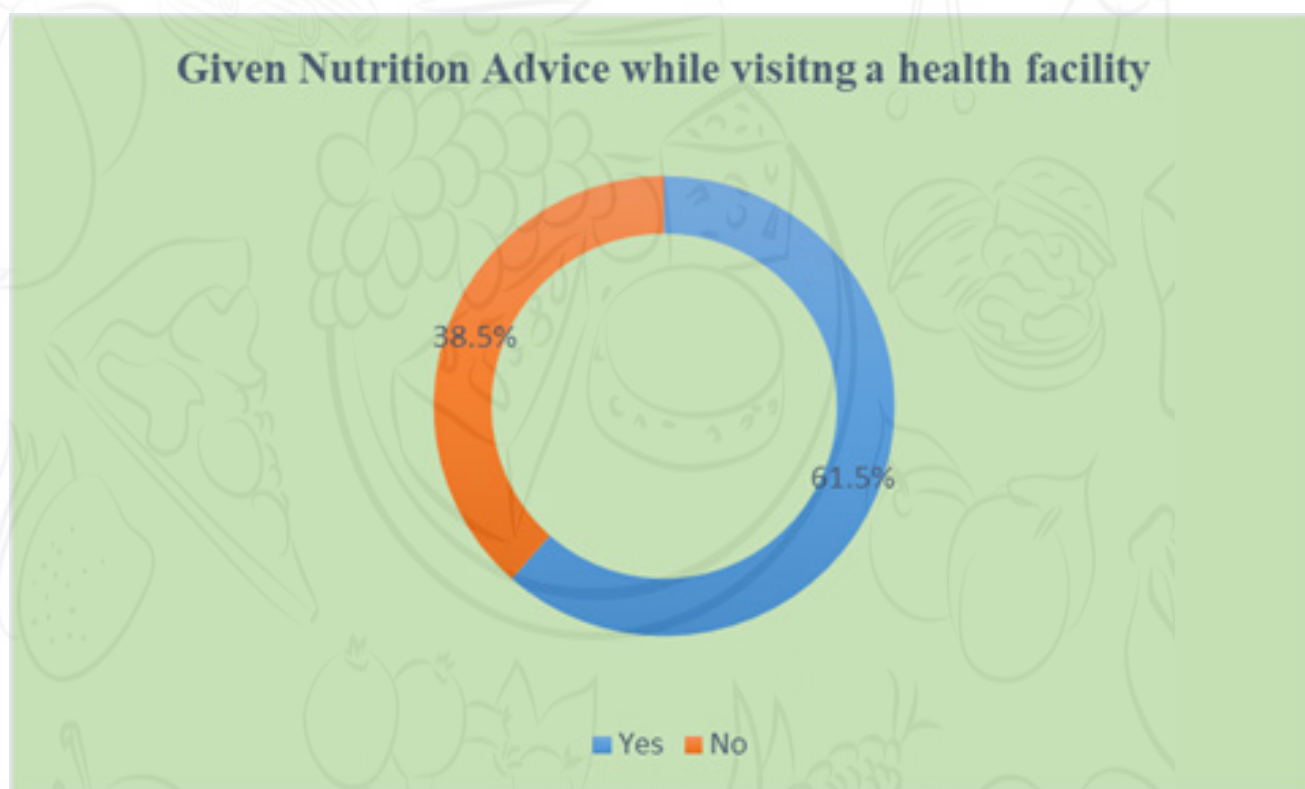


Figure 3: Nutrition advice at the health Facility



Healthy Diet Wheel



3.3.0 Immunization Status among Children

Parents and or guardians were asked to report immunization status of their children and or kin. This is well illustrated in Table 6.

Table 6: Child Immunization Status

Has the child received BCG vaccination	Yes	94.8%
	No	5.1%
Has the child received OPV1 vaccination	Yes(recall)	10.2%
	Yes (Scar)	81.3%
	Don't Know	6.1%
	No	2.4%
Has the child received OPV3 vaccination	Yes (recall)	10%
	Yes (Scar)	79%
	Don't Know	6%
	No	5%

Children who had received BCG vaccination were the majority at 94.8%-confirmed by a scar. Those who were reported to have had OPV1 vaccination at 81.3%- confirmed by a scar.

3.3.1 Measles vaccination among children

Measles vaccination among children at the age of 9 months is common (92.6%), however, the rate of vaccination among children between 18-59 months is low compared to the first vaccination at (77.1%). This show that most of the attention is given to children at a younger age than when they are old. This is presented in Figure 4 and 5 respectively.



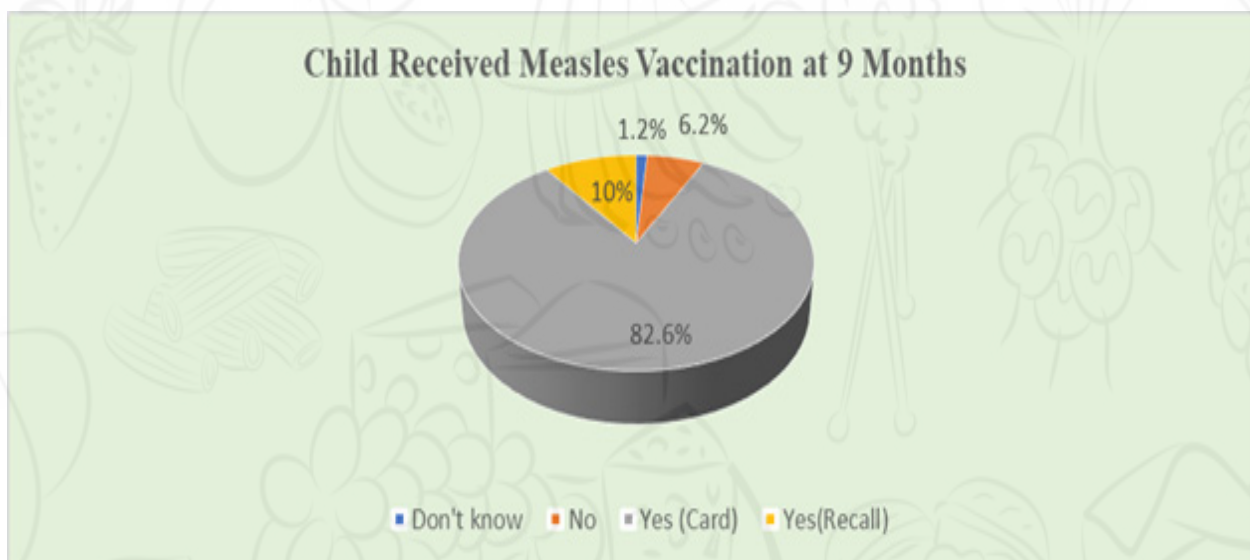


Figure 4: Child received measles vaccination at 9 Months

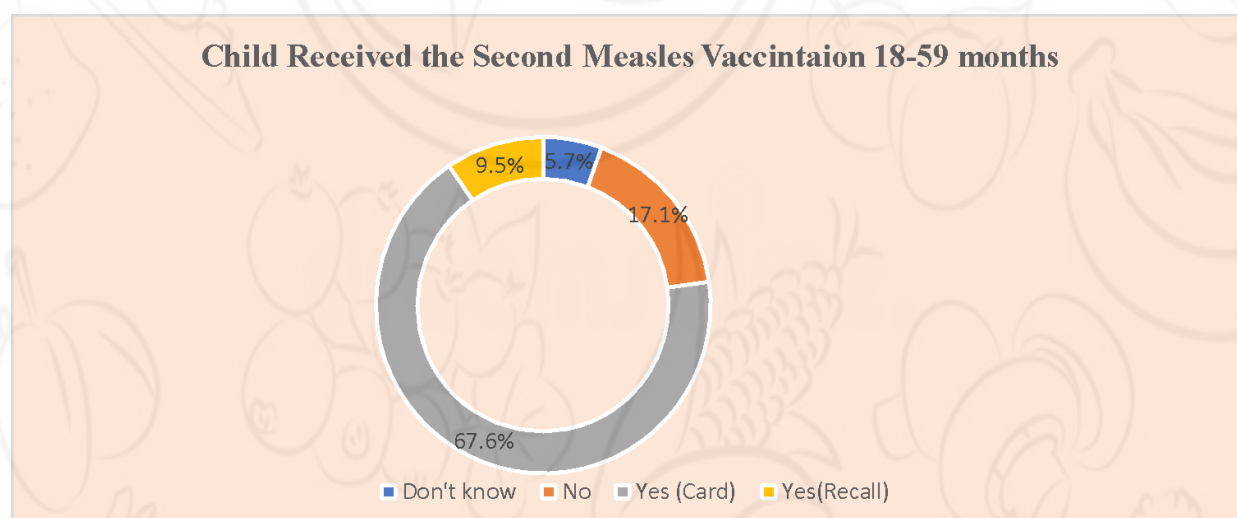


Figure 5: Child received second Measles vaccination 18-59 Months

3.3.2 Vitamin A among children

Most children received vitamin A twice; however, the trend of receiving the vitamin reduces as the number of times increases. This is presented in figure 6, 7 and 8.

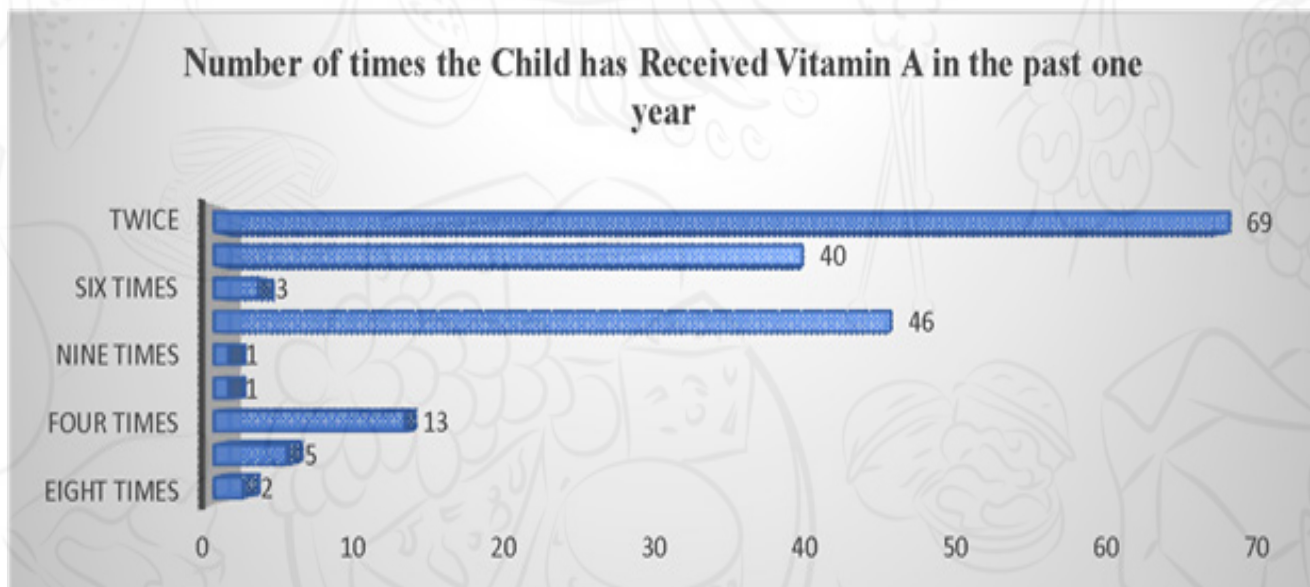


Figure 6: Number of times the child has received Vitamin A in the past one year

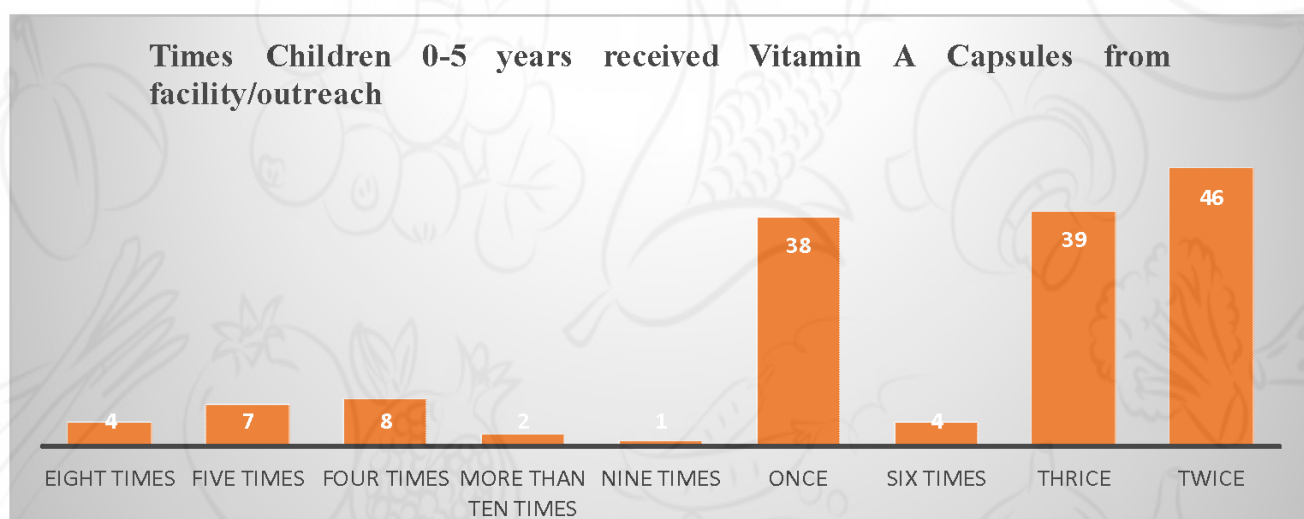


Figure 7: Number of times the child has received Vitamin A in the past one year

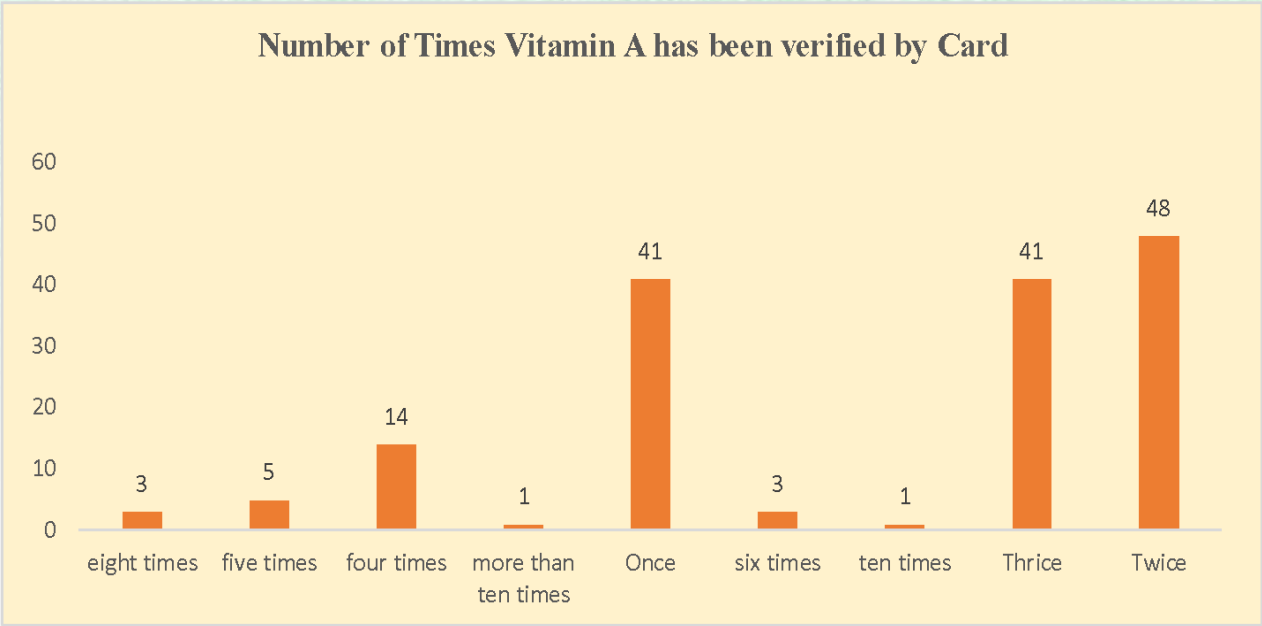


Figure 8: Number of times vitamin A has been verified by card

3.3.3 Deworming among Children

Deworming is very common among children between the ages of 15-59 months. The number of times a child receives deworming is commonly once, however, most of the children receive the deworming drug more than once. This is presented in the Figure 9.



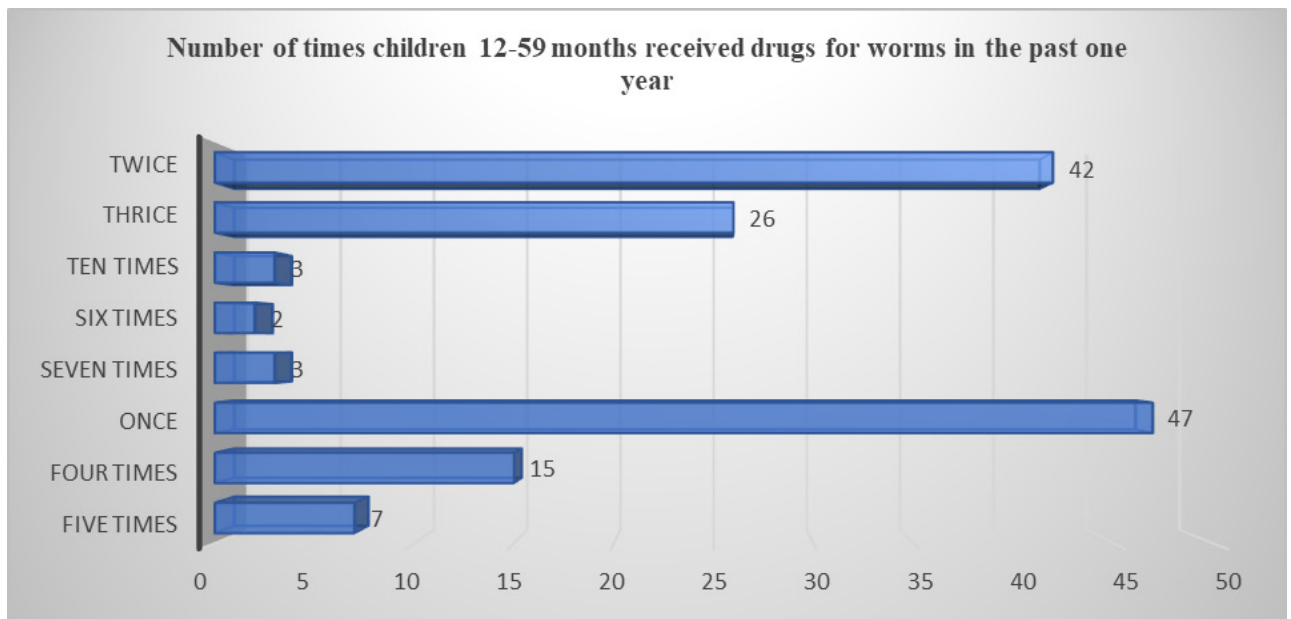


Figure 9: Number of times a child receives deworming drugs

3.4 Health and Nutrition among Women

3.4.1 Mothers Psychological Status

1.1.1 Majority of the women respondents (153) reported that they were not pregnant and not lactating. Those who were pregnant were 29, while those who were lactating were 77. This is presented in figure 10.

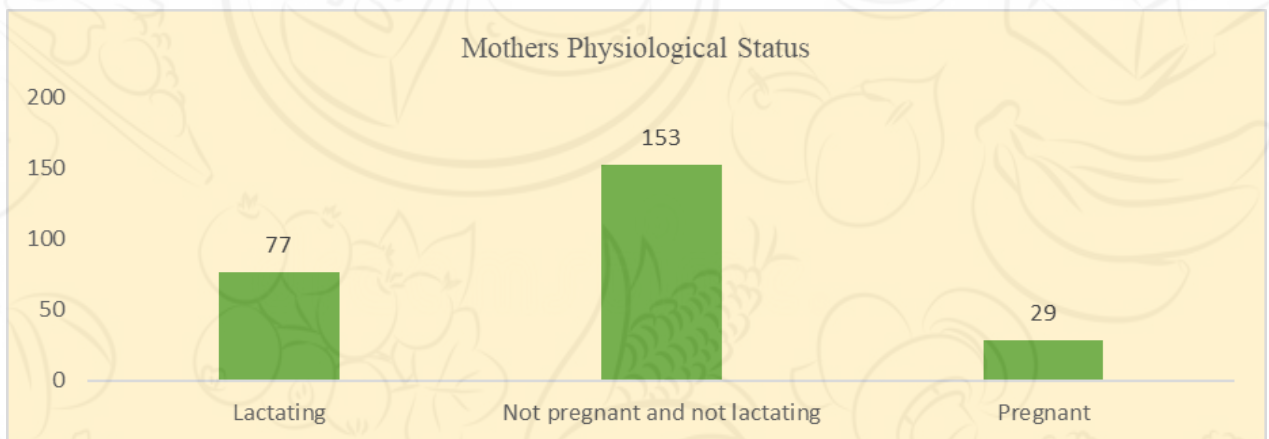


Figure 10: Mothers Physiological Status



3.4.2 Weight among Pregnant Women

Most pregnant women have normal weight of 80%. However, the rate of overweight and underweight among women is at 4% and 7% respectively. This is of concern for the nutritional status of pregnant women. Figure 11 presents weight among pregnant women.

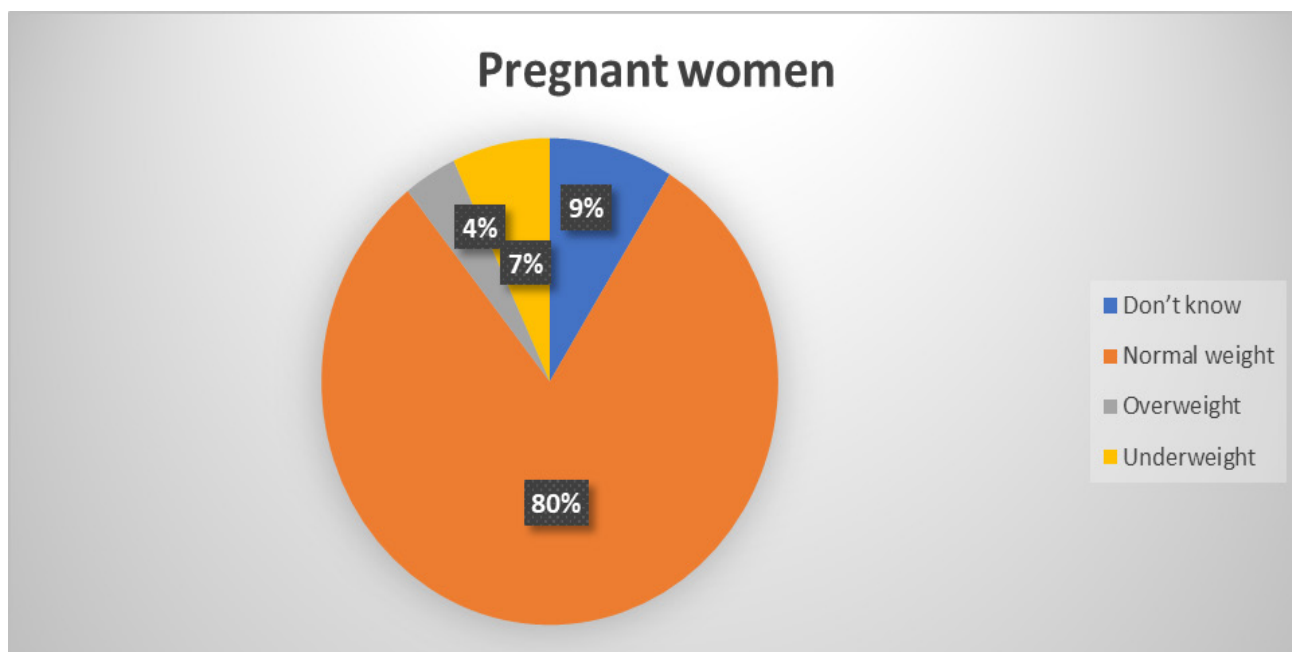
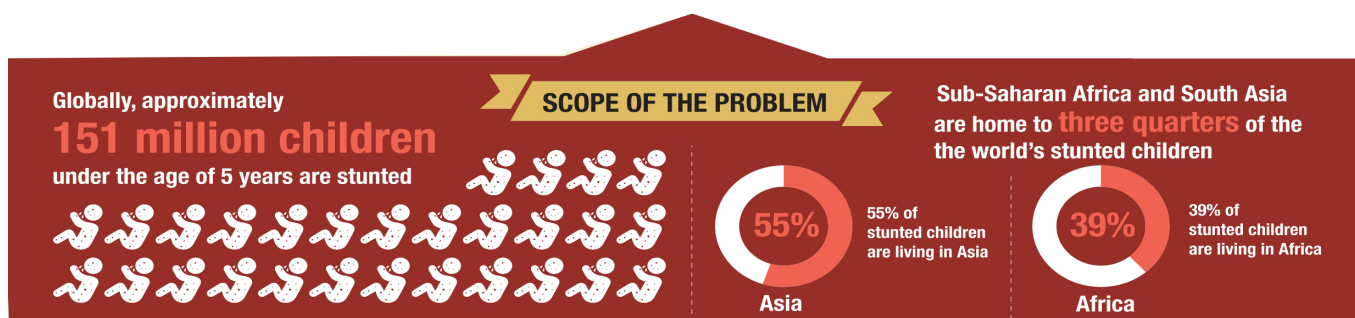


Figure 11: Weight among Pregnant Women

3.4.3 Number of children per women

Most women give birth to one child. Although there are cases of women who do not have children. However, it could be that they were still child bearing. This is presented in figure 12.



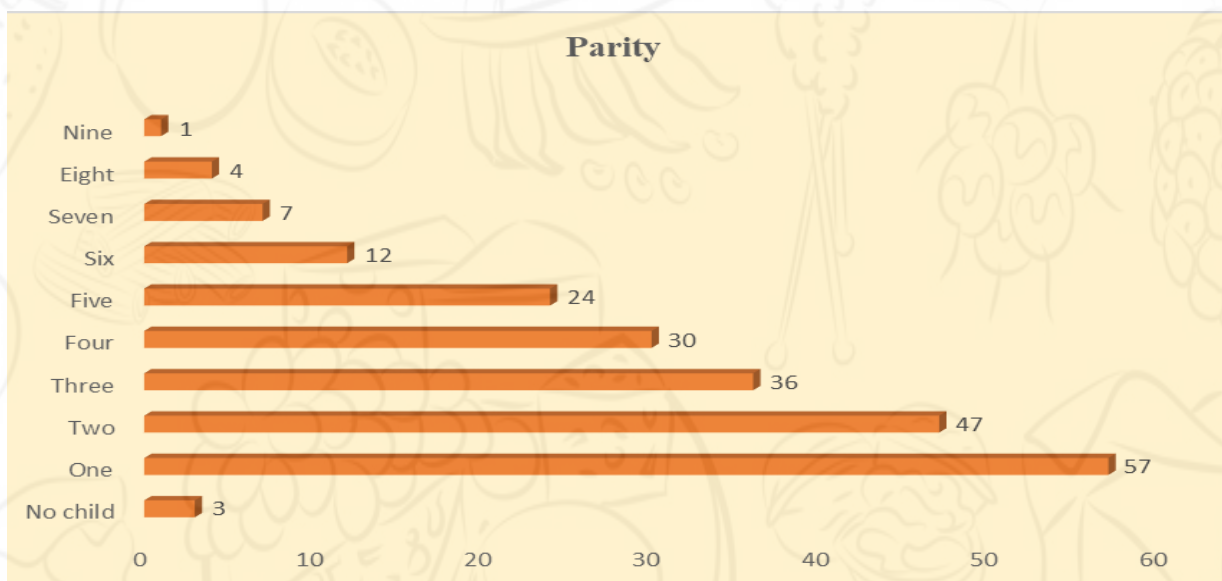
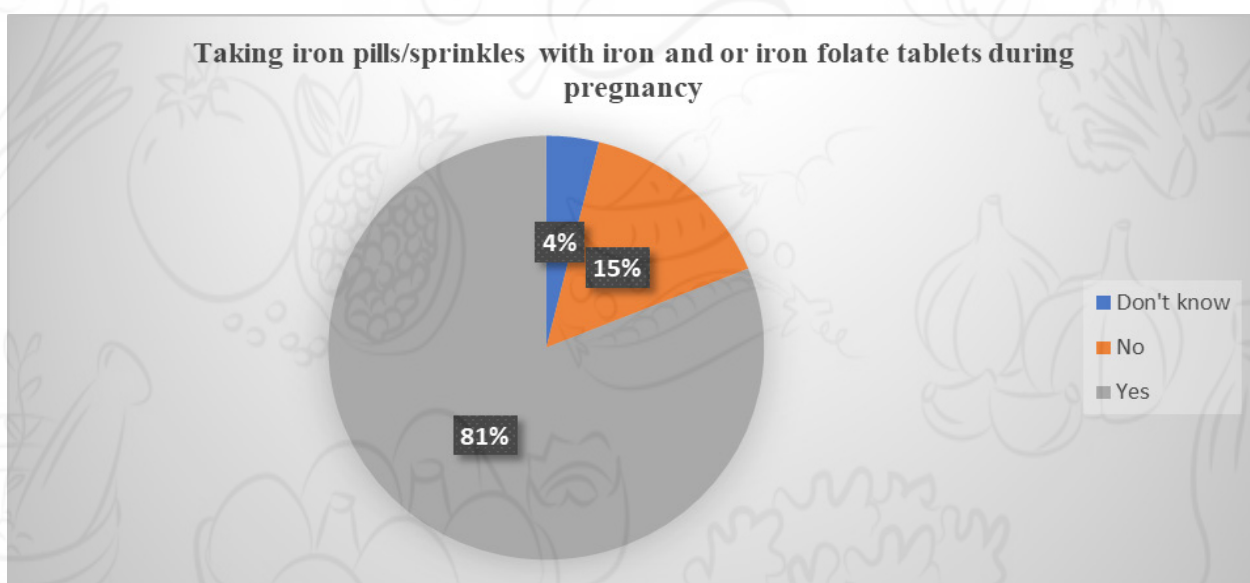


Figure 12: Parity

3.4.4 Taking Iron folate tablets during pregnancy

Most women take iron rich tablets during pregnancy (81%) while 15% don't take iron rich tablets and 4 percent are not aware of whether they are taking them or not. This is presented in Figure 13 below.

Figure 13: Taking iron pills among pregnant women



3.4.5 Optimal breast-feeding

Women respondents who reported that they received counsel on optimal breastfeeding stood at 71.5%. On the other hand, 23.3% of them reported that they had not received any of such counsel. The scenario is presented in Figure 14.

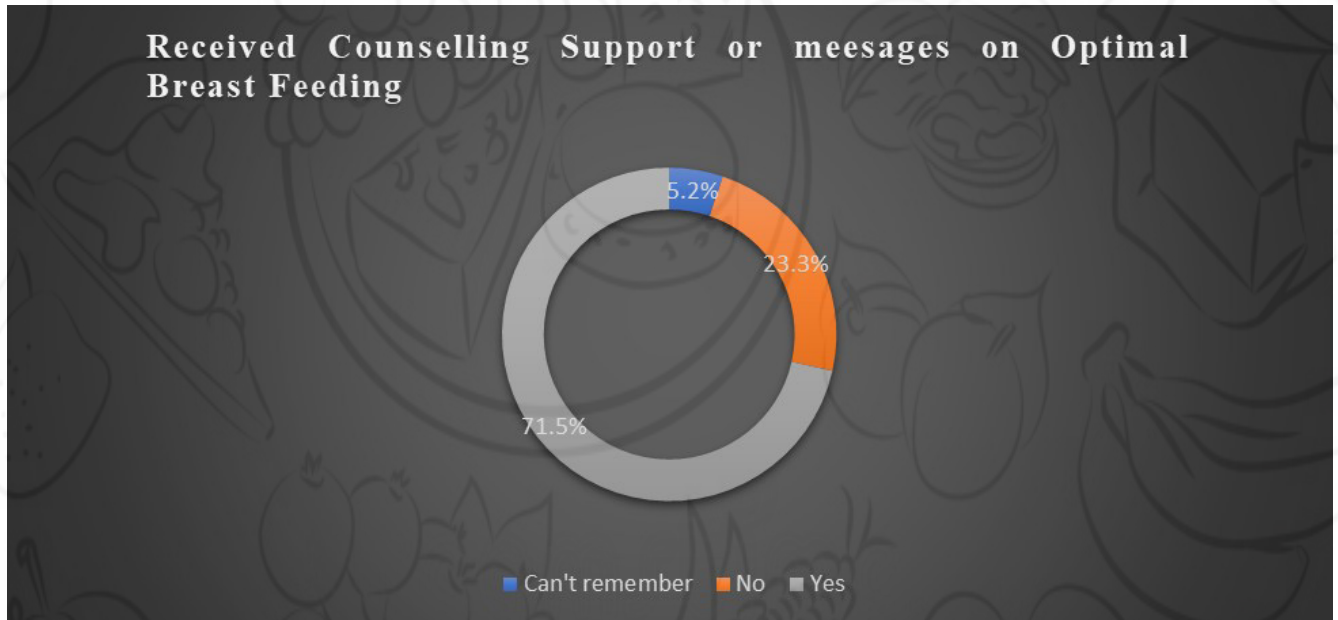
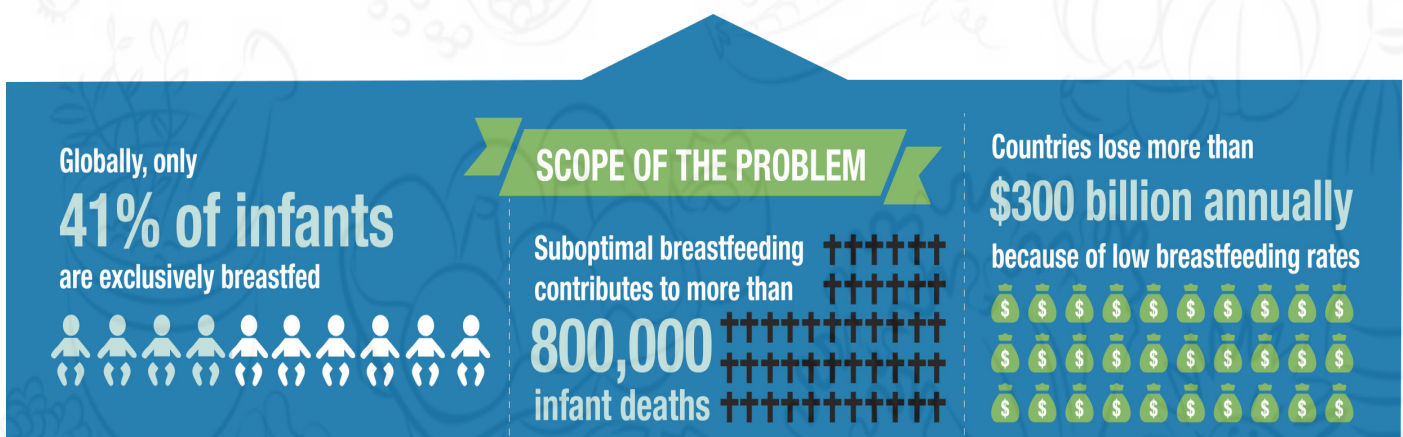


Figure 14: Optimal Breast-feeding

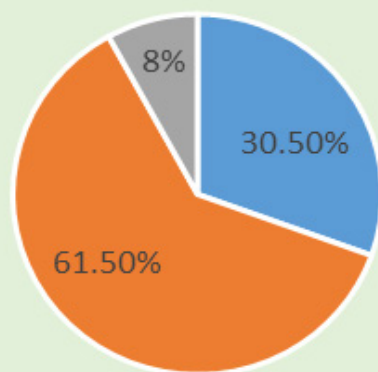
3. 5 Health and Nutrition among Men

3.5.1 Zinc Intake among Men

The majority of male respondents (61.5%), reported that they hadn't taken any Zinc supplement. On the other hand, only 8% reported they had taken Zinc supplements. Zinc is of the key minerals required male fertility. This is highlighted in Figure 15.



Have taken Zinc Supplement in their Lifetime



■ Don't Know ■ No ■ Yes

Figure 15: Have taken zinc supplement in their lifetime

3.5.2 Number of children among Married Men

A cross tabulation between years of marriage and number of children born shows that those who have been married between the ages of 3 and 7 years report more children born than those who have been married for less than 3 years. This is presented in the table below 7.

Table 7: Cross Tabulation of Years of Marriage and having Children

Years of Marriage	If Married, do you have Children	
	No	Yes
< 3 years	4	17
3<7 years	3	19
7 years>+++	2	111

3.5.3 Exercise among men

When it comes to exercising, most men reported that they exercise for 2-3 days in a week at 38.5%. Those who reported they exercise for 4- 7 days a week were the least at 29.9%. Figure 16 depicts the scenario.

3.5.4 Men's Dietary concern

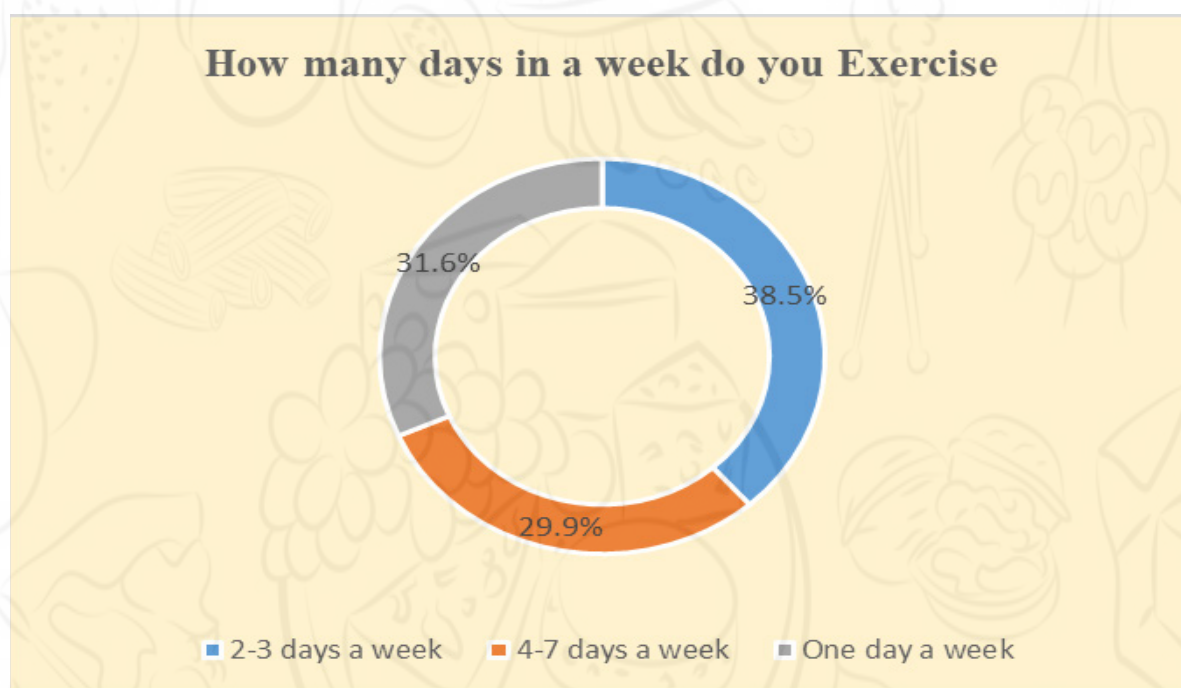


Figure 16: Exercising days in the week

Majority of men are concerned with eating same meal over and over, this is developing a routine in which a man can keep in his life cycles without necessarily considering the minimal mineral requirements for nutrition. This is corroborated in FGD where it concluded that men lacked nutritious education (15-49 years). However, men avoid eating junk food to control overweight problems as well as underweight. Figure 17 below presents the mean concerns.

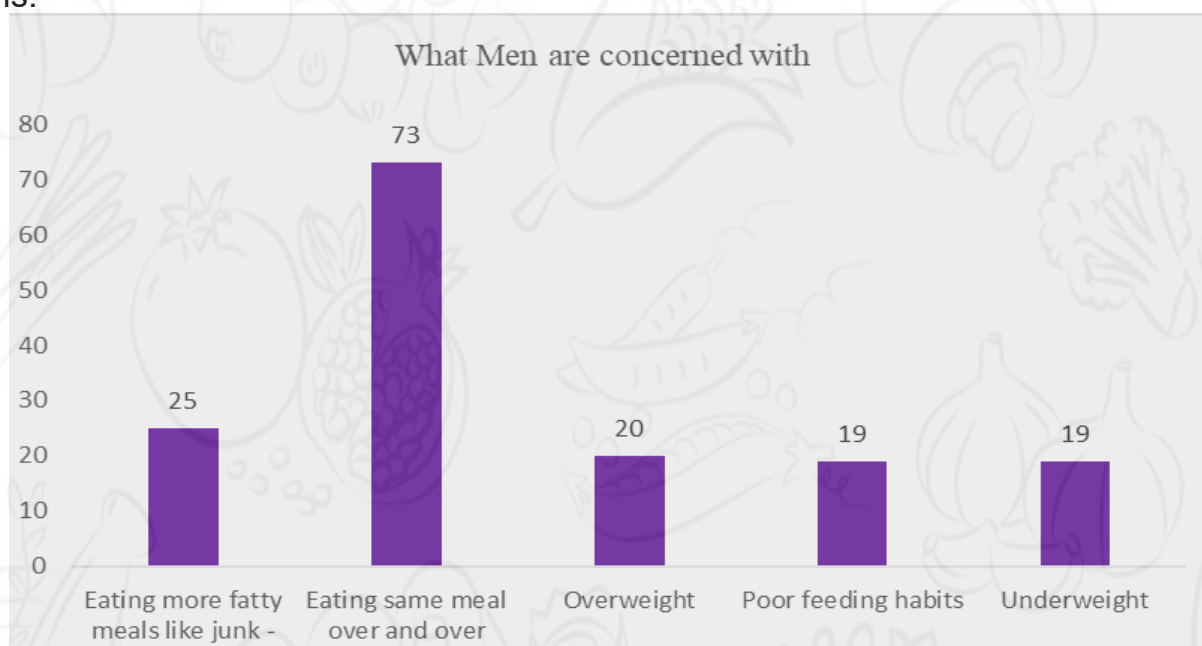


Figure 17: Men Dietary concern

3.6 Household Sources of Water

The leading source of water for household consumption is through piping and or protected boreholes. This is followed by river/spring source. The respondents who indicated they get their water through trucking and or water vendor were the least. Figure 18 show the findings.

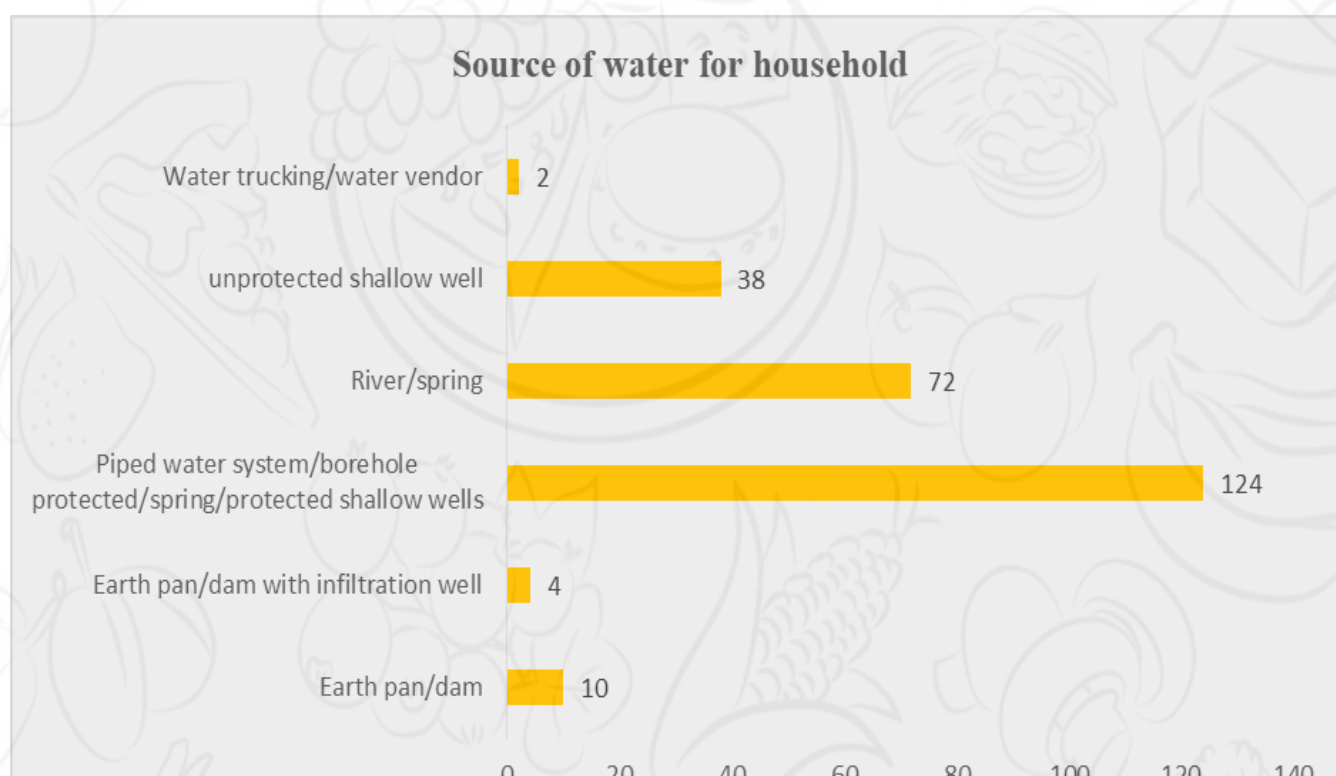


Figure 18: Source of Water

3.6.1 Queue for water

When asked whether they queue for water, the respondents who reported they queue for water were nearly 29%. Figure 19 highlights the scenario.

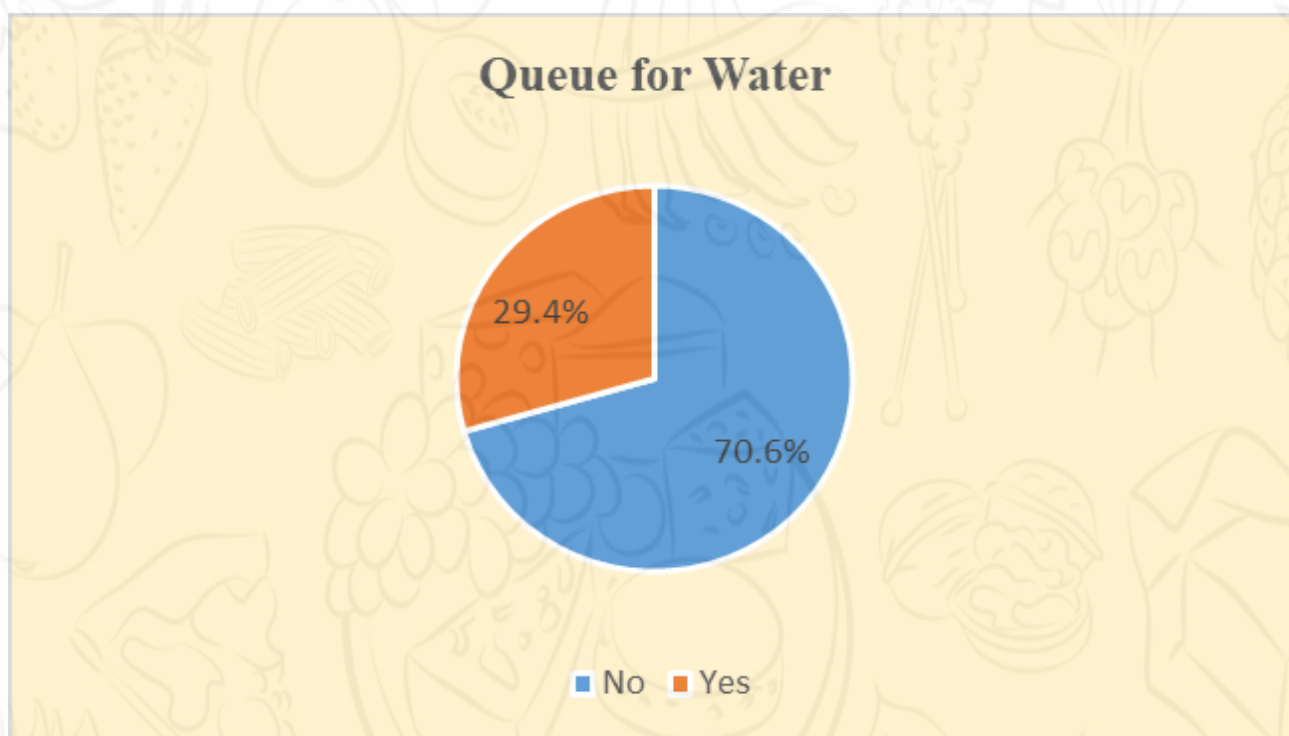


Figure 19: Queuing for Water

3.6.2 Water treatment and storage

Respondents who reported that they treat their water before drinking were 68.3% compared to those who said they do not need to treat their water before drinking at 31.7%. The higher majority at 88.7% who indicated that they store their water in closed containers further highlights this as shown in Table 8. Table 8: Treatment and storage of drinking water

Treatment for water before drinking	Yes	68.3%
	No	31.7%
Storage of drinking water	Closed container	88.7%
	Open container	11.3%

3.6.3 Method of treating drinking water

The majority of the household treat their water before drinking. The common method of treatment is boiling, followed closely by the use of chemicals as presented in Figure 20.

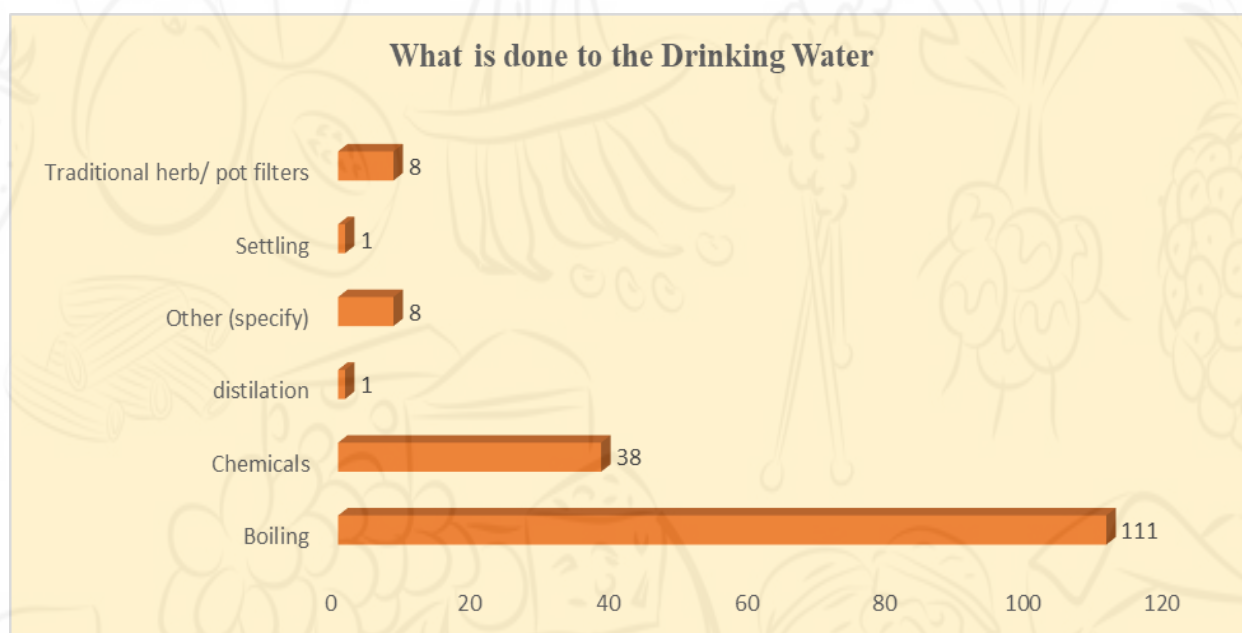


Figure 20: Treatment of Drinking water

3.6.4 Washing hands

Most people understand the importance of keeping hygiene. A high number of respondents (95.4%) reported that they wash their hands and a further 67.7% reported that they use soap and water to wash their hands. Table 9 depicts the scenario.

Table 9: Washing hands

Did you wash your hands in last 24 hours	Yes	95.4%
	No	4.6%
What I use in washing hands	Only water	24.4%
	Soap and water	67.7%
	Soap when I have one/afford	6.9%

3.6.5 Instances of washing hands

When probed at what specific periods they wash hands, most respondents reported that they wash hands after visiting the toilet. Those who said they wash their hands before eating follow this. Figure 21 highlights these findings.



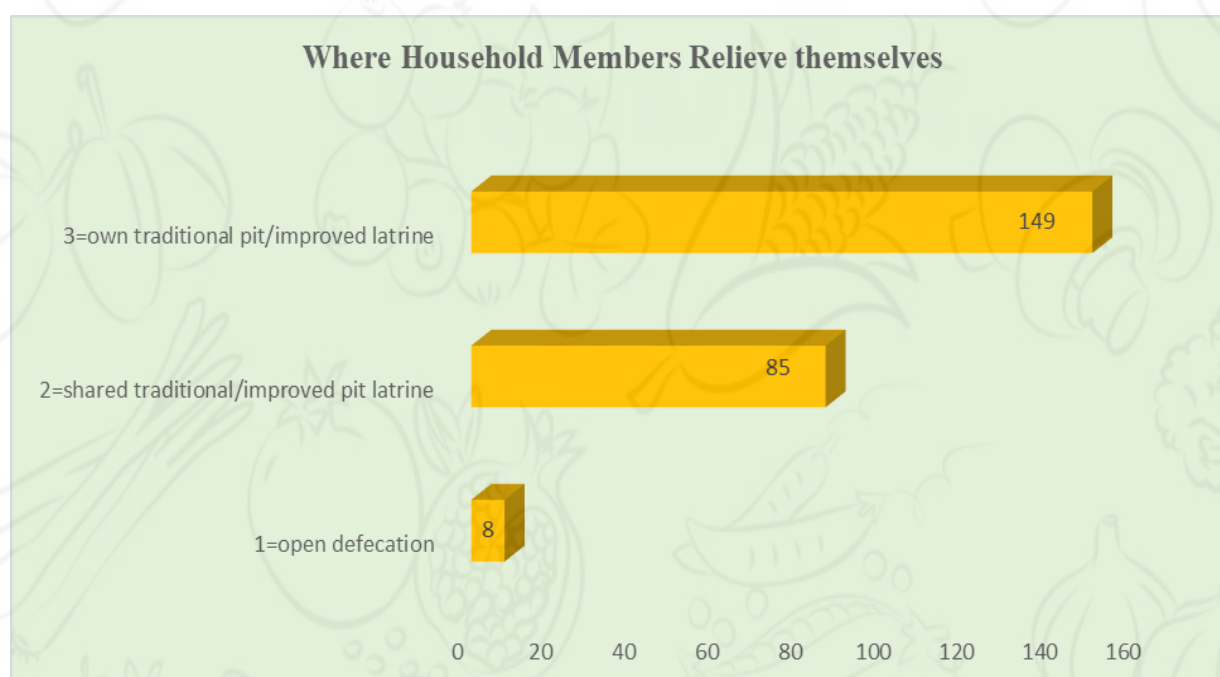


Figure 21: Instances of washing hands

4.0 HOUSEHOLD SANITATION

4.1 Household Sanitation

Most households have their own pit latrines, which they use to relieve themselves. This is to control the spread of diseases and keep hygiene as presented in figure 22.



4.2 Household Food Consumption

The distribution of food consumption IN the households is presented in Table 10. Vitamin A rich vegetables, other vegetables such as tomatoes, eggplant, milk and milk products and oils-ghee and butter are the foodstuffs with the highest consumption rates. Condiments, spices and beverages are the least consumed foods.

Foodstuffs	Household Consumption			
	Yes Frequency	Percentage	No Frequency	Percentage
Cereals and Cereal Products	192	75.6	-	-
Vitamin A Rich Vegetables and Tubers	216	97.7	5	2.3
White Tubers and Roots	164	84.1	31	15
Dark Green Leafy Vegetables	208	90.4	22	9.6
Other Vegetables e.g. Tomatoes, egg plant	195	94.7	11	5.3
Vitamin A rich fruits	175	92.6	14	7.4
Other Fruits	103	83	21	17
Organ Meat (Iron Rich)- Liver etc.	109	69	49	31
Flesh meats and offal –poultry, goat etc.	121	70	30	52
Eggs	102	70	44	30
Fish	88	64	49	36
Legumes-nuts, beans etc.	162	91.5	15	8.5
Milk and Milk Products	189	94.5	11	5.5
Oils/fats-butter, ghee etc.	178	93.1	13	6.9
Sweets-Sugar, Honey etc.	121	78.6	33	21.4

Table 10: Household consumption

4.3 Sources of Foods Consumed

Majority of the households buy their food at nearly 80%. Those who indicated they receive their foods from friends and relatives were the least at 0.6%. Figure 23 highlights these findings.

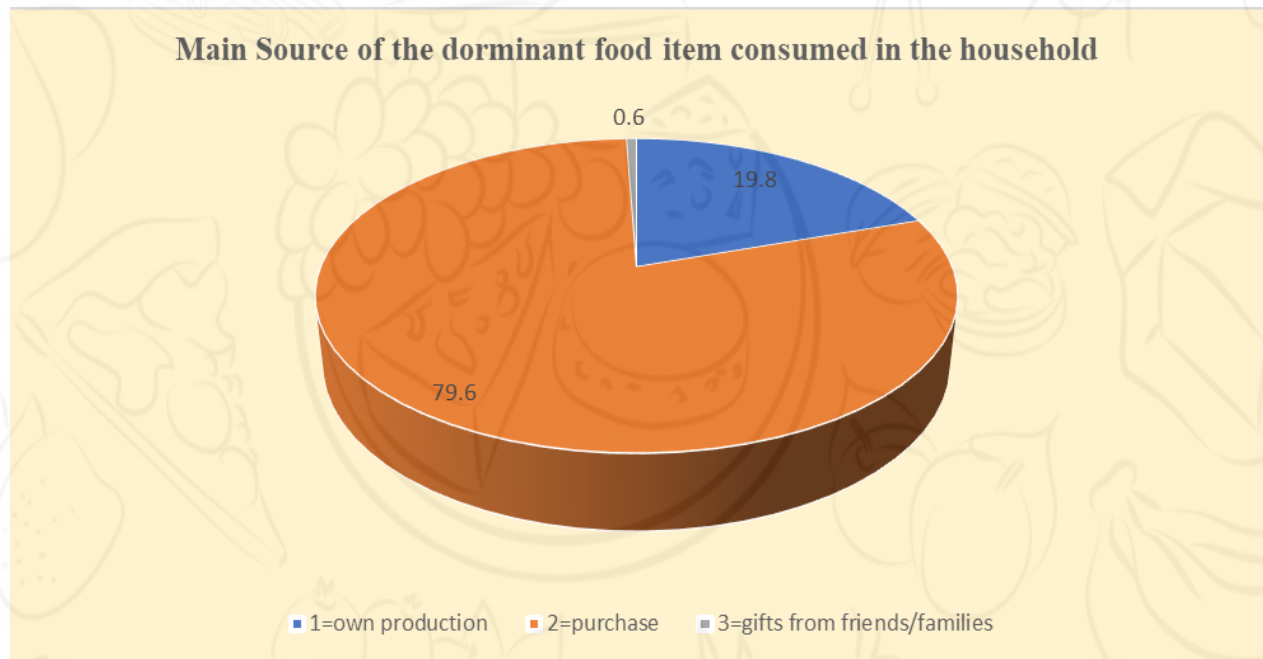
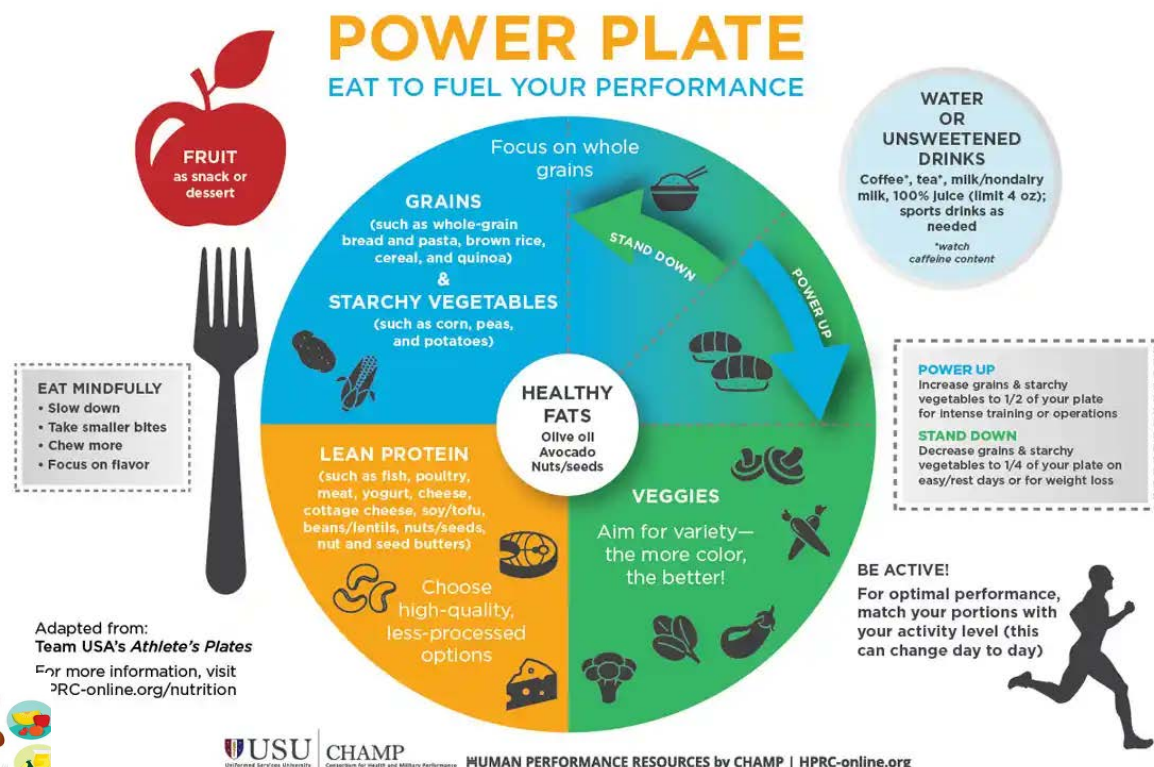


Figure 23: Source of food items Consumed



5.0 CONCLUSION AND POLICY RECOMMENDATIONS

5.1 Conclusion

Analysis of nutrition outcomes in Nandi County show key adverse outcomes that need urgent policy measures to reverse. Analysis of nutrition outcomes in Nandi County show key adverse outcomes that need urgent policy measures to reverse. Adverse nutrition outcomes are closely tied to high maternal, newborn, and child deaths, which effectively robs a country of key section of its population that can be critical in the social and economic transformation of these countries if they can live to their full potential.

Malnutrition in children under 5 years that manifests itself in terms of being severe underweight is still prevalent in the County. Watery diarrhea remains high among the children. On the wider household level, households with improved sanitation facilities are still low and shows a lot still needs to be done. Sanitation is key to reduce cases of morbidities and mortalities among the pregnant, lactating and children. Being underweight, which is an indicator of serious gaps in nutrition status of the people, has been reported among women, men, and children in the County.

1.1 Nandi County Nutrition Action Plan (CNAP) for 2018/19 – 2022/23 indicates ambitious goals which the County has not yet achieved. All these incidences of malnutrition need to be addressed if deaths due to dietary risks are to be eliminated in the County. The study has developed a clear nutrition scorecard, which can be used to track performance in various nutrition indicators for women of reproductive age and children.

5.2. Policy Recommendations

Adverse nutrition outcomes endanger the lives of women, men and children and can lead to many deaths if not averted early enough. For this reason, we make the following recommendations:

The County of Nandi Nutrition should earnestly pursue to realize the targets indicated in the County Nutrition Action Plan (CNAP) without backing down until meaningful progress has been achieved. Hence Nutrition should be made a stand alone programme under health budgets of Nandi County. This resourcing will in civic sensitization on nutrition and in advocacy against traditional malnutrition practices in the Nandi county community.

From the study, households were found to have diets that have a large share of vegetables and fruits, which is commendable. However, comparatively, these diets are low on protein foodstuffs.

FOOD and NUTRITION EDUCATION for Healthy Diets

WHY IS FOOD AND NUTRITION EDUCATION NEEDED?

MALNUTRITION is a global problem

- 1.9 BILLION** adults are overweight or obese
- 2 BILLION** people suffer from some form of micronutrient deficiency
- 161 Million** children under the age 5 are too short for their age
- 795 Million** people do not get the food they need to live a healthy life

UNHEALTHY DIETS are one of the leading causes of global malnutrition

Diets and eating behaviours are influenced by many factors

- INDIVIDUAL**: Food preferences & enjoyment, Beliefs, attitudes, values, perceptions, Knowledge, skills, Empowerment
- FAMILY / GROUP**: Cultural & social practices, Social support, Networks, Peer influence
- COMMUNITY / INSTITUTIONAL**: Rules, informal structures, Child care organizations, Workplaces, schools, Neighbourhoods, shops, restaurants, Community organizations, Information available, Recreational facilities, parks
- NATIONAL**: Health care system, Food assistance programs, Food industry, Food & agricultural systems, Policy, Political & social structures, Media, Social & cultural norms

Food and Nutrition Education works at all these levels

FOOD AND NUTRITION EDUCATION consists of a variety of educational strategies that can be implemented at different levels, aimed at helping people to achieve long-lasting improvements in their diets and eating behaviours.

FOOD AND NUTRITION EDUCATION is not only about giving people information. IT IS ABOUT:

- Empowering people to take charge of their own diets and health
- Building on people's desires to be healthy, know more about diets, and eat good food
- Understanding people's needs and what influences their diets
- Carrying out realistic and participatory educational activities
- Aiming at small, appealing, do-able improvements in what people perceive and do
- Engaging all people who can help or hinder dietary changes
- Including all relevant sectors and strengthening their capacities
- Influencing decision makers to implement policies which promote healthy diets
- Advocating for improvements in the food environment to enable healthy food choices

Some RESULTS of successful food and nutrition education initiatives:

CONSUMERS understand their dietary needs, recognize popular misinformation and make healthier food choices	FAMILIES prepare nutritious food safely and hygienically Plan and shop for healthy meals that are within their budget	GOVERNMENTS work to integrate food and nutrition education into national policies
PARENTS gain new knowledge and skills to give their children a good start in life	PEOPLE enjoy cooking and eating healthier foods	COMMUNITIES make better use of their traditional and local foods
SCHOOLS know how to provide healthier meals and snacks for their students	FOOD PRODUCERS are supported to produce and market healthier foods	POLICY MAKERS understand the need to regulate harmful food advertising to children

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There is therefore need for nutrition education to teach households that a balanced diet is necessary for the well development of people- men, women, and children.

Nutrition outcomes is multidimensional. The study has found that there are households who still use open defecation as a way of relieving themselves. Open defecation is a predisposing factor for water and airborne diseases, which are invariably infectious and easily cause numerous deaths in children.

Men reported that their main dietary concern is the fact that they consume same meals repeatedly. This greatly exposes them to key nutrient deficiencies. The County government of Nandi thus needs to invest in advocacy to teach the residents the need to have variety of foodstuff consumed in the household to ensure the body get all the necessary nutrients it requires, and which is best supplied by having a variety of foodstuffs.



Children who are under-weight and wasting stands at 11% and 3.9% respectively


- i. Most of the respondents indicated they attend public health facilities as opposed to Faith Based (FBO) and or other private health service providers. It is thus imperative that the County:
- ii. Have nutrition nuggets displayed within the areas easily accessible by the public whenever they are within the precincts of health facilities.

Partner with the private sector and CSOs to conduct nutrition trainings to members of the public as they come to seek for health care services within the various levels of health facilities in the County.

The number of children (0-59 months) reporting to have received Vitamin A twice suggests that much more effort can be put in place to bring the figure to virtually universal level. It is important that the County takes time to understand why some have not received Vitamin A as required so that if there exist some bottlenecks, they are surmounted.

Deworming is a key measure to forestall nutrition related health complications. the majority of the children only indicated they have dewormed once. The County government should pay attention to distributing deworming tablets to schools and churches for children since affordability and geographic access could be the issues here.

A number of pregnant women did report being underweight. This is a precursor for adverse nutrition and health outcomes to the unborn child and endanger the life of the mother and her unborn child. It is therefore necessary that the County focus on the nutritional well-being of



pregnant women to guarantee them and their unborn children good health. This will also go a long way in fighting diseases that are closely tied to the nutritional status of women and children.

The number of women reporting not to have received iron tablets during pregnancy remains high. Iron supplements are key to keeping Anemia at bay in pregnant women. Thus, if there is a problem with supply shocks, it must be resolved in order to make these supplements available at public healthcare facilities.

The numbers of lactating mothers reporting not to have received optimal breastfeeding counsel are still quite high. All this vital information needs to be provided routinely within the health facilities of various levels in the County. Proper breastfeeding keeps at bay various nutrition health related complications in children who are 0-6 months.



***Data from the Kenya
Demographic and Health
Survey (KDHS) 2022 shows
that 5% of infants under the
age of 5 are wasted, while
18% of children under the
age of 5 are stunted or too
short for their age***



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