



**REPUBLIC OF KENYA  
THE NATIONAL TREASURY AND PLANNING**

**REMARKS BY HON. (AMB.) UKUR YATANI AG.CABINET SECRETARY  
OF NATIONAL TREASURY DURING THE LAUNCH OF THE COST OF  
HUNGER IN AFRICA (COHA) KENYA STUDY REPORT HELD ON 21<sup>ST</sup>  
NOVEMBER 2019, KENYATTA INTERNATIONAL CONVENTION  
CENTRE (KICC), NAIROBI**

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- **Cabinet Secretaries;**
- **Principal Secretaries;**
- **Chairman, Council of Governors;**
- **Chief Executive Officers;**
- **Senior Government Officials;**
- **Development Partners;**
- **COHA –Kenya National Implementation Team;**
- **Distinguished Guests;**
- **Ladies and Gentlemen.**

1. I feel honored to be here with you as we look forward towards the launch of the Cost of Hunger in Africa (COHA) – Kenya Study Report today.
2. I wish to extend my sincere appreciation to you for your support, commitment and dedication to this process that has culminated to this great moment.
3. **Ladies and Gentlemen:** This is because hunger is unacceptable and must be eradicated. The goal of eradicating hunger in the African has never been higher on the international policy agenda, and it has never been more achievable.

4. In 2018, the number of people who were hungry globally stood at **821.6 Million**, which implies that one person in nine people, suffer from hunger. Approximately 31 percent of the World hungry people come from Africa.
5. **Ladies and Gentlemen:** Hunger is one of the root causes of malnutrition in Africa with the negative impact on children under five years. We all know that child under-nutrition continues to be a major impediment to the growth of the economy of Africa.
6. To date, the prevalence of stunting, underweight and wasting still remains high in Africa. It is for this reason; that Kenya has undertaken the COHA Study for empirical evidence that will go a long way in complimenting the government's commitments in fighting hunger and related health challenges.
7. **Ladies and Gentlemen:** As you may be aware, the Latin America and the Caribbean (LAC) carried out a Cost of Hunger analysis in 2004 to estimate the economic and social impact of child-undernutrition.
8. The results and the experiences from this region were presented to African Ministers of Finance, Planning and economic development in March 2012, Addis Ababa, Ethiopia during the 4<sup>th</sup> joint African Union and Economic Commission for Africa Conference.
9. **Ladies and Gentlemen:** In responding to this challenge, the Ministers made a Declaration (i.e. Resolution 898) confirming the importance of the study and recommended its expansion beyond the pilot phase.
10. Today, we are glad therefore to share with you the COHA Study findings. The Study touches directly on three sectors of our economy, namely Health, Education and Labor productivity.
  - a) **EFFECTS OF CHILD-UNDERNUTRITION ON THE HEALTH SECTOR**
    - i. Child undernutrition increases the risk of illness and death among children. The results revealed that out of **7.22 Million** children in Kenya in 2014, stunting, wasting and underweight stood at **26, 4, and 11** percent respectively.

- ii. Undernourished children have a higher risk of illness and death often associated with incidences of diarrhea, acute respiratory infections, pneumonia, malaria, & anemia.
- iii. The economic impact of child undernutrition on the health sector is **KSh. 18.6 Billion**, which represents **0.3 percent** of our Gross Domestic Product as at 2014.

**b) EFFECTS OF CHILD-UNDERNUTRITION ON EDUCATION SECTOR**

- i. Children who are stunted before the age of Five (5) are more likely to under-perform in school. Stunted children had **3.5 less grades attained in school compared to non-stunted children.**
- ii. Stunted children also exhibited low progression in education system. **Only 3 out of 10 learners enrolled in grade 1 progressed to form.**
- iii. Stunted children had a higher risk of repeating grades at **6.7 percent** as compared to non-stunted children at **2.8 percent**;
- iv. In addition, **16.9 percent of stunted** people (of working age) in Kenya completed school as compared to **62.2 percent of those who were never stunted.**
- v. The total cost of repetition attributed to stunting to the education sector is **KSh. 3.2 Billion**, which represents **0.06 percent of the Goss Domestic Product.**

**c) EFFECTS OF CHILD-UNDERNUTRITION ON PRODUCTIVITY**

- i. Undernutrition and in particular stunting, has a negative impact on productivity at a later stage of life;
- ii. In 2014, Kenya had a Working Age Population of **31 Million people.** The study revealed that **12.9 million**, an equivalent of 41.5 % of the Working Age Population were stunted as children.

- iii. **20.3 million** (65.5% of the Working Age Population were engaged in manual labor. **8.4 million** (41.2%) of this population were stunted as children. The productivity losses in undertaking manual activities attributed to stunting are estimated at **KSh. 96.7 Billion, an equivalent of 1.8% of the Gross Domestic Product.**
  - iv. The results further indicate that **4.5 million**, which is equivalent to 14.4% of the Working Age Population who were engaged in non-manual labor suffered childhood stunting. The productivity losses in non-manual activities attributed to stunting stood at **KSh. 66.6 Billion, an equivalent of 1.2% of the Gross Domestic Product.**
  - v. The study also established that **1.2 Million (3.8%)** who would have been part of the current workforce **died from childhood undernutrition.** This resulted in a loss of **KSh. 188.8 Billion** in potential income equivalent to **3.5% of the GDP.**
  - vi. The total economic losses in productivity were estimated at approximately **KSh. 352 Billion,** which is equivalent to **6.5% of the Gross Domestic Product.**
11. Overall, **Ladies and gentlemen,** the cost of child undernutrition to our economy is **KSh. 373.9 Billion, which represents a loss of 6.9 percent of our GDP as at 2014.**

## **POLICY RECOMMENDATIONS**

12. Based on these findings, **Ladies and Gentlemen**, the COHA Kenya National Implementation Team puts forward the following Policy Recommendations:-

### **A. Health sector**

- (i) Strengthen the implementation of the nutrition component within the community health strategy, with emphasis on addressing health sector determinants of maternal and child undernutrition, enhancing the monitoring of child growth and supporting sustainable change in behavior towards improved maternal and child nutrition.
- (ii) Exempt taxes on essential nutrition commodities such as Micro Nutrient Powder, Ready to Use Therapeutic Foods, fortification premixes and Fortified Blended Foods besides giving subsidies to these foods. This will make the products affordable, thereby reducing the cost of treatment and prevention of malnutrition.
- (iii) Include the products such as Micro Nutrient Powder, Ready to Use Therapeutic Foods and Fortified Blended Foods used in the treatment and prevention of malnutrition in the essential drugs list.

### **B. Education sector**

- (i) Disseminate and implement comprehensive school health and nutrition programme as stipulated in the Kenya School Health Policy and Guidelines, 2018.
- (ii) Undertake a detailed analysis of per unit cost to feed a school-going child. This will provide guidance to programmes from both government and development partners with the financial resources required to implement the national school meals programme.
- (iii) Review the existing school meals programme and develop guidelines to stipulate adequate and nutritious school meal that meet both the macro and micronutrient needs while factoring in regional contexts and disparities.
- (iv) Develop Early Childhood Development and Education (ECDE) and childcare facility regulations to ensure that children under their care are handled properly as required to avoid contraction of communicable diseases, avoid injuries, and avoid malnutrition.

- (v) County governments should have budget lines for the ECDE feeding programme to ensure that children have adequate and appropriate meals. Integrate Hygiene and nutrition in the teacher-training curriculum in teacher training colleges.

### **C. Labour and productivity**

- (i) Integrate nutrition as targeting component in social protection programmes for the highly vulnerable populations.
- (ii) Mainstream nutrition-sensitive interventions among public and private institutions, Ministries, Departments and Agencies' work plans and programmes at both national and county levels of government.

### **D. Cross cutting recommendations**

#### **1. Implementation and Coordination**

- (i) Elevate the Division of Nutrition and Dietetics in the Organogram of Ministry of Health to enable it to effectively coordinate the implementation of multi-sectoral nutrition action plan.
- (ii) Develop and implementation plan to actualize the COHA study recommendations.
- (iii) Establish the National Food and Nutrition Security Council in the Office of the President as stipulated in the National Food and Nutrition Security Policy Implementation Framework (2017-2022).

#### **2. Resource mobilization**

- (i) Allocate adequate budgetary resources to address food and nutrition security in the Country.
- (ii) Develop and implement frameworks to facilitate tracking of finances towards nutrition interventions and services at national and county levels.
- (iii) Revise the Standard Chart of Accounts to provide a budget code for nutrition that will allow counties and national government to allocate funds that go directly to address the problem of malnutrition in the country.
- (iv) Establish an affirmative action that requires all social sectors to allocate budgets

and spend on actions that ensure sustainable food and nutrition security.

### **3. Research, Monitoring and evaluation**

- (i) Establish a common multi-sectoral committee based at the National Food and Nutrition Security Council at the Office of the President for tracking food and nutrition indicators.
- (ii) Monitor and evaluate the set targets and ensure accountability in the implementation of actions/interventions spelt out in various frameworks.
- (iii) Undertake a study to define the minimal resources to be allocated per child towards nutrition enhancement.
- (iv) Undertake further analysis on the cost of hunger attributed to maternal undernutrition.
- (v) Model the cost of hunger over several other years, i.e. over and beyond the study year for the present COHA study.
- (vi) Conduct county specific COHA studies/analysis.
- (vii) Document success stories and best practices in addressing malnutrition for replication and scaling up.

### **4. Advocacy**

- (i) Strengthen political commitment towards prioritizing nutrition at national and county level.
- (ii) Advocate for food and nutrition as a key developmental agenda across sectors such as agriculture, water, irrigation, and infrastructural development.
- (iii) Advocate for food security and nutrition as a thematic area during the preparation of Medium-Term Plans and annual budgets.
- (iv) Develop an advocacy plan based on the COHA findings and other finance related studies/analysis from Kenya, targeting key stakeholders.

**13.Ladies and Gentlemen:** The implementation of the proposed policy recommendation requires a collaborative approach between the Government and

Private Sector. When we come together and pull over resources together, we truly can eliminate child undernutrition in Kenya.

14. In conclusion, **Ladies and Gentlemen**, I wish to thank the National Treasury and Planning in collaboration with the Ministry of Health, Ministry of Education, Ministry of Labor and Social Protection, Ministry of Agriculture, Livestock and Fisheries, KNBS, KEMRI, KIPPRA and our worthy Development Partners including but not limited to WFP, UNICEF, NI and USAID NHP Plus for the timely delivery of the Study results.

15. With those few remarks, **Ladies and gentlemen**, I wish to invite the Principal Secretary of the National Treasury, to make remarks and officially launch the Study report on behalf of the Cabinet Secretary of the National Treasury and Planning.

**Thank you**  
**THURSDAY 21<sup>ST</sup> NOVEMBER 2019**