

KENYA'S PROGRESS IN REDUCING CHILD STUNTING

Meeting the World Health Assembly 2025 target and
advancing towards 2030

Rosalia Kaluki Muia, Ankur Aggarwal, Nihar Ranjan Mishra, Sharada Keats,
Kathrin Demmler

SEPTEMBER 2025

KEY MESSAGES

- Kenya's progress on reducing national stunting prevalence among children under five puts the country on-track to meet the WHA 2025 Global Nutrition Target on stunting.
- Kenya's stunting reduction surpasses the regional average. It is attributed to strong multi-stakeholder coordination, private sector engagement, integration of nutrition into county level planning, and the digitalization of nutrition service delivery and monitoring.
- Despite national progress, counties including Kilifi, West Pokot, and Samburu continue to have severe stunting rates. These counties rank among the lowest in dietary diversity for women, access to health insurance, and social protection coverage.
- Kenya's national policy framework is strong, but to sustain and scale progress, capacity and implementation at county-level must be strengthened.



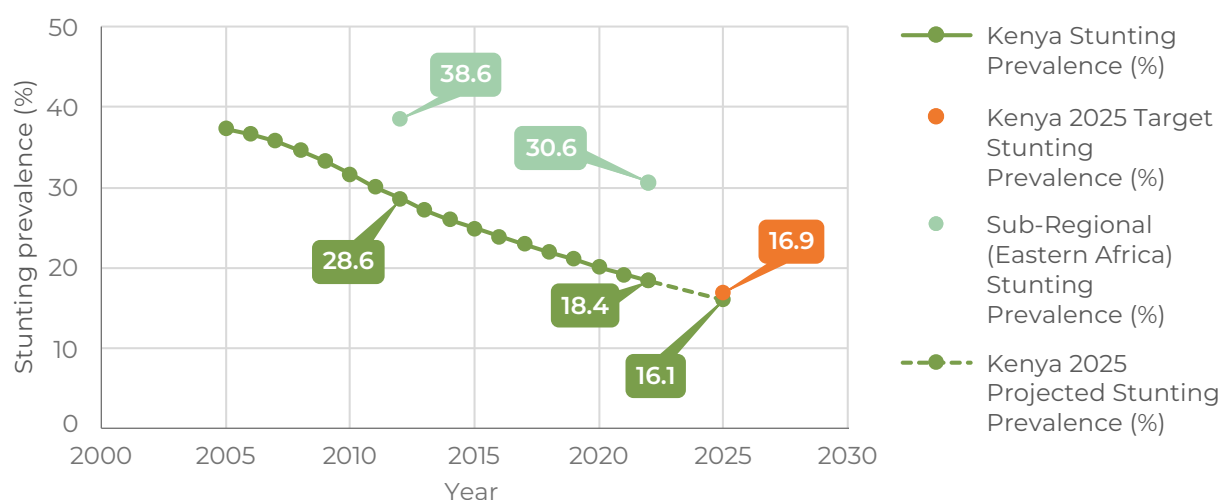
BACKGROUND

Stunting is a major concern in Eastern Africa, where nearly 1 in 3 children under 5, about 22.6 million, are affected (UNICEF, WHO, Worldbank, 2023). In Kenya, the prevalence has declined to approximately one in five children (18%), outperforming the regional average of 31.6%. However, this still represents more than 1.2 million children at risk (KNBS, Ministry of Health, ICF, 2023). The consequences are far-reaching; stunting contributes to child mortality, vulnerability, and lifelong impairments in physical growth and cognitive development, impacting both individual well-being and national productivity. In Kenya, child undernutrition, including stunting as a key component, is estimated to cost the economy KES 374 billion (approximately USD 4.2 billion) annually, equivalent to 6.9% of the GDP (Government of Kenya, 2019). Stunting, a persistent form of long-term nutritional deprivation, acts as a silent driver of inequality, limiting opportunities, lowering future earnings and reducing the potential to contribute equally to the economy. Yet the returns on investment in nutrition are high, with every dollar yielding up to \$22 in economic benefit. (Eberwein, et al., 2016)

In 2012, the World Health Assembly (WHA) endorsed Resolution 65.6, initiating a global commitment to reduce malnutrition, including a 40% reduction in stunting among children under five (World Health Organization, 2012). This was reaffirmed by the United Nations through the 2030 Agenda for Sustainable Development, particularly SDG Goal 2: Zero Hunger (United Nations, 2015). In response, Kenya integrated nutrition into core planning and budgeting frameworks, including the Annual Operational Plans (AOPs) and the Medium-Term Expenditure Framework (MTEF) (Ministry of Health, 2018).

In line with these commitments, Kenya reduced the national stunting rate from 28.6% in 2012 to 18.4% in 2022, placing Kenya on track to achieve the WHA 2025 target of a 40% reduction, with an annual reduction rate of 4.26% slightly above the required 4.23%¹. However, meeting the 2030 SDG target of a 50% reduction, will require significant and sustained effort, particularly through strengthened county-level implementation.

Figure 1: Kenya's Progress in Reducing Child Stunting (2005–2025)



While Kenya's national stunting rate stands at 18% (2022 latest figures), the burden is unequally distributed, with key differences driven by income, gender, and county-level implementation capacity (KNBS, Ministry of Health, ICF, 2023). Despite strong national commitments through policies like the Kenya Nutrition Action Plan (KNAP) and the Food and Nutrition Security Policy, implementation at the county level has been slow. As of 2023, only 20 out of 47 counties had developed and adopted County Nutrition Action Plans (CNAPs) (United Nations Kenya, 2019-2020). This limited uptake is largely due to lack of technical capacity, inadequate county budget allocations, and competing subnational priorities. Nutrition objectives are also not consistently integrated into County Integrated Development Plans (CIDPs) (UNICEF, 2017).

¹ Number of stunted children under five is projected to fall about 41% from 2012 to 2025 (Aggarwal & Mishra, 2025).

Stunting disproportionately affects the poorest households in Kenya. **“About 28% of children below five in the lowest wealth quintile are stunted, compared to just 9% in the highest.”**

This means roughly 1 in 4 children in the poorest households are affected, compared to 1 in 11 among the wealthiest. This disparity highlights how poverty and undernutrition and deeply intertwined. According to official CPI data, food prices in Kenya nearly tripled between 2012 and 2022, rising by over 165% and further worsening household insecurity. This places additional strain on households, especially in rural areas, where over 60% of budgets are spent on food (KNBS, 2018).

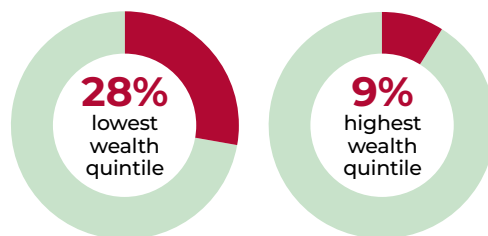
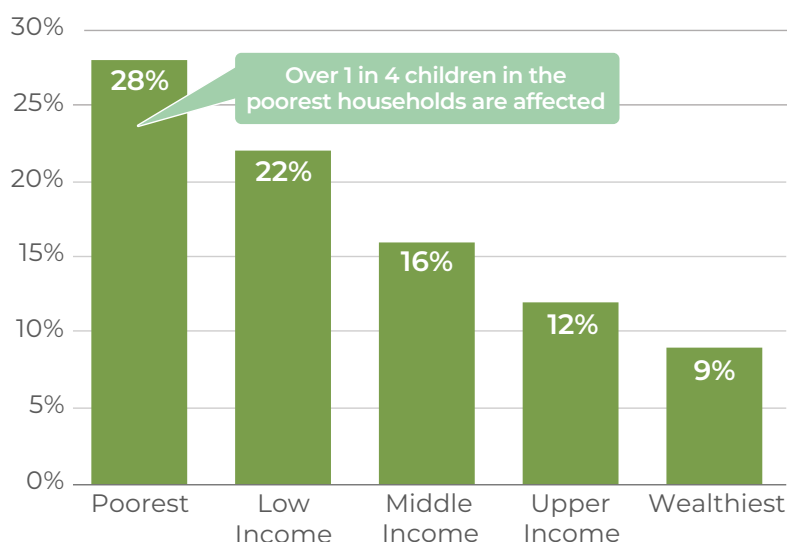


Figure 2: Stunting prevalence by household wealth quintile in Kenya, 2022



Source: (KNBS, Ministry of Health, ICF, 2023)KDHS 2022

Counties with the highest stunting rates, such as West Pokot and Samburu, also experience some of the highest poverty levels (over 60%) and contribute less than 1% each to the national economic output (GDP). These counties rank among the lowest in dietary diversity for women, access to health insurance, and social protection coverage. The economic disparities, reflected in Gross County Product and per capita income, limit local governments' ability to scale up nutrition interventions (KNBS, 2024a).

FACTORS BEHIND KENYA'S REMARKABLE PROGRESS

Enabling Policy Environment

Kenya's progress in reducing child stunting is supported by a strong enabling environment in terms of policy. Nutrition – aligned with the SDGs, in particular SDG 2 (Zero Hunger) – has been integrated into national development plans including Vision 2030 and the third Medium Term Plan MTP III (2018–2022). This has enabled the mainstreaming of nutrition across different sectors and institutional frameworks such as the Big 4 Agenda³ and County Integrated Development Plans (CIDPs), strengthening accountability and multisectoral ownership.

Several policy instruments provide structured guidance in terms of tackling malnutrition. These include the 2012 National Food and Nutrition Security Policy (FNSP), FSNP Implementation Framework (2016–2020), and National Nutrition Action Plans (NNAPs).

2 Wealth quintiles divide the population into five equal groups: Poorest (lowest 20%), Low income (second 20%), Middle income (middle 20%), Upper income (fourth 20%), and Wealthiest (top 20%), ranked using a composite index based on household assets, housing quality, and access to services.

3 Launched in 2017 this agenda's four points were: food security, affordable housing, manufacturing and universal health coverage..

Social Protection Platforms

Kenya has invested in integrated social protection platforms to address vulnerability and food insecurity. The National Safety Net Programme (NSNP), launched in 2013, combines multiple cash transfers under a unified platform ('Inua Jamii'), leveraging a common registry and digital payment systems. In the country's arid counties, The Hunger Safety Net Programme (HSNP) specifically supports cash transfer to buffer against shocks. Additionally, Kenya is also piloting one of the world's largest universal basic Income (UBI) programs to provide predictable, unconditional cash transfers aimed at reducing poverty, improving food security, and strengthening household resilience in vulnerable communities.

Private Sector Engagement

In 2014 Kenya transitioned from a low-income country to lower-middle-income, based on the World Bank income classification system (World Bank, 2014). This shift influenced donor financing patterns and made domestic private sector engagement even more critical. As a result, the private sector is playing a growing role in Kenya's nutrition agenda.

Through the Kenya Private Sector Alliance (KEPSA), representing over 500,000 direct and indirect members, businesses have become actively engaged in policy advocacy, corporate social responsibility and nutrition-sensitive investments. KEPSA has championed initiatives in maternal and child health, nutrition in company-led programs, and social budgeting that prioritize food safety and early childhood development.

In addition, Kenya launched the Kenya Agro-dealer Strengthening Program, which builds the technical and business capacity of agro-dealers in rural areas. These local actors serve as crucial intermediaries in delivering nutrition-sensitive agricultural inputs and services to smallholder farmers.

Multi-Stakeholder Approach

Since joining the Scaling Up Nutrition (SUN) Movement in 2012, Kenya has strengthened multisectoral coordination through platforms such as the Nutrition Interagency Coordination Committee (NICC), County Nutrition Technical Forums, and the Council of Governors. These structures support implementation of NNAPs, localized planning via CNAPs, and alignment of stakeholders across health, agriculture, education, and finance.

To guide this collaboration, Kenya established the Nutrition Coordination and Partnership Framework, which outlines the structures and responsibilities for multi-sectoral collaboration across national and county levels. Initiatives like the Beyond Zero campaign and Parliamentary SDG Caucus have also helped catalyze political will and elevate nutrition on the national agenda.

However, challenges persist, including uneven CNAP implementation due to capacity gaps. Coordination remains key, with NICC guiding national oversight and County-level technical forums facilitating localized action.

Food Fortification Enforcement

Since 2012, Kenya has mandated the fortification of staples including maize flour, wheat flour, cooking oil, and sugar with vitamins and minerals. Enforcement is led by the Kenya Bureau of Standards (KEBS) and the Ministry of Health, with support from the National Food Fortification Alliance (NFFA), which brings together private sector actors (Ministry of Health, 2018). This coordinated approach has improved oversight in compliance levels among food companies.

Figure 3: National and County-Level Coordination Ecosystem Supporting Nutrition in Kenya



Infant and Young Child Nutrition (IYCN)

Kenya has made substantial progress in promoting optimal infant and young child feeding. Exclusive breastfeeding rates have risen from 13% in 2003 to 60% in 2022 (KNBS, Ministry of Health, ICF, 2023). Initiatives like the Baby-Friendly Community Initiative and the Breastmilk Substitutes Act (2012) contributed to improved feeding practices. Community-level strategies and social behaviour change communication (SBCC) campaigns have strengthened nutrition knowledge and practices. The Community Health Strategy (2014–2019) further helped integrate IYCN into primary healthcare.

County-Level Coordination and Devolution

In 2013, Kenya operationalized its devolved government system under the 2010 Constitution marking a major shift. Under devolution, county governments became responsible for approximately 95% of nutrition-related services, placing them at the forefront of implementation (Nutrition International, UNICEF, 2017). This transition enabled the development of tailored County Nutrition Action Plans (CNAPs) that align with national strategies like the NNAP and fit within county budgeting processes. By 2023, 20 counties (out of 47) had adopted CNAPs, facilitating more localized and context-specific nutrition planning.

Despite uneven uptake due to technical and financial limitations, devolution has created opportunities for counties to prioritize nutrition and expand community-level programming.

Digitalization: Integrated Digital Health and Social Protection Systems

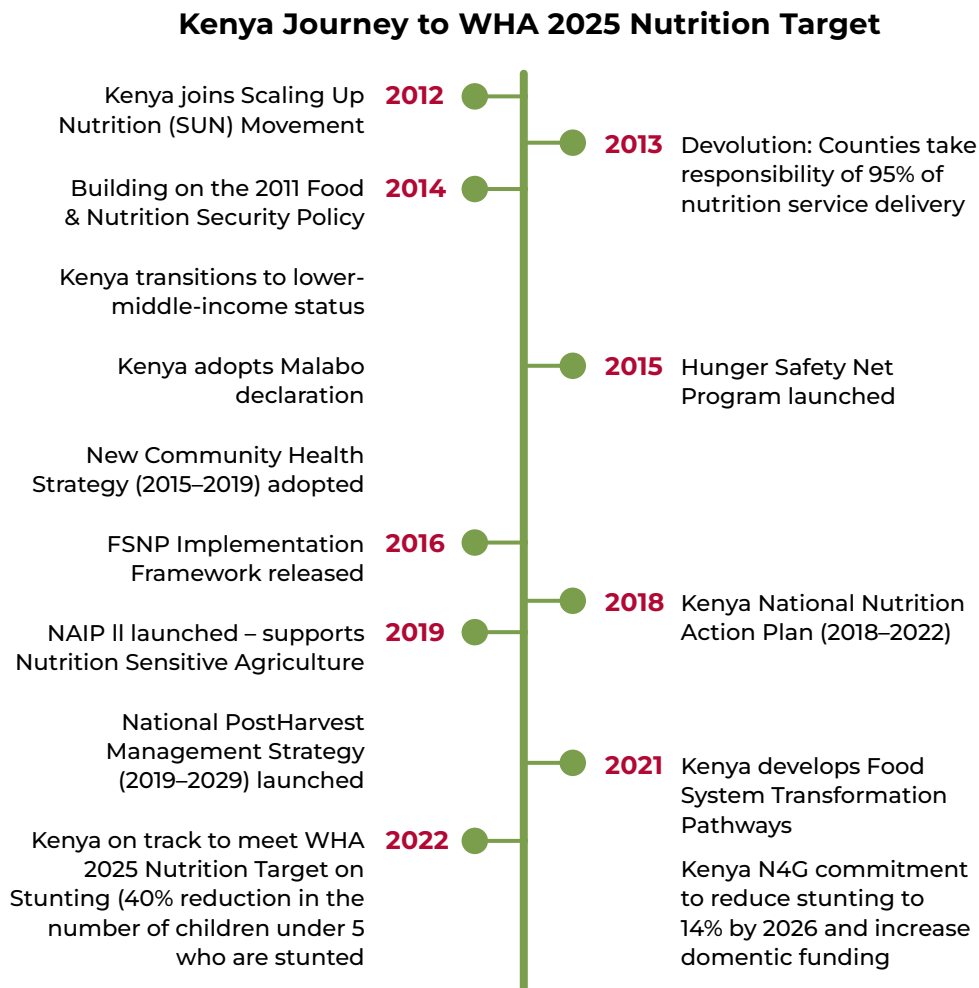
Kenya has embraced digital systems to improve the coordination and delivery of nutrition, health, and social protection services. The Enhanced Single Registry (ESR) serves as a centralized platform to track and manage social protection benefits including cash transfers, nutrition support, and food assistance, targeted to vulnerable populations

In addition, the early adoption of Kenya Health Information System (KHIS), District Health Information System 2 (DHIS2), and the Kenya Health Observatory (KHO) have strengthened Kenya’s capacity for health and nutrition data management.

The Kenya Integrated Agriculture Management Information System (KIAMIS) has geo-referenced over 6.4 million farmers (GAA, 2024). This registry enables targeted delivery of inputs, e-extension services, and nutrition-sensitive agricultural programs, linking food production directly to household nutrition outcomes.

Digital platforms are part of Kenya’s broader strategy to digitize agri-food systems. They support the Kenya’s Food System Transformation pathway and reinforce commitments under the UN Food Systems Agenda. (Government of Kenya, 2021).

Figure 4: Key milestones in Kenya’s journey to reducing stunting



REMAINING CHALLENGES AND PROPOSED ACTIONS

Despite progress, formidable challenges remain. Weak local capacity, inadequate and reduced budgets, climate-driven drought cycles, and rising food prices all threaten food security and nutrition. In counties already facing severe malnutrition and poverty, these shocks and stresses widen existing inequities, slowing progress.

Uneven sub-national implementation

While clear national frameworks exist, the implementation of nutrition policies across Kenya's counties is patchy and needs to be strengthened. As of 2023, only 20 out of 47 counties had finalized County Nutrition Action Plans (CNAPs). According to the Kenya Nutrition Action Plan budget, the requirement for FY 2020/21 was KES 77.71 billion (approximately USD 688 Million). However, only KES 52.8 billion (about USD 467 million) was earmarked, resulting in a shortfall of KES 24.91 billion (approximately USD 221 million), a 47.1% funding gap (USAID Advancing Nutrition, 2023). Targeted efforts are needed to ensure all counties can formulate and implement effective nutrition action plans (UNICEF, 2022).

Low health spending

Kenya's health spending is below the 15% Abuja Declaration target (AFIDEP, 2023). While the United States has historically been one of the largest bilateral donors, recent reductions in USAID funding raise sustainability concerns (Wallis, 2025). Despite ongoing efforts to embed nutrition line items into county budgets and integrate them within the Medium-Term Expenditure Framework (MTEF), these practices remain uneven and limited to a few counties. In many cases, allocated funds are not disbursed on time or are too small to cover core interventions outlined in County Nutrition Action Plans (UNICEF, 2022). A national strategy that facilitates institutionalization of nutrition budgeting and routine expenditure tracking within county planning cycles could help reinforce local accountability and planning efficiency.

Environmental concerns

Although Kenya's National Drought Management Authority (NDMA) runs a real-time Early Warning System (EWS), challenges in local capacity, data flow, and inter-agency coordination limit its effectiveness (Office of the Auditor-General, 2020). The prolonged drought from 2022 to 2023 resulted in economic losses exceeding KES 70 billion (approximately USD 650 million), with arid and semi-arid lands (ASALs) bearing the brunt of the impact (Ministry of Environment, Climate Change and Forestry, 2025). ASAL regions remain particularly vulnerable due to prolonged dry spells, below-average harvests, and repeated livestock losses. During crises, wasting (Global Acute Malnutrition (GAM)) rates among children under five have exceeded 30% in counties such as Turkana, Samburu, and Mandera (Ministry of Health, 2019) increasing the risk of chronic malnutrition.

Fortification compliance

While Kenya mandates food fortification of several items, compliance among small and medium-sized millers remains a challenge. These millers, who supply a large share of rural markets, struggle to comply due to the high cost of premixes, limited technical capacity, and inadequate monitoring systems (Ministry of Health, 2018). The government should consider offering training programs to enhance the technical skills of millers in fortification processes and technical training through public-private partnerships.

CALL TO ACTION

Recent policy shifts, such as the launch of the Food and Nutrition Security and Resilience Programme (FNSRP) and Kenya's Food Systems Transformation Pathway aligned with the UN Food Systems Summit (UNFSS), signal a renewed national commitment to strengthening the integration between food, health and resilience systems. Kenya's gains in reducing child malnutrition have been largely driven by county-led planning through the development of County Nutrition Action Plans (CNAPs), active private sector engagement, the adoption of digital systems that enhanced service delivery and real-time tracking, and improved multisectoral coordination across health, agriculture, and social protection sectors. As the country works toward achieving the 2030 targets, priority should now shift to closing persistent financing gaps, enhancing digital infrastructure and technical capacity at the county level, addressing gender and regional inequities and strengthened subnational implementation.

REFERENCES

- AFIDEP. (2023, June 30). Evidence and data should inform financing of Kenya's healthcare systems. Retrieved from AFIDEP: <https://afidep.org/press-release-evidence-and-data-should-inform-financing-of-kenyas-healthcare-systems-stakeholders-urge-at-national-dialogue>
- Aggarwal, A., & Mishra, N. (2025). Progress on Selected World Health Assembly Nutrition Targets in 12 countries. Global Alliance For Improved Nutrition. doi:<https://doi.org/10.36072/wp.52>
- Eberwein, J. D., Kakietek, J., De Beni, D., Moloney, G., Pereira, A., Akuoku, J. K., . . . Shekar, M. (2016). An Investment Framework for Nutrition in Kenya: Reducing Stunting and other forms of Malnutrition. World Bank Group. Washington, DC: World Bank. Retrieved from <https://www.unicef.org/esa/sites/unicef.org/esa/files/2019-05/UNICEF-Kenya-2016-An-Investment-Framework-for-Nutrition.pdf>
- Echo Network Africa, Democracy Trust Fund, Hanns Seidel Foundation – Kenya Office. (2021). Women in Agriculture. Echo Network Africa, Democracy Trust Fund, Hanns Seidel Foundation – Kenya Office. doi:<https://enafrica.org/wp-content/uploads/2021/11/The-Status-of-Women-in-Agriculture-Sector.pdf>
- GAA. (2024). 6.45m farmers enrolled in Kenya's new digital system for sustainable agriculture. Retrieved from <https://www.mygov.go.ke/645m-farmers-enrolled-kenyas-new-digital-system-sustainable-agriculture>
- Government of Kenya. (2018). Third Medium Term Plan 2018-2022. Retrieved from <https://vision2030.go.ke/wp-content/uploads/2019/01/THIRD-MEDIUM-TERM-PLAN-2018-2022.pdf>
- Government of Kenya. (2019). The Cost of Hunger in Africa - Social and Economic Impact of Child Undernutrition in Kenya. Kenya Report, Nairobi. Retrieved from https://www.nutritionhealth.or.ke/wp-content/uploads/COHA_Infographics/COHA%20-%20Kenya%20Report%20-%20November%202019.pdf
- Government of Kenya. (2021). Kenya's Pathway to Sustainable Food Systems. UNFSS. Retrieved from <https://www.unfoodsystemshub.org/docs/unfoodsystemslibraries/national-pathways/kenya/2021-09-27-en-kenya-fss-dialogue-series-national-position-paper.pdf>
- KNBS. (2018). 2015/16 Kenya Integrated Household Budget Survey - Highlights. KNBS. Retrieved from <https://new.knbs.or.ke/wp-content/uploads/2023/09/2015-2016-Kenya-Integrated-Household-Budget-Survey-Highlights.pdf>
- KNBS. (2024a). Gross County Product 2024. Nairobi, Kenya: Kenya National Bureau of Statistics. Retrieved from <https://www.knbs.or.ke/wp-content/uploads/2025/01/2024-Gross-County-Product.pdf>
- KNBS. (2024b). Highlights of April 2024 Consumer Price Index. KNBS. Retrieved from <https://new.knbs.or.ke/wp-content/uploads/2024/04/Kenya-Consumer-Price-Indices-and-Inflation-Rates-Highlights-April-2024.pdf>
- KNBS, Ministry of Health, ICF. (2023). Kenya Demographic and Health Survey 2022. Demographic and Health Survey, Kenya National Bureau of Statistics, Nairobi. Retrieved from <https://dhsprogram.com/pubs/pdf/FR380/FR380.pdf>
- Ministry of Environment, Climate Change and Forestry. (2025). Kenya's Second Nationally Determined Contribution (2031-2035). Ministry of Environment, Climate Change and Forestry. Nairobi, Kenya: Ministry of Environment, Climate Change and Forestry. Retrieved from https://unfccc.int/sites/default/files/2025-05/KENYAS%20SECOND%20NATIONALLY%20DETERMINED%20CONTRIBUTION%202031_2035.pdf
- Ministry of Health. (2018). Kenya National Food Fortification Strategic Plan 2018-2022. Ministry of Health. Retrieved from <https://www.nutritionhealth.or.ke/wp-content/uploads/Downloads/Food%20Fortification%20Strategic%20Plan%20Final%20Press%20Signed%20-%20Aug%202018.pdf>
- Ministry of Health. (2018). Overview of Food Fortification Program. Retrieved from Nutrition Health: <https://nutritionhealth.or.ke/programmes/micronutrient-deficiency-control/food-fortification>
- Ministry of Health. (2018). The Kenya Nutrition Action Plan (KNAP) 2018 – 2022. Nairobi: Ministry of Health. Retrieved from <https://familyhealth.go.ke/wp-content/uploads/2020/10/Kenya-Nutrition-Action-Plan-2018-2022.pdf>
- Ministry of Health. (2019). Nutrition Situation Report for Arid and Semi Arid Areas. Retrieved from <https://www.nutritionhealth.or.ke/wp-content/uploads/infographics/Kenya%20Nutrition%20Situation%20Arid%20and%20Semi-Arid%20Areas%20Short%20Rains%20Assessment%20-%20February%202019.pdf>
- Njuguna, R., & Bukania, Z. (2017). National Nutrition Action Plan (NNAP) 2012-2017. Implementation Review Report. Implementation Review Report, Ministry of Health, Nutrition and Dietetics Unit, Nairobi.
- Nutrition International, UNICEF. (2017). National Nutrition Action Plan (2012-2017). doi:<https://www.nutritionintl.org/wp-content/uploads/2021/08/Nutrition-International-KEN-01-NNAP-Review-Final-Report-1.pdf>
- Office of the Auditor-General. (2020). Performance Audit Report on Management of Drought in Kenya By the National Drought Management Authority. National Drought Management Authority. 88. Retrieved from <https://www.oagkenya.go.ke/wp-content/uploads/2023/01/Management-of-Drought-in-Kenya-2020.pdf>
- UNICEF. (2017). Situational Analysis of Women and Children in Kenya. UNICEF. Retrieved from <https://www.unicef.org/kenya/media/136/file/SITAN-report-2017.pdf.pdf>
- UNICEF. (2022). Addressing Child Poverty, Nutrition and Protection. Retrieved from <https://www.unicef.org/kenya/media/3051/file/SP%20Nutrition%20case%20study.pdf>
- UNICEF, WHO, Worldbank. (2023). Retrieved from World Health Organization: <https://www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates-unicef-who-wb>
- United Nations. (2015). Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations. Retrieved from <https://docs.un.org/en/A/RES/70/1>
- United Nations Kenya. (2019-2020). UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK (UNDAF). Nairobi: United Nations Kenya. Retrieved from https://kenya.un.org/sites/default/files/2021-04/UNDAF%20AR%20JUNE%202019-DECEMBER%202020_FINAL_Portrait.pdf
- USAID Advancing Nutrition. (2023). Kenya Government Sector Framework on Nutrition.
- Wallis, W. (2025). Donald Trump's assault on aid sparks chaos in east Africa's relief hub. Retrieved from Financial Times: <https://www.ft.com/content/4fd49b57-d3b8-4beb-8cc8-d27d463beabe>
- World Bank. (2014, September 30). Kenya: A bigger, Better Economy. Retrieved from <https://www.worldbank.org/en/news/feature/2014/09/30/kenya-a-bigger-better-economy>
- World Health Organization. (2012). Sixty-Fifth World Health Assembly. World Health Organisation. Geneva: World Health Organisation. Retrieved from https://apps.who.int/gb/DGNP/pdf_files/A65_REC1-en.pdf

The findings, ideas, and conclusions expressed here are those of the authors and do not necessarily reflect positions or policies of any of GAIN's funding partners.

For further reading, please see the Factsheet on Kenya's progress towards two WHA targets – Stunting and Overweight – and the GAIN Working Paper featuring Kenya and 11 other country cases here: <https://www.gainhealth.org/world-health-assembly-nutrition-targets>

Healthier Diets. For all.

GAIN Kenya

197 Lenana Place 3rd Floor
Lenana Road
P.O Box 13733-00800
Nairobi, Kenya

🌐 www.gainhealth.org
✉ @gain_alliance
✂ [@GAINalliance](https://twitter.com/GAINalliance)
☎ +254 773572103

