



World Food Programme

SAVING LIVES
CHANGING LIVES

FNG for Kenya UCB Pilot

Executive Summary



Why should Kenya invest in nutrition-sensitive social protection?

- What children are fed and how they are fed before the age of 2 years shapes their growth, development, and learning, all of which will set the course for the rest of their lives.
- Without nutritious diets, supportive nutrition services and good feeding practices, children under two are at heightened risk of all forms of malnutrition, including stunting, wasting, micronutrient deficiencies, overweight and obesity.
- Kenya's population is young – around 40 percent is under the age of 14. Investments now will prevent costs in the future.

- The Cost of Hunger report¹ found that in 2014, the total effect of health, education and productivity losses caused by malnutrition is equivalent to 7 percent of GDP.
- Researchers² estimate that investments in childhood nutrition have a return of 18:1.

What is the Universal Child Benefit?

Over the past decade, Kenya has established itself as a progressive leader in universal social protection. Since 2019, the State Department of Social Protection has led efforts to establish the Universal Child Benefit (UCB), which would guarantee a monthly cash transfer to households with children under 3 years of age, and provide a platform for complementary plus services

¹ African Union Commission, Government of Kenya. Cost of Hunger in Africa Report: Kenya. 2020.

² Hodinott J, Alderman H, Behrman JR, Haddad L, Horton S. The economic rationale for investing in stunting reduction. *Matern Child Nutr.* 2013 Sep;9 Suppl 2(Suppl 2):69-82.



for improving nutrition. Between November 2021 and November 2022, the National Social Protection Secretariat (NSPS), in partnership with UNICEF, Save the Children, the World Food Programme (WFP), the government of Sweden and the Joint SDG Fund, implemented a pilot UCB in Embu, Kisumu and Kajiado counties, under which households received Kenyan Shillings (KES) 800 per child per month.

Background of the UCB Fill the Nutrient Gap analysis in Kenya:

In 2022, the NSPS and WFP conducted a Fill the Nutrient Gap (FNG) analysis as part of a series of activities intended to generate evidence and build advocacy capacities in support of the UCB. The FNG corresponds to direct objectives of the UCB pilot because it aims to generate lessons for the introduction of a long-term UCB, including the potential impacts of the cash transfer and complementary services on children's nutrition, and to strengthen advocacy efforts and visibility for the UCB.

Process and methods

The FNG analysis estimated costs of three diets: energy-only, nutrient-adequate, and healthy, as well as the percentages of household that, given current food expenditure, are unable to afford each diet. The cost of energy-only and nutrient-adequate diets are estimated using the linear optimization software, Cost of the Diet (Save the Children UK), and the healthy diet cost is based on the methodology defined by the Food Prices for Nutrition team (Tufts University).

Diet costs and non-affordability were estimated for Embu, Kisumu and Kajiado counties for a five-person

modelled household comprising a breastfed child (12–23 months), a school-aged child (6–7 years), an adolescent girl (14–15 years), a breastfeeding woman and an adult man.

The analysis was extended to three individuals who fall under the UCB beneficiary criteria: a child of 6–8 months, a child of 9–11 months and a child of 2–3 years. Price data that were used to calculate costs are retail prices collected by WFP in July 2022. Data used to calculate non-affordability were taken from a primary household expenditure survey that was carried out simultaneously with the retail price survey. Analysis was carried out between July and August 2022. In August and September 2022, the NSPS led the FNG process and convened stakeholders to inform, validate and draw conclusions from the FNG analysis.

Main findings

- Nutrient-adequate and healthy diets cost two to three times more than diets that meet only energy needs. Averaged across the three counties, the costs of the energy-only, nutrient-adequate and healthy diets are estimated to be KES 222, KES 440 and KES 574 per day respectively. Non-affordability of the energy-only, nutrient-adequate, and healthy diets is estimated to be 7 percent, 43 percent and 60 percent respectively.
- Non-affordability of the energy-only, nutrient-adequate and healthy diets is estimated to be 7 percent, 43 percent and 60 percent respectively. This means that while almost all households in UCB pilot counties would be able to afford a diet that meets energy needs, approximately two in five would not be able to afford the lowest cost nutrient-adequate diet.

- Based on the costs of the nutrient-adequate diet, the analysis assessed whether the UCB transfer would be adequate to cover nutrient needs of the targeted child and their household. Assuming that roughly half of the transfer would be used for food purchases depending on the location, the UCB cash transfer covers one to two thirds of the cost of a nutrient-adequate diet for a child aged under 3 years. The transfer covers 3 to 4 percent of the household's nutrient-adequate diet cost.
- The analysis also showed how households choose to spend the UCB matters. The impact of the UCB transfer on dietary quality of the young child can be maximised if a household uses the cash to purchase diverse nutritious foods. Social behaviour change (SBC) strategies can help to ensure households choose nutritious foods from diverse food groups.
- The analysis considered plus, or complementary, services targeted at individuals with specific nutritional vulnerabilities, that could be delivered alongside the cash transfer to make it more comprehensive. The analysis found that the UCB provides a good platform for promoting good infant and young child reeding (IYCF) practices among beneficiaries because suboptimal breastfeeding and poor dietary intake among children increase their risk of malnutrition.
- Other individuals in the household could also benefit from plus services and be potentially reached through UCB registries, such as adolescent girls and pregnant and breastfeeding women who are particularly nutritionally vulnerable. Nutrition-specific interventions such as micronutrient supplementation that provides essential micronutrients, can leverage UCB beneficiary databases to improve service delivery.
- The analysis considered food system transformations that could support the UCB to improve household access to nutritious foods. One pathway is through large-scale fortification of commonly consumed staple foods. Subsidising fortified cereal for UCB beneficiaries can improve micronutrient intake.
- Household production of nutritious foods is another pathway. The UCB can provide a platform to deliver agricultural support to beneficiary households to start kitchen gardens and homestead production of animal source foods, because nutrition-sensitive agriculture can support dietary diversity and strengthen local food systems.
- Through combining interventions, the analysis found that adding multisectoral plus services to the UCB transfer can contribute towards closing a household's affordability gap. However, the effectiveness of plus services depends heavily on context because food systems across Kenya are diverse and location specific. UCB plus interventions should be selected based on local realities and opportunities within local food systems.

Recommendations

The FNG stakeholder engagement process led to the development of recommendations on how to leverage the UCB as a platform for plus interventions for improving nutrition. Stakeholders prioritized the following actions:

- **Strengthen food systems to support beneficiary household access to nutritious foods**, by assisting UCB households with inputs for kitchen gardens, by providing UCB households with access to fortified maize and biofortified foods, and by promoting home production of animal source foods.
- **Support micronutrient intake of the most nutritionally vulnerable through nutrition-specific interventions** by providing vulnerable UCB households with access to micronutrient powder and/or iron and folic acid (IFA) for pregnant and lactating women and adolescent girls.
- **Establish mechanisms to promote the selection of nutritious foods** by providing UCB households with fresh food voucher top-ups and by developing SBC strategies that strengthen nutrition knowledge.





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