BOTTLENECK ASSESSMENT OF THE NUTRITION SECTOR

KILIFI COUNTY

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ACRONYMS

ADP	Annual Development Plan
CHW/V	Community Health Worker/Volunteer
CBO	Community-based Organization
CHMT	County Health Management Team
CNTF	County Nutrition Technical Forum
CIDP	County Integrated Development Plan
CISP	Comitato Internazionale per lo Sviluppo dei Popoli
CSO	Civil Society Organization
CNAP	County Nutrition Action Plan
CFSP	County Fiscal Strategy Paper
DHIS	District Health Information System
ECD	Early Childhood Development
FBOs	Faith Based Organizations
FGD	Focus Group Discussion
GDP	Gross Domestic Product
IEA	Institute of Economic Affairs
IMR	Infant Mortality Rate
KDHS	Kenya Demographic and Health Survey
KII	Key Informant Interviews
KEMSA	Kenya Medical Supplies Authority
KIRA	Kenya Inter – Agency Rapid Assessment
KNBS	Kenya National Bureau of Statistics
KNFSP	KNFSP Kenya Nutrition and Food Security Policy
KNAC	Kenya Nutrition Action Plan
MTEF	Medium Term Expenditure Framework
MDG	Millennium Development Goals
MCNP	Maternal and Child Nutrition program
MIYCN	Maternal, Infant and Young Child Nutrition
MCH	Maternal and Child Health
MNCH	Maternal Newborn and Child Health
MOH	Ministry of Health
NCPD	National Council for Population and Development
NNAP	National Nutritional Action Plan
NGO	Non-Governmental Organization
PMTCT	Prevention of Mother-to-Child Transmission
THE	Total Health Expenditure
U5MR	Under-Five Mortality Rate
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Map of kenya showing the location of kilifi county

FOREWORD

Malnutrition places children at risk of morbidity and mortality and is shown to be related to impaired mental development. According to the most recent data from the Kenya Demographic and Health Survey (KDHS) of 2014, Kilifi County presented a stunting rate of 39.1%, meaning nearly 4 in every 10 children under the age of five are too short their age. The under-five mortality is 141 per 1000 and the Kenya Inter-Agency Rapid Assessment ha shown that approximately 6.2 – 9.1% of children remain at risk for malnutrition.

Considering that the national stunting rates average at 26%, Kilifi is one of the counties with proportions that are higher than the national average rates. The high burden of malnutrition in Kiifi is not only a threat to achieving Sustainable Development Goals (SDGs) and vision 2030 but also a hindrance for the population in Kilifi County to fully contribute to the development and prosperity of the county.

The county government of Kilifi has taken up the charge in fighting malnutrition since the advent of devolution, through increasing the staff in nutrition, improving health facilities and quality of service through increasing supervision visits to health facilities. With these efforts and current discussions at county executive level, the county is keen to realize the right to universal health for its county population as provided for in our constitution. The bottleneck analysis provides an oversight of challenges towards nutrition service delivery. The analysis was done around three pillars including; governance, capacity to deliver, awareness and demand, in line with the National Nutrition Advocacy Communication, Social Mobilization (ACSM) Strategy document.

The report emphasizes the county leadership's belief that reducing malnutrition in Kilifi is not just a health priority but also a political choice. This calls for multi-sector, multi-actor focus driven by a political will that acknowledges the integral role that nutrition plays in ensuring a healthy population and a productive work force. Similarly, the assessment in this document looks at the policy environment supporting nutrition service delivery and reiterates the importance of policies in directing nutrition activities in our county. Advocacy for nutrition has also taken root as a best practice to rally a range of actors in the county, from government, civil society, national and international development partners towards a coherent and coordinated response to nutrition challenges in the county.

It is imperative to have insight into issues that contribute to this situation in Kilifi, to enable evidence based planning and budgeting for Nutrition specific and Nutrition sensitive programmes. This report adds to an increasing body of evidence that will inform the county's deliberations around nutrition, and the county government is committed to internalizing the recommendations from the assessment results. The findings will be used to guide the improvement of policy environment, funding, recruitment and visibility for nutrition services in Kilifi County.

The Department of Health will, in refence to the findings advocate for nutrition at all levels to create greater demand and enhance prioritization of nutrition, especially in the county budget process. This will contribute greatly to fulfilling the county vision to be a leading, vibrant, highly productive, secure and prosperous county providing a high quality of life for all its inhabitants. a competitive, industrialized and socio-economically self-sustaining and secure county.

Hon. Rachel Musyoki,
County Executive Committee (CEC) Member, Health Services
KILIFI COUNTY.

APPRECIATION AND ACKNOWLEDGMENT

The successful completion of this study would not have been impossible without the collaboration and support of key actors in nutrition and health, community representatives and county officials.

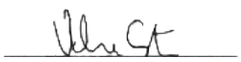
The Department of Health, through the able leadership of the County Executive Committee Member for Health Services, Hon. Racheal Musyoki merits distinct mention for adopting an evidence-based approach to planning and implementing county actions to improve the nutrition of the children of Kilifi County, and the overall health of its population.

CISP wishes to thank the Kilifi County Health Management Team (CHMT) and the County Nutrition Technical Forum (CNTF) for their direction and commitment towards guiding the study and reviewing the findings, and for useful suggestions that further strengthened the content for the County.

We acknowledge the communities in all sub-counties of Kilifi for generously giving information on their experiences in support of a brighter future for nutrition.

The exercise would also not have been possible without the collaboration of Pwani University, through its Department of Foods, Nutrition and Dietetics, specifically Ms. Patricia Mbogoh, and the research assistants involved.

We sincerely appreciate the technical and financial support of UNICEF through the Kenya Nutrition Section who facilitated the implementation of the study.



Valeria Costa
Kenya Program Coordinator.

International Committee for the Development of Peoples - CISP

EXECUTIVE SUMMARY

The improved use of evidence base and knowledge management has been cited as vital in informing policy and strategies in health improvement. Leadership and Advocacy for nutrition must be guided by context specific evidence and knowledge to guide interventions and strategies for nutrition. This report highlights the best practices and limitations in the delivery of nutrition services in Kilifi County as part of the Advocacy programme, the goal of which is to strengthen the enabling environment for evidence based planning and action towards improved nutrition in Kilifi County.

This study applied a qualitative approach to explore underlying motivations behind certain positions and practices that may contribute to the existence of bottlenecks to nutrition. This process employed a review of relevant literature, Key Informant Interviews (KIIs) applying semi-structured interview questionnaires, and focus group discussions (FGDs) with open ended question guides targeting officials from the county, sub-county, and health facilities, as well as community members.

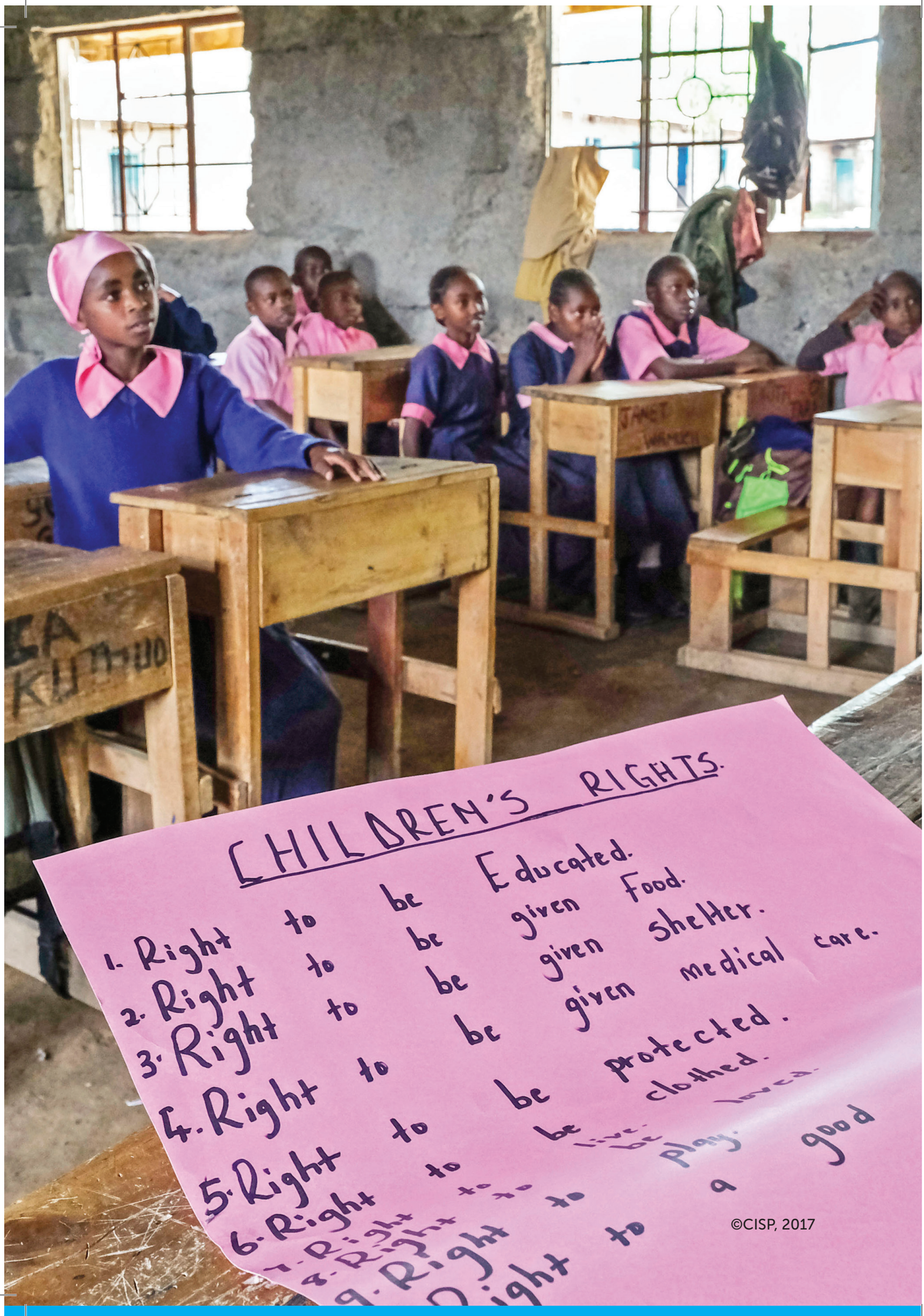
In the study, the governance around nutrition was analyzed, including the decision-making processes, information flow and funding. Under a review of the enabling environment, the existing guidelines and legislation were reviewed, as was the monitoring and evaluation framework, and the coordination and collaboration structures. The capacity to deliver was also examined, under which the staffing levels and their capacity building were points of focus. Finally, the study analyzed the awareness and demand environment, where information access and its dissemination by service providers to service users were reviewed. The visibility of nutrition actors was similarly examined as a pivotal condition supporting service-seeking behavior.

The findings from the study indicate that the County Government of Kilifi has provided leadership and support towards improving overall health through a steady increase in health funding, among other actions supporting nutrition improvement. However, the lack of a specific budget line for nutrition hinders proactive planning for, and timely response to existing and emerging nutrition challenges. Nutrition data and information storage, retrieval and dissemination framework across the county's health facilities is also not clear enough to support timely monitoring and learning.

The county is yet to contextualize existing national policies to fit Kilifi's needs, and the number of nutritionists employed has increased but will need more opportunities for capacity building to improve their quality and ability to strengthen nutrition actions in the county. Whereas the population still shares nutrition information accessed through broadcast media and field outreach from the county, the potential for the Community Health Strategy to strengthen the outreach is yet to be fully harnessed.

With the increased attention to nutrition and the effects of drought in the county, a need for enhancing coordination of nutrition actions has become even more vital. A streamlining of actions will support consolidated gains for better nutrition. The county developing its Nutrition Action Plan as a decisive county strategy is a welcome step in this regard. It provides an opportunity for all stakeholders to work together with a common goal of promoting appropriate nutrition and alleviating the ravages of malnutrition.

Recommendations suggested from this analysis include the following: a line item for nutrition in the county budget; improved information flow among county nutrition actors; as well as between the county and the population; domesticated regulatory frameworks and policies; improved monitoring and evaluation framework; invested more in nutrition staff in term of numbers and capacity; improved coordination and collaboration. If effected they would go a long way in supporting county efforts to unlock existing bottlenecks to nutrition actions currently underway, as well as those being planned.


CHILDREN'S RIGHTS.
1. Right to be Educated.
2. Right to be given Food.
3. Right to be given shelter.
4. Right to be given medical care.
5. Right to be protected.
6. Right to be clothed.
to be loved.
to play.
to a good
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CHAPTER 1: INTRODUCTION

1.1 Background

This report has been produced to highlight the bottlenecks in the demand and delivery of nutrition services in Kilifi County to inform county nutrition policies and strategic planning. The research work that brought to this report is part of CISP advocacy programme titled "Promoting participation in advocacy for appropriate nutrition in Kwale, Kilifi and Kitui Counties of Kenya". Through the UNICEF-Supported Maternal and Child Nutrition Programme (MCNP), the International Committee for the Development of Peoples (CISP) is working with the Kilifi County Government through its Department of Health Services to: i) Increase knowledge on current nutrition strategies, needs and best practices at county level; ii) Enhance community feedback to increase demand for quality nutrition services; iii) Empower duty bearers to better coordinate stakeholders working in nutrition and cross cutting sectors at county level; and iv) Advocate for realistic resource allocation and accountability in the nutrition sector.

This is in line with the Sustainable Development Goals, (SDGs), most specifically goal 2, which aims to "end hunger, achieve food security and improve nutrition, and promote sustainable agriculture." A target under this goal that "by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutrition needs of adolescent girls, pregnant and lactating women and older persons (target 2.2). The Constitution of Kenya (2010) recognizes the right of every person to be free from hunger (article 43), and the right of every child to basic nutrition (article 53). Similarly, Kenya's long-term development blueprint, Vision 2030, also envisions a globally competitive and prosperous nation with a high quality of life by 2030.

The government of Kenya allocated additional resources to High Impact Nutrition Interventions (HINI) in 2010, and in 2012 Kenya joined the Scaling Up Nutrition (SUN) Movement to enhance nutrition outcomes. This is a clear and intentional shift from the hitherto existing focus on infrastructural responses to health and nutrition issues towards understanding the enabling environment that promises better results in nutrition. There is, similarly, a strong need for advocacy and lobbying for increased public funding for nutritional programmes and for increased nutrition budget allocation per a long-term prevention strategy that intends to reduce overall health expenses. However, financial investment in health and nutrition in counties still requires attention. The general themes being explored are around legal frameworks, policy environment and the county nutrition service delivery to populations in the counties of focus. These are critical priority issues on which any positive strides and activities in nutrition at the county level will be hinged upon.

There are many anticipated barriers to the establishment of a strong nutrition sector at national and county levels, including: the absence of fully functional citizen participation systems; uncoordinated intra-sectoral and inter-sectoral activities, and where there is coordination it is not fully harnessed for maximum benefits; low awareness and demand for health and nutrition services from communities; lack of appropriate tools for data collection; and evidence-based researches to inform policy and practice.

At county level, whereas the Kenya Health Policy 2012-2030 envisions the County Health Management Teams (CHMT) tasked with planning, coordinating, monitoring and reviewing

1. Sustainable Development Knowledge Platform; at https://sustainabledevelopment.un.org/?page=view&nr=164&type=230

health service provision and mobilizing resources for county health services. This being a new function requires that all support is provided to these teams and other stakeholders. Without a review and analysis of the bottlenecks acting on nutrition programming at county level, any interventions by state and non-state actors will be devoid of current evidence as a foundation for engagement. This research is meant to provide context specific evidence and knowledge to guide interventions and strategies in nutrition advocacy specific to Kilifi County and to provide learning and inform programme direction for the county government and other stakeholders as needed.

Evidence-based planning and interventions is expected to yield better results in nutrition-related activities at county level, while at the nucleus that is the family, individuals will build their understanding of nutrition and its benefits, as well as ways to enhance nutrition within the family system. The appreciation for evidence-based decision-making on nutrition is found in the Nutrition National Plan that identifies as a strategic objective the enhancement of evidence-based decision-making through research. The plan advocates for best practices being the bases for solving nutrition problems, and specifically asks for county level research to guide intervention specificity. Research findings should inform nutrition program design, budgeting and implementation.

This report draws on a literature review and primary field research conducted by Pwani University in collaboration with CISP in the first quarter of 2016. The aim of the report is to support and complement the efforts in place by the County Government of Kilifi, through its Health Department by informing practitioners, policy makers and researchers about key governance issues and the capacity to deliver nutrition services towards strengthening of the nutrition sector in Kilifi County.

1.2 Literature Review

Malnutrition is a serious medical condition marked by a deficiency of energy, essential proteins, fats, vitamins, and minerals in a diet (Black et al, 2003). In Kenya, the indicators of nutrition status paint a grim picture for children under five years of age. The Kenya Demographic Health Survey (KDHS) 2014 reported that 26% were stunted, 11% were underweight and 4% were wasted nationally. These rates were an improvement on the 2009 figures (35% stunted, 16% underweight and 7% wasted) and require sustained efforts to secure the little progress made.

Overall, the health status of the national population is poor, with an infant mortality rate of 52 deaths per 1,000 live births, an under five mortality rate of 74 deaths per 1,000 live births, and a maternal mortality rate of 441 deaths per 100,000 live births. Stunting is the predominant nutritional problem, especially in rural areas, and the elevated prevalence in older children indicates failure in growth and development during the first two years of life. The evidence contributes to the growing scientific consensus that tackling childhood stunting is a high priority (Olack et al, 2011).

The devastating effects of micronutrient deficiencies in pregnant women and young children are very well known and deficiency rates remain high in Kenya. Children are particularly affected by deficiencies of vitamin A (84%), iron (73.4%) and zinc (51%) (Mwaniki et al, 2002). The highest prevalence of moderate to severe Anaemia has been found in the coastal and semi-arid lowlands, the lake basin and western highlands sub regions. Among women, prevalence of severe to marginal s-retinol deficiency has been found to be 51%, while severe s-retinol deficiency is 10.3%, with a prevalence of 55.1% among pregnant women. The prevalence of iodine deficiency in Kenya is 36.8%, with goiter prevalence of 6%. These statistics indicate that most women get into pregnancy whilst already nutritionally compromised. Concerning infant

and young child feeding practices, indicators are also poor with only 32% of infants under six months of age being exclusively breastfed. Kilifi County has identified malnutrition as a serious public health problem, and county documents have been consistent in highlighting the need for attention to nutrition. The CIDP notes that malnutrition in children less than 5 years is an issue that requires strengthening of projects and programs aimed at reducing the trend. The 2014 KDHS cites stunting at 30%, wasting at 4% and underweight at 12%. The same data also puts Vitamin A supplementation in the county for children under five years at 49.9%, compared to the national supplementation coverage of 71%. A comparison of the national and the county data therefore reveals that the county's rates for underweight and stunting are both higher than the national averages.

The strides made so far can only be consolidated through enhanced efforts to sustain the nutrition rewards for the county. Otherwise current rates mean approximately half of the children born in the county will still constitute an adult population unable to participate in economic and developmental activities within the county or elsewhere due to malnutrition. Similarly, about 14% of children under five years will die before their fifth birthday there being no interventions. Those who survive will be at high risk for impaired growth and learning ability (Devlin, 2012), reduced school achievement and lifetime earnings, limited economic productivity in adulthood and poor maternal reproductive outcomes (Dewey& Begum, 2011). This real risk is supported by the Kenya Inter-Agency Rapid assessment (KIRA) which approximates between 6.2 – 9.1% of children remain at risk for malnutrition (2014) in the county. The Kenya Demographic and Health Survey (2014) also notes that children reported to be "smaller than average" at birth or children whose birth weight was less than 2.5 kilograms are considered to have a higher than average risk of early childhood death (pg.140).

Information about nutrition-specific budgeting at the county levels is scarce, reflecting an assumption that a budget for health by default includes nutrition. This lack of disaggregation is noted elsewhere (IEA 2015) surmising that disaggregation of budget information at the county level leaves a lot to be desired. It is difficult to isolate programmes or projects that are children-specific, and makes cross-county comparisons of budgetary allocations difficult. It is important for counties to consider further disaggregation under health to specify what is for nutrition, and the development expenditure anticipated specifically under nutrition. The importance of this is even greater for the county of Kilifi, which registered 58% of its population below poverty line in counties. These numbers are higher than the national average of 45% for people living under the poverty line. More people living below the poverty line, indicates limited access to essential food and non-food items (Abubakar et al, 2013) and therefore greatly influences nutrition levels in the counties and nationally.

1.3 Key Objective

The main objective of the assessment is to establish what limitations of the legal frameworks, policies and practices at the county level may be hindering the formulation of more effective strategies towards improved nutrition. The results will contribute to improved evidence based and knowledge management in informing programme policies and strategies in Kilifi County. The findings will assist in the development of interventions for promotion of participation in advocacy for appropriate nutrition, and in line with the national Advocacy, Communication and Social Mobilization (ACSM) strategy and the National Nutrition Action Plan.

1.4 Methodology

The research approach was qualitative rather than quantitative, which was considered most appropriate given the open-ended and exploratory nature of the research questions and

the need to probe for underlying motivations behind certain positions and practices that may contribute to the existence of bottlenecks to nutrition. It will help understand how the nutrition sector functions in the county and to establish any impediments to better outcomes require a detailed understanding of contextual data. The acknowledgement that key decision makers, service providers and service users have different perspectives, yet all form a crucial part of the nutrition sector in the county, informed the choice of the qualitative approach.

The initial analysis employed a rolling literature review process, informed by the Food Security and Nutrition Policy, Food Security and Nutrition Strategy, National Nutrition Action Plan, and the National Health Policy. The review then narrowed down from the national context to the county, covering the County Integrated Development Plan, (CIDP), annual Budget Implementation Reports, draft County Nutrition Action Plan (CNAP), Budget Estimates, Annual Development Plans (ADPs), County Fiscal Strategy Papers, (CFSPs) Medium Term Expenditure Frameworks (MTEF), Budget Review and Outlook Papers (CBROP), and other similarly county-specific documents, policies and strategies. This literature review formed the backdrop to the research.

Research Methods: The specific research methods used were Key Informant Interviews (KIIs) applying semi-structured interview questionnaires, and focus group discussions (FGDs) with open ended question guides.

Interviews: Interviews were semi-structured in nature, and each interview was between 1 and 1.5 hours in duration. The interviews were conducted with the following key respondents: The County Executive Committee Member (CEC), and County Assembly Clerk, County Director Health, County Nutrition Coordinator (CNC), County Health Management team (CHMT), and the County Public Health officer, CPHO. The identification of the KIIs is meant to enhance the reproducibility and credibility of the information collected.

Focus Group Discussions (FGDs): Seven FGDs were conducted in various Kilifi county health facilities including Mtwapa, Muyeye, Gede, Malindi, Kilifi, Bamba, Mariakani health facilities. They targeted mothers and care givers who are directly involved in child care or use nutrition services. The health facilities were selected with the assistance of the County Nutrition Coordinator (CNC). Each FGD was approximately 1 hour in duration and its composition were 10 caregivers of both genders but not necessarily in equal proportions. Since issues of satisfaction or dissatisfaction with any service delivery process are more easily shared in a group settings, and noting the nature of group discussions to sometimes reveal hidden power relations, the role of FGDs in this process was deemed vital.

In total, 5 KIIs and 7 FGDs were conducted, involving a total of 75 respondents. Respondents were purposively sampled with assistance from the Kilifi County Health Department, especially the nutritionists, nurses in-charge, records officers and facility administrators in sub counties' health facilities, based on their ability to address the key research issues from a varied range of perspectives to help triangulate the content received for enhanced data quality. The research, which focused on selected policy makers and implementers of the nutrition services sector in Kilifi County, was designed to complement the literature review by providing an in-depth study of the bottlenecks affecting the delivery of nutrition services. The field research also focused on the community to establish the awareness and demand for nutrition services in Kilifi County.

2. (KNBS & SID 2013, Exploring Kenya's Inequality pulling apart or Pooling together http://inequalities.sidint.net/kenya/

The research explored the following specific issues:

a) Governance: funding levels for nutrition, the legal frameworks around nutrition

b) Enabling Environment: sector coordination and collaboration, information-sharing and decision making processes, monitoring and evaluation.

c) Capacity to deliver: Roles of the nutritionists, skills and qualifications, assessment tools, capacity levels, records and data collection, awareness and demand and resilient approaches of the community.

d) Awareness and demand for services.

Photo 1: *County Nutrition stakeholder workshop, Kilifi, CISP 2016*

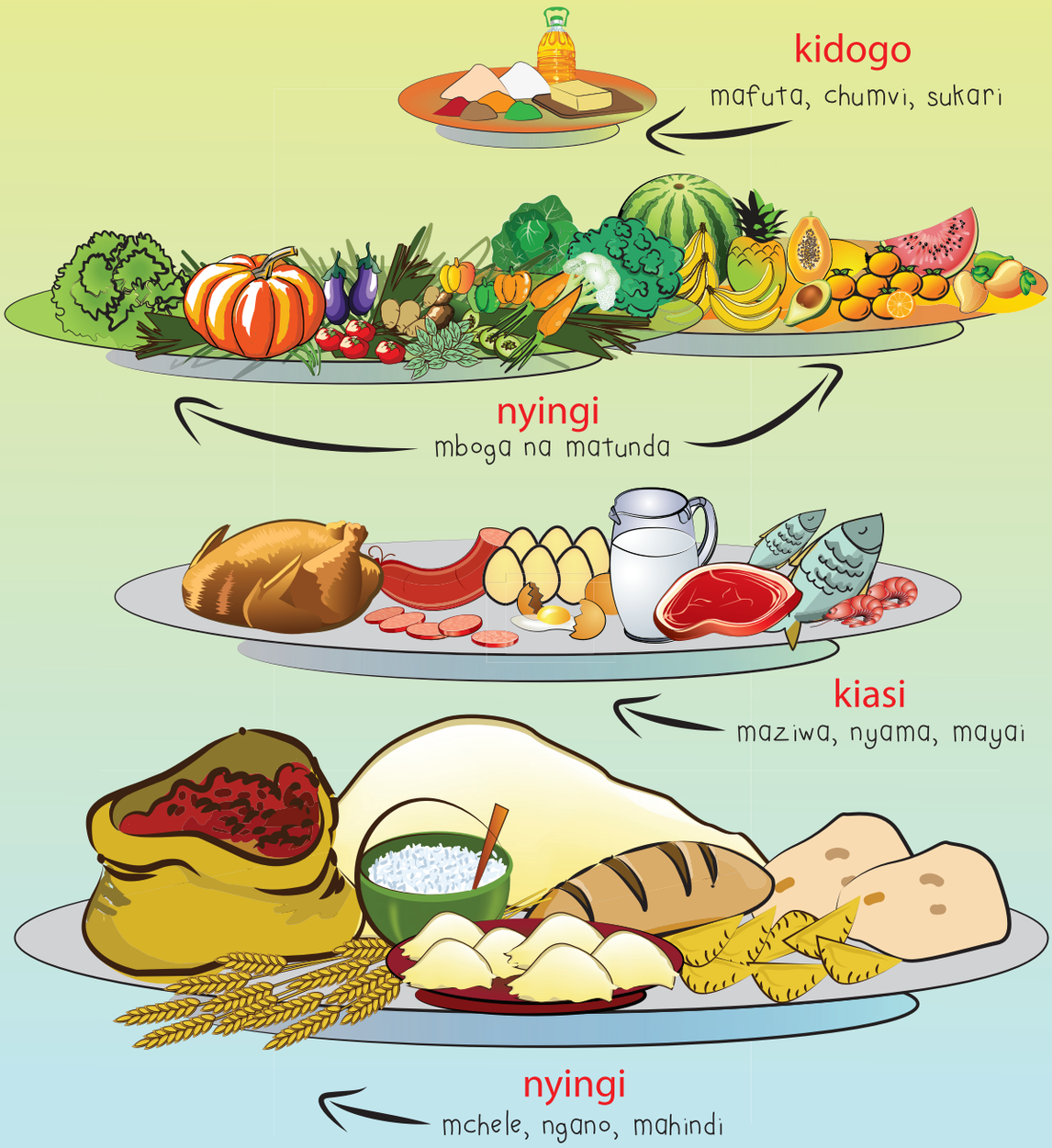
Information from these areas will be useful to: inform county and nutrition stakeholders towards enhancing current nutrition knowledge, strategies, needs and best practices at county level; support the defining of community feedback mechanisms to increase demand for quality nutrition services; and to provide duty bearers with evidence to support realistic resource allocation and strengthen coordination in nutrition and cross cutting sectors at county level.

Scope: The research was intended to inform advocacy actions at county level and therefore heavily confined itself in scope to the parameters established in the National Advocacy Communication and Social Mobilization (ACSM) Strategy. This means that information on nutrition that falls outside of the ACSM parameters may not be adequately explored within the study. However, the focus on the ACSM is deemed appropriate to inform immediate planning and action by counties as a sub-set of the national efforts.

Future research may consider a wider scope outside of the advocacy strategy, to paint a more elaborate nutrition picture for the county. A focus on community knowledge, attitudes and practices around nutrition will also be a useful update to the information held by the county and guiding planning and action around community resilience enhancement.

Despite this however, the authors believe that the field research findings provide a reliable snapshot of the situation in Kilifi County about the key research questions. The data collected, and the level of participation of key decision makers in the field of nutrition and health in Kilifi provides critical information that supports the validity of the findings.

Kula aina tofauti ya chakula kilicho na lishe bora mara tatu kwa siku.



CHAPTER 2: COUNTY NUTRITION SECTOR

This chapter briefly reviews the nutrition situation in Kilifi, presenting the status, and exploring in detail the current county efforts and policy trends. It also presents the emerging implications for the nutrition in the county.

2.1 Situational Analysis of the Nutrition Sector

Kilifi county is in the coastal region of Kenya, lying between 2º 20' and 40' South, and 39º 5' and 40º 14' East. The county comprises the former Kilifi and Malindi districts. It borders Tana River County to the North, Taita Taveta County to the West, Kwale to the South West, Mombasa County to the South and the Indian Ocean to the East. Kilifi County has a total population of 1,359,506 out of which 235,195 are under-fives and 315,405 are women of reproductive age. This population covers an area of about 12,609.74 sq. km. that forms Kilifi County.

Table 1: Population Projection by Age Cohort for Kilifi County

Age Cohort	2009 (Census)			2012 (Projections)			2015 (Projections)			2017 (Projections)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	96446	95740	192186	105845	105071	210916	116161	115311	231473	127483	126549	254032
5-9	88450	87494	175944	97070	96021	193091	106531	105379	211910	116913	115650	232564
10-14	75467	75088	150555	82822	82406	165228	90894	90437	181331	99752	99251	199004
15-19	61388	59872	121260	67370	65707	133078	73937	72111	146048	81143	79139	160282
20-24	41798	55517	97315	45871	60927	106799	50342	66865	117208	55248	73382	128630
25-29	35191	43846	79037	38620	48119	86740	42384	52809	95193	46515	57955	104471
30-34	30029	36098	66127	32955	39616	72571	36167	43477	79644	39692	47714	87407
35-39	24564	25878	50442	26958	28400	55358	29585	31168	60753	32468	34205	66674
40-44	18084	19393	37477	19846	21283	41129	21780	23357	45138	23903	25633	49537
45-49	15270	16917	32187	16758	18565	35324	18391	20375	38766	20184	22361	42545
50-54	12433	16284	28717	13644	17871	31515	14974	19612	34587	16434	21524	37958
55-59	10325	10581	20906	11331	11612	22943	12435	12743	25179	13647	13986	27633
60-64	7902	9512	17414	8672	10439	19111	9517	11456	20973	10444	12573	23017
65-69	5694	6682	12376	6248	7333	13582	6857	8047	14905	7526	8832	16358
70-74	4398	5287	9685	4826	5802	10628	5297	6367	11664	5813	6988	12801
75-79	3058	3544	6602	3356	3889	7245	3683	4268	7951	4042	4684	8726
80-84	4534	6006	10540	4975	6591	11567	5460	7233	12694	5993	7938	13931
85+	495	470	965	543	515	1059	596	566	1162	654	621	1275
TOTAL	535526	574209	1109735	587719	630172	1217892	644999	691590	1336590	707862	758993	1466856

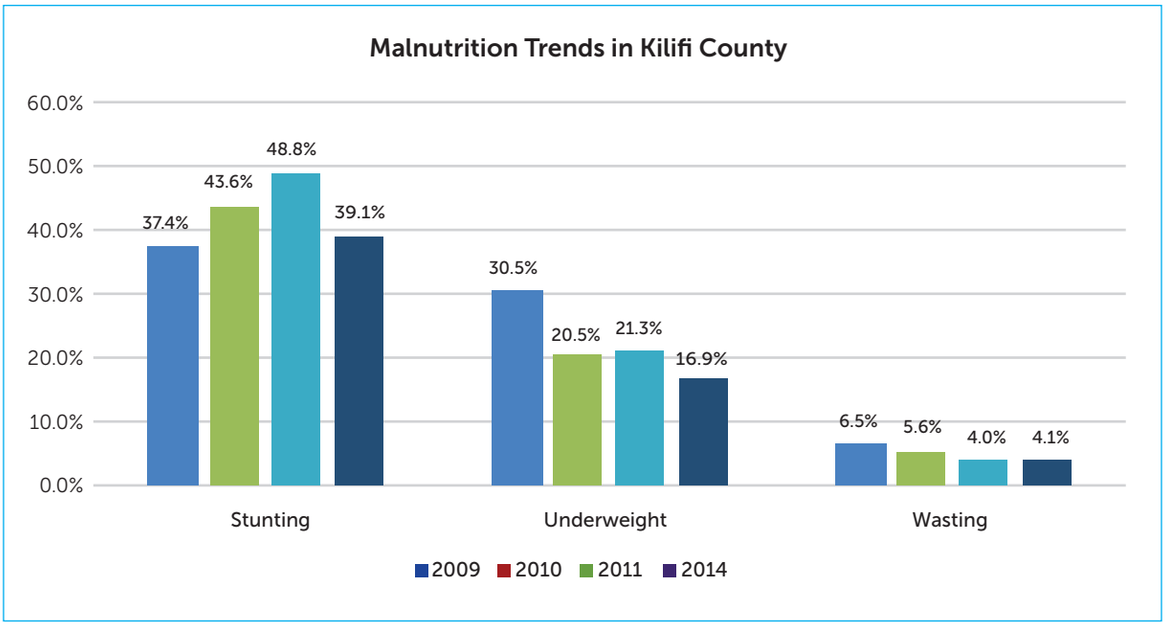
Source: Kilifi County Integrated Development plan.

The County Integrated Development Plan records the under-five population representing 14.6% of the total population. This data is corroborated by the Kenya National Bureau of Statistics data that shows Kilifi having a child-rich population, and ascribes this to high fertility rates among women (KNBS & SID 2015).

Considering the high population of under-fives in the county, the county government has highlighted the need for concerted efforts in nutrition through the setting up of the County Nutrition Coordinator's office under the health services department.

Key indicators on Maternal, Infant and Young Child Nutrition (MIYCN) including stunting, underweight and wasting from the latest KDHS (2014) report show that Kilifi county's rates for children aged below five years are higher than the national indicators and international standards. This indicates a need for greater evidence and lesson sharing to enhance county programs and strategies towards alleviating malnutrition.

Figure 1: Malnutrition Trends, Kilifi County



Source: Kenya Demographic Health Survey, KDHS 2014

Comparing the stunting rates cited in the CIDP and the rates in the recent KDHS survey, there has been an improvement from the earlier (2009) figures as compared to the 2014 KDHS data for wasting and for underweight, reducing by 2.4% and 13.6% respectively. For stunting, the situation worsened between 2009 and 2011, with a rise of 11.4% in rates, but between 2011 and 2014, there was a marked reduction in stunting from 48.8% to 39.1%; a 9.7% improvement. This may suggest a positive correlation between the devolution of services to counties and creation of contextualized responses under the county governance structures. It also reflects some success in the efforts towards alleviating nutrition, but still calls for more sustained collaboration and widening of stakeholders for enhanced response and outcomes.

The Kilifi County Strategic plan (2005 – 2010) reported that out of the 544,305 people in Kilifi District (1999), 65.35% were food poor and 43.02% hardcore poor meaning that they were unable to meet the minimum food requirements even after spending all their income on food alone. More than half of Kilifi County population remains food insecure, a risk factor for malnutrition. Data from a 2013 UNICEF information packet cites the poverty rate in the county at 71.4%, and the population under 5 in the same time being 17.3%. This by extension bore the brunt of food insecurity given their dietary requirements and specific, sometimes irreversible impact malnutrition has on this group. The National Disaster Management Authority's bulletin for June 2016 cited reduction in number and meal rations as one of the coping mechanisms in Kilifi.

County processes

The County has most recently finalized a draft County Nutrition Action Plan, in which the government recognizes the multi-faceted nature of malnutrition, and consequently calls for a multi-sectoral approach towards achieving enhanced nutrition outcomes. Through the County Nutrition Technical Forum (CNTF), areas related to nutrition, including research, monitoring and evaluation, maternal, infant and young child nutrition, integrated management of acute malnutrition, are receiving technical attention from the Department of Health Services.

Photo 2: *Stakeholder presentation on devolving nutrition forums, Kilifi 2016*

The county has also established coordinated different development partners to support processes like the *Malezi Bora* (Better Child care) campaign to promote nutrition among children, and the larger population in the county.

2.2 Barriers to a vibrant Nutrition Sector

Laudable attempts at elevating the status of nutrition, have shown Kenya's increasing commitment to respond to malnutrition: joining the global SUN Movement in 2012, through events such as the first National Nutrition Symposium in February 2015, and securing the First Lady as a nutrition champion are just some of the indicators for this shift.

However, there are anticipated barriers to the establishment of a strong nutrition sector at national and county levels, including: a lack of direct funding to support pro-active planning; the absence of fully functional and sustained citizen participation systems; intra-sectoral and inter--sectoral activities that, when uncoordinated, may not fully harness existing actors for maximum benefits; low awareness and demand for health and nutrition services from communities; quality and quantity of nutrition staff in the county that requires further

3. http://www.unicef.org/kenya/Kilifi.pdf
4. NDMA Kilifi County Drought early warning bulletin for June 2016 at http://www.ndma.go.ke/index.php/component/jdownloads/send/17-kilifi/1390-kilifi-june-2016

investment; lack of contextualized regulatory frameworks, guidelines and legislation; and lack of appropriate tools, or knowledge of the tools for data collection and evidence-based researches to inform practice.

The implication is that approximately a third of the children currently born in Kilifi County, if the statistics hold, will later constitute an adult population that will be unable to participate in economic and developmental activities within the County or elsewhere due to malnutrition.

With the Kenya Inter-agency Rapid Assessment (2014) citing the Mortality rate of children under five as 141/1000 live births, approximately 14% of children born in Kilifi county will die before their fifth birthday there being no interventions. Those who survive will be at high risk for impaired growth and learning ability, reduced school achievement and lifetime earnings, limited economic productivity in adulthood and poor maternal reproductive outcomes.

2.3 The policy Framework

Kenya's first National Food Policy (Sessional Paper No. 4 of 1981), which was consolidated into Sessional Paper No. 1 of 1986 on Economic Management for Renewed Growth, aimed to maintain broad self-sufficiency in major foodstuffs and ensure equitable distribution of food of nutritional value to all citizens through government interventions, such as setting grain prices, state monopoly of input distribution, and across the board fertilizer subsidies. Agriculture and rural development were ranked as the topmost government priority, with food security listed as one of five key sub-sectors in the Kenya's Poverty Reduction Strategy Paper (PRSP) of 2001.

Following the 1991-94 drought, Kenya's second National Food Policy (Sessional Paper No. 2 of 1994) promoted a market driven approach, but on a limited scope. The National Plan of Action on Nutrition of 1994 aimed at addressing nutrition problems in the country through involvement of various sectors and was developed through a consultative process. However, it lacked an implementation framework with clear coordination mechanisms and commitment to fund implementation of the planned activities.

Government's initiatives to revive the economy and the agricultural sector are fully in line with its international commitments and declarations to end hunger and extreme poverty, including at the World Food Summit of 1996, the United Nations Millennium Development Goals (MDGs), and the Comprehensive Africa Agriculture Development Programme (CAADP) of the New Partnership for Africa's Development (NEPAD) prepared in 2002. Efforts so far have not successfully managed to address issues of malnutrition comprehensively, therefore the need to have an overarching policy that integrates food and nutrition security initiatives.

The Economic Recovery Strategy (ERS) was supported by the Strategy for Revitalizing Agriculture (SRA) 2004-2014 which evolved into the Agriculture Sector Development Strategy, ASDS (2010-2020). The mission of the ASDS is to create an innovative, commercially-oriented and modern agriculture to ensure a food-secure and prosperous nation. The Vision 2030, under the economic and social pillars emphasizes the enhancement of productivity of crops and livestock, incomes, and food security and nutrition.

The successful implementation of ERS paved way for Vision 2030, whose aims are to transform Kenya into a globally competitive and prosperous nation with a high quality of life. In the Vision 2030, under the social pillar, the health sector is identified as critical in maintaining a healthy working population, necessary for the increased labor production that Kenya requires in order to match its global competitors

Under the economic and social bill of rights, every Kenyan has a right to adequate food of acceptable quality as well as clean and safe water in adequate quantities. Further, the constitution stipulates that every child has the right to basic nutrition, shelter and healthcare. Enshrining the right to food, basic nutrition and healthcare in the constitution marks a radical shift in programme development and implementation around these issues.

The government takes greater responsibility in ensuring that the right is enjoyed by all Kenyans. The Government of Kenya has developed in 2011 the Food and Nutrition Security Policy to address nutrition security in the country. This policy places nutrition central to human development in the country; emphasizes the need to ensure of right to nutrition as a constitutional right, recognizes disparities in nutrition and provides relevant policy directions; ensures multi-sectoral approach to addressing malnutrition in the country; ensures life-cycle approach to nutrition security and ensures evidence based planning and resource allocation.

The Kenya Constitution Article 53(a) stipulates that every child has the right to basic nutrition, shelter and healthcare. Enshrining the right to food, basic nutrition and healthcare in the constitution marks a radical shift in programme development and implementation around these issues, and the government takes greater responsibility in ensuring that the right is enjoyed by all Kenyans.

The National Food and Nutrition Security Policy then commits the national government to ensure that ***"all Kenyans, throughout their life-cycle enjoy at all times safe food in sufficient quantity and quality to satisfy their nutritional needs for optimal health"*** (FNSP, 2011). The Food Security bill (2014) further acknowledges the right of every Kenyan to be free from hunger, and to have adequate food of an acceptable quality, and provides that both national and county governments, among others, take all reasonable monitor and evaluate strategies and programmes for the realization of the right to be free from hunger and the right to adequate food. Consequently, the bill obligates national and county governments to promote childhood nutrition to their extent of their mandate as set out under the constitution.

The national government has developed several policies and programmatic efforts aimed at addressing the nutrition problems and addressing poverty reduction and food security in the country. These include:

- Sessional paper no.10 of 1965 on African socialism and its application to planning in Kenya – This paper emphasized on the eradication of poverty, disease and ignorance
- National food policy (sessional paper no. 4 of 1981) – It was Kenya's first food policy and aimed to maintain broad self-sufficiency in major foodstuffs and to ensure equitable distribution of food of nutritional value to all citizens

- National food policy (sessional paper No.2 of 1994) – It was Kenya's second food policy developed following the 1991-94 drought. It promoted a market –driven approach to food security
- Kenya Rural Development Strategy (KRDS) 2002-2017 – It was a long-term framework outline, with a broad range of strategies for the improvement of rural Kenya over the next 15 years. It emphasized food security as the initial step towards poverty alleviation/reduction and rural development
- Economic Recovery Strategy (ERS) for wealth and employment creation, 2003 -2007 which focused on achieving good governance, transparency and accountability and providing a lasting solution to hunger, poverty and unemployment
- Strategy for Revitalizing Agriculture (SRA 2004-2014). Cascaded from ERS, its primary objective was to provide a framework to increase agricultural productivity, to promote investment and encourage private sector involvement in agriculture
- Then came Kenya Vision 2030 which was launched in 2007 to further consolidate the economic recovery momentum gained from implementation of the ERS. The vision identifies agriculture as the key mover of raising Kenya's GDP to 100%. The vision recommends devolved funds targeting communities with high incidence of poverty, unemployed youth, women and all vulnerable groups and investments in arid and semi-arid districts
- The Agriculture Sector Development Strategy (ASDS) of 2009 has been developed by the agricultural sector to align sector initiatives to vision 2030
- The National Food Security and Nutrition Policy (NFSNP) of 2009 addresses the need for enhanced food and nutrition security, information management systems and coordination of the roles of various ministries and agencies to achieve food security
- Other policy instruments that support national food security initiatives include; the Land policy (2009), The National Agricultural Sector Extension Policy (NASEP) of June 2012, Environment, Water and Irrigation, livestock, Oceans and Fisheries Policy, and ASAL Policy among others.

Photo 3: *Inter-departmental and private representatives in county nutrition advocacy, Kilifi 2017.*

The Food and Nutrition Security Policy (FNSP) – 2011 provides an overarching national framework covering the multiple dimensions of food security and nutrition improvement. It was essentially developed to add value and create synergy to existing sectoral actors and other initiatives of government and partners. The Food and Nutrition Security Strategic Plan and the National Nutrition Action Plan were developed from the FNSP as implementation tools for the same.

The three broad objectives of the FNSP are:

a) To achieve good nutrition for optimum health of all Kenyans

b) To increase the quantity and quality of food available, accessible and affordable to all Kenyans at all times

c) To protect vulnerable populations using innovative and cost-effective safety nets linked to long-term development.

Kilifi county drafted a County Nutrition Action Plan (CNAP) that contextualizes the county specific nutrition issues to operationalize the Food and Nutrition Security Policy at county level and improve the nutrition status of Kilifi population. The CNAP places identifies as its goal the promotion and improvement of nutrition status of the population of Kilifi county. Its range of activities are clustered under 11 strategic objectives, including the improvement of the nutrition status of women of reproductive age, the nutrition status of children under 5 years, reducing prevalence on micronutrient deficiencies, and preventing deterioration of the nutrition status in emergencies among others. However, all activities require funding and the CNAP remains silent on where the funds for the intended activities will come from. The CNAP though explicit in its objective does not identify the definitive sources of funding for its workplan, but only places the responsibilities of the implementing the objectives

on the Department of Health Services and partners. The draft, therefore, is an integral first step towards targeted response to nutrition issues in the county but will need support and strengthening through providing resources and monitoring its implementation.

Kilifi has not yet contextualized the FNSP policy. A county-specific food and nutrition security policy would address what exactly the challenges for the sector are, and what the county government commits to do. From this commitment, a requisite budget would be developed based on the objectives and the activities envisioned under them.

A county policy would also acknowledge the specific range of actors in the county and leverage their input, so that clear coordination mechanisms area put in place to maximize the effect of all activities in the county. This need for a county-specific policy can be highlighted by a gap in the National FNSP policy statement reads:

> ***Subject to availability of requisite resources,*** *the Government will ensure that every Kenyan is free from hunger, has adequate supply of food of acceptable quality, has an interrupted supply of clean and safe water in adequate quantities, at all times.*

The policy statement therefore appears to absolve the National government from committing itself to freedom from hunger as it subjects a constitutional right to the chance of fund availability. The County Government of Kilifi has not yet contextualized this policy to escape the weakness it faces at national level, thought the county has made great strides in increasing funding for health as a whole.

The alleviation of malnutrition in Kenya is a decision with financial, policy and technical resource implications, and therefore ultimately is a political decision. The political leadership in the county has shown its will to target and support nutrition efforts through its various planning documents, and this political will, coupled with advocacy and funding, should merge in joint efforts to mainstream nutrition into the county agenda. There is need for county specific policies and legislation that support nutrition, policies that mirror the national vision, but are contextualized to address Kilifi County's needs.

Another potential contextualization opportunity for Kilifi County lies in the national government FNSP policy objective ***to ensure an adequate institutional and legal framework, and to mobilize sufficient resources in order to achieve the objectives of the national Food and Nutrition Security Policy (FNSP).*** The policy statement emphasizes that existing institutional coordinating mechanisms, including at national and sub-national levels, will be strengthened and broadened to support the FNSP and related strategies and programmes. A multi-sectoral Food Security and Nutrition Secretariat should be created to ensure broad, cross-sectoral implementation, coordination and monitoring mechanisms. The government should commit financial resources through its Medium-Term Expenditure Framework (MTEF) to meet the

goals of the FNSP. Policy implementation will consider government budget allocation and staffing constraints, and will be appropriately phased within this context.

Kilifi County could benefit from this by domesticating the FNSP and elaborating on an already existing variety of partners, coordinate their inputs and channel scarce resources towards a common goal. Kilifi, through the office of the County Nutrition Coordinator, already holds planning and sharing meetings with a range of stakeholders in nutrition, and such coordination can be leveraged for improved financial, technical and commodity support for nutrition.

The devolution process has raised the importance of county government institutions in driving the nutrition agenda forward, therefore Kilifi County can build on this opportunity by leading the way in an effective and sustainable prioritization process for nutrition to achieve desired goals. Kilifi Governor, in the County Nutrition Action Plan, also acknowledges the need for enhancing the decision-makers' understanding of the benefits of nutrition across the county, not only to improve the health of their citizens, but also its contribution to the social and economic development of the county.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CHAPTER 3: GOVERNANCE

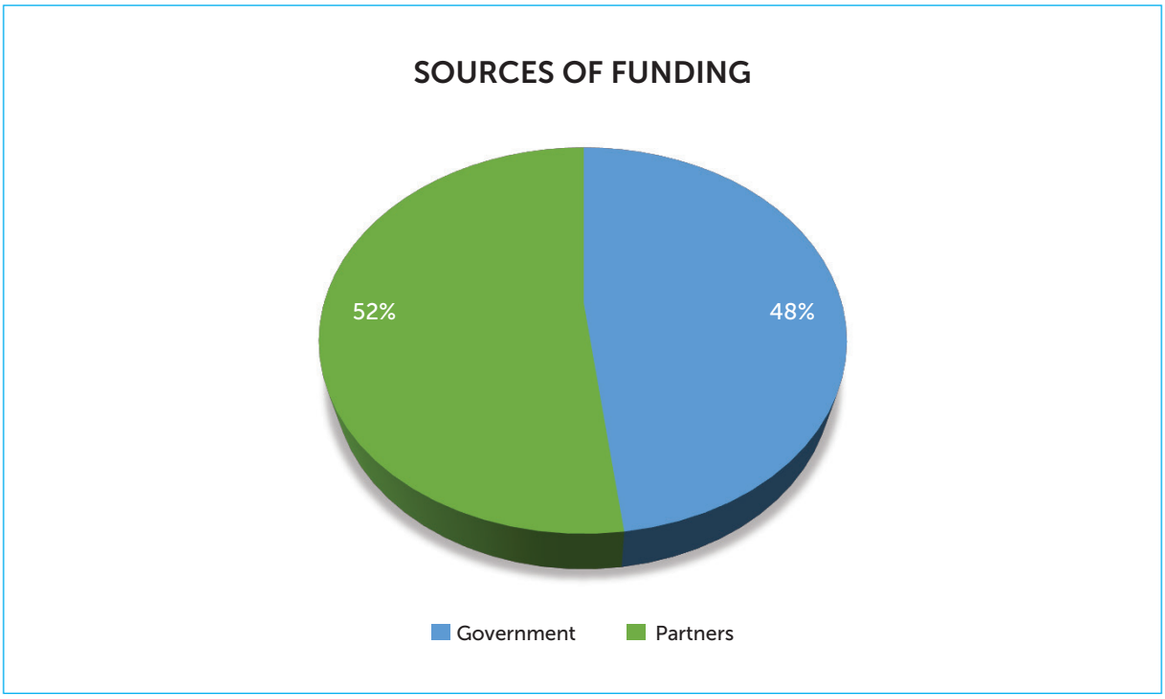
This chapter briefly reviews bottlenecks in Governance and the enabling environment in the delivery of nutrition services, it reviews the legal framework and the extent to which legislation and policies are developed and implemented in practice to support nutrition at the County.

3.1 Funding for health and nutrition

The national government budget for health currently stands at 7% of the total government budget despite Kenya being a signatory to the Abuja declaration that commits at least 15% of the total government budget to health.

The latest data on health expenditure is from the Kenya National Health Accounts (KNHA) of the 2012/2013, that was published in 2015. In this data, the total health expenditure on nutritional deficiency was Kshs. 896 million (US$10.5 million) in 2012/13. This amount accounted for 2% of the health budget, corresponding to 0.4% of overall health expenditure and 0.09% of the Gross Domestic Product for the same year. From the same data, approximately 52% of funds used for nutrition activities come from and are managed by other non-government stakeholders, while about 48% was government funded. Moreover, seventy-five (75%) of this budget was marked for human resource needs and administration.

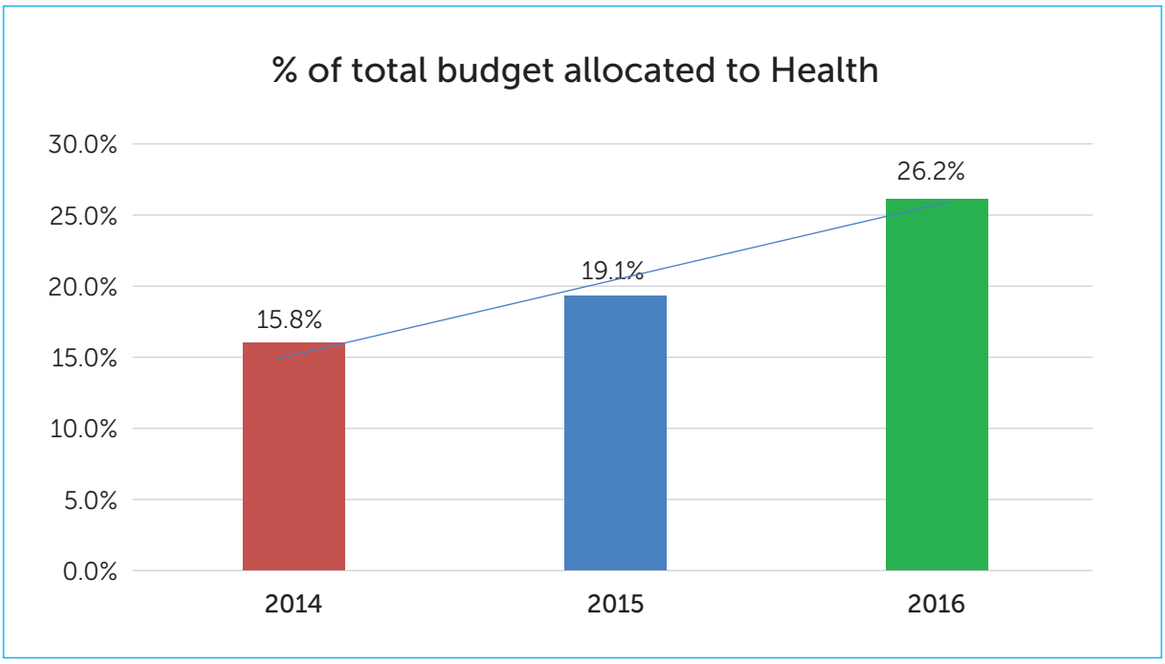
Figure 2: Source of Nutrition Funding



At county level, there were no expenditure reports available for analysis, so the research team analyzed the budget estimates presented for the three years. *At county level, Kilifi County has had an impressive, consistent increase in the funding dedicated to the health sector.* In 2014, the county allocated 15.8% of its total budget to health, which rose to 19.1% in 2015. In 2016, there was yet another increase in the health allocation to 26.2% of the total county budget. This sustained improvement supports the notion that the county indeed prioritizes health, and presents a remarkable position taken by the county towards increasing resources for health.

However, as programme based budgeting is not yet effected, it is difficult to establish if this commendable increase has translated into a similar increase in funding for nutrition under health. The budget has no vote line for nutrition and hence difficult to determine exactly how much money is allocated for nutrition, and progress and gains cannot be easily traced for sustainability. This data was not available at the county nutrition office.

Figure 3: Health Budget allocation from County Budget for past 3 years.



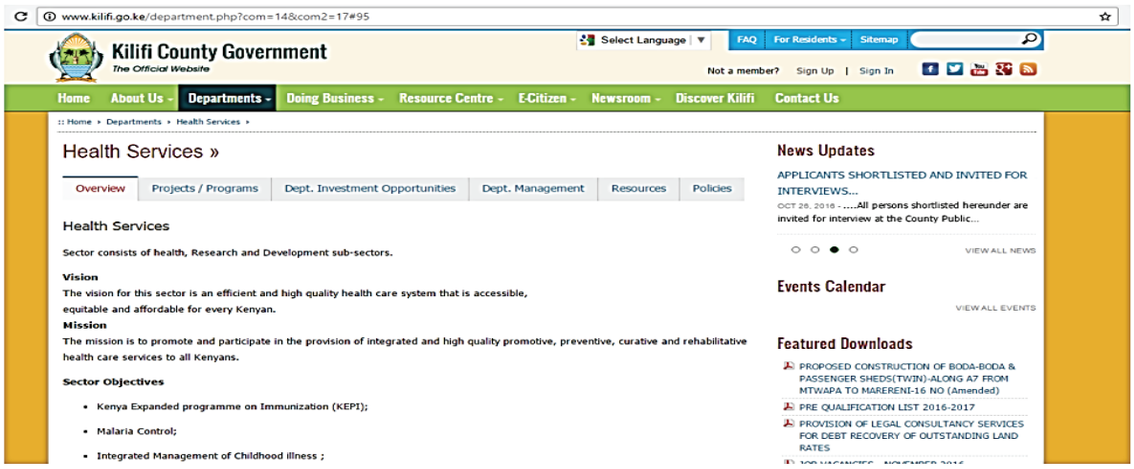
Adequate funding for nutrition is critical if meaningful gains are to be made to alleviate malnutrition in the county. Funding for nutrition has been viewed as inadequate by most of the stakeholders in health. This may partly be due to the fact that there is no budget line for nutrition in the government budgets, right from the national government to the county government budgets. Funding for nutrition is accessed from a central pool of money intended for all the preventive and promotive programmes. While nutrition fits well into this programme, the county grapples with curative programmes. A continued dependency on donor funding also will likely be retrogressive to gains made, especially due to the short-term nature of interventions and poor exit strategies applied that sometimes create vicious cycles of malnutrition in the community.

Photo 4: *Financial Tracking Training, Mombasa, CISP 2017.*

3.2 Information Flow & Management

Policy Statement: The Government will ensure that all Kenyans are well informed about proper basic nutrition required to live a healthy and active life (FNSP).

Kilifi County has begun the process of passing the Public Participation bill to support and enhance community involvement in decision making at county level. During the research period, the draft bill had passed the second reading at the county assembly and was awaiting the governor's assent. Information is power. A population that is informed about their own current nutritional status and trends can make informed decisions and choices about their own health and development. They are more likely to seek further information and demand for services that meet their needs, and will find value in contributing through participation in the decision-making and planning in their community processes. This requires that counties have effective structures for information sharing and citizen participation which are critical for social and economic development. The Kenyan constitution (articles 10, 33, 174) supports this participation and community engagement in issues affecting them. The County Governments Act (Sections 89, 91, 94) similarly supports this engagement through information where counties provide platforms for citizen information and feedback. The sections also provide for county governments to respond to issues raised by the citizens, as well as use mechanisms with the widest outreach to pass information to citizens.



Kilifi County has shared information using local radio in some instances, and has a website and social media presence on various pages including Twitter at https://twitter.com/gps_kilifi, and Facebook at https://www.facebook.com/KilifiCountyGovernment for the general county information and https://www.facebook.com/Department-of-Health-Kilifi-County-1613870222198106/) for health-specific information. However, some of the platforms outside of the urban centers for information sharing cover a limited audience. The use of chalk boards at the health facility for example, requires that the local community is literate and visit the health centers at the same frequency as new information becomes available, which may not necessarily be the case. Similarly, health talks given at the maternal and child health clinics during the early morning hours may only benefit those that attend the clinics, and could be more effective if pre-planned in a more suitable location with easier access.

Other platforms for information-sharing include events such as the annual Malezi Bora week which have good results in the county, but may need more frequency and support activities to be more effective in creating far-reaching change. A year between consequent events may not provide adequate space for effective follow-up on action points and new evidence each year.

When asked to name the methods of storing and retrieving information used in the health facilities, the responses given are listed below.

Table 2: Information storage and access in health facilities in Kilifi

Information Storage methods		Information retrieval methods	
Electronic System	*Manual System*	*Electronic System*	*Manual System*
DHIS	Registers	DHIS	duplicate copies
	Bin Cards		
	Files		
	Books		

These methods are largely rudimental within the current storage platforms, which reduce their usability, archiving and retrieval, and increase risks related to information security, while limiting the use of information for planning, monitoring, evaluating and learning. The County

Nutrition Action Plan, when in force, would benefit greatly from progressive enhancement of the information storage platforms available to health facilities, health workers and decision makers. This update to information storage and archival system will enhance efficiency in service delivery, and support the county priority goals in relation to nutrition, most specifically strengthening the nutrition surveillance, monitoring and evaluation systems as envisioned in the draft nutrition action plan.

The mode of storing information mentioned by respondents at facility level was manual registers kept by the records officer in the facility. The method, should it be the main one, may sometimes prove cumbersome and inconvenient, as different registers exist for different purposes e.g. registers for: Antenatal care (MoH 405), Child welfare Clinic (MoH 511, Inpatient Register (MoH 301), Maternity register (MoH 333), Outpatient Under 5 register (MoH204b), Immunization (MoH 510), Postnatal Care (MoH 406), just to name a few. Without a clear method for collating the different data and prompt sharing and retrieval across the service delivery chain, this may discourage the use of evidence for decision making in nutrition.

Some of the challenges identified in retrieving health information included difficulty in identifying the custodian of the information, and a bureaucratic process in gaining access to the information.

The modes of storing information listed were use of manual registers kept by the records officer in the facility. The methods, should they be the main ones, may sometimes prove cumbersome and inconvenient, and may discourage the use of evidence for decision making at facility level.

Knowledge management is vital in providing a current and contextual point of reference against which decisions can be made. Kilifi County may need to develop new systems and strengthen existing methods for information sharing, embracing even more effective channels of communication that have wider reach e.g. radio and TV programs, and work with educational institutions to promote nutrition education. Strengthening the community health strategy as a framework for increased communication channels through community nutritionists and health workers may also strengthen information sharing, reach and feedback.

Data collection forms an integral part of gathering information needed for monitoring and evaluation. Good quality data provides for effective evidence based decision making. The nutritionists were asked who was responsible for ensuring that data collected was of good quality, and they mentioned the health record and information supervisor, the nutritionist, facility In-Charge (a health professional that is in charge of a particular health facility, may be a nurse of a clinical officer), and the Health Records Information Officer. There was however an information gap on how many cases of malnutrition had been reported in the health facilities recently, which could mean either data was not available in some health facilities, or that data collected did not inform processes in facilities.

Key areas that would be of interest for the county are: lack of uniformity in the data collection tools limiting validity and reliability in some instances; the absence of a clear strategy to encourage health facilities to incorporate a learning angle to the data collected. If this was improved that the data would not only collected, but when done, the analysis would be shared back among the people who collect and collate the data, even as it is communicated up the chain to the county and national level decision makers.

The process for collecting, storing and accessing different archived information may also be re-evaluated and designed to support learning and information sharing within the county, even as data protection is prioritized, which the county has, as a best practice for health information.

3.3 Process of Decision Making

The County structure, as concerns nutrition, has mechanisms to incorporate the community in the decision making process, but both the county actors and community feel the participation can be strengthened. Aside from the constitutional provisions for greater public participation, the importance of involving the stakeholders in decision making is that it allows for active participation in the process eliciting ownership and responsibility for actions taken by the decision makers for improving the community. It also allows the community to better understand the objectives and creates positive synergy between the officials and the community leading to expected outputs. Decisions reached are therefore sustainable with a wide range of active stakeholders.

The decision to implement or fund a nutrition project is taken by members of the County Health Management Team (CHMT). Nutrition decision making is therefore largely handled by key health actors. It however does not have concrete avenues for bringing on board wider technical input from actors outside of the health circle, whose interests have a bearing on nutrition. Private sector that conducts business in the food industry, farming, water, and other related areas are yet to contribute to a fuller understand of the complexities surrounding nutrition in the county.

Similarly, the engagement between the CHMT and the community is currently limited and uneven. The CHMT idea to include community organizations in some of its planning is a welcome step forward to further strengthen community engagement. Without enhanced participation, current engagement forums may not adequately address and support articulation of nutrition interventions and other similarly vital community issues enough to make effective decisions.

Photo 5: *Advocacy training for CSOs and County Officials, Kilifi, CISP 2016*

3.4 Regulatory Body

The national government policy on food and nutrition states as one of the objectives, to ensure safe, high quality food by creating public awareness on relevant issues, and by setting, promoting *and enforcing appropriate guidelines, standards and a regulatory framework, (Kenya National Food and Nutrition Security Policy, 2011).*

Guidelines and standards are used to ensure that beneficiaries receive quality services and that there are Standard Operating Procedures guiding the delivery of each service. The absence of a dedicated regulatory framework may result into varied standards of service delivery within the same location, causing undue disadvantage to the beneficiaries of the nutrition service.

There are no less than 20 legislative acts that govern food safety and quality in Kenya. However, county specific guidelines and standards, based on the national and international standards, should be discussed, and where found to add value, developed, revised and updated. These standards and guidelines will focus not only on food and food products but also service delivery in various sectors in response to Kilifi County's needs. The private sector will be substantial partners to further efforts to improve food product quality, regulations and safety.

The National regulatory body for nutrition is the Kenya Nutritionist and Dieticians Institute (KNDI) enacted by an act of parliament. The body has been effective in the regulation of nutrition curriculums at institutions of learning but has not supported regulating service delivery outside these institutions.

3.5 Sector Coordination

Priority area number XI in the National Nutrition Action Plan addresses commitment to strengthening coordination and partnerships among the key nutrition actors. The food and nutrition security secretariats formed at county levels bring together all relevant ministries to ensure broad, multi-sectoral implementation, coordination and monitoring mechanisms. The process of alleviating malnutrition must be approached by addressing all the underlying causes that originate from different sectors of the economy. The education sector, for example, is important in promoting nutrition education while the agriculture sector is important in promoting food security. One sector can be used to strengthen the other.

Photo 6: *National Government representation in county Nutrition Process, CISP, 2017*

At national level, the nutrition sector is coordinated through Nutrition Interagency Coordinating Committee (NICC) with four sub-committees, namely Maternal Infant and Young Child Nutrition, Nutrition Technical Forum, National Micronutrient Deficiency Control Council, Healthy Diets and Lifestyle plus Research, Monitoring and Evaluation.

The sector coordination in Kilifi County is largely through the County Nutrition Technical Forum (CNTF) which meets monthly, and is comprised of County Health Managers, and nutrition actors in the county. Due to its highly technical composition and concentration on Nutrition under Health, it has sometimes led to replication of roles as other government sectors may carry out similar actions at different times. For example, this study found that training on nutrition was carried out by the Ministry of Health on one side and another by the Ministry of Agriculture on the other without leveraging on coordination and collaboration.

Coordination in Kilifi County will need strengthening through empowering the sector representatives and facilitation of the coordination mechanisms. This will significantly elevate the decisions reached, and suggestions offered through a strong platform for multi-sectoral negotiation and implementation of actions agreed on. The causes of malnutrition in Kilifi County combine poverty, low awareness, some cultural beliefs and practices that hinder nutrition, food insecurity and disease, among others. Effective strategies to alleviate malnutrition will therefore require concerted effort from each sector working towards common objectives.

Kilifi County has several agencies working in nutrition, supported by donors and implementing partners working towards better health and nutrition. With many stakeholders and partners in nutrition, the actions are yielding results, though not at the pace envisioned by the county actors in nutrition.

Through the coordination role of the County Nutrition Coordinator's office under the Health Department, partnerships from different sectors with actions towards nutrition are currently guided, backed and driven by the county government to ensure sustainability and avoiding future eroding of gains made. There is a need to further strengthen this office as a coordination unit so that all varied actors, objectives, action, experiences, technical, financial and other support would be harnessed for Kilifi County objectives in nutrition and help break the vicious cycle of malnutrition.

3.6 Enabling Environment

There is a clear and intentional shift from the hitherto existing focus on infrastructural responses to health and nutrition issues towards understanding the enabling environment that promises better results in nutrition at the national level. The policy statement commits government to ensure that efficient and effective institutional and legal frameworks are established for the implementation of the FNSP. Legal frameworks provide obligations and parameters of action that actors are required to operate within. Actors contravening the frameworks and obligations would, by implication, be breaking *of the law.* Kilifi County is yet to enact county driven policy to support nutrition (see section 2.4) despite the relatively high levels of malnutrition. With no legislation, there is also no obligation or commitment to support, creating a consistent lack of deliberate action in alleviating malnutrition.

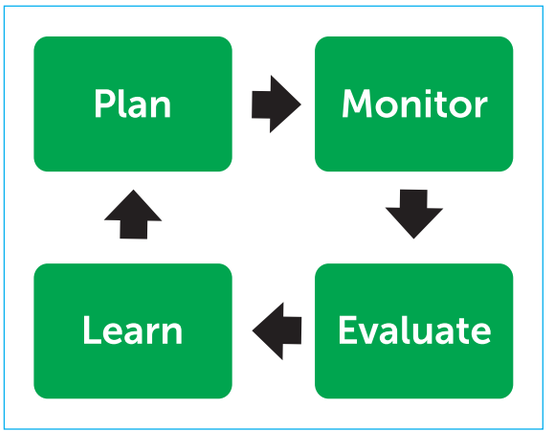
The international conference on Nutrition held in Rome (1992) emphasized that slow progress in solving nutrition problems reflected the lack of human and financial resources, institutional capacity and policy commitment needed to assess the nature, magnitude and causes of nutrition problems and implement concerted programmes to overcome them. Nationally, some of these reflections still hold true, examples including the budget for health through grants, ratio of nutritionists to populations, and intermittent industrial actions by health workers. The most recent (2013) International Conference of Nutrition noted a special role for public and private sectors to work together to control malnutrition. The conference also noted the role of nutrition in prevention and treatment of diseases such as Malaria.

With the devolution of the health services to counties, there is need for Kilifi County to consider developing its own, effective legal framework for nutrition to guide the actions aimed at solving of nutrition problems, and bring to bear the wide range of public and private sector actors to join hands in this process. To do this, however, the county government may first need to make even firmer social, economic and political commitments to achieve the objective of promoting the nutritional well-being of all its people as an integral part of its development policies, plans and programmes in the short and long run.

Advocacy for appropriate nutrition in Kilifi County will play a crucial role in promoting this agenda, not only across the range of high level political decision makers, but also to policy decision implementers and service users for a holistic platform for the nutrition agenda in the county.

3.7 Monitoring & Evaluation framework for nutrition

Kilifi County relies heavily on the Kenya Demographic Health Survey (KDHS) for their data, and is yet to actualize its own internal M&E framework. The comparative depth and frequency of the spatial KDHS data means it can be followed over time, and its rigor provides user ready data for counties. There is a separation between data elements collected through the District Health Information System and their use at county level for planning and decision making. Some health care workers do not have the updated information collected through the Health Information System. The data managers, on the other hand, have a clearer grasp of the updated information and data.



Data collection, analysis, reporting and dissemination systems are sometimes inconsistent leading to gaps. The data collection tools are sometimes not the same across health centers, meaning varied information is derived even when using the same tools, or different tools are used to collect the same data.

Nearly half of nutritionists reached in Kilifi County agreed that there is an M & E system in place for nutrition, but they have inconsistent responses as to what that system is. Some consider the registers in health facilities as part of M&E system, others hold that the meetings attended are for M&E. Some see the annual work plans with target setting and feeding committee meetings as part of an M&E system.

When asked to describe the monitoring and evaluation system in place, they suggested varied methods of collecting or retrieving data, including register, the CHMT meetings, quantitative data reviews, and target displays to establish achievements.

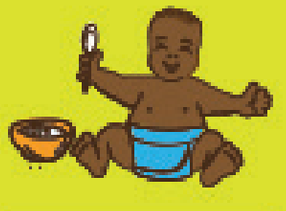
This may suggest that an elaborate framework for monitoring and evaluation in nutrition in the county is yet to be understood by all nutrition actors if available. Several respondents did not clearly know or even understand the workings of an M&E system, though some reported receiving training in logistics and information management systems, as well as in Data Quality Analysis.

Photo 7: *Mothers meeting in Magarini, Kilifi County, CISP 2016*

Umri wa miezi 6-12

Wakati mtoto wako anapotimiza miezi sita, anza kumpatia vyakula vingine vilivyo safi, lishe bora na vimeandaliwa kwa njia salama.

kila mara



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CHAPTER 4: CAPACITY TO DELIVER

4.1 Staffing and Recruitment

The Kenya Nutrition Action Plan (KNAP, 2012–2017) reports that human resource gap for nutritionists and dieticians within public health facilities and at community level is critical and needs immediate action. According to the Kenya Nutrition and Dieticians Institute, there are 1,290 nutritionists, with 600 of them in public health facilities. This translates to 1 nutritionist for every 31,000 people nationally. In Kilifi County, there are 33 nutritionists translating to 1 nutritionist for every 44,450 people, a ratio comparatively higher than the national average. The county's current nutrition numbers represent a marked improvement compared to the 13 nutritionists before the devolved system of government.

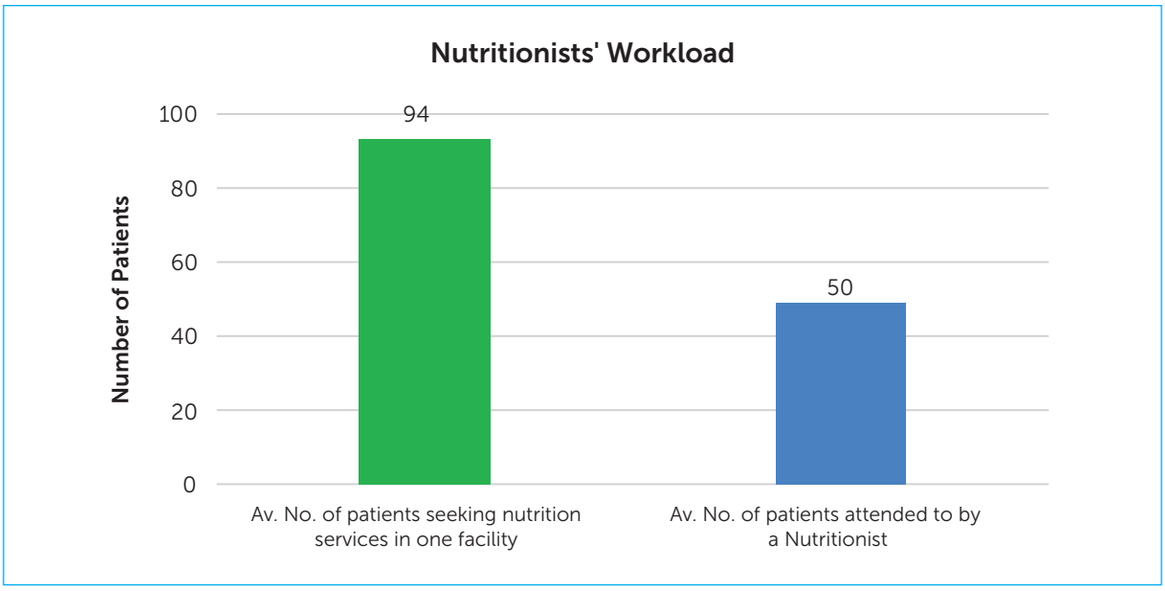
Table 3: Staffing Needs in Kilifi County

Staff	Qualification	Level IV County Hosp. 100,000	Level III Health Centre 30,000	Level II Dispensaries 10,000	Total	Deficit
Nutrition & Dietetics Officer	Degree	6 x 10	2 x 12		84	
Nutrition & Dietetic Technologist	Diploma	6 x 8	4 x 12	2 x 77	250	
Nutrition & Dietetic Technician	Certificate	6 x 4	2 x 12	1 x 77	125	
		132	96	231	459	426

Applying the proposed ratio in the Kenya Standard Norms and Practices for Health Workers manual (2015), there is still a deficit of nutritionists in the County. However, the county should be commended for more than doubling of the nutritionists available in the county in less than 5 years.

Any shortfall in staffing hinders effective service delivery in terms of quality and accessibility. With the current staffing numbers, it is to be expected that a heavy work load would hinder provision of quality nutrition services. In response, other health actors including nurses, community health workers, volunteers etc. take over some of the nutrition work, which, while done in good faith, may not be as effective in transforming the nutrition situation in Kilifi County because of lack of the specific skill-set and knowledge.

Figure 4: Nutritionists' Workload in Kilifi County



This study found that the average number of patients seeking nutrition services in any one health facility was approximately 90 people per day, while the average number of patients a nutritionist could attend to is about 50 persons, yet in each facility there is either 1 or no nutritionists. This is because the number of nutritionists in the county is currently thirty-three (33), but the number of functional health facilities are about 115, meaning each county nutritionist needs to cover at least 3 health facilities with the current nutritionists to facilities ratio. The County can therefore strengthen its efforts to reduce malnutrition if it maintains the highly commendable trend it has set in making more nutritionists available to its population.

4.2 Role of the Nutritionists

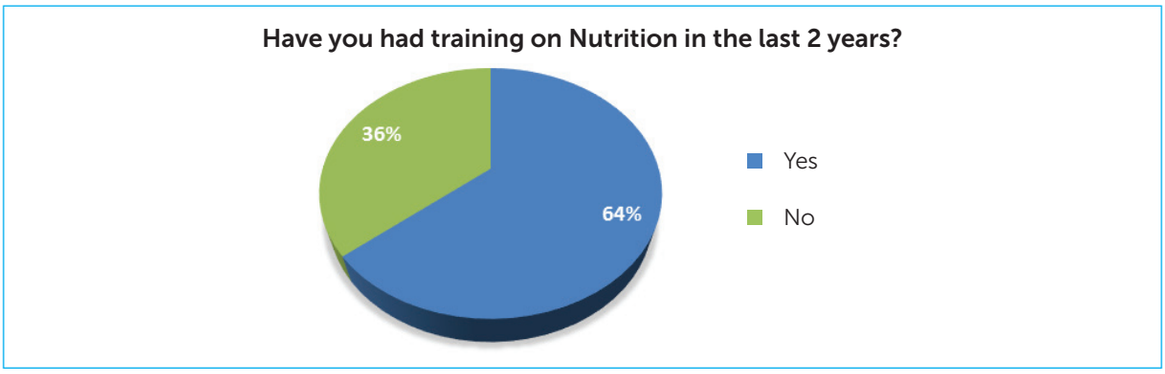
Nutritionists play numerous roles in the health sector. Some of the roles mentioned in Kilifi County included: nutrition counselling; conducting nutrition assessment; diet prescription and administration; patient treatment and follow-up; monitoring community behaviour; manage data and submit reports; give nutritional health talks; and community mother support.

In some health facilities, the role of nutritionists has not been fully understood or embraced. Actors in nutrition in the county compare financial resources allocated for nutritional commodities e.g. nutraceuticals, tools and equipment with medical commodities, as well as comparing the number of staff recruited for nutrition with that of other health areas. Some hold the perception that most nutritional commodities are donated by various non-state actors, and therefore not necessarily a result of direct investment by the county, even though the county is investing remarkably in the health sector. Sometimes the roles of nutritionists have often been confused with those of the cateresses or cooks. During the validation of this research with the county nutritionists, their frustration concerning lack of understanding by their colleagues about their roles at the health facility was raised.

4.3. Capacity building of staff

The County of Kilifi is supporting the capacity development of its staff in health, with over 60% of its staff providing nutrition services acknowledging having received some form of training within the last two years. Some of the capacity building mentioned included training on nutrition and HIV, training on diabetic food care, training on the use of equipment and on IEC materials.

Figure 5: Survey response on nutrition training



Capacity building is a process that constantly improves skills and updates knowledge of the staff involved. The consequent enhanced competence also helps motivate the workforce towards better performance in service provision. Nutritionists in Kilifi County appreciate the capacity building undertaken so far, and requested for further opportunities to improve their skills. The specific nature of these trainings may vary in every health facility, sub-county and staff.

Photo 8: *County health official hands over a certificate to a participant after a training on community engagement in nutrition advocacy as social editors. CISP 2017*

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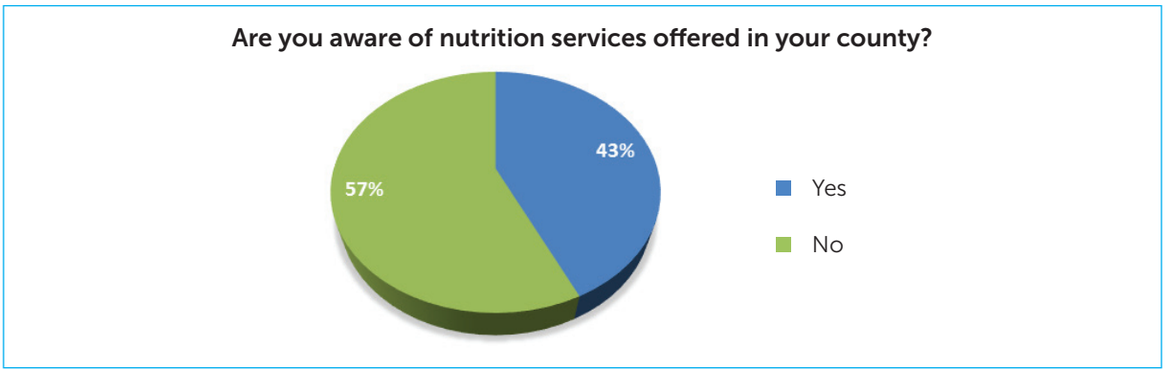
CHAPTER 5: AWARENESS AND DEMAND

5.1 Awareness & Demand for Nutrition Services

Kilifi County's provision of nutrition services is felt in most of the health facilities, though the findings show that the level of awareness about nutrition services in Kilifi County may require further attention. Focus group discussions held during this period indicated that while most of the participants had benefited from nutrition services, they largely viewed the service as treatment. This perception may suggest that service users may not fully take advantage of the range of nutrition services the county makes available to them when nutrition is linked to sickness. Advice for nursing mothers for example, may not be sought unless the child becomes ill.

Figure 6: Survey response on level of Awareness of nutrition services



The situation may also be compounded in facilities where the nutrition services and the medical services are offered by the nurses, as opposed to nutritionists. For instance, when asked which nutrition services they have received, the majority of people interviewed could not mention any; on further prompting they acknowledged having received maternal and child health services and information. This showed that while they were utilizing the services, most did not identify them as nutrition services. They also did not know the roles of nutritionists even though they did appreciate the services. Even the nutritional supplements given to the community were viewed as medicine.

Kilifi county nutrition services are reaching health facilities, even though the potential positive outcomes may be held back by the erroneous perception that only sick people seek and need nutrition services, that malnutrition is a disease. The concept of malnutrition, causes, effects and measures to prevent it may not be fully understood. Consequently, with demand being hugely dependent on awareness, the gap potentially contributes to low demand for nutrition services in health facilities.

Asked if they had ever sought nutrition services at the health facility voluntarily, less than a half (40%) of FGD participants had. Some of the nutrition services accessed included: advice on weaning diet; advice on the type of food to eat for healthy life/living; weight and height measurement, and diabetes condition management. Whereas respondents identify the hospital as a source of information on nutrition, none of those reached mentioned nutritionists as a source.

Alternative sources of information on nutrition mentioned included books, mother-child brochures, from neighbors who were 'knowledgeable', from booklets given by the hospitals, the internet, radio, public meetings, and health clinic hand books. This suggests that the county government's health department has made available a range of information packets for public information and awareness in health facilities, and that community-level face-to-face interactions have also been applied. Further, the information received supports the county's efforts in the diversification of media platforms applied for community engagement on nutrition information. A potential leverage point lies in the person-to-person sharing of information among households.

Majority of those who sought nutrition service had been referred to the service while attending health facilities for treatment on other health issues. When asked why they did not actively seek for nutritional services, some respondents mentioned that there was usually only one person taking anthropometrics, others suggested the health talks took long, some said the there was no nutritionist to give them information, while others felt the service providers were sometimes harsh.

The respondents suggested how the County could enhance the nutrition services available, and the proposals from the communities reached include:

- Making more information on child growth available at the health facilities
- Increasing the number of people taking anthropometric measurements in the maternal and child health clinics
- Enhancing the awareness on the nutrition services available in communities so they can make better use of it
- Provide nutritionists to give information to caregivers
- Have a more systematic follow up on infant and young child feeding that allows more room for nutritional assessment of children
- Shorter health talks to allow mothers get home on time

5.2 Community Resilience

Kilifi County has for a long time experienced serious food shortages because of poor rainfall and increasing food prices (UNICEF, 2011). This has led to high malnutrition levels, including acute malnutrition among children; coping strategies in times of food shortage can make the difference between nutrition and malnutrition. Some of the coping strategies used during food shortages included:

- Buying more food, which is expensive
- Paying labour in form of food, e.g. cassava without diversification
- Skipping either one or two meals a day.
- Engaging in alternative income generating activities, e.g. selling charcoal and selling *makuti* (palm leaves)
- Borrowing money and food
- Depending on relief food

Some of the mentioned coping strategies in response to food crises however may encourage and sustain malnutrition, e.g. skipping meals results into inadequate food intake, depending on relief food which is inadequate, unreliable and inconsistent, and most times not nutritionally balanced, because it usually is maize. Both methods result in insufficient food intake and sustain existing malnutrition. Food insecurity continues to be a persistent cause of malnutrition for communities in Kilifi County, and the support systems mentioned only provide a short-term safety net in times of food shortage. The communities may have become accustomed to applying them as solutions for the hunger crisis, instead of the hugely temporary reprieve that the options provide. This may be due to the frequency of the shortages faced in the county.

Kilifi County recognizes in its Integrated Development Plan the challenge in ensuring that the dependent population has the basic needs as enumerated in Chapter Four of the Constitution, including the highest attainable standards of health and to be free from hunger and have adequate food of acceptable quality. The county government has also pointed at climate change effects on food crops, which have reduced yield and compounded food insecurity.

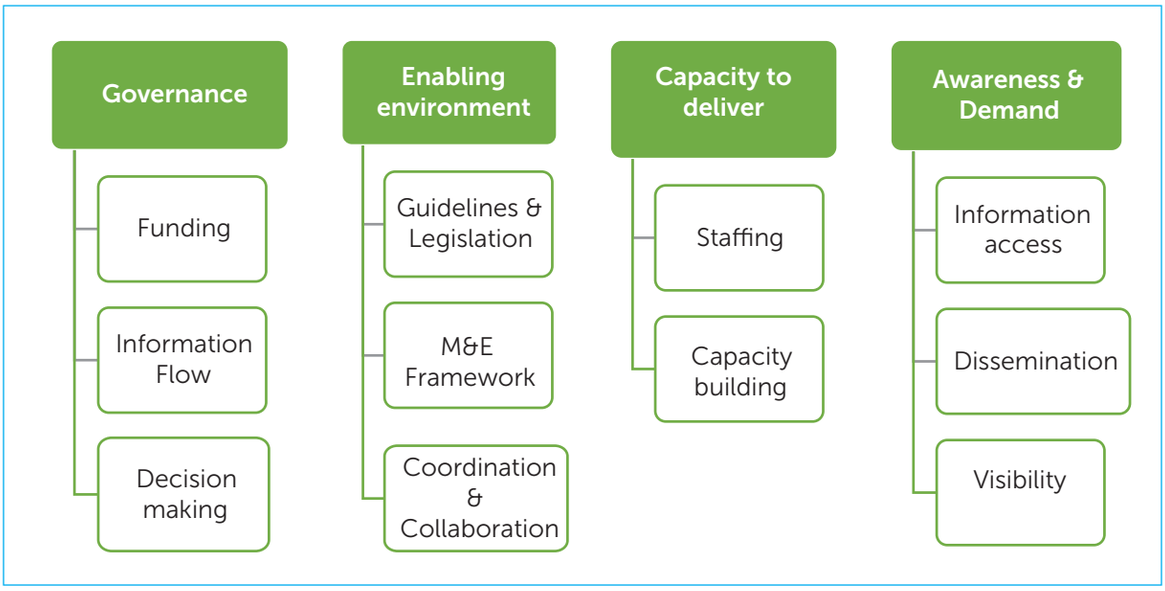
Communities may be even more engaged in the various response plans by enhanced empowerment through knowledge-sharing and awareness of food preservation and storage options at household level. This will support families to improve food adequacy during the drought, and to avoid losses due to food decomposition and poisoning. Typically, the average family in rural Kilifi county will store maize in *Uchaga* (traditional storage structure) rendering it prone to pest infestation. However, the use of airtight plastic drums is gaining popularity due to its ability to keep away pests. Increased information on other better storage choices for grain will help prevent losses and improve food security.

Several innovative responses have been envisioned by the Kilifi County Government including the use of Environment Management Committees to check on environmental concerns, the support for communities to start growing drought resistant crops, application of water harvesting for supporting irrigation, and partnerships in Disaster Risk Reduction (DRR). A blend between county level responses, and community knowledge and action around food insecurity may hold the key to improving the status of nutrition in the county.

Nyonyesha Mtoto Wako

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

Figure 7: Priority Areas in the Nutrition Sector Kilifi County



The findings from the assessment largely fall within the strategic pillars in the National Nutrition Advocacy Communication and Social Mobilization (ACSM) strategy. These are governance, capacity to deliver, and behavior and practices.

The findings center around decision making for nutrition, the existing guidelines and legislation and the gaps that have been identified, and the process and mechanisms of coordinating and collaborating around nutrition in the county. The governance pillar, as elaborated in the ACSM strategy, will provide useful entry points in responding to the findings identified.

Similarly, under capacity to deliver as a pillar and that of behavior and practices, the same strategy document presents viable opportunities to support major strides in improving nutrition in Kilifi county.

6.1 Conclusion

Kilifi County has the commitment, and capacity needed to consolidate the gains made in reducing malnutrition for its residents. The prevalence of malnutrition is a red flag for the county in the next decade, especially with the number of children aged 0-4 years projected to reach 149,479 by 2017 (CIDP) years of age representing almost 18% of the population according to the County Integrated Development Plan for Kilifi County. Without a progressive enhancement and planning around nutrition intervention, a significant proportion of current children in Kilifi will be unable to participate in the development agenda and become a social and economic burden for the county, with a negative impact on the Gross domestic product (GDP) that the county relies on for its progress. The population shall increase mortality and morbidity rates in the county as the malnourished population grapples with poor health, which will in turn create a vicious cycle of malnutrition transmitted to the next generation. With the devolved structure, new opportunities have been created for the county to chart its own path in channeling all political will, social, financial and human resource to address

malnutrition. The County Government is therefore the lead actor in supporting and promoting appropriate nutrition in the county. This is through providing legislation that shall support nutrition, earmark and progressively increase funding for nutrition to facilitate serious and sustained interventions aimed at alleviating malnutrition, among other actions proposed in this report.

Similarly, the capacity to deliver the right services critical in driving the nutrition interventions launched by the county government. Nutritionists as well as other supporting health offices need to be empowered with the right tools and information to deliver the servicers effectively. A system that supports its own development though progressive assessments and capacity building will be better placed to drive the county's agenda for nutrition. The county has increased the nutritionist workforce over the last 5 years, and this progress should be sustained for a strong response to malnutrition.

The community forms a core unit of focus as the key service users, and they bear the primary effects of nutrition. Regular updates on nutrition best practices and available services at health facilities will be important in increasing sensitization about their nutrition and health. Nutrition education will empower Kilifi communities to take responsibility of their own diets and nutritional health to promote healthy lifestyles. Advocacy for appropriate nutrition will play an important role in creating an enabling environment for the promotion of appropriate nutrition in Kilifi County.

With county commitments and actions to provide a suitable workforce to respond to Kilifi County's nutrition needs and rolling out of interventions in communities, there is a need for a functional framework that documents and provides feedback on nutrition surveillance, response and progress. Monitoring and evaluation is necessary to ensure that this information contributes towards identifying specific nutrition requirements and timely provision of services to the areas of greatest need. The county government of Kilifi is increasing its financial commitment to health, and plans are underway to structure the actions for nutrition. However, there is a risk that the progress made because of such positive actions may not be fully captured without a system that monitors the process, and captures results and lessons learned to inform further interventions.

There is a need for county efforts to support delivery of nutrition services in Kilifi County through enhancing coordination and teamwork between nutritionists and the rest of the medical staff in health facilities to promote greater understanding and appreciation of the varied roles they all play in management and treatment of diseases and fighting malnutrition. All health and nutrition actors and service users will benefit from greater visibility and support at health facility level to enhance current county efforts towards ending malnutrition.

6.2 Recommendations

Kilifi County is making wide-ranging efforts to respond to the diverse influences on the development and wellbeing of its population. The county government's commitment has been amplified by the gradual increase to the financial allocation available for health, in recognition of the value of a health population in meeting social and economic development goals. The range of actors who have been mobilized towards improving health outcomes is also an indications and acknowledgment of the need to bring in as many stakeholders as possible to enhance current engagements by the county government.

In acknowledgement of these plans and processes by the county government and related

stakeholders, the following recommendations are therefore meant to further augment ongoing action for even better nutrition outcomes.

1. **Funding:** Support the existence of a specific budget and/or vote line for nutrition in the county budget to strengthen active pre-planning for, and monitoring of nutrition actions and interventions. Without a known budget, most actions would be reactive instead of pro-active, and therefore hold back nutrition programming. There is an opportunity for the consistent increase in the Kilifi health budget to be reflected in planning around county nutrition actions, that the admirable commitment exhibited in the continuous investment in health also positively affects commitments in nutrition.

2. **Information Storage & Flow:** Review the system through which information flows from the county's top decision making body to the smallest, most distant health facilities and nutrition actors to ensure two-way real-time communication and information sharing. Increased interaction between service providers and decision makers will also allow for more community level data and evidence to reach and inform decisions for cumulative health and nutrition benefits. Information stored in readily accessible forms by those concerned will also aid the county efforts in more timely identification and efficient response to emerging nutrition concerns. Further, such information will contribute to the county's building of a body of knowledge and evidence for its planning and implementation purpose.

3. **Regulatory Frameworks:** The field of nutrition service provision is expanding in Kilifi, with a gradual increase, not only in the number of nutritionists, but also private, non-state actors in the nutrition sector. The health department should consider the value of regulatory terms and conditions of service for the nutrition sector in the county, and collaborating with Kenya Nutrition and Dietetics Institute KNDI, determine the scale and application of such frameworks. Without a domestic regulatory body and framework in Kilifi County for nutrition whose main objective would be to regulate nutrition service delivery at the county level, specific efforts to ensure the delivery of services may be inadequate in the nutrition sector in the county.

4. **Contextualize Guidelines & Legislation:** The existing national level policies and legislation extend certain mandates for enhanced nutrition and food security to county governments in a generic form. To be able to action the said policies at county level, policies should be reviewed and contextualized to respond more adequately to the specific challenges in Kilifi county. Where possible, support the policies with legislation that will provide a legal backdrop to the efforts envisioned and enshrine them in the county's legal framework.

5. **Monitoring and evaluation system strengthening:** the absence of a clear M&E framework for nutrition will negatively affect county actions for better health and nutrition. Stronger tools for collecting information, and stronger feedback mechanisms between community level actors and county level policy and decision makers will go a long way in improving data quality and evidence for nutrition actions, and ensure all programs are monitored and lessons captured to inform future county engagement and sustainability of interventions. There is a clear need to develop a monitoring and evaluation system and train its users for effective surveillance at county level for contextualized action, follow-up, tracking and learning. It may also be useful to explore the scope of responsibility of nutritionists in the county to include a more direct role in collecting nutrition-specific data and actively supporting its validity. This could reduce invalid data interpretations as nutritionists support the larger health system to contribute to the data processing when it is collected, and especially when it relates to nutrition.

6. **Staff Quality and Quantity:** The county of Kilifi has more than doubled the number of nutritionists under the devolved government structure, and the trend is a relief to the communities who have benefited from the service. This commitment to increasing the workforce in nutrition should continue across the recommended cadres of nutritionists, and the current deficit should be taken as a possible target for a progressive, multi-year incremental plan to respond to the nutrition challenge in the county. With quantity, the staff capacity is developed periodically, and this should be structured to ensure a continuously updated and knowledgeable workforce is on the frontlines for nutrition. A system that periodically assesses the capacity needs of the nutrition staff as well as other health actors supporting nutrition services will strengthen the financial and technical planning to respond adequately to the needs raised. Such a system should also be able to capture any training provided through the government system as well as partner organization processes in capacity building. This will provide a more comprehensive status on the county capacity in relation to nutrition service provision and response, and support current efforts in providing capacity building support to the nutrition workforce in Kilifi.

7. **Coordination and Collaboration:** The nutrition sector is implementing different programs across the county, encompassing a range of decision makers, service providers and communities. The current coordination under the County Nutrition Technical Forum and the County Health Management Team should be enhanced to further streamline actions in nutrition in the county for achievement of shared goals, and strengthening accountability and transparency even when working through different processes. There is need to sensitize policy makers and stakeholders on addressing malnutrition with a holistic approach. Collaboration among sectors, ministries and departments will assist in bringing all technical capacity in the county that can promote health and nutrition in a shared forum. This could include Health, Water and Sanitations, Agriculture, Finance and planning, education and the private sector alliance actors in collaborative efforts in the county. The recently established Multi Stakeholder Platform, bringing together multiple county departments, development partners, business community and other stakeholders on nutrition is a new coordination arena that promises wider inclusion and better response to nutrition in the county. The Health department needs to ensure the platform is anchored in an office within the executive that will enhance its effectiveness and achieve its purpose.

8. **Awareness and Demand for Nutrition Service:** Communities crave for more information on nutrition, and the response to this need will advance the utilization of the service offered by the county. Communities are accessing the available information through reading, radio and community talks, which diverse range must be encouraged, and even widened to ensure all populations in the county can access nutrition information in the simplest and easiest way. It is possible that information exchanged at individual level in the community may not be always factual. It is also an opportunity for the county to expand its Community Health Strategy and avail as much information on nutrition as possible, counting on this interaction in communities to push the message for the widest reach. Considering both formal, informal, new and existing platforms e.g. chief's barazas (local meetings) and cultural dialogues can also provide additional ways of reinforcing good cultural practices and provide effective forums for decision making.

The information should also consider including a component on resilience and coping mechanisms in face of food shortage and drought. This is the current issue facing communities, and information that supports them to deal with the risks empowers them for the future. Food access, diversification, storage and value chain addition will all be useful parts of an elaborate awareness drive led by the county and supported by both state and non-state actors.

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About the Nutrition Advocacy Project

About the Project:

The bottleneck assessment of the nutrition sector in Kilifi County was carried out as part of the Maternal and Child Nutrition Programme (MCNP), a UNICEF funded project to CISP to support the Ministry of Health implement the 4 strategic areas of: i) Increasing knowledge on current nutrition strategies, needs and best practices at county level; ii) Enhancing community feedback to increase demand for quality nutrition services; iii) Empowerment of duty bearers to better coordinate stakeholders working in nutrition and nutrition cross cutting sectors at county level; and iv) Advocating for increased resource allocation and accountability in nutrition sector.

This assessment is to contribute to existing contextual evidence and knowledge to support evidence based decision-making around nutrition and maternal health in Kilifi county.

CISP worked with and benefitted from close collaboration with Government and County authorities, County Health Department, especially the **County Health Management Teams (CHMT) and County Executive Committee (CEC),** the County Nutrition Coordinator's office, local Civil Societies Organizations and other relevant stakeholders on the ground. In particular, CISP coordinated the action with **Population Services Kenya and International Medical Corps (IMC)** through regular quarterly meetings at central level, and collaboration at field level.

CISP Profile

CISP
COMITATO INTERNAZIONALE
PER LO SVILUPPO DEI POPOLI

About CISP:

CISP Comitato Internazionale per lo Sviluppo dei Popoli (International Committee for the Development of the Peoples) - is a Non-Governmental Organization established in Rome in 1983 and currently active in over 30 countries worldwide.

CISP Kenya carries out projects in area of development by supporting National and county authorities to provide quality, equitable, transparent and accountable services in sectors of health and nutrition, education, child protection and renewable energy through capacity building, promoting active citizenship, shared accountability mechanisms at community, county authorities and National government level.

BOTTLENECK ASSESSMENT OF THE NUTRITION SECTOR

Kilifi County

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