

ASSESSMENT OF THE NUTRITION SECTOR

KITUI COUNTY



Assessment of The Nutrition Sector

Kitui 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
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 Kitui County



FOREWORD

Kitui County has severally faced a range of shocks, especially famine, sometimes with devastating effects on the health and nutrition of its citizens. Malnutrition places children at risk of morbidity and mortality and is shown to be related to impaired mental development. The importance of having a malnutrition free county cannot be overemphasized.

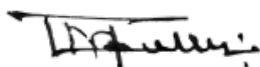
Data from the 2014 Kenya Demographic and Health Survey shows that in children less than 5 years in Kitui county, 45.8 percent were stunted, 3.4% were wasted and 19.7% underweight. A comparison of these statistics for the wasting and stunting indicators reveal that the county rates are higher than the national average.

Kitui County Government has initiated innovative responses to the malnutrition challenge, and has provided leadership and support towards improving overall health. The funding for health as a sector has increased steadily since the advent of devolution, and the “Pamoja tujikinge Magonjwa Health Strategy” exemplifies innovation in responding to the malnutrition at county level.

The analysis in this report looks at the policy environment supporting nutrition service delivery and reiterates the importance of policies in directing nutrition activities in our county. Kitui county, in its County Integrated Development Plan (2013-17) also touches on the need for county policies to support nutrition. 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.

Advocacy for nutrition has 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. This research will be critical in laying a firm foundation for combating the high levels of stunting in our County, and in nurturing an inclusive and active community in Kitui County that will in turn deliver prosperity and a high quality of life for our people, that translates to a healthy nation in general.

The assessment report will guide the county intervention plans to curb the burden of malnutrition amongst the under-fives in the next couple of years based on coordination, demand for nutrition services, programme planning, policy and budgeting. Whereas it is the primary duty of the County Government of Kitui (health sector) to coordinate the implementation of the findings of the assessment, participation and cooperation from all health and nutrition partners and other stakeholders will be key in its realization. The health sector therefore, calls upon all stakeholders to join the county in working together towards combating malnutrition and improvement of the nutrition status of children under five years of age in our county.



Mr. Fredrick Muli,
Ag. Chief Officer, Ministry of Health and Sanitation.
KITUI COUNTY.

APPRECIATION AND ACKNOWLEDGMENT

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

The County Ministry of Health, through the able leadership of the County Executive Committee Member for Health and Sanitation, Ruth Koki Mwanzia, merits distinct mention for adopting an evidence-based approach to planning and implementing county actions to improve the nutrition of the children of Kitui County, and the overall health of its population.

CISP wishes to thank the Kitui County Health Management Team (CHMT) 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 Kitui 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 programme policy and strategies. 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 limitations in the delivery of nutrition services 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 Kitui 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 was reviewed. The visibility of Nutrition actors was similarly examined as a pivotal condition supporting service-seeking behavior.

The findings indicate that the Kitui County Government has provided leadership and support towards improving overall health through a steady increase in health funding, among other actions supporting nutrition improvement for its population. The County however has initiated a series of projects to help combat malnutrition in Kitui County. It has embarked on the "*Pamoja tujikinga Magonjwa* Health Strategy" of which nutrition forms a major component of its objectives. 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 and retrieval framework across the county's health facilities is also not clear enough to support efficient monitoring, evaluation and learning.

The county has identified poor policies being a feature of the transition from centralized to devolved government systems. This raises the need to contextualize existing national policies to fit its needs, either through new policies or through county legislation to guide the enforcement of these policies.

The current number of nutritionists employed in the county opens an opportunity for further strengthening. As it currently stands there is an average of one nutritionist for over 10 health facilities. Similarly, for the currently employed nutritionists, there is need for continuous capacity building to improve their quality and ability to strengthen nutrition actions in the county. The community seeks more nutrition and food security information. This need is made even more vital by the perennial drought that affects the county. Whereas the

population still shares nutrition information accessed through field outreach from the county, increased community outreach has potential to cascade existing nutrition information from county level, through sub counties to wards, villages, and households.

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 important in order to achieve intended results in drought response. Evidence-based planning and coordinated, inclusive interventions will yield better results in nutrition-related activities in Kitui county. Advocacy and leadership for nutrition is critical in reversing this trend by bringing all stakeholders together with the common goal of promoting appropriate nutrition through effective intervention.

Recommendations suggested from this analysis include: a line item for nutrition in the county budget, improved information flow among nutrition actors and decision makers, contextualizing of regulatory frameworks and policies, improving the monitoring and evaluation framework for nutrition, investing more in nutrition staff quantity, their continued capacity building and enhancing their visibility, support coordination and collaboration around nutrition actors, and improving the availability of nutrition commodities for struggling communities. If effected, the recommendations should contribute to county efforts towards unlock existing bottlenecks to nutrition actions currently underway, as well as improve actions in the future.



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1.1 Background

This report has been produced to highlight the bottlenecks in the demand and delivery of nutrition services in Kitui 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 Kitui County Government through its County Ministry of Health and Sanitation 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.

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

At county level, the Kenya Health Policy 2012-2030 envisions the County Health Management Teams (CHMT) tasked with planning, coordinating, monitoring and reviewing 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 Kitui 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 Kitui, through its County Ministry of Health and Sanitation 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 Kitui 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.

It is estimated that stunted children earn 20% less as adults compared to non-stunted individuals (Grantham et al, 2007). Going by these statistics, Kitui County stands to lose 10% of its productivity in the next 15 years due to stunting given that half of the children below five years are stunted. Approximately 8.6 % children below 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 outcomes. 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).

The analysis employed a rolling literature review process, initially 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 Paper, (CFSPs) Medium Term Expenditure Frameworks (MTEF), Budget Review and Outlook Papers (CBROP), and other similarly county-specific documents, policies and strategies.

Kitui County highlights malnutrition as an issue of concern in its inaugural County Integrated Development Plan. The document cites stunting, underweight and acute malnutrition as key manifestations of malnutrition in the county. It goes further to present the rates for the three as 35%, 21% and 6% respectively. However, none of the seven suggested strategies for promoting health in the county under the CIDP directly addresses nutrition. The 2014 KDHS survey presents data for malnutrition in children less than 5 years in Kitui county as 45.8 percent for stunting, wasting at 3.4% and underweight at 19.7%. A comparison of the national and the county data therefore reveals that the county's rates for stunting and underweight are both higher than the national average.

As the county proceeds with interventions in health and nutrition, any strides made so far can only be consolidated through enhanced efforts to sustain the nutrition rewards for the county. Otherwise current rates mean a third of children born in the county will later constitute an adult population unable to participate in economic and developmental activities within the county or elsewhere due to malnutrition. While malnutrition can also be fatal, 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).

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 has not been fully effected. 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.



Key Objective

The main objective of the qualitative 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 Kitui 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.

1.3 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.

The respondents were stratified into three categories based on their roles in the nutrition sector, i.e.

1. Policy makers/Management (CEC, CHD, CNC, CHMT, CPHO, County clerk)

2. Implementers (The nutritionist/s, nurse in charge, records officer, administrator, medical superintendent)
3. Beneficiaries of the nutrition services

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 - Health, (CEC) County Assembly Clerk, (CAC) and The County Director for health (CD) the County Nutrition Coordinator (CNC) and members of the County Health Management Team (CHMT). The research also engaged key informants from the ministry of health, namely the nutritionists, nurses, administrators and the records officers in the various health facilities in the ministry of health. The interviews were designed to help gain knowledge on the institutional capacities, coordination mechanisms, financing and decision making systems in place. The identification of the KIs was designed to enhance the reproducibility and credibility of the information collected as well as support future implementation of the emerging recommendations by engaging key decision makers in nutrition in the county.

Focus Group Discussions (FGDs): The field research included the community to establish the awareness and demand for nutrition services in Kitui County. FGDs were conducted in various Kitui county health facilities including 2 in Kamuwongo Health centre, Mwingi North, 2 in Kitui East (Inyuu Health Center) 2 in Yanzuu Health Centre, 1 in Migwani Sub-County Hospital, and 1 in Kanyunga dispensary Mwingi central. The health facilities were purposively selected with the assistance of the County Nutrition Coordinator. They targeted mothers and care givers who are directly involved in child care or use nutrition services. Each FGD's 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, 40 KIs and 8 FGDs were conducted, involving a total of 120 respondents. Respondents were purposively sampled with assistance from the Health Department, especially the Nutrition staff in Kitui, respondents were selected based on their ability to address the key research issues from a varied range of perspectives to help triangulate the content received for enhanced quality of data. The research, which focused on selected policy makers and implementers of the nutrition services sector in Kitui 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 Kitui County.



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.



Picture 1: The assistant director for Health and Sanitation, Mr. David Silu, leading a nutrition advocacy discussion in Kitui County. 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.

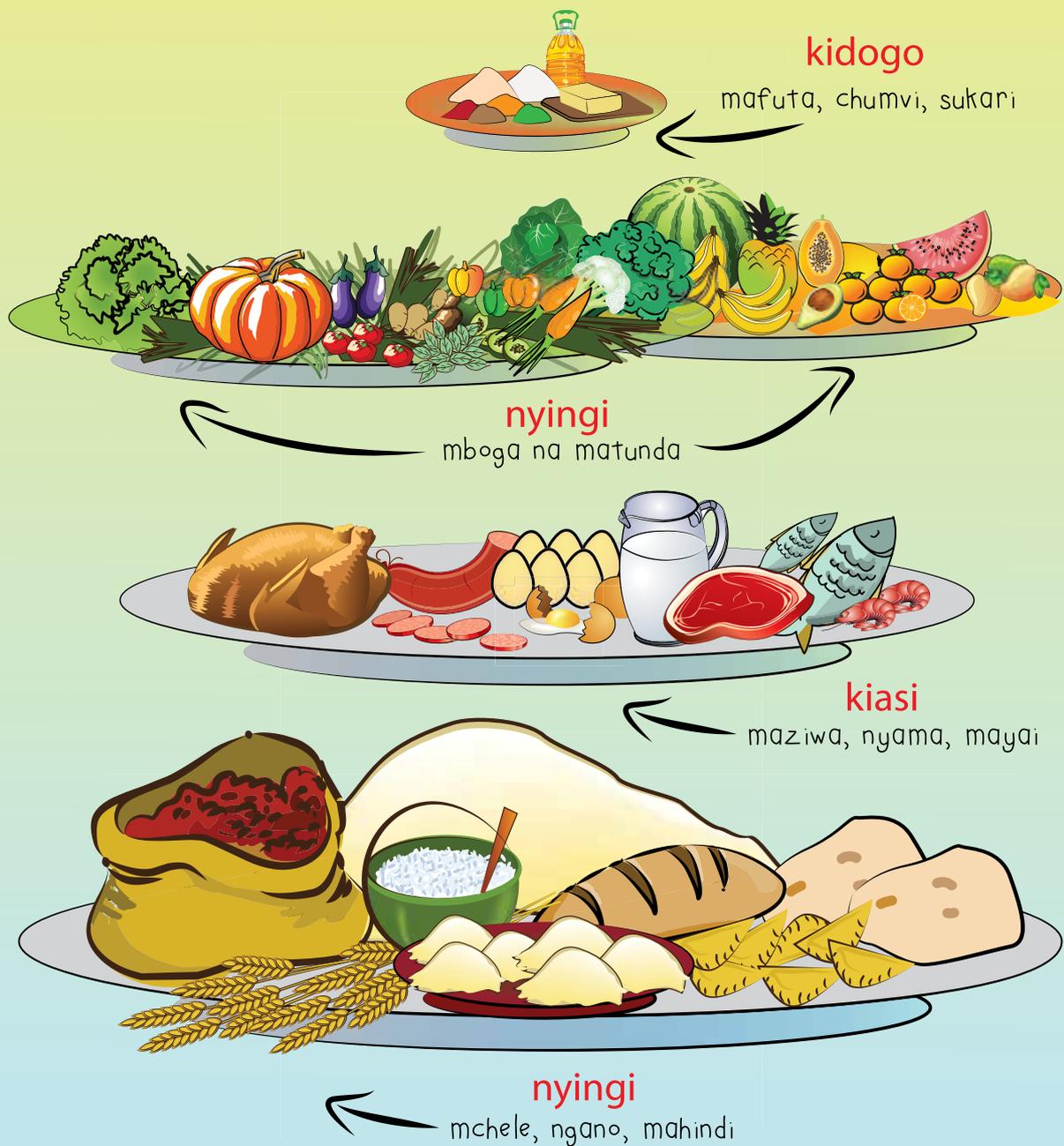
1.4 Limitations

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 this 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 Kitui 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 Kitui 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 Kitui, 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 in KITUI County

Kitui County is located 170Km to the South East of Nairobi City. It covers an area of about 30,496 km². It borders Machakos and Makueni Counties to the West, Tana River County to the East, Taita-Taveta County to the South, and Embu and Tharaka- Nithi Counties to the North. The County has a population of 1,012,709 according to the population and household census report of 2009. This population was projected in the CIDP to grow to 1,086,598 by 2015, of which the under-five population would make up 172,300 in the total population.

Table 1: Population Projection by Age Cohort for Kitui County

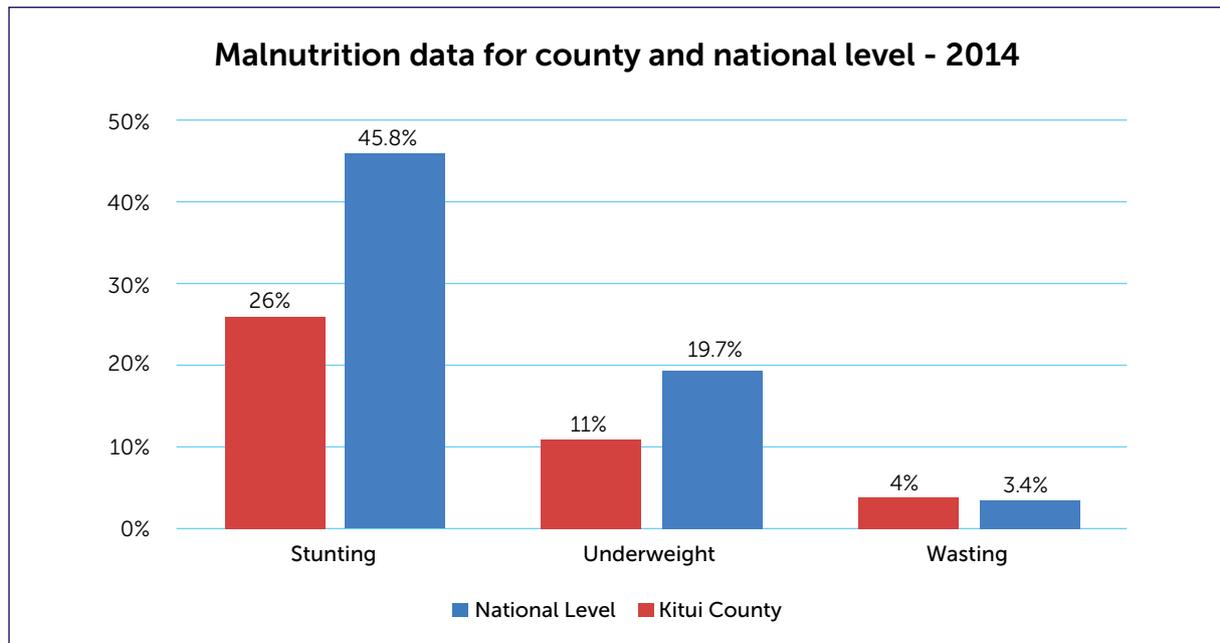
Age group	2009 (Census)			2012			2013			2015 (Projections)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	81,525	79,977	161,502	84,800	82,446	167,246	85,809	83,080	168,889	87,882	84,418	172,300
5-9	82,382	80,314	162,696	86,242	83,298	169,540	87,267	83,938	171,205	89,376	85,290	174,666
10-14	75,021	72,529	147,550	78,632	75,293	153,925	79,567	75,872	155,439	81,489	77,094	158,583
15-19	62,151	59,368	121,519	65,117	61,651	126,768	65,891	62,125	128,016	67,483	63,126	130,609
20-24	32,655	40,691	73,346	34,241	42,262	76,503	34,648	42,586	77,234	35,485	43,272	78,757
25-29	23,699	35,961	59,660	24,914	37,393	62,307	25,210	37,680	62,890	25,819	38,287	64,106
30-34	21,875	30,969	52,844	22,966	32,214	55,180	23,239	32,462	55,701	23,801	32,985	56,786
35-39	20,588	27,287	47,875	21,621	28,382	50,003	21,878	28,600	50,478	22,407	29,061	51,468
40-44	14,818	19,310	34,128	15,397	20,136	35,733	15,782	20,291	36,073	16,164	20,618	36,782
45-49	13,329	17,758	31,087	14,027	18,509	32,536	14,193	18,651	32,844	14,536	18,951	33,487
50-54	10,932	13,736	24,668	11,481	14,310	25,791	11,617	14,420	26,037	11,898	14,653	26,551
55-59	9,977	12,090	22,067	10,480	12,585	23,065	10,605	12,682	23,287	10,861	12,886	23,747
60-64	8,695	11,759	20,454	9,117	12,253	21,370	9,226	12,347	21,573	9,449	12,546	21,995
65-69	6,033	7,223	13,256	6,335	7,533	13,868	6,410	7,591	14,001	6,565	7,713	14,278
70-74	5,903	7,260	13,163	6,187	7,562	13,749	6,261	7,620	13,881	6,412	7,743	14,155
75-79	3,731	4,137	7,868	3,910	4,308	8,218	3,956	4,342	8,298	4,052	4,411	8,463
80+	7,724	10,829	18,553	8,123	11,179	19,302	8,219	11,265	19,484	8,418	11,447	19,865
TOTAL	481,038	531,198	1,012,236	503,790	551,314	1,055,104	509,778	555,552	1,065,330	522,097	564,501	1,086,598

Source: Kitui County Integrated Development Plan (2013-17)

Kitui County has a child-rich population, with 0-14 year olds constituting 47% of the total population. With this population in mind, it is significant that the CIDP reports five most common diseases causing morbidity in the County in order of prevalence as being malaria at 49.1 %, diarrhea at 3.4%, stomach ache, 5%, flu at 4.1 % URTI at 1.7%, and HIV/AIDS at 6.1%. The infant and young child nutrition practices have been reported as suboptimal across the County, while a 2012 survey cited Exclusive breastfeeding for six months as being at 45 % (Kitui Nutrition survey, 2012).

From the 2013 CIDP, rates for stunting were 35%, 21% for underweight, and 6% for wasting at as 2013. A comparison of the data available in 2013 and the results of the KDHS survey in 2014 shows an increase in the stunting and underweight rates in Kitui County. From the 2014 data, the rates for stunting and underweight are relatively higher than the national figures, reflecting malnutrition as an issue requiring specific attention under the county government development strategy. This is further augmented by the Kitui County periodically being classified in 'Alert' situation for food security (EWS Bulletin, August 2014).

Figure 1: Malnutrition Snapshot, 2014



Data Source: Kenya Demographic and Health Survey, 2014.

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 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.

Given the nutrition statistics for Kitui from the latest (2014) KDHS survey, nearly a half of population of children under 5 are at a risk of impaired growth and learning ability and reduced school achievement. The same population, without intervention will, as adults have reduced and lifetime earnings, limited economic productivity and constitute an adult

population unable to fully participate in economic and developmental activities in the County due to malnutrition.



Picture 2: Community members wait for nutrition information services in Kauwi, Kitui County. CISP 2017

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 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 the 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.



Picture 3: Government stakeholders mapping of nutrition improvement strategies in Kitui Town. CISP 2016

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.

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.

As per the Kenya Nutrition Action Plan (KNAP, 2012- 2017) policy makers and programmers need sensitization on the causal factors of malnutrition and influence them to address malnutrition in a holistic approach. The Action plan also acknowledges that some pieces of legislation, nutrition-related policies, strategies and guidelines need urgent review to align them to the current Constitution.

The FNSP commits the government to ensure that efficient and effective institutional and legal frameworks are established for the implementation of food and nutrition security strategies. Legal frameworks provide obligations and parameters of action that actors are required to operate within.

Kitui County’s Integrated Development Plan acknowledges the that for effective interventions in the county, there needs to exist policies and acts to regulate such interventions. The CIDP further acknowledges an existing weakness in following plans, policies and strategies. This has been noted as contributing to weak linkages between planning, budgeting and resource allocation in the county. As is the case in other counties, the community has poor access to the existing national level policies, which also weakens their implementation.

Whereas the burden of malnutrition tends to lie heavily on the health sector, the study found no policy, laws or legislation that supported nutrition in Kitui County despite the acknowledgement of relatively high levels of malnutrition. In fact, the CIDP states that the role of the Health and Sanitation department in the county is to “implement national health policies at the county level” (CIDP 2013), meaning there is no envisioning of a contextualized health/nutrition policy.

As comparison, the development plan addresses “County specific policies” in relation to energy. Departments under the Tourism and Natural Resources ministry are foreseen to implement national policies, but also “develop and implement policies” on the same.



Picture 4: County officials and Partners in Nutrition after a planning meeting, CISP 2016

With no policy or legislation on health or nutrition, there is neither obligation to support nutrition outcomes, nor adequate contextual legal backing for any emerging county commitments. This in turn causes a consistent lack of deliberate action in alleviating malnutrition.

A county-specific food and nutrition security policy would target the challenges for the sector at county level and help articulate 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 are put in place to maximize the effect of all activities in the county.

At present, Kitui County is yet to set up a legal framework within which to operationalize the nutrition sector at the county level and support the commitment to improve nutrition. Nutrition is therefore easy to overlook under the current legislative and policy framework.

This gap for a county-specific policy is further supported by a similar gap in the National FNSP policy statement that 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 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 Kitui is not yet to either contextualize this policy or support it with a bill to strengthen its application at county level, though strides in increasing funding for health have been made.

The alleviation of malnutrition in Kitui 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. This is exemplified by the governor's direct involvement with launching the Ending Drought Emergencies (EDE) & Maternal & Child Nutrition (MCNP) Programs in the county in early 2016, as well as the county increasing allocations for health, under which Nutrition is implemented. This political will, coupled with advocacy and funding, should merge in joint efforts to mainstream nutrition into the county agenda.

Kitui County enacted a law known as 'Sorghum Act in 2014,' which provides for the growth, development and regulation of the sorghum industry. Under this Act, the county government seeks to accelerate the growth and development of the industry, enhance productivity and income of farmers and the entire rural population.

The law is also expected to improve investment climate and efficiency of agribusiness in the county. While this is the main objective of the Act, the crop is also likely to improve food security in the County. Sorghum being drought resistant and of good nutritional value is bound to do better in Kitui County compared to maize. However, while this bill can support some positive nutrition outcomes, it does not comprehensively respond to the existing need for a piece of legislation that will directly support nutrition in Kitui County. There is need for county specific policies and legislation that support nutrition, policies that mirror the national vision, but are contextualized to address Kitui County's needs.

Another potential policy contextualization opportunity for Kitui 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.

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

1) Balanced Diets

- minerals - Ca.

- Carbohydrates -
maize, Rice, Mungu,
sorghum (mtama)
millet.

- Chicken, Fish,
Kuku, Samaki, egg

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 government policy objective is *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 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.

Kitui County budget documents available to the research team show that the county started off with a low budget allocation to the health sector at the onset of devolution, accounting for only 2% of the annual county budget for the year 2013-2014. However, in the 2016/17 financial year, the county allocated 24 % of its total County budget to Health and Sanitation, a hugely commendable commitment in confronting health issues in Kitui County. However, nutrition had no vote line in the budget in the 2016/17 financial year estimates and was classified under the preventive and promotive Health services.

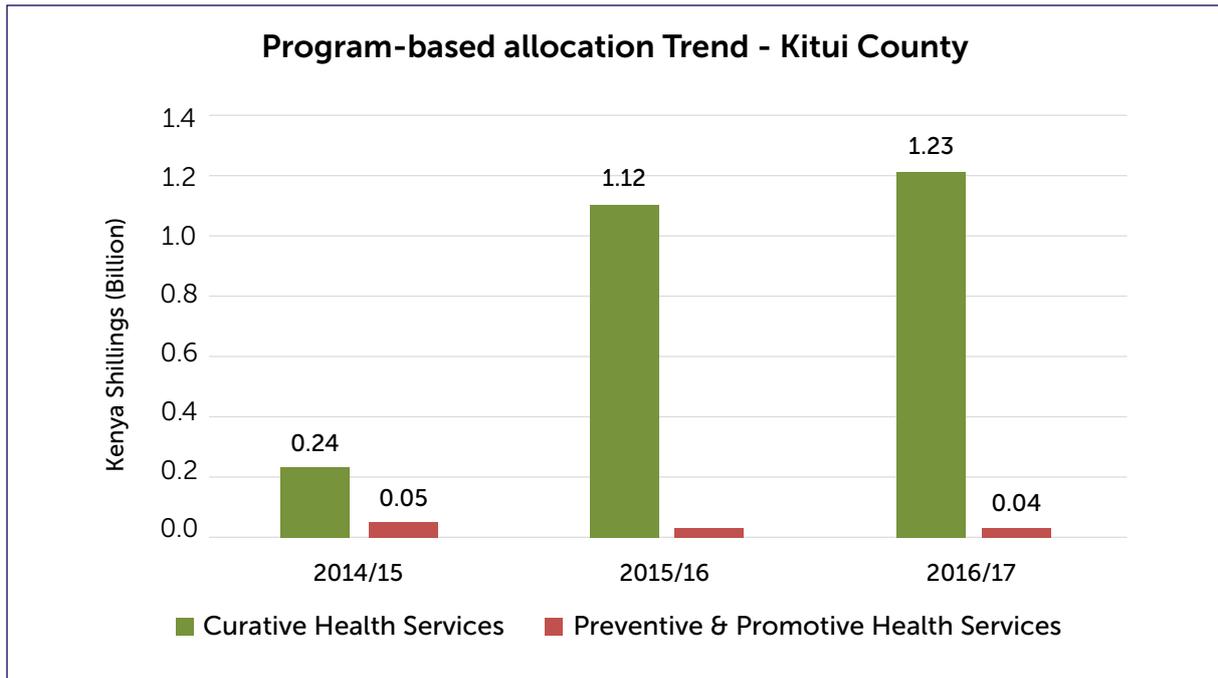
Kitui County allocated 35.4m Kenya Shillings in 2015/16 financial year for preventive and promotive health services while it budgeted for curative services at Ksh 1,1B Kenya shillings. Nutrition benefits the community as a preventive service, protecting at-risk children and mothers. Awareness creation, outreaches, and other information-sharing services may not get adequate support with this funding divide.

The existing budget as at 2016 does not identify nutrition as an item even within preventive and promotive services, therefore making it susceptible to receiving inadequate attention in resource allocation.

Asked how the nutritionists would access funds for day-to-day operations, nutritionists said they had to go to the hospital administrators and submit a requisition form based on what was needed. Once the administrator approved to form, the requester would then then take it to the accounts office for payments.

Asked whether there was a financial control system in place, respondents said there was one in place, when asked to name it they mentioned vote books and invoices.

Figure 2: Trends in Program-based budget allocation



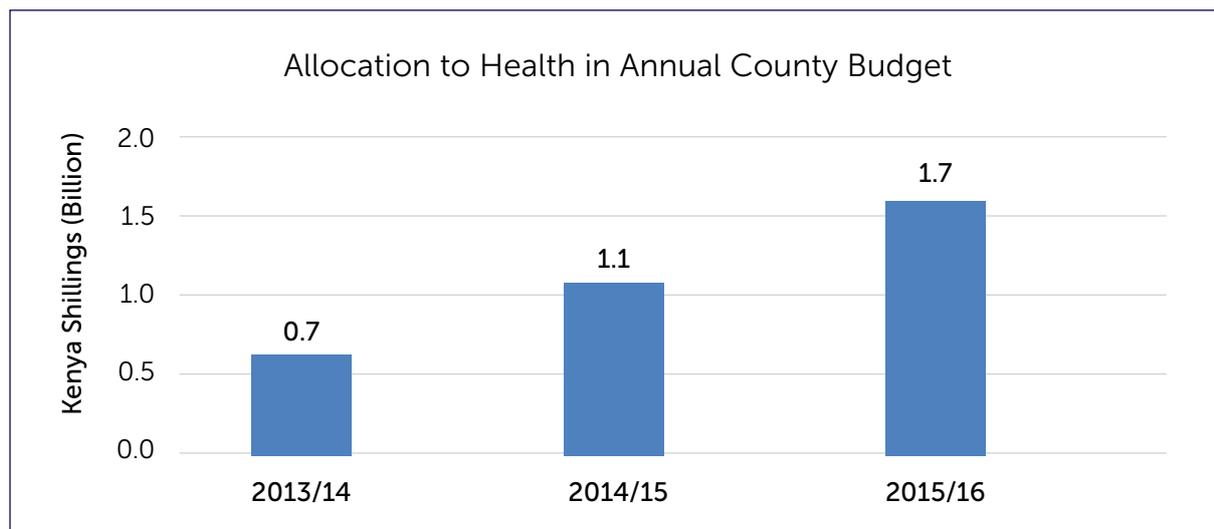
Source: Programme Based Budget for the Year Ending 30 June 2016

The County has initiated a series of projects to help combat malnutrition in Kitui County. It has embarked on the “*Pamoja tujikinga Magonjwa Health Strategy*” of which nutrition forms a major component of its objectives. It also announced Ksh. 75.6 Million set aside to tackle malnutrition in Kitui. This is in line with the County Integrated Development Plan that noted a need for the county to put in place nutrition programmes for pregnant and lactating mothers and their children. The document presents that this will reduce the infant mortality rate. It also proposes to intensify maternal, Infant and Young child feeding programmes to increase the immunity of infants.

Kitui County has also received Non-Governmental attention from various partners including UNICEF, Peace Corps, Population Services Kenya, European Union, International Medical Corps, and the International Committee for the Development of Peoples - CISP among others. This notwithstanding, the County continues to face a persistent malnutrition concern. The Counties expansive territory, consistent food insecurity due to drought and high levels of poverty (60%) have stacked up against existing malnutrition interventions.

Whereas the FNSP proposes that “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 assures the citizens of Kenya that the Government will ensure that the citizens shall be freed from hunger but denies the same right by absolving themselves in the same statement by saying all this will be *subject to requisite resources*. The absence of a commitment to support adequate nutrition has also resulted in the lack of adequate funding for nutrition nationally, a shortfall at the National level that the county of Kitui could improve on to both fit the context of the county, and establish tangible commitment to further nutrition and health for Kitui.

Figure 3: Health Budget for Kitui County



Source: County Budget Estimate documents

All health officials reached (100%) agreed that funds flow between the county headquarters to the health facilities. 22% of these were not aware of the criteria used to allocate funds for under the health department. Similarly, only 30% of health officials were aware of existing funds for nutrition at the health facilities, while the rest (70%) were not aware. Asked how much money the health centers received for nutrition services, respondents gave an average of Ksh. 600,000 for a financial year.

In general, the respondents who work in the county's health sector agreed that the funds were insufficient, as only 20% felt the funds were adequate. The lack of a budget line on nutrition in Kitui County has made it difficult to analyze the amount of funds committed and spent on nutrition specific activities. This translates into an unclear picture of what is required to achieve specific anticipated results in nutrition, hence denying Kitui County an opportunity to implement evidence-based decision-making and budgeting around nutrition. The lack of clear information on how much has been spent before, and what was achieved, clearly hampers evidence-based fund allocation decisions, to the detriment of county nutrition.

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).*

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.



Picture 5: Community members in a feedback forum with county health Officials in Kauwi Ward, Kitui. CISP 2017.

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.

Kitui County has the *“Pamoja tujikinge integrated programme”* also referred to as PATUMAP, where 2100 community health volunteers (CHV) are recruited to form support groups and also enhance nutrition education among the members. The CHV work 7 days a month in communities to promote general health matters. While this move is a positive direction towards community engagement and participation, it may yield even better results for nutrition if the skills and expertise in conducting nutrition education and assessments by the volunteers are strengthened. The level of malnutrition in Kitui County requires solid interventions by skilled county actors with the community, partners and health workers getting involved.

Other methods of sharing information include: Twitter, which is a county-run platform with just over 1600 followers. The county has shared a range of health-related information through this platform. The county also has a Facebook presence.

Similarly, the county has a website under which general information about the county structures and ministries has been uploaded. Some key documents available for download on the website include the current County Fiscal Strategy Paper, Annual Development Plan, Budget estimates, and the county budget review and outlook paper.

However, these online platforms outside of the urban centers for information sharing cover a limited audience. Twitter, for example, requires a smartphone with a little more complex operation knowledge as compared to basic Short Message Service (SMS) that still utilizes the phone but has no limitations on phone type. Written messages however, require that the local community is literate and this might not be the case all over the county.



There is need for Kitui County to strengthen existing communication structures, by adapting them to be easily available to the service users. Downloadable IEC materials should be uploaded for those who can access the website, and the language options expanded from English. Media use, engaging the CHVs under the PATUMAIP structure, and traditional *barazas* are still useful avenues to support effective information sharing on new and ongoing nutrition and health interventions by the county.

Health and nutrition data are collected by the Kenya National Bureau of Statistics (KNBS), the principal Government agency for official statistics through the Kenya Demographic and Health Survey (KDHS). The survey collects information on, among others, maternal health and mortality; antenatal and postnatal care; infant and child mortality; nutrition; breastfeeding; child health; family planning; fertility and fertility preferences; HIV/Aids knowledge, attitude and practice; malaria; household and respondent characteristics, and other health related issues. This is done in partnership with the Ministry of Health, National Council for Population and Development and development partners. However, whereas the FNSP reported that information sources and health information databases were poorly managed, and data collected in the national sample frame was not disaggregated to lower administrative levels, the 2014 KDHS was the first survey designed to provide demographic and health indicators at the county level.

Respondents were asked what the data collected using available systems was used for. Responses included identifying prevalence of malnutrition, for decision making, budgeting and administrative purposes, making reports and follow ups, initiating orders for commodities, and identification of trends for planning, monitoring and evaluation.

When respondents were asked who was responsible for ensuring that health and nutrition data collected was of good quality, only the records officer and the nurse in-charge were mentioned. The nutritionists were not seen as playing a role in quality assurance.

Table 2: Information Storage and access

Information Storage methods	
Electronic System	Manual System
Soft copies online	Hard Copy registers
DHIS	Bin Cards
Computer files	Tally Sheets and reports

The Child Health and Nutrition Information System (CHANIS) was not mentioned by any respondent despite its existence. In general, there is lack of policy, regulatory and adequate institutional framework for data management and exchange. The respondents were also not aware of any specific set procedure for accessing health and nutrition information available at the county.

The county should institute an information management system that addresses, not only data records, but also how they data is collected, stored and archived. This will safeguard crucial data while ensuring the process does not unnecessarily impede access and inadvertently affect use of data for decision making. This data should, at its very core, support the county by providing evidence to inform decisions in support of better nutrition.

3.3 Process of Decision making

The devolved governance structure advocates for the participation of people in processes and decisions that affect them. Currently, the county structure, as concerns nutrition, utilizes the PATUMAIP structure, where the CHVs act as a gateway for information from the county to the communities and from the communities back to the county level decision makers. The county also uses these platforms to collect information on a range of issues of concern, aside from using the usual public participation forums related to the budget that are more common and county-led. These processes inform the community of existing nutrition strategies and allow for the incorporation of the community in the decision-making process. The county structure under the PATUMAP is relatively new, but its engagement holds huge potential for strengthening community engagement in decision making around health and nutrition.

With this programme communities are able to provide feedback through the CHVs that would assist in decision making. Communities need to be involved in the process of decision making to make meaningful change at that level. It is difficult to implement decisions without the participation of those who are to carry out the decisions. To do this the implementers of the decisions must be able to understand why and how to implement the decisions made.

Some County health officials point out that the involvement of all stakeholders has faced challenges, resulting in parallel projects and work plans among sectors and stakeholders, and priorities and projects that are not in line with County objectives. Because of this, past collaboration attempts have been strained.

Aside from synchronizing objectives and strategic application of projects, involving stakeholders effectively fulfils the constitutional provisions for greater public participation, and elicits joint ownership and responsibility for actions taken by the decision makers. It also allows the community to better understand the objectives and creates positive synergy between them and the officials. Decisions reached are therefore sustainable with a wide range

of active stakeholders. When communities are not involved in decision making, adoption of the recommended practices becomes slow and are prone to resistance.

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 the County's needs. The private sector as well as development partners will be significant allies to further County efforts to improve food product quality, regulations and safety.

Kitui County is yet to establish a contextualized regulatory framework for nutrition. A regulatory framework would ensure that standards of service are always maintained, and guidelines followed. The one piece of legislation that touches on food security is the 'Sorghum Act of 2014,' which provides for the growth, development and regulation of the sorghum industry. It attempts to accelerate the growth and development of the industry, and is expected to improve investment climate and efficiency of agribusiness in the county.

Without regulatory frameworks and standards, the quality of services provided is likely to vary from time to time and from place to place compromising the health of the population. Whereas the county health actors at facility level have access to a range of nutrition-specific guidelines and Standard Operating Procedures (counseling, young child feeding, hygiene and sanitation, IMAM and, Guidelines on Nutrition in HIV), overall county-level, county-specific regulations for nutrition are yet to be formulated.

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. Other institutions that may be of support to establishing regulatory frameworks and guidelines include the Kenya School of Government (KSG), and the Kenya Medical Training College (KMTC) with has a presence in the county of Kitui. The institutions may assist with, among others, strategies to meet the human resource gap at the health centers.

Institutional engagements strengthen partnerships, improve productivity and efficiency. Kitui County may need to strengthen engagements with current and new institutions in promoting nutrition given that the causes of malnutrition are multi-faceted. Institutions such as universities, government ministries, research, development and private entities are likely to significantly support the county to positively influence nutritional outcomes in Kitui County.

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.



Picture 6: Community members react in an information session with a Public Health Officer on in Kitui. 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.

Platforms for sector coordination in Kitui exist though they are irregular in meetings and are yet to achieve full commitment from the members. The County Health Management Team (CHMT) has been coordinating nutrition interventions in the county, including meeting interested partners, and coordinating their activities. Other platforms include the County Drought Contingency Planning Review meetings that brings together nutrition actors, though not regularly. The County Nutrition Technical Forum has been in existence since 2016, with its Terms of Reference developed by mid-2016. An additional coordination tier has been by partner organizations working in the county, and need-based coordination meetings by the Ministry of Health with a variety of stakeholders. Implementation of nutrition interventions by different sectors is however, not well coordinated, as the different platforms are yet to crystallize their roles and membership. Another tier of coordination has been amongst partners. There have been three coordination sessions involving the MOH and its key partners, where sub counties formed their SCNTFs, finalized their TORs and spelt out their memberships. As a result, duplication of efforts among different sectors and actors has reduced, indicating progress towards better health and nutrition in the county.

Kitui County has a good number of nutrition agencies, donors, and partners working towards better health and nutrition. However, even with so many stakeholders and partners in nutrition, the actions are not sustained enough to effectively counter the current rates of malnutrition.

The causes of malnutrition are multi-sectoral in nature requiring a broad range of actors including; Planning (human development), Agriculture (food security), Industry and Trade (food availability), Economy (purchasing power), Women and Children Development (family empowerment), Education (knowledge and skill), Manpower/Workforce (productivity) and Socio-culture (nutritional behavior). Nutrition programmes therefore need to engage sectors beyond the health sector and address issues through an integrated approach for successful achievement of goal.

There is an urgent need to further strengthen existing accountability and transparency mechanisms through providing clear and precise terms and conditions of engagement, outline clear roles and responsibilities of each collaborator and define the expected outcomes/ outputs. Through the coordination role of the County Nutrition Coordinator under the Health Department, Partnerships from different sectors with actions towards nutrition will be guided by clear entry and exit strategies, backed and driven by the County government to ensure sustainability and avoid future eroding of gains made.

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 national level. 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 other diseases such as Malaria.

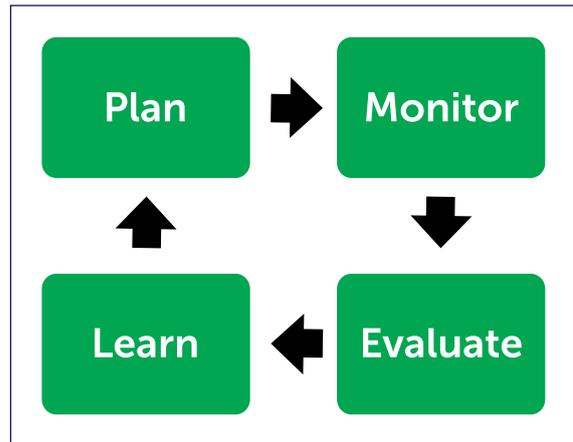
With the devolution of the health services to counties, Kitui County is at a critical juncture where it can consider developing its own, effective legal framework for nutrition to guide the actions aimed at the existing nutrition problems. Such a process will bring to bear the wide range of public and private sector actors to join hands in this process. 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.

The County Integrated Development Plan presents a range of avenue for this, including an acknowledgement that to improve maternal health, the county should put in place facilities and personnel to mitigate risks associated with poor nutrition and pregnancy complications. The same document proposes, as a policy direction, support for nutrition and balanced diet programmes including increasing health staff to population ratio and improving maternal, neonatal child and health services under the county ministry of health and sanitation.

3.7 Monitoring and Evaluation system for nutrition

The 2011 Food and Nutrition Security Policy tasks the government with building into the strategic framework an effective Monitoring and Evaluation System whose main work will be to monitor programme implementation and performance against a set of pre-determined indicators. The policy promises to support line ministries in their efforts to monitor their contributions towards attaining food and nutrition security goals and objectives through their own sectoral plans and technical programmes. The vital role of Monitoring and evaluation in achieving the Food Security strategy is therefore recognized at national level.

Asked if they had a monitoring and evaluation system in place, 81% of the county health officials who were respondents responded in the affirmative, and 70% acknowledged the existence of nutrition monitoring and evaluation tools at the health facilities. However, only 50% of these respondents had received training on monitoring and evaluation. However, when asked to give the system, the respondents referred to a series of different, disaggregated methods of getting updates, including weekly staff meetings, DHIS records and follow-up visits. However, aside from the DHIS data which the County relies on for relevant data for decision making, none of the others had any data that had been archived.



The County Integrated Development plan for Kitui notes this critical gap and states that the County has a weak monitoring and evaluation system for review of its plans and projects. It also suggests a lack of understanding of M&E guidelines offered during the periodic visits to projects. In the absence of a county level integrated M&E system, there is a weak linkage between planning, budgeting and resource allocation.

It also means that County interventions may not all be tracked to reflect the real level of consequent results achieved for county nutrition actions. A further potential result is a lower use of evidence in identifying specific nutrition requirements, preventing timely provision of services to the areas of greatest need.



Picture 7: Community feedback session on nutrition services in Kitui County. CISP 2017

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



1-2 kwa siku



1-2 kwa siku

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.

Kitui County has employed a total of 15 nutritionists, five of whom work mostly with the HIV/AIDS clinics. Given the expansive state of Kitui County and the population, the nutritionists are unable to reach most the population. The CIDP presents a population of 1,012,709 from the last (2009) national census. This population divided by the current number of nutritionists mean the Nutritionist /population ratio is 1:67,514, twice the national ratio, and way short of the recommended ratio of nutritionist per given population under the Standard Norms and Practices for Health Workers' Manual (2015). This number remains low for the population and may not effectively respond to the nutrition challenges faced by Kitui County.

Similar to other counties like Kwale and Kilifi, the initial response to this shortage has been the engagement of the nurses and Community Health Workers in assisting the nutritionists. This strategy's immediate usefulness is countered by a weakness that those assisting may not necessarily have expertise in nutrition. Furthermore, when other actors in health is seen to be able to take up nutritionists' work, an impression is inadvertently created that nutritionists are unnecessary as their roles can be picked up by other actors with different qualifications.

The current ratio of nutritionists to health facilities means each nutritionist serves at least 4 health facilities. The CIDP cites 255 public health facilities as at 2013, consisting of 15 hospitals (11 public and 4 private), 25 health centres, 185 dispensaries, 44 private clinics and 10 nursing homes. The current 15 nutritionists would have to each serve at least seventeen (17) facilities to cover them all with nutrition services.

4.2 Roles of the nutritionists

The role of nutritionists in the health sector cannot be overstated. At county level, the county health and nutrition officers mentioned a range of roles executed by nutritionists in the county, including: screening patients for malnutrition and giving nutritional counseling, meal planning, curative management of lifestyle diseases, advice on therapeutic diets, growth monitoring and evaluation for children under 5 years old, supplementation, in-patient management of clients with HIV/AIDS, giving health talks and nutrition education.

The range of work carried out by nutritionists is both vital and sometimes the county has engaged nurses to do the work of nutritionists in case of increased demand of nutrition services. However, their engagement may potentially take away crucial staff from much-needed nursing services. Moreover, given the temporary nature of this support, the arrangement presents sustainability challenges when the surge in services is not maintained.

4.3 Training

Kitui county has made available some capacity development training for its health staff, according to the health officials reached as respondents. Asked if they had received any nutrition training within the last two years, a third of the respondents had received training, while 67% of the nutritionists said that they had not had any form of nutrition training in the past two years.

Figure 4: Nutritionist’s workload



In terms of academic training majority of the nutritionists interviewed (58%) had a diploma level qualification, 25% had a certificate as qualification, and 17% had an undergraduate degree. Trainings are used to sharpen the skills, update the health workers on new knowledge and the use of new tools of trade. They are therefore important to the nutritionists and need to be conducted every so often.

80% of the health officials agreed that there were standard operating procedures where they worked. The standard operation procedures named included, Procedures for counseling clients on young child feeding, Hygiene and sanitation, IMAM, and Nutrition in HIV guidelines.



CHAPTER 5: AWARENESS AND DEMAND

5.1 Awareness & Demand for Nutrition Services

The level of awareness for nutrition services in Kitui County is generally high. Clients who participated in the study recognized nutrition services offered at the health centers and knew where to get nutrition services from. Patients deliberately visited health centers to access nutrition services. Asked to mention which nutrition services they got from the health centers, respondents mentioned weight measurements, information on exclusive breastfeeding and pre-natal nutrition, and vitamin A supplementation.

Participants in all Focus Group Discussions in Kitui said they were aware of the nutrition services available in facilities, but identified the person giving the services as a nurse, rather than a nutritionist. It could be that the community is not aware of the existence of a nutritionist as a specific service provider, or that the service provider at the health facility in the community was a nurse.

“Sometimes we hear talks on the radio on matters of nutrition and also the nurses at the health centers tell us about nutrition”

Asked which sources of nutrition information they accessed, the respondents mentioned the following:

- From colleagues
- Other health workers
- Radio
- Reading in books
- Neighbors & family members

IEC materials were mentioned in all FGDs as available, but were noted to be inadequate. 90% of health actors reached agreed that there were IEC materials on nutrition.

Similarly, 90% of respondents agreed that there was nutrition equipment available in the health facilities. Materials and equipment mentioned as available included weighing scales, height boards, IEC materials, Mid-Upper Arm Circumference (MUAC) tapes and BMI wheels. All the nutritionists interviewed (100%) acknowledged being able to use the equipment available. All respondents similarly acknowledged that in each facility there were personnel trained on using the existing equipment. However, 27% of respondents who were health officials were not aware of a system for training staff on the use of new equipment.

Respondents who were health officials were asked how they would like to see nutrition improved in their health facilities. The proposals from the research process include:

- The designation of a nutritionist’s office at the facilities

- Nutrition supplements, commodities and others supplies to be made available
- Be offered more nutrition-related training.
- Allocation of nutrition-specific funds
- Strengthen the community strategy
- Offer IEC materials and training/awareness on lifestyle diseases
- Employment of more nutritionists

Respondents were asked to say if they were happy with the nutrition services available to them. Most of the respondents mentioned the lack of someone specialized in nutrition, though they acknowledged that the nurse was offering some nutrition information. Some argued that the nutrition information available was limited, so was the relief food where the distribution services were targeting only the very old.



Picture 8: The County Nutrition Coordinator, Mr. Matheka, facilitating a nutrition meeting in Kitui County, CISP 2017.

When asked how they would want to see the services improved, respondents suggested the following:

- Increase food aid available to the communities
- Employ a person informed on nutrition to be employed
- More awareness messages and information on nutrition in communities
- Have a more consistent supply of nutrition commodities.

5.2 Community Resilience

Kitui County has been facing food shortage challenges for a number of years now. For the county, this struggle has led to high malnutrition levels, including acute malnutrition among children. Coping strategies in times of crisis such as food shortage can make the difference between malnutrition and optimal nutrition. The very modes of resilience approaches applied by communities have encouraged the existing malnutrition and undermined county-led efforts to improve the situation. Some of the coping strategies used during food shortages included:

- Engage in casual labour to get money to buy food
- Purchase from local market
- Getting food on credit from neighbors
- Selling of livestock
- Borrow food or money for food from neighbors and family members
- Selling livestock to get money for food

Support systems such as reliance on family, and relief food provide a short-term safety net in times of crisis when there is food shortage. However, some stop gap measures such as food relief have become ineffective because they are no longer viewed as stop gap measures but are increasingly being perceived as solutions for the hunger crisis by the communities. Food insecurity is major cause of malnutrition in Kitui County, requiring communities to be more empowered with knowledge of food preservation at house hold level to support resilience. This will provide families with adequate food during the draught season when food becomes scarce. Apart from the food preservation, they need knowledge of food storage to avoid losses due to food spoilage and poisoning.

Under the strategies for mainstreaming cross cutting issues in the CIDP, Kitui county addresses disaster risk reduction and resilience. It underlines the Hyogo Framework of Action's five priorities for action, one is the use of knowledge, innovation and education to build a culture of safety and resilience at all levels. Projects initiated at county level includes subsidized farm inputs support, kitchen gardening, rehabilitation of fish ponds and establishing farm ponds. Proposed projects include rabbit keeping, new kitchen gardens, fish farm development, greenhouse establishment and irrigation projects.

All respondents (100%) were not aware of a system for accessing funds during emergencies, nor were they aware of a system to track emergency funds in the county. However, outside of the emergency setting, 77% of respondents were aware of a financial control system in place at the county.

Similarly, only 27% of respondents were not aware of tools for tracking the use of nutrition commodities and supplies in the health facilities.

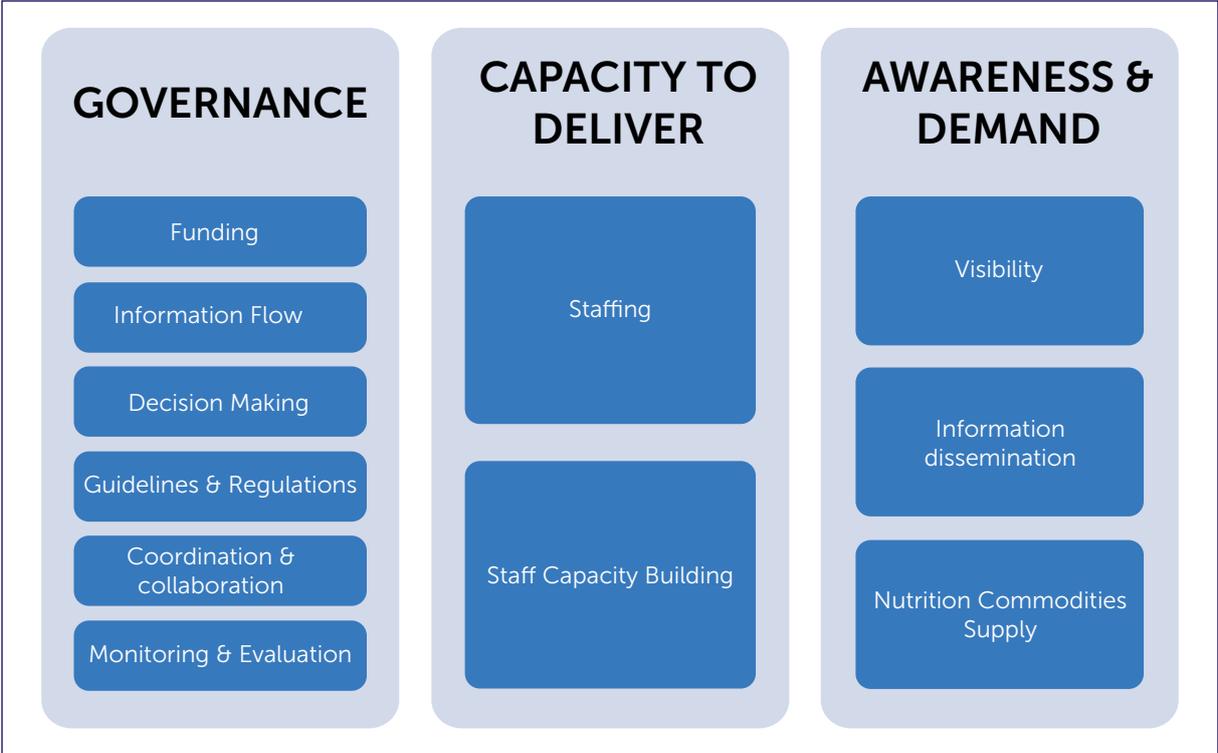
Nyonyesha Mtoto Wako

Maziwa ya
mama ni bora

Maziwa ya mama
ina marufaa
kwa mtoto



CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS



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 Kitui county.

6.1 Conclusion

Kitui County, like other counties, faces challenges in promoting appropriate nutrition. These challenges keep holding back the county from its vision to be a prosperous county with vibrant rural and urban economies whose people enjoy a high quality of life. This is because current malnutrition rates prevent a proportion of the population from being economically productive and from participating in the development agenda. With the county identifying the adverse effects of malnutrition, it acknowledges that the current policies inherited from the central system of government will help the county achieve its nutrition and food security targets if adopted. 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 for the people of Kitui.

The county government has shown its commitment to respond to health issues in Kitui by steadily increasing the budgetary allocation for health to more than double the initial amount between 2013 and 2016, but there was no explicit allocation of funds for nutrition by the end of 2016, which means there can be no articulate proactive planning for nutrition. Nutrition interventions are therefore dependent on good will and the absence of other perceived priorities.

Kitui County has instituted an act on regulating sorghum in the county; a laudable effort in contextualizing legislation to reflect the realities of the County, but is yet to institute county level policies or acts on food security and nutrition.

Communities report hearing nutrition messages from the media, as well as forums and outreaches at the community. This is a promising revelation for the county processes towards stemming malnutrition. However, with current technological progress in information sharing platforms, the county needs to update its online media (website and twitter) to speak to the citizens. The website is currently in information on health and nutrition, despite the CIDP noting that over 70% of the population could read and write. It only has summary of the county health structure, key hospitals and some workforce data. The website therefore misses key nutrition and food security documents e.g. the Ending Drought Emergencies document, County Nutrition Profile, key County statistics on nutrition, and reports on past and current activities. Also, Key IEC materials could easily be accessed from the same Health Tab on the website, but this is an opportunity that is yet to be harnessed.

Whereas the county has carried out a variety of activities in promoting nutrition in Kitui, there are no elaborate systems to adequately capture current results. However, the county has noted in its planning documents the lack of functioning monitoring and evaluation systems. Without address, this will present a risk that progress made responding to malnutrition may not be fully captured. Similarly, results and lessons learned to inform further interventions may be missed.

As the need for nutrition responses has persisted, the county has so far increased the number of nutritionists to 15 currently, with training opportunities being offered periodically. However, they are still a small team to adequately offer services at all the health facilities in the county, especially considering the current malnutrition statistics, and the population that needs the service. As it stands, each nutritionist must cover at least 15 health facilities to ensure all of them have nutrition services from a qualified nutritionist.

With this team of nutritionists, Kitui county has provided capacity development training to a small section of its staff. The current nutrition status however requires a continued capacity assessment and development process to keep service providers ready to respond to increasing demands. A system that supports its own service providers' development through progressive assessments and capacity building with the right tools and information to deliver the services effectively will be better placed to drive the county's agenda for nutrition, as well as for development.

Visibility of nutritionists in the county health system is still low, compounded by their small number that the county sometimes uses nurses to offer nutrition services. The community

members similarly find the mix between nutritionists and nurses both confusing and straining. Nurses already have a list of roles in the health facility, which adding nutrition services only makes it harder for a comprehensive response when needed. Communities see nutritionists as doctors, and miss out on advisory services at the expense of doctor-referred visits to a nutritionist. Nutrition services are conversely perceived as curative services, accessed only when one is sick.

There is still more to be done to harness current achievements in nutrition and health in the county, and improve existing responses to better handle the levels of malnutrition the county is facing. The progress made is testament to the county's commitment to changing the malnutrition trends in the county, and county planning reflects an acknowledgement of the same. The stakeholders coming on board to support county interventions also reflect a recognition of the multi-faceted nature of malnutrition, which, without a similar multi-faceted response, will not fully achieve intended outcomes. It is the combination of the commitment exhibited, and the bringing on board of both wider evidence and actors that will provide stronger support to current efforts ongoing in the county to respond to malnutrition.

6.2 Recommendations

Acknowledging the strides and progress made so far in nutrition and the plans highlighted in the county development plan, the following recommendations are meant to consolidate what has been achieved, and further augment what is being done for even better outcomes in nutrition:

- 1. Funding:** Explore the possibility of a specific budget 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 will hold back nutrition programming accompanied by a challenging monitoring process. There is an opportunity for the consistent increase in the Kitui health budget to be mirrored by a similarly progressive trackable commitment 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. Information stored in readily accessible forms by those concerned will also support 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 purposes.
- 3. Decision-making:** The County structures for decision making in nutrition need to provide for greater involvement of the community in decision making, outside the existing participation in general county budget processes in accordance with the County Governments Act and the Public Finance Management Act. Aside from the constitutional provisions for greater public participation, the importance of involving the stakeholders in decision making will allow for active participation and elicit greater ownership and responsibility for actions taken by the decision makers for improving nutrition in the county. This will also allow the community to better understand the objectives and creates positive synergy between the officials and the community, supporting sustainability of decisions reached by decision makers and stakeholders.

4. **Regulatory Frameworks:** The field of nutrition actors in Kitui is ever increasing, especially the number of private, non-state actors in supporting different nutrition outcomes in the county. The Health Department should consider regulatory terms and conditions of service for the nutrition sector in the county. This also calls for stronger linkages between nutrition frontline actors and the County Assembly that deliberates on the policies and legislation. Without a domestic regulatory body and framework in Kitui County for 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.
5. **Coordination and Collaboration:** Support the County Nutrition Technical Forum (CNTF) and the County Health Management Team (CHMT) to meet more frequently, and link their activities to the County health committee to keep the County Assembly periodically informed on nutrition progress. The role of coordinating county nutrition activities under the County Nutrition Coordinator is implemented with the support of the County Nutrition Technical Forum. 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 among nutrition actors, even when they work through different processes.

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.

6. **Monitoring and evaluation system strengthening:** The County needs a clear M&E framework for nutrition to support and consolidate ongoing efforts 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.
7. **Staffing:** The county should consider further reducing the nutritionist to facility ratio (currently about 1:17) in Kitui County, following its evident past commitment to increasing the budgetary allocation for the health sector in the county. 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. This will reduce instances where the work of nutritionists is done by other health officers and build trust to encourage greater demand from service users.

- 8. Capacity building:** With quantity, the staff capacity should be structured to ensure that a continuously updated and knowledgeable workforce is on the frontlines for nutrition planning and responses. A system that periodically assesses the capacity needs of the nutrition staff and engages the county as well as other health actors supporting nutrition services to respond to the identified gaps will strengthen the county's ability to respond more adequately to the county nutrition needs. 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, and provide a more comprehensive status on the county capacity in relation to nutrition service provision and response.
- 9. Visibility:** County Nutritionists should be more visible to encourage community engagement with them. Encouraging a nutrition-specific attire during community outreach or facility rounds will make them easily identifiable. Together with the dissemination of information about nutrition service availability, this will support the communities' shift from seeing nutritionists as doctors "curing" a disease, to sources of information to remain healthy even in the absence of disease. Such health-seeking behaviour will help anchor county efforts to sustain a progressive response to the current malnutrition challenge in Kitui County.
- 10. Nutrition Information Dissemination:** The county should develop a communication strategy for nutrition that merges the county's online presence with mainstream media, and traditional community information sharing platforms e.g. local meetings and cultural dialogues to improve the community awareness on what nutrition services the county can offer its population. The community Health Strategy, and PATUMAP could be harnessed to increase coverage during dissemination. In response to the perennial food insecurity in the county, an opportunity is to include in community information packages 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.
- 11. Nutrition commodities' supply:** The availability of the nutrition commodities at health facilities should reflect the existing need for them. A review of the supply chain and request processing will be integral in ensuring there are no gaps in the availability of these vital interventions. Communities will also seek for the services if consistency is achieved. At present, it appears that when the commodities run out, the community lose the initiative to seek for them. Ensure there is minimal disruption in services and commodities to sustain community demand.

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About the Nutrition Advocacy Project

About the Project:

The assessment of the nutrition sector in Kitui County was carried out as part of the Maternal and Child Nutrition Programme (MCNP), a UNICEF funded project to support the Counties in: 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 meant to contribute to existing contextual evidence and knowledge to support evidence based decision-making around nutrition and maternal health in Kilifi county in line with county and national government priorities and plans.

CISP worked with and benefitted immensely from close collaboration with National and County Government authorities, including the ministry of health, the County Health Department, especially the **County Health Management Teams (CHMT)** and **County Executive Committee (CEC)** Member, the County Nutrition Coordinator's office, local Civil Societies Organizations and other relevant stakeholders on the ground.

Stakeholders in the process have included county departments with nutrition-specific interventions, who have increasingly collaborated to improve the nutrition situation in the county. CISP also benefitted from coordinated action with **Population Services Kenya** and **International Medical Corps (IMC)** through regular quarterly meetings and collaboration in Kitui County.

CISP Profile



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.

Specific to Nutrition advocacy programming under the Maternal and Child Nutrition Programme in Kenya, CISP is active in Kilifi, Kwale and Kitui Counties.

ASSESSMENT OF THE NUTRITION SECTOR

Kitui County



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