MULTI-SECTORAL NUTRITION STRATEGY

Global Learning and Evidence Exchange
East and Southern Africa Regional Meeting

Kenya Nutrition and Health Program *plus*

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The U.S. Government's Global Hunger & Food Security Initiative

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FOOD AND NUTRITION TECHNICAL ASSISTANCE

SPRING
Strengthening Partnerships, Results and Innovations in Nutrition Globally

Introduction – Kenya Demographics

- Of the 43 millions Kenyans, 32% live in urban areas implying that majority of the population is rural
- Majority of households (89%) have acceptable food consumption score
- 54% of married women participate in four common household decisions, a reflection of increasing women empowerment
- 87% women aged 15 – 49 are literate, contributing to decline in fertility rates (3.9 births/ woman)
- 9% of women have BMI < 18.5; 33% BMI≥ 25 ; 10% BMI ≥ 30 pointing to changing 'manifestation' of malnutrition and increasing risk of NCDs among women
- Only 58% of women attend 4 ANC visits, pointing to missed opportunities for improving pregnancy outcomes
- Only 23% of HHs have improved toilet facility, while 34% of HHs have a hand washing facility, increasing risk of hygiene related illnesses

Source: KDHS 2014

Introduction – Kenya Nutrition Profile

- One in every 19 Kenyan children does not survive to age of 5yrs.
- 26% of children under 5 years are stunted; 4% are wasted whereas 11% are underweight
- 61% of children < 6months are exclusively breastfed
- Only 22 percent of children are fed in accordance with the recommended infant and young child feeding practices
- 72% of children aged 6 – 59 months receive Vitamin A supplementation
- 51% of children aged 12 – 59 months receive deworming

Source: KDHS 2014

Situational Analysis

Operational and structural challenges

- Poor access to MNCH health services
- Stock out and poor commodity management practices
- Inadequate knowledge on importance of first visit during pregnancy
- Sub – optimal complementary feeding practices
- Poor access to IMCI services
- Weak workplace support structures for breastfeeding mothers
- Weak integration of nutrition interventions into routine health services

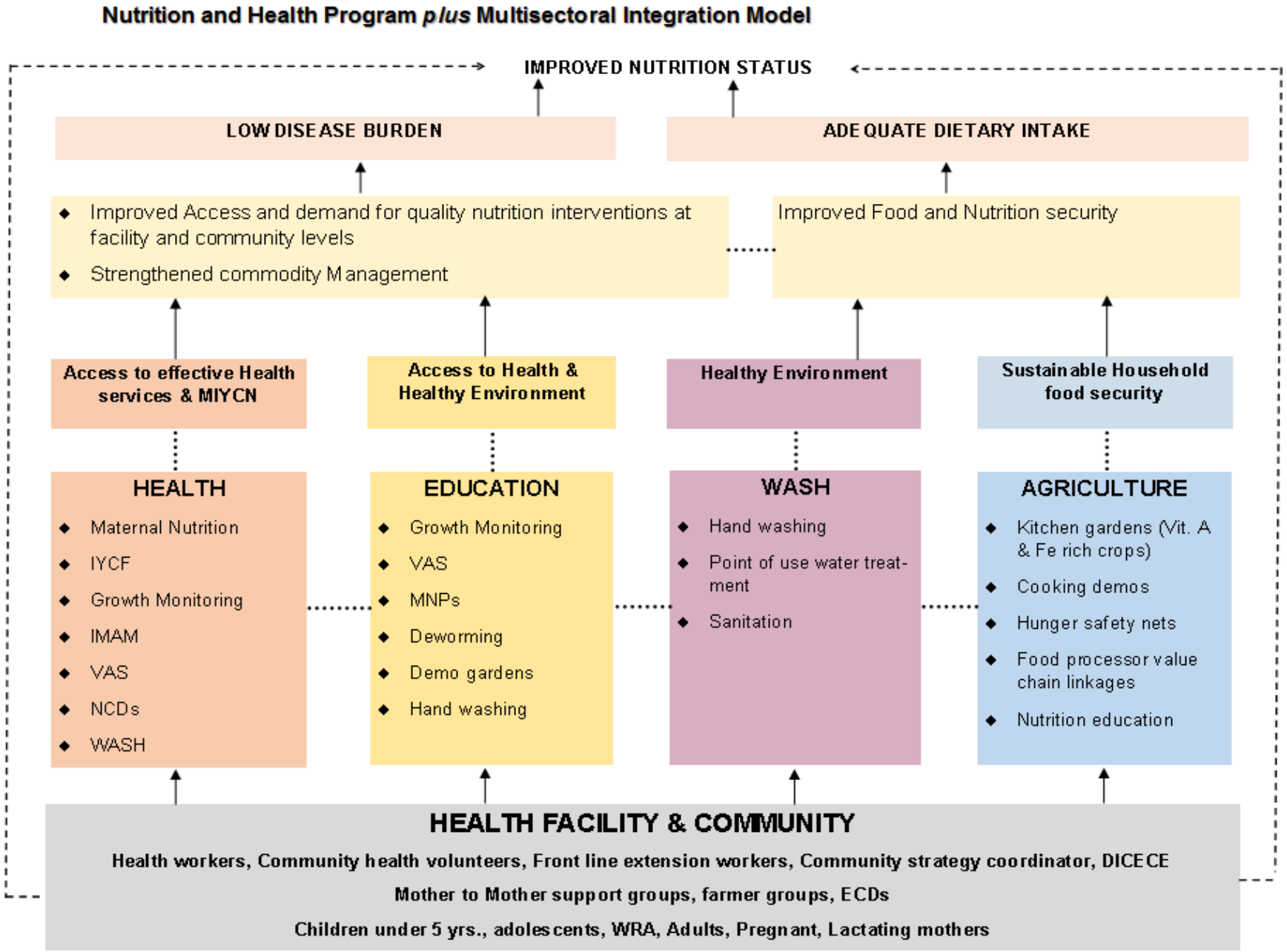
Consequences

- 58% of women make the recommended four or more ANC visits during their pregnancy
- 8 % of women take iron tablets daily for 90 or more days during the pregnancy
- 20 % of women make their first visit before the fourth month of pregnancy
- 22% of children 6 – 23 months receive minimum acceptable diets
- 56% of Infant mortality rates occurs within 1st one month of life
- 42% of infants 4 – 5 months old are exclusively breastfed
- Low coverage of HiNi

Source: KDHS 2014

Kenya Nutrition and Health Program plus

- Overall objective: To improve the nutrition status of Kenyans
- Intermediate result areas
  1. Improved access and demand for quality nutrition interventions at community and facility levels
  2. Strengthened nutrition commodity management
  3. Improved food and nutrition security
- Scope : National (NACS) and 5 FtF & MNCH counties (Busia, Tharaka Nithi, Samburu, Marsabit and Kitui)
- Funding streams : PEPFAR, Nutrition (MNCH), FtF


Nutrition and Health Program plus Multisectoral Integration Model
IMPROVED NUTRITION STATUS
LOW DISEASE BURDEN
ADEQUATE DIETARY INTAKE
Improved Access and demand for quality nutrition interventions at facility and community levels
Strengthened commodity Management
Improved Food and Nutrition security
Access to effective Health services & MIYCN
Access to Health & Healthy Environment
Healthy Environment
Sustainable Household food security
HEALTH
Maternal Nutrition
IYCF
Growth Monitoring
IMAM
VAS
NCDs
WASH
EDUCATION
Growth Monitoring
VAS
MNPs
Deworming
Demo gardens
Hand washing
WASH
Hand washing
Point of use water treat-ment
Sanitation
AGRICULTURE
Kitchen gardens (Vit. A & Fe rich crops)
Cooking demos
Hunger safety nets
Food processor value chain linkages
Nutrition education
HEALTH FACILITY & COMMUNITY
Health workers, Community health volunteers, Front line extension workers, Community strategy coordinator, DICECE
Mother to Mother support groups, farmer groups, ECDs
Children under 5 yrs., adolescents, WRA, Adults, Pregnant, Lactating mothers

Designing the Service Delivery Model

- Strengthening capacity for multisectoral nutrition programming at sub-county levels
  - Joint work planning
  - Capacity building of multidisciplinary teams
  - Support supervision
  - Dissemination and contextualization of guidelines
- Strengthening informed decision making of sub-county multisectoral teams for effective coordination, communication and directing demand driven result oriented activities
- Multisectoral communication strategies for maximum engagement and reach to all target audiences

From Design to Implementation

- Harmonized multisector calendar of events:
  - Malezi bora, World breastfeeding week, Nutrition week, World AIDS day, agriculture shows
- Integrated approach to needs or gap assessment analysis at all levels
- Standardization of multisectoral service delivery and reporting systems
- Support for cross training for multisectoral activities
  - Orientation of HCWs, ECD teachers, CHVs, Agri. Extension
  - Supplementation & set up of school gardens in ECDE centres to address dietary diversity and consumption Vit. A rich foods

Challenges – looking for adaptive design

- Missed opportunities for harmonization of Country, Donor and sector wide priorities
- Parallel reporting systems
- Lack of multi-sectoral M&E framework to track key indicators
- Varying agro-climatic zones in the five focus counties
- Funding for multi-sector nutrition sensitive activities at national and county levels
- Weak decentralization of multi sectoral coordination mechanisms to county level

Lessons Learned

- Multisectoral programs must go *mile deep, inch wide* as opposed to *inch deep, mile wide* and implement in a focused approach, by doing few activities really well rather than many activities inadequately
- Opportunities for multi-sectoral linkage across different programs exist and are untapped
- Nutrition sector needs to make more effort to match and translate key nutrition information for specific audiences across sectors
- An open mind is fertile ground for learning

Recommendations

- Multi-sectoral nutrition programming requires dedicated efforts towards documentation beyond program reporting
- There is need for alignment of strategies to global WHA targets e.g. for stunting
- Development of indicator monitoring framework for multisectoral nutrition strategy

Key Takeaways

- Kenya is making progress towards multisectoral nutrition programming
- Large-scale impact comes from better multisector coordination rather than from the isolated intervention of individual organizations