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## Nawiri Desk Review Report

# Government Sector Framework on Nutrition – Policies and Programs in Isiolo and Marsabit Counties of Kenya





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# Acronyms and Abbreviations

ASALs	Arid and Semi-arid Lands
ASDS	Agriculture Sector Development Strategy
AT4HR	Accountability and Transparency for Human Rights
BHA	Bureau of Humanitarian Assistance
CBOs	Community Based Organizations
CIDA	Canadian International Development Agency
CIDP	Country Integrated Development plans
CNAP	County Nutrition Action Plans
CRA	Commission on Revenue Allocation
CRS	Catholic Relief Services
CSOs	Civil Society Organizations
DANIDA	Danish International Development Agency
EAC	East African Community
ECHO	European Civil Protection and Humanitarian Aid Operations
EDE	Ending Drought Emergencies
ERS	Economic Recovery Strategy
FAO	Food and Agriculture Organization of the United Nations
FBOs	Faith Based Organizations
FFP	Food for Peace
FIES	Food Insecurity Experience Scale
FSA	Food Security Authority
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Development Agency)
IFAS	Iron and Folic Acid Supplementation
IMAM	Integrated Management of Acute Malnutrition
JICA	Japan International Cooperation Agency
KAVES	Kenya Agricultural Value Chains Enterprises Project
KNAP	Kenya Nutrition Action Plan
KNFNSP	Kenya National Food and Nutrition Security Policy
KNFNSP-IF	Kenya National Food and Nutrition Security Policy Implementation Framework
KNHSSP	Kenya National Health Sector Strategic Plan
Kshs	Kenya Shillings
LRAs	Long Rains Assessment
MOH	Ministry of Health
NAWIRI	Nutrition in ASALs within Integrated Resilient Institutions
NGOs	Non-Government Organization
NHP	National Health Policy
ODA	Oversees Development Assistance
OFDA	Office of Foreign Disaster Assistance (of USAID)
PWD	Persons with Disabilities
SDGs	Sustainable Development Goals
SMART	Specific, Measurable, Achievable, Relevant, and Time-based
SRA	Strategy for Revitalizing Agriculture
SRAs	Short Rains Assessments
SUN	Scaling Up Nutrition
SWOT	Strengths, Weaknesses, Opportunities and Threats
TIMPS	Technologies, Innovations and Management Practices
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

# Kenya Nutrition - Key Facts and Figures

Key Indicator	Status	Data Source
Population	47.5 million	Kenya Population and Housing Census (2019)
Isiolo County Population size (2019)	268,002 (139,510 male; 128,483 females; and 9 inter-sex)	Kenya Population and Housing Census (2019)
Marsabit County Population size (2019)	459,785 (243,548 male; 216,219 females; and 18 inter-sex)	Kenya Population and Housing Census (2019)
GDP (2020)	Ksh 9,740,360 million	Central Bank of Kenya (2021)
GDP per capita (2019)	US\$ 1,817	<a href="http://www.macrotrends.net">www.macrotrends.net</a>
Real GDP growth (2019)	5.4%	<a href="http://www.macrotrends.net">www.macrotrends.net</a>
Persons living with Disabilities (National 2019)	918,270	Kenya Population and Housing Census (2019)
Nutrition sector funding gap for ASALs per annum	(US\$25.5 million)	Kenya Nutrition Situation Overview for Arid and Semi-Arid Counties (2017–2018)
Population in the arid and semi-arid land (ASAL) areas of Kenya were facing high levels of acute food insecurity	739,000 (2020)	Government of Kenya: Integrated Food Security Phase Classification
Population likely to face high levels of acute food insecurity (October–December 2020)	6% (852,000)	Government of Kenya: Integrated Food Security Phase Classification
Estimated National Cost of Malnutrition (2010–2030) due to loss in workforce productivity	US\$ 38.3 billion	USAID Nutrition Profile fact sheet (2017)
Stunting (all population)	26%	Kenya Nutrition Action Plan (2018–2022)
Underweight	16%	Kenya Nutrition Action Plan (2018–2022)
Wasting (all population)	(290,000) 4%	Kenya Nutrition Action Plan (2018–2022)
Exclusive breastfeeding for six months (2018)	61%	International Breastfeeding journal (2018) <sup>1</sup>
Zinc deficiency (national)	70%	Kenya Nutrition Action Plan (2018–2022)
Prevalence of stunting among children under age 5	26%	Kenya Demographic Health Survey (2014)
Prevalence of underweight among children	11%	Kenya Demographic Health Survey (2014)
Prevalence of wasting among children under age 5	4%	Kenya Demographic Health Survey (2014)
Prevalence of anemia among children under age 5	36%	Malaria Indicator Survey, 2015
Prevalence of anemia among women of reproductive age (15–49 years)	22%	National Nutrition Survey, 2011
Overweight or obese (adults 18–69) women	38.5%	Kenya Stepwise Survey for Non-communicable Diseases (2015)
Overweight or obese (adults 18–69) men	17.5%	Kenya Stepwise Survey for Non-communicable Diseases (2015)

<sup>1</sup><https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-018-0158-9#:~:text=Kenya%20has%20high%20breastfeeding%20rates,receiving%20complementary%20foods%20%5B2%5D>.



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# Executive Summary

## Background

Catholic Relief Services (CRS) leading a consortium of partners to implement the Nawiri<sup>2</sup> program in Isiolo and Marsabit Counties of Kenya. Nawiri works to strengthen county systems, partnerships and carry out action-oriented research to understand local drivers of persistent acute malnutrition. This research informs design and implementation of contextually informed, evidence-based, and viable interventions for the Government of Kenya to scale up at county levels. It is against this background that the program commissioned a desk review to identify and analyze existing national and county nutrition policies, programs, frameworks, strategies, and action plans, focused on addressing acute malnutrition, and their interpretation and implementation status in Isiolo and Marsabit Counties of Kenya. This report presents the findings of this desk review. This desk review is aligned to Nawiri Research Area three (3) Understanding the evolving institutional context and its implications for livelihoods and drivers of acute malnutrition.

## Methodology

The desk review adopted Helen Young's conceptual framework on nutrition as a guiding framework in assessing and analyzing the causes of acute malnutrition in Africa's drylands. In addition, the review adopted the Integral human development concept that suggests that a state of personal well-being happens in the context of just and peaceful relationships within a thriving environment. For qualitative measurement of performance or occurrence of aspects of the review, a traffic-lights method of analysis was adopted. This analysis presents red for complete inadequacy or inclusion of needed aspects; yellow for moderate performance or inclusion of needed aspects in a phenomenon; and green for good, adequate, and satisfactory performance. Overall, a mixed methods approach was taken through the review with an interplay of both qualitative and quantitative methods in the illustration of content.

## Findings

### Assessment of the extent to which national and county policies, strategies and action plans address issues of acute malnutrition

Kenya is one of the few countries in the world that is likely to meet the World Health Assembly 2025 nutrition targets. Kenya is an active member of the Scaling Up Nutrition (SUN) Movement and has aligned most of its plans to the Sustainable Development Goals (SDGs). It has also participated actively in the formulation of the East Africa Community (EAC) Food and Nutrition Security Strategy (2018–2019). Over the years, there has been a gradual improvement in the prominence of nutrition and food security aspects in national and county policies, strategies and action plans, but this has happened more so after 2015. Nutrition as a development issue for Kenya is gradually being embedded in various policy strategies and development plans at all levels of government. This has happened more so after the review of the 2013–17 version of the Food and Nutrition Security Policy Implementation Framework. There is still work to be done to ensure that nutrition and food security aspects are not just mentioned but are mainstreamed in government planning, budgeting, and implementation at all levels. The majority of nutrition policies, strategies and plans have tended to be dominated by nutrition-specific approaches (e.g., treatment) as opposed to nutrition-sensitive (preventive) approaches. The challenge, however, is that the critical roles of development partners and non-state actors is vaguely stated in the national policy, yet these are critical

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<sup>2</sup> The USAID five-year program named after a Kiswahili word Nawiri that means 'to thrive'.



players in the fight against acute malnutrition from an institutional standpoint. The institutional alignment for tackling malnutrition from the government- and county-level perspective needs to urgently onboard both formal and informal systems to address the problem. However, there are still some disparities on how sectors and counties integrate nutrition in programming and design of interventions.

Considering the extent of the inclusion of key vulnerability themes (gender equity, disability, youth, climate change, etc.) in County Frameworks on Nutrition, the majority of the documents reviewed have included these vulnerability themes. However, the Kenya Constitution, the National Health Policy (2014–2030) and the Marsabit Country Nutrition Action Plan (2019–23) need to consider the inclusion of climate change issues, which affect the majority of populations in the Kenya arid and semi-arid lands (ASALs). The National Food and Nutrition Security Policy (2011) is silent on disability inclusion, including youth and leadership, although it mentions learning for reformation. Considerations, therefore, need to be made to ensure the mainstreaming of cross-cutting key vulnerability themes (gender equity, disability, youth, climate change and environmental issues, etc.) in national and county frameworks, policies, and strategies on nutrition, making these issues an integral dimension of the design, implementation, monitoring and evaluation of nutrition policies and programmes.

## Multisectoral Institutional and Coordination Structures for Nutrition Interventions

The official mandate for nutrition is with the Kenya Ministry of Health and is executed primarily through the National Nutrition and Dietetics Unit (NDU) within the family health division. The head of this unit is meant to be the SUN government focal point (though currently this is not the case) and chair to the National Interagency Coordination Committee (NICC). This is a coordination structure that brings together U.N. Agencies, civil society, academia, government (which includes the ministries of agriculture, livestock and fisheries, health, education, devolution and planning, water, East Africa, Labor, and security).

Kenya's nutrition and food security sector is guided by the Kenya National Food and Nutrition Security policy implementation framework (2017–2022). At the apex of the structure is the National Food and Nutrition Security Council. Among others, the functions of the council include providing policy direction, guidance, and oversight; committing national resources to the effective implementation of the policy; and ensuring that it is mainstreamed as a policy function by national and county governments. Under this apex council is a council of governors who identify priority food and nutrition security programs in their counties in line with national policy. At the level of cascading this institutional setup down to the grassroots is a national food and nutrition security steering committee linked to county-level food and nutrition security steering committees. These committees report to the council of governors. The work at this level is coordinated by the National Food and Nutrition Security Secretariat mirrored by the county food and nutrition security secretariats. These bodies receive inputs from stakeholder technical committees that have representation up to the community levels.

It was observed that the NICC has a weak linkage to the National Food and Nutrition Security Council, and the same applies for other sectoral committees. There is no over-arching government structure that coordinates nutrition functions across ministries. There is no indication of a higher body (for instance the presidency, the prime minister nor parliament) to which the National Food and Nutrition Security Council is accountable. This curtails opportunities to place nutrition at the highest agenda of government. Proposals have therefore been made for a higher umbrella structure to bring county and national structures under, for example, the Office of H.E the Vice President.

At the county level, there is a need for an elaborate legal framework on multisectoral nutrition coordination that provides clarity around leadership and ownership as well as a hierarchical alignment of who is responsible for results. There is also a need for an understanding of sectoral mandates by each

sector and how to ensure strong linkages across and within sectors, especially at the level of synchronizing activities, messaging, interactions, and budgeting. A sector-specific allocation formula should be put in place to ensure adequacy in financial and other support to multisector coordination efforts to address acute malnutrition. Divergences—including differences in approaches among various players—should be addressed, as well as issues related to frontline staffing.

## Analysis of Political, Institutional and Governance Capabilities

Ending acute malnutrition by addressing policy and institutional gaps at the sector level by strengthening collaboration with the county levels, including the private sector and other informal systems, will enhance the role of the central government in leading the commitment towards better implementation of nutrition interventions. Strengthening institutional alignment in a context with unique needs (ASALs) requires a deeper understanding of the problem (acute malnutrition) through bringing the population out of closed spaces to invited and claimed spaces where their voices can be heard.

Ultimately, the most critical institution is the household. Governance forces need to target households and engage the citizenry along all stages of the nutrition value chain. Making the citizenry the center of governance means that interventions will be focused, direct and impactful. At present, there is a high focus of effort at the national level, a lean provision of support at the county level and limited impact at the grassroots level. Overall, while the institutional alignment for health services delivery is largely focused on curative (treatment) aspects, multisectoral nutrition interventions require an inter-twined approach based on involving formal and informal systems of state and non-state actors to address basic causes of acute malnutrition. A critical role of the private sector and civil society is noted as a key to this fight.

## Nutrition Financing to address acute malnutrition

Over the past five years, there has been a demonstrable bold focus at the national level (under the big-four agenda) showing an allocation increase to nutrition sensitive interventions—although not as desired for nutrition-specific interventions. However, more work needs to be done. According to the annualized budget for implementing the Kenya Nutrition Action Plan, the nutrition requirement for FY 2020/21 is KES 77.71 billion. However, only 52.8 billion has been earmarked, creating a shortfall of KES 24.91 billion (a drop of 47.1%).

It is recommended that fiscal planning within the nutrition sector rally towards development partner support for nutrition-specific interventions to bring about a much-needed balancing act. Commendably, the multilateral and bilateral development partners have supported the counties to develop their own nutrition action plans. These plans have helped cascade the national nutrition action plan to the county level. The challenge is that the financing architecture of these nutrition action plans at the county level is not tied to the overall county integrated development plans. There needs to be a mechanism, where the budgeting under the action plans and implementation are aligned to overall county development plan budgeting and financing— including under key aspects like school feeding, irrigation, livestock farming and advocacy. In addition, it remains unclear if the mobilization of resources for the development plans and the nutrition action plans is being done cohesively. It is important to stress that planning and budgeting for the nutrition action and development plans at the county level be coordinated and that a clear results framework is designed. This would enable tracking of progress and demonstrate the county's progress in addressing acute malnutrition from a ray of interventions— both nutrition-sensitive and specific.

## Conclusive Note

While much has been done at the national level in terms of policies, strategies and action plans, more is needed at county and lower levels. The subcounty multisectoral forums are not well facilitated and need their capacity built and strengthened. This also applies to some functions of county and subcounty nutrition coordination structures. Building an enduring governance system is a process, and one that requires a well constituted and facilitated framework to coordinate implementation. This also relates to the inclusion of nutrition-specific and nutrition-sensitive investments in all these plans while mainstreaming key cross-cutting themes such as gender equity, disability, youth learning and leadership, environment and climate change, and vulnerability reduction. The desk review notes that these themes are thinly catered to right from planning. The implementation of nutrition-related interventions is tied to sector budgets and allocations, with limited flexibility to complement efforts outside the scope of a particular institutional budget. This is a gap that coordination committees need to critically address, especially in the early stages of county and sector budgetary planning processes.

# Background and Rationale of the Desk Review

## 1.1. Introduction and Background

Catholic Relief Services (CRS), the official international humanitarian agency of the Catholic Community in the United States, is leading a consortium of partners, including Concern Worldwide, Village Enterprise, Tufts University Feinstein International Center, Global Alliance for Improved Nutrition (GAIN), IBTCI and The Manoff Group, to implement the Nawiri program in Isiolo and Marsabit counties in Kenya. This project is funded by the USAID Bureau of Humanitarian Assistance (BHA) to sustainably reduce persistent levels of acute malnutrition among vulnerable populations in the two counties.

Although Kenya is one of the few countries in the world that is on track to meet the World Health Assembly 2025 nutrition targets (Global Nutrition Report, 2015), little progress has been made in Kenyan ASAL counties to reduce malnutrition rates—especially persistent acute malnutrition. It is vital to understand why progress at the county level has been slow and to identify ways to effectively address these challenges. It is also important to learn from national success stories about what has worked and how it can inform Nawiri’s response to acute malnutrition.

Notably, Nawiri is working to strengthen county systems and partnerships, and carrying out action-oriented research to understand local drivers of persistent acute malnutrition to design and implement contextually informed, evidence-based and viable interventions for the Government of Kenya to scale up at county levels.

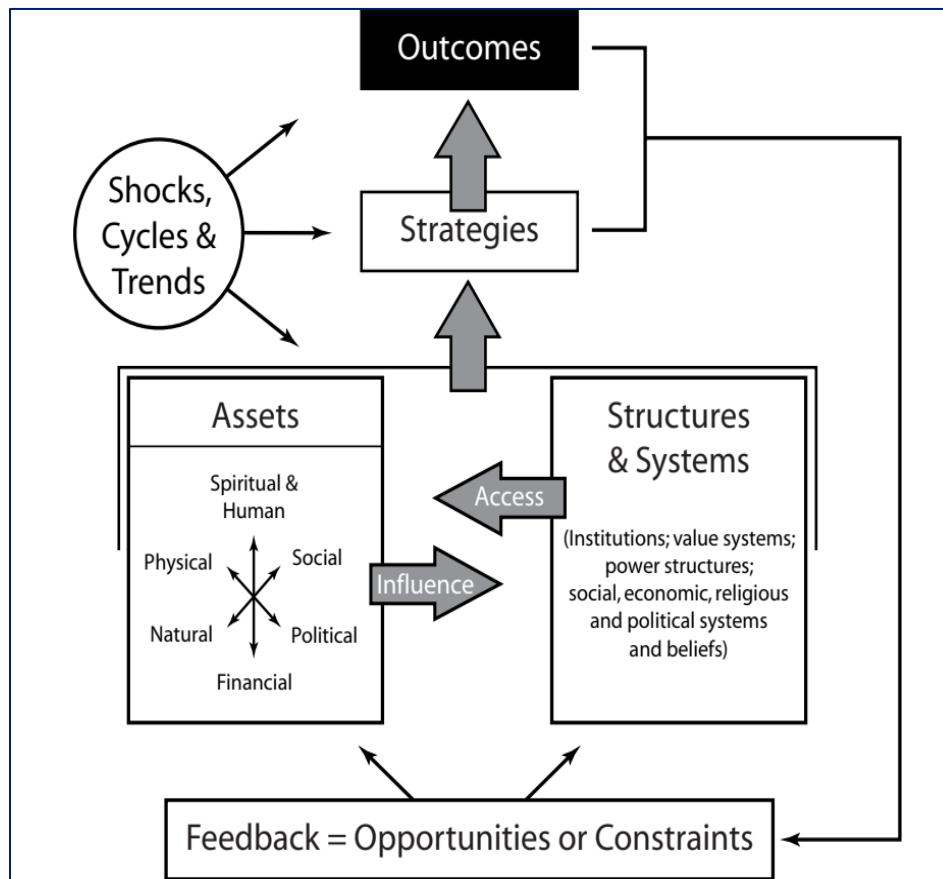
It is against this backdrop that the program commissioned a desk review to identify and analyze existing national and county nutrition policies, programs, frameworks, strategies, and action plans focused on addressing acute malnutrition, and their interpretation and implementation status in Isiolo and Marsabit counties. This report is an output of this desk review.

## 1.2. Rationale for the Desk Review

This desk review is aligned to Nawiri Research Area 3: “Understanding the evolving institutional context and its implications for livelihoods and drivers of acute malnutrition.” The desk review’s objectives, themes, analysis and recommendations were defined and structured based on Helen Young’s adapted Conceptual Framework for Acute Malnutrition. This framework serves as a guide to assessing and analyzing the causes of acute malnutrition in Africa’s drylands, including the systems (formal and informal) as well as institutional systems (including in reference to governance and related economic, food and health systems) which serve as the interface between the environment and livelihood systems by mediating access to resources, health, and other basic services. According to this framework, the strategy is to preserve elements that are globally recognized and endorsed, including nutritional outcomes (acute malnutrition and other forms) and immediate and underlying causes, while revisiting crucial aspects that have been neglected, especially in relation to the basic/systemic causes of acute malnutrition. Added to this is the next critical step, which involves developing concepts that encapsulate the basic, more systemic drivers of acute malnutrition in drylands (Source: Helen Young (2019): Nutrition in Africa’s drylands: A conceptual framework for addressing acute malnutrition, Vol 3., Page 4).

In addition, Nawiri adopts CRS’ Integral Human Development (IHD) Framework, which suggests that a state of personal well-being happens in the context of just and peaceful relationships within a thriving environment. The IHD conceptual framework is demonstrated below:

**Fig. 1: The CRS Integral Human Development Conceptual Framework**



**Source:** USAID and CRS (2008): A User’s Guide to the CRS Integral Human Development: Geoff Heinrich, David Leege and Carrie Miller Catholic Relief Services ISBN: 0-945356-33-1

The framework above shows that the primary objective sought is integral human development (a state where people can lead full and productive lives, meeting their basic physical needs and living their lives in an atmosphere of peace, social justice, and human dignity). This is achieved through the implementation of strategies—on one hand, the acquisition of assets and the presence of structures and systems that enable access and influence on natural, financial, political, social, and physical assets. This is within the context/reality that there are opportunities and constraints in this endeavor and that there are shocks, cycles, and trends that all populations have to face.

It is important to note that Helen Young’s conceptual framework and the IHD framework both emphasize the role of informal and formal structures and systems in addressing malnutrition.

This report presents a critical analysis of the policies, strategies, actions plans and frameworks on nutrition-specific and nutrition-sensitive departments, as well as other supportive literature reviews (both peer reviewed and grey literature) related to Isiolo and Marsabit counties and at the national level. Based on this analysis, recommendations are made against the following key objectives:

- i. The extent to which existing national and county nutrition policies, programs, frameworks, strategies, and action plans effectively address (or not) prevention versus treatment of acute malnutrition.
- ii. The extent to which the documents (in i) address nutrition-specific and nutrition-sensitive interventions and the needs of vulnerable groups (gender, equity, disability, youth and other cross-cutting issues).
- iii. Assessment of the level of financial investment from the public sector and donors on interventions aimed at reducing acute malnutrition (preventive versus treatment) and nutrition-specific versus nutrition-sensitive interventions in the two counties.
- iv. Governance aspects that include an assessment of institutional arrangements and coordination structures that exist to support the scale up of evidence-based, multi-sectoral nutrition interventions.
- v. Political, institutional and governance capacities, opportunities and strengths existing at county levels towards effectively delivering a multi-sectoral response to reduce acute malnutrition.

The desk review recommendations are based on the analysis of the findings on each of the above themes as presented in the chapters of this report. It is important to note that the desk review did not involve county engagements, and only secondary data sources were used. The information provided by this desk review will support program design and contextualization in a bid to arrive at innovative approaches that can contribute to scaled up interventions to address acute malnutrition in ASALs.

## 1.3 Methodology

This review adopted a combination of both qualitative and quantitative analyses (mixed methods approach) where contextual analytical presentation explains the quantitative data that was reviewed. Due to the reference of multiple sources of information, reporting has been triangulated to back up the same findings to enhance the credibility of recommendations arrived at. Key documents reviewed (more details provided in Annex 1) include, but are not limited to:

- i. Kenya Constitution (2010)
- ii. Kenya Vision 2030
- iii. National Health Policy
- iv. National Food and Nutrition Security Policy Implementation Framework (2017–2022)
- v. National Nutrition Action Plans (2012–2017) and (2018–2022)
- vi. National Food and Nutrition Security Policy (2011)
- vii. National Comprehensive School Health Policy (2007)
- viii. United Nations Development Assistance Framework for Kenya (2014–2018)
- ix. Child Survival and Development Strategy (2008)
- x. National School Health Strategy Implementation Plan (2011)
- xi. Kenya Food Composition Tables (2018)
- xii. Isiolo and Marsabit integrated development plans
- xiii. Isiolo and Marsabit County Nutrition Action Plans (CNAPs), among others



The desk review also adopted a traffic lights methodology (that shows red for lack of inclusion; yellow for moderate inclusion; and green for adequate inclusion of nutrition-sensitive and nutrition-specific aspects in the respective policy strategies and other frameworks both at national and county levels). The traffic lights methodology is used in Chapter 2.

A desk review design matrix was developed prior to the review that guided the analysis and data sources for each theme of this report. The matrix below provided a guide/criterion for the selection of documents that informed the various themes of this review report.

**Table 1.1 Desk Review 4x4 Matrix**

Key themes of the Desk Review	Sub-themes under study	List of Reference Documents per theme of the desk review	Commentary Green (sources adequate) Yellow (sources inadequate) Red (no information)
1) <b>POLICY</b> Review of existing national and county nutrition policies, program frameworks, strategies, and action plans	1.1 List and focus of current policies, strategies, plans and programs on the prevention and treatment of acute malnutrition in Kenya and for the two counties	1) Kenyan Constitution (2010) 2) National Health Policy (2012–2030) 3) Kenya Sector Strategic and Investment Plan (2013–2017) 4) National Food and Nutrition Policy Implementation Framework 5) National Nutrition Action Plan (2012–2017) 6) National Nutrition Action Plan (2018–2022) 7) Operational Guidelines for Rapid Assessment for Maternal and Infant and Young Child Nutrition in Emergencies for Kenya 8) Kenya Arid Lands Drought Mitigation Measures Enhanced Study Report (2018) 9) Kenya Nutrition Situational Overview for ASAL (2017) 10) Marsabit 2 <sup>nd</sup> County Integrated Development Plan (2018–2022) 11) Isiolo County Integrated Development Plan (2018–2022)	<b>Documents sufficient for Theme 1 of the study. However, the following could be added:</b> <ul style="list-style-type: none"> <li>❖ SUN recent reports on Kenya</li> <li>❖ Kenya Progress Report on SDGs Goal 1 and 2</li> <li>❖ More updated bulletins on ASALs Nutrition Situation</li> </ul>
	1.2 Assessment of level of performance of these policies, strategies, plans and programs in addressing nutrition-specific and nutrition-sensitive interventions		
	1.3 The extent to which policies, strategies, plans and programs have been able to cater to the needs of vulnerable groups along lines of gender, equity, disability, youth, and other cross-cutting issues		
	1.4 Factors that could be influencing either positively or negatively the achievement of goals and objectives of these policies,		

			<b>Commentary</b>
	<p>strategies, plans and programs.</p> <p>1.5 Assessment of the extent to which national and county-specific policies, programs, frameworks, and action plans remain relevant to the identified needs and ever-changing context/dynamics of the malnutrition problem as when they were first designed</p>	<p>12) FAO Kenya Food Composition Data (2018)</p> <p>13) Overall Nutrition Sector Bulletin July–September 2014 (overall Nutrition Situation in Kenya)</p> <p>14) Nutrition Situation in the Arid and Semi-Arid Areas (Feb 2015) – a bulletin</p> <p>15) Nutrition Situation in the Arid and Semi-Arid Areas (Feb 2016) – a bulletin</p> <p>16) Enhanced Food Balance Sheets for Kenya 2014–2018</p> <p>17) Draft Food and Nutrition Security Policy Sessional Paper 2011</p> <p>18) SUN Movement – Key Messages for Scaling Up Nutrition</p> <p>19) SUN Movements – Key Achievements (2015)</p>	
<p>2) <b>INSTITUTIONAL FRAMEWORK</b> Documentation of institutional arrangements and coordination structures exist to support the scale up of evidence-based multi-sectoral nutrition interventions</p>	<p>2.1 The current institutional arrangements for coordination for scale up of evidence-based multi-sectoral nutrition interventions</p> <p>2.2 The effectiveness of decentralized institutional service delivery for county-level service provision</p> <p>2.3 Level of engagement between public and informal structures and the adequacy of their preparation for scale up of multi-</p>	<p>1) Kenya National Housing and Population Census 2019 Vol. 1 and Vol. 2</p> <p>2) Kenya National Housing and Population Census 2019, Vol. 2</p> <p>3) Isiolo County Strategic Plan 2016–2020</p> <p>4) Isiolo County Annual Development Plan (2018–2019)</p> <p>5) Marsabit County Annual Development Plan 2019–10</p> <p>6) Isiolo County Annual Development Plan (2017–2018)</p>	<p><b>Documents partially sufficient for Theme 2 of the study on the Institutional Framework and Multi-sectoral coordination.</b></p> <p>Most reports are on Isiolo and more could be provided for Marsabit, as well</p>

Key themes of the Desk Review	Sub-themes under study	List of Reference Documents per theme of the desk review	Commentary Green (sources adequate) Yellow (sources inadequate) Red (no information)
	sectoral nutrition interventions 2.4 Assessment of local capacity of the various institutions and stakeholders so as to be able to handle evidence-based, multi-sectoral nutrition interventions	7) Isiolo County Disability Survey 8) Isiolo County Gender Policy 9) Isiolo County KABP Report (2018) 10) Isiolo Kenya Integrated Nutrition SMART survey Feb (2018) 11) Isiolo Semi-Quantitative Evaluation of Access and Coverage Survey for IMAM Program (2018) 12) Isiolo Semi-Quantitative Evaluation of Access and Coverage Survey for IMAM Program (2013) 13) Marsabit Semi-Quantitative Evaluation of Access and Coverage Survey for IMAM Program (2018) 14) Tana River County Semi-Quantitative Evaluation of Access and Coverage Survey for IMAM Program (2018) 15) Turkana County Semi-Quantitative Evaluation of Access and Coverage Survey for IMAM Program (2019) 16) Samburu Nutrition SMART Survey (2014) 17) Turkana Nutrition SMART Survey (2014) 18) Nutritional Anthropometric and Mortality Survey 2014	
3) <b>GOVERNANCE</b> Analysis of political,	3.1 Analysis of the political landscape as a driver or impendent	1) World Bank Kenya Country Memorandum (2018)	Documents NOT sufficient for this theme on Governance

Key themes of the Desk Review	Sub-themes under study	List of Reference Documents per theme of the desk review	Commentary Green (sources adequate) Yellow (sources inadequate) Red (no information)
institutional and governance capacities, opportunities and strengths exist at Marsabit and Isiolo county levels towards delivering a multi-sectoral response to reduce acute malnutrition	for advancing preventive or treatment efforts to tackle malnutrition	2) Fiscal Decentralization in Kenya and South Africa: A comparative Analysis (August 2013)	<p>Are there independent evaluations like the Kenya Common Country Assessment Report of NEPAD for 2008 and 2018?</p> <p>Are evaluation reports on Governance theme of Kenya's Vision 2030 or national plans?</p>
	3.2 Documentation of political economy and other governance issues that may influence positive or negative outcomes	3) Political Economy in Kenya post General Elections in 2017	
	3.3 Analysis of capacities for good governance by a SWOT analysis	4) Alexis Savage and Linda Lumbasi (2016) The Impact of Decentralization in Kenya	
	3.4 Scan of the actual and potential collaborators and competitors, including organizations which may serve the same neighborhood and/or target population		
<p>4) <b>FINANCIAL INVESTMENTS</b></p> <p>Demonstration of financial investment from the public sector and donors on interventions aimed at reducing acute malnutrition (preventive versus treatment and nutrition-specific versus nutrition-sensitive interventions) in Isiolo and Marsabit counties</p>	4.1 Identify the national budget and allocation priorities set aside for interventions towards reducing acute malnutrition	<p>1) Kenya Sector Strategic and Investment Plan (2013–2017)</p> <p>2) NHIF Strategic Plan Pathway for Health Financing in Kenya (2018–2022)</p> <p>3) Budget Transparency and Child Nutrition Report (April 2013)</p> <p>4) Itemized Budget (Isiolo) Net Development Expenditure (2018–2019)</p> <p>5) Isiolo Program-Based Budget (PBB) 2017–2018</p> <p>6) Isiolo County Development Projects/Programs (2018–19)</p>	<p><b>Documents partially sufficient for this theme on financing.</b></p> <p>❖ <b>Itemized Budget Net Development Expenditure Reports</b></p>
4.2 Review trends in existing funding, identify potential funding sources and undertake requirements analysis			
4.3 Resource inflows from donors, their frequency, and their effects on core nutrition program to establish if the financial resources provided are one-offs for specific project			

Key themes of the Desk Review	Sub-themes under study	List of Reference Documents per theme of the desk review	Commentary Green (sources adequate) Yellow (sources inadequate) Red (no information)
	implementations and budget support		
	4.4 Identify all existing gaps in the funding allocated towards fighting malnutrition in the project areas.		
	4.5 Identify and highlight key issues of resource mobilization for nutrition policies and programs implementation in Isiolo and Marsabit Counties.		

The report is presented in five chapters:

- i. **Introduction** provides the background and rationale for the desk review.
- ii. The second chapter examines **the extent to which** national and county nutrition policies, strategies and action plans have (or have not) addressed the prevention and treatment of acute malnutrition.
- iii. The third chapter looks at the **institutional and coordination structures** that exist to support the scale up of evidence-based, multi-sectoral nutrition interventions.
- iv. The fourth chapter presents a **discussion of political, institutional and governance** capacities, as well as opportunities and strengths of Isiolo and Marsabit counties, to deliver on a multi-sectoral response to address acute malnutrition.
- v. The report concludes with an **analysis of financial investments** from the public sector and development partners and the contribution of this investment for preventive and treatment options to reduce malnutrition in ASALs. Each chapter presents therein— key lessons and recommendations.

## 2. Assessment of National and County Policies, Strategies and Action Plans on addressing Acute Malnutrition







Kenya is a signatory of global and regional conventions and resolutions with commitments to ending all forms of malnutrition in the country. This section presents some of the core dispensations and commitments, at global and regional levels, as well as at the national and county levels.

### 2.1 Global Context

#### World Health Assembly Global Nutrition Targets

The World Health Assembly resolution 65.6 endorsed a comprehensive implementation plan on maternal, infant, and young child nutrition that spelled out six global nutrition targets to be met by 2025. According to the Global Nutrition Report (2015), Kenya is one of the few countries in the world that is largely on track to meet the World Health Assembly 2025 nutrition targets. The table below shows the progress Kenya has made against these targets:

**Table 2.1 Kenya Performance against Global Nutrition Targets**

Global Nutrition Target by 2025		Current Performance (National)	Data Sources
	Achieve a 40% reduction in the number of children under age 5 who are stunted	26.2%	SUN Report for Kenya (2019)
	Achieve a 50% reduction of anemia in women of reproductive age	27.2%	SUN Report for Kenya (2019)
	Achieve a 30% reduction in low birth weight	16%	Kenya Nutrition Action Plan (2018-2022)
	Ensure that there is no increase in childhood obesity	4.1%	SUN Report for Kenya (2019)
	Increased rate of exclusive breastfeeding in first 6 months by 50%	61.4%	SUN Report for Kenya (2019)
	Reduce and maintain childhood wasting to less than 5%	4.2%	SUN Report for Kenya (2019)

**Sources:** SUN Report (2019) Report for Kenya.

The Global Nutrition report noted that Kenya's overall performance may be pegged back by consistently high levels of malnutrition in chronically food insecure areas, especially the ASALs. Secondly, macronutrient deficiencies are highly prevalent (especially for minerals and vitamins) even among food secure areas. Kenya's per capita daily calorie intake is 2,115 compared to the 2,200 as recommended by



FAO and diet-related, non-communicable diseases (diabetes, heart disease, hypertension, obesity and gout) are on the rise, especially in urban areas.

## The Focus on Nutrition Within the 17 U.N. Sustainable Development Goals

Kenya is a signatory of the Sustainable Development Goals of the United Nations (UN SDGs 2030). Under Goal 2: the commitment is to end hunger, achieve food security and improve nutrition, and promote sustainable agriculture. Under this goal are two broad targets: the first is by 2030, end hunger and ensure access by all people, in particular, the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year

round. The second is by 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed-upon targets on stunting and wasting in children under 5 years of age, and addressing the nutritional needs of adolescent girls, pregnant and lactating women, and older persons. The table below shows the current Kenyan performance comparison:



**Table 2.2 National and County Performance Comparisons**

<b>SDG Goal 2 Targets</b>	<b>National Performance</b>	<b>Isiolo County</b>	<b>Marsabit County</b>
Prevalence of undernourishment	<b>23%</b> (2018) World Bank estimate <sup>3</sup>	<b>13.8%</b> (2018)	<b>18.0%</b> (2019)
Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)	<b>9.6 million (20.2%)</b> facing moderate or food insecurity (2018) <sup>4</sup>	<b>11%</b> <sup>5</sup> (2019)	<b>15.1%</b> (2019)
Prevalence of stunting among children under 5 years of age	<b>26%</b> (2014)	<b>13.8%</b> (2020)	<b>21.1%</b> (2019)
Prevalence of malnutrition (among children under 5 years of age, by type—wasting and overweight)	<b>4%</b> (wasting) <b>11%</b> (overweight)	<b>16.7%</b> (2020) (Global Acute Malnutrition)	<b>18.0%</b> (2019) (Global Acute Malnutrition)
Pregnant women taking Iron Folic Acid Supplement IFAS as prescribed	<b>84.1%</b> (2018)	<b>80.7%</b> (2020)	<b>73.7%</b> (2020)

**Source:** UN (2015); Reporting from KNHSSP (2017–22) and the Isiolo and Marsabit County SMART Surveys (2018 and 2019).

SMART surveys, LRAs and SRAs, and the District Health Information System (DHIS2) have gone a long way in ensuring availability of data on nutrition. More could be done to ensure that data is systematic across sectors for the ease of referencing by policy makers. Currently, there are still some variations in figures on nutrition from a diversity of data sources. Government could also proactively consider including nutrition themes in the Government Annual Performance Report to shed the spotlight on issues of national social economic development.

## 2.2 Regional Context



Kenya is an active member of the East Africa Community (EAC) and contributed to the elaboration of the EAC food and nutrition security strategy 2018–2022. The strategy has a goal of eliminating hunger malnutrition and extreme poverty with the EAC region by the end of 2022. Among the objectives of the strategy is the improvement of access to and utilization of nutritious, diverse, and safe food by 2022 (objective three). Kenya’s focus now ought to be ensuring that there is a more robust multi-sectoral approach in addressing acute malnutrition. The challenge is that a multi-sectoral approach to malnutrition remains weak, as will be later described in this report. This is an area where more investments and advocacy are required.

<sup>3</sup> World Bank collection of Development Indicators: <https://tradingeconomics.com/kenya/prevalence-of-undernourishment-percent-of-population-wb>

<sup>4</sup> FAO STAT: <http://www.fao.org/faostat/en/#country/114>

<sup>5</sup> This is the Food Composition Score (Borderline) in the Isiolo County SMART Survey 2019

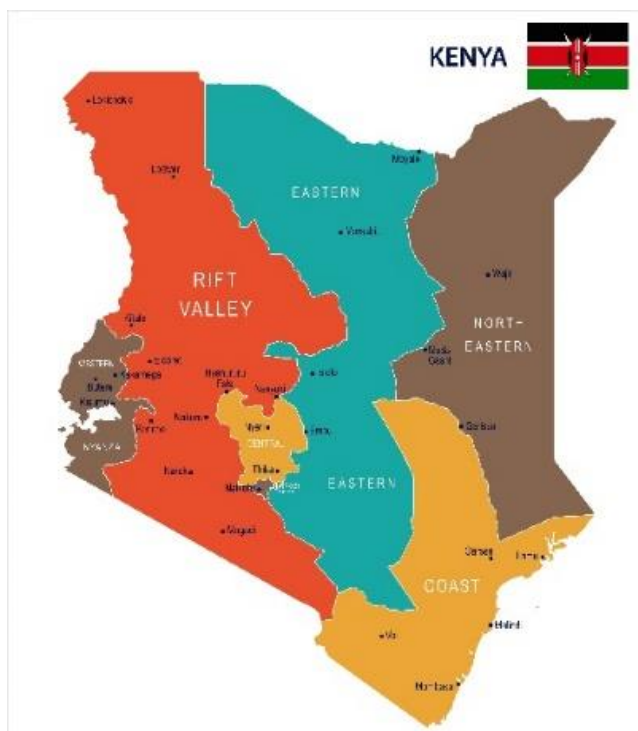
Kenya is aiming to align with the commitments at the EAC level in the EAC Food and Nutrition Security Strategy (2018–2022) under three broad objectives:

- i. Improving sustainable and inclusive agricultural production, productivity and trade of crops, animal and animal resources, fisheries, aquaculture, apiculture, and forest products.
- ii. Strengthening resilience among households, communities, and livelihood systems by promoting the sustainable utilization of natural resources, environmental conservation, and an uptake of risk reduction, with enhanced post-harvest and value addition.
- iii. Improving access to, and the utilization of, nutritious, diverse, and safe foods.

## 2.3 National Context

Kenya's first National Food Policy (Sessional Paper No. 4 of 1981), 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. Agriculture and rural development were ranked as the topmost government priority, with food security listed as one of five key subsectors in Kenya's Poverty Reduction Strategy Paper (PRSP) of 2001. Following the 1991–1994 drought, Kenya's second National Food Policy (Sessional Paper No. 2 of 1994) promoted a market driven approach, but with a limited scope.

The National Plan of Action on Nutrition of 1994 aimed to address nutrition problems in the country through the involvement of various sectors and was developed through a consultative process. However, it lacked an implementation framework with clear coordination mechanisms and a commitment to fund implementation of the planned activities.



Kenya's Constitution (2010) Article 53(a) stipulates that every child has the right to basic nutrition, shelter, and health care. Enshrining the right to food, basic nutrition and health care in the constitution marks a radical shift in program development and implementation around these issues, ensuring the government takes greater responsibility in ensuring that all Kenyans enjoy this right.

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. 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 the way for Vision 2030, whose aims are to transform Kenya into a globally competitive and prosperous nation with a high quality of life. In Vision 2030, under the social pillar, nutrition interventions are identified as critical to maintaining a healthy working population. Nutrition is 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. The National Health Policy, the food and nutrition security policy, and other policies and strategies emphasize the government's commitment to reducing hunger and malnutrition.

The Kenya Food and Nutrition Security Policy (KFNSP) is a framework that 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 a multi-sectoral approach to addressing malnutrition in the country; ensures a life-cycle approach to nutrition security; and ensures evidence-based planning and resource allocation (FNNSP, 2011). It describes how intersectoral action to reduce malnutrition is linked to Vision 2030 and the revised constitution.

The Food Security Bill, 2014 (Kenya Gazette Supplement No. 81 [Senate Bills No. 23]), in some instances referred to as the Food and Nutrition Security Bill 2014, provides a legislative framework to address food insecurity. The bill 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 efforts to monitor and evaluate strategies and programs for the realization of the right to be free from hunger and the right to adequate food. These interventions cut across a number of sectors including agriculture, health, trade and environmental conservation. The bill provides for the establishment of a national Food Security Authority (FSA) that will be the overall body charged with the formulation of policies, programs and strategies regarding food security for implementation by county governments. At the county level, Food Security Committees will be established to ensure implementation of food security programs. The committee will also be responsible for monitoring the food situation for any food threats and deploy the necessary interventions. The Food Security Bill 2014 was tabled for a third reading on September 16, 2015 and passed. It was then referred to the National Assembly, where it currently awaits approval by parliament to become law<sup>6</sup>.

The Kenya National Nutrition Action Plan (KNAP) 2018–2022 outlines the contribution of nutrition to the KFNSP. The KNAP 2018–2022 is the second National Nutrition Action Plan that operationalizes the National Food and Nutrition Security Policy (NFNSP) 2012 and its implementation framework, the Kenya National Food and Nutrition Security Implementation Framework (NFNSP-IF) 2017–2022. The policies and strategies at the national level guide the formulation and implementation of county integrated development plans and nutrition actions plans, with interventions up to the community and household level. There are also state and non-state actors, as well as development partners, that support the implementation of county development plans. Complexities and weaknesses related to a non-cohesive multi-sectoral approach, duplication of efforts and limited coordination in the planning and execution of interventions exists. This has led to a scenario of “much at the top and little at the bottom.” This is in reference to a scenario where resources abound at the national level, but little reaches the communities and households in terms of nutrition care services and support—the impact of which is eventually seen in nutrition trends and performance statistics. The following are the key policy and nutrition sector frameworks:

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<sup>6</sup> Food Security Bill, 2014: What are we looking for in our County Food Security Committees? ([routetofood.org](http://routetofood.org))

## Kenya National Interventions Under the SUN Movement

According to the SUN Kenya Key Achievement Report 2018 the following challenges were identified as factors responsible for increasing food insecurity as a result of recurrent droughts and rising food prices:

- Poor dietary diversity and poor access to fortified foods
- Inadequate quantities of food at the household level due to income poverty
- Low access to essential nutrition services
- Other underlying factors like poor hygiene
- Childcare and feeding practices

While there are several policies, strategies action plans and strategies at the national and county levels on nutrition, most have largely been on nutrition-specific interventions, but improvements have been made to include nutrition-sensitive interventions, e.g., under the current Kenya Nutrition Action Plan 2018–2022. Secondly, some of the documents on nutrition do not adequately show a disaggregation along the lines of gender, disability, age, and other cross-cutting issues in as much as there have been improvements brought about by the undertaking of SMART surveys at the county level. It is, however, important to note that in the recent five years, there has been progress in highlighting aspects related to vulnerability.

The Kenya Nutrition Action Plans (2012–2017 and 2018–2022) have enhanced the focus on the needs of vulnerable groups. While this 2012–2017 plan was more nutrition-specific, the successor 2018–2022 plan has been enhanced to focus on both nutrition-sensitive and nutrition-specific interventions. Therefore, this progression needs to be shown as the National Health Policy and county-level policies and plans are reviewed, and as new plans are developed. The table below shows an assessment of the extent to which national and county policies, strategies and plans have addressed acute malnutrition.

**Table 2.2 Assessment of Key Government Sector Framework Interventions on Nutrition**

<b>Policy, Strategy and Action Plans</b>	<b>Assessment of the extent to which the plans highlight interventions to address acute malnutrition, focus on vulnerable populations and disaggregation along the lines of gender, disability, age and other cross-cutting issues</b>
<b>Kenya Constitution</b>	Article 43 (1) (c), Article 53 (l) (c), Article 21 and Article 27 guarantee the right to food and adequate nutrition and the universal right to food and nutritional health, and protection from discrimination.
<b>Kenya Vision 2030</b>	Kenya’s Vision 2030 was launched in 2008 as the overall development blueprint for the nation. In September 2014, Kenya achieved a middle-income country status, which had been the purpose of the Vision. Under the flagship projects in Vision 2030 for the health sector, the only aspect on nutrition highlighted is <b>training community-based health care workers on, among others, nutrition and personal hygiene</b> . Nutrition is not included as a core development outcome in the document.
<b>National Health Policy (2014–2030)</b>	The policy identifies nutrition as one of the key determinants of health and the responses to address acute malnutrition. It also highlights various interventions where nutritional aspects are to be integrated in disease management and calls for drafting a national nutrition-specific policy. <i>(This could have been a pointer of gaps identified in the 2011 policy since it was already in place at the time of this recommendation)</i>

Policy, Strategy and Action Plans	Assessment of the extent to which the plans highlight interventions to address acute malnutrition, focus on vulnerable populations and disaggregation along the lines of gender, disability, age and other cross-cutting issues
Kenya Food and Nutrition Security Policy 2011	<p>This policy framework provides three main objectives that include:</p> <ul style="list-style-type: none"> <li>i. Achievement of adequate nutrition for optimal health of all Kenyans</li> <li>ii. Increasing the quality and quantity of food available; accessible and affordable to all Kenyans at all times</li> <li>iii. Protecting vulnerable populations using innovative and cost-effective safety nets linked to long-term development</li> </ul> <p>The framework covers the multiple dimensions of food security and nutrition improvement. A key aspect is the recognition of the need for hunger eradication and nutrition improvement and a specific broad objective to protect vulnerable populations using innovative and cost-effective safety nets linked to long-term development.</p> <p><b>The policy addresses associated issues of chronic, poverty-based food insecurity and malnutrition, as well as the perpetuity of acute food insecurity and malnutrition associated with frequently occurring emergencies.</b></p>
Kenya National Nutrition Action Plan (2018–2022)	<p>This multi-sectoral nutrition plan extensively details the aspects of acute malnutrition and in the context of vulnerability reduction. It relies on reviews of past plans, the information generated from Kenya’s broader participation in regional and international dispensations like the Scaling Up Nutrition Movement (SUN). It calls for a strengthened integrated approach to the management of acute malnutrition, with reference to ASALs where chronic deprivation complicates recovery after cyclical droughts and flash flood events. It also notes critically that high levels of poverty, low access to basic social services and infrastructure limitations complicate resilience-building efforts and continue to pre-dispose women and children to acute and chronic malnutrition.</p>
Kenya Food and Nutrition Security Policy Implementation Framework (2017–2022)	<p>This document notes that since 84% of the country is under ASALs, the country is poised to face high levels of food insecurity especially with unsustainable land and natural resource management practices that have led to the loss of biodiversity– hence the call for interventions including irrigation investment. It mentions acute malnutrition among children as a public health challenge that predisposes children to infections and curtailed realization of expected health outcomes and mortality. It sets a target of sustaining cure rates for acute malnutrition at above 75% over the next five years. This document provides a roadmap for the <i>FNSP policy 2011 mentioned above</i>).</p>
Common Program Framework for Ending Drought Emergencies (EDE) 2014	<p>Government under this framework aims to reduce vulnerability to droughts and risks of emergencies in 23 ASALs by 2022 through sustainable development. Under this framework, nutrition is a core aspect deemed vital for building resilience and reducing vulnerability to droughts. It is through this framework that government, through partnerships with development partners and counties, has been operationalizing more targeted approaches to addressing</p>



<b>Policy, Strategy and Action Plans</b>	<b>Assessment of the extent to which the plans highlight interventions to address acute malnutrition, focus on vulnerable populations and disaggregation along the lines of gender, disability, age and other cross-cutting issues</b>
	undernutrition that combine nutrition-sensitive and nutrition-specific interventions (including in irrigation and clinical/medical outreaches in ASALs). It's important to mention that it is operationalized by the National Drought Management Authority (NDMA) and is decentralized.
<b>National Education Sector Plan (2013–2018)</b>	The Government of Kenya, through the Ministry of Education, Operational Plan (Volume Two), envisaged the education sector having a harmonized national governance policy framework spanning all levels of government that is unified, integrated, and inclusive, and spells out the clear roles of all stakeholders in the sector. In terms of nutrition, under ongoing operational programs it mentions work on policies for school health, nutrition and meals, and co-curricular activities that needed monitoring and evaluation to follow up work completed since the activities of Volume One.
<b>Education Sector Disaster Management Policy 2017</b>	This policy mentions nothing on nutrition, but the focus of the policy is on building a safe resilient and sustainable learning environment in the Kenyan Education sector for enhanced access, equity, retention, transition, and completion, while providing quality education in emergency settings for self-reliance.
<b>National Preprimary Education Policy 2017</b>	The policy aims to ensure every child has access to equitable, inclusive and quality preprimary education services. Specifically, Nutrition and health are singled out in this policy as one of the main challenges of preprimary education which have not been well integrated in preprimary and childcare programs, thereby affecting the participation of children in preprimary education. Nutrition-related activities include enforcement of the policy and programs across the multi-sectors including health, education, nutrition, water sanitation, labor, and finances.
<b>National Livestock Policy 2019</b>	This policy covers nutrition as one of the thematic areas under food, feed, and nutrition security. Overall, the policy focuses on contributing to food and nutrition security and improving livelihoods while safeguarding the environment. The activities are centered on putting risk-management interventions in place, including supporting emergency livestock off-takes; developing country specific medium- and long-term plans for emergency preparedness, including drought resilience strategies; and promoting of diverse food and feed resources at household level.
<b>Kenya Climate Smart Agriculture Implementation Framework 2018–2027</b>	The implementation framework focuses on achieving long-term national low carbon climate resilient development pathways, while realizing the development goals of Kenya Vision 2030. The implementation framework recognizes improved nutrition is possible through supplementation, forage and fodder conservation, and irrigated pastures and fodder.
<b>National Agricultural Sector Extension policy (NASEP)</b>	This policy looks to empower the extension clientele through sharing information, imparting knowledge, and skills, and changing attitudes so that they can efficiently manage their resources for improved

<b>Policy, Strategy and Action Plans</b>	<b>Assessment of the extent to which the plans highlight interventions to address acute malnutrition, focus on vulnerable populations and disaggregation along the lines of gender, disability, age and other cross-cutting issues</b>
	quality of livelihoods. This policy calls for, among others, inclusion of nutrition activities and linking extension services with research stakeholders to create awareness about new nutritional and immune-boosting bio-fortified products.
<b>Sessional Paper No. 2 of 2014 on The National Social Protection Policy (March 2014)</b>	The overarching goal of the social protection policy is to ensure that all Kenyans live in dignity and exploit their human capabilities for their own social and economic development. The policy spells out how to provide feeding programs for those vulnerable to malnutrition, meals and nutritional support to schools, the older persons, and pre-school-age children with supporting training in food nutritional practices, skills transfer and health services, and food distribution during emergencies such as famine and flooding. In the same vein, the short- and medium-term policy objectives look to securing incomes for poor and vulnerable families, by using family/child transfers to help them access nutrition, education and health care.
<b>Kenya Climate Smart Agriculture Strategy (2017–2026)</b>	This strategy centers on building resilience and minimizing emissions from agricultural systems for enhanced food and nutritional security and improved livelihoods. The strategy mentions the limited capacity of women, youth, and vulnerable groups (WY&VG) to participate in CSA activities as one of the strategic issues it intends to address—but it says very little about how food and nutritional security will be enhanced in the strategic interventions.
<b>National Schools Meals and Nutrition Strategy (2017–2020)</b>	The strategy envisions school children being well-nourished, healthy, and ready to learn. The strategy intended to achieve this has six strategic objectives: increase awareness and intake of adequate, locally available and nutritious foods among school children and their communities; improve the enrollment, attendance, retention, completion and learning of school children with equity; promote local and inclusive development; develop and implement a sustainable national school meals and nutritional program; promote partnerships and multi-sectoral coordination for complementary support and effective implementation of the school meals and nutrition program; and strengthen governance and accountability in implementation of the school meals and nutrition program.
<b>Sector Plan for Gender Youth and Vulnerable Groups (2013–2017)</b>	This plan recognizes gender, youth and vulnerable groups as some of the main thematic/program areas to be addressed but doesn't mention anything to do with nutrition-related programs.
<b>Sessional Paper No. 3 of the 1993 National Food Policy</b>	This paper set the ball rolling for the National Nutrition Policy and the establishment of the National Food and Nutrition Secretariat. This sessional paper, furthermore, mentioned various programs to address improving the nutrition and food security of vulnerable groups, which was to be achieved through improved health and nutrition education, the provision of emergency food relief and food for work programs for the rural poor, and similar programs targeting assistance to identified vulnerable groups.

<b>Policy, Strategy and Action Plans</b>	<b>Assessment of the extent to which the plans highlight interventions to address acute malnutrition, focus on vulnerable populations and disaggregation along the lines of gender, disability, age and other cross-cutting issues</b>
<b>Draft National Food Safety Policy 2013</b>	The essence of this policy was to establish and maintain a rational, integrated farm-to-fork food safety system that harmonizes inter-agency efforts, minimizes inter-agency conflict and overlap, and ensures the protection of public safety and food trade consistent with WTO/SPS and other international requirements. Providing advice, training and education in nutrition and food safety to all sectors of society is one of the regulatory responsibilities of government in the areas of policy coordination and implementation
<b>Kenya Community Health Strategy 2020–2025</b>	This strategy builds on Community Health strategy 2014–2019 and showcases several aspects of community health systems that need to be strengthened and scaled up to unlock the outsized potential of community health in Kenya.

Other strategies include:

- Implementation framework for securing a breastfeeding-friendly environment at workplaces (2020–2024). This framework provides a national roadmap for the coordinated implementation and monitoring of interventions to support breastfeeding in workplaces in the public and private sectors.
- The Kenya Agri-Nutrition Strategy (2020–2024). This strategy focuses on securing access to safe, diverse and nutritious food by strengthening the national food chain and community production.
- The Scaling Up Nutrition (SUN) Business Network Kenya Strategy (2019–2023). This strategy recognizes the role of the private sector in making safe and nutritious food available and affordable.
- The Kenya Nutrition Monitoring and Evaluation Framework (2018–2022). This strategy ensures that the government and partners can monitor the progress and success of the KNAP.
- National Nutrition Fact Sheet, Programmatic Guidelines and Policies on Maternal, Infant and Young Child Nutrition. These materials explain a range of supportive measures authorities and communities can take—from breastfeeding-friendly workplaces to vitamin A supplementation.
- At the local level, (at the time of this documentation) aligned to KNAP, 32 counties, including Marsabit & Isiolo, had formulated their own County Nutrition Action Plans (CNAPs), with some already launched and others being launched during the year 2021, while the remaining 14 counties were at various stages of development of their respective CNAPs.

## 2.4 Isiolo County and Marsabit County Context

Isiolo and Marsabit counties are in arid and semi-arid lands and require multiple sectors and a set of nutrition-specific and nutrition-sensitive interventions to address acute malnutrition. This approach is one that looks at multi-sectoral interventions from institutional strengthening, agriculture and food value system support, governance and related structural reforms to innovative ways that boost food security, awareness creation and sensitization, and dedicated resources to meet the challenges at hand.

The rationale of Country Integrated Development plans is mainly to provide the platform that guides, harmonizes, and facilitates coordinated development within the county through a framework upon which all stakeholders base their development programs and activities for the benefit of local communities. The table below shows the interventions planned as outlined in the counties' integrated development plans. It is important to note that while this review focused on the current CIDP and CNAPs, the CIDPs are in the second tenure having concluded the one of 2013–2017. Nawiri is supporting the development of multi-sectoral platforms for Nutrition (MSP-N), which are largely anchored/informed by the CNAP objectives.

**Table 2.3 Assessment of Inclusion of Nutrition aspects at County Development and Action Plans**

<b>Country-Level Integrated Development Plans</b>	<b>Assessment of the extent to which they highlight interventions to address acute malnutrition, focus on vulnerable populations and disaggregation along the lines of gender, disability, age, and other cross-cutting issues</b>
<b>Isiolo County Integrated Development Plan (2018–2022)</b>	<p>Envisioned a secure, just, integrated, and prosperous county where all enjoy their full potential and a high quality of life. This is to be achieved through support of agricultural production and local economic growth by farmers and with health care systems including community-level interventions and early childhood centers to identify and tackle child malnutrition and ensure access to safe, nutritious, and sufficient food to poor people in vulnerable situations.</p> <p>In this plan, the county is to make the following interventions:</p> <ul style="list-style-type: none"> <li>- establishment, rehabilitation, expansion, and completion of various irrigation projects.</li> <li>- Innovations within the livestock sector, like livestock strategic feed reserves.</li> <li>- promotion of urban and peri-urban agriculture, including training of farmers on Agri-Nutrition.</li> <li>- prompting appropriate TIMPS (Agricultural Technologies, Innovations and Management Practices).</li> <li>- Climate-smart agriculture to boost food security, including fruit trees.</li> <li>- Support to clinical interventions targeting children, women and vulnerable groups</li> </ul>
<b>Marsabit 2<sup>nd</sup> County Integrated Development Plan (2018–2022)</b>	<p>Envisioned the county to be a cohesive and prosperous county of choice by ensuring that hunger is eradicated; food security and nutrition is promoted through sustainable</p>

<p><b>Country-Level Integrated Development Plans</b></p>	<p><b>Assessment of the extent to which they highlight interventions to address acute malnutrition, focus on vulnerable populations and disaggregation along the lines of gender, disability, age, and other cross-cutting issues</b></p>
	<p>agriculture. In this plan, the county is to make the following interventions, among others:</p> <ul style="list-style-type: none"> <li>- Construction of warehouses with cold chain facilities/nutritional supplies</li> <li>- Improved nutrition among children under age 5 and lactating mothers</li> <li>- Enhanced nutrition improvement, attendance, and retention rates for 20,000 learners by 2022</li> <li>- Operational outreaches</li> <li>- Setting up a nutrition sector emergency contingency/response plan</li> <li>- Recruiting nutrition officers with nutritional care service skills</li> <li>- Supporting health facilities with nutrition equipment</li> </ul>
<p><b>Isiolo County Nutrition Action Plan (CNAP) 2019–2023</b></p>	<p>This Isiolo County Nutrition Action Plan was developed to build on the achievement of CNAP and further accelerate and scale up efforts towards the reduction of malnutrition as a problem of public health significance in Isiolo focusing on specific achievements by 2022.</p> <p>The focus is to contribute to the goal of KNAP 2018–2022 in achieving optimal nutrition for a healthier and better-quality life and improved productivity for the country’s accelerated social and economic growth. To achieve this, the action plan focused on three areas: (a) Nutrition-specific;(b) Nutrition-sensitive and;(c) Enabling environment to be attained through 13 key result areas. The resources to make this a reality was estimated to be KES 903,800,420.</p>
<p><b>Marsabit County Nutrition Action Plan (CNAP) 2019–2023</b></p>	<p>This action plan was drafted to provide for a coordinated implementation of nutrition interventions within the county and was informed by the recommendations of the review of the first action plan 2015–2018. The objective of the CNAP is to accelerate and scale up efforts towards the elimination of malnutrition in Marsabit County in line with Kenya’s Vision 2030 and sustainable development goals, focusing on specific achievements by 2023. The CNAP focuses on three main areas: nutrition-specific, nutrition-sensitive and enabling environment with a further 12 key result areas. This CNAP is envisaged to require resources coming to about KES 1,250,644,500 in its span.</p>

## 2.5 The Extent of Inclusion of Key Themes addressing Vulnerability in County Frameworks on Nutrition

The Republic of Kenya Constitution under **Article 21 (3)** stipulates that all state organs and all public officers have a duty to address the needs of vulnerable groups within society (including women, older members of society, persons with disabilities, youth, members of minority or marginalized communities, and members of particular ethnic, religious or cultural communities). This is echoed in various government policies and laws. The table below provides an assessment on how these considerations are reflected in the government and county-level frameworks on nutrition.

**Use of the Traffic lights methodology in deducing the extent to which various crosscutting themes are included in key government and county-level development plans, policies, strategies, and action plans.** This methodology, as shown in the key below, shows red for lack of inclusion; yellow for moderate inclusion; and green for adequate inclusion of sensitive and specific nutrition aspects in the respective policy strategies and other frameworks both at national and county levels.

### Key

	Well included
	Moderately included
	Not adequately included

**Table 2.4 Traffic Lights Methodology<sup>7</sup>: Assessment of Inclusion of Gender, Vulnerability issues along lines of gender equity, disability, youth, learning, leadership and climate change in Government and Country Development Policies and Nutrition Action plans**

Government and Country Development Policies and Nutrition Action Plans	Dimension					Assessment
	Gender Equity	Disability	Youth learning and leadership	Climate change	Vulnerability reduction	
Kenya Constitution	Constitution Review Act (No.9 of 2008) enhanced gender equality, disability learning and persons with disabilities in the constitution. This set the tone for inclusion of these themes in government policies and programs. These were further entrenched in the 2010 version of the Constitution, aligning government commitment to regional and global dispensations			Not articles specifically stipulated on climate change	Mentioned but with no specific articles on reduction	The national constitution broadly mentions vulnerability reduction referenced for enforcement in other policies and programs
National Health Policy (2014–2030)	Mainstreamed all levels of service provision	Mentioned but not explicit interventions	Mentioned but not explicit interventions stipulated	Just one time is climate change mentioned	Interventions in general purpose to reduce vulnerability	The ambition is there in the policy to address crosscutting themes but not

<sup>7</sup> Author's methodology of analysis of inclusion of key cross-cutting themes on nutrition in government policies and action plans

Government and Country Development Policies and Nutrition Action Plans	Dimension					Assessment
	Gender Equity	Disability	Youth learning and leadership	Climate change	Vulnerability reduction	
		ons stipulated				much inclusion of these themes in specified interventions
National Food and Nutrition Security Policy (2011)	Gender inequality mentioned as a core cause of hunger and malnutrition	Silent on disability and actions need to mainstream this aspect	Silent on youth and leadership, although mentions learning for reformation	Included under 2.11 a whole theme on climate change with laid out strategies	Mentions the critical importance to reduce vulnerability to shocks but not much on interventions for vulnerable populations	The lack of focus on vulnerability reduction was noted in the reviews in 2011 under the sessional paper on this policy leading to more inclusion of key crosscutting themes when its implementation framework was developed in 2017
National Food and Nutrition Security Policy Implementation Framework (2017–2022)	Gender equality mainstreamed in the framework from rights to access, utilization and budgeting	Weak focus on Persons with Disabilities (PWD) - with no specified interventions for PWD)	Involvement explicitly mentioned, with interventions for their active involvement	Climate change identified as core to the challenge for food production and irrigation and other on-farm interventions presented, and strategic interventions	Theme on food and nutrition in crisis, emergency, and recovery, includes aspects to mitigate risk and vulnerability to food insecurity and malnutrition	The current framework built on the assessment of the policy to strengthen aspects of gender, climate change and vulnerability reduction, though misses the interventions specific to PWD and the elderly under its response to the framework
Kenya National Nutrition Action Plan (2018–2022)	All interventions are gender-sensitive, and responsive	Eleven high impact interventions in the action	There is a deliberate effort to invest in youth-friendly	Mentions efforts to mitigate climate-related adverse effects in ASALs that	Vulnerability, including for the urban poor and populations	It is commendable that the current nutrition action plan makes a bold attempt to



Government and Country Development Policies and Nutrition Action Plans	Dimension					Assessment
	Gender Equity	Disability	Youth learning and leadership	Climate change	Vulnerability reduction	
	actions planned	plan include a focus on disability	services and outreaches	compound efforts to address malnutrition	in ASALs that face prolonged months without rains, as well as fragility and conflicts	tackle all key crosscutting themes as they relate to nutrition, and goes at length to elaborate interventions and investments required to address them
Isiolo County Integrated Development Plan (2018–2022)	Gender mainstreamed in the plan with inequity indicators and ending GBV	Limited explicit mention of interventions on disability	Inclusion of 30% access to all services and facility by youth	Mention of the green economy with irrigation interventions	Enhancing drought resilience and climate change adaption is key to the plan	Other than the limited focus on persons with disabilities, the plan includes interventions to address cross-cutting themes
Isiolo Country Nutrition Action Plan (2019–2023)	Gender mainstreamed mentioned as key, and the focus is on filling gender gaps and delivering gender-sensitive outcomes	Limited explicit mention of interventions on disability	Investment in provision of youth-friendly facilities with an output for knowledge-sharing and learning	Adaptive capacity building mentioned in the plan to address climate change but lacking in interventions and actions	Interventions on vulnerability reduction limited to climate change but not showing vulnerability reduction for different sections of the county	Other than the limited focus on persons with disabilities the plan includes interventions to address cross-cutting themes. The focus on population segmentation to point out interventions to the vulnerable is limited
Marsabit County Integrated Development Plan (2018–2022)	Gender approached right from early childhood development to GBV and well-mainstreamed	Disability screening and interventions part of the plan	Youth awareness training and empowerment included in the plan, as well as learning and leadership	Climate change and mitigation included in the implementation arrangements and issue well-explained as critical to nutrition	Enhancing drought resilience and climate change adaption key to the plan mentioned but the aspects of	There is noticeable limited appreciation on the impact side of vulnerability to shocks brought about by aspects like pandemics or

Government and Country Development Policies and Nutrition Action Plans	Dimension					Assessment
	Gender Equity	Disability	Youth learning and leadership	Climate change	Vulnerability reduction	
				prospects for the county	social protection and vulnerability linkages weak	climate change, on the various categories of the population.
Marsabit Country Nutrition Action Plan (2019–2023)	Gender-mainstreamed not well included in the adaptive management cycle stated in the plan (nearly not mentioned)	Limited explicit mention of interventions on disability with limited investment planned for persons with disabilities	Mention of youth education and internships but not much further than that in terms of learning and youth leadership	Very limited mention of climate change interventions (not even one time is climate change mentioned in the plan)	Vulnerability reduction not tackled from the purview of nutrition response, no mention of it in the entire document	Key crosscutting themes on nutrition other than gender missing on this plan

## Conclusive Note

According to Helen Young, in *Nutrition in Africa's Drylands: A conceptual framework for addressing malnutrition*, ASALs have sparse populations facing a shift from former pastoralists to those opting to make a living by other means but faced with limited economic opportunities to diversify their livelihoods. Potentiality for farmer-herder conflict is a real challenge in some areas. Increased droughts and floods (climate shocks) hamper animal and crop growth, thereby affecting household incomes for both food and non-food items. To overcome this challenge, Isiolo County and Marsabit County development plans have attempted to support production systems (through irrigation, use of fertilizers and other soil health management systems) to help households adapt to the unpredictable rains. There is, however, a need to ensure that informal institutions such as markets, land tenure regimes and traditional systems can resolve issues linked to farmer-herder conflict and insecure access to natural resources, especially for vulnerable populations.

By and large, the majority of nutrition policies and plans have tended to be dominated by nutrition-specific interventions (e.g., treatment) as opposed to nutrition-sensitive (preventive) approaches. The challenge, however, is that the critical roles of development partners and non-state actors is vaguely stated in the national policy; yet, from an institutional standpoint, these are critical players in the fight against acute malnutrition. The institutional alignment for tackling malnutrition from the government and county-level perspectives needs to urgently onboard both formal and informal systems to address the problem. The broadening of this alignment ought to be cognizant of the contribution of human, environmental, economic, political, ideological and cultural factors within communities. Ending acute malnutrition is a process, and the institutional set-up is only a vehicle to deliver this process. This requires that institutions, from the national level to the grassroots, tackle injustices in the food and health systems by tackling disparities in gender and disability and ensuring the implementation of deliberate interventions like enduring safety nets for vulnerability reduction.

## 2.6 Conclusions and Recommendations

Overall, nutrition as a key crosscutting development issue for Kenya is gradually being embedded in various policies strategies and development plans at all levels of government. This has happened more so after the review of the 2013–2017 version of the Food and Nutrition Security Policy Implementation Framework. All government sectors now consider nutrition as a cross-cutting issue. However, there are still some disparities on how sectors and counties integrate nutrition in programming and design of interventions. While it's a good first step that these documents reflect this integration, it is even more imperative that when programs are implemented, they consider the inclusion of nutrition-specific and nutrition-sensitive interventions as they relate to various sectors. Considerations also need to be made to ensure the mainstreaming of cross-cutting key vulnerability themes (gender equity, disability, youth, climate change and environmental issues, etc.) in national and county frameworks, policies, and strategies on nutrition. These themes must be an integral dimension of the design, implementation, monitoring and evaluation of nutrition policies and programs.

# 3. Multi-Sectoral Institutional and Coordination Structures for Nutrition Interventions

This chapter looks at the current institutional and coordination structures and the extent to which they support the scale up of evidence-based, multi-sectoral nutrition interventions in Kenya, and especially in the ASALs.

## 3.1. Adequacy of the current institutional arrangements to address evidence-based, multi-sectoral nutrition Interventions

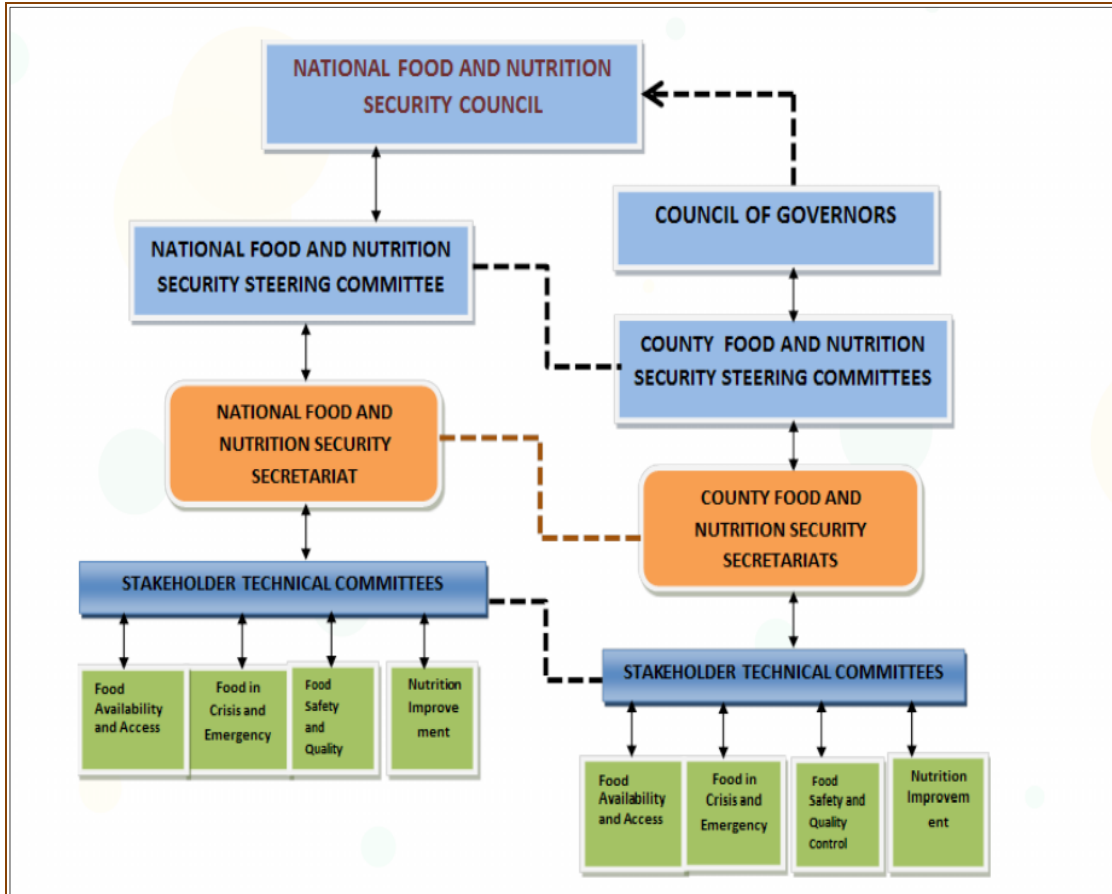
### National level

According to the Health Act (2017), the official mandate for nutrition is with the Ministry of Health. This mandate is executed primarily through the Nutrition and Dietetics Unit (NDU) within the division of family health. This makes it third in hierarchy of the ministry. The head of NDU was appointed to be the SUN Government Focal Point and chair of the National Inter-agency coordination committee (NICC). The NICC is a coordination structure for nutrition-specific interventions and passes key decisions related to nutrition-specific activities, such as passing guidelines. The NICC coordination structure includes the following:

- i. U.N. agencies
- ii. Civil Society
- iii. Academia
- iv. Government (which includes Ministry of Agriculture, Livestock and Fisheries; Ministry of Health, Ministry of Education; Ministry of Devolution and Planning; Ministry of Water; Ministry of East Africa, Labor, and Social Security)

Kenya's nutrition and food security sector is guided by the Kenya National Food and Nutrition Security policy implementation framework (2017–2022). Within this framework is the sector's coordination structure displayed in Figure 3.1, below. At the apex of this structure is the National Food and Nutrition Security Council. Among others, the function of the council includes providing policy direction, guidance and oversight; direct commitment of national resources to the effective implementation of the policy; and ensuring that it is mainstreamed as a policy function by national and county governments. Under this apex council is a council of governors who identify priority food and nutrition security programs in their counties in line with national policy.

Figure 3.1 National Food and Nutrition Security Policy Implementation Coordination Structure



Source: Kenya National Food and Nutrition Security Policy Implementation Framework (2017–2022)

Implementation is further guided by the National Food Security and Nutrition Steering Committee (which is comprised of principal secretaries in line ministries and representatives of county executive committees). This committee provides policy direction, guidance, and oversight to all implementing agencies. It also facilitates cross-sectional collaboration and cooperation among government ministries, development partners, civil society, the private sector, and academia in addressing food and nutrition security matters. The operationalization of the implementation framework is run by a National Food and Nutrition Secretariat. The counties have their implementing structures that include County Food and Nutrition steering committees. The key role played at this level is the interface between national and county levels. These committees facilitate appropriate

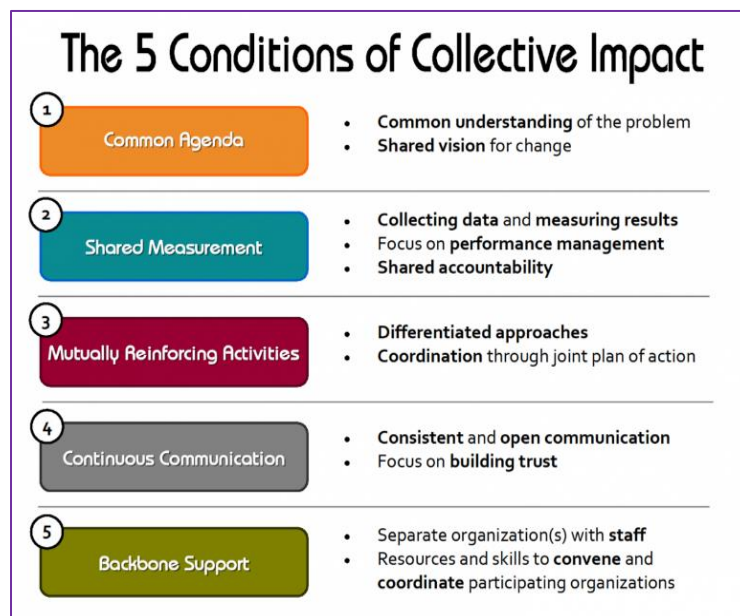


Figure 3.2: Conditions of Collective Impact

linkages between diverse sectors operating in the counties and approve, as well as monitor, all food and nutrition security programs in the counties. Under each of these committees are secretariats who receive input from stakeholder technical committees on food availability and access; food in crisis and emergency; food safety and quality control; and nutrition improvement. From the reviewed documents, it's not clear the extent and progress with the establishment of the food and Nutrition Security council, nor the committees identified under this structure. There is also no evidence (as occasioned by minutes of meetings of these committees) to show that there is continuous communication among them. Sustained communication among these levels of committees is very critical for multi-sectoral coordination. These committees ought to adopt the five principles of collective impact framework as captured in Figure 3.2.

At sectoral ministries, each ministry has various structures/forums that coordinate nutrition activities at their sectoral levels. These structures/forums are formal in that they possess terms of reference but are not constituted through legal frameworks. There is, therefore, no binding mechanism for engagement between, especially, the ministry of health's nutrition division, which is mandated with coordinating national nutrition activities, and other sectors. It was not clear from the desk study review how these sectoral coordination structures, and especially the structures under the ministry of health, feed into the structure defined above in the Kenya National Food and Nutrition Security Policy Implementation Framework (2017–2022).

There are other critical platforms for intersectoral partnerships that focus on nutrition (education, agriculture, health, social protection, and non-state actors) that contribute to a broader institutional alignment that supports broader governance and coordination mechanism of the sector. The institutional setup recognizes the contribution of the following three key stakeholders in this process:

- i. **Government** (provision of public health services through national referral services, county health services, primary care services at subcounty level and community health services at the grassroots)
- ii. **Development partners** (supporting health and health-related interventions technically through the provision of advisory services, equipment, and financing)
- iii. **Non-state actors** (scaling up implementation at various levels)

**Three (3) challenge for multisector coordination at the national level**

- i. The NICC, whose composition is mentioned above, has weak linkages to the National Food and Nutrition Security Council as is later described in the subsections that follow. This applies to other sectoral committees, which too have a weak (or unclear) linkage to the National Food and Nutrition Security Council
- ii. Currently, there is no overarching government structure that coordinates nutrition functions across ministries
- iii. There is no indication to a higher body (for instance, the presidency, the prime minister nor parliament) to which the National Food and Nutrition Security Council is accountable. This curtails opportunities to place nutrition at the highest agenda of government. Therefore, proposals for a higher umbrella structure for bringing county and national structures under, for example, the Office of H.E the Vice President are promising (source: UKAID, 2018: Multisectoral programming at sub-national level: A case study of HomaBay and Makueni Counties in Kenya)

## County level

The Kenya Health Policy 2014–2030 proposes the formation of county health departments whose role will be to create and provide an enabling institutional and management structure responsible for “coordinating and managing the delivery of healthcare mandates and services at the county level.” The county health management teams provide “professional and technical management structures” to coordinate the delivery of services through health facilities in each county.

At the county level, there are county assembly sectoral committees that include other sectors such as health and agriculture. However, these are not well integrated and often work in isolation with limited cohesion in planning and joint response actions. There are also county public service boards, although these are mostly preoccupied with human resource issues in the county. At the lowest levels there are village- and ward-level structures for public participation through county departments of health, public administration and participation. These structures are to ensure public appreciation of nutrition-sensitive and nutrition-specific interventions and action plans as they relate to their localities. For a highly responsive planning and budgeting process that ensures that grassroots issues have a bearing on improved nutrition outcomes in ASALs, it is important to revitalize citizenry participatory planning processes right from the grassroots. The challenge is that these structures are often not well-resourced to sustain grassroots engagements throughout the year. To ensure the adequacy of the current institutional arrangement to address multi-sectoral coordination on nutrition, it is imperative to tackle the challenges noted above—especially streamlining linkages at all levels, strengthening partnerships and collaboration with the private sector, and enhancing systems at the grassroots that generate evidence for population-level nutrition awareness and utilization.

In many counties, there exists the County Steering Group (CSG), which brings together several ministries to coordinate drought response. The county governor (highest county authority) and county commissioner are co-chairs. The NDMA is the secretariat of the CSG. Drought-response frameworks are executed at the county level, with engagement of and communication with the national level. It includes scenario-mapping for different drought categories, sentinel-site monitoring to gauge deterioration levels, contingency planning, and disaster response. The CSG engages key departmental heads, e.g., the director for health. It possesses substructures at the subcounty level, with more frequent forums due to actual implementation (e.g., General Food Distribution beneficiaries receive rations at the subcounty level). Nutrition is included in this forum in providing, analyzing, and interpreting critical health and nutrition data, such as MUAC trends from sentinel sites, malnutrition admission trends from health facilities and morbidity trends that impact nutrition (e.g., diarrhea).

Some counties have constituted the Multi-Stakeholders Platform for Nutrition (referred to as MSPs, or in some instances MSP-N), a structure drawn from the Scaling Up Nutrition (SUN) structures. The structure is still at nascent stages in many of the counties, and some have already developed their TORs, mostly drawn from the Food and Nutrition Security Policy and implementation framework in its agenda. The platform brings together sectors that impact nutrition, e.g., departments of health, water, education, agriculture, and social protection. It engages the directors of the directorate/departments to assign, at their discretion, a delegated officer (focal point) from the directorate/department.

In conclusion, Kenya has several national-level coordination platforms that have elements of multisector and multi-stakeholder engagement, including SUN networks, county steering groups, and nutrition inter-agency coordination committees. Work is currently ongoing to establish a government-led coordination structure that brings different sectors together to align work relating to nutrition. These arrangements include the establishment of the proposed National Food and Nutrition Security Steering Council as well as the County Food and Nutrition Security Steering Committees.



## Informal structures engaged in the nutrition sector

The National Nutrition Action Plans point to informal sectors (e.g., the role played by cultural institutions, informal businesses and urban informal settings and the impact on nutrition outcomes). However, there is hardly any literature on the role of the informal structures and its linkage with what has been described as the National Food and Nutrition Security policy implementation framework. The role of informal structures remains very critical to the determination of health and nutritional outcomes.

### Other challenges to multi-sectoral coordination

- i. **Lack of an elaborate legal framework on multi-sectoral nutrition coordination:** While policies, strategies and action plans exist at the national and county levels, there is limited legal basis to provide clarity around leadership and ownership, as well as a hierarchical alignment of who is responsible for results.
- ii. **The challenge of sectoral mandates:** Progress has been made, particularly over the past five years as was documented in Chapter 2 of this report, in ensuring various sectors reflect nutrition interventions in their programming. However, linkages across and within sectors remain weak—especially at the level of synchronizing activities, messaging, interactions, budgeting and putting a sector-specific allocation formula in place. This stems from the fact that whereas there is good will to coordinate, sectors and counties tend to crawl back to their mandates and budgets, leaving gaps in ensuring adequacy in financial and other support to multisector coordination efforts to address acute malnutrition.
- iii. **Divergences in capacities and methods of work:** Like in many developing countries, Kenya faces a challenge where various implementing institutions have divergences in the capacity to implement. Development partners that support various projects and programs tend to have a higher capacity to implement than local NGOs. These divergences, including differences in approaches bring about varying results.
- iv. **Timing of complex interventions:** Multisectoral programming work demands more time to build relationships and the engagement needed for multi-sector/partners at different levels to get systems in place for effective response. Within a few years of a project life, it often becomes difficult to produce results upon which other partners/stakeholders can build.
- v. **Overburdened frontline workers:** As has been witnessed with the advent of Covid-19, frontline workers are the run-to staff to take on multiple tasks and responsibilities that relate to nutrition. Often these staff are over-burdened, low paid and stretched—something that reduces their morale and enthusiasm.

## 3.2. Assessment of capacity of the various institutions/stakeholders

As spelled out in the Helen Young Conceptual Framework,<sup>8</sup> the institutional framework may be formal or informal. Formal structures are often in place in most developing countries, along with weak, yet vital informal institutions such as markets, land tenure regimes and traditional institutions. This institutional weakness has in some cases sustained farmer-herder conflicts and insecure access to natural resources, especially by women, young people, people with disabilities and the marginalized poor.

In order to broaden the institutional structure for nutrition programming, Helen Young proposes a focus on the causes/determinants of malnutrition. This begins with understanding the social, cultural, economic, and political context; understanding capital, financial, human, physical, social and natural resource-bases; and understanding resource formation and opportunities. This will generate an appreciation of formal and informal systems in play, and how they shape medium- and long-term supply- and demand-side causes of acute malnutrition.

The review of the Nutrition Action Plan 2012–2017 noted that while there have been efforts to enhance capacity among institutions, there are still challenges and gaps as shown below:

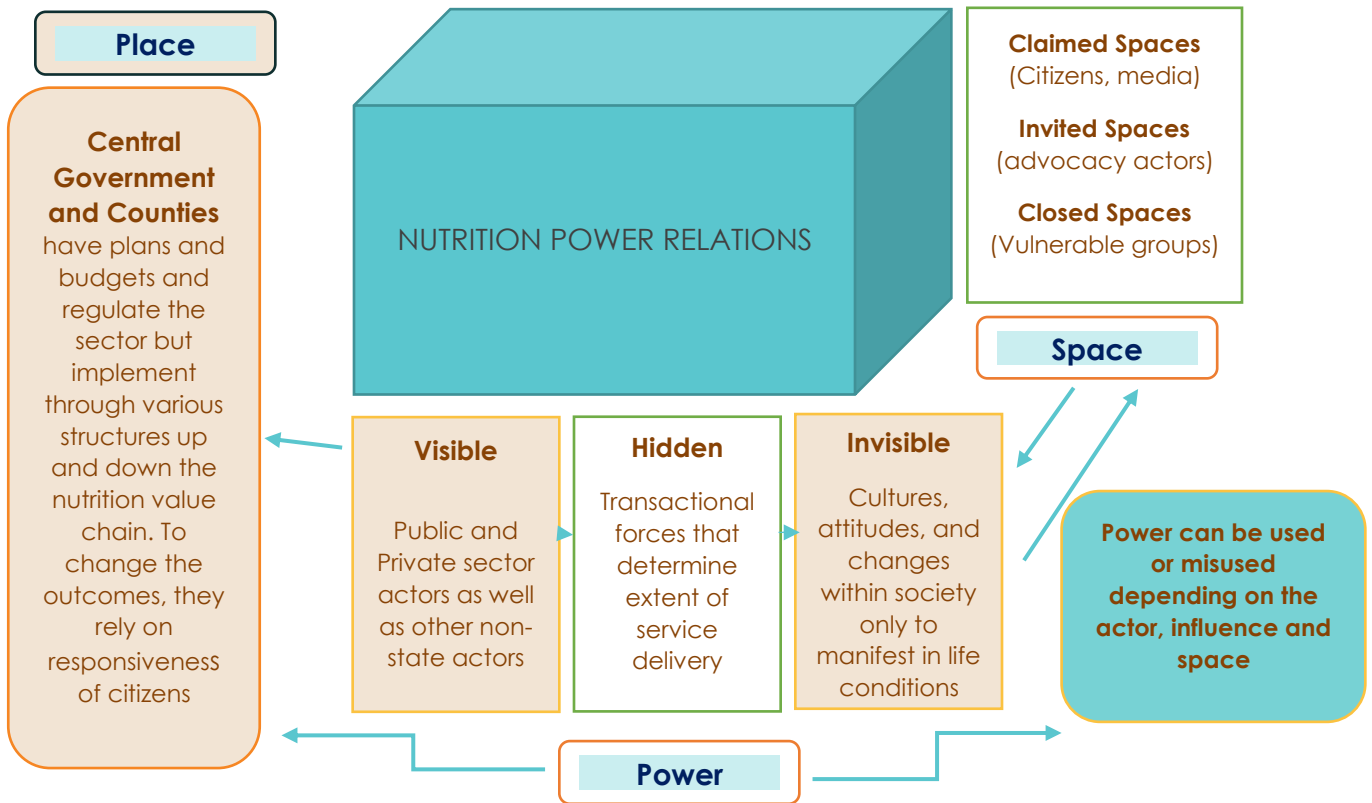
- i. While there are numerous existing sector interventions and programs, their coordination mechanisms tend to be focused mainly on emergency issues instead of intersectoral, technical and long-term development issues.
- ii. There is a lack of space where all stakeholders from agriculture, food security, nutrition and health can meet and understand each other on long-term nutrition developments and on nutrition-sensitive agricultural interventions, in particular, that link national and local levels.
- iii. Much as the critical role of the private sector is recognized, there is limited engagement by the private sector, especially in planning and budgeting processes.
- iv. There are frameworks for donor coordination, but they are not well linked to intersectoral coordination on the government side.
- v. Governance forces need to target households and engage the citizenry effectively along all stages of the nutrition value chain. Making the citizenry the center of governance means that interventions will be focused, direct and impactful. At present, there is a high focus of effort at the national level, a lean provision of support at the county level and limited impact at the grassroots level.

Another aspect that relates to the responsiveness of the institutional framework to address the challenge of acute malnutrition is the power relations in the nutrition space as demonstrated by Figure 3.2. Within the ministry of health at the county level, the nutrition department shares equal ranking with other departments in terms of institutional positions. This department does not have autonomy over budget allocation; instead, the overall authority resides with the county executive committee member for health—a political appointee in charge of health. The linkage between this level and the sector level is not clear in terms of working arrangements between the county executive committees and the nutrition department at the ministry—just as there are no binding mechanisms for engagement between the health ministry and other sectors when it comes to nutrition program implementation.

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<sup>8</sup> Helen Young (2020) Nutrition in Africa's Drylands: A conceptual framework for addressing acute Malnutrition, Feinstein International Centre Briefing Paper

**Fig 3.2: Using a power cube to demonstrate the power relations in the Nutrition Sphere**



As shown in Fig. 3.2, the government sets the tone for interventions at the national level against which counties align their programs and budget. Central government and counties regulate the sector through various structure up and down the nutrition value chain. To ensure there is a change in nutrition outcomes, they rely on the responsiveness of citizens. Citizens participated under visible (public), hidden (private) or invisible (gender, socio-cultural and religious attitudes, and belief). It is therefore important that institutions operate on citizenry feedback. Otherwise, cultures and attitudes, whether supportive of nutrition improvements or not, will sustain the landscape of responsiveness to the extent to which they appreciate, utilize, and embrace the services provided. For that matter, it is important that vulnerable groups (women, children, young people, persons with disabilities, the elderly) are supported to transit from closed spaces to invited and claimed spaces to ensure their voices are heard and responded to. Out of these transactional forces are spaces (either claimed, invited, or closed). For there to be enhanced power relations in the nutrition sphere, it is important that more and more of the population transits from closed to claimed spaces.

The other modular to show the governance relations is the Traffic Lights methodology in Table 3.1, below. In terms of power and influence, central and county governments have the highest rating (green) as compared to non-state actors (yellow) with the private sector and citizens at the lowest raking (in red).

**Table 3.1 Traffic lights showcase of levels of power and influence**

Key Stakeholder	Traffic Lights Assessment of Power and Influence Red – showing very limited influence or power Yellow – showing moderate influence or power Green – depicting high influence and power
The Executive	<b>HIGH:</b> Approves policy, laws, regulations, and guidelines with far-reaching effects on planning, budgeting, financing, and reporting on allocations for nutrition sector interventions at the county level
National Government Agencies	<b>MODERATE:</b> collaborate with counties on the implementation and execution of projects, programs, and interventions by providing data for evidence-based decision-making processes, participating in meetings where they provide professional and policy advisory input
County Assembly	<b>HIGH:</b> Enacts locally sensitive legislation and is able to scrutinize budgets and oversee their deployment through various project and program implementation
NGOs, CSOs, CBOs, FBOs and Donors	<b>MODERATE:</b> May fund projects to address malnutrition but their interventions are often short-term and limited in scope and resources.
Private Sector	<b>LOW:</b> Able to create wealth through building businesses and creating employment but not able to influence decision-making on nutrition
The Citizenry	<b>LOW:</b> Citizens not adequately consulted and mobilized to participate in the determination of issues, policies, and actions to shape the course of nutrition inasmuch as they are known to be central to the success of nutrition programming and outcomes.

### 3.3. Key governance issues

The following were the key issues noted from the review of the Isiolo and Marsabit County Plans:

- i. At the national level, it's imperative that an accountability framework is put in place that makes the NICC and the National Food and Nutrition Security Council report to a higher office; for instance, that of H.E the President, or the Deputy President's Office, or Parliament. For instance, in neighboring countries like Uganda and Tanzania, the National Nutrition Action Plan is implemented under the office of the Prime Minister (OPM) with representation of key stakeholders. It's recommended that nutrition actors sustain the advocacy to place an umbrella nutrition governance at the level of the Office of the Vice President—at which it could have a higher spotlight and recognition at the highest agenda of the state.
- ii. Enhancing the role of the central government in leading the commitment towards ending acute malnutrition by addressing policy and institutional gaps at the sector level right by strengthening collaboration with the county levels, including the private sector and other informal systems.
- iii. Strengthening of institutional alignment in a context with unique needs (ASALs) requires deeper understanding of the problem (acute malnutrition) through bringing the population out of closed spaces to invited and claimed spaces where their voices can be heard.
- iv. The limited complementarities in delivery of nutrition investments to end-users stems from lack of a strong multi-sector coordination mechanism right from the national level to county and lower levels (subcounty to the ward). There is a need to strengthen the analytical works of the secretariats both at the national level (National Food and Nutrition Security Secretariat and the County Food and Nutrition Security Secretariats) informed end-user—the citizen. At the moment, the coordination mechanism remains largely top-bottom and less bottom-up.

- v. Ultimately, the most critical institution is the household. Knowledge on optimal feeding practices coupled with sustained access to optimal food is imperative in changing mindsets and individual dynamism to enhance access to services at the household level.
- vi. Ultimately, the most critical institution is the household. Knowledge on optimal feeding practices, coupled with sustained access to optimal food, is imperative in changing mindsets and individual dynamism to enhance access to services at the household level. This means that more focus at the grassroots should be put on addressing mind-set change to tackle driving and hindering factors of malnutrition at an individual level
- vii. Overall, while the institutional alignment for health services delivery is largely focused on curative (treatment) aspects, multi-sectoral nutrition interventions require an intertwined approach based on involving both formal and informal systems of state and non-state actors to address basic causes of acute malnutrition. A critical role of the private sector and civil society is noted as key to this fight.
- viii. It is important that the national- and county-level stakeholders rally around the principles of collective impact and:
- Draw a **common agenda** around both sensitive and specific nutrition interventions both in the formal and informal sectors.
  - There should be a framework where **performance results are measured**, reported against and action taken based on this performance assessment
  - The activities that committees oversee, or implement, should be **mutually reinforcing** to avoid overlaps, duplication, and resource waste.
  - There should be **minutes on record and follow-up and follow-forward** mechanisms to ensure what is agreed upon is executed.
  - All activities ought to be supported with appropriate resources as **backbone support to execute** them, and on time.
- ix. It is important that gender and social cultural norms are put into consideration while strengthening a multi-sector approach to malnutrition, especially through dedicated investments in mind-set change, awareness creation and sensitization drives within communities.
- x. More resources could be channeled and pooled together to strengthen the human resource capacity to address both clinical and non-clinical aspects of acute malnutrition and save the current staff complement from being stretched and overburdened.
- xi. Ultimately, all stakeholders will need to put in place a legal framework that guides coordination and nutrition response at all levels. The current coordination framework is not legally binding and does not stimulate accountability and ownership of results.

## 4. Governance - Analysis of Political, Institutional and Governance Capacities

Addressing acute malnutrition goes beyond technical aspects and into the broader governance issues, political context, power relations, institutional incentives, and socio-cultural standpoints. These aspects need to have a policy anchored to holistic and multi-sectoral approaches to addressing acute malnutrition. This chapter presents a discussion of political institutional (parliament/senate county assemblies and civil society) and governance capacities as well as opportunities and strengths of Isiolo and Marsabit counties to deliver on a multi-sectoral response to address acute malnutrition.

### 4.1 Political and governance opportunities, strengths at county level to deliver a multi-sector response to reduce acute malnutrition

The Constitution of Kenya creates a two-tier government—the national level government and 47 county governments under principles of vertical sharing and devolution. Among the 14 devolved functions, as per the fourth schedule of the constitution, are county health services, including nutrition interventions. In terms of county governance, at the upmost level is the county assembly (with a speaker, deputy speaker, clerk, and county assembly sectoral committees such as for health, agriculture and education and members of the assembly).

The county assembly has a service board. This is ideally the political wing of governance. At the technical level is the county executive constituted by a governor, deputy governor and county executive committee members. There are county chief officers, directors and subcounty administrators as well as ward and village administrators. The executive has a county public service board, although this is concerned mostly with HR and personnel issues in the county. Checks and balances require that the chief executive oversees how the county implements its budget. The county assembly approves the budget and provides oversight and legislation that supports implementation of the county development agenda. At the lowest level are the ward and village structures, where the public participates in the planning processes that prioritize nutrition-sensitive and nutrition-specific action plans.

Table 4.1 below is an analysis of strengths, weaknesses opportunities and threats related to the nutrition governance structure in addressing acute malnutrition.

**Table 4.1 Nutrition Governance SWOT Analysis on Capacities and Opportunities that Exist**

<b>Strength</b>	<b>Weakness</b>
<ul style="list-style-type: none"> <li>• Significance of nutrition has been highlighted in various policies, plans and strategies at both national and county levels.</li> <li>• Increased budget allocation for nutrition-specific interventions in the national and county budget.</li> <li>• Strong leadership at the country levels including at the operational level (although the national structure for coordination of policy implementation is not fully operational).</li> <li>• Long track-record of progress in addressing acute malnutrition in the ASALs as documented by various development partners. This provides strong points of reference.</li> <li>• Increased awareness among citizens about their right to optimal food.</li> <li>• Increased efforts to enhance the human resources capacities in various departments including health, livestock, and markets development.</li> <li>• Existence of local knowledge and experience.</li> </ul>	<ul style="list-style-type: none"> <li>• Instances where duplication of effort has occurred because of weak collaboration among key stakeholders and development partners.</li> <li>• Lack of effective communication, especially limited engagement with local communities.</li> <li>• Persistent financing gaps for nutrition-specific and nutrition-sensitive interventions (although it is noted that while nutrition-specific interventions are underfunded they have more allocation than nutrition-sensitive interventions).</li> <li>• Capacity gaps in informal institutions at the community level, including among staff.</li> <li>• Limitation in effective clinical outreaches, equipment, medicines, and other facilities (infrastructural challenges).</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Increasing development partner support for various interventions to address acute malnutrition.</li> <li>• Increasing appreciation and demand for nutrition services.</li> <li>• Future industry trends that are producing supplements and other supplies to meet dietetic needs.</li> <li>• Collaborations and partnerships with platforms at the EAC and global level like the SUN Movement.</li> <li>• Kenya has in place a community health strategy with the goal of improving service delivery through integrated participatory and sustainable community health services towards the attainment of universal health coverage. This strategy provides an opportunity for driving nutrition response at community levels.</li> </ul>	<ul style="list-style-type: none"> <li>• Political interference especially in instances where investments to advance political influence are prioritized over nutrition spending.</li> <li>• Limited focus on accountability and implementation of audit recommendations.</li> <li>• Persistent and recurrent shocks impacting human lives and livelihoods (such as droughts, conflicts, COVID-19 pandemic, cholera outbreaks, desert locust invasion, among others).</li> <li>• Political instability in the country and in neighbouring countries.</li> <li>• Limited funding available for acute malnutrition.</li> </ul>



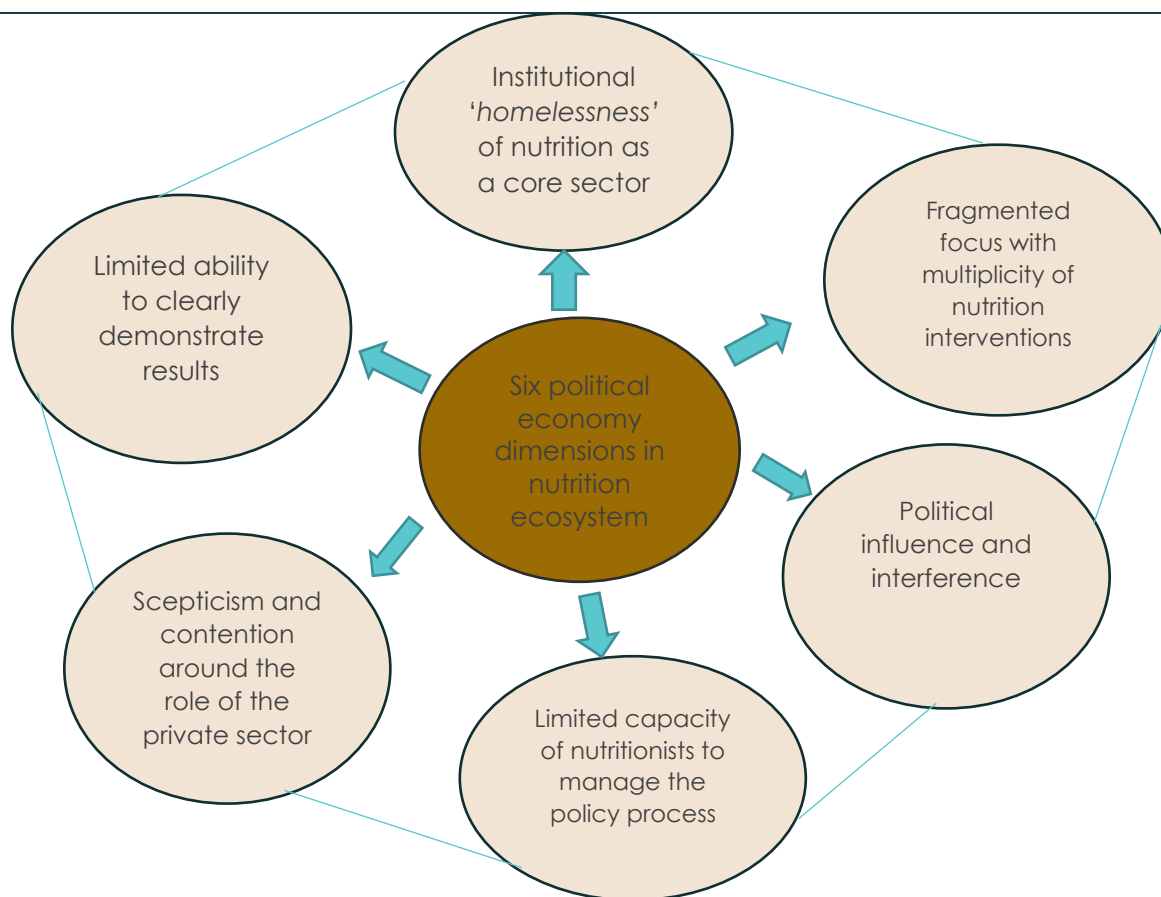
## 4.2 Political and governance dimensions in the nutrition sector

Poverty, food insecurity, undernutrition and income inequality remain high, particularly in the ASALs (Kenya National Bureau of Statistics [2015]. The Kenya 2014 Kenya Demographic and Health Survey). Cyclical droughts, conflict, and a legacy of marginalization by state and non-state actors has exacerbated vulnerabilities and has led to chronic humanitarian caseloads, driven by high food insecurity and persistent acute malnutrition. Responding to these challenges, in 2011 the government released Vision 2030, which outlined a plan to improve conditions in northern Kenya through strategic investments in a number of key sectors (Government of Kenya [2008]. Vision 2030 Development Strategy for Northern Kenya and Other Arid Lands). In addition, devolution, as mandated by the 2010 Kenya Constitution, officially began in 2013 and has transferred formerly centrally held power to county units. This move to a more localized government has led to the larger allocation of resources to historically marginalized areas and greater local authority regarding the use of those resources. In addition, governors and members of the county assembly are now subject to constituent-level calls to improve service delivery and better meet local needs.

There are six political economy dimensions in the nutrition governance model as shown in Figure 4.1:

- i. Institutionalization and governance framework of nutrition as a core subsector
- ii. Cohesion in implementation of both nutrition-specific and nutrition-sensitive interventions
- iii. Political influence and interference
- iv. Adequacy of the capacity to implement
- v. Definition and clarity of the needed contribution/roles of government, and private and other non-state actors
- vi. Demonstration of results that inspire continuous reform and innovations in response

**Fig 4.1 Mapping political and governance challenges in the nutrition sector**



**Source:** Modelling redone from original conceptualization by Yarini Balarajan and Micheal R Reich (2014)

These dimensions are discussed below:

## Institutionalization and governance framework of nutrition at national level

The challenge for Kenya is that structure as shown in the Kenya National Food and Nutrition Security Policy Implementation Framework is not fully operational. Secretariats at the national and county levels have been not set up, or supported, to coordinate food and nutrition interventions and support both the council of governors and the National Food and Nutrition Security Council.

## Cohesion in implementation of both nutrition-specific and nutrition-sensitive interventions

In an attempt to strengthen coordination and collaboration, various forums have been set up. Indeed, there are missed opportunities when institutions and agencies implement nutrition interventions in isolation of others. Despite efforts to strengthen coordination, there are overlaps and duplication. In addition, there are concerns that nutrition projects and programs have been “projectized” as opposed to mainstreaming them in existing county programs. This negates coordination efforts within the sector. This is why platforms like the SUN movement provide critical mechanism for harmonization and intervention coordination.

## Political influence and interference

This is another aspect in the determination of the nutrition governance. Political leaders for the most part feel that a vote accords them merit and not necessarily the merit to serve voters. Political party manifestos offer lofty promises to tackle malnutrition, and this is not matched by action and resources. The voice of the citizens to hold political leaders to account often remains heard and appreciated but not adequately responded to.

*Citizens' efforts to promote change are visible and well rooted in all spheres. Also, the political sphere is highly pluralized. In spite of pluralized space, there is a weak culture of political accountability and leaders rarely held account for their actions. Prof Karuti Kanyinga<sup>9</sup>*

Governance institutions ought to target households and engage the citizenry effectively along all stages of the nutrition value chain. Making the citizenry the center of governance means that interventions will be focused, direct and impactful. At present, there is a high focus of effort at the national level, a lean provision of support at the county level and limited impact at the grassroots level. It is therefore prudent to include capacity building for local leaders and politicians who are influential in shaping opinions at the grassroots.

## Adequacy of the capacity to implement

Acknowledging the complexity of the challenge of persistent acute malnutrition is a multi-faceted, technical-engaging endeavor that requires multi-sectoral interventions including technical human resource, technology, social protection, humanitarian assistance, agricultural and food security, among others. ASALs, for the most part, will require technical and financial assistance in a host of areas including the support of development partners to address acute malnutrition. A review of the implementation of the 2012–2017 National Nutrition Action Plan indicated that there were challenges encountered in the implementation of this plan that included:

- i. Limited funds towards hospitals and other critical health facilities and commodities
- ii. Inadequate monitoring and evaluation of the nutrition action plan
- iii. The limited participation of the private sector in sector planning, programming, financing, and coordination mechanisms
- iv. Inadequate funding for research to generate evidence
- v. Inadequate staffing and technical capacity in ASALs as compared to the national average, leading to them being stretched and overburdened

There has been an attempt to address gaps in implementation capacity. The government, with the help of development partners, in December 2019 launched the County Nutrition Action Plans (CNAPs) that are being up to 2023. Isiolo County launched its first CNAP in 2020, while Marsabit launched its second in the same year. Both these plans are linked to the National Nutrition Action Plan (2018–2022). The CNAP provides a platform to coordinate efforts (including capacity building) towards addressing nutrition-specific and nutrition-sensitive interventions.

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<sup>9</sup> Kanyinga: Kenya: Democracy and Political Participation March 2014

There is a focus on capacity building within these plans to support nutrition-specific interventions with the following areas where capacity needs to be built:

- i. Routine research for the generation of knowledge and evidence
- ii. Private-sector development for health and food systems (support to farmers, irrigation, bulking of produce, warehouse receipt systems and market systems strengthening)
- iii. Social cultural, economic environmental and political contexts that propose and implement nutrition-specific and nutrition-sensitive interventions
- iv. Investment in clinical interventions critical to curtailing the disease burden

## Definition and clarity of the needed contribution/roles of both government as well as private and other non-state actors

Another key aspect is the key contribution of the private sector: The private sector may be driven mostly by profit but provides efficiency in the production of nutritious and safe foods, production equipment, technical know-how and value addition processes (that ideally government would not provide). It is therefore important that the governance sphere provides mutually beneficial partnerships that support nutrition outcomes. This includes government providing the space for the expertise and a conducive environment of the private sector to contribute to the nutrition outcomes, including one that minimizes conflicts of interests.

## Demonstration of results that inspire continuous reform and innovations in response

The publications of the results from SMART surveys (that show the prevalence of acute and chronic malnutrition at county level), demographic health surveys (DHS) and routine monitoring have been helpful in tracking and reporting performance. This information has also supported planning, budgeting and strategic response and action. However, low research financing is identified in the National Health Sector Strategic Plan III as one of the limitations in the nutrition sector. Notably, there are gaps in the assessments and evaluation of multi-sectoral efforts, especially the basis and systemic drivers, towards addressing acute malnutrition. Also, the level of disaggregation of these findings is largely limited to the national and county levels and understanding the magnitude of the impacts at the grassroots level is still a challenge. As a result, the issue of nutrition remains under-reported, especially the highlighting of contextual critical performance indicators. For instance, at the status quo Kenya GDP will suffer a loss of \$38.3 billion USD between 2020–2030 due to a slide in labor productivity as a result of malnutrition. On the other hand, there are also positive results that boost the morale of duty bearers which can be showcased. For instance, Kenya is one of the few countries in the world on track to meet the 2025 World Health Assembly nutrition targets. Research and dissemination of progress and the lack thereof are lamp holders in this fight.

## 4.3 Governance issues for nutrition sector development at county level

During the drafting of the county nutrition action plans, specifically for Marsabit, the following issues were identified to be some of the governance issues at the county level:

- i. Limited linkage between the county planning and strategic documents
- ii. Lack of multidisciplinary/multi-sectoral/multi-agency participation in development, implementation, and financing
- iii. Minimal nutrition-sensitive interventions and sharing of information
- iv. Lack of joint implementation and MEAL strategies
- v. Lack of government financing for the implementation of nutrition interventions

In the case of Isiolo County, processes were underway by 2019/2020 to establish a multi-sectoral platform aimed at bringing together actors in both nutrition-sensitive and specific multi-sectoral coordination of nutrition activities in the county. The challenge noted, however, was that coordination and collaboration with other sectors in the county remained very weak.

To address this problem, sectoral nutrition coordination under the ministry of health is now being enhanced through the county nutrition technical forums that are held on a quarterly basis at the county level and monthly at the subcounty level. At present, the subcounty forums are not yet well facilitated and need their capacity built and strengthened. This also applies to some functions of county and subcounty nutrition coordination structures. Building an enduring governance system is a process, and one that requires a well constituted and facilitated framework to coordinate implementation.

## 4.4 Challenge of drought, floods, disasters (including epidemics)

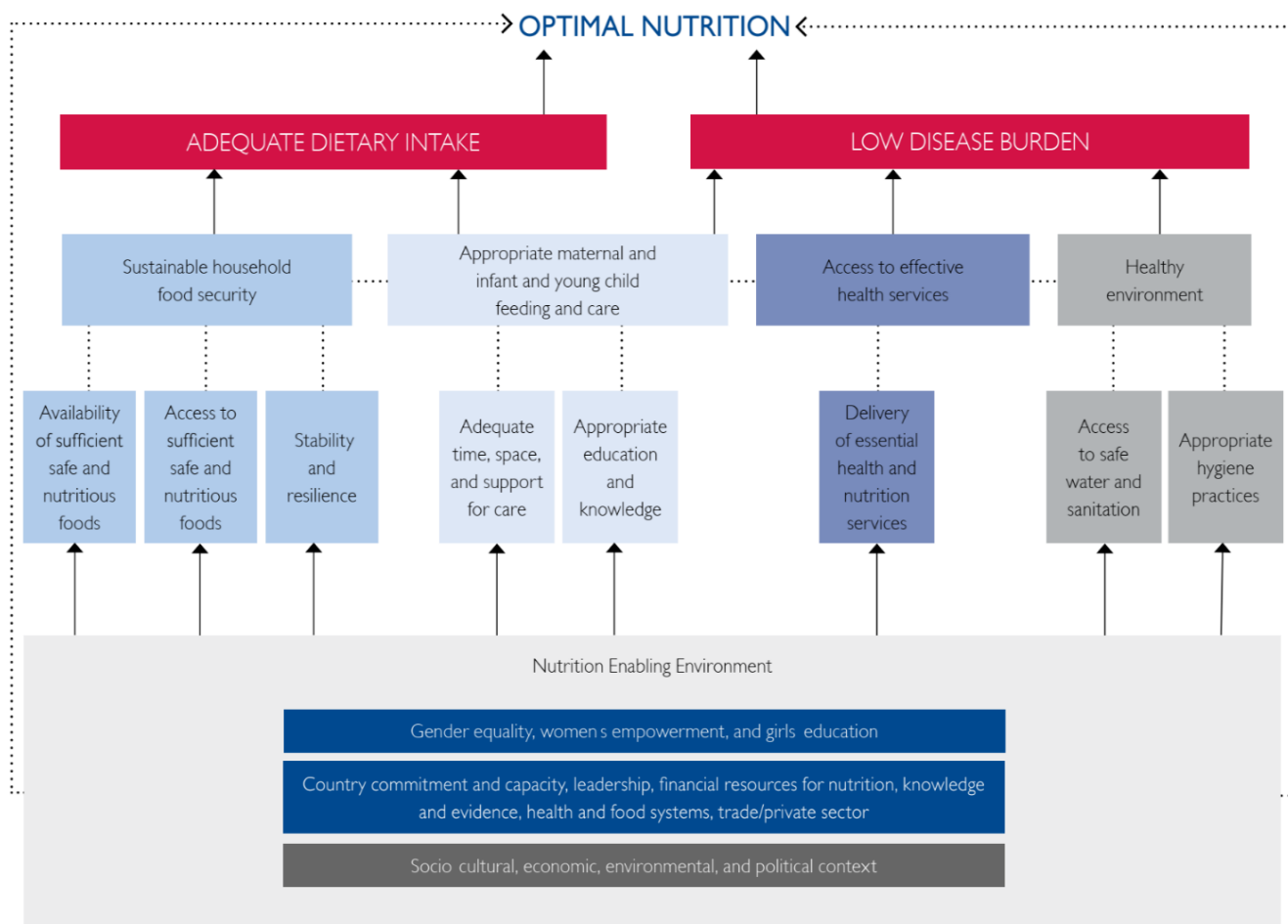
The discussion of acute malnutrition would be incomplete without the inclusion of food and nutrition during crisis and emergencies. Major disasters that have led to emergencies in Kenya are droughts, floods, fires, landslides, armed conflicts and displacements, human/wildlife conflicts, insecurity, pests, and disease outbreaks as well as market and food price disruptions and fluctuations. These occurrences have deepened chronic poverty and marginalization. In the ASALs, due to enhanced metrological services, some disasters like droughts and floods are predictable and can be planned for—unlike epidemics like Covid-19 or the influx of locusts. Therefore, it is ever critical that investments are made in early warning systems and that financial allocations for contingency include emergency preparedness to reduce the risk and vulnerability to these occurrences.

## 4.5 Donor support to the nutrition sector

It is important to note that building capacity is a gradual process. There can also be unintended consequences where capacity is built on one aspect and continues to lack in another aspect. Most reviewed reports pointed to the critical need to ensure budgetary allocations to health, agriculture, and clinical services; and increasing the remuneration of critical human resources stands out as a critical aspect in this regard.

According to the USAID multi-sectoral nutrition strategic/conceptual framework (Figure 4.2, below), achieving optimal nutrition requires both adequate dietary intake and a low disease burden. Adequacy of dietary intake requires sustainable food security, while a low disease burden requires access to effective health services and a healthy environment. For these to happen, government shall be required to put in place an enabling environment enhanced by gender equality, women empowerment and girls' education, and a commitment, capacity leadership, and financial resources for nutrition.

**Figure 4.2 USAID Multi-sectoral Nutrition Strategy Conceptual Framework**



**Source:** U.S. Agency for International Development. Multi-sectoral Nutrition Strategy 2014–2025. <https://www.usaid.gov/nutrition-strategy>

**Table 4.1 some of the recent donor-funded projects on nutrition in Kenya**

<b>Donor</b>	<b>Program/Interventions supported</b>	<b>Geographical Scope</b>	<b>Timelines</b>	<b>Additional Information</b>
<b>DFID</b>	Enhancing Nutrition Surveillance, Resilience and Response (ENSuRRe) Programme	ASALs	2012–2015	Areas of support focused on: <ol style="list-style-type: none"> <li>i. The delivery of nutrition services through its NGO partners in the other ASAL areas</li> <li>ii. System-strengthening activities and coordination of the nutrition sector at county and national levels</li> <li>iii. Monitoring and evaluation program activities)</li> </ol>
	Kenya Health Program	47 Counties	2009–2015	The project focused on systems-strengthening support extended in establishment and orientation of county health management teams (CHMT) and providing orientation on planning templates and their application.
	Program on Reducing Maternal and Newborn Deaths in Kenya	HomaBay, Bungoma and Turkana	2013–2018	Interventions classified under nutrition sensitive but no stated nutrition objectives and outcomes.
	Kenya Social Protection Program II	National Levels	2013–2017	The program supported two outputs at the national level: <ul style="list-style-type: none"> <li>• Development of a national social protection system</li> <li>• Expansion of the cash transfer to orphans and vulnerable children program.</li> </ul>
	Hunger Safety Net Program Phase 2 (HSNP 2)	Marsabit, Mandera, Wajir and Turkana	2014–2017	The program classified under nutrition sensitive but no stated nutrition objectives and outcomes.
	Arid Lands Support Programme (ASP)	Marsabit, Mandera, Wajir and Turkana	2012–2016	Interventions classified under nutrition sensitive but no stated nutrition objectives and outcomes.
	Refugee programs	Dadaab and Kakuma	2012–2015	The program aimed to support Somali refugees through the treatment of acutely



Donor	Program/Interventions supported	Geographical Scope	Timelines	Additional Information
				and moderately malnourished children, improved access to primary health care, improved essential sanitation and hygiene services, contributions to general food distributions to avoid severe ration cuts and protect nutrition gains, enhanced protection services.
European Union	European Civil Protection and Humanitarian Aid Operations	Mandera, Wajir, Turkana, West Pokot, Marsabit and Dadaab refugee camp	Yearly	All interventions aimed at achieving purely and clearly stated nutrition objectives, outcomes, and specific interventions.
	Agriculture and rural development	Turkana, West Pokot, Baringo, Marsabit, Samburu, Isiolo, Mandera, Wajir, Garissa, Tana River, Lamu, Kilifi, Kwale, Taita Taveta, Kitui, Makueni, Embu, Tharaka Nithi, Meru, Laikipia, Nyeri, Kajiado, Narok, Thika, Kericho, Buret, Bungoma, Kakamega, Nakuru, Nandi, Trans Nzoia and Machakos	2011	The program classified under nutrition-sensitive but insufficient information to determine clarity on any nutrition objectives and outcomes.
	Maternal and child nutrition program under SHARE	Mandera, Wajir, Turkana, West Pokot, Tana River, Samburu, Kitui, Kwale and Kilifi	2014–2018	The entire program is aimed at achieving purely and clearly stated nutrition objectives, outcomes, and specific nutrition interventions.
United States Agency for International Development (USAID)	NHP Plus	Busia, Kitui, Meru, Tharaka Nithi, Trans-Nzoia, Taita Taveta, Makueni, Kakamega, Vihiga, Samburu and Marsabit.	2010–2015 2011–2015	The project clearly stated nutrition objectives, outcomes, and specific interventions but part of an overall integrated program.
	Food for Peace	ASALs	2012–2015 2019–2020	All interventions aimed at achieving purely and clearly stated nutrition objectives,

Donor	Program/Interventions supported	Geographical Scope	Timelines	Additional Information
		Dadaab Kakuma and Kalobeyei refugee camps		outcomes, and specific nutrition interventions.
	Office of Foreign Disaster Assistance (OFDA)	ASALs, Nairobi and Kisumu urban informal settlements	2012–2014	The focus of the support was geared towards preparing and responding to nutrition emergencies and accelerating recovery.
	Kenya Agricultural Value Chains Enterprises Project (KAVES)	22 Counties in high rainfall and arid and semi-arid areas (Bomet, Trans Nzoia, Elgeyo-Marakwet, Uasin Gishu, Nandi, Kericho, Bungoma, Busia, Kakamega, Vihiga, Siaya, Homabay, Kisumu, Nyamira, Kisii, and Migori in the western region, and Meru, Tharaka, Machakos, Makueni, Kitui and Taita-Taveta)	2011–2018	Project classified under nutrition sensitive but insufficient information to determine clarity on any nutrition objectives and outcomes.
	Resilience and Economic Growth in the Arid Lands Increased Resilience (REGAL-IR)	5 ASAL counties – Isiolo, Marsabit, Turkana, Wajir and Garissa	2015	Program classified under nutrition sensitive but insufficient information to determine clarity on any nutrition objectives and outcomes.
	Water and sanitation programs	ASALs	2015	Programs classified under nutrition sensitive but insufficient information to determine clarity on any nutrition objectives and outcomes.
<b>CIFF</b>	De-worming program	Regions (Coast, Nyanzi, Rift valley and Western)	2012–2015	Interventions classified under nutrition sensitive but insufficient information to determine clarity on any nutrition objectives and outcomes.

<b>Donor</b>	<b>Program/Interventions supported</b>	<b>Geographical Scope</b>	<b>Timelines</b>	<b>Additional Information</b>
<b>GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit</b>	Food Security and Drought Resilience Program	Turkana and Marsabit counties	2014–2016	No stated nutrition objectives and outcomes but some specific nutrition interventions are mentioned.
	Food security through improved productivity program	Bungoma, Kakamega and Siaya counties	2014–2016	Interventions classified under nutrition sensitive but no stated nutrition objectives and outcomes.
	GIZ-health sector program	Kwale, Kisumu, Vihiga and Nairobi counties	2014–2015	Interventions classified under nutrition sensitive but no stated nutrition objectives and outcomes.
	SIF Project	Refugees and the local population in the host area of Kakuma in Turkana County	2015–2017	No stated nutrition objectives and outcomes but some specific nutrition interventions are mentioned.
<b>Norwegian Ministry of Foreign Affairs</b>	Micronutrient powder	Arid Counties		The entire program aimed at achieving purely nutrition objectives, outcomes.
<b>Japan International Cooperation Agency (JICA)</b>	Maternal and child health program	Isiolo	2015–2018	Interventions classified under nutrition sensitive but insufficient information to determine clarity on any nutrition objectives and outcomes.
<b>Danish International Development Agency (DANIDA)</b>	Maternal and child health program Non-Communicable Diseases	Dadaab, Nairobi, Nyeri	2015–2018	Interventions classified under nutrition sensitive but insufficient information to determine clarity on any nutrition objectives and outcomes.
<b>Finish Ministry of Foreign Affairs– Nairobi</b>	Food security	Malindi	2015	Interventions classified under nutrition sensitive but insufficient information to determine clarity on any nutrition objectives and outcomes.
	Cash transfer Program	Malindi		The objective of the entire program is to achieve purely nutrition objectives, outcomes.

<b>Donor</b>	<b>Program/Interventions supported</b>	<b>Geographical Scope</b>	<b>Timelines</b>	<b>Additional Information</b>
<b>Canadian International Development Agency</b>	Vitamin A supplementation	Arid and Semi-arid counties	2012–2015	The entire program aimed at achieving purely nutrition objectives, outcomes.
<b>World Bank</b>	HSSF, including scaling up of RBF	ASALs	2011–2016	Interventions classified under nutrition sensitive but no stated nutrition objectives and outcomes.
	Governance and stewardship, including scaling up of HISP and county capacity building	ASALs	2011–2016	Interventions classified under nutrition sensitive but no stated nutrition objectives and outcomes.
	Supply of nutrition commodities	ASALs	2011–2016	The entire program aimed at achieving purely nutrition objectives, outcomes.
	Essential medicines and medical supplies, including warehousing and procurement reforms	ASALs	2011–2016	Interventions classified under nutrition sensitive but no stated nutrition objectives and outcomes.

## 5. Financing of Nutrition at National Level and County Levels

According to the Kenya Nutrition Action Plan (2018–2022), a cost-benefit analysis conducted in Kenya in 2016 by UNICEF, the World Bank and the ministry of health, every dollar invested in scaling up high-impact nutrition interventions has the potential return of \$22 USD. Investing in both nutrition-sensitive and nutrition-specific interventions has enormous socio-economic benefits. This chapter looks at the level of financing—and imbalances therein—for both nutrition-specific and nutrition-sensitive interventions at the national and county levels.

### 5.1 Tracing nutrition financing within the National Sector Budget Allocation

Currently, the Kenyan Government is attempting to stimulate economic recovery and overcome the adverse effects of COVID-19 using the big-four agenda.<sup>10</sup> This agenda includes supporting four broad interventions:

- i. Supporting value addition and raising the manufacturing share of GDP to 15% by 2022 (KES 18.3 billion)
- ii. Enhancing food and nutrition security to all Kenyans by 2022 (KES 52.8 billion)
- iii. Providing universal health coverage to guarantee quality and affordable health care to all Kenyans (KES 50.3 billion)
- iv. Providing affordable and decent housing for all Kenyans (KES 6.9 billion)

Other key allocations include:

- i. Enhanced security for investment, growth, and employment (KES 314.7 billion)
- ii. Investing in infrastructure to unlock growth potential (KES 324.7 billion)
- iii. Enhancing access and transforming education system (KES 497.7 billion)
- iv. Environmental management and protection, flood control and water harvesting (KES 78.8 billion)
- v. Equity poverty reduction and social protection for vulnerable groups (KES 88.4 billion)
- vi. Leveraging on information, communication, and technology (KES 14.9 billion)
- vii. Transfer to county governments including equitable share (KES 316.5 billion) and conditional allocation (KES 53.4 billion)

Overall, looking at the past trends in the allocations to various nutrition-sensitive sectors (agriculture, education, water and environment, social protection, and health in table 5.1 below), allocations to these sectors have only marginally increased (and reduced for agriculture, from 5.3% in 2015–16 to 3.3% in 2020–21).

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<sup>10</sup> The Big Four Agenda are President Uhuru Kenyatta’s legacy projects that he has committed to execute by the time he exits office in 2022. The four pillars of the agenda are food security, affordable housing, universal health care, manufacturing, and job creation. [How the Government Can Achieve the Big Four Agenda on Housing – KIPPRA](#)

**Table 5.1 Trends in sector allocations**

Sectors	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Agriculture, rural and urban development	5.3%	4.5%	2.4%	2.3%	3.4%	3.3%
Energy, infrastructure, and ICT	26.9%	23.5%	25.5%	23.8%	23.1%	19.2%
General economic and commercial affairs	1.4%	1.3%	1.2%	1.1%	1.4%	1.5%
Health	3.9%	4.3%	3.8%	3.8%	5.3%	5.9%
Education	22.3%	23.5%	23%	25.1%	26.9%	26.8%
Governance, justice, law, and order	10.2%	11.5%	12.4%	11.5%	11.6%	10.5%
Public administration and international relations	16.2%	16.8%	16.4%	16.2%	11.8%	15.3%
National security	7.5%	7.7%	8.0%	8.4%	8.7%	8.2%
Social protection, culture, and recreation	2.1%	2.1%	2.8%	3.2%	3.1%	3.7%
Environmental protection, water and natural sources	4.2%	4.8%	4.5%	4.6%	4.7%	5.6%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Source:** Kenya National Treasury: National Budget Review Output Report 2020/21 Nairobi Kenya

From Table 5.2, allocations from the national budget to nutrition-sensitive sectors average are 41.02% compared to 33.8% going to only two sectors: roads and national security.

**Table 5.2 Allocations from the national budget for key thematic areas (FY 2020/21)**

Thematic Area	Allocation From the National Budget (KES million)	Percentage (Proportion of the total)
Agriculture and food security	36,586	3.52%
Transport	36,672	3.52%
Roads	181,415	17.43%
Energy	70,507	6.77%
Housing and urban development and public works	16,237	1.56%
Information communication and technology	11,193	1.08%
National security	171,262	16.46%
Education sector	201,236	19.34%
Health sector	102,292	9.83%
Manufacturing and industrialization	6,806	0.65 %
Social protection and affirmative action	32,966	3.17%
Equity, poverty reduction, women, and youth empowerment	53,667	5.16 %
Sport culture, recreation, and tourism	20,437	1.96%
Environmental protection, water and natural Resources	99,506	9.56 %
<b>Total</b>	<b>1,040,782</b>	<b>100%</b>

**Source:** Republic of Kenya (2020) Budget Summary for the Fiscal Year 2021/22 and supporting information from The National Treasury and Planning, Nairobi Kenya.

The challenge the nutrition sector faces is that the projection for financing for public investments for nutrition-sensitive sectors shows a downward trend going on to FY 2022/23. According to table 5.3 below, agriculture and rural and urban development will see a further decline in allocation from 3.3% in 2020/21 to 2.4% in 2022/23, while health education and social protection will more or less remain static. Another critical sector on environment and natural resources will see an allocation projection of 6%, up marginally from the current 5.6%.

**Table 5.3: Current and Projections for Midterm Sector Ceilings FY 2021/22 – FY 2023/24 KES ('million)**

Sector	Approved Estimates (2020/21)	% Share of Total Expenditure	Projection (2021/22)	% Share of Total Expenditure	Projection (2022/23)	% Share of Total Expenditure	Projection (2022/23)	% Share of Total Expenditure
Agriculture, rural and urban development	63,236.4	3.3%	68,088.2	3.4%	62,423.4	3.0%	51,470.1	2.4%
Energy, infrastructure, and ICT	362,769.1	19.2%	408,400.5	20.4%	443,589.1	21%	472,656.2	21.9%
General economic and commercial affairs	27,906.2	1.5%	24,167.6	1.2%	24,769.6	1.2%	24,249.0	1.1%
Health	111,702.7	5.9%	114,878.6	5.7%	121,824.5	5.8%	128,004.2	5.9%
Education	505,101.2	26.8%	521,870.2	26%	532,216.1	25.2%	546,717.5	25.3%
Governance, justice, law, and order	197,974.7	10.5%	214,594.5	10.7%	229,298.1	10.9%	219,356.6	10.1%
Public administration and international relations	289,312.8	15.3%	309,165.7	15.4%	317,102.9	15%	322,651.4	14.9%
National Security	154,532.6	8.2%	164,014.4	8.2%	181,553.2	8.6%	190,844.0	8.8%
Social protection, culture, and recreation	70,089.7	3.7%	73,720.3	3.7%	75,145.1	3.6%	75,718.3	3.5%
Environment protection, water, and natural resources	105,216.6	5.6%	106,688.1	5.3%	121,393.8	5.8%	130,114.9	6%
<b>Grand Total</b>	<b>1,887,661.9</b>	<b>100%</b>	<b>2,005,588.3</b>	<b>100%</b>	<b>2,109,320.6</b>	<b>100%</b>	<b>2,161,782.3</b>	<b>100%</b>

Source: Republic of Kenya (2021) *Budget Review and Outlook Paper*: The National Treasury and Planning, Nairobi, Kenya.



According to the Kenya National Nutrition Action Plan (2018–2022), the total budget to achieve 19 key result areas of the plan is KES 38.4 billion (\$379.88 million USD) as shown in the table below:

**Table 5.4 Funding for Key Result Areas Under the Kenya Nutrition Action Plan**

<b>Key Result Areas of The National Nutrition Action Plan (2018–2022)</b>	<b>2018/19 Kes (Million)</b>	<b>2019/20 Kes (Million)</b>	<b>2020/21 Kes (Million)</b>	<b>2021/22 Kes (Million)</b>	<b>2022/23 Kes (Million)</b>	<b>Total Kes (Million)</b>	<b>Total Million (\$)</b>
<b>Nutrition-Specific Interventions</b>							
1. Maternal, newborn, infant and young child nutrition scaled up	419.8	488.01	394.31	408.06	490.67	2,200.85	21.79
2. Nutrition of older children and adolescents promoted	63.92	158.42	145.19	120.64	101.58	589.74	5.84
3. Nutrition of adults and older persons	20.37	69.86	107.61	29.42	7.72	234.98	2.33
4. Prevention control and management of micro-nutrient deficiencies scaled up	85.36	308.54	114.63	131.57	129.03	769.12	7.62
5. Prevention control and management of diet-related risk factors for non-communicable diseases scaled up	148.08	223.38	146.91	119.99	125.61	763.97	7.56
6. Prevention and integrated management of acute malnutrition strengthened	579.46	571.98	531.21	567.1	560.48	2,810.24	27.82
7. Nutrition in emergencies strengthened	128.72	160.33	112.85	100.60	148.64	651.13	6.45
8. Nutrition in HIV and TB	378.22	371.11	328.78	320.61	325.6	1,724.32	17.07
9. Clinical Nutrition and Dietetics in disease management strengthened	15.51	75.37	100.54	47.94	40.08	279.44	2.77
<b>Nutrition-Sensitive Interventions</b>							
10. Nutrition in agriculture and food security scaled up	188.93	203.64	185.6	269.5	205.44	1,053.19	10.43
11. Nutrition in health sector strengthened	31.67	32.34	20.57	18.71	20.17	123.46	1.22
12. Nutrition in the education sector strengthened	45.05	58.65	75.28	54.68	46.79	280.44	2.78
13. Nutrition in water, sanitation, and hygiene (WASH) sector promoted	121.77	88.41	78.16	126.71	77.94	492.99	4.88
14. Nutrition in social protection programs promoted	10.67	47.34	67.59	39.48	12.03	177.11	1.75
<b>Cross-cutting Interventions</b>							

15. Sectoral and multi-sectoral nutritional governance	615.36	646.22	610.63	609.45	659.59	3,141.26	31.1
16. Sectoral and multi-sectoral MIS	157.12	197.40	271.67	154.56	241.15	1,021.9	10.12
17. Advocacy communication and social mobilization	110.75	108.46	84.28	57.91	56.62	418.00	4.14
18. Capacity for nutrition developed	58.97	76.70	34.74	61.79	61.79	294.05	2.91
19. Supply chain management for nutrition commodities and equipment	3,748.71	4,011.19	4,266.57	4,532.88	4,782.29	21,341.65	211.30
<b>Grand Total</b>	<b>6,928.43</b>	<b>7,897.34</b>	<b>7,677.18</b>	<b>7,771.66</b>	<b>8,093.22</b>	<b>38,367.83</b>	<b>379.88</b>

According to the annualized budget for implementing the Kenya Nutrition Action Plan, the nutrition requirement for FY 2020/21 is KES 77.71 billion. However, only 52.8 billion has been earmarked creating a shortfall of KES 24.91 billion (a drop of 47.1%),

## 5.2 Donor vs. Government Contribution

Donor support has been pivotal to the nutrition sector in Kenya, as it has complemented government efforts at all levels. This support over the decades has been for nutrition-specific and nutrition-sensitive interventions. For nutrition-specific interventions, this support has been focused mainly on the following interventions:

- i. Management of severe acute malnutrition
- ii. Preventive zinc supplements
- iii. Promotion of breastfeeding and appropriate complementary feeding
- iv. Management of moderate acute malnutrition
- v. Peri-conceptual folic acid supplementation or fortification
- vi. Maternal balanced energy protein supplementation
- vii. Maternal multiple micronutrient supplementation
- viii. Vitamin A supplementation and maternal calcium supplementation

The focus on the above interventions is based on the realization that timely nutrition-specific interventions have a critical impact on results. According to Zulfiqar A Bhutta, Jai K Das, Arjumand Rizvi (et al),<sup>11</sup> if scaled to 90% coverage, nutrition-specific interventions can reduce stunting by 20% and severe wasting by 60% in developing countries.

<sup>11</sup> Zulfiqar A Bhutta, Jai K Das, Arjumand Rizvi (et al) Maternal and Child Nutrition 2 Evidence based interventions for improvement of maternal and child: What can be done and at what cost? Lancet 2013: 382:452-77

Development partners have also supported the financing and implementation of nutrition-sensitive projects and programs—directly or working with government or through other partners. Nutrition-specific interventions alone cannot eliminate under-nutrition—but with a combination of nutrition-sensitive interventions, a lot can be achieved in enhancing an effective all-round response to the problem. Nutrition-sensitive interventions largely mean the following nine aspects:

- i. Agriculture and food security
- ii. Social safety nets
- iii. Early childhood development
- iv. Maternal mental health
- v. Women’s empowerment
- vi. Child protection
- vii. Classroom education
- viii. Water and sanitation
- ix. Health and family planning services

There is, however, a challenge reporting on donor support towards nutrition in this calibration because in most instances nutrition-specific and nutrition-sensitive interventions are mixed and jointly provided (e.g., research, advocacy tracking or even nutrition products). The table below shows key donors in the nutrition sector and their contribution categorization between 2010 and 2018. It is important to note that some of the projects in the table have since ended. Findings show that there has been an overall increase in spending from 2010–2018 in both the specific (27%) and sensitive nutrition (up by 19%) categories.

Table 5.5 Donor support to nutrition-sensitive and nutrition-specific interventions

Donor	Program Support	Overall Categorization of Program	Description of Funding (US Dollars)		
			Estimated nutrition funding	Average yearly nutrition funding	Duration in years
DFID	Enhancing Nutrition Surveillance, Resilience and Response (ENSURRe) Program	Nutrition Specific	30,223,118	10,074,396	3
	Kenya Health Program	Nutrition Sensitive	41,975,000	11,344,595	3.7
	Program on Reducing Maternal and Newborn Deaths in Kenya		29,500,000	5,900,000	5
	Kenya Social Protection Program II	Nutrition Sensitive	15,100,000	3,020,000	5
	Hunger Safety Net Program Phase 2	Nutrition Sensitive	33,500,000	11,166,667	3
	Arid Lands Support Program (ASP)	Nutrition Sensitive	5,650,000	1,412,500	4
	Refugee Program	Nutrition Sensitive	52,125,000	17,375,000	3
European Union	ECHO	Nutrition Specific	5,244,000	5,244,000	1
	Agriculture and Rural Development		4,860,177	4,860,177	1
	Maternal and Child Nutrition Program Under SHARE	Nutrition Specific	30,000,000	7,500,000	4
	Maternal and Child Health	Nutrition Sensitive	2,850,000	950,000	3
USAID	NHP <i>plus</i>	Nutrition Sensitive	31,500,000	6,300,000	5
	Food for Peace	Nutrition Specific	4,187,164	1,395,721	3
	OFDA	Nutrition Specific	7,500,000	1,875,000	4
	Kenya Agricultural Chain Enterprises Project (KAVES)	Nutrition Sensitive	3,000,000	3,000,000	1
	Resilience and Economic Growth in the Arid Lands Increased Resilience (REGAL-IR)	Nutrition Sensitive	1,600,000	1,600,000	1
	Water and Sanitation Programs	Nutrition Sensitive	5,000,000	5,000,000	1
CIFF	De-worming Program		5,865,750	1,173,150	5
GIZ	Food Security and Drought Resilience Program	Nutrition Sensitive	1,710,000	855,000	2
	Food Security Through Improved Productivity Program	Nutrition Sensitive	1,822,500	911,250	2
	GIZ-Health Sector Program	Nutrition Sensitive	199,500	99,750	2
	SIF Project	Nutrition Sensitive	878.488	439,244	2
Norwegian Ministry of Foreign Affairs Nairobi	Micronutrient Powder	Nutrition Specific	2,000,000	2,000,000	1

Donor	Program Support	Overall Categorization of Program	Description of Funding (US Dollars)		
			Estimated nutrition funding	Average yearly nutrition funding	Duration in years
JICA	Maternal and Child Health Program	Nutrition Sensitive	119,792	29,948	4
DANIDA	Maternal and Child Health Program	Nutrition Sensitive	231,771	57,943	4
	Non-Communicable Diseases	Nutrition Sensitive			
Finish Ministry of Foreign Affairs, Nairobi	Food Security	Nutrition Sensitive	10,938	10,938	1
	Cash Transfer Program	Nutrition Specific			
CIDA	Vitamin A Supplementation	Nutrition Specific	929,989	309,996	3
World Bank	HSSF, Including Scaling Up of RBF	Nutrition Sensitive	14,650,000	2,441,667	6
	Governance and Stewardship, Including Scaling Up of HISP and Country Capacity Building	Nutrition Sensitive	12,071,250	2,011,875	6
	Supply of Nutrition Commodities	Nutrition Specific	12,800,000	2,133,333	6
	Essential Medicines and Medical Supplies	Nutrition Sensitive	24,528,750	4,088,125	6
<b>TOTAL</b>			<b>382,263,256</b>	<b>115,210,274</b>	<b>3.2 Years</b>

Source: Ministry of Health: Mapping Report: Donor Support to the Nutrition Sector in Kenya (2018).

Below is a summary of the above table showing spending on nutrition specific vs. nutrition sensitive programs.

**Table 5.6 Summary of Value of Donor Support to Nutrition Interventions**

	Total Allocation	Nutrition Allocation	Yearly Estimated Allocation
Nutrition-Specific Spending	93,514,341 (9.2%)	93,514,341 (24.4%)	31,162,447 (27%)
Nutrition-Sensitive Spending	921,118,683 (90.7%)	288,784,915 (75.5%)	84,047,827 (73%)
<b>Total</b>	<b>1,014,633,024</b>	<b>382,363,256</b>	<b>115,210,274</b>

Source: Ministry of Health: Mapping Report: Donor Support to the Nutrition Sector in Kenya (2018).

This shows that for the larger part, donors are spending more on nutrition-sensitive interventions (above 70%) in anticipation that government and counties will prioritize nutrition-specific interventions.

## 5.3 Nutrition-Specific and Nutrition-Sensitive Financing at County Level

### Marsabit County Nutrition Action Plan (CNAP) 2019–2023

This Marsabit County Nutrition Action Plan was drafted to provide for a coordinated implementation of nutrition interventions within the county and was informed by recommendations from the review of the first action plan 2015–2018. The objective of the CNAP is to accelerate and scale up efforts towards the elimination of malnutrition in line with Kenya’s Vision 2030 and sustainable development goals, focusing on specific achievements by 2023. The CNAP focuses on three main areas: nutrition-specific, nutrition-sensitive and enabling environment with a further 12 key result areas. This CNAP will require financing of about KES 1,250,644,500 in its span. As shown by table 5.7 below, allocations to nutrition-sensitive areas in Marsabit over the past three years have averaged only 46.5% with key sectors like agriculture, water and natural resources receiving a paltry 7.1% and 9.5% respectively.

**Table 5.7 Past Budget Allocation to Marsabit County for Various Departments**

County Departments	FY 2017/18	FY 2018/19	FY 2019/20	Three-year average	%
Governors’ Office	1,186,883,447	911,437,256	974,857,842	1024392848	13.6
Finance Economic Planning	1,116,045,516	478,985,872	467,045,344	687358911	9.1
Education, Skills and Sport	461,169,790	547,000,000	599,742,214	535970668	7.1
County Public Service Board	101,868,540	90,000,000	82,555,000	91474513.3	1.2
County Assembly	650,960,640	719,999,313	698,316,313	689758755	9.1
Agriculture, Livestock and Fisheries Development	332,582,224	616,000,000	661,775,873	536786032	7.1
Trade, Enterprise, and Crop Development	211,372,050	248,500,000	153,219,796	204363949	2.7
Road Transport and Public Works	413,508,241	567,000,000	446,191,170	475566470	6.3
Lands Energy and Urban Development	354,141,798	405,800,000	356,347,500	372096433	4.9
Tourism and Culture	135,759,705	182,000,000	170,467,500	162742402	2.2
Water, Environment and Natural Resources	734,363,928	720,043,975	700,847,571	718418491	9.5
Health Services	1,171,124,980	1,971,322,500	2,022,535,525	1721661002	22.8
Administration Coordination and ICT	321,094,230	362,450,000	306,509,767	330017999	4.4
<b>Total</b>	<b>7,190,875,089</b>	<b>7,820,538,916</b>	<b>7,640,411,415</b>	<b>7,550,608,473</b>	<b>100%</b>

Looking at allocations earmarked for Key Result Areas under the Marsabit County Nutrition Action Plan, it is important to note that much less is earmarked for nutrition-sensitive interventions compared to nutrition-specific ones.

Table 5.8 Allocations to Marsabit Nutrition Action Plan 2019–2023

Key Result Areas of The National Nutrition Action Plan (2018-2022)	2019/20	2020/21	2021/22	2022/23	Total Kes	Total (\$)
<b>Nutrition-Specific Interventions</b>						
1. Maternal, infant and young child nutrition scaled up	37,745,100	249,352,000	600,000	9,491,900	72,772,200	673816.7
2. Nutrition of older children and adolescents, adults and older persons promoted	21,457,800	21,217,700	25,345,800	27,069,800	95,091,100	880473.1
3. Prevention control and management of micro-nutrient deficiencies scaled up	13,319,500	13,319,500	13,319,500	13,319,500	53,278,000	493314.8
4. Prevention control and management of diet-related non-communicable diseases (DRNCDs)	6,609,500	5,949,500	6,985,500	7,049,500	26,594,000	246240.7
5. Integrated management of acute malnutrition strengthened	145,901,100 0	100,825,700	112,684,650	100,039,550	459,451,000	4254176
6. Nutrition in emergencies strengthened	59,690,300	31,800,300	31,696,000	32,130,300	155,316,900	1438119
7. Nutrition in HIV and TB	32,400,200	29,254,500	29,207,000	28,657,000	119,518,700	1106655
8. Clinical nutrition and dietetics in disease	7,374,400	7,239,400	7,219,400	5,203,400	27,036,600	250338.9



Key Result Areas of The National Nutrition Action Plan (2018-2022)	2019/20	2020/21	2021/22	2022/23	Total Kes	Total (\$)
management strengthened						
<b>Nutrition Sensitive Interventions</b>						
9. Strengthen and promote nutrition in agriculture and food security, education, WASH and social protection	32,435,850	24,473,850	27,533,850	25,276,850	108,798,400	1007393
<b>Cross-cutting Interventions and Enabling Environment</b>						
10. Sectoral and multi-sectoral nutritional governance, nutrition information system, learning and research strengthened	14,482,000	13,212,000	14,482,000	13,212,000	55,388,000	512851.9
11. Nutrition capacity, advocacy communication and social mobilization strengthened	7,391,200	3,106,000	6,919,200	3,106,000	20,552,400	190300
12. Supply chain management for nutrition commodities and equipment strengthened	19,484,300	12,464,300	12,464,300	12,464,300	56,877,200	526640.7
<b>Grand Total</b>	<b>398,219,250</b>	<b>512,214,750</b>	<b>288,457,200</b>	<b>277,020,100</b>	<b>1,250,644,500</b>	<b>11,580,042</b>

## Isiolo County Nutrition Action Plan (2019–2023)

This Isiolo County Nutrition Action Plan was developed to build on the achievements registered under the national nutrition action plan. To further accelerate and scale up efforts towards the reduction of malnutrition, Isiolo County mainstreams acute malnutrition as a public health problem. The county purposed to achieve optimal nutrition for a healthier and better-quality life for its people by focusing on three areas: (a) Nutrition-specific (b) Nutrition-sensitive and (c) Enabling environment to be attained through 13 key result areas. The resource needed to make this a reality was estimated at KES 903,800,420. As can be seen from the table below, allocations to key nutrition-sensitive sectors were more significant for Isiolo than Marsabit, with an allocation of 62% in FY 2019/20.

**Table 5.9 Allocations to Isiolo Departments for FY 2019/20**

County Departments	FY 2019/20	Percentage
Agriculture, Livestock and Fisheries Development	943.05	32%
Water, Energy, Environment, Natural Resources and Climate change	334.5	11%
Health Services	274.5	9%
Lands Urban Planning, Roads Transport and Public Works	517.58	18%
Tourism, Wildlife, Trade, Public Service and County Administration	152	5%
Education, Vocational Training, Youth Sports, Culture and Social service	307.9	10%
Finance, Economic Planning ICT and Conflict resolution	301	10%
Office of the Governor and Deputy Governor	15	1%
County Assembly Services	90	3%

**Source:** Isiolo Integrated County Development Plan

As seen from table 5.9 below, the highest earmark intervention is under nutrition-specific intervention on integrated management of acute malnutrition (KES 314,592,800) over a four-year period. Second in terms of prioritization is nutrition and agriculture and food security (KES 169,911,000).

**Table 5.9 Allocations for Key Result Areas in Isiolo County Nutrition Action Plan 2019–2023**

<b>Key Result Areas of The National Nutrition Action Plan (2018–2022)</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>Total Kes</b>	<b>Total (\$)</b>
<b>Nutrition-Specific Interventions</b>						
1. Maternal, infant, and young child nutrition scaled up	7,769,050	14,404,850	11,852,698	10,323,036	44,349,634	410,645
2. Nutrition of older children and adolescents, adults and older persons promoted	515,000	3,183,642	3,589,730	3,095,628	10,384,000	96,148
3. Prevention control and management of micro-nutrient deficiencies scaled up	7,082,450	8,673,630	7,215,250	5,156,350	28,127,680	260,441
4. Prevention control and management of diet-related non-communicable diseases (DRNCDs) strengthened	6,326,000	7,167,600	5,302,200	4,835,200	23,631,000	218,806
5. Integrated management of acute malnutrition strengthened	79,726,400	79,772,000	77,625,200	77,469,200	314,592,800	2,912,896
6. Nutrition in emergencies strengthened	11,672,700	13,632,900	13,692,300	13,632,900	52,630,800	487,322
7. Nutrition in HIV and TB scaled up	36,047,200	650,000	36,057,400	29,657,300	102,411,900	948,258
8. Nutrition in agriculture and food security scaled up	37,972,000	42,957,420	54,290,960	34,690,620	169,911,000	1,573,250
<b>Nutrition-Sensitive Interventions</b>						
9. Nutrition in education, ECD and social protection promoted	92,500	10,373,050	9,623,950	8,804,500	28,894,000	267537
10. Nutrition in water, sanitation and hygiene promoted	5,984,971	6,035,758	5,984,971	4,309,000	22,314,700	206618
<b>Cross-cutting Interventions and Enabling Environment</b>						

Key Result Areas of The National Nutrition Action Plan (2018–2022)	2019/20	2020/21	2021/22	2022/23	Total Kes	Total (\$)
11. Sectoral and multi-sectoral nutrition governance, coordination, legal/regulatory frameworks, leadership, and management strengthened	0	4,212,775	4,311,950	4,212,776	12,737,501	117940
12. Sectoral and multi-sectoral nutrition information systems, learning and research strengthened	4,422,000	19,386,460	5,901,500	4,422,000	34,131,960	316037
13. Advocacy, communication, and social mobilization (ACSM) strengthened	7,152,312	13,708,001	9,427,652	6,628,165	36,916,130	341816
<b>Grand Total</b>	<b>204,762,583</b>	<b>224,158,086</b>	<b>244,875,761</b>	<b>207,236,675</b>	<b>881,033,105</b>	<b>8,157,714</b>

Available literature from both counties does not show what proportion of these budgets was used for recurrent versus program implementation.

## 5.4 Conclusions and Recommendations

The analysis presented in this chapter shows that while there is a bold focus on nutrition at the nationally level (under the Big Four Agenda), the allocation over the two financial years is largely to nutrition-sensitive interventions and less on nutrition-specific interventions. It is therefore recommended that fiscal planning within the nutrition sector rallies towards development partner support for nutrition-specific interventions to bring about the much-needed balancing act.

Secondly, it is highly commendable that development partners supported the counties to develop their own nutrition action plans. These plans have helped to cascade the national nutrition action plan to the county level. The challenge is that the financing architecture of these nutrition action plans at the county level is not tied to the overall county integrated development plans. There needs to be a modular where the budgeting under the action plans and implementation is aligned to the overall county development plan budgeting and financing—including under key aspects like school feeding, irrigation, livestock farming and advocacy. It was not clear if the mobilization of resources for the development plans and the nutrition action plans is done cohesively.

Basing on the above scenarios, it is imperative that planning, budgeting for both the nutrition action plans and the development plans at the county level be coordinated and a clear results framework designed. This would enable tracking of progress and the demonstrate the county’s progress in addressing acute malnutrition from a ray of interventions—both nutrition- sensitive and nutrition-specific. Overall, due to the challenges in the multi-sectoral setup for nutrition and the challenges involved, the implementation

of nutrition-related interventions is tied to sector budgets and allocations with limited flexibility to complement efforts outside the scope of a particular institutional budget. This is a gap that coordination committees need to critically address, especially in the earliest stages of both county and sector budgetary planning processes.

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