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KENYA NUTRITION ADVOCACY, COMMUNICATION AND SOCIAL MOBILISATION STRATEGY

2022–2027

KENYA NUTRITION ADVOCACY, COMMUNICATION, AND SOCIAL MOBILISATION (ACSM) STRATEGY 2022–2027

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Foreword

Malnutrition remains a major public health, economic and social development challenge. The country is faced with a triple burden of malnutrition, namely undernutrition (stunting, wasting, and underweight) micronutrient deficiencies, over-nutrition (overweight and obesity) and associated diet related non-communicable diseases. The economic losses arising from health, education and loss of productivity due to child undernutrition was estimated at KES 373.9 billion (US$ 4.3 billion) or equivalent to 6.9 percent of gross domestic product in 2014.

Kenya National Micronutrient Survey of 2011 depicted the country as burdened by high micronutrient deficiencies with the most prevalent being zinc, vitamin A, iron, and iodine deficiencies. Zinc deficiency prevalence rates stand at 70 percent, with preschool children being most affected at 81.6 percent, school-age children at 79 percent, pregnant women at 67.9 percent, and non-pregnant women at 79.9 percent. The prevalence of anemia was highest in pregnant women (41.6 percent), followed by children 6–59 months (26.3 percent) and school-age children (5–14 years) at 16.5 percent. Kenya is also experiencing an increasing trend of non-communicable diseases (NCDs) particularly cardiovascular disease, cancer, diabetes, and cardiopulmonary obstructive disease (COPD). According to the Kenya STEPwise Survey of 2015, 28 percent of adults were overweight or obese with a significance difference between men at 18 percent and women at 39 percent. The major risk factors to NCDs include unhealthy diet, physical inactivity, alcohol and tobacco use.

The country has made significant progress in some key nutrition indicators such as reducing stunting in children under five years from a high of 35 percent in 2008/09 to 18 percent in 2022 and overweight from 5 percent to 3 percent in the same period. The Global Nutrition Report 2021 reported that Kenya is on course toward meeting 4 of the 13 global nutrition indicators (child stunting, child wasting, exclusive breastfeeding (EBF), and childhood overweight.

To mitigate the rising burden of malnutrition, Kenya has committed to achieving the global and regional nutrition related targets such as Sustainable Development Goals (SDGs), the World Health Assembly (WHA) targets, the Africa Union Agenda 2063, the global nutrition targets of 2025, the United Nations Food Systems Summit (UNFSS), and the Nutrition for Growth (N4G) commitments. At the national level, the 2010 Kenya Constitution recognizes the right to health and food as a fundamental human right, with specific policy directions provided in the National Food and Nutrition Policy, 2012 and the Kenya Health Policy 2014-2030.

Cognizant of the multisectoral nature of nutrition, the Ministry of Health coordinated the development of the Kenya Nutrition Action Plan (KNAP) 2018-2022 which outlines priority interventions across health; agriculture; social protection; water, sanitation and hygiene (WASH); and education systems. The objective of the KNAP is to accelerate and scale up efforts towards the elimination of malnutrition in line with Kenya's Vision 2030 and SDGs. Dr. Patrick Amoth, EBS Ag. Director General of Health

To realise the 13 global nutrition targets, there is a need to accelerate action towards greater economic social and political commitments for nutrition investments through a multi-sectoral approach. Further, the Ministry of Health in collaboration with other Ministries, Departments Agencies, development partners and other key stakeholders have developed the Kenya Nutrition Advocacy, Communication, and Social Mobilisation (ACSM) Strategy (2022–2027). The overall goal of the ACSM strategy is to contribute towards the attainment of a malnutrition-free Kenya through accelerated advocacy, communication, and social mobilisation for

strengthened governance, functional nutrition systems, empowered communities, and well-financed nutrition institutions.

Dr. Patrick Amoth, EBS
Ag. Director General of Health

Acknowledgements

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The strategy was developed through a consultative process that drew several Ministries, Departments, and Agencies (MDAs) namely; the Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Agriculture and Livestock Development (MoALD), the National Treasury, State Department for Social Protection, State Department for Trade, Kenya National Bureau of Statistics - National Information Platform For Food and Nutrition Security (KNBS - NIPFN) Kenya Medical Research Institute (KEMRI), University of Eastern Africa, Baraton; Karatina University; Kenyatta University, University of Nairobi and various counties as annexed.

Special thanks to the USAID Advancing Nutrition and United Nations Children's Fund (UNICEF) for financial and technical support in the entire development process. Special appreciation to Action Against Hunger, Breakthrough Action, Global Alliance for Improved Nutrition (GAIN), Helen Keller International, Nutrition Association of Kenya (NAK), Nutrition International (NI), Save the Children (SC), and World Vision Kenya (WVK) for their contribution. The Scaling Up Nutrition (SUN) Movement in Kenya is highly recognised for its commitment and support to the development of the strategy through Gladys Mugambi, the country focal person for SUN and representatives from the various SUN networks.

The Ministry is indebted to the drafting core team comprising of Albert Wakoli (University of Eastern Africa, Baraton), Esther Wamae-Kariuki (Nutrition for Africa), Henry Ng'ethe (Nutrition Association of Kenya), Immaculate Nyaugo (Ministry of Health), Janet Ntwiga (UNICEF), Njeri Kimere (USAID Advancing Nutrition), and Zachary Ndegwa (Ministry of Health). The contribution of Dr. Zipporah Bukania (KEMRI) and Leila Odhiambo (MoH-DND) in the review of the draft Strategy is highly acknowledged. Finally, the contribution and support from Peter Milo (USAID Advancing Nutrition), Dr. Abiud Omwega and Sicily Matu (UNICEF), and James Njiru (Save the Children Kenya) is highly appreciated

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Acronyms

ACSM	Advocacy, Communication, and Social Mobilisation
ANC	Antenatal Care
ASAL	Arid and Semiarid Lands
ASNET	Agriculture Sector Network
BCC	Behaviour Change Communication
BFCI	Baby-Friendly Community Initiative
BMS	Breast Milk Substitutes
CA	County Assembly
CBO	Community-Based Organization
CCSFP	County Community Strategy Focal Person
CEC	County Executive Committee
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CHS	County Health Strategy
CHSSPs	County Health Sector Strategic Plans
CHVs	Community Health Volunteers
CIDP	County Integrated Development Plan
CLTS	Community-Led Total Sanitation
CNAP	County Nutrition Action Plan
CNC	County Nutrition Coordinator
CO	Chief Officer
COF	Chief Officer, Finance
CoG	Council of Governors
COH	Chief Officer, Health
COHA	Cost of Hunger in Africa
CORPs	Community Own Resource Persons
COVID	Corona Virus Disease
CPSB	County Public Service Board
CS	Cabinet Secretary
CSA	Civil Society Association
CS-NT&P	Cabinet Secretary National Treasury and Planning
CSO	Civil Society Organization
CT	County Treasury
DG	Director General
DND	Division of Nutrition and Dietetics
EBF	Exclusive Breast Feeding
FBO	Faith-Based Organization
FOPNL	Front-of-Pack Nutrition Labelling
FNSP-IF	Food Security and Nutrition Policy – Implementation Framework
GDP	Gross Domestic Product
GMP	Growth Monitoring and Promotion
GNR	Global Nutrition Report
GoK	Government of Kenya
HINI	High-Impact Nutrition Interventions
HMIS	Health Management Information System

HIS	Health Information System
HIV	Human Immunodeficiency Virus
HR	Human Resource
ICN-2	Second International Conference on Nutrition
IEC	Information Education and Communication
IFAS	Iron and Folic Acid Supplements
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
KABP	Knowledge, Attitude, Behaviour and Practice
KDHS	Kenya Demographic Health Survey
KEMSA	Kenya Medical Supplies Authority
KFFK	Kenya Farmer Field Schools
KHP	Kenya Health Policy
KHSSP	Kenya Health Sector Strategic Plan
KNAP	Kenya Nutrition Action Plan
KENAFF	Kenya National Farmers' Federation
KSA	Kenya School of Agriculture
KUNAD	Kenya Union of Nutritionists and Dieticians
NACSM	Nutrition Advocacy, Communication, and Social Mobilisation
NAK	Nutrition Association of Kenya
KNDI	Kenya Nutritionists and Dieticians Institute
KRA	Key Result Area
LMIC	Low Middle-Income Countries
M&E	Monitoring and Evaluation
MEAL	Monitoring, Evaluation, Accountability and Learning
MoALD	Ministry of Agriculture and Livestock Development
MoH	Ministry of Health
MoINA	Ministry of Interior and National Administration
MCA	Member of County Assembly
MCDAs	Ministries, Counties, Departments, and Agencies
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MIYCN	Maternal Infant and Young Child Nutrition
MNPs	Micronutrient Powders
MPs	Members of Parliament
MSN	Multi-Sectoral Nutrition
MSN-CECs	Multi-Sectoral Nutrition County Executive Committee
MSN-COs	Multi-Sectoral Nutrition Chief Officers
MSP	Multi-Sectoral Platform
MTEF	Medium Term Expenditure Framework
MTPs	Midterm Plans
NA	National Assembly
NACC	Nutrition Advocacy and Communication Committee
NCDs	Noncommunicable Diseases
NDMA	National Drought Management Authority
NFNSP	National Food and Security Policy
NGO	Nongovernmental Organization

NICC	Nutrition Interagency Coordinating Committee
NSA	Nutrition-Sensitive Agriculture
NTF	Nutrition Technical Forum
OJT	On-Job Training
PLWHA	People Living with HIV&AIDS
PPP	Public Private Partnerships
PS	Principal Secretary
PSC	Public Service Commission
PS-NT&P	Principal Secretary National Treasury and Planning
SBC	Social and Behaviour Change
SDGs	Sustainable Development Goals
SEM	Socio-Ecological Model
SMART	Specific, Measurable, Achievable, Realistic, Timely
SOPs	Standard Operating Procedures
SUN	Scaling Up Nutrition
TB	Tuberculosis
TBD	To Be Determined
ToC	Theory of Change
ToR	Terms of Reference
TNT	The National Treasury
TWG	Technical Working Group
UN	United Nations
UNICEF-KCO	United Nations Children Fund – Kenya Country Office
USAID	United States Agency for International Development
USAID-AN	United States Agency for International Development – Advancing Nutrition
USD	United States Dollar
VAS	Vitamin A Supplementation
WASH	Water Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization
WND	World Nutrition Days

Advocacy	Any action that speaks in favour of, recommends, argues for a cause, supports or defends, or pleads on behalf of others toward changing policies, positions, programmes, and resource allocation decisions within political, economic, and social systems and institutions.
Allies	Individuals or organisations that support your cause in different ways and to different degrees.
Influencer	Individuals who have the power to affect the decisions of others on nutrition because of their authority, knowledge, position, or relationship with their audience.
Anorexia Nervosa	An eating disorder characterised by an abnormally low body weight, an intense fear of gaining weight, and a distorted perception of weight.
Bulimia	An eating disorder characterised by binge eating followed by compensatory purging or other methods to avoid weight gain or to relieve the physical symptoms that a person feels after bingeing. Purging usually involves vomiting, but it may also include the use of laxatives, excessive exercise, or fasting.
Coaching	A form of development in which an experienced person (coach) supports a learner or client in achieving a specific personal or professional goal by providing training and guidance.
Communication	A two-way process wherein the message in the form of ideas, thoughts, feelings, and opinions is transmitted between two or more individuals with the intent of creating a shared understanding.
Communication Channels	The methods used to communicate could be oral, written, digital, or visual.
County	Units of devolved governments as provided for in the Kenyan Constitution 2010. They are 47 in number.
Food and Nutrition Security	A situation when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life.
Frontline health workers	Those directly providing health and nutrition services where they are most needed
Nutrition Governance	The system by which entities are directed and controlled. It is concerned with structure and processes for decision making, accountability, control, and behaviour of an entity.
Nutrition Leadership	A process of influence which maximises the efforts of others toward the achievement of a goal.
Lobbying	Deliberate efforts by individuals or interest groups to influence the decision makers on a certain issue.
Malnutrition	Refers to deficiencies or excesses in nutrient intake, imbalance of essential nutrients, or impaired nutrient utilisation.
Mentorship	A relationship between two people where the individual with more experience, knowledge, and connections is able to pass along what they have learnt to another individual within a certain field.
Multi-Sectoral Nutrition	Intentional collaboration between two or more sectors to accomplish nutrition goals and achieve outcomes in communities and regions; this can be for coordination, planning, resource allocation, and programme implementation.

Negotiation	Strategic discussion that resolves an issue in a way that both parties find acceptable.
Networking	The exchange of information and ideas among people with a common profession or special interest in a formal or informal setting.
Nutrition Champion	Individuals who use their platforms and influence to position nutrition as a key political priority at global, regional, national, and local levels.
Pitching	To make the case for your idea to an individual or group in exchange for support.
Private Sector Engagement	This is a strategic approach to planning and programming through which governments and development agencies deliberately align, collaborate, consult, implement, and strategise with businesses for greater scale, sustainability, and effectiveness of development and humanitarian outcomes.
Social Mobilisation	This is a process that engages, unites, and motivates a wide range of partners and allies at national, county, and community levels to raise awareness of and demand for a particular development objective through dialogue.
Stakeholders	People or organisations internal or external to a cause who have a vested interest in its success.
Specialised Nutrition Courses	Courses that are taken in institutions of higher learning at higher diploma and post-graduate levels to advance knowledge on specific areas of nutrition.
Succession Planning	The process of identifying very important positions in institutions and creating a talent pipeline by preparing and building employees' capacity to fill vacancies in the institution as others retire or move on.
Target Audience	A group of people defined by common interest, demographics, and behaviour targeted with various advocacy and social mobilisation packages, aimed at influencing policy and behaviour change.

Chapter 1 : Introduction

1.1 Overview

The consequences of malnutrition are far-reaching. Malnutrition is not only linked to up to 45 percent of mortality in children under five but has also been associated with poor birth outcomes, reduced productivity, increased health care costs, and poor educational outcomes (WHO 2022).

The Cost of Hunger in Africa (COHA) Kenya Study (2019) estimated a loss of Kenya Shillings (KES) 373.9 billion equivalent to 6.9 percent of the Gross Domestic Product (GDP) in 2014 due to child undernutrition. The effects of childhood malnutrition resulted in reduced productivity, high costs of health-related treatment of malnutrition, and the high education costs due to class repetition and absenteeism.

Given the multi-sectoral and multi-stakeholder nature of nutrition issues, concerted efforts by different stakeholders are required to combat malnutrition adequately and effectively (SUN 2014). The Lancet series of 2013 stated that the implementation of high-impact nutrition interventions (HINIs) contributed 20-percent reduction in stunting, while the remaining 80 percent would be effectively addressed through implementation of nutrition-sensitive interventions and approaches. This implies that for countries to make significant improvements in their nutrition outcomes, nutrition-sensitive interventions and approaches need to be scaled up through multi-sectoral engagements (Black et al. 2013). The Lancet series of 2022 confirms that countries where there has been successful in reducing stunting, it was achieved through multi-sector nutrition (MSN) actions.

Advocacy, Communication, and Social Mobilisation (ACSM) has been used to rally different actors and sectors to take up their role in addressing malnutrition. The role of ACSM in advancing nutrition is recognised in various global, regional, and national documents. The

Global Nutrition Report (GNR) of 2021 underscores the need for multi-sectoral engagements by stating that "progress against malnutrition is possible, but it will require a concerted effort by all stakeholders—government, private sector, civil society, and UN agencies—to turn the tide." The report also recognises the value of advocacy as a means of increasing resources, improving policies, and having better accountability in nutrition. Similarly, the Kenya Nutrition Action Plan (KNAP) 2018–2022, Food and Nutrition Security Implementation Framework 2017–2022, and the Kenya National Scaling Up Nutrition (SUN) Strategy 2021–2025 acknowledge that nutrition improvements require political goodwill for increased investments and raising population-level awareness. Other documents including the sustainable development goals (SDGs), the Global SUN Strategy 2021–2025, African Union Nutrition Strategy 2021–2025 point to the necessity of ACSM approaches for impactful programming in nutrition among other areas. Kenya nutrition ACSM has adopted and contextualised these documents and strategies to inform actions toward ACSM for improved nutrition outcomes.

In 2016, Kenya launched its first ACSM strategy 2016–2020. This strategy was centred around three mutually reinforcing strategic pillars of governance, capacity to deliver, and behaviour and practice. Through these pillars, the strategy sought to not only elevate the discussion and positioning of nutrition at both county and national levels but aimed to guide the nutrition ACSM interventions in a more effective and coordinated way.
The implementation of the Strategy contributed to various achievements:
Governance strategic pillar

- Advocacy efforts contributed to nutrition being recognised and prioritised under "the Big 4 Agenda" where food and nutrition security was one of the four main agenda items for delivery of Vision 2030.
- During the same period, the country's first lady in her capacity as the nutrition patron increased visibility for nutrition through initiatives like 'Beyond Zero'.
- Nutrition sector coordination improved with strengthening and establishment of the various multisectoral nutrition coordination structures at the national and county level such as Nutrition Interagency Coordinating Committee (NICC), Nutrition Technical Forum (NTF) and various Technical Working Groups (TWGs) at the national level and County Nutrition Technical Forum (CNTF) and Multisectoral Platform (MSPs) at the county level.
- Several nutrition-focused discussions were hosted in various mass media platforms.
- Advocacy efforts were instrumental in inclusion of nutrition legislation in the Health Act (2017) and the enactment of the Breast Milk Substitutes (General) Regulations (2021). the.
- Development of the multisectoral Kenya Nutrition Action Plan (KNAP) 2018–2021 and County Nutrition Action Plans (ACSM Review Report 2021).

Notwithstanding these achievements, there were notable limitations and areas for improvement. For instance, the Strategy did not include MSN approaches as intended; there was no clear resource mobilisation plan for full implementation of the Strategy, which meant some activities were not implemented; there were unclear coordination structures, especially between national and county levels. Moreover, not all proposed coordination structures and committees were formed for full implementation of the strategy.
Capacity development pillar

- A number of nutrition officers were hired and/or assigned at national and county levels. In Kitui County, for example, the number of nutritionists increased sixfold from 10 nutrition officers in 2015 to 63 in 2020.
- Knowledge, Attitude, Behaviour and Practice (KABP) Surveys conducted between 2015 and 2018 conducted in thirteen counties –Turkana, Samburu, West Pokot, Kwale, Kilifi, Wajir, Mandera, Tana River, Isiolo, Kitui, Marsabit, Garissa, Baringo

indicated relative good knowledge and skills in Maternal Infant and Young Child Nutrition among nutritionists and frontline health-workers.

- Funding for nutrition increased over the same period with inclusion of nutrition budget lines realised in counties such as Kilifi, Marsabit, Wajir, Tana River, Turkana, and Mombasa. Matched funding was also actualised in counties like Kajiado, Nandi, Kisii, Homabay, and Migori. In this model, the government allocation of funding to nutrition was matched by partner equivalent allocation. The County governments of Wajir, Turkana, and Samburu allocated funding for nutrition activities like the Standardised Monitoring and Assessment of Relief and Transitions (SMART) surveys.

Although there was improvement in the funding landscape for nutrition specifically from the government, the funding remained inadequate. The high staff turnover as well as frequent redeployment of nutrition officers have resulted in persistent competence gaps amongst staff who deliver nutrition services. This therefore necessitated more training, making it costly to sustain.

Behaviour and practice pillar set out to catalyse awareness and demand for nutrition services, increase community participation toward positive nutrition outcomes, and ensure uptake of resilience approaches to mitigate against any shocks. Notable achievements include:

- Increased nutrition knowledge among community members (KABP Survey 2017–2018).
- Ministry of Education (MoE) and Ministry of Agriculture and Livestock Development (MoALD) integrated nutrition in respective national policies such as the new competency-based school curriculum and the Agri-Nutrition Implementation Strategy.

However, insufficient advocacy data collection and reporting tools, unclear messages for different target audiences at the community level, inadequate nutrition feedback mechanisms, and lack of a structured system for capacity building on feedback mechanisms were identified as impediments to enhanced adoption of desired nutrition behaviour and practices.

The recommendations and gaps identified through the review of the previous ACSM strategy have set the stage for the development of the new ACSM Strategy 2022–2027. While the new Strategy seeks to address key challenges identified in the previous five years, it also identifies ways of ensuring that the gains made are sustained and reinforced while remaining informed by current global, regional, and national frameworks for advocacy. These include Global Nutrition Reports (GNR), Global SUN Strategy, African Union Nutrition Strategy, and the KNAP. The Strategy lays particular emphasis on MSN programmes and private sector engagement for improved nutrition.

The purpose of the Strategy is to guide nutrition ACSM for enhanced political commitment and prioritisation of nutrition at the two levels of government: national and county. The strategy assumes that coordinated nutrition leadership and governance, improved nutrition systems and institutions, social and community engagement for nutrition, and increased nutrition financing if implemented to scale will result in a Kenya where all communities are empowered to improve nutrition outcomes. The Strategy elaborates methods and tools for nutrition ACSM that are linked to the strategic pillars. Users of the strategy are guided on the different ways and tactics that can be used to undertake ACSM for the various nutrition interventions as proposed in the section on strategic approach.

The strategy outlines four strategic pillars of focus:

a) Nutrition leadership and governance
b) Nutrition systems and institutions
c) Social and community engagement for nutrition
d) Nutrition financing

The socio-ecological model (SEM) approaches of ACSM were used to address the issues with clearly defined outputs and outcomes. The strategy goes further to map the target audience and specifies the tactics/methods, tools, communication channels, and sample messages that are ideal in engaging the stakeholders.

In seeking to learn from a key limitation of the previous ACSM strategy, insufficient methods and tools for monitoring implementation processes, and evaluation of key results, the Kenya Nutrition ACSM strategy proposes a robust process of developing a monitoring and evaluation (M&E) framework for ACSM. The strategy further details a costed plan for each of the interventions under each pillar to guide users to actualise its implementation.

1.1.1 Nutrition Advocacy Communication and Social Mobilisation Strategy (ACSM) Development Process

The Division of Nutrition and Dietetics (DND) led the process of developing the nutrition ACSM Strategy. The development process included multiple consultative forums (both in-person and virtual) held with key stakeholders drawn from relevant Ministries, Departments and Agencies (MDAs), County Governments, Civil Society Organisations (CSOs), the private sector, academia, United Nations (UN) agencies, professional bodies, and the national SUN networks. Throughout the generation of this document, stakeholders were extensively consulted to gather evidence on what worked and what did not work from the previous strategy implementation. Further, the process recognised key gaps that needed to be addressed to accelerate achievement of expected nutrition outcomes.

The process, led by the ACSM TWG within MOH-DND, began in July 2021 with a review of the previous nutrition ACSM Strategy 2016–2020. The review process was done through various approaches including virtual meetings with multi-sectoral stakeholders and online surveys targeting strategy implementers who were drawn from selected MDAs. Figure 1.1 is a diagram showing the development process of the strategy.

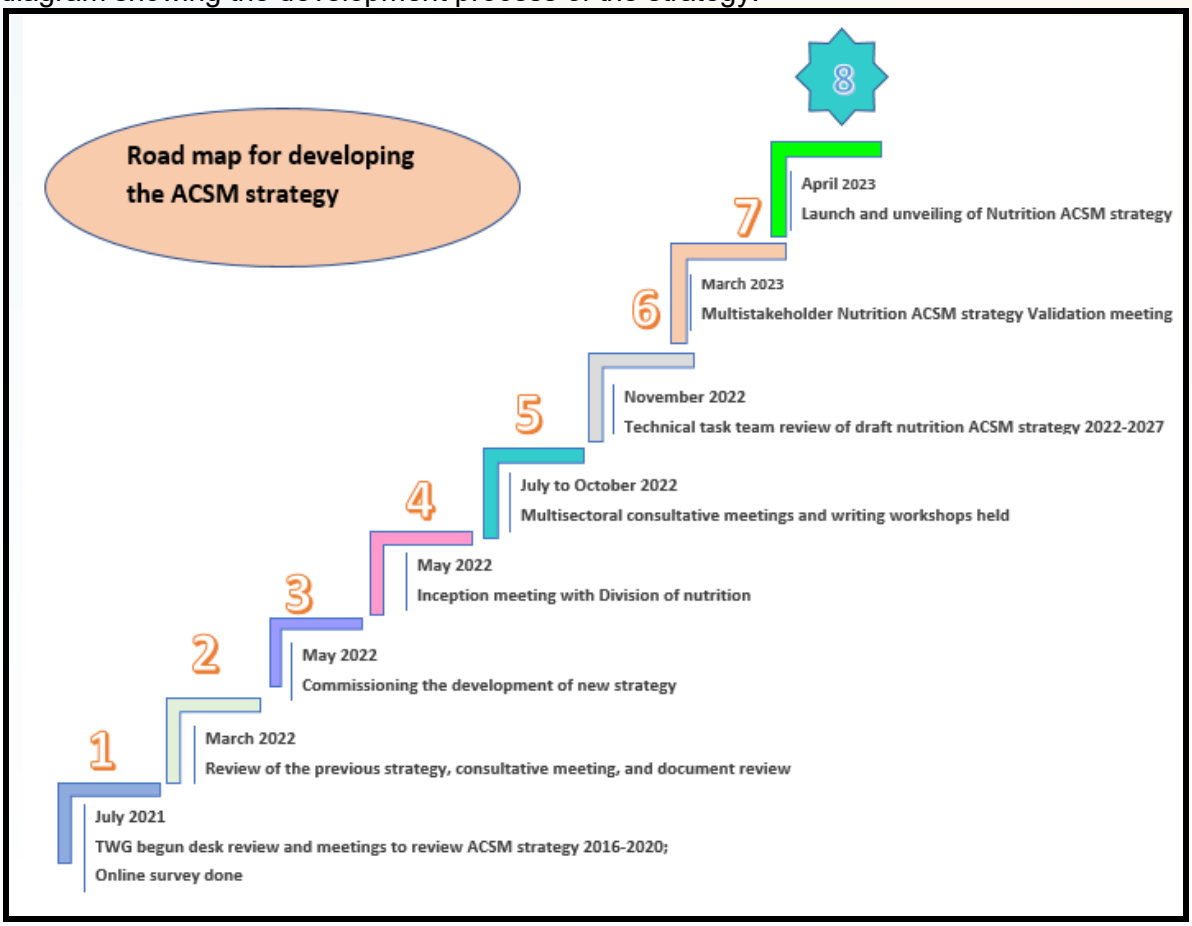


Figure 1.1 Kenya Nutrition ACSM Strategy 2022–2027 Development Process (source: Authors own)

1.2. Background

Malnutrition in all its forms remains a global public health concern impeding the growth and development of nations around the world (Dukhi & Dukhi 2020). The global community set six maternal, infant, and young children nutrition (MIYCN) and four diet-related non-communicable diseases (NCDs) targets to be achieved by 2025. However, most countries are off course in achieving these targets. According to the GNR 2021, 149 million children under five are stunted (have low height-for-age) (21.9 percent), 49 million are wasted (have low weight-for-height) (7.3 percent), and 2.2 billion of adult men and women are either overweight or obese (40 percent) with trends going up in low- and middle-income countries (LMIC).

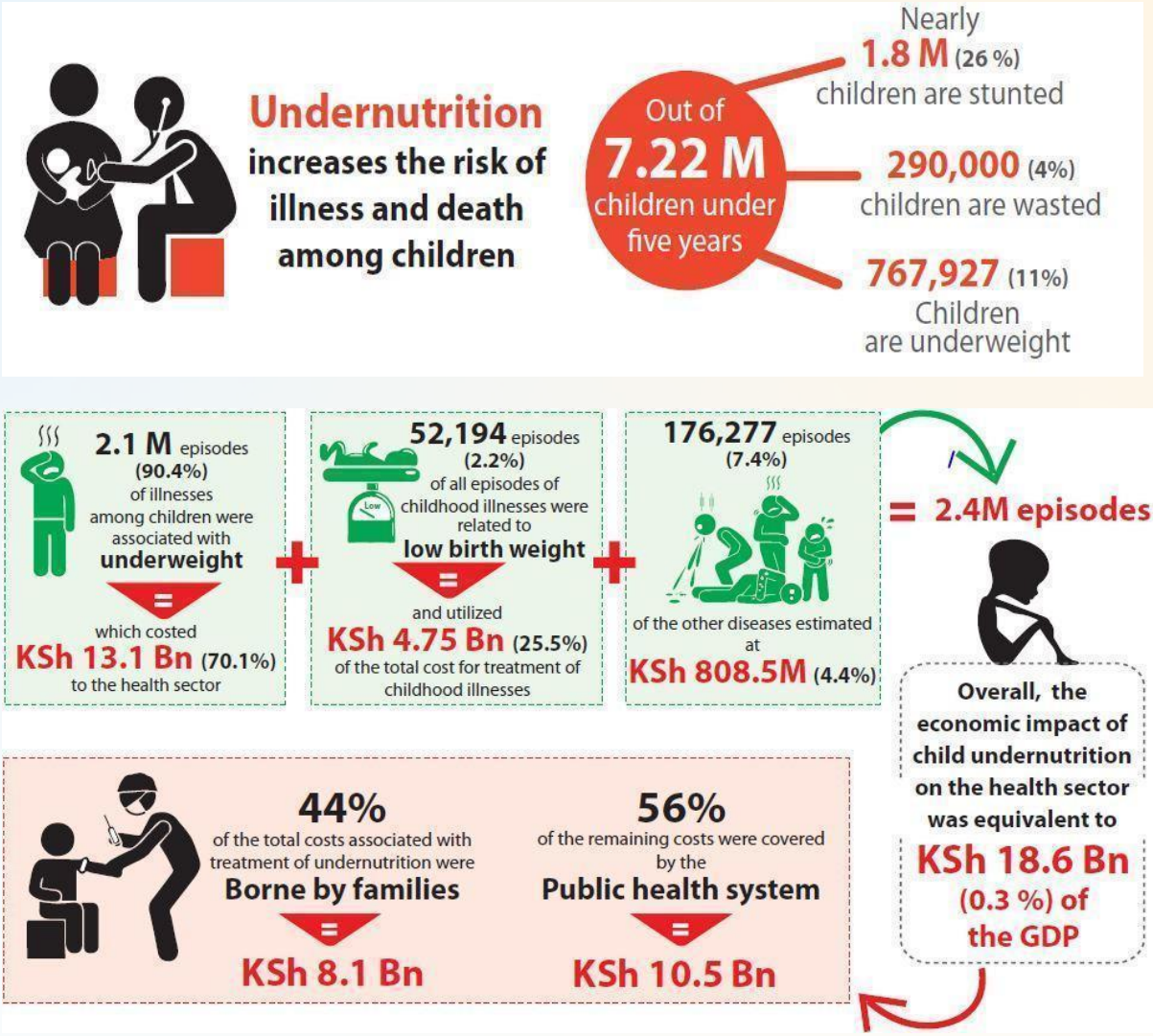
A report by the World Health Organization (WHO) indicated that the number of overweight children in Africa increased by more than 50 percent between 2000 and 2015 (WHO Africa Nutrition Report, 2017). Though the GNR showed a reduced prevalence of stunting in many African countries between 2000 and 2016, the absolute number of children stunted increased from 50.4 million in 2000 to 58.5 million in 2016. Additionally, the number of countries reporting wasting rates above 5 percent (beyond acceptable levels) increased, with only 17 countries in the continent reporting acceptable wasting levels.

The Kenya National Micronutrient Survey of 2011 depicted the country as burdened by high micronutrient deficiencies with the most prevalent being zinc, vitamin A, iron, and iodine deficiencies. Zinc deficiency prevalence rates stand at 70 percent, with preschool children being most affected at 81.6 percent, school-age children at 79.0 percent, pregnant women at 67.9 percent, and non-pregnant women at 79.9 percent. The prevalence of anemia was highest in pregnant women (41.6 percent), followed by children 6–59 months (26.3 percent) and school-age children (5–14 years) at 16.5 percent.
The Kenya Demographic Health Survey (KDHS) of 2022 estimates that 18 percent of children 6–59 months are stunted, 5 percent are wasted, and 10 percent are underweight. This translates to about 1.8 million stunted, 290,000 wasted, and 794,200 underweight children out of the 7.22 million children of the same age category. The KDHS 2014 reported that 9 percent of women of reproductive age (15–49 years) were undernourished (BMI <18.5 kg/m^2).

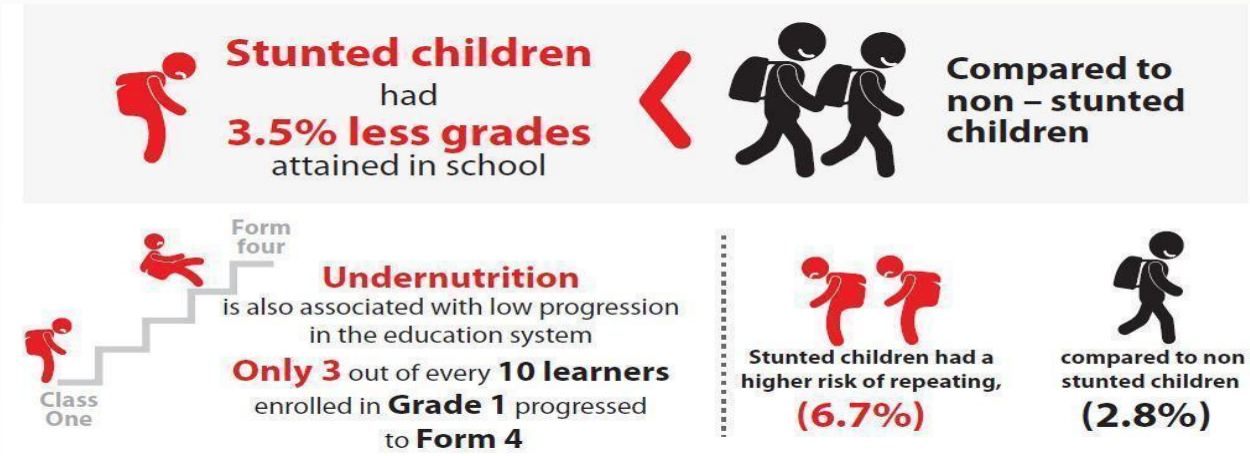
The Kenya STEP-wise Survey for NCD risk factors (2015) shows that 28 percent of Kenyan adults aged 18–69 years are either overweight or obese with the percentage being significantly higher in women (38.5 percent) than men (17.5 percent). Consequently, this increases the risk of diet related NCDs such as diabetes, heart disease, and hypertension. The study also reported a relatively high consumption of salt, sugar, fats, and sugar-sweetened beverages. About 23 percent of the adult population add salt or salty sauces to their food before eating or while eating, 84 percent always add sugar when cooking or preparing foods and beverages at home, and 40 percent use saturated fats while preparing foods at home, with only about 6 percent of the population consuming the recommended servings of fruits and vegetables per day.

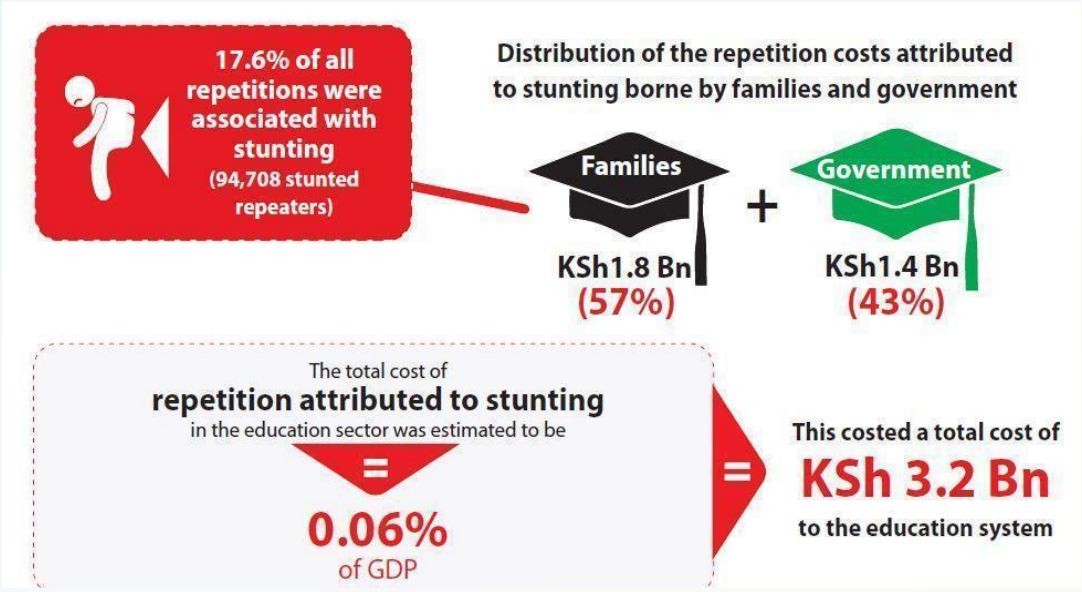
Malnutrition has a significant impact on a country's economic development (GoK 2014). In Kenya, the economic loss due to child undernutrition is estimated at KES 373.9 billion (US$4.2 billion) equivalent to 6.9 percent of the GDP in 2014 (GoK, 2019). Figure 1.2 summarises the economic effects of child undernutrition on health, education, and productivity.

Economic Effects on Health



Economic Effects on Education





Economic Effects on Productivity

Figure 1.2 Adapted from Social and Economic Impact of Child Undernutrition in Kenya Report (COHA Study 2019)

.3 Kenya's Nutrition Legal, Policy, and Programmatic Framework

Kenya's efforts in addressing the persistent burden of malnutrition have been informed by a strong legal, policy, and programmatic framework. The Constitution of Kenya, Article 43 gives every person the right to the highest attainable standard of health, freedom from hunger, and access to adequate food of acceptable quality while Article 53 provides for every child the right to basic nutrition, shelter, and health care. Other existing frameworks that inform Kenya's response to malnutrition include the Vision 2030, Kenya Kwanza manifesto, The Bottom-Up Economic Transformation Agenda 2022-2027, Kenya Health Policy (KHP) 2014–2030, National Food and Nutrition Security Policy (NFNSP) 2012, and KNAP 2018–2022. Furthermore, several legislations covering key aspects of nutrition interventions have been enacted for example, the Breast Milk Substitutes (Regulation and Control) Act 2012, the Health Act 2017 and the Health Laws (Amendment) Act 2019.

The KNAP 2018–2022 has set down Key Result Areas (KRAs) that are to be achieved through a multi-sectoral approach. Several county governments subsequently developed county-specific nutrition actions plan (CNAPs) that are aligned to the KNAP to guide coordination and implementation of identified nutrition actions in respective counties.

The Kenyan Government has also signed up to several global and regional commitments such as the SUN Movement, World Health Assembly (WHA) 2025 nutrition targets, sustainable development goals (SDGs), the UN Decade of Action on Nutrition (2016–2025), Second International Conference on Nutrition's (ICN-2's) Declaration and Plan of Action, and Nutrition4Growth commitments and the Africa Union Agenda 2063. These agreements lay down the foundation for addressing the immediate, underlying, and basic causes of malnutrition (political, economic, social, and technological).

To achieve the aspirations of these nutrition legal and policy frameworks, the country has developed multiple programmatic guidelines to support the design and implementation of nutrition-specific and -sensitive interventions.

1.4 Rationale of the Nutrition ACSM

The objective of the KNAP is to accelerate and scale up efforts towards the elimination of malnutrition in Kenya. Recognising the multicausal nature of malnutrition and the need to address the effects and impacts of malnutrition through multi-sectoral interventions and approaches, a significant scaling up of nutrition ACSM will be needed to raise awareness, mobilize support and create a sense of urgency in addressing malnutrition. The nutrition ACSM strategy will influence decision-makers at political, policy and programmatic levels and opinion leaders to take up their respective roles in the fight against malnutrition. Additionally, the Strategy will help to empower individuals and communities to act and advocate for nutrition themselves.

Nutrition ACSM aims to contribute to improved nutrition leadership and governance; strengthened nutrition systems and institution, improved social and community engagement for nutrition and increased nutrition financing. Therefore, the Strategy will help to actualise the aspirations of the KNAP and influence implementation processes of other nutrition programs. Further, the Strategy is informed by the review of the nutrition ACSM 2016–2020 strategy that highlighted gaps, achievements, and lessons learnt and interventions.

The Strategy will also assist to harness the strengths and opportunities of private sector engagement toward achievement of nutrition outcomes as well as the heightened focus on community mobilisation, accountability measures, and increased multi-sectoral support for implementation of nutrition actions for optimal realisation of desired results. The Strategy gives

impetus to the type, packaging, and delivery of key nutrition messages for the targeted audiences at multiple levels (individual, community, and policy).

1.5 Purpose of the Strategy

The nutrition ACSM Strategy aims to accelerate adoption and implementation of the country's nutrition policy and legal frameworks and technical guidelines for the attainment of desired health and nutrition outcomes. In recognition of the multi-sectoral approach that is needed to sustainably address malnutrition, the strategy proposes actions and ACSM tools and channels that can be used by the different sectors and stakeholders toward synergising their efforts.

1.6 Guidance to Counties on how to operationalize the strategy

Health services under which nutrition falls is a devolved function according to the Fourth Schedule of the Constitution of Kenya 2010. This presents an opportunity for counties to analyse and prioritize different actions for health and nutrition based on specific context. According to the KDHS 2022, malnutrition remains a challenge at both national and county levels of government. From the survey findings, there was a general improvement or maintenance of the nutrition indicators including a 10- point reduction in stunting while wasting and underweight remained unchanged. The national averages for nutrition indicators point to an improved nutrition situation though there exist regional disparities with some counties recording higher levels of both stunting and wasting. There was significant difference between indicators for nutrition among rural and urban residents which could be attributed to inequalities in service provision including access challenges.

It is envisioned that the nutrition sector within different counties will contextualize and use the strategy to identify county priorities for nutrition ACSM. In order for counties to seamlessly implement the ACSM strategy, a guide on how to prioritize nutrition challenges and develop an ACSM plan is provided as Annex 1.

Chapter Two: Strategic Framework

The ACSM strategic framework guides the rollout and implementation of the strategy. The framework is guided by the strategy's goal, mission, and objectives. It is organised into strategic pillars, strategic approaches, outcomes, outputs, and interventions/activities. The theory of change (ToC) based on the Social Ecological Model (SEM) is applied in the realisation of the purpose of Nutrition ACSM.

Overall Goal: To contribute towards the attainment of a malnutrition-free Kenya.

Mission: To accelerate the attainment of positive nutrition outcomes through multi-sectoral ACSM for strengthened governance, increased nutrition financing, functional nutrition systems, empowered communities for social and economic development.

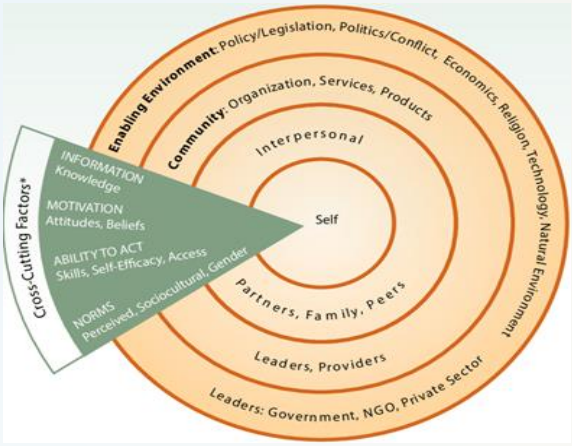
Objectives

1. To strengthen leadership and governance for nutrition across sectors and at all levels to be effective and responsive.
2. To strengthen institutions and systems to provide quality and responsive nutrition services across sectors.
3. To empower communities to demand, adopt, and utilise desired nutrition behaviours and quality services.
4. To increase nutrition budgetary allocation, financial accountability, and management across sectors both at the national and county levels.

2.1 Overview

This section outlines the guiding framework to help sector actors identify specific ACSM interventions for implementation at their level, contributing to the achievement of overall goal, mission, and objectives of the strategy.

2.1.1 Theoretical Basis for the Strategy



Adapted from McKee, Moncourt, Chin and Camegie (2000)

Figure 0.1 Social Ecological Model (SEM) approaches of ACSM

This strategy is based on the systematic application of interactive, theory-based, and research-driven processes to support nutrition governance, nutrition systems, and social and behaviour change (SBC). Social Ecologic Model (SEM) approaches of ACSM have been used to shape this strategy. The model recognises the multiple levels of influence for any shift of behaviour. It acknowledges the importance of the interplay between the individual and the environment. Any approach aimed at affecting change needs to address the full range of determinants for the desired behaviour. The focus of the model is not restricted to individual change but is also focused on creating or reinforcing enabling environmental and social conditions that facilitate and encourage the realisation of desired behaviour. Figure 2.1 illustrates the spheres of influence that exist for desired nutrition outcomes for Kenya. There is a need to enhance not only the intrapersonal and interpersonal factors but also community and enabling factors that ensure sustained positive changes toward a malnutrition-free citizenry.

In the context of this ACSM strategy

Intrapersonal factors refer to characteristics of the individual such as knowledge, attitude, behaviour, self-concept, and skills. *For example, poor adoption of EBF due to the perception that breastmilk has low satiety value*.

Interpersonal factors such as formal and informal social networks and social support systems, including family, peers, friends, and colleagues. *For example, in the case of supporting mothers to adopt EBF, the mother-to-mother (MTM) support group is a strong social network where mothers are influenced by their peers.*

Community factors include relationships among organisations, institutions, and informal networks within defined boundaries. *For example, community units and how they work closely with other institutions such as public health facilities to provide a strong referral system for the continuum of nutrition care for pregnant and lactating mothers.*

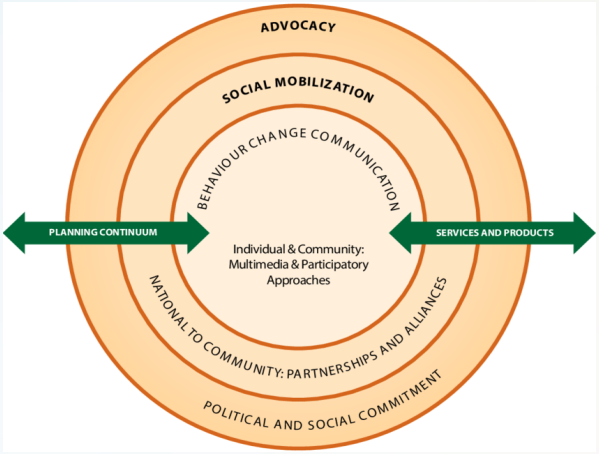
Enabling factors impact the wider society including public policies and institutional factors. *For example, low prioritisation of nutrition at different levels of governance, inadequate implementation of nutrition laws and policies, inadequate financing for nutrition, and insufficient capacity for nutrition service delivery*

2.1.2 Strategic Approaches

The nutrition ACSM strategy, in seeking to address these multilevel factors for improved nutrition outcomes, proposes multiple strategic approaches including advocacy, capacity strengthening, social mobilisation and behaviour change communication (BCC) (figure 2.2.)

Advocacy is a crosscutting theme that informs and motivates leadership to create a supportive environment for achievement of the four pillars. Advocacy targets the national and county-level political, administrative, and social leadership with a view to mobilising resources as well as gaining the political and social commitment for the nutrition outcomes.

Social and community mobilisation is an approach that is based on the understanding that individuals' behaviours are determined by personal choices as well as the social environment in which they live. In this strategy, social and community mobilisation approach will be used to enhance participation of institutions, community networks, and social/civic and faith-based groups to raise demand for or sustain progress toward realisation of pillar 3 (Social and community engagement for nutrition). Mobilisation secures an enabling environment for recommended nutrition behaviours to be adopted and quality services to be optimised. It helps to challenge and address potentially harmful sociocultural norms and practices.



Adapted from McKee, N Social Mobilization and Social Marketing in developing communities (1993)

Figure 0.2 Strategies for SBCC

As shown in figure 2.2, BCC encourages an interactive process with targeted individuals and communities that enables them to participate in co-creating contextual nutrition messages and materials, and in determining the appropriate communication channels that create and sustain positive nutrition practices. BCC is to be continuously and consistently provided through various means of communication (interpersonal, community, and mass and digital media).

Capacity strengthening is geared to building skills and knowledge of all relevant stakeholders across the different pillars. This is to support the design, delivery, and uptake of quality nutrition services and practices.

2.2 Strategic Pillars, Outputs and Activities

This strategy will be achieved through implementation of the following four pillars:

a) Nutrition leadership and governance
b) Nutrition institutions and systems
c) Social and community engagement for nutrition
d) Nutrition financing

2.2.1 Overview of Nutrition Leadership and Governance Pillar

The pillar focuses on strengthening the legislative, leadership, and governance framework that support nutrition application in different sectors at the national and county levels. The legislative agenda includes development, adoption, and implementation of nutrition-relevant acts, regulations, policies, and international ratifications. Leadership engagement in this pillar envisions nutrition advocacy targeting managers, decision makers, and budget holders. The leadership approaches such as induction, mentorship, succession planning, and transition will be employed.

The review of the 2016–2020 nutrition ACSM Strategy identified some of the gaps under this pillar which include low prioritisation of nutrition issues at both levels of government; inadequate evidence and information on nutrition among legislators and policymakers among others; inadequate and inaccessible evidence-based data to influence political buy-in and goodwill; inadequate capacity and goodwill to implement bilateral and multilateral nutrition conventions of which Kenya is a signatory; weak/delayed implementation of existing leadership and coordination structures at both levels of government; weak coordination between the national and county governments and civil societies; slow adoption and implementation of the MSN framework and weak domestication/localisation of international and national legislations, policies, standards, and guidelines.

Objective of the pillar: To strengthen leadership and governance for nutrition across all sectors and levels**.**

Outcome of the pillar: Effective and responsive nutrition leadership and governance across all sectors and levels.

Outputs of the pillar:

1. Nutrition leadership and governance strengthened at all levels of government.
2. Nutrition programmes prioritised at both levels of government.
3. Relevant nutrition laws and policies developed or reviewed, adopted and implemented at all levels of government.
4. Nutrition sector and multi-sector coordination strengthened at all levels of government.

Output 1.1: Nutrition leadership and governance strengthened across all levels of government.

Interventions/Activities

1. Conduct a nutrition leadership needs/gap assessment.
2. Advocate, disseminate, and lobby for adoption of nutrition leadership training for all managers.
3. Advocate and lobby for adoption of nutrition mentorship and succession plans at both levels of government.
4. Hold biannual nutrition leadership, governance, and accountability review meetings.
5. Hold forums with relevant regulatory, professional, and private sector bodies to lobby for effective and responsive nutrition leadership and governance at all levels.

Output 1.2: Nutrition programmes prioritised at both levels of government.

Interventions/Activities

1. Hold sensitisation meetings for the national and county leadership, legislators, and decision makers on nutrition as a developmental agenda.
2. Lobby for inclusion of nutrition agenda within relevant committees at both parliament and county assemblies (CAs).
3. Advocate for integration of nutrition interventions into the national and county planning documents (county integrated development plans (CIDPs), medium term plans (MTPs), county health sector strategic plans (CHSSPs), and Kenya health sector strategic plans (KHSSPs)).
4. Advocate for review of the food and nutrition policy and implementation framework.
5. Advocate for nutrition inclusion in performance contracting in the office of the president and county governors.
6. Advocate for the enactment of community health strategy (CHS) bills and implementation of CHS Acts in the counties

Output 1.3: Relevant nutrition bills developed, and laws enacted or reviewed and implemented across all levels of government.

Interventions/Activities

1. Conduct gap analysis for nutrition-related laws and policies.
2. Advocate and lobby for the development and enactment of nutrition related bills, acts and regulations and their implementation in all counties.
3. Hold sensitisation forum among nutrition managers/officers, legislators, and decision makers on nutrition laws and policies.

Output 1.4. Nutrition multi-sector coordination strengthened across all levels of government.

Interventions/Activities

1. Advocate for adoption of the coordination structures proposed in the Food and Nutrition Policy Implementation Framework
2. Review and support implementation of multisectoral coordination structures

3. Lobby for the establishment and strengthening of nutrition sector and multi-sector coordination forums at all levels.
4. Advocate for review, harmonisation, and dissemination of terms of reference (ToRs) and action plans for the nutrition sector and multi-sector forums.
5. Lobby for reconstitution and development of ToRs for the Parliamentary Nutrition caucus.
6. Advocate for mainstreaming of nutrition within the intergovernmental committees County Executive Committee (CEC) (Health and Agriculture Caucus) to enhance coordination between the two levels

2.2.2 Overview of Nutrition Systems and Institutions

This pillar focuses on the capacity of existing institutions to provide quality, transparent, and accountable nutrition services. The institutions are comprised of national and county governments, private sector, academia, CSOs, and development partners. The pillar is responsible for strengthening human resources (HRs) for nutrition that are sufficiently skilled. Of importance, too, is the implementation of nutrition-relevant policies and guidelines across sectors including health, agriculture, water, labour, education, and others. This pillar relies on clear organised systems and infrastructure for effective coordination and implementation of programmes, and M&E and research mechanisms.

Objective of the pillar: To strengthen institutions and systems to provide quality and responsive nutrition services across sectors.

Outcome of the pillar: Strengthened institutions and systems that provide effective, efficient, and quality nutrition services across key sectors.

Outputs of the pillar

1. Nutrition-relevant policies and guidelines disseminated and implemented across key sectors.
2. Human capacity for nutrition service delivery developed and strengthened.
3. Multi-stakeholder coordination mechanisms established and strengthened.
4. Infrastructure for nutrition service delivery established and strengthened.
5. M&E framework of ACSM established.

Output 2.1: Nutrition policies and guidelines disseminated and implemented across key sectors.

Interventions/Activities

1. Map existing nutrition policies and guidelines not fully implemented to identify gaps.
2. Lobby for dissemination and implementation of nutrition policies and mobilise for uptake across different sectors and counties.
3. Advocate for review of nutrition curricula at tertiary level to incorporate current recommendations/ emerging issues at all levels.

Output 2.2: Human capacity for nutrition service delivery developed and strengthened.

Interventions/Activities

1. Advocate for employment of nutrition staff with relevant competencies.
2. Lobby for introduction of specialised nutrition courses (e.g., renal, palliative care, critical care) in training institutions.
3. Conduct nutrition leadership training for multi-sectoral technical teams at national and county levels (ensure inclusivity).
4. Advocate for adoption and implementation of career progression guidelines/schemes of service.
5. Sensitise non-nutrition staff on nutrition interventions (ensure inclusivity).

Output 2.3: Multi-stakeholder coordination mechanisms established and strengthened.

Interventions/Activities

1. Map institutions dealing with nutrition related services and define opportunities and gaps for collaborations
2. Advocate for establishment and strengthening of MSN platforms.
3. Advocate for mainstreaming of multi-sectoral coordination in county processes such as CIDPs, annual work plans, and county bills.

Output 2.4: Infrastructure for nutrition service delivery established and strengthened.

Interventions/Activities

1. Conduct assessment of existing nutrition infrastructure, equipment, tools, and inputs.
2. Define the minimum requirements for nutrition service delivery regarding infrastructure, data collection and reporting tools, mobility, and Standard Operating Procedures (SOPs), guidelines, strategies, policies, and reference materials.
3. Advocate for procurement of required nutrition commodities, data assessment tools, reporting tools, and equipment.

Output 2.5: ACSM M&E framework established.

Interventions/ Activities

1. Develop ACSM M&E and learning framework.
2. Develop and disseminate ACSM data collection tools.
3. Conduct periodic monitoring of ACSM activities at national and county levels.
4. Publish periodic monitoring reports and document best practices.

2.3 Overview of Social and Community Engagement for Nutrition

This pillar focuses on community participation and engagement to influence adoption of better nutrition practices and behaviour change for good nutrition outcomes. Community participation and engagement gives an equal opportunity for all concerned parties to make decisions and prioritise the most challenging issues affecting them. The review of the previous Nutrition ACSM strategy revealed that capacity to deliver the community participation work was limited to cascading of information only. Training nutrition advocates and champions on how to identify areas for messaging, developing nutrition messages, methods of mobilising and engaging communities, simple training techniques, and mentoring are important interventions considered in this strategy. The messages on priority areas should also be contextually appropriate for the targeted audiences and should be co-created for optimal community participation and engagement. More guidance on developing messages and identifying target audiences is outlined in Chapter Three.

This pillar also considers the role that social mobilisation plays in creating awareness on nutrition within the general population. With increased awareness, the communities will have increased capacity to demand accountability from duty bearers for quality services. The engagement between duty bearers and community requires robust community participation in a manner that amplifies community voices in all matters that implicate the community including budgeting and positive behaviour change as a long-term goal. The pillar identifies different channels for social mobilisation such as social media, mass media, and interpersonal communication.

Objective of the pillar: To empower communities to demand, adopt, and utilise nutrition services, improve behaviours, and practices for good nutrition outcomes.

Outcome of the pillar: An informed and socially accountable community that demands and utilises nutrition services.

Outputs of the pillar

1. Increased nutrition awareness at the community level.
2. Strengthened community skills and competencies to adopt optimal nutritional practices.
3. Community nutrition-enabling environment strengthened.
4. Strengthened social accountability and participation mechanisms.

Output 3.1: Increased nutrition awareness at the community level.

Interventions/Activities

1. Develop and disseminate nutrition social and behaviour change communication (SBCC) messages, materials, and content.
2. Roll out nutrition media campaigns through mass media, social media and radio spots.
3. Conduct community interpersonal nutrition education meetings.
4. Identify and capacity build nutrition SBCC community champions ensuring inclusivity (youth and People With Disabilities (PWDs)).
5. Hold targeted community nutrition dialogue and action meetings.
6. Commemorate World Nutrition related Days (WND).

Output 3.2: Strengthened community skills and competencies to adopt optimal nutritional practices.

Interventions/Activities

1. Conduct trainings of Community Own Resource Persons (CORPs) (community health volunteers (CHVs), agriculture extension workers on nutrition-sensitive and -specific components (nutrition-sensitive agriculture (NSA), baby-friendly community initiative (BFCI), front-of-pack nutrition labelling (FOPNL), etc.).
2. Carry out nutrition mentorship for the farmer interest groups and lead farmers.
3. Hold community exchange visits for cross-learning and knowledge-sharing on nutrition.
4. Sensitise CORPs on community referral for nutrition-specific and -sensitive services.
5. Hold sensitisation meetings for school management teams on nutrition programmes delivered through schools (homegrown School Meals programme, Vitamin A supplementation (VAS), growth monitoring and promotion (GMP), 4K Clubs).
6. Hold sensitisation meetings for CORPs on the development and sustenance of nutrition social support groups.

Output 3.3: Community nutrition-enabling environment strengthened.

Interventions/Activities

1. Conduct sensitisation meetings for community leaders (chiefs/members of county assemblies (MCAs)/ward administrators, etc.) on nutrition-sensitive and -specific interventions.
2. Conduct advocacy sessions on nutrition-sensitive and -specific interventions to the local leadership (MCAs/chiefs).
3. Conduct dissemination meetings on nutrition policies to key community opinion leaders (village administrators, chief, ward administrators) at community level.
4. Advocate for strengthening and establishment of nutrition structures (community health units, community interest groups, etc.).
5. Conduct training of CORPs and administrative and social leaders within the community on nutrition social accountability processes.

Output 3.4: Strengthened social accountability and participation mechanisms.

Interventions/Activities

1. Conduct training of CORPs on vigilance techniques on nutrition malpractices.
2. Establish and/or strengthen the link between the CORPs and law enforcement on nutrition matters.
3. Sensitise CORPs on participation for social accountability and demand creation.
4. Sensitise CORPs to participate in community-level budget-making processes toward increased nutrition funding.

2.4 Overview of Nutrition Financing

Unacceptably high levels of malnutrition remain a public health concern and a hindrance to achieving the country's developmental agenda. Investing in nutrition has many social and economic benefits. Evidence has shown that eliminating malnutrition in young children boosts the gross national product, prevents child deaths by 45 percent, and breaks the intergenerational cycle of poverty (GNR 2021). According to a cost-benefit analysis conducted in Kenya in 2016 by United Nations Children's Fund (UNICEF), the World Bank, and Ministry of Health (MoH), each USD invested in scaling up High Impact Nutrition Interventions (HINIs) has the potential return of $22 USD, higher than the global estimates of $16 USD.

This pillar provides strategies and activities for nutrition resource mobilisation across key sectors. These include advocacy for prioritisation of nutrition financing in the budget-making processes and creation of nutrition-sensitive programmes (health, agriculture, water, social protection, gender, and education) with specific budget lines for funding. In addition, it includes capacity development of ministries, departments and agencies (MDAs) and counties, to undertake budgeting and costing for nutrition programming. To ensure accountability, financial tracking and optimal allocation of nutrition funds across the public sector, development partners, and private sector will be strengthened.

Objective of the pillar: To increase nutrition budgetary allocation, financial accountability, and management across sectors at national and county levels.

Outcome of the pillar: Enhanced nutrition financing across key sectors at both national and county levels.

Outputs of the pillar

1. Budgetary allocation for nutrition-specific and -sensitive interventions at both national and county government across all sectors increased and optimized.
2. Heightened accountability and transparency in nutrition financing at both national and county levels.
3. Increased capacity in budgeting and costing for nutrition financing across all sectors.
4. Budget lines for nutrition-specific and -sensitive programmes at both national and county levels created.

Output 4.1: Budgetary allocation for nutrition-specific and -sensitive interventions at both national and county government across all sectors increased and optimized.

Interventions/ Activities

1. Conduct high-level advocacy meetings/dialogues/seminars for increased budgetary allocation at national and county levels (cabinet secretaries (CSs), principal secretaries (PSs), members of parliament (MPs), relevant delegated committees, National Treasury, Council of Governors (CoG), CECs, MCAs).
2. Conduct high-level advocacy meetings/dialogues/seminars for increased budgetary allocation for non-state actors and development partners.
3. Advocate for ring-fencing of nutrition budgets across all sectors at national and county levels.
4. Train nutrition champions across all sectors on finance and budgeting (ensure inclusivity).
5. Involve nutrition champions in planning and budgeting processes at national and county levels.
6. Conduct nutrition investment studies in the nine geographic regions[1] to recommend suitable policy interventions for better nutrition outcomes.
7. Review sector budget allocation for nutrition and identify gaps for budget advocacy.

Output 4.2: Accountability and transparency in nutrition financing at both national and county levels heightened.

Interventions/Activities

1. Conduct training to key stakeholders at national and county levels on nutrition financial tracking mechanisms.

[1] Coast, Nyanza, North Rift Valley, South Rift Valley, Central (including Nairobi), Western, Upper Eastern, Lower Eastern, and North Eastern

2. Roll out nutrition financial tracking mechanisms across all sectors and in all 47 counties.
3. Advocate for issuance of a circular by both national and county governments on mandatory reporting on nutrition spending.

Output 4.3: Increased capacity in budgeting and costing for nutrition financing across all sectors.

Interventions/Activities

1. Advocate for capacity building on the budget-making process (formulation, approval, auditing, and oversighting) across sectors at national level and in all 47 counties.
2. Develop and disseminate information education and communication (IEC) materials on budgeting process across sectors in all 47 counties.
3. Conduct training on costing for key personnel across sectors in all 47 counties.
4. Develop and disseminate IEC materials on the costing process across sectors in all 47 counties.

Output 4.4: Budget lines for nutrition-specific and -sensitive programmes at both national and county levels created.

Interventions/Activities

1. Hold stakeholder meetings at national and county levels to map nutrition programmes and sub-programmes for inclusion in the programme-based budgeting.
2. Hold high-level meetings on inclusion of nutrition programmes in the nine geographic regions and sectors (National Treasury, central planning unit, County Treasury (CT), health committee for planning and budgeting, key sectors in the county, and development partners).
3. Conduct stakeholder sensitisation meetings on nutrition programmes and sub-programmes across all sectors in the nine geographic regions.
4. Advocate for creation of a nutrition budget line for nutrition programmes across all sectors at national and county levels.

2.5 Theory of Change for the Nutrition ACSM

The results-based logical framework presumes that if the interventions/activities receive the needed inputs, then outputs will be achieved, and a mix of different outputs will then lead to the desired outcome and eventual impact. The framework is also cognizant of other external factors that may influence anticipated results and these factors have been acknowledged in the Theory of Change (ToC.

The ToC outlines how the proposed ACSM interventions work along the causal pathway to contribute to improved nutrition outcomes. In developing this strategy, key nutrition ACSM issues were identified and categorised under four strategic pillars: leadership and governance, systems and institutions, social and community engagement, and nutrition financing. Key interventions have been proposed to address the four thematic issues with clearly defined outputs and outcomes. The SEM informed the ToC regarding the use of ACSM approaches to influence policy as well as systemic and behavioural issues identified at individual, community, and institutional levels.

Pillar	ACSM Challenges	Strategic Inputs	Outputs	Outcome	Impact
I: Nutrition Leadership and Governance	▪ Low prioritisation of nutrition issues ▪ Inadequate nutrition information on nutrition matters among legislators and policy makers ▪ Inadequate capacity to implement existing nutrition conventions for which Kenya is a signatory ▪ Poor implementation of existing coordination structures	**Advocacy**: Lobbying, pitching, using research, building partnerships, and using social influencers and nutrition champions **Capacity Building:** Coaching and mentoring; use of learning events **Partnerships:** Forging and widening the scope of partnerships including private sector **Coordination:** Sensitisation on effects of improved coordination	▪ Strengthened nutrition leadership and governance ▪ Strengthened nutrition sector and multi-sector coordination ▪ Nutrition-specific and -sensitive policies and laws developed and implemented ▪ Nutrition interventions prioritised by all actors	Effective and efficient nutrition leadership and governance	Malnutrition-free Kenya
II: Nutrition Institutions and Systems	▪ Delays in supply of nutrition commodities ▪ Delayed development and subsequent implementation of KNAP ▪ Lack of ACSM M&E framework to track progress, achievements, and learnings ▪ Low nutrition staff-to-patient ratio ▪ High staff turnover ▪ Frequent deployment leading to competency gaps	**Capacity Strengthening:** Trainings, mentorship, development of policies and guidelines, review forums **Advocacy:** Researching, lobbying, networking, and building partnerships; advocate for review of nutrition scheme of service for recognition of subspecialisation of nutrition **Partnerships and Coordination:** Hold MSN forums a to strengthen	▪ Nutrition-relevant policies developed and disseminated across all sectors ▪ Efficient and effective human capacity for nutrition service delivery developed and strengthened ▪ Multi-stakeholder coordination mechanisms established and strengthened ▪ Infrastructure for nutrition service	Strengthened institutions and systems that provide effective, efficient, and quality nutrition services across sectors	

Pillar	ACSM Challenges	Strategic Inputs	Outputs	Outcome	Impact
	▪ Succession gaps across all sectors	nutrition systems and institutions	delivery established and strengthened ▪ M&E framework of ACSM established		
III: Social and Community Engagement for Nutrition	▪ Limited community awareness of rights and adoption of desired nutrition behaviours/practices ▪ Insufficient packaging of key nutrition messages for diverse target audiences ▪ Limited resource allocation for community participation ▪ Lack of clear criteria in selection of nutrition champions ▪ Limited training and engagement of champions and CHVs	**Social Mobilisation:** Dialogue meetings, media engagement, social campaigns **BCC:** Interpersonal, support groups, community media, and digital media **Capacity Strengthening:** Trainings, sensitisation forums, development of learning aids	▪ Increased nutrition awareness at the community level ▪ Strengthened community skills and competencies to adopt optimal nutritional practices ▪ Strengthened enabling environment support of community-level nutrition practices ▪ Strengthened social accountability mechanisms for quality nutrition information and services	Heightened and sustained demand, adoption, and utilisation of desired nutrition behaviours and quality services among communities	
IV. Nutrition Financing	▪ Low budgetary allocation for nutrition ▪ Low capacity in nutrition budgeting and costing and accountability ▪ Lack of nutrition budget lines ▪ Poor nutrition financial tracking in multi-sectors	**Advocacy:** Hold forums targeting NA and CA members, Finance and budget officers and technical staff; develop policy briefs and budget review reports; attend Medium Term Expenditure Framework	▪ Budgetary allocation for nutrition-specific and -sensitive interventions at both national and county government levels across all sectors increased ▪ Heightened accountability and	Enhanced nutrition financing across all sectors at both national and county levels	

Pillar	ACSM Challenges	Strategic Inputs	Outputs	Outcome	Impact
		(MTEF) and other budget-making process meetings **Capacity Building:** Train the technical staff on programme-based budget, budget review, and development of policy briefs; train the nutrition staff on budget-making and -tracking processes **Partnership and Coordination:** Hold sensitisation meetings on nutrition programmes and sub-programmes across all sectors	transparency in nutrition financing at both national and county levels ▪ Increased capacity in budgeting and costing for nutrition financing across all sectors ▪ Budget lines for nutrition-specific and -sensitive programmes at both national and county levels created		

Figure 0.3 Nutrition ACSM ToC)

Chapter Three: ACSM Communication Approaches and Methods

The realisation of the outputs for each of the four strategic pillars requires execution of well thought out interventions as spelled out in Chapter Two. This section details the priority ACSM agenda to be addressed under each pillar, the target audiences to be reached and engaged, and recommendations on the most appropriate communication and engagement methods and tools. The proposed communication methods fall under the overarching approaches of advocacy, capacity strengthening, community/social mobilisation, and BCC that can be applied with flexibility depending on the specific audience being reached and the implementation context. The users of this strategy are therefore encouraged to contextualise the application of the proposed methods and tools for effective influence on adoption of the proposed strategies.

3.1 Stakeholder Listing and Power Mapping

For advocacy communication and social mobilisation to be effective in bringing about change, stakeholders and target audiences play an important role. Stakeholder listing and power mapping should be conducted using the method of consultations with organisations engaged in ACSM work (government departments, nongovernmental organisations (NGOs), and academia). This was to ensure that all the potential stakeholders and audiences were identified.

An in-depth analysis of stakeholders and audiences was conducted using the matrix, as shown in figure 3.1, to identify their power (influence) and interests toward the nutrition agenda and the actions to be taken by the implementers of this strategic document. Further, a summary of stakeholder analysis is shown in figure 3.1 below.

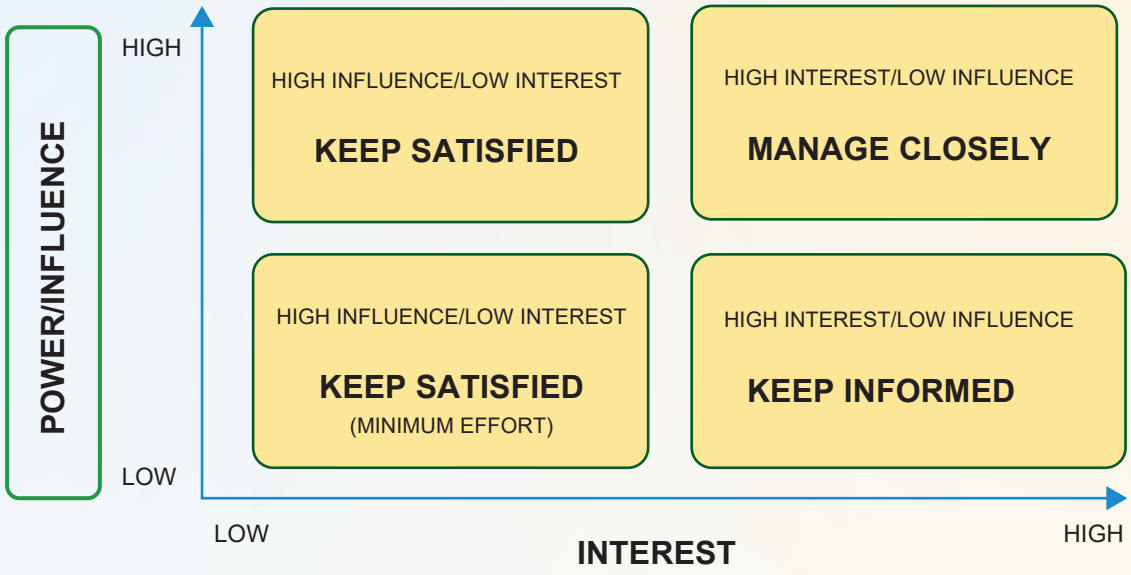


Figure 0.1 Influence and interest Mapping of Stakeholders

"Adapted from A.L. Mendelow's "Environmental Scanning: The Impact of Stakeholder Mapping" (1981)

Table 0.1 Simplified Stakeholder Analysis Matrix

Stakeholder Type	Summary Description	Response/Action
High-influence and high-interest stakeholders	Stakeholders who play a key role and have a high impact on the success of the project/issue	*Need to be engaged and managed closely*
High-influence and low-interest stakeholders	Stakeholders who may not currently have a direct interest but can influence the outcome of a project/issue	*Need to keep satisfied*
Low-influence and high-interest stakeholders	Stakeholders who may play more of a mentoring and support role whereby they are not directly involved but can rally the troops or play a disruptive role	*Need to keep informed*
Low-influence and low-interest stakeholders	Stakeholders who may not have any impact on a project/issue and may only have a casual interest in it	*Minimal effort*

3.2 Audiences Identification and Key Channels for Communication

To effectively deliver messages on the four key ACSM pillars, a mix of communication channels should be used with consideration being given on the cost, effectiveness, and appropriateness of the channel being selected for use in each situation and the audience being targeted. The communication channels for advocacy, social mobilisation, and BCC will be used in combination to affect changes in the desired nutrition-enabling environment and behaviour change at individual, household, and community levels. The channels will also work to create demand for quality nutrition services. Table 2 below outlines the possible communication channels for different contexts and target audiences.

Table 0.2 ACSM Communication Channels by Audience

Context and Target Audience	Communication Channels
Policy Advocacy	
• Top leadership in government and organisations • Political leaders at national and county levels • Senior and mid-level managers at MCDAs • Community champions and leaders	• **Policy advocacy:** Meetings with policymakers, champions, influencers, parliament, and county assembly committees • **Community advocacy:** Grassroots mobilisation through road shows, barazas, and community dialogue • **Media advocacy:** Use of traditional media (audio, visual, and print) and social media to influence decision makers • One-on-one direct interactive meetings with decision makers and influencers
C	
• Top leadership in government and organisations • Political leaders at national and county levels • HR managers at national and county levels • Technical staff at national and county levels • Health care workers and other staffs in MCDAs • CORPs	• Training worKESops • On-job training (OJT), mentorship, and coaching • Stakeholder forums • Sensitisation forums • Continuous medical education (CME) sessions • Continuous Professional Development (CPD) and e-learning courses • Training material development and distribution
S	
• Community members • Community leaders • Religious leaders • Youth groups • Political leaders	• Community-level interpersonal communication: cooking competitions, mother support groups, community dialogues, and household visits • Capacity building/training: Community-level training of frontline workers • School-based interpersonal communication: school clubs • Community events and nutrition talks • Market on-ground activations • Community dialogue and action days • Community theatre • Integrated outreaches by health facilities • Religious events within churches, mosques, and temples • Church group meetings, community events (e.g., sports, cultural events) • Chief's barazas • Social media (e.g., Twitter, WhatsApp, Facebook, Instagram, TikTok)

Context and Target Audience	Communication Channels
Behaviour Change Communication	

• Community members
• Community leaders
• Religious leaders
• Parents and caregivers of children below five years of age
• Youth groups
• Teachers and tutors
• School-going children and adolescents
• Youth in and out of college and university
	• Interpersonal communication sessions
	• Small group
	• Facility-level agenda-specific education sessions
	• CHV sessions with community groups
	• Household visits by CHVs
	• Opinion leaders and CORPs sessions
	• Peer-facilitated sessions
	• Engagement forums (e.g., male forums)
	• In-school events such as:
	  ○ School clubs' programmes and events (health, 4K, environmental, etc.)
	  ○ Competitions, quizzes, and award initiatives
	  ○ Sports/school games, drama and music festivals, talent shows
	  ○ Inter- and intra school debate challenges, school entertainment (e.g., dancing competitions, branding of schools/school buses)
	• Recreational forums including dances, music (by iconic music artists), poetry, magnet theatres, and public cinema shows
	• Religious events (e.g., church events, festivals, rallies, challenges, get-togethers)
	• Cultural events and traditional ceremonies

3.3 Methods and Tools for ACSM per Pillar

Tables 3, 4, 5, and 6 list the Nutrition ACSM agenda, target audiences, tactics, and tools to be employed by the implementers of this strategic document. Although a careful stakeholder analysis was conducted during development of this strategy, it is important to customise the stakeholder mapping based on the ACSM agenda, context, and desired outcomes.

Pillar 1: Leadership and Governance

Table 0.3 Leadership and Governance Methods and Tools

Objective To strengthen leadership and governance for nutrition across all sectors and levels			
• Prioritise nutrition issues by leadership at national and county levels • Increase knowledge and awareness on nutrition priorities among the decision makers and legislators • Promote use of nutrition evidence-based data for political buy-in and actions • Enhance capacity to implement existing nutrition global and national policies and conventions • Promote domestication/localisation of international and	**National** **<u>High influence/low interest</u>** • Prime CS • Cabinet Secretary (CS) & Permanent Secretary (PS) Agriculture, Treasury, Education, Social Protection • Health and Finance Committee chair of National Assembly (NA) and Senate • Public Service Commission (PSC) • Secretary to the cabinet • Media **<u>High influence/high interest</u>** • President • Deputy president • COG • CS & PS of Health	**Advocacy** • Lobbying • Pitching • Using research • Networking partnerships and building relations • Media engagement (mainstream, digital, and social) • Using social influencers **Capacity Building** • Coaching and mentorship • Using learning events (e.g., webinars)	• Policy briefs • Policy memos • Concept notes • PowerPoint presentations • Journals • Fact sheets • Publications • Cabinet memos • Investment cases

Objective To strengthen leadership and governance for nutrition across all sectors and levels			
Agenda	**Target Audience**	**Tactics/Methods**	**Tools/materials**
national legislations, policies, standards, and guidelines ● Develop guidelines and frameworks for strengthened engagement and coordination between sectors and stakeholders	● County Executive Committee (CEC)-Health and Chief Officer (CO) of Health (COH) ● CECs, COs, Directors of MSN sectors ● Division of Nutrition & Dietetics (DND) ● Development partners ● Nutrition influencers ● Nutrition champions ● Civil Society Organizations **County Level** **<u>High influence/high interest</u>** ● CEC of Agriculture, Education, Social Services, ● COH, CO of Agriculture, Education, Social Services ● County Nutrition Coordinator (CNC) **Community Level** ● Nutrition champions **<u>High influence/low interest</u>** ● County Public Service Board (CPSB) ● County secretary ● Health and Finance Committee chair of County Assembly ● CEC Finance ● CO of Finance (COF)		

Pillar 2: Nutrition Systems and Institutions

Table 0.4 Nutrition Systems and Institutions Methods and Tools

Objective: To strengthen institutions and systems to provide quality and responsive nutrition services across sectors.			
Agenda	**Target Audience**	**Tactics/methods**	**Tools**
• Support development, dissemination and implementation of nutrition policies and strategies • Increase Human Resource (HRs for nutrition including mainstreaming gender and disability into HRs • Strengthen the existing nutrition supplies management system and infrastructure • Support effective coordination mechanisms • Develop an M&E framework for advocacy • Support innovation and research for Nutrition ACSM • Enhance capacity for delivery of quality nutrition services	**<u>High influence/low interest</u>** **National level** • CS and PS Health, Agriculture, Treasury, Education, Social Protection, Water • Public Service Commission • Media • National assembly/senate • Health Information System (HIS) Experts • Other health divisions **County level** • County first ladies and gentlemen association • County public service board • County Assembly **<u>High influence/high interest</u>** **National level** • Head of DND • Head of Agri-Nutrition	**Capacity strengthening** • Trainings • On Job Training (OJT) /mentorship/coaching • Development of policies and guidelines • Sensitisation forums • In-service sub-specialty trainings • Review forums • Learning events **Advocacy** • Research • Pitching • Lobbying • Networking partnerships and building relations • Media engagement	• Policy/advocacy briefs • Investment cases • PowerPoint presentations • Training materials/guides • Standard Operating Procedures (SOPs) • HR norms and standards guidelines • Abstracts • Fact sheets • Staff establishment analyses

Objective: To strengthen institutions and systems to provide quality and responsive nutrition services across sectors.			
Agenda	**Target Audience**	**Tactics/methods**	**Tools**
	• National Drought Management Authority (NDMA) • Kenya National Bureau of Statistics (KNBS) • Kenya Bureau of Standards (KEBS) • Development partners • CSO Country directors • SUN networks • Nutrition Association of Kenya • Other medical related professional organizations • Academic institutions **<u>Low influence/high interest</u>** **National level** • Kenya Medical Supplies Authority (KEMSA) • Kenya Nutritionists & Dieticians Institute (KNDI) (regulatory body) • Head of school health, nutrition, and meals • Head directorate of children services/social protection **Community** • Influencers		

Pillar 3: Social and Community Engagement

Table 0.5 Social and Community Engagement Methods and Tools

Objective: To empower communities to demand, adopt, and utilise nutrition services, improve behaviours, and practices for good nutrition outcomes.			
Agenda	**Target Audience**	**Tactics/methods**	**Tools**
• Develop/disseminate key nutrition messages • Develop policies and guidelines on community engagement • Develop/strengthen community engagement structures • Increase awareness and knowledge on key nutrition behaviour and services • Increase adoption of desired nutrition behaviour and services	**<u>High influence/low interest</u>** **National level** • Mainstream media **County level** • MCAs • Local media houses **Community level** • Local media houses • Religious institutions • Community groups • Influencers **<u>High influence/high interest</u>** **National level** • Head of community health • Head of DND • Head of primary health • CSOs/Development partners **County level** • CNC • County Community Strategy Focal Person (CCSFP) • MSN sectors	**Social Mobilisation** • Dialogue meetings • Media engagement • Public service announcements • Social campaigns **BCC** • Interpersonal communication • Community media (e.g., community theatre, positive deviance, support groups) • Digital media engagement (e.g., social media) • Mass media engagement (e.g., TV, community radio) **Capacity strengthening** • Trainings • Sensitisation forums • Document developments	• Demonstrations/ simulations • Drama/skits • Local media interviews • Visual media (print/t-shirts/caps/photos/ graphics, etc.) • Participatory videos/photo voices • Audio tools (recorded messages, radio spots) • Videos

Objective: To empower communities to demand, adopt, and utilise nutrition services, improve behaviours, and practices for good nutrition outcomes.			
Agenda			
	• Agri-Nutrition officers • Frontline health worker • Community-based organisations (CBOs)/faith-based organisations (FBOs) **Community level** • CORPs • Community champions **Low influence/high interest** **Community** • Community members		

Pillar 4: Nutrition Financing

Table 0.6 Nutrition Financing Methods and Tools

Objective: To increase nutrition budgetary allocation, financial accountability, and management across sectors at national and county levels.			
Agenda	**Target Audience**	**Tactics**	**Tools**
• Increase budgetary allocation for nutrition- specific and -sensitive interventions at both national and county government across all sectors	**High influence/high interest** **National** • Development partners • CS and PS health **High influence/low interest**	**Advocacy** • Pitching • Lobbying • Networking partnerships and building relations	• Cabinet memos • Policy briefs • Policy memos • Budgetary reports • Infographics • Fact sheets

Objective: To increase nutrition budgetary allocation, financial accountability, and management across sectors at national and county levels.			
Agenda	**Target Audience**	**Tactics**	**Tools**
• Enhance capacity, accountability, and transparency in nutrition financing at both national and county levels • Increase capacity for budgeting and costing on nutrition financing across all sectors • Create budget lines for nutrition-specific and -sensitive programmes at national and county levels • Build the financial tracking capacity of multi-sectoral nutrition institutions at national and county levels • Raise awareness on nutrition financing among political leaders at national and county levels • Increase funding targeted toward long-term nutrition resilience programmes	• Director of budget • MSN Ministries (CS, PS, Director General (DG), Chief Finance Officer (CFO)) • Cabinet secretary/Principal Secretary-National Treasury and Planning • National Assembly Committee Chair (Health, Budget, Agriculture, Education, Gender and Social Services) • Senate Chair (Health, Budget, Agriculture, Education, Gender and Social Services) • Budget-specific programme officers • Accounting staff • CS and PS, Ministry of Interior and National Administration (MoINA) • Parliamentary House business Committee **Low influence/low interest** **National and county levels** • Planning and administration officers at the ministry level **Low influence/high interest** • CSOs • SUN civil society association (CSA) • CBOs • Media • Academia • Private sector	• Media engagement and social media campaign **Capacity building** • Coaching/mentorship sessions/webinars • Use learning events	• County Integrated plans • Nutrition budgetary analysis plans • Medium term plans • Investment cases

Objective: To increase nutrition budgetary allocation, financial accountability, and management across sectors at national and county levels.			
Agenda	**Target Audience**	**Tactics**	**Tools**
	County Level **<u>High influence/high interest</u>** ● Departments (CECs, COs) ● Nutrition champions ● Influencers ● Director of NDMA ● CNC ● Agri-nutrition officers **<u>High influence/Low interest</u>** ● County Treasury-CEC Finance, Chief Officer Finance, budget director, finance director ● County Assembly Chair (Health, Budget, Agriculture, Education, Social Protection) ● County directors in the departments and ministries **Community Level** **<u>Low interest/Low influence</u>** ● Community		

3.4 Potential Messaging Areas for ACSM

The KNAP 2018–2022 prioritised key result areas of focus for improved nutrition outcomes. An analysis of the KRAs identified key messaging areas that will drive the achievements of these result areas through heightened ACSM. This section, though not exhaustive, outlines potential messaging areas linked to each KRA contextualised to the different areas of operation. More guidance can be found in different program specific polies, strategies and guidelines

Table 0.7 Potential Messaging Area for each KRA

KNAP KRAs	Messaging Area
KRA 1. MIYCN Scaled Up	**Individual issues** ● Inadequate dietary diversity, limited knowledge, limited purchasing power, food insecurity, negative taboos ● Low consumption of Iron and Folic Acid Supplements (IFAS) ● Low compliance to antenatal care (ANC) visits ● Delayed initiation of breastfeeding ● Pre-lacteal feeds ● Suboptimal complementary feeding KABP gap ● Poor adherence to growth monitoring and promotion ● Poor hygiene practices ● Low uptake of Vitamin A supplementation. ● Low deworming uptake **Structural issues** ● High workload on health care workers ● Erratic IFAS supply, Vitamin A, and dewormers ● Limited knowledge by health care workers ● Suboptimal infrastructure to support warm chain for breastfeeding ● Low monitoring of BMS Act violations ● Over-reliance on campaigns for supplementation and deworming **Societal issues** ● Cultural practices ● Myths and misconceptions ● Unhealthy environment for childcare ● Low literacy levels ● Patriarchal society and high workloads for women
KRA 2. Nutrition of Old Children a Adolescents Promote	**Individual issues** ● Inadequate nutrient uptake ● Inappropriate health behaviours such as smoking, and drug and alcohol use ● Eating disorders (e.g., anorexia nervosa, bulimia, pica, and binge eating) among adolescents ● Inadequate nutrition knowledge ● Inadequate physical activity ● Poor food choices (e.g., preference for junk foods) **Structural issues**

KNAP KRAs	Messaging Area
	• Lack of diversified diets in learning institutions • Neglected cohort in terms of health programmes (i.e., deworming, micronutrient (beyond five years), etc.) **Societal issues** • Vulnerable to peer pressure (social media)
KRA 3. Nutrition Status of Adults and Older Persons Promoted	**Individual issues** • Inadequate energy and micronutrient intake • Poor nutritional and lifestyle practices • High risk of chronic illness **Structural issues** • Poor access to nutrition information • Inadequate systems and programmes focusing on older persons **Societal issues** • Neglect of older persons by society
KRA 4. Prevention, Control, and Management of Micronutrient Deficiencies Scaled Up	**Individual issues** • Low Vitamin A Supplementation (VAS) coverage (12–59 months) • Low IFAS consumption and poor compliance amongst women of reproductive age • Low dietary diversification **Structural issues** • Erratic availability of MNPs due to inadequate supply chain in non-Arid and Semi Arid Land (ASAL) counties • Low compliance to food fortification standards • Knowledge and awareness gap on food fortification • Public health measures, inadequate HRs, conflicting roles and responsibilities, inadequate monitoring actions especially in Water, Sanitation and Hygiene (WASH), out-of-stock dewormers, parasitic infestation control • Poor collaboration between various MDAs on bio fortification and related information **Societal issues** • Low uptake of bio fortification programme
KRA 5. Prevention, Control, and Management of Diet Diseases, Related Risk Factors for NCDs/Tuberculosis (TB)/ Human Immunodeficiency Virus (HIV), and Nutrition in HIV and TB Promoted	**Individual issues** • Inadequate information related to nutrition and NCDs/TB/HIV or other diseases • Low uptake of early screening and detection • Inadequate knowledge on risk factors for NCDs/TB/HIV or other diseases • Poor health-seeking behaviours **Structural issues** • Inadequate and inaccurate provision of information on NCDs/TB/HIV or other diseases among health care providers • Inadequate skills and competencies in management of NCDs/TB/HIV or other diseases among health care providers • Inadequate national tools to capture clinical nutrition data • Erratic supply of nutrition commodities and products

KNAP KRAs	Messaging Area
	• Inadequate screening for malnutrition among persons with NCDs/TB/HIV or other diseases **Societal issues** • Myths/misconceptions on NCDs/TB/HIV or other diseases including management (i.e., use of unconventional methods of managing NCDs/TB/HIV or other diseases)
KRA 6. Prevention and Integrated Management of Acute Malnutrition (IMAM) Strengthened	**Individual issues** • Low uptake of Growth Monitoring Promotion (GMP) • Poor dietary diversity practices **Structural issues** • Erratic supply of nutrition commodities and products • Faulty nutrition equipment for screening • Inadequate capacity in IMAM • Limited skills and knowledge on diagnosis and management of acute malnutrition **Societal issues** • Myths/misconceptions on acute malnutrition at community level
KRA 7. Nutrition in Emergencies Strengthened	**Individual issues** • Poor adaptive and coping mechanisms during emergencies **Structural issues** • Limited capacity for disaster preparedness • Inadequate coordination and partnerships • Inadequate food and nutrition commodities and products during emergencies • Lack of access to medical services including nutritional care • Insufficient mapping of vulnerable persons (pregnant women, children below five years of age, and older persons) • Weak post-recovery approaches **Societal issues** • Limited information and knowledge on nutrition management during emergencies • High donor dependency for resilience programmes
KRA 8. Nutrition in HIV and TB Promoted	**Individual issues** • Dependence on donor-funded supplies • Food insecurity and inadequate dietary diversity • Poor health-seeking behaviours • Low uptake of early screening and detection • Limited knowledge on TB and HIV risk factors **Structural issues** • Erratic supply of nutrition commodities and products • Limited capacity in management of HIV and TB • Inadequate screening for malnutrition among persons with TB/HIV • Inadequate national tools to capture clinical nutrition data • Limited skills and competencies in management of TB/HIV among health care providers **Societal issues**

KNAP KRAs	Messaging Area
	• High stigma and discrimination of people living with HIV and acquired immunodeficiency syndrome (PLWHA) (AIDS) • Suboptimal knowledge levels on HIV and TB preventive and management measures • Myths/misconceptions on TB/HIV including management
KRA 9. Clinical Nutrition and Dietetics Strengthened	**Individual issues** • Higher belief in pharmacological/nutraceutical approaches over dietary interventions **Structural issues** • Limited capacity to manage critical clinical units • Faulty equipment/machines for nutrition assessment • Limited capacity in prescription of enteral and parenteral feeds • Inadequate nutrition staffing • Lack of standardised SOPs for clinical nutrition management • Lack of updated clinical nutrition reference manuals/guidelines • Lack of clinical nutrition data tools **Societal issues** • Myths/misconceptions on dietary interventions for clinical management
KRA 10. Nutrition in Agriculture and Food Security Scaled Up	**Individual issues** • Inadequate access to safe, diverse, and nutritious food • Inadequate consumption of safe, diverse, and nutritious foods. **Structural issues** • Weak multi-sectoral linkage between nutrition sensitive and specific sectors • High food prices, post-harvest losses, poor storage, and marketing infrastructures • Low enforcement of national food safety regulations at county level • Inadequate agri-nutrition resource capacities at national and county levels **Societal issues** • Cultural practices and taboos affecting consumption of certain nutritious foods (e.g., eggs, indigenous vegetables, fish)
KRA 11: Nutrition in the Health Sector Strengthened	**Structural issues** • Poor mainstreaming of nutrition interventions in all health service delivery points • Inadequate capacity of HR to address nutrition issues in the sector • Poor dissemination of nutrition policies, regulations, and guidelines at all levels, especially at the community level • Inadequate capacity of health care workers to accurately report on nutrition interventions

KNAP KRAs	Messaging Area
KRA 12: Nutrition in the Education Sector Strengthened	**Societal issues** ● Dietary diversification among communities **Structural issues** ● Poor sensitisation of the education sector on the impact of nutrition on education outcomes ● Inadequate resource mobilisation at national and county levels to actualise implementation of health and nutrition policies, guidelines, and programmes in schools ● Inadequate capacity of teachers to identify and refer learners with nutrition-related issues ● Poor coordination between schools' feeding programmes and small-holder farmer organisations to enhance food production and schools as available markets ● Suboptimal integration of school health and nutrition programme to provide integrated services (e.g., immunisation, deworming, health education)
KRA 13: Nutrition in Water, Sanitation and Hygiene (WASH Sector Promoted	**Individual issues** ● Poor access to clean and safe water for drinking ● Poor hygiene and sanitation facilities **Societal issues** ● Suboptimal integration of school health and nutrition programmes to provide integrated services (Community-Led Total Sanitation (CLTS), handwashing, water treatment, deworming, health education) **Structural issues** ● Weak collaboration between WASH and nutrition stakeholders to integrate nutrition into WASH programmes ● Inadequate capacity of WASH stakeholders to pass messages about nutrition ● Integration of nutrition interventions into WASH policies by the WASH sector
KRA 14: Nutrition in Social Protection Programmes Promoted	**Individual issues** ● Low sensitisation on individual rights regarding social protection ● Poor access to benefits of social protection programmes ● Low utilisation of social protection programmes **Structural issues** ● Weak collaboration between the nutrition sector and social protection sector ● Inadequate mainstreaming of nutrition interventions in the social protection policies, guidelines, and programmes such as use of nutrition education or dietary diversity in cash transfer programmes ● Inadequate resources to address nutrition issues in the social protection ● Low sensitisation at county level of nutrition interventions in the social protection sector **Societal issues**

KNAP KRAs	Messaging Area
	• Limited capacity among social protection personnel to support nutrition interventions in the social protection
KRA 15: Sectoral and Multi-Sectoral Nutrition Governance (MNG), Including Coordination and Legal/Regulatory Framework, Strengthened	**Structural issues** • Poor implementation of the proposed high-level coordination structure in the National Food and Nutrition Security Policy (NFNSP). • Weak coordination of nutrition in MSN (e.g., Agri-Nutrition, Education) and strengthening nutrition in other sectors • Low prioritisation of enactment and implementation of food security and nutrition bills in parliament to compel accountability • Low accountability and commitment in implementing nutrition-specific and -sensitive programmes • Weak mechanisms for policy and legal and regulatory framework engagement and processes
KRA 16. Sectoral and Multi-Sectoral Nutrition Information Systems, Learning, and Research Strengthened	**Structural issues** • Inadequate nutrition indicators across nutrition-sensitive and -specific sectors • Ineffective mechanisms for nutrition dissemination and communication by researchers • Inadequate mechanisms for information sharing and feedback • Weak national-information platform for sharing nutrition information among stakeholders • Inadequate relevant research to inform policies and programmes • Weak linkages between researchers and practitioners • Inadequate integration of research in programming **Societal issues** • Poor appreciation by society of the role of research and data such that there is mistreatment and refusal to participate in research
KRA 17. Advocacy, Communication and social mobilisation (ACSM) Strengthened	**Individual issues** • Inadequate information on nutrition matters among the decision makers and legislators • Inadequate capacity to implement existing nutrition conventions for which Kenya is a signatory **Structural issues** • Low prioritisation of nutrition at national and county levels • Low political commitment on nutrition as a development agenda • Inadequate and inaccessible evidence-based data to intrigue political buy-in and goodwill • Poor implementation of existing leadership and coordination structures at both national and county levels • Poor coordination between the national and county governments and civil societies • Lack of adoption and implementation of MSN framework

KNAP KRAs	Messaging Area
	• Inadequate domestication/localisation of international and national legislations, policies, standards, and guidelines
KRA 18. Supply Chain Management for Nutrition Commodities and Equipment Strengthened	**Structural issues** • Erratic supplies of nutrition commodities and products • Inadequate training for local producers on nutrition issues • Inadequate nutrition training for supply chain managers at KEMSA • Inadequate inclusion of nutrition in essential commodities list • Inadequate budget lines for nutrition commodities and equipment • Overly costly and heavily taxed nutrition commodities

To strengthen nutrition advocacy, communication, and coordination within and between the two levels of government, and with other stakeholders, a three-tier coordination structure will be used, that is, the Nutrition Interagency Coordination Committee (NICC), Nutrition Advocacy, Communication and Social Mobilization TWG, and Nutrition Advocacy and Communication thematic-focused SUN networks.

Chapter Four:

Implementation Plan, and Monitoring, Evaluation, Accountability and Learning (MEAL) Framework

The Implementation plan and the MEAL framework are structured along the four pillars of ACSM pillars. The Implementation plan outlines when each of the interventions/activities for each output under the four pillars will implemented. The matrix indicates the implementation level, and the responsible agency to lead the implementation process. On the other hand, the MEAL will track and evaluate performance of set targets as well as serve as an accountability and learning roadmap for the nutrition stakeholders. Additionally, the national and county teams are guided on reporting mechanisms for the various ACSM activities. M&E of the strategy will be done based on an agreed set of indicators and will rely on various existing national- and county-based systems and data sources.

4.1 Implementation Plan

Table 4.1 shows the implementation plan for the ACSM strategy to adopted and used for the five years including the lead Ministry Department or Agency.

Table 0.1 Implementation plan

Pillar	**Nutrition Leadership and governance**								
Outcome of the Pillar	**Effective and responsive governance for nutrition across all sectors and levels strengthened**								
Output	**Interventions/Activities**	**Implementation level (National, County, Both)**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Lead MDA**	**Supporting Agencies**
Output 1.1 Nutrition leadership and governance strengthened at all levels of government	1.1.1 Conduct a nutrition leadership needs/gap assessment	Both	-	X	-	-	-	MOH-DND	UNICEF, USAID, NI, WFP, Academic institutions, KSG, COG and other development partners
	1.1.2 Advocate, disseminate, and lobby for adoption of a	Both	-	X	-	-	-	MOH-DND	UNICEF, USAID, NI, WFP, Academic

	nutrition leadership training and/or mentorship roadmap for all managers								institutions, KSG, COG and other development partners
	1.1.3 Advocate and lobby for adoption of a nutrition leadership mentorship and succession plan at both levels of government	Both	-	X	-	-	-	MOH-DND	Public Service Commission, County Public Service Board, UNICEF, USAID, NI, WFP, Academic institutions, KSG, COG and other development partners
	1.1.4 Hold biannual nutrition leadership, governance, and accountability review meetings for improved multi-sector nutrition (MSN) leadership and governance	Both	X	X	X	X	X	MOH-DND	UNICEF, USAID, NI, WFP, Academic institutions, KSG, COG and other development partners
	1.1.5 Engage relevant regulatory, professional, and private sector bodies to lobby for effective and efficient nutrition leadership and governance at all levels	Both	-	X	-	X	-	MOH-DND	KNDI, NAK, PSC, COG, KEPSA, Academic institutions, KSG and development partners
Output 1.2 Nutrition programmes prioritized at both levels of government	1.2.1 Sensitize the national and county leadership, legislators, and decision-makers on nutrition issues as a developmental agenda	Both	-	X	X	-	-	MOH-DND/ COG	Parliament, MSN-CS and PS, County assemblies, MSN-CECs and Cos, SUN and development partners
	1.2.2 Map out committees at national and county levels that have an effect or impact on nutrition and ensure	Both	-	X	X	-	-	MOH-DND/ COG	Parliament, County assemblies, SUN and developmental partners

	representation of nutrition in the committee								
	1.2.3 Advocate for integration of nutrition activities into the national and county planning documents (county integrated development plans (CIDPs), midterm plans (MTPs), county health sector strategic plans (CHSSPs), and Kenya health sector strategic plans (KHSSPs))	Both	-	X	-	-	-	MOH-DND, County Health Services	State department for Economic planning, UNICEF, USAID, NI, WFP, GAIN Academic institutions, SUN, KIPPRA, COG, MSN ministries, Sectors and county departments sectors, and other development partners
	1.2.4 Advocate for review of the food and nutrition policy and implementation framework	Both	-	X	-	-	-	MOH-DND MoALD	UNICEF, USAID, NI, WFP, GAIN SUN, MSN ministries, Sectors and county departments sectors, and other development partners
	1.2.5 Advocate for nutrition inclusion in performance contracting in the office of the governor/president	Both	-	X	-	X	-	CS Health, NAK, SUN	UNICEF, USAID, NI, WFP, GAIN SUN, MSN ministries, Sectors and county departments sectors, and other development partners
	1.2.6 Advocate for the enactment of community health strategy (CHS) bills	County	-	X	-	-	-	MOH-community	DND, County assemblies, Senate, UNICEF, USAID, NI, WFP, GAIN SUN,

	and implementation of CHS Acts in the counties							Health, CoG	MSN ministries, Sectors and county departments sectors, and other development partners
Output 1.3 Relevant nutrition bills developed, and laws enacted and implemented at all levels of government	1.3.1 Advocate for gap analysis and identification of nutrition-related laws and policies	National	-	X	-	-	-	MOH-DND	UNICEF, USAID, NI, WFP, GAIN SUN, MSN ministries, Sectors and county departments sectors, and other development partners
	1.3.2 Create awareness of nutrition laws and policies (government regulations and standards (e.g., marketing regulations and procurement policies)) among nutrition managers/officers, legislators, and decision makers	Both	-	X	-	-	-	MOH-DND	UNICEF, USAID, NI, WFP, GAIN SUN, MSN ministries, Sectors and county departments sectors, and other development partners
	1.3.3 Advocate and lobby for the development and enactment of nutrition related Bills, Acts and regulations and their implementation in all counties.	Both	-	X	-	-	-	MOH-DND	Parliament and County assemblies, UNICEF, USAID, NI, WFP, GAIN SUN, MSN ministries, Sectors and county departments sectors, and other development partners
	1.3.4 Develop a guideline for engagement and	Both	-	-	X	-	-	MOH - DND	UNICEF, USAID, NI, WFP, GAIN SUN,

	coordination between different sectors and stakeholders								MSN ministries, Sectors and county departments sectors, and other development partners
Output 1.4 Nutrition sector and multi-sector coordination strengthened at all levels of government	1.4.1 Advocate for adoption of the coordination structures proposed in the Food and Nutrition Policy Implementation Framework	National	-	-	X	-	-	MOH-DND MoALD	UNICEF, USAID, NI, WFP, GAIN SUN, MSN ministries, Sectors and county departments sectors, and other development partners
	1.4.2 Advocate for government funding for the nutrition sector and multi-sector coordination forums	Both	-	-	X	-	-	MOH-DND	The National Treasury (TNT) UNICEF, USAID, NI, WFP, GAIN SUN, MSN ministries, Sectors and county departments sectors, and other development partners
	1.4.3 Establish and strengthen nutrition sector and multi-sector coordination forums at all levels	Both	-	X	X	-	-	MOH-DND	UNICEF, USAID, NI, WFP, GAIN SUN, MSN ministries, Sectors and county departments sectors, and other development partners
	1.4.4 Advocate for review, harmonization, and	Both	-	X	-	-	-	MOH-DND	UNICEF, USAID, NI, WFP, GAIN SUN,

	dissemination of terms of reference (ToRs) and action plans for the nutrition sector and multi-sector forums								MSN ministries, Sectors and county departments sectors, and other development partners
	Lobby for reconstitution and development of ToRs for the parliamentary nutrition caucus	National	-	X	-	-	-	MOH-DND	UNICEF, USAID, NI, WFP, GAIN SUN, MSN ministries, Sectors and county departments sectors, and other development partners
	1.4.5 Advocate for mainstreaming of nutrition within the intergovernmental committees County Executive Committee (CEC) (Health and Agriculture Caucus) to enhance coordination between the two levels	Both	-	X	X	-	-	MOH-DND MOALD-Agri-Nutrition	CoG, UNICEF, FAO, USAID, NI, WFP, GAIN SUN, MSN ministries, Sectors and county departments sectors, and other development partners
Pillar	**Nutrition systems and Institutions**								
Outcome of the Pillar	**Strengthened institutions and systems that provide effective, efficient, and quality nutrition services across key sectors.**								
Output	**Interventions/Activities**	**Implementation level (National, County, Both)**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Lead agency**	**Supporting agencies**
Output 2.1 Nutrition	2.1.1 Map existing nutrition policies and guidelines not	National	-	X	-	-	-	MOH-DND	UNICEF, USAID, NI, WFP, GAIN SUN,

policies and guidelines disseminated and implemented across key sectors.	fully implemented to identify gaps								MSN , and other development partners
	2.1.2 Lobby for dissemination and implementation of nutrition policies and mobilize for uptake across different sectors and counties.	Both	X	X	X	X	X	MOH-DND MOALD-Agri-Nutrition County Health Services - Nutrition	COG UNICEF, FAO, USAID, NI, WFP, GAIN SUN, MSN ministries, Sectors and county departments sectors, and other development partners
	2.1.3 Advocate for review of nutrition curricula at tertiary level to incorporate current recommendations/ emerging issues at all levels.	Both	-	X	-	-	-	MoH-DND	**Academia ,KNDI, NAK** UNICEF, FAO, USAID, NI, WFP, SUN
Output 2.2 Human capacity for nutrition service delivery	2.2.1 Advocate for employment of nutrition staff with relevant competencies	Both	X	X	X	X	X	MOH-DND	KNDI, NAK, PSC, County Public Service Board, KUNAD, UNICEF, USAID, NI, WFP, SUN, COG, MSN ministries,

developed and strengthened.									Sectors and county departments sectors, and other development partners
	2.2.2 Lobby for introduction of specialised nutrition courses (e.g., renal, palliative care, critical care) in training institutions	Both	X	-	X	-	X	MOH-DND	Academia ,KNDI, NAK, KUNAD, PSC, CPSB, State Department for Public Service
	2.2.3 Conduct nutrition leadership training for multi-sectoral technical teams at national and county levels	Both	X	X	X	-	X	MoH-DND	COG UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	2.2.4 Advocate for adoption and implementation of career progression guidelines/schemes of service.	Both	-	X	X	X	-	MOH-DND	NAK, KUNAD, PSC, CPSB, State Department for Public Service
	2.2.5 Sensitize non-nutrition staff on nutrition interventions.	Both	X	X	X	X	X	MOH-DND	COG UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors,

									and other development partners
Output 2.3 Multi-stakeholder coordination mechanisms established and strengthened.	2.3.1 Map institutions dealing with nutrition related services and define opportunities and gaps for collaborations	Both	X	X	X	X	X	MOH-DND	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	2.3.2 Advocate for establishment and strengthening of MSN platforms.	Both	X	X	X	X	X	MOH-DND	COG, UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	2.3.3 Advocate for mainstreaming of multi-sectoral coordination in county processes such as CIDPs, annual work plans, and county bills.	Both	X	X	X	X	X	MOH-DND & County Health Service-Nutrition	COG, UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners

Output 2.4 Infrastructure for nutrition service delivery established and strengthened	2.4.1 Conduct assessment of existing nutrition infrastructure, equipment, tools, and inputs	Both	X	X	-	-	--	MOH-DND & County Health Service-Nutrition	Academia, UNICEF, FAO, USAID, NI, WFP, SUN, and other development partners
	2.4.2 Define the minimum requirements for nutrition service delivery regarding infrastructure, data collection and reporting tools, mobility, and Standard Operating Procedures (SOPs), guidelines, strategies, policies, and reference materials.	Both	-	X	-	-		MOH-DND & County Health Service-Nutrition	Academia, UNICEF, FAO, USAID, NI, WFP, SUN, and other development partners
	2.4.3 Advocate for procurement of required nutrition commodities, data assessment tools, reporting tools, and equipment.	Both	X	X	X	X	X	MOH-DND & County Health Service-Nutrition	TNT. COG, UNICEF, FAO, USAID, NI, WFP, SUN, and other development partners
Output: 2.5 ACSM M&E	2.5.1 Develop ACSM M&E and learning framework	National	X	-	-	-	-	MOH-DND	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN

framework established.									ministries, Sectors and county departments sectors, and other development partners
	2.5.2 Develop and disseminate ACSM data collection tools.	National	-	-	-	-	-	MOH-DND	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	2.5.3 Conduct periodic monitoring of ACSM activities at national and county levels.	Both	-	X	X	X	-	MOH-DND & County Health Services - Nutrition	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	2.5.4 Publish periodic monitoring reports and document best practices.	Both	-	X	X	X	-	MOH-DND & County Health Services - Nutrition	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other

									development partners
Pillar 3:	**Social and Community Engagement for Nutrition**								
Outcome:	**An informed and socially accountable community that demands and utilises nutrition services**								
Output	**Interventions/Activities**	**Implementation level (National, County, Both)**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Lead agency**	**Supporting agencies**
Output 3.1 Increased nutrition awareness at the community level	3.1.1 Develop and disseminate nutrition social and behaviour change (SBC) messages, materials, and content	Both	X	X	X	-	-	MOH-DND and County Health services	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	3.1.2 Roll out nutrition media campaigns (e.g., through social media and radio spots)	Both	-	X	X	X	X	MOH-DND and County Health services	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	3.1.3 Conduct nutrition road shows at the community level	County	X	-	-	-	-	County Health services	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN

									ministries, Sectors and county departments sectors, and other development partners
	3.1.4 Conduct community interpersonal nutrition education meetings	County	X	X	X	X	X	County Health services	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	3.1.5 Identify and capacity build nutrition SBC community champions	County	-	X	-	-	-	County Health services	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	3.1.6 Hold targeted community nutrition dialogue and action meetings	County	X	X	X	X	X	County Health services	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other

									development partners
	3.1.7 Commemorate world nutrition days	Both	X	X	X	X	X	MOH-DND County Health services	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
Output 3.2 Strengthened community skills and competencies to adopt optimal nutritional practices	3.2.1 Conduct trainings of community own resource persons (CORPs) (community health volunteers (CHVs), agriculture extension workers) on nutrition-sensitive and -specific components (nutrition-sensitive agriculture (NSA), baby-friendly community initiative (BFCI), front-of-pack nutrition labelling (FOPNL), etc.)	County	X	X	-	-	-	County Health services	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	3.2.2 Carry out nutrition mentorship for farmer interest groups and lead farmers	County	-	X	-	X	-	MoALD –Agri nutrition	Health services FAO, USAID, WFP, KFA, ASNET, KNAFF, KSA, Academia, MSN ministries, Sectors and county

									departments sectors, and other development partners
	3.2.3 Organize community exchange visits for cross-learning and knowledge-sharing on nutrition	County	X	X	X	X	X	MoALD –Agri nutrition	Health services FAO, USAID, WFP, KFA, ASNET, KNAFF, KSA, Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	3.2.4 Sensitize CORPs on community referral for nutrition-specific and -sensitive services	County	X	X	-	-	-	MoALD –Agri nutrition and Health services- Nutrition	FAO, USAID, WFP, KFA, ASNET, Kenya National Farmers' Federation (KENAFF), Kenya School of Agriculture (KSA), Academia, MSN ministries, Sectors and county departments sectors, and other development partners
	3.2.5 Sensitise school management teams on nutrition programmes delivered through schools (home-grown School Meals programme, Vitamin A supplementation (VAS),	Both	-	X	X	-	-	MOH-DND and MoE County Health services-	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN ministries, Sectors and county departments sectors, and other

	growth monitoring and promotion (GMP), 4K Club)							Nutrition	development partners
	3.2.6 Sensitize CORPs on the development and sustenance of nutrition social support groups	Both	X	X	-	-	-	County Health services- Nutrition	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN departments and Sectors and other development partners
Output 3.3 Community nutrition-enabling environment strengthened	3.3.1 Conduct sensitisation of community leaders (Chiefs/members of county assemblies (MCAs)/ward administrators, etc.) on nutrition	County	X	X	-	-	-	County Health services- Nutrition	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN departments and Sectors and other development partners
	3.3.2 Conduct advocacy sessions on nutrition to the local leadership (MCAs/Chiefs)	County	-	X	X	-	-	County Health services- Nutrition	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN departments and Sectors and other development partners
	3.3.3 Disseminate nutrition policies to key opinion leaders (village	County	-	X	X	-	-	County Health service	UNICEF, FAO, USAID, NI, WFP, GAIN SUN,

	administrator, Chief, ward administrator) at community level							s-Nutrition	Academia, MSN departments and Sectors and other development partners
	3.3.4 Advocate for strengthening and establishment of nutrition structures (community health units, community interest groups, etc.)	County	X	X	-	-	-	County Health services-Nutrition	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN departments and Sectors and other development partners
Output 3.4 Strengthened social accountability and participation mechanisms	3.4.1 Conduct training of CORPs on vigilance techniques on nutrition malpractices	Both	X	X	-	-	-	MOH-DND and County Health services-Nutrition	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN departments and Sectors and other development partners
	3.4.2 Sensitize CORPs on participation for social accountability and demand creation	Both	X	-	-	X	-	MOH-DND and County Health services-Nutrition	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN departments and Sectors and other development partners
	3.4.3 Establish and/or strengthen the link between the CORPs and the law	Both	X	X	-	-	-	MOH-DND and County	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN

	enforcers on nutrition matters							Health services-Nutrition	departments and Sectors and other development partners
	3.4.4 Sensitize CORPs to participate in community-level budget-making processes toward increased nutrition funding	County	X	X	-	-	-	County Health services-Nutrition	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, Academia, MSN departments and Sectors and other development partners
Pillar	**Nutrition Finance**								
Outcome	**Enhanced nutrition financing across key sectors at both national and county levels.**								
Output 4.1 Budgetary allocation for nutrition-specific and -sensitive interventions at both national and county government across all sectors increased	4.1.1 Conduct high-level advocacy meetings/dialogues/seminars for increased budgetary allocation at national level (cabinet secretaries (CSs), principal secretaries (PSs), members of parliament (MPs), relevant delegated committees, National Treasury)	National	-	X	-	-	-	MOH-DND	TNT, Parliamentary budget office, UNICEF, FAO, USAID, NI, WFP, GAIN SUN, MSN departments and Sectors and other development partners
	4.1.2 Conduct high-level advocacy meetings/dialogues/seminars for increased budgetary	Both	-	X	-	-	-	MOH-DND	TNT, Parliamentary budget office, County treasury

	allocation for non-state actors and development partners on investment in nutrition								UNICEF, FAO, USAID, NI, WFP, GAIN SUN, MSN departments and Sectors and other development partners
	4.1.3 Advocate for ring-fencing of nutrition budgets across all sectors at national and county levels	Both	-	X	-	-	-	MOH-DND and County Health Services - Nutrition	UNICEF, FAO, USAID, NI, WFP, GAIN SUN, MSN departments and Sectors and other development partners
	4.1.4 Training of nutrition champions across all sectors on finance and budgeting	Both	-	X	-	X	-	MOH-DND and County Health Services- Nutrition	UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners
	4.1.5 Involve nutrition champions in planning and budgeting processes at national level and in all 47 counties	Both	-	X	X	-	-	MOH-DND and County Health Services- Nutrition	TNT, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners

	4.1.6 Conduct nutrition investment studies in the six regional economic blocks to recommend suitable policy intervention for better nutrition outcomes	Both	-	X	X	X	-	MOH-DND and County Health Services-Nutrition	TNT, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners
	4.1.7 Review sector budget allocations for nutrition and identify gaps for budget advocacy	National	X	X	-	-	-	MOH-DND and County Health Services-Nutrition	TNT, County Budget Office, Parliamentary Budget office, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners
Output 4.2 Heightened accountability and transparency in nutrition financing at both national and county levels	4.2.1 Conduct training for key stakeholders at national and county levels on nutrition financial tracking mechanisms	Both	-	X	X	-	-	MOH-DND and County Health Services-Nutrition	TNT, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners
	4.2.2 Roll out nutrition financial tracking mechanism across all sectors and in all 47 counties	Both	X	X	-	-	-	MOH-DND and County Health Services-	TNT, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners

								Nutrition	
	4.2.3 Advocate for issuance of a circular by both national and Council of Governors (CoG) on mandatory reporting on nutrition spending	Both	X	X	-	-	-	TNT and Economic Planning	MOH, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners
Output 4.3 Increased capacity in budgeting and costing for nutrition financing across all sectors	4.3.1 Advocate for capacity building on budget-making process (formulation, approval, auditing, and oversighting) across sectors at national level and in all 47 counties	Both	X	X	X	-	-	MOH-DND and County Health Services-Nutrition	TNT, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners
	4.3.2 Develop and disseminate information education and communication (IEC) materials on budgeting process across sectors in all 47 counties	Both	X	X	-	-	-	TNT and Economic Planning	MOH, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners
	4.3.3 Conduct training on costing for key personnel across sectors in all 47 counties	Both	X	X	-	-	-	MOH-DND and County Health	TNT, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and

								Services-Nutrition	other development partners
	4.3.4 Develop and disseminate IEC materials on costing process across sectors in all 47 counties	Both	-	X	-	-	-	MOH-DND and County Health Services-Nutrition	TNT, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners
Output 4.4 Budget lines for nutrition-specific and -sensitive programmes at both national and county levels created	4.4.1 Hold stakeholder meetings at national and county levels to map nutrition programme and sub-programmes for inclusion in the programme-based budgeting	Both	X	X	-	-	-	TNT and MOH-DND and County Health Services	UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners
	4.4.2 Hold high-level meetings on inclusion of nutrition programmes and sub-programmes across all sectors in all 47 counties (National Treasury, central planning unit, County Treasury (CT), health committee for planning and budgeting, key sectors in the	Both	-	X	-	-	-	MOH-DND and County Health Services-Nutrition	TNT, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners

	county, and development partners)								
	4.4.3 Conduct stakeholder sensitization meetings on nutrition programmes and sub-programmes across all sectors in all 47 counties	Both	-	X	-	-	-	MOH-DND and County Health Services-Nutrition	TNT, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners
	4.4.4 Advocate for creation of nutrition budget line for nutrition programmes across all sectors at national and county levels	Both	-	X	-	-	-	MOH-DND and County Health Services-Nutrition	TNT, UNICEF, FAO, USAID, NI, WFP, GAIN, NAK, SUN, MSN departments and Sectors and other development partners

4.2 Monitoring, Evaluation, Accountability and Learning (MEAL)

The MEAL matrix is composed of monitoring, evaluation, accountability and Learning as outlined in the subsequent subsections.

4.2.1 Monitoring Process

Monitoring is defined as the routine assessment of programme resources, activities, and outputs. It will be done throughout the strategy implementation process. Key process and output monitoring indicators have been proposed for each pillar. The timelines for collecting the data and means of data verification are shown in tables 8, 9, 10, and 11. Monitoring of annual work plans will be carried out through quarterly and annual reporting from routine service points using Health Management Information System (HMIS) and information from ACSM coordination structures at both national and county levels. ACSM reports will be prepared at both national and county levels by the various participating sectors. These review reports will outline the performance against the targets set for said periods. Quarterly and annual progress review meetings bringing together national and county stakeholders will be held to discuss the continuous achievements, prevailing implementation challenges, and opportunities for adjustment of activities in the strategy implementation process.

4.2.2 Evaluation Process

Evaluation of the ACSM strategy will help to determine whether the suggested activities achieved the expected results or outcomes. A midterm review and an end-term evaluation are proposed for this strategy to determine the extent to which the objectives of the strategy were met. The midterm review will be conducted in 2025 and will assess progress made in the initial three years of strategy implementation. The results will be used to adjust the ACSM strategies, priorities, and targets, where deemed necessary. An end-term evaluation is proposed for mid-2027, and it will seek to evaluate the overall performance of the strategy and use the lessons learnt to develop the subsequent ACSM strategy. The national and county nutrition officers and health records and information officers will provide oversight for the M&E activities at the respective levels.

4.2.3 Accountability Process

This strategy amplifies efforts to ensure that the duty bearers (that is, the government and its appointed officers) are obligated to justify and take responsibility for execution of ACSM actions. This will be done through different avenues for reporting and engagement. It is important to note that the ACSM strategy contributes to the achievements of other planning documents at both levels of government that have ACSM as a core strategy for delivery. These include KHP, NFNSP, KNAP, Kenya SUN Strategy, CIDPs, and annual operation plans.

Civil society, regulatory, and professional bodies will be instrumental in ensuring the government's transparency, accountability, and answerability in delivery of quality nutrition services. The ACSM strategy acknowledges the role played by these institutions and, subsequently, deliberate efforts will be made to strengthen their capacities in their accountability mechanisms.

Social accountability and community participation are crucial for the right holder to demand, adopt, and utilise nutrition services. The Kenyan Constitution guarantees Kenyans openness and accountability in public finance matters. The strategy recognises this and will ensure that the community's capacity is strengthened on public participation methods, particularly in budget-making processes at different levels of government.

4.2.4 Learning Process

Learning is an important approach for the country, and it never ceases. This strategy has embraced several important lessons from the implementation of the 2016–2020 ACSM strategy, and it continues with the principle of sharing information, replicating good practices, and learning from the lessons of past actions. The application of evidence-based decision

making in rollout of this ACSM strategy will ensure timeliness, appropriateness, and relevance of the nutrition approaches and programmes. The forums of engagement that will be optimised include conferences, worKESops, symposiums, and trainings within and across different actors and institutions to ensure sharing of knowledge, best practices, and lessons learnt. Different advocacy pieces like policy briefs, case studies, bulletins, websites, and service delivery routine reports will be used to support regular information sharing.

4.3 Institutional Arrangements for M&E

To guarantee quality M&E of ACSM activities, the participating multi-sectoral and multilevel stakeholders will be coordinated through different structures. At the national level, the nutrition ACSM TWG will be directly responsible for all actions and actors undertaking ACSM interventions. This TWG will report to the national Nutrition Technical Forum (NTF) while the national nutrition Inter Agency Coordination Committee (NICC) will be the overall body coordinating nutrition actions. To enhance county coordination mechanisms, the strategy proposes establishment of a nutrition ACSM TWG that will fall under the MoH. This will bring together all nutrition stakeholders from each county.

The SUN Movement in Kenya has a key role of increasing visibility of nutrition programmes as well as ensuring their prioritisation and funding by the government and other partners. The progress made in these parameters is done on an annual basis through joint annual country assessments. The seven SUN networks in the country namely government, academia and research, donors, UN, civil societies, business networks, and youth networks—participate in these assessments and report on their individual milestones. The annual SUN reports will contribute to the ACSM M&E processes for the country.

4.4 Limitations for MEAL

This strategy acknowledges that successful execution of actions across the four strategic pillars could be hindered by different factors that are within or beyond the control of the duty bearers. Some of these limitations may include but are not limited to:

- Insufficient data tools and methods
- Fragmented reporting structures
- Inequity in advocacy capacity across counties and between different actors
- Unforeseen emerging and re-emerging issues (Coronavirus of 2019 (COVID-19), drought, flooding, conflicts, etc.)
- Inadequate financing and budgetary realignments

While these limitations may be unforeseen, efforts to mitigate against their effects toward the achievement of desired results will be made.

4.7 The Kenya Nutrition ACSM MEAL Matrix per Pillar

Table 0.2 Pillar 1: Nutrition Leadership and Governance MEAL Matrix

Pillar: Nutrition Leadership and Governance										
Objective of the pillar: To strengthen leadership and governance across all sectors and levels										
Outcome: Effective and responsive governance for nutrition across all sectors and levels strengthened										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (Year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
Output 1.1 Nutrition leadership and governance strengthened at all levels of governments.	Nutrition leadership and governance within national and county governments strengthened	Number of nutrition needs assessment reports available	0	48	8	20	20			Nutrition assessment reports
		Number of counties utilising the leadership training and mentorship roadmap	0	47	7	10	10	10	10	Nutrition training/ mentorship Roadmap documents
		Number of managers/nutritional officers trained in management	TBD (2022)	150	10	35	35	35	35	Training reports Participants/attendance lists Training photos
		Number of counties using the nutrition succession plans	0 (2022)	47	7	10	10	10	10	Succession plan documents
		Number of leadership, governance, and accountability review meetings held	TBD (2022)	10	2	2	2	2	2	Meeting reports Attendance/participant lists Activity photos
		Number of meeting(s) held with regulatory, professional,	TBD (2022)	2		1			1	Meeting minutes

Pillar: Nutrition Leadership and Governance										
Objective of the pillar: To strengthen leadership and governance across all sectors and levels										
Outcome: Effective and responsive governance for nutrition across all sectors and levels strengthened										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (Year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
		and private sector bodies on nutrition leadership and governance with action points followed up								
Output 1.2 Nutrition programmes prioritised at both levels of government	Nutrition programmes prioritised	Number of national and county leaders, legislators, and decision makers sensitised on nutrition	TBD (2022)	400	80	80	80	80	80	Reports and attendance lists
		Number of committees within parliament and County assemblies with nutrition agenda included	TBD (2022)	48	8	10	10	10	10	Committee reports
		Number of CIDPs and MTPs with nutrition interventions reflected and budgeted for	TBD (2022)	47	7	10	10	10	10	Integrated planning documents
		Food and Nutrition Security policy implementation framework reviewed and updated	TBD (2022)	1			1			Review report and updated FNSP-IF
		Number of performance contracts with a nutrition	TBD (2022)	48		48				Copy of performance contract documents

Pillar: Nutrition Leadership and Governance										
Objective of the pillar: To strengthen leadership and governance across all sectors and levels										
Outcome: Effective and responsive governance for nutrition across all sectors and levels strengthened										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (Year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
		component included at both levels of government								with a nutrition component included
		Number of counties with enacted Community Health Strategy (CHS) Bills and Acts implemented	TBD (2022)	47	7	10	10	10	10	CHS implementation reports
Output 1.3 Relevant nutrition bills developed, and laws enacted and implemented at all levels of government	Relevant nutrition bills developed, and laws enacted and implemented.	Nutrition laws and policy gap analysis report	0 (2022)	1		1				Gap analysis reports
		Number of stakeholder engagement meetings on nutrition policies and laws	0 (2022)	48	8	10	10	10	10	Reports Attendance/participant lists Activity photos
		Number of regulations to operationalise nutrition laws	0 (2022)	2		1		1		Regulations development reports
		Guideline on stakeholder coordination engagement availed	0	1		1				Stakeholder engagement guidelines
Output 1.4 Nutrition multi-sector	Nutrition multi-sector	Number of counties with MSN coordination forums supported by government	TBD	47	7	10	10	10	10	Meeting minutes

Pillar: Nutrition Leadership and Governance										
Objective of the pillar: To strengthen leadership and governance across all sectors and levels										
Outcome: Effective and responsive governance for nutrition across all sectors and levels strengthened										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (Year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
coordination strengthened at all levels of government	coordination strengthened	Number of sector and MSN coordination platforms established and functional in all levels of government	TBD	20		5	5	5	5	Meeting minutes
		Number of MSN coordination platform terms of reference (ToR) reviewed, harmonised, and disseminated	TBD	2		1	1			ToR review document
		Nutrition Parliamentary Caucus ToR developed and disseminated	0	1		1				ToR for parliamentary caucus
		Number of intergovernmental committees with a nutrition agenda	0	2		1		1		Intergovernmental committee reports

Table 0.3 Pillar 2: Nutrition Institutions and Systems MEAL Matrix

Pillar: **Nutrition Institutions and Systems**										
Objective of the pillar: To strengthen institutions and systems to provide quality and responsive nutrition services across key sectors										
Outcome: Strengthened institutions and systems that provide effective, efficient, and quality nutrition services across key sectors										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (Year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
Output 2.1 Nutrition policy and guidelines disseminated and implemented across key sectors	Relevant nutrition policies and guidelines disseminated and implemented across sectors	Nutrition policy and guidelines implementation mapping report	0 (2022)	1		1				Gap analysis report
		Number of multi-sectoral stakeholder engagement meetings on nutrition policies and guidelines	0 (2022)	48	8	10	10	10	10	Reports Attendance/participant lists Activity photos
		Nutrition curricula reviewed to incorporate current recommendations/ emerging issues	0	1		1				Stakeholder engagement guidelines
Output 2.2 Human capacity for nutrition service delivery developed and strengthened	Capacity for nutrition service delivery strengthened	Proportion of recruited staff with relevant nutrition competencies	TBD	500	70	100	130	100	100	HR reports
		Functional module for specialised nutrition courses in place	0	3	1		1		1	Meeting reports
		Number of Advocacy session on nutrition leadership targeting MSN technical teams	0	2	1		1			Meeting reports/Minutes
		Career progression guideline developed	0	3		1	1	1		Meeting reports
		Proportion of counties where non- nutrition staff	0	5	1	1	1	1	1	Sensitisation reports

Pillar: **Nutrition Institutions and Systems**										
Objective of the pillar: To strengthen institutions and systems to provide quality and responsive nutrition services across key sectors										
Outcome: Strengthened institutions and systems that provide effective, efficient, and quality nutrition services across key sectors										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (Year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
		are identified and sensitised on nutrition interventions								
Output 2.3 Multi-stakeholder coordination mechanisms established and strengthened	Functional MSN coordination structures	Proportion of institutions with nutrition-related actions mapped	0	5	1	1	1	1	1	Activity reports
		Proportion of roundtable advocacy meetings held for increased MSN engagements	13	20	4	4	4	4	4	Meeting reports
		Number of sensitisation meetings held on nutrition mainstreaming	0	20	4	4	4	4	4	Meeting minutes
Output 2.4 Infrastructure for nutrition service delivery established and strengthened	Functional nutrition infrastructure for service delivery	Number of nutrition infrastructure assessments conducted		23	13	10				Assessment reports
		Minimum nutrition infrastructural and reporting checklist developed	0	1		1				CIDPs and county work plans
		Proportion of counties that make evidence-based nutrition commodity orders using the functional health supply chain portal	0	5	1	1	1	1	1	Assessment reports
Output 2.5 ACSM M&E framework established	Operational ACSM M&E systems	ACSM M&E framework developed	0	1	1					Checklists
		Number of ACSM data capture tools disseminated								

Pillar: **Nutrition Institutions and Systems**										
Objective of the pillar: To strengthen institutions and systems to provide quality and responsive nutrition services across key sectors										
Outcome: Strengthened institutions and systems that provide effective, efficient, and quality nutrition services across key sectors										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (Year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
		Proportion of counties implementing their ACSM plans	0	48		15	20	13		Inventory reports and delivery notes
		Number of best practices reports disseminated	0	48		15	20	13		M&E framework

Table 0.4 Pillar 3: Social and Community Engagement for Nutrition MEAL Matrix

Pillar: Social and Community Engagement for Nutrition										
Objective of the pillar: To empower communities to demand, adopt, and utilise nutrition services, and improve behaviours and practices for good nutrition outcomes										
Outcome: An informed and socially accountable community that demands and utilises nutrition services										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
Output 3.1 Increased awareness towards nutrition at the	Community awareness towards nutrition increased	Number of focused nutrition SBC packages developed and disseminated	4	15	3	4	2	3	3	Dissemination reports and attendance lists
		Number of nutrition media campaigns conducted	TBD	47	23	24				Social media analytics, radio

Pillar: Social and Community Engagement for Nutrition										
Objective of the pillar: To empower communities to demand, adopt, and utilise nutrition services, and improve behaviours and practices for good nutrition outcomes										
Outcome: An informed and socially accountable community that demands and utilises nutrition services										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
community level										listenership reports, and activity reports
		Number of interpersonal nutrition education meetings held	TBD	290	58	58	58	58	58	Activity report and programme reports
		Number of community nutrition SBC champions trained	200	2,200	440	440	440	440	440	Training reports and action plans
		Number of nutrition dialogue and action days conducted	TBD	290	58	58	58	58	58	Activity reports
		Number of counties commemorating WND	TBD	47	47	47	47	47	47	Activity reports
Output 3.2 Strengthened community	Community skills and competencies	Number of CORPs trained on nutrition ACSM	TBD	7,250	725	2,175	2,175	1,450	725	Training reports and attendance lists

Pillar: Social and Community Engagement for Nutrition										
Objective of the pillar: To empower communities to demand, adopt, and utilise nutrition services, and improve behaviours and practices for good nutrition outcomes										
Outcome: An informed and socially accountable community that demands and utilises nutrition services										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
skills and competencies to adopt optimal nutritional practices	to adopt optimal nutritional practices strengthened	Number of nutrition mentorship sessions conducted among farmer groups	0	7,250	725	2,175	2,175	1,450	725	Activity reports
		Number of communities exchange visits conducted	0	47	9	10	10	9	9	Activity reports
		Number of CORPs sensitised on nutrition referral system	TBD	7,250	725	2,175	2,175	1,450	725	Training reports
		Number of school management teams sensitised on school nutrition programmes	TBD	26,000	2,600	7,800	7,800	5,200	2,600	Activity reports
		Number of sub-counties with community leaders sensitised on nutrition	TBD	7,250	725	2,175	2,175	1,450	725	Activity reports and group meeting minutes

Pillar: Social and Community Engagement for Nutrition										
Objective of the pillar: To empower communities to demand, adopt, and utilise nutrition services, and improve behaviours and practices for good nutrition outcomes										
Outcome: An informed and socially accountable community that demands and utilises nutrition services										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
Output 3.3 Community nutrition-enabling environment strengthened	Community-level nutrition-enabling environment supported	Number of sensitisation meeting on nutrition held with Local leaders	0	2,900	290	870	870	580	290	Activity reports
		Number of advocacy sessions with local leaders conducted	0	2,900	290	870	870	580	290	Advocacy reports
		Number of opinion leaders engaged in nutrition policy	TBD	5,800	580	1,740	1,740	1,160	580	Attendance lists and dissemination reports
		Number of advocacy sessions	0	1,450	1,450	1,450	1,450	1,450	1,450	Activity reports
Output 3.4 Community social accountability on nutrition malpractices strengthened	Community social accountability on nutrition malpractices strengthened	Number of CORPs trained on nutrition vigilance techniques	TBD	7,250	725	2,175	2,175	1,450	725	Training reports and attendance reports
		Proportion of CORPs sensitised on social accountability and demand creation	TBD	7,250	725	2,175	2,175	1,450	725	Activity reports and attendance lists

Pillar: Social and Community Engagement for Nutrition										
Objective of the pillar: To empower communities to demand, adopt, and utilise nutrition services, and improve behaviours and practices for good nutrition outcomes										
Outcome: An informed and socially accountable community that demands and utilises nutrition services										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
		Number of forums held between the CORPs and law enforcers on nutrition matters	TBD	7,250	725	2,175	2,175	1,450	725	Activity reports
		Number of CORPs engaged in community-level budget-making	TBD	47	9	10	10	9	9	Programme reports

Table 0.5 Pillar 4 Nutrition Financing MEAL Matrix

Pillar: Nutrition Financing										
Objective of the pillar: To increase nutrition budgetary allocation, financial accountability, and management across sectors and national and county levels										
Outcome: Enhanced nutrition financing across key sectors at both national and county levels.										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (Year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
Output 4.1 Budgetary allocation for nutrition-	Budget allocated for nutrition-specific and -	Number of high-level meetings held with national and county health leadership	0	50	10	30	10			Meeting reports and attendance lists

Pillar: Nutrition Financing										
Objective of the pillar: To increase nutrition budgetary allocation, financial accountability, and management across sectors and national and county levels										
Outcome: Enhanced nutrition financing across key sectors at both national and county levels.										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (Year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
specific and - sensitive interventions at both national and county government levels across all sectors increased	sensitive interventions	Proportion of roundtable advocacy meetings held to advocate increased budgetary allocations with non-state actors and development partners	0	5	1	1	1	1	1	Meeting reports and attendance lists
		Proportion of counties with nutritional budgets ring-fenced across all sectors	0 (2022)	48		5	10	15	18	Memos
		Proportion of counties where nutrition champions have been identified and trained	3 (2022)	48	10	25	16			Training reports and attendance lists Names of the champions
		Proportion of counties with nutrition champions involved in planning and budgeting	0 (2022)	48	5	10	15	10	8	Reports and number of champions involved
		Number of nutrition investment studies conducted in nine geographic regions	0 (2022)	9	1	3	3	2	0	Reports
		Number of approved sector budget reports inclusive of costing for nutrition activities	0 (2022)	48	5	10	10	15	8	Reports
Output 4.2	Heightened financial	Proportion of counties trained on nutrition	11 (2022)	37	7	10	20			Reports

Pillar: Nutrition Financing										
Objective of the pillar: To increase nutrition budgetary allocation, financial accountability, and management across sectors and national and county levels										
Outcome: Enhanced nutrition financing across key sectors at both national and county levels.										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (Year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
Accountability and transparency in nutrition financing at both national and county levels heightened	accountability and transparency	financial tracking mechanisms								
		Proportion of nutrition finance tracking mechanisms rolled out	0	48	7	11	10	10	10	Reports
		Issuance of circular on nutrition spending by national and county governments	0	48	7	11	10	10	10	Circulars
Output 4.3 Capacity in budgeting and costing for nutrition financing increased across key sectors	Budgeting and costing capacity for nutrition financing increased	Proportion of counties with identified stakeholders sensitised on budget-making process	2 (2022)	46	6	10	10	10	10	Reports
		Proportion of counties with focused budget-making IEC materials disseminated	0 (2022)	47	7	15	15	5	5	Reports
		Proportion of counties with key personnel trained on nutrition costing	0 (2022)	48	5	8	10	15	10	Reports
		Proportion of counties with IEC materials on nutrition costing developed and disseminated	0 (2022)	48	5	15	20	4	4	Reports

Pillar: Nutrition Financing										
Objective of the pillar: To increase nutrition budgetary allocation, financial accountability, and management across sectors and national and county levels										
Outcome: Enhanced nutrition financing across key sectors at both national and county levels.										
Outputs by Specific Objective	**Expected Results**	**Key Performance Indicator**	**Baseline (year)**	**Target (Year)**	**Y1**	**Y2**	**Y3**	**Y4**	**Y5**	**Means of Verification**
		Number of counties using IEC materials on costing	0	47	5	12	10	15	5	Reports
Output 4.4 Budget lines for nutrition-specific and -sensitive programmes at national and county levels created	Budget lines for nutrition-specific and -sensitive created at both levels of governance	Proportion of nutrition-specific and -sensitive programmes mapped at national and county levels	0 (2022)	48	5	15	15	10	3	Reports
		Number of high-level advocacy meetings held for resource mobilisation	0 (2022)	48	5	15	20	5	3	Reports
		Number of high-level advocacy meetings conducted on inclusion of nutrition programmes and sub-programmes in their budgets	0 (2022)	48	6	12	12	10	8	Reports
		Proportion of counties with nutrition budget lines within their approved programme budgets	5 (2022)	42	10	15	15	2		Budget line votes

Chapter Five: ACSM Strategy Costing

5.1 Context

Costing is important because it details the resources that will be necessary for the interventions proposed to be undertaken to scale and for the success of the ACSM strategy towards the attainment of a malnutrition-free Kenya. The costing framework for the ACSM strategy was developed for each of the strategic pillars based on the proposed interventions and activities. The costs detailed in this chapter are for implementing the strategy at the national level and for rolling down some of the activities at the regional level. The counties will be expected to learn from the regional-level engagements and contextualise the strategic interventions to county-level action plans and interventions.

5.2 Costing Approach

To develop the costing framework and identify the resource needs, an activity-based costing method is used. In this case, every intervention is costed. The activity-based costing model assumes that for every intervention to be undertaken, different activities must be done. To implement an activity, one requires various inputs, and all these inputs require different costs that are defined. To rationalise and come up with the costs for the different inputs, some cost assumptions were agreed on and a table outlining the agreed-upon cost assumptions used for the costing is attached in the annex. It is a summation of all inputs for undertaking the different activities and interventions that lead us to the overall cost of the activity and eventually the cost of achieving different outputs for the strategy. The chapter is organised by the different pillars and for each we have different output and intervention costs.

5.3 Resource Needs for Implementing the Strategy

After extensively calculating the costs for the different interventions under each pillar, the overall cost for implementing the ACSM strategy is KES 607,837,080 (50,653,309 USD). The cost of implementing the five-year plan for each of the pillars is also as summarised below. Based on the four pillars, the estimated budget costs vary across the pillars as follows: nutrition leadership and governance, 30 percent; nutrition institutions and systems, 18 percent; social and community engagement for nutrition, 34 percent; and nutrition financing, 18 percent. The variations are due to the nature of outputs and activities deemed best for each pillar. The detailed costed budget is annexed.

Table 0.1 ACSM Strategy 2022–2027 Total Implementation Cost

Pillar	Output	2022–2023	2023–2024	2024–2025	2025–2026	2026–2027	Total KES	Total USD
Nutrition leadership and governance	1.1 Nutrition leadership and governance strengthened across all levels of government	15,198,000	32,534,460	15,198,000	24,046,500	15,198,000	102,174,960	851,458
	1.2 Nutrition programmes prioritised at both levels of government	-	18,647,650	3,526,250	1,350,000	-	23,523,900	196,033
	1.3 Relevant nutrition bills developed, and laws enacted and implemented at all levels of government	-	15,114,300	4,363,200	-	-	19,477,500	162,313
	1.4 Nutrition sector and multi-sector coordination strengthened at all levels of government	-	14,768,290	20,655,210	-	-	35,423,500	295,196
Total budget for pillar		**15,198,000**	**81,064,700**	**43,742,660**	**25,396,500**	**15,198,000**	**180,599,860**	**1,504,999**
Nutrition Systems and Institutions	2.1 Nutrition-relevant policies and guidelines developed and disseminated across key sectors	1,815,500	4,539,500	60,000	0	0	6,415,000	53,458
	2.2 Human capacity for nutrition service delivery developed and strengthened	10,311,000	13,747,000	15,298,500	3,125,500	5,258,500	47,740,500	397,838
	2.3 Multi-stakeholder coordination mechanisms established and strengthened	1,060,000	2,810,000	420,000	420,000	900,000	5,610,000	46,750

Pillar	Output	2022–2023	2023–2024	2024–2025	2025–2026	2026–2027	Total KES	Total USD
	2.4 Infrastructure for nutrition service delivery established and strengthened	128,500	30,548,400	0	0	0	30,676,900	255,641
	2.5 M&E framework of ACSM established	0	18,358,500	90,000	90,000	2,442,000	20,980,500	174,838
Total budget for pillar		**13,315,000**	**70,003,400**	**15,868,500**	**3,635,500**	**8,600,500**	**111,422,900**	**928,524**
Social and Community Engagement for Nutrition	3.1 Increased nutrition awareness at the community level	6,464,000	18,810,900	9,930,800	2,942,500	1,685,000	39,833,200	331,943
	3.2 Strengthened community skills and competencies to adopt optimal nutritional practices	17,708,130	32,515,100	4,754,400	636,000	114,000	55,727,630	464,397
	3.3 Community nutrition-enabling environment strengthened	11,479,200	22,564,800	5,034,600	-	-	39,078,600	325,655
	3.4 Strengthened social accountability and participation mechanisms	34,182,300	26,675,600	-	10,055,700	-	70,913,600	590,947
Total budget for pillar		**69,833,630**	**100,566,400**	**19,719,800**	**13,634,200**	**1,799,000**	**205,553,030**	**1,712,942**
Nutrition Financing	4.1 Budgetary allocation for nutrition-specific and -sensitive interventions at both national and county government across all sectors increased	3,280,800	47,779,820	3,901,500	5,849,840	0	60,811,960	506,767

Pillar	Output	2022–2023	2023–2024	2024–2025	2025–2026	2026–2027	Total KES	Total USD
	4.2 Heightened accountability and transparency in nutrition financing at both national and county levels	249,000	7,864,000	1,673,800	0	0	9,786,800	81,557
	4.3 Increased capacity in budgeting and costing for nutrition financing across all sectors	672,000	17,465,690	836,900	0	0	18,974,590	158,122
	4.4 Budget lines for nutrition-specific and -sensitive programmes at both national and county levels created	1,674,800	19,013,140	0	0	0	20,687,940	172,400
Total budget for pillar		**5,876,600**	**92,122,650**	**6,412,200**	**5,849,840**	**0**	**110,261,290**	**918,844**
Total Budget		**104,223,230**	**343,757,150**	**85,743,160**	**48,516,040**	**25,597,500**	**607,837,080**	**5,065,309**
Overall Budget							**607,837,080**	**5,065,309**

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Annexes

Annex 1: County Nutrition ACSM plan template

To develop a county ACSM plan, fill in the template provided using the instructions below. The template provides a sample of how to develop the plan based on the pillar, outputs and interventions.[2] The national Nutrition ACSM strategy has four pillars and their respective outputs. Counties are to contextualize based on need and identify which pillars, outputs and interventions to include in their ACSM plans. The instructions below guide on where to get the information on different components of the template from the national Strategy.

Instructions for use	
Pillars	To be found in chapter 2 of the strategy document
Objective	Aligned to each pillar found in the strategy document chapter two
Output	Aligned to each pillar found in the strategy document chapter two
Key Interventions	Aligned to each output found in chapter two of the documents
Key messages	To be developed for each intervention. Use guidance provided in chapter three section 3.4
Tools/Materials	Documents/materials to be referenced for the key messages. Guidance provided in chapter three section 3.3
Target Audience	To be developed for each intervention after undertaking a power mapping exercise. Guidance found in chapter three section 3.1 to 3.3
Tactics and methods	Are the modes of delivery for ACSM. To be developed for each intervention after undertaking a power mapping exercise. Guidance found in chapter three section 3.1 to 3.3
Responsible person	Person in charge of the action
Timeline	When the activity will be undertaken
Cost	To be calculated per activity
Source of funding	Where the money is coming from (county government or development partner)

[2] Request for excel ACSM plan template from DND

Pillar:1	Nutrition Leadership and Governance											
Objective	To Strengthen Leadership and Governance for Nutrition across all Sectors											
Output 1:	Nutrition Leadership and Governance Strengthened											
Key Interventions / Activities	Key Messages	Tools/Materials	Target Audience	Tactics/ Methods	Responsible Person	Timeline				Cost	Source of funding	
						Q 1	Q 2	Q 3	Q 4		County	Dev. Partner
Output 2:	Nutrition Programs Prioritized											
Key Targets	Key Messages	Tools/Materials	Target Audience	Tactics/Methods	Responsible Person	Timeline				Cost	Source of funding	
						Q 1	Q 2	Q 3	Q 4		County	Dev. Partner
Output 3:	Relevant Nutrition Laws and Policies Developed or Reviewed Adopted or Implemented											
Key Targets	Key Messages	Tools/Materials	Target Audience	Tactics/Methods	Responsible Person	Timeline				Cost	Source of funding	
						Q 1	Q 2	Q 3	Q 4		County	Dev. Partner

Output 4:	Nutrition Sector and Multi-sector Coordination Strengthened											
Key Targets	Key Messages	Tools/Materials	Target Audience	Tactics/Methods	Responsible Person	Timeline				Cost	Source of funding	
						Q 1	Q 2	Q 3	Q 4		County	Dev. Partner

Annex 2: Detailed Costing Matrix for All the Interventions under Each Pillar of the Advocacy, Communication, and Social Mobilisation (ACSM) Strategy

Outputs	Interventions	2022–2023	2023–2024	2024–2025	2025–2026	2026–2027	Total KES	Total USD
Nutrition Leadership and Governance Pillar								
Output 1.1 Nutrition leadership and governance strengthened at all levels of government	1. Conduct a nutrition leadership needs/gap assessment	0	1,332,460	0	0	0	1,332,460	11,103.83
	2. Advocate, disseminate, and lobby for adoption of a nutrition leadership training and/or mentorship roadmap for all managers	0	5,401,000	0	0	0	5,401,000	45,008.33
	3. Advocate and lobby for adoption of a nutrition leadership mentorship and succession plan at both levels of government	0	1,915,500	0	0	0	1,915,500	15,962.50
	4. Hold biannual nutrition leadership, governance, and accountability review meetings for improved multi-sector nutrition (MSN) leadership and governance	15,198,000	15,037,000	15,198,000	15,198,000	15,198,000	75,829,000	631,908.33
	5. Engage relevant regulatory, professional, and private sector bodies to lobby for effective and efficient nutrition leadership and governance at all levels	0	8,848,500	0	8,848,500	0	17,697,000	147,475.00
Output 1.2 Nutrition programmes prioritised at both levels of government	1. Sensitise the national and county leadership, legislators, and decision makers on nutrition issues as a developmental agenda	0	1,280,000	1,093,000	0	0	2,373,000	19,775.00
	2. Map out committees at national and county levels that have an effect or impact on nutrition and ensure representation of nutrition in the committee	0	2,599,250	2,433,250	0	0	5,032,500	41,937.50

	3. Advocate for integration of nutrition activities into the national and county planning documents (county integrated development plans (CIDPs), midterm plans (MTPs), county health sector strategic plans (CHSSPs), and Kenya health sector strategic plans (KHSSPs))	0	2,586,000	0	0	0	2,586,000	21,550.00
	4. Advocate for review of the food and nutrition policy and implementation framework	0	807,000	0	0	0	807,000	6,725.00
	5. Advocate for nutrition inclusion in performance contracting in the office of the governor/president	0	1,350,000	0	1,350,000	0	2,700,000	22,500.00
	6. Advocate for the enactment of community health strategy (CHS) bills and implementation of CHS Acts in the counties	0	10025400	0	0	0	10,025,400	83,545.00
Output 1.3 Relevant nutrition bills developed, and laws enacted and implemented at all levels of government	1. Advocate for gap analysis and identification of nutrition-related laws and policies	0	10,025,400	0	0	0	10,025,400	83,545.00
	2. Create awareness of nutrition laws and policies (government regulations and standards (e.g., marketing regulations and procurement policies)) among nutrition managers/officers, legislators, and decision makers	0	3,463,900	0	0	0	3,463,900	28,865.83
	3. Advocate and lobby for the development and enactment of nutrition related bills, acts and regulations and their implementation in all counties.	0	1625000	0	0	0	1,625,000	13,541.67

	4. Develop a guideline for engagement and coordination between different sectors and stakeholders	0	0	4363200	0	0	4,363,200	36,360.00
Output 1.4 Nutrition sector and multi-sector coordination strengthened at all levels of government	1. Advocate and support the review of the Food Security and Nutrition Policy-Implementation Framework (FNSP-IF) to top government leadership and advocate for adoption of the coordination structures proposed therein	0	0	5726460	0	0	5,726,460	47,720.50
	2. Advocate for government funding for nutrition sector and multi-sector coordination forums	0	0	2325500	0	0	2,325,500	19,379.17
	3. Establish and strengthen nutrition sector and multi-sector coordination forums at all levels	0	3633450	3259050	0	0	6,892,500	57,437.50
	4. Advocate for review, harmonisation, and dissemination of terms of reference (ToRs) and action plans for the nutrition sector and multi-sector forums	0	866,000	0	0	0	866,000	7,216.67
	5. Lobby for reconstitution and development of ToRs for the parliamentary nutrition caucus	0	924640	0	0	0	924,640	7,705.33
	6. Mainstream nutrition within the intergovernmental committees (County Executive Committee (CEC) Caucus, Agriculture Caucus) to enhance coordination between the two levels	0	9344200	9344200	0	0	18,688,400	155,736.67
Nutrition Systems and Institutions Pillar								

Output 2.1 Nutrition-relevant policies and guidelines developed and disseminated across key sectors	1. Map existing nutrition guidelines and policies to identify gaps	1,815,500	0	60,000	0	0	1,875,500	15,629.00
	2. Lobby for development and dissemination of nutrition policies and mobilise for uptake across different sectors and counties	0	2207000	0	0	0	2,207,000	18,392.00
	3. Advocate for review of nutrition curricula to incorporate current recommendations/emerging issues at all levels	0	2332500	0	0	0	2,332,500	19,438.00
Output 2. 2 Human capacity for nutrition service delivery developed and strengthened	1. Advocate for employment of nutrition staff with relevant competencies	0	2176500	2176500	0	1842500	6,195,500	51,629.00
	2. Lobby for introduction of specialised nutrition courses (e.g., renal, palliative care, critical care) in training institutions	3,065,000	5,690,500	0	2,625,500	0	11,381,000	94,842.00
	3. Lobby for leadership training for nutrition managers/officers on management per financial year at national and county levels	3,840,000	10,000	3,840,000	0	10,000	7,700,000	64,167.00
	4. Advocate for adoption and implementation of nutrition career progression guidelines	0	5370000	5876000	0	0	11,246,000	93,717.00
	5. Sensitisation of non-nutrition staff on nutrition interventions	3,406,000	500,000	3,406,000	500,000	3,406,000	11,218,000	93,483.00
Output 2.3 Multi-stakeholder coordination mechanisms established and strengthened	1. Map institutions dealing with nutrition related services and define opportunities and gaps for collaborations	160,000	0	0	0	0	160,000	1,333.00
	2. Advocate for the establishment and strengthening of the existing MSN platform	660,000	180,000	180,000	180,000	660,000	1,860,000	15,500.00

	3. Mainstream multi-sector coordination in county processes such as CIDPs, annual work plans, and county bills	240,000	2,630,000	240,000	240,000	240,000	3,590,000	29,917.00
Output 2.4 Infrastructure for nutrition service delivery established and strengthened	1. Conduct assessment of existing nutrition infrastructure, equipment, tools, and inputs	128,500	3,818,400	0	0	0	3,946,900	32,891.00
	2. Define the minimum requirements for nutrition service delivery regarding infrastructure, data collection and reporting tools, mobility and SOPs, guidelines, strategies, policies, and reference material	0	13,365,000	0	0	0	13,365,000	111,375.00
	3. Advocate for procurement of required nutrition commodities, data assessment tools, equipment, and reporting tools	0	13,365,000	0	0	0	13,365,000	111,375.00
Output 2.5 M&E framework of ACSM established	1. Develop ACSM monitoring, evaluation, accountability, and learning (MEAL) framework	0	5945400	0	0	0	5,945,400	49,545.00
	2. Develop and disseminate ACSM data collection tools	0	9941100	0	0	0	9,941,100	82,843.00
	3. Conduct periodic monitoring of ACSM activities at national and county levels	0	1553000	0	0	1553000	3,106,000	25,883.00
	4. Publish periodic monitoring reports and document best practices	0	919000	90000	90000	889000	1,988,000	16,567.00
Social and Community Engagement for Nutrition								
Outputs	**Interventions**	**2022/2023**	**2023/24**	**2024/2025**	**2025/26**	**2026/2027**	**Total KES**	**USD**
Output 3.1 Increased nutrition	1. Develop and disseminate nutrition social and behaviour change (SBC) messages, materials, and content	3,234,000	5,993,400	3,461,400	0	0	12,688,800	105,740.00

awareness at the community level	2. Roll out nutrition media campaigns (e.g., through social media and radio spots)	0	1,497,500	240,000	1,497,500	240,000	3,475,000	28,958.00
	3. Conduct nutrition road shows at the community level	1,585,000	0	0	0	0	1,585,000	13,208.00
	4. Conduct community interpersonal nutrition education meetings	309,000	4,893,400	4,893,400	109,000	109,000	10,313,800	85,948.00
	5. Identify and capacity build nutrition SBC community champions	0	5,090,600	0	0	0	5,090,600	42,422.00
	6. Hold targeted community nutrition dialogue and action meetings	282,000	282,000	282,000	282,000	282,000	1,410,000	11,750.00
	7. Commemorate world nutrition days at community level	1,054,000	1,054,000	1,054,000	1,054,000	1,054,000	5,270,000	43,917.00
Output 3.2 Strengthened community skills and competencies to adopt optimal nutritional practices	1. Conduct trainings of community own resource persons (CORPs) (community health volunteers (CHVs), agriculture extension workers) on nutrition-sensitive and -specific components (nutrition-sensitive agriculture (NSA), baby-friendly community initiative (BFCI), front-of-pack nutrition labelling (FOPNL), etc.)	636,230	9,280,800	0	0	0	9,917,030	82,642.00
	2. Carry out nutrition mentorship for farmer interest groups and lead farmers	0	522,000	0	522,000	0	1,044,000	8,700.00
	3. Organise community exchange visits for cross-learning and knowledge-sharing on nutrition	114,000	114,000	114,000	114,000	114,000	570,000	4,750.00
	4. Sensitise CORPs on community referral for nutrition-specific and -sensitive services	8,334,600	8,334,600	0	0	0	16,669,200	138,910.00
	5. Sensitise school management teams on nutrition programmes delivered through schools	0	5,160,400	4,640,400	0	0	9,800,800	81,673.00

	(homegrown School Meals programme, Vitamin A supplementation (VAS), growth monitoring and promotion (GMP), 4K Club)							
	6. Sensitise CORPs on the development and sustenance of nutrition social support groups	8,623,300	9,103,300	0	0	0	17,726,600	147,722.00
Output 3.3 Community nutrition-enabling environment strengthened	1. Conduct sensitisation of community leaders (Chiefs/members of county assemblies (MCAs)/ward administrators, etc.) on nutrition	5,039,600	5,034,600	0	0	0	10,074,200	83,952.00
	2. Conduct advocacy sessions on nutrition to the local leadership (MCAs/Chiefs)	0	6,006,000	0	0	0	6,006,000	50,050.00
	3. Disseminate nutrition policies to key opinion leaders (village administrator, Chief, ward administrator) at community level	0	5,084,600	5,034,600	0	0	10,119,200	84,327.00
	4. Advocate for strengthening and establishment of nutrition structures (community health units, community interest groups, etc.)	6,439,600	6,439,600	0	0	0	12,879,200	107,327.00
Output 3.4 Strengthened social accountability and participation mechanisms	1. Conduct training of CORPs on vigilance techniques on nutrition malpractices	2,910,000	5,459,000	0	0	0	8,369,000	69,742.00
	2. Sensitise CORPs on participation for social accountability and demand creation	10,055,700	0	0	10,055,700	0	20,111,400	167,595.00
	3. Establish and/or strengthen the link between the CORPs and the law enforcers on nutrition matters	10,055,700	10,055,700	0	0	0	20,111,400	167,595.00
	4. Sensitise CORPs to participate in community-level budget-making	11,160,900	11,160,900	0	0	0	22,321,800	186,015.00

	processes toward increased nutrition funding							
Nutrition Financing Pillar								
Outputs	**Interventions**	**2022/2023**	**2023/24**	**2024/2025**	**2025/26**	**2026/2027**	**Total KES**	**USD**
Output 4.1 Budgetary allocation for nutrition-specific and -sensitive interventions at both national and county government across all sectors increased	1. Conduct high-level advocacy meetings/dialogues/seminars for increased budgetary allocation at national level (cabinet secretaries (CSs), principal secretaries (PSs), members of parliament (MPs), relevant delegated committees, National Treasury)	0	16806100	0	0	0	16,806,100	140,050.83
	2. Conduct high-level advocacy meetings/dialogues/seminars for increased budgetary allocation for non-state actors and development partners on investment in nutrition	0	318500	0	0	0	318,500	2,654.17
	3. Advocate for ring-fencing of nutrition budgets across all sectors at national and county levels	0	1897500	0	0	0	1,897,500	15,812.50
	4. Training of nutrition champions across all sectors on finance and budgeting	0	3,458,720	0	1,484,000	0	4,942,720	41,189.33
	5. Involve nutrition champions in planning and budgeting processes at national level and in all 47 counties	0	4633400	3795500	0	0	8,428,900	70,240.83
	6. Conduct nutrition investment studies in the six regional economic blocks to recommend suitable policy intervention for better nutrition outcomes	0	607000	106000	4365840	0	5,078,840	42,323.67

	7. Review sector budget allocations for nutrition and identify gaps for budget advocacy	3280800	20058600	0	0	0	23,339,400	194,495.00
Output 4.2 Heightened accountability and transparency in nutrition financing at both national and county levels	1. Conduct training for key stakeholders at national and county levels on nutrition financial tracking mechanisms	0	53000	1673800	0	0	1,726,800	14,390.00
	2. Roll out nutrition financial tracking mechanism across all sectors and in all 47 counties	53,000	6,973,100	0	0	0	7,026,100	30197.50
	3. Advocate for issuance of a circular by both national and Council of Governors (CoG) on mandatory reporting on nutrition spending	196,000	837,900	0	0	0	1,033,900	8,632.50
Output 4.3 Increased capacity in budgeting and costing for nutrition financing across all sectors	1. Advocate for capacity building on budget-making process (formulation, approval, auditing, and oversighting) across sectors at national level and in all 47 counties	31,000	836,900	836,900	0	0	1,704,800	14,207.00
	2. Develop and disseminate information education and communication (IEC) materials on budgeting process across sectors in all 47 counties	601,000	584,730	0	0	0	1,185,730	9,881.00
	3. Conduct training on costing for key personnel across sectors in all 47 counties	40,000	1,371,130	0	0	0	1,411,130	11,759.00
	4. Develop and disseminate IEC materials on costing process across sectors in all 47 counties	0	14,672,930	0	0	0	14,672,930	122,275
Output 4.4 Budget lines for nutrition-specific	1. Hold stakeholder meetings at national and county levels to map nutrition programme and sub-	1,674,800	146,000	0	0	0	1,820,800	15,173.00

and -sensitive programmes at both national and county levels created	programmes for inclusion in the programme-based budgeting							
	2. Hold high-level meetings on inclusion of nutrition programmes and sub-programmes across all sectors in all 47 counties (National Treasury, central planning unit, County Treasury (CT), health committee for planning and budgeting, key sectors in the county, and development partners)	0	16337500	0	0	0	16,337,500	136,146.00
	3. Conduct stakeholder sensitisation meetings on nutrition programmes and sub-programmes across all sectors in all 47 counties	0	252000	0	0	0	252,000	2,100.00
	4. Advocate for creation of nutrition budget line for nutrition programmes across all sectors at national and county levels	0	2,277,640	0	0	0	2,277,640	18,980.00
Year of implementation for all four pillars		**2022–2023**	**2023–2024**	**2024–2025**	**2025–2026**	**2026–2027**	**Total KES**	**Total USD**
Overall budget for the strategy		**104,223,230**	**343,757,150**	**85,743,160**	**48,516,040**	**25,597,500**	**607,837,080**	**5,036,975.16**

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