An assessment of the Nutrition and Dietetics capacity gaps and a framework for enhancing Nutrition and Dietetics workforce capacity for improved outcomes

Kenya Nutrition Capacity Development Framework

2014-2019

Ministry of Health

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LIST OF ACRONYMS AND ABBREVIATIONS

ASAL	Arid and Semi-Arid Lands
BMS	Breast Milk Substitute
CBOs	Community-based Organization
CDF	Capacity Development Framework
CHEWs	Community Health Extension Workers
CHMT	County Health Management Committee
CHVs	Community Health Volunteers
CME	Continuous Medical Education
CNC	County Nutrition Coordinators
CPD	Continuing Professional Development
CSO/A	Civil Society Organizations and Associations
DHIS	District Health Information System
HiNi	High Impact Nutrition Interventions
IFAS	Iron and Folic Acid Supplementation
IMAM	Integrated Management of Acute Malnutrition
IMC	International Medical Corps
KALRO	Kenya Agricultural and Livestock Research Organization
KDHS	Kenya Demographic and Health Survey
KEBS	Kenya Bureau of Standards
KEPHIS	Kenya Plant Health Inspectorate Services
KNNAP	Kenya National Nutrition Action Plan
KFNSP	Kenya Food and Nutrition Security Policy
KNDI	Kenya Nutritionists and Dieticians Institute
M&E	Monitoring and Evaluation
MAM	Moderate Acute Mal Nutrition
MCAs	Members of the County Assembly
MDG	Millennium Development Goals
MIYCN	Maternal Infant and Young Child Nutrition
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOH	Ministry of Health
MoU	Memorandum of Understanding
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
NTF	Nutrition Technical Forum
OJT	On-the-Job Training
RUTF	Ready-to Use Therapeutic Food
SAM	Severe Acute Mal Nutrition
SUN	Scaling Up Nutrition
UN	United Nations
UNICEF	United Nations International Children's Fund
VAD	Vitamin A Deficiency
WHA	World Health Assembly
WFP	World Food Program

FOREWORD

Improving Nutrition and Dietetics work force capacity to deliver services is pertinent in the Scaling Up Nutrition agenda. In Kenya, the progress towards reducing malnutrition is slow with a high burden of stunting, micronutrient deficiencies and an increasing burden of non-communicable diseases. These hinder the realization of attaining nutrition and health related global commitments. With the present challenge of reversing the unfavourable malnutrition trends, it is apparent that scaling up nutrition services cannot take place if the capacity of the Nutrition and Dietetics workforce is not developed to required levels.

This framework outlines the over arching systematic, organizational, technical and community efforts needed for improving the delivery of nutrition and dietetics services. It also provides guidance on how to monitor and evaluate the implementation of capacity development initiatives, as well as the attendant cost implications.

Under the leadership of the Ministry of Health, the entire workforce will be instrumental in supporting its effective implementation which will be done alongside the National Food and Nutrition Security Policy (2011) and the Kenya National Nutrition Action Plan (2012-2017). This combination of efforts is unprecedented in Kenya and is an effective way in which the expectations of the Scaling up Nutrition (SUN) initiative can be realized.

It is envisaged that concerted efforts in developing the capacity of the Nutrition and Dietetics workforce will contribute immensely towards significant health and nutrition outcomes in Kenya.

Dr Nicholas Muraguri
Director of Medical Services

ACKNOWLEDGEMENT

The Nutrition and Dietetics Unit would like to acknowledge the valuable contribution of various stakeholders at national and sub-national levels including government line ministries (Ministry of Health, Ministry of Agriculture), UN agencies, academia, regulatory bodies, and Nutrition Civil Society Alliance in developing the Kenya Nutrition Capacity Development Framework. We express our sincere gratitude to UNICEF Kenya, International Medical Corps (IMC) for the technical and financial support in developing and finalizing of this framework. Further, we highly appreciate Department for International Development (DFID) for the financial support.

The development of the framework started with an assessment of the nutrition capacity gaps in the country. This provided guidance on key areas of focus and contributed to the development of the first draft for review in a stakeholders 'validation workshop. We also acknowledge the technical contributions provided by the Capacity Development Working Group, the Nutrition Technical Forum, the 47 County Nutrition Coordinators, UN Agencies and the nutrition partners who participated in the validation process. The contributions valuably shaped the final outlook of the framework.

Lastly the Nutrition and Dietetics Unit would like to thank individuals who invested their time to lead the process of drafting and finalising the framework: Carol Kathiari from the Nutrition and Dietetics Unit, Fridah Mutea and Lilian Karanja from International Medical Corps, Olivia Agutu from UNICEF and Edgar Onyango from Hellen Keller International. The Nutrition and Dietetics Unit is confident that this framework will contribute significantly in enhancing capacities critical in reversing the trends in malnutrition in this country.

Gladys Mugambi
Head of Nutrition and Dietetic Unit

GLOSSARY OF PROFESSIONAL WORDS

Academic Qualification[1] The end product or output of an academic program.

Accreditation[2] The procedure by which KNDI formally recognizes an individual as a member or an institution as a training institution in Nutrition and Dietetics.

Approved[3] Passed as sufficient and adequate by Council or other body legally empowered to declare persons and processes fit and proper.

Certification[4] The process of giving a mark of quality to a product or service by a statutory body.

Continuing Professional Development The concept of progression of professionals to have the needed skills, knowledge, and attitude commensurate with efficiency and effectiveness in performing tasks. This concept has since been institutionalized by the regulatory bodies and operationalized through guidelines known as "CPD Guidelines" that is specific to each professional body.

Curriculum[5] An organized programme of study for a given certificate, diploma or degree awards incorporating all matters including rationale of the programme, purpose, and expected learning outcome, academic resources for the support of the programme, academic organization of the programme mode of delivery, admission requirements programme content requirements for the award of the certificate, diploma or degree.

Guideline[6] Principles that provide guidance to set standards.

Indexing[7] The process of gathering information on an individual student pursuing a course in Nutrition and Dietetics and/or dietetics for purposes of monitoring and subsequent registration with KNDI upon graduation.

Nutrition and Dietetics workforce has been used in this document to depict every cadre of staff involved in the nutrition and dietetics service delivery and not limited to professional nutritionists and dieticians.

Nutritionists and Dieticians for the purposes of this document the term represents all the sub-specialties in the profession of nutrition and dietetics.

Nutrition and sensitive Interventions[8] Projects/programs/activities that are not necessarily nutrition oriented but have an influence on the nutrition outcomes and indicators

Nutrition Specific Interventions[9] Projects/programs/activities that are targeted to tackle specific nutritional and dietetics problems within a people

Policy environment[10] Regulatory surrounding of an activity to be implemented.

Registration[10] A document issued by the Registration Committee as evidence of registration of a good standing KNDI member section 18 of the Act.

1 CPD, Training Standards, Indexing Internship and CUE guidelines
2 NDA act No. 18 2007 (cap 253 B of the Kenyan Laws)
3 Nutrition and dieticians regulation and codes of ethics and practice2014
4 Nutrition and dieticians regulation and codes of ethics and practice2014
5 Nutrition and dieticians regulation and codes of ethics and practice2014
6 Nutrition and dieticians regulation and codes of ethics and practice2014
7 CPD, Training Standards, Indexing Internship and CUE guideline
8 Lancet 2013
9 Lancet 2013
10 Nutrition and Dieticians Regulation and Codes of Ethics and Practice 2014

Regulations[13] Any statement of policy or interpretation of general application and future effect that also has institution-wide effect or affects the right or interest of the programme or institution.

Trainer of Trainers A professional with high order of motor and cognitive skills and is proficient to impart on to other professionals who then later train others on basic competencies.

Standards[11, 13] A reference point against which different aspects of the programme are compared or evaluated for quality.

11 Nutrition and Dieticians Regulation and Codes of Ethics and Practice 2014

13 LaFond AK, Brown L & Macintyre K, 2002. Mapping capacity in the health sector: a conceptual framework. International Health Planning Management 17, 3–22.

EXECUTIVE SUMMARY

One of the challenges faced in scaling-up nutrition interventions in Kenya is the limited capacity of the workforce to effectively deliver services, without which, achieving favourable nutrition and dietetics outcomes will remain a daunting task.

Several nutrition sensitive and specific interventions have been initiated to reverse optimal nutrition trends. However, the capacities of the: nutrition systems, organizations and workforce have limited the large-scale implementation of nutrition programs for decades. Due to this, an assessment was conducted to elicit the gaps and the findings and recommendations that were compiled led to the development of the Nutrition Capacity Development Framework. This is a document that holistically explores the capacity gaps, recommends stakeholders' actions, and provides a monitoring, evaluation and costing framework for undertaking capacity development initiatives. The capacity assessment process employed a participatory approach and widespread consultations with Capacity Development Steering Committee, MOH representatives, Kenyan Nutrition and Dieticians Institute, Academia, the UN and other key partners.

The assessment established that there are four broad categories of capacity development relevant to the nutrition fraternity in Kenya: 1) system-wide capacity development considerations which comprises of policy, legal and regulatory landscape; 2) organizational; 3) technical and; 4) community capacity developments. Following the identification of gaps in these pertinent thematic areas, a Capacity Development Framework was drafted and validated, first at a national stakeholder validation forum comprising CSO/A, UN partners, regulatory bodies, the academic institutions and the County Nutrition Coordinators (CNC); followed by a technical validation at the Capacity Development Working Group of the Nutrition Technical Forum.

Under the four (4) identified themes, priority result areas and activities were established with 20 strategic result areas based on the 4 themes, each with corresponding activities. The result areas are as follows:

The 20: Strategic Nutrition and Dietetics Capacity Development Areas:

Result Area (RA) 1: Systemic Capacity Development

1.1 Evidence-based macro level information available for capacity development on policy review, advocacy and fund raising. This will be achieved through instituting periodic capacity assessments and using the results for the development of action plans at national and sub-national-levels and for policy review and advocacy.

1.2 Policy guides, strategies and plans availed, disseminated and used for training health staff at national and sub-national level. It includes the dissemination of nutrition and dietetics action plans, development and implementation of county-specific training plans for training, curricular development and policy review.

1.3 Create demand for nutrition and dietetics training through advocacy among health workers for the inclusion of more nutrition indicators in health worker performance indicators.

1.4 Review of the policies in health, agriculture, education, labour and other relevant sectors to make them nutrition sensitive, and capacity development on nutrition sensitive policies and strategies.

1.5 Improved communication and linkages between the regulatory and standards organizations and the nutrition partners regarding capacity development: Strengthening coordination between regulatory and standards bodies (e.g. KNDI and KEBS) and nutrition practitioners.

1.6 Improved standards of practice among the nutrition and dietetics practitioners and front line service providers: through the development of in-service training and audit (inspection) standards, licensing of the TOTs in Nutrition and Dietetics, and regulating internship program.

1.7 Improved understanding of the legal and regulatory frameworks for Nutrition and Dietetics work force: through dissemination of legal, regulatory and capacity development documents that operationalize the nutrition and dietetics ACT to health care workers and Nutritionists and Dieticians at all levels i.e. national and sub-national.

1.8 Harmonized and integrated approach to nutrition and dietetics training regulations with the existing standards and regulations.

Result Area (RA) 2: Organizational capacity

2.1 Increased focus and attention to nutrition and dietetics capacity development: through the establishment and operationalization of a Nutrition and Dietetics capacity development office at the Nutrition and Dietetics section in MoH and partner organizations and elevating the unit of Nutrition and Dietetics to a Department of Nutrition and Dietetics Services within the MoH both at national and county levels. This is envisaged to improve and increase participation of Nutritionists and dieticians in strategic policy dialogue at the higher levels of MoH in both the national and county governments.

2.2 An expanded and strengthened Capacity Steering Committee and Capacity Working Groups for improved coordination from national to sub-national levels, including multi- and inter-sector collaboration for joint capacity development conferences and sharing of best practices.

2.3 Increased capacity in budgeting, costing, and mobilizing resources and monitoring allocated resources for nutrition sector.

2.4 Increased nutrition workforce knowledge and skills in: coordination, advocacy, M&E, supply chain and increased opportunities for nutritionists and dieticians.

2.5 Increased nutrition sensitization and awareness among the Members of the County Assembly (MCAs) to influence the inclusion of nutrition within the county health plan.

Result Area (RA) 3: Technical capacity

3.1 Increased competence and proficiency amongst graduating nutrition and dietetics workforce by linking the academia with practitioners and promoting broad consultation during curriculum development.

3.2 Increased number of knowledgeable and skilled in-service nutrition and dietetics workforce through continuous review and scale up of effective training approaches.

3.3 Adequate Nutrition and Dietetics workforce especially in all areas through the achievement of an appropriate Nutrition and Dietetics workforce to population ratio.

3.4 Advocate for initiatives that will motivate nutritionists and dieticians who possess professional knowledge, skills and attitude in order to increse excellence in service provision e.g. advocacy for scholarships and career progression.

Result Area (RA) 4: Community capacity

4.4. Increased community demand for nutrition services through increased linkage with diverse community engagement strategies: (e.g. community strategy, of the Ministry of Health, school health policy of the Ministry of Education and Junior Farmer Field and Life School (JFFLS) of the Ministry of Agriculture,) so as to scale up nutrition awareness and service delivery at community levels.

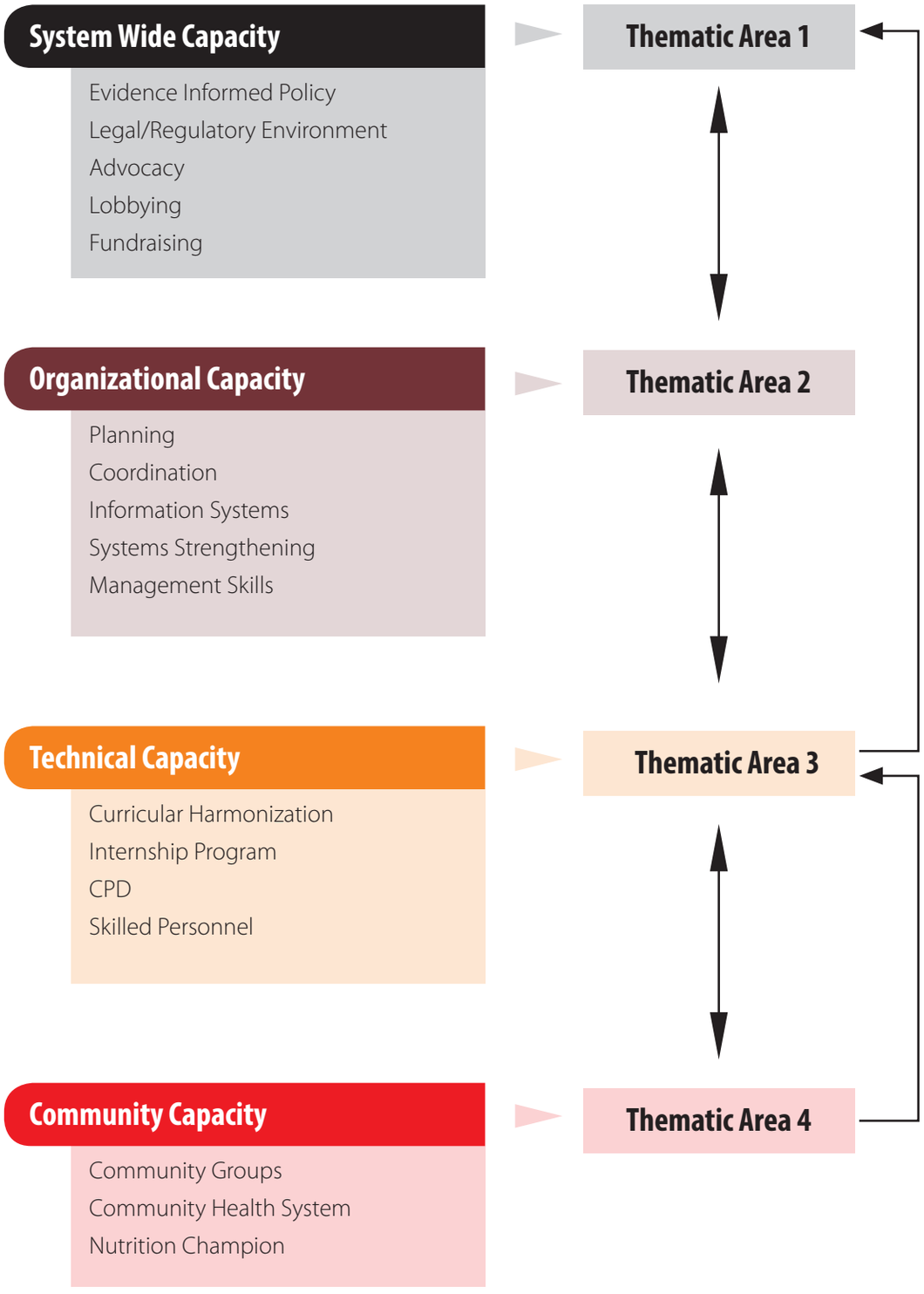
4.5 A vibrant community linkage to health system network evidenced by: increased service uptake; cohesive links between community and health systems and nutrition service delivery that is responsive to community needs.

4.6 Increased Nutrition Sector visibility through the use of champions: identify, train and support nutrition champions at sub-national levels to advocate for the inclusion of nutrition into county government policies.

These 20 capacity development areas, the corresponding activities together with the persons responsible for their implementation are expounded in chapter 4. The M&E framework for the capacity development efforts is depicted in a matrix in chapter 5, while the costing is reflected in chapter 6. The 5-year framework will require Kshs 2.85 billion to implement.

The document is primarily intended for all individuals within the Nutrition and Dietetics fraternity, as well as all actors who play a key role in addressing the issues which contribute to improved Nutrition.

CONCEPTUAL FRAMEWORK



1. INTRODUCTION

1.1. Background and rationale

Capacity development, is the 'process by which individuals, groups and organizations, institutions and countries develop, enhance and organize their systems, resources and knowledge; all reflected in their abilities, individually and collectively, to perform functions, solve problems and achieve desired objectives'[12]. Capacity development and capacity building, are used interchangeably,referring to the process by which individuals, groups, organisations and societies increase their ability to perform, solve problems, define objectives, understand and deal with development needs to achieve objectives in a sustainable manner[13]. The process is recognized as a key programming principle. This document is intended to help the nutrition community in the country address capacity development for its workforce. The Nutrition Unit can play a critical role in supporting national efforts to develop improving capacities at individual, institutional and societal levels by tailoring capacity building initiatives to specific needs and contexts.

One of the challenging issues facing Scaling Up Nutrition (SUN) interventions in Kenya is the varying levels of nutritionists and dieticians technical ability, coupled with limited systematic and organisation capacities. However this level of service provision is critical to large-scale nutrition programmes implementation[14]. The nutrition sector faces numerous human resource challenges: ranging from insufficient numbers of skilled workers to sub-optimal distribution of the health workers. For enhanced nutrition workforce skills, an enabling policy, legal, regulatory, organisational commitment and institutional environment coupled with technical competence is required.

The CDF is one of the first documents to provide a comprehensive guide for shaping nutrition capacity development in Kenya. While efforts such as regulation and standardisation of pre- and in-service classroom training, OJT and Continuing Professional Development (CPD) for students and practising professionals are on-going in the country, the existence of a document that focuses beyond technical capacities is required. Recognising the role of: policies, funding mechanisms,organisational synergies, as well as coordination, monitoring and evaluation strategies is key to realising the improved nutrition outcomes. This framework is therefore timely, not only for Kenya but also for other countries in sub-Saharan Africa grappling with capacity enhancement.

This activity was initiated by the Capacity Development Steering Committee (CDSC), a sub working group of the National Nutrition Working Group (NTF). The framework will provide standardized approaches for competency building, notably: key strategies for enhancing organisation and technical efficiency and effectiveness, how to implement, monitor and evaluate the 4 thematic areas of Nutrition, different aspects of quality assurance in service provision and the cost of each of the distinct process of improving standards professional services.

12 Goodman RM, Speers MA, McLeray K et al., 1998. Identifying and defining the dimensions of community capacity to provide to provide a basis for measurement. Health Education Behaviour 25, 258–278.

13 LaFond AK, Brown L & Macintyre K, 2002. Mapping capacity in the health sector: a conceptual framework. International Health Planning Management 17, 3–22.

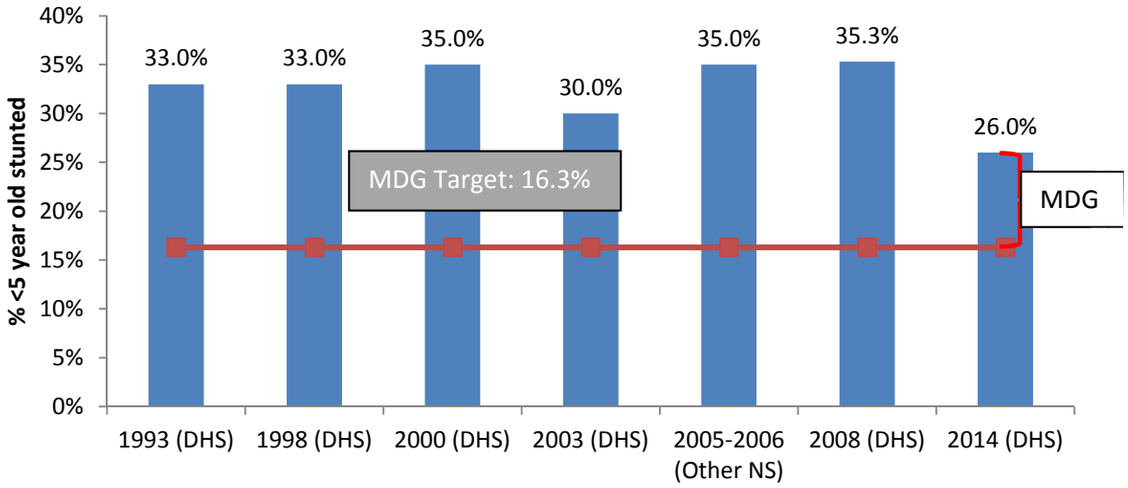
14 Shrimpton R, Hughes R, Recine E, Mason JB, Sanders D, Marks GC and Margetts B, 2013.. Nutrition capacity development: a practice framework Public Health Nutrition. doi:10.1017/S1368980013001213

1.2. Situation analysis

1.2.1. Nutrition status in Kenya

Stunting rates among the under five year old population is of major public health significance, at 26%[15] acute malnutrition and underweight rates are also of great concern with significant disparity levels across the country[15]. These trends are attributed to lack of specific strategies and policies in Kenya targeting stunting. In this regard, Kenya has fallen short of meeting the 2015 MDG of reducing the rate of stunting to 16.3% (Figure 1).

Figure 1: Stunting trends in Kenya



Micronutrient deficiencies also pose a major critical challenge for Kenya. The last national micronutrient survey of 1999 (MOH *et. al,* 1999)[16], found high levels of Vitamin A deficiency (VAD) among pre-schoolers with approximately 15% suffering from acute and 61.2% from moderate VAD. For mothers, prevalence of acute and moderate VAD was 9.1% and 29.6% respectively. WHO[17] considers 2 % –< 10% VAD to be of mild public health problem, 10 % –< 20% to be moderate and 20% as severe public health problem. From the national micronutrient survey (MOH *et. al*, 1999)[18], 43% of women were reported as suffering from iron deficiency. More than 40% iron deficiency prevalence is considered by WHO as a severe public health problem[19].

In Kenya, there are continued efforts to combat malnutrition through integrated management of acute malnutrition. In November 2013 Kenya signalled its commitment to scaling up nutrition by signing up as the 30th country to join this global movement[20]. In the same month, the Government of Kenya announced a commitment of KSh.6 billion (approximately US$ 70 million) over the next following five years for the same (SUN, 2013)[21]. Prior to this, HiNi services were being provided in selected parts of the country through on-the-job-training. In this regard, the Nutrition Unit recognises the impact that a well capacitated, Nutrition and Dietetics workforce will contribute in addressing the challenge of sub-optimal nutrition practices and outcomes in Kenya.

15 GOK, 2014. Kenya Demographic Health Survey (KDHS). Government of Kenya, Nairobi, Kenya.

16 MoH, University of Nairobi, KEMRI, SOMA-NET, UNICEF. Anaemia and the Status of Iron, Vitamin-A and Zinc in Kenya. The 1999 National Micronutrient Survey Report.

17 WHO 2009. Global prevalence of vitamin A deficiency in populations at risk 1995–2005. WHO Global Database on Vitamin A Deficiency. Geneva, World Health Organization.http://whqlibdoc.who.int/publications/2009/9789241598019_eng.pdf. (Accessed 27th May 2014)

18 MoH, University of Nairobi, KEMRI, SOMA-NET, UNICEF. Anaemia and the Status of Iron, Vitamin-A and Zinc in Kenya. The 1999 National Micronutrient Survey Report.

19 WHO 2008. Worldwide prevalence of anaemia 1993–2005: WHO global database on anaemia. Geneva, World Health Organization. http://whqlibdoc.who.int/publications/2008/9789241596657_eng.pdf (Accessed 28th May 2012)

20 SUN, 2014. Scaling Up Nutrition. Updates from Kenya. http://scalingupnutrition.org/sun-countries/kenya/updates [Accessed 7th January 2014]

21 SUN, 2014. Scaling Up Nutrition. Updates from Kenya. http://scalingupnutrition.org/sun-countries/kenya/updates [Accessed 17thMay 2014]

1.2.2. Current Nutrition and Dietetics Capacity Development Efforts

The current CDF has not been developed in a vacuum. There are a number of on-going capacity building efforts targeting the Nutrition and Dietetics workforce including:

1. Pre-service training institutions providing certificates, diplomas and degrees with increasing enrolment and number of graduates. Additionally, in the nursing curricular, nutrition is included as an integral unit.
2. With support from donors and health and nutrition NGOs, the Ministry of Health provides classroom training, mentorship programs and workshops for health workers in various areas such as Maternal Infant and Young Child Nutrition, Integrated Management of Acute Malnutrition, Micronutrient Deficiency Control and Nutrition and Agriculture linkages etc. Additionally guiding tools for these are developed including training manuals, pamphlets and job aids.
3. Continuous Medical Education (CME) for health workers at health facility level with Nutrition and Dietetics being integrated.
4. On the job training (OJT) has been implemented in many counties and in 2014, the process was evaluated in Samburu, Isiolo and Tana to inform its effectiveness, relevance and challenges[22].
5. Regulation of the nutrition and dietetics practice through KNDI which facilitates training standardization and regulation in all universities and mid-level colleges for: degree, diploma and certificates.

These efforts however need to be strengthened, scaled-up, coordinated, monitored, evaluated and funded as they contribute to service delivery outcomes.

Nutrition and Dietetics workforce

As at 2014 there were 2700 professional nutritionists and dieticians registered in Kenya (KNDI 2014) translating to **1:14,814** professional to population ration (i.e. 14,814 people being served by one professional nutritionist/dietician). Further, about 632 nutrition and dietetics professionals[23] are employed at county level within the Ministry of Health. These numbers constrain the quantity and quality of the rendered services and are inadequate in enabling the attainment of optimal nutrition specific and sensitive interventions.

Figure 2 depicts the distribution patterns of nurse: nutritionist ratio (i.e. the number of nurses compared to nutritionist/dietician) in the country. It's apparent that not every health facility in the country has a nutrition/dietetics professional to provide nutrition services. At county level, nutritionists/dieticians are concentrated at levels 4 and 5 health facilities where they only provide capacity building and supervision role to nurses. The nurse:nutritionist ratio is an important consideration since it depicts how much the two cadres of personnel are in contact and the potential synergistic effects the two cadres could offer each other towards provision of nutrition services.

An analysis of the ratio of nutrition service delivery demonstrates variances across the counties:

- Samburu, Siaya, Homa Bay, Nyeri, Embu, Trans Nzoia and Taita Taveta there are >30 nurses per nutritionist/dietician.
- Taita Taveta has 94 nurses to one nutritionist – making the highest variation.
- Marsabit has 21-30 nurses per nutritionist/dietician.

All these counties are potentially in critical need of an increase in employment of nutritionist/dietician.

22 Oiye S and Wagah M (2014). OJT Evaluation Report: *An Evaluation of the On-the-Job Training (OJT) Strategy for Health Workers in Tana River, Isiolo and Samburu Counties.*
23 As enumerated by CNCs in August 2014

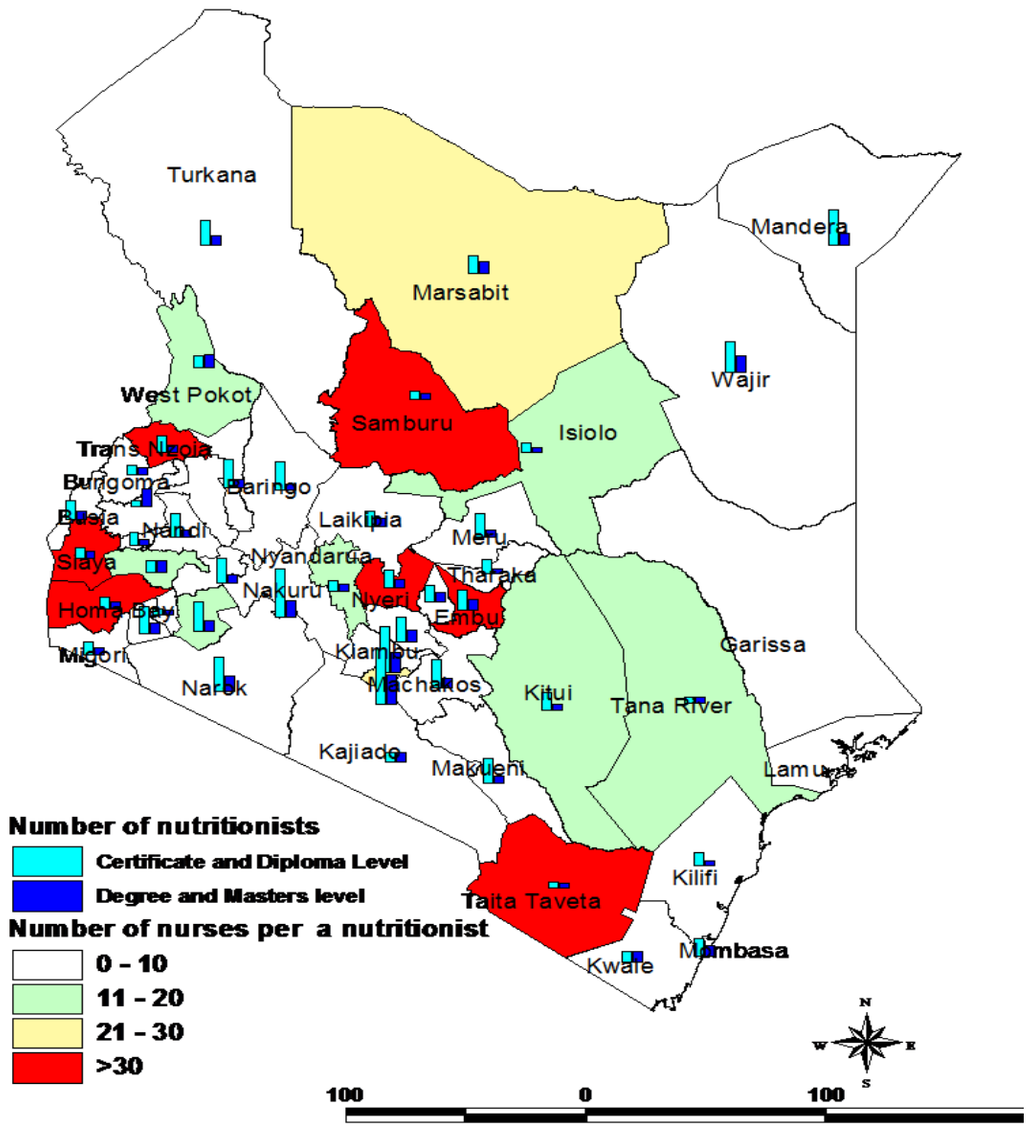
Also, in the overall and as shown in Figure 2, there are more non-graduate (i.e. certificate and diploma professionals compared to graduates except in a few counties such e.g. Kajiado, Kwale and Tana River, which have comparable numbers of these two levels of certification.

While there is need to hire more professionals, there are no official standardized criteria for determining gaps of the nutrition and dietetics cadre at national and county levels. Possible criteria for determining nurse:nutritionists/dieticians ratio could either include:

- Ratio of the general population to nutritionists/dieticians;
- Ratio of nurses to nutritionists/dieticians;
- Ratio of nutritionists/dieticians to functional health facilities
- Ratio of non-graduate to graduate level nutritionists/dieticians.

These are potential capacity development considerations needing further consultation by ministry of health and partners.

Figure 2: Distribution Pattern of Nutritionists/Dieticians and Nurses in Kenya (2014)



1.3. Capacity Assessment and Framework Objectives

1.3.1. Goal and broad objective

The overriding goal of this Capacity Development Framework (CDF) is to contribute to the improvement of nutrition and health outcomes through enhanced service provision. The CDF addresses the diverse issues affecting Nutrition and Dietetics practice including: the related issues that infringe on capacity and the expected results if these issues are addressed.

Following the assessment and broad stakeholder consultations, key themes emerged as pertinent to nutrition capacity enhancement. They include:

- System-wide capacity development: these includes key policy and governance issues that create the overall environment for service delivery;
- Legal and regulatory mechanisms.
- Organizational capacity: i.e. the working arrangements and coordination framework of key institutions and organizations.
- Technical capacity: i.e. the presence as well as proficiency levels of nutrition personnel.
- Community capacity: i.e. the ability of the community to access, consume and make demand for nutrition services through increased nutrition service awareness.

1.3.2. Specific objectives

Specifically, the CDF aims at:

1. Determining how existing policy frameworks provide a conducive environment for nutrition capacity development.
2. Establishing existing systemic, organizational, technical and community capacity systems for supporting nutrition service delivery.
3. Identifying technical and human resource capacity gaps of nutrition relevant institutions to support and improve nutrition service delivery.
4. Development of M&E indicators and framework to monitor progress in the implementation of nutrition CDF.
5. Development and costing of a framework for nutrition capacity development for Kenya.

1.3.3. Key questions for the assessment and CDF

1. What nutrition policies, action plans and programs provide a conducive environment for nutrition capacity development? What gaps exist?
2. What systemic; organizational; technical and community capacities exist for nutrition service delivery? What are the gaps, if any?
3. Is the current nutrition workforce adequate for nutrition service delivery? Are they well trained? Are there pre- and in-service courses conducted periodically? With what impact?
4. What legal and regulatory mechanisms are in place to ensure that nutrition capacity development is regulated and standardized?
5. How effective is capacity development at sub-national levels? And how can the capacity development be improved at community levels?
6. How can the nutrition CDF be effectively monitored?
7. What is the cost of capacity development for nutrition?

2. CAPACITY DEVELOPMENT FRAMEWORK PROCESS

2.1. Capacity assessment methodological approach

The CDF drafting process was informed by an assessment that was conducted according to the objectives outlined above. The process involved consultations with various stakeholders i.e. CSO/As, UN organizations, relevant government line ministries and academia engaged in nutrition capacity development at national and county levels. Tools to guide the key informants were developed and reviewed by the members of Nutrition Capacity Development Working Group (CDWG) NTF. The selection of the stakeholders was also guided by members of the CDWG.

Documents review included various policies, strategies and action plans in Kenya. The emanating report was then validated in a CDWG meeting and comments and further inputs obtained for incorporation into the assessment. The draft report was then presented and validated in a national workshop that consisted of all partners including CNCs from the 47 counties and their comments have been incorporated into this final report, which was further validated at the CDWG. The Framework has therefore been well informed by views from wide stakeholder consultations at national and sub-national level.

2.2. Capacity Development Framework Process

The capacity development framework has been organized thematically in such a manner that it outlines the key capacity development issues; activities; expected results; stakeholders involved and timelines. The thematic areas include"systemic (i.e. policy and regulatory capacity), organizational, technical capacity and community capacity".

2.3. CDF costing process

The CDF activities and approaches have cost implications. These were arrived at based on: estimates derived from stakeholders' interviews, estimates from the Kenya National Nutrition Action Plan (KNNAP) 2012 – 2017, consultations with health and nutrition partners at county level and consultations with CNCs. The CDF costs and the M&E framework were validated at a national workshop and by the Capacity Development Working Group.

In these forums the participants discussed the rationale of the figures arrived at and refined the costed framework. The stakeholders engaged included: the Ministry of Health (including the human resource section), KNDI representatives, UNICEF, CNCs, NGO representatives and representatives from the nutrition training institutions.

3. RESULTS/FINDINGS OF THE CAPACITY ASSESSMENT

This assessment established that there are four broad categories of capacity development relevant to nutrition capacity development for Kenya: system-wide capacity; organizational, technical and community capacity developments.

3.1 Systemic capacity

In order to develop human resource a clear understanding of the bigger picture, notably, the macro environment is required. This is referred to this as systemic capacity development (Shrimpton 2012). It involves a broad understanding of the political context determined by political attention, political commitment and political systems for nutrition as well as the understanding of legal, social and economic contexts and infrastructures that influence improvements on nutritional outcomes, including: project design, implementation and effective use of resources. These broad based capacity understandings are imperative for service delivery and fit well in understanding basic causes of under-nutrition which are guided by macro level considerations.

The assessment established that the capacity to act on these broad perspectives remain inadequate in the country. There is therefore need to focus on the broad system- wide capacity, since focusing singularly on developing nutrition workforce numbers is limiting and unlikely to successfully address the national Nutrition agenda.

3.1.1 Policy environment and Policy Capacity:

System wide capacity development involves a broad understanding of socio-economic, political, cultural and legal contexts .

Policy-wise, Kenya has committed to a number of international instruments and treaties which are of relevance to Nutrition. These include, but are not limited to: the SUN movement, International Code of the marketing and regulation of Breast Milk Substitutes etc. Capacities to implement these international initiatives do not only require adequate workforce but also technical competencies and skills to understand these international instruments.

Some of the national commitments by the Kenya government for addressing the Nutrition agenda include: the enactment of Nutritionist Dieticians Act No.18 and the Breast Milk Substitutes (BMS) Bill, development of the Kenya Food and Nutrition Security Policy (KFNSP) and the Kenya National Nutrition Action Plan (KNNAP).

The nutrition workforce capacity to understand and implement these policies and regulations is critical to service delivery. For instance, the KFNSP implementation requires nutrition specific and sensitive actions through a broad understanding of: project design, planning, implementation, monitoring and evaluation and documentation. Additionally, the policies and frameworks need to address the growing needs of the double burden of malnutrition.

Policy related capacities

Global developing approaches have a bearing on how nutrition issues are addressed. The nutrition community led by the government has a national mandate of adapting the policies to the Kenyan context. This requires a bridging of the varying levels of information and sensitisation of key stakeholders, with particular focus on actors at sub-national level.

Governance is core to nutrition systemic capacity with governance structures at sub-national level having implications on how nutrition is managed and operationalized.

Nutrition managers of the MoH at sub-national level require a sound understanding of the devolved governance system in order to leverage from it by to ensuring nutrition priorities are acknowledged and addressed. This requires strengthened capacities in the areas of: advocacy, communication and negotiation to influence funding allocation.

Building social, strategic and operational capacities of the nutrition workforce at these levels is therefore imperative, as their representation at key county government decision making levels is important in ensuring nutrition policy prioritisation.

Resource based competencies

An equally important area of systemic capacity is resource mobilization. Presently, investments for nutrition through annual budgetary allocations are not consistent with the magnitude of nutrition problem in the country with a resulting negative deviation on the resource allocated. At sub-national level competing priorities for limited resources leads to dismal allocation for nutrition priorities. Nutritionist professionals therefore need to be equipped with resource mobilisation skills, without which, efforts to scale up nutrition will be undermined and frustrated.

Additionally capacity for professional budgeting needs to be enhanced since the ability to accurately plan and budget for nutrition services has implications on strategic advocacy.

3.1.2 Capacity for Standards, Legal and Regulatory Environment

The institutions which play a major role in standards, legal and regulatory issues pertaining nutrition capacity development in Kenya include, but are not limited to: the Kenya Bureau of Standards (KEBS) and Kenya Nutritionists and Dieticians Institute (KNDI), the Breast Milk Substitute Act (BMS).

KNDI has the mandate of regulating the practice and training of nutritionists and dieticians through licensure, registration, CPDs and other quality assurance methodologies. KEBS is statutory body established to be the custodian of all national standards, monitor and evaluate the implementation of standards and report back to the public and other interested party by providing mark of quality to complying products and services.

i. KNDI

KNDI was established in Kenya by the Act No. 18 of 2007 and was mandated to provide for training, registration and licensing of nutritionists and dieticians; provide for the registration of the standards, and practice of the profession; ensure their effective participation in matters relating to nutrition, dietetics and related purposes (section 1 of the Act).

As at 2014, KNDI had registered a total of 2700 Nutritionists and Dieticians comprising of 1284 Degree holders; 1126 Diploma holders and 202 certificate holders. This translates to about 1:14,814 professionals to population which is far below the international standards of 1:20 professional to population.

KNDI has supported public universities and training institutions to adhere to the training standards for nutrition and dietetics programs offered for pre-service training, including the re-evaluation of courses with many universities at the interim stages of recognition. In this regard, all the Nutrition and Dietetics programs in private and public universities are being accredited to enable universities to run programs according to established harmonised standards of training and to produce graduates whose accreditation, knowledge and skills are recognised both locally and internationally.

KNDI Regulatory Functions:

- Harmonised core curriculum for all tertiary level nutrition training institutions.
- Indexing all students in pre-service training at three levels: certificate, diploma and degree.
- Licensing products e.g. nutrition and dietetics supplements in accordance with Section 36 of the nutritionists and dieticians act.

These activities will inform capacity development efforts in the country specifically in regulating standards of training institutions in designing short and long term courses tailored towards nutrition and dietetics needs of the country.

KNDI is collaborating with a number of line ministries including: Ministries of Health, Education, Agriculture, Planning and Environment. It has also established partnerships with national research institutes with advanced laboratory services e.g. Kenya Plant Health Inspectorate Services (KEPHIS) and Kenya Agricultural and livestock Research Organization (KALRO) to advance their service provision within the framework of the Act as operationalized in the regulation. These were findings based on the existing MoUs as at 2014.

Despite challenges of inadequate staff and funding gaps, KNDI has had a number of achievements in 2014 including:

- Harmonization of the certificate, diploma and degree for a unified curricular.
- Registration of qualified nutritionists and dieticians. Employers are advised to engage registered professionals.
- Indexing of all nutrition and dietetics students in accredited training institutions to track existing manpower.

The activities of KNDI will need to be strengthened and aligned to those of the Nutrition and Dietetics communities of practice so as to influence the quality of services through capacity development.

ii. BMS Act:

The Breast Milk Substitute (BMS) Act[24] is a regulation developed by the Kenya government under the resolution of World Health Assembly (WHA) on International Code and Monitoring of BMS. The BMS act is cognisant of the extent to which poor infant feeding practices contribute to infant mortality and morbidity and aims at raising public awareness and commitment to protect, promote and support breastfeeding by regulating the marketing of Breast Milk Substitutes.

All health workers in the health system, especially those in contact with pregnant and lactating mothers and those working in emergency contexts need sensitisation of the Act in order to exercise caution when counselling on maternal infant and young child nutrition (MIYCN) and to know how to respond when in contact with breast milk substitute companies.

24 Breast Milk Substitutes (Regulation and Control) Act No. 34, 2012

Seeing as it is a government resolution and initiative, the MoH takes the lead in building staff capacity in partnering with various nutrition partners and private sector institutions. Increased efforts could be channelled to intensifying the level of awareness, including the mapping and engagement of relevant private sector, to be actively engaged in enforcing the Act.

iii. Kenya Bureau of Standards (KEBS):

Kenya Bureau of Standards (KEBS) is a statutory body established under the Standards Act (CAP 496) of the laws of Kenya with various legal mandates. With regard to food, nutrition and dietetics, its roles include:

1. Custodian of national standards; ensuring that nutrition and dietetics composition requirements are taken into consideration during development.
2. Monitoring the implementation of the national standards both at industry and markets level. This is done through quality assurance and inspection programs to assure both food safety and quality.
3. Confirming compliance to standards with the complying products granted permit for use of their standardisation mark.
4. Verification of both safety and quality of food products by improving engagements and collaboration with its stakeholders who among others include: lead regulatory agencies, public health department, industries, research institutions, academia, private sector experts, consumer bodies, industry associations, major consumers, among others.

The aim of broad consultation with the stakeholders is to continually improve on quality as it plays a facilitative role in the development of national standards. In this regard, one of the opportunities for improving capacity is to establish a regular platform of all stakeholders for feedback between key players i.e. industry, regulators and research institution/academia to enable continuous quality improvement.

3.2 Organizational capacity

3.2.1 Nutrition and Dietetics Workforce

Organizational capacity considers the competencies required by nutrition professionals at organizational level and the areas of focus required for improved organizational capacity .

Some of the organizations offering nutrition services include the: Ministry of Health, Ministry of Agriculture, UN Organizations; NGOs; Private sector; academic and research institutions; regulatory bodies; faith and community based organizations

The biggest proportion of nutritionists and dieticians are employed by the Ministry of Health according to KNDI, i.e. about 600 as at 2014. About 2100 other nutritionists and dieticians are spread across private sector, faith based organizations, and NGOs bringing the total to about 2700.

A number of MoH front line workers, notably the nurses, also support nutrition activities at health facility level including services such anthropometric screening, Vitamin A supplementation, de-worming, IMAM and IFAS management. The health facility is therefore an important entry point in raising the quality of this service delivery to the consumers.

The health facility as an organization therefore forms an indispensable part nutrition services and requires consideration for skills and competence enhancement due to the extent of their contact with the population. Presently a number of capacity development initiatives are underway at health facilities. These include On-Job-Training, mentorship programs, continuing professional development and continuous medical education.

3.2.2 On Job Training (OJT)

The strategy has been progressively implemented in the ASAL regions to enhance capacities of the health workers and CHVs nutrition service provision at the health facility. The process involves the training of a core team comprising of County Health Management Team (CHMT) staff. Guidelines and job aids are developed to support supervisors and mentors identify the technical and administrative capacity limitations at health facility levels.

This mode of training has focused on the 11 areas of HINI as promotion of good practices: including MIYCN practices, increased uptake of micro-nutrients, food fortification and Management of SAM/MAM.

It has been established that, in certain ASAL regions, frontline workers in health facilities have sustained and repeated trainings with a key focus on SAM/MAM. This is not surprising given the high wasting trends in the ASAL prompted by frequent droughts, food insecurity and inadequate health care systems. Community level training to promote active case finding through household and community-based approaches using networks of community health workers, mother to mother support groups for nutrition education, case detection and definition, referral and follow-up continue to be the weak areas of training that need deserved attention.

While a lot of capacity has been geared toward nutrition specific interventions nutrition sensitive actions require increasing attention. The Agri-Nutrition manual has been deployed in some counties by some local NGOs, but coverage is yet to be up-scaled. This has progressively been undertaken by Ministry of Agriculture and supporting agencies.

3.2.3 Continuing Professional Development (CPD)

Continuing professional development are courses offered to in-service staff on a wide variety of health related subject areas to upgrade competencies and skills for service delivery. The ultimate goal is to have well-trained and updated service providers that will ensure quality service provision without disrupting their daily work related activities, as the courses do not require the staff to leave their work stations for long periods of time.

KNDI has since developed CPD guidelines to give strategic direction in the professional development for skills, knowledge and attitude enhancement[25].

3.2.4 Organisational Infrastructure

Organisational capacity development recognises the need for well-established infrastructure, tools and equipment in addition to skills enhancement. For instance the skills for supply chain management and forecasting can be compromised with the absence of relevant commodities, lack of supplies and weak infrastructure, thereby constraining the delivery of nutrition services.

Capacity development on supply chain management is an important component of an effective nutrition service delivery system which further recognises the strengthening for social, strategic and management related skills.

25 http://kndi.net/

3.2.5 Capacity for coordination

Technical oversight and capacity development for coordination is required within NGOs, Government line ministries, private sector organizations, regulatory bodies and UN systems addressing nutrition interventions across the country.

The multi-sectorial nature of nutrition requires competencies to coordinate activities, manage staff and resources as well as offer supervisory services. Further, there is need to strengthen coordination structures in line with the requirements of the devolved government. When sub-national level coordination is weak, there is increased likelihood of fragmented, inconsistent and duplication of tasks between different actors.

National level nutrition coordination has been strengthened through the National Nutrition Technical Forums (NTF) where nutrition and dietetics partners converge on monthly basis. At county level, a similar coordination strategy has been adopted but the frequency and consistency varies within the different counties.

Since nutrition response is not just a health sector domain, multi-sectorial coordination is required. The implementation of the same has been hampered by institutional leadership and differing mandates. Establishment of institutional mechanisms for discussing, negotiating and resolving these differences is critical, and can be discussed at organizational levels, spearheaded by MoH nutrition unit.

3.2.6 Capacity for improved advocacy

Advocacy is a critical sector gap. Although advocacy for nutrition has made significant gains, e.g. through enshrining the right to food and nutrition in the constitution[26], there is room for further gains through strategic advocacy in the workforce through multi-stakeholder engagement. The Development of advocacy and policy dialogue strategies to engage with the government, civil service organisations, consumer organisations, foods manufacturers and other players is pertinent in ensuring that the quality issues of nutrition service delivery are attended to commensurately.

In this regard, Kenya's commitment to the Scaling up Nutrition Movement holds a lot of promise for addressing nutrition from a broad perspective, as the SUN movement engages the business community, donors, CSO/A, governments and academia. This 5 pronged approach bears potential for making nutrition a concern of all actors, as well as addressing nutrition sensitive initiatives.

3.2.7 Capacity to collect and manage data

While a lot has been accomplished to ensure the quality of nutrition data reporting and utilisation at the NTF level, challenges remain as nutrition decision making is dependent on accurate and timely data.

Graduating nutritionists ought to be trained on data collection methodologies and to use this data for nutrition decision making. Capacity to develop suitable indicators for nutrition sensitivity is yet to be accomplished at the national level. In addition capacity to conduct high quality nutrition research characterised by longitudinal data sets, as well as randomised control trials are needed on nutrition sensitive interventions amongst the different nutrition actors.

3.2.8 Capacity to mobilise resources

Lots of resources have been allocated for nutrition training by UN Organisations, partners and the Ministry of Health but the impact of these trainings on nutrition outcomes is still not clear.

26 Chapter 4 section 43 (i) part C of the Kenyan constitution

Implementation of nutrition programs requires capacity to mobilise resources. In an environment where there is competition for scarce resources, nutrition practitioners especially CNCs will need to be equipped with resource mobilisation and negotiation skills. This includes resources for staff recruitment, capacity development among nutrition workforce and investments on physical infrastructure, tools and supplies. How to develop capacity for resource mobilisation is not just an academic exercise, but involves communication and negotiation skills and development of competitive nutrition proposals that sell.

3.3 Technical capacity

3.3.1 Pre-service training and professionals standards

Technical capacity considers the level of proficiency and competency attained by professionals through training.

Over the last 10 years, private and public universities have introduced nutrition training at certificate, diploma and degree level. In the same universities, clinical sciences and nursing courses are offered and the departments of nutrition are responsible for providing nutrition courses within them. It is apparent that nutrition is taught in all the health sciences courses. But it is now established that the nutrition curricular for nutritionists and health workers at these tertiary levels is not informed by the current societal needs.

For purposes of standardising university curricular, KNDI has put in place a core curricular for all the universities, public and private alike for, but the universities have the flexibility to implement their niche courses. Currently, among the Nutrition partners and Division of Nutrition, the general national focus is on High Impact Nutrition Interventions (HINI) and appropriate nutrition during the first 1000 day window of opportunity.

Similarly, discussions and focus on nutrition sensitive interventions (agriculture, WASH, Education) are at initial stages. As reported by the lecturers at the universities involved in capacity development frameworks assessment, none mentioned if they interact with the Ministry of Health nutritionists, the UN organisations or NGO partners when they are developing their academic programs. There is thus less opportunity for linking the current training needs and their incorporation into the curricular or course design.

There are documents that guide curriculum development in the Universities and these include the core curriculum guidelines from KNDI, and the Curriculum development procedures as elucidated in the CUE regulation 2012[27].

3.3.2 In-service training

The government has a policy for in-service training where health workers are allowed time off and in some instances funding to further postgraduate educational levels in their respective professional areas. This is positive in terms of improving the capacity of nutrition workforce. In addition to this, it is imperative that demand for nutrition-based courses is created so that as they consider the in-service training, and chose nutrition-based courses. As it was reported by the nutrition lecturers in the universities interviewed, most nurses who register for in-service training consider much more broad

27 http://kndi.net/

courses including the public health and community health and development. With time, there is less and less consideration for specific nutrition-based courses for these cadres of health workers.

The government and the NGOs are currently embarking on training in nutrition service provision for the health workers already practicing at the health facility level. This is taking place through classroom training, OJT (mentorship) and through Continuous Medical Education. A range of training areas are considered including the IMAM, IYCN, IFAS and other areas on High Impact Nutrition Interventions (HiNi). Currently, the focus is on using mentorship strategy for delivering training – a focus that is preferred to classroom training which takes health workers out of the health facilities and is costly.

3.3.3 Workload considerations

The efforts to technically capacity build health workers through pre- and in-service approaches on nutrition service provision are greatly constrained by competing expectations from other health departments. Nutrition is just but one area of service delivery that health workers are expected to provide to the populations that they serve. The Kenya Health Policy (2012-2013) stipulates that the health workers should multi-task and provide numerous services needed to the populations. This is against the current reported situation of shortage of staff in the MoH at the National and sub-national levels and each cost centre has been pushed into coming up with ways of justifying employment of new staff. However this is a difficult balance in the wake of national concerns on the need to reduce the wage bill.

3.4 Community-related capacity

Community related capacity considers the level of awareness communities possess; their ability to access, demand and utilize health services and the levels of linkage existing between communities and health institutions at different levels.

The community's role in nutrition capacity development has the propensity of being overlooked, yet, communities are the ultimate benefactors of the improved nutrition service provision. It is paramount that communities are actively involved in capacity development efforts. It is envisaged that when communities are aware of the nutrition services that they ought to receive, they will prompt the health facilities and local health authorities at national and sub-national levels to capacitate health staff and link them with community systems to provide required services.

One key role for capacity enhancement at community level is the creation of an enabling environment, e.g., through the formation, running and sustainability of nutrition-based groups such as the Mother-to-Mother Support Groups, father to father support groups, community health volunteers, community health and extension workers etc. These groups form part of the community systems that demand nutrition services from the service providers.

Among community workers that have been found to be instrumental as change agents are the mother-to-mother support groups. These are mothers who are educating and supporting each other by sharing a range of experiences on nutrition related issues e.g. infant and young child feeding practices, hygiene practices and other nutrition related issues at community level. Building their capacities towards healthier families and stronger communities are therefore important nutritional considerations at community levels.

Community Health Volunteers (CHVs) are important providers of nutrition services, especially in the ASAL regions where heath worker shortage is common due to high turnover rates and the hard living conditions that these areas present. In some health facilities in the ASAL areas, the CHVs are the focal points of nutrition service provision as the nurses take up the role of providing 'mainstream' health services. It is apparent therefore that the capacity of community health volunteers in providing nutrition services need to be supported and strengthened.

CONCLUSION

In conclusion, having discussed all forms of capacity development required for nutrition service delivery, it's important to note that no one capacity development in itself will suffice.

> *The different elements are intertwined, related and require the right mix and balance for greater nutritional impact.*

This assessment established that presently capacity enhancement initiatives are being directed to the health facility level. Although this is an important environment for ensuring good nutritional practices, a holistic approach is vital. Capacity development should target broader systemic environment for entire nutrition service delivery. This includes capacity development on a broad range of issues including nutrition specific and nutrition sensitive issues

The analogy of football comes to mind when we talk of capacity development for nutrition. No matter how well-trained and qualified football players are, if the right players are not in the right place, if the team spirit, attitude and determination of winning together is inadequate, if the leadership does not believe in the players, nor have a shared vision with players in winning as a team and does not foster the players' growth, if the culture of working together is weak etc. then performance will be constrained. The same applies to nutrition service delivery in the context of capacity development. If there is weak systemic and technical capacity among decision makers in understanding the role of nutrition in development, if there is weak organizational capacity for nutrition leadership at the sub-national levels and if there is weak resource allocation for nutrition, if there is weak community capacity, then nutrition outcomes will be totally compromised. The factors which make the nutrition capacity system function as a system are all interconnected, i.e. systemic, organizational, technical, individual, and community capacities.

4. CAPACITY DEVELOPMENT FRAMEWORK

The four main capacity development focus areas considered by this framework include: systemic capacity development which is characterized by policy environment, legal and regulatory capacity as well as socio-economic and cultural dynamics influencing nutrition outcomes. The three other areas of focus include: organizational, technical and community capacity.

This framework seeks to provide a clear understanding of the status of each focus area through a discussion on:

- Gap analysis for each focus area.
- Key activities required to enhance the focus areas.
- Capacity and stakeholders concern for its implementation.
- Expected results.

The next sections of the CDF will focus on these discussions.

4.1 Systemic capacity (policy environment)

4.1.1 Current status

Nutrition services are guided by national policies with two over-arching national policies influencing nutrition outcomes namely the National Food and Nutrition Security policy as well as the National Health Sector Strategic Investment Plan (2013-2017). It is imperative to recognize the position of these policies for nutrition service delivery due to the reality that nutrition services are delivered by a large section of the health workforce notably the nurses at health facilities. Understanding how health policies address capacity development for the health workforce is an important consideration for developing capacities of health workers involved in nutrition services.

Over arching health policies and strategies provide a conducive environment and the potential opportunities that these policies could provide have not been fully harnessed for nutrition. At the same time, the specific nutrition policies and action plans do not provide implicit policy directions for capacity development of health workers in nutrition service provision.

In addition, these policies are rarely disseminated nor are the nutrition community sensitized on the content of these policies. To this end, the lack of ample knowledge and understanding on these policies by implementers is likely to reduce the impact, coverage and pace of service delivery.

4.1.2 Systemic capacity development policy framework

	CDF policy issue/gap	Key activities	Stakeholders (lead organizations in bold)	Expected result
1	Although the National Health Sector Strategic Investment Plan (2013-2017) promotes training of health workers, there is limited information on human resource capacity to deliver nutrition services amongst the health workforce.	Periodic nutrition capacity needs assessment among health and nutrition workers	**MOH, UNICEF,** Other nutrition partners	Evidence-based information on capacity building available for capacity development policy review, advocacy and fund raising
		Use nutrition capacity assessment findings to inform policy gaps for capacity development for nutrition	**MOH**, all nutrition partners in capacity development	
2	There are fragmented capacity development interventions in policy directions to resolve the existing nutrition capacity gaps	Development& dissemination of the National Nutrition Policies from national to sub-national level	**National MOH, KNDI, UNICEF**, other nutrition partners	Guides/plans, harmonized pre-service curricula at all levels, training standards and CPD guidelines available, disseminated and used for training Nutrition and Dietetics work force at national and sub-national level
		Harmonization of the Nutrition Training plan into training institutions curriculum and work plans	**MOH**, training institutions (including the universities), KNDI	
		Development and implementation of harmonized Nutrition Training plans	**Sub-national level MOH, UNICEF,** KNDI and other nutrition partners	
3	The Kenya Health Policy 2012-2013 promotes health worker performance as informed by client needs. However, Nutrition indicators have not been included in health worker performance indicators	Advocate for inclusion of more nutrition indicators in health worker performance indicators	**KNDI, MOH,** other nutrition partners	Create demand for nutrition training among health workers. Establish areas of specialization in the Nutrition service delivery to facilitate division of labor
4	Nutrition policies and strategies are not explicit, focused or strongly linked to capacity building of health workers on nutrition service provision	Review the: National Food and Nutrition Security Policy and National and Sub-National Nutrition Action Plans to encompass the nutrition capacity development component	**MOH**, KNDI other nutrition partners	Capacity development sensitive nutrition policies and strategies
		Review (other health, agriculture, education, gender sectors) policies to identify nutrition capacity gaps and provide recommendations	**MOH**, other nutrition partners	
		Use the experience, data and information from the implemented nutrition programs to inform policy review, development of policies and guidelines.	**MOH**, other nutrition partners	Information systems that inform policy.

4.2 LEGAL AND REGULATORY CAPACITY

4.2.1 Current status

Currently, regulatory efforts have been focused on pre-service training for nutritionists at higher levels of training. Within the existing regulatory frameworks, there is weak consideration that nutrition services in Kenya are largely provided by health workers whose services need to be regulated and continuously checked as they are the ultimate providers of the services to the largest proportion of the population.

This also calls for stronger linkage between nutrition regulatory bodies and institutions providing support for nutrition capacity development in all settings from national to sub-national levels. Besides, there have been inadequate linkages in mentorship, support supervision, implementation and regulation.

Field based programs are ongoing without clear regulatory standards. Ability to supervise students from class to the world of work remains weak. Linking facilitators from training institutions with MOH personnel at the sub-national as well as other nutrition partners on the ground for follow up to ensure that's what's been taught is being implemented is an important requirement and should not be a one person's responsibility.

Clear coordination structure between the: training institutions, the Ministry of Health Nutrition Unit and KNDI is important to ensure the full implementation of internship guidelines, CPD guidelines and training standards guidelines.

4.2.2 Legal and regulatory framework

	Critical issues/gap	Key activities	Stakeholders (lead organizations in bold)	Expected result
1	Inadequate linkages between existing standards, policy and regulatory services such as KEBS, KNDI, MOH, and nutrition implementers Only Gazetted members of council members attend council KNDI meetings Lack of a forum that regularly addresses critical gaps or scientific findings on food quality	Representation of KNDI, KEBS and other agencies with nutrition regulatory and standards mandates at Nutrition Technical Forums	**KNDI, KEBS,** MOH	Improved communication and linkages between regulatory organizations and nutrition partners on issues of nutrition capacity development
		Representation of MoH and nutrition partners in nutrition regulatory meetings Map actors to support the regulatory process. Develop a platform for sharing research and scientific findings with stakeholders.	**KNDI**, MOH, KBS, NGO partners **KNDI**, MOH, KEBS, NGO partners, Food industries and Academic/research institutions.	
2	Regulate in-service training for Nutrition and Dietetics workforce	Regulate and validate standards for nutrition in-service training for health workers	**KNDI, KEBS,** MOH, nursing council and training institutions, NGO partners	Improved standards for nutrition practice for practising nutritionist workforce and front line service providers, accurate data and distribution of practitioners
		Nutrition Trainer of trainers (TOTs) of trainings database; develop master facility list to map practitioners	**KNDI**, MOH, KEBS	
		Establish guidelines and database for TOTS	**KNDI,** MOH, and nutrition partners	
		Develop TOT in-service modules for nutrition	**KNDI,** MOH, and nutrition partners	
		Audit and inspect in-service training of health workforce in nutrition in the sub-national	**KNDI,** MOH	
		Develop standards, implement and regulate internship program.	**KNDI,** training institutions, NGO partners	
3	Lack of Module concentration for nutrition in pre-service	Ensure concentration of nutrition modules at pre-service for nutrition competencies in the field	**KNDI,** training institutions, NGO partners	Improved nutrition competencies
4	Lack of public awareness on Nutrition and Dietetics ACT	Dissemination of and capacity development on Nutrition & Dietetics ACT, regulation and codes of ethics and practice to health care workers and nutritionists at all levels (national and sub-national)	**KNDI,** MOH, MOA, NGOS, private sector, academia and research institutions	Improved understanding of the legal and regulatory frameworks for nutrition health workers
5	Joint regulatory processes to be strengthened amongst regulatory bodies e.g. KEBS, Nursing council…	Harmonization of the nutrition training regulation with other standards and regulations. Increase the visibility of the already formed and operationalized Joint regulatory board (JRB) in the health service provision	**KNDI,** KEBS, Nursing Council of Kenya	Integrated and collaborated approach to nutrition capacity development

4.3 Organizational capacity

4.3.1 Current Status

For a long time, nutrition capacity development has not been accorded the focus it deserves at organizational level as depicted by a dearth of nutrition capacity development departments and/ or staff focused solely on efforts to enhance the same within organizational set ups. With the intensification of Scaling-up Nutrition coupled with the new constitutional dispensation within a devolved system of government, inclusion of capacity development in the sub-national health strategies is pertinent.

In tandem with these approaches, there is need for organizations supporting nutrition interventions to increase equipment, supplies and funding to enhance training for service providers. Critical training focus areas will include: coordination, advocacy, data management and resource mobilization.

4.3.2 Organizational framework

	Critical issues/ gap	**Key activities**	**Stakeholders (lead organizations in bold)**	**Expected result**
1	There is scarcity of departments and staffing for focusing in coordinating, advocating and fundraising in nutrition capacity development	Nutrition capacity development office at the nutrition section in MoH Nutrition Unit upgrading to Department of Nutrition and Dietetics services within MoH	**MoH, UNICEF**	Increased focus and attention to nutrition capacity development
		Introduce and support capacity development officers positions within MoH and among NGO partners	**NGO partners,** UNICEF	
2	Capacity Development Steering Committee and working group is only limited to partners providing nutrition specific intervention	Incorporated other sectors e.g. agriculture, education and water in CDWG and CDSC at national and sub-national levels	**MOH, MOA,MOE, KNDI,** NGO partners	An expanded and strengthened CWG and CDSC – an improved coordination of nutrition capacity development
		Hold capacity development conferences/workshop targeting various stakeholders on nutrition sensitive and specific interventions for sharing best practices in nutrition capacity development	**MOH, KNDI,** NGO partners	
3	Level of investments in nutrition capacity development is never tracked or given focus	Fundraising for nutrition capacity development activities	**NGO partners,** MOH, UNICEF	Increased funding for nutrition capacity development. Increased coordination to assist continuous assessment, capacity development and capacity monitoring.
		Monitor funding allocation for nutrition capacity development at national and sub-national levels	**MOH**, NGO partners, UN bodies	

	Critical issues/ gap	Key activities	Stakeholders (lead organizations in bold)	Expected result
4	Inadequate training on strategic management for nutrition e.g. coordination, advocacy, data management, resource mobilization	Training on planning and coordination, advocacy, data management, resource mobilization and supply chain management	**NGO partners, training institutions, KNDI,** MOH	Increased knowledge and skills among the nutritionists in coordination, advocacy, M&E and resource mobilization
		Linking the training institutions with the nutrition partners and institutions for provision of required internships	**KNDI Training institutions, NGO partners** and the private sector	
5	Gaps in the systematic engagement between sub-national nutrition teams and national government. Low awareness by MCAs on nutrition matters. Weak governance structures for nutrition capacity development at sub-national level	Increased awareness among the MCAs on nutrition issues and nutrition capacity development	**CHMTs,** NGO partners at sub-national level	Strengthened framework for sub-national nutrition teams and sub-national governments. Strengthened sub-national-level structures for nutrition capacity development
		Inclusion of nutrition capacity development plans into sub-national health strategic plans	**Sub-national Health Directors,** CHMTs, NGO partners at sub-national level	

4.4 Technical capacity

4.4.1 Current status

While many training institutions are providing training to students in nutrition, these curricula are not aligned to societal needs which impacts on the level of competencies required to provide relevant services. While there is a general standard developed by KNDI on what is expected of a nutritionist, there is however no clear guidance on what nutrition skills a registered or enrolled nurse should have by the time of graduating. The gaps elicited can be addressed by full implementation of KNDI core curriculum into all training programs of nutrition and dietetics and periodic review of the curricula to respond to societal needs.

In addition, there have been a number of initiatives for in-service training in Kenya such as on job training (OJT); classroom training, mentorship, and Continuing Professional Development. These training approaches need to be scaled up. The challenge however is that, even with the scaling up of these initiatives, not much is likely to be achieved if the country continues to grapple with the persistent challenge of insufficient staffing and increased staff workload. Linking OJT to the licensure of practitioners through CPD is critical to OJT sustainability as this will serve as an incentive attached to OJT as they earn CPD points. Earning CPD points is essential to a health worker's retention in the list of practitioners and for updating licensure.

To date, lots of resources have been allocated to OJT as an area of capacity development for ensuring nutrition service delivery. However, there is need to look into other aspects of training especially those that will ensure links with other health partners on the ground. Such coordinated approaches will ensure sustained follow up and quality of implemented programs.

4.4.2 Technical capacity development framework

	Critical issues/gap	Key activities	Stakeholders (lead organizations in bold)	Expected result
1	Pre-service nutrition curriculum (for nurses and nutrition) not informed by nutrition training needs. There is limited collaboration between academia and nutrition practitioners on curricular implementation Strengthened periodic review on implementation of curricular	Hold a universities/nutrition practitioners workshops/forum: including mid-level colleges for diploma and certificates;	**KNDI,** MOH, Nursing Council, Universities, NGO partners, UN bodies	Graduating nutritionist and nurses are well versed with required skills and knowledge aligned to societal needs
		Form a university & practitioners committee on curriculum development and review	**KNDI,** MOH, Nursing Council and KEBS	
		Universities to align its curricular to recommendations of practitioners and the industry	**KNDI,** Universities, KEBS, Food manufacturers, MOH, MOE, Nutrition partners	
		Set-up minimum nutrition standards for trained health workers	**KNDI,** Nursing Council, MOH, KBS, UNICEF	
		Review nutrition curricular development and process to incorporate contributions of the MOH (DON) and nutrition partners	**KNDI,** Universities, KBS, Food manufacturers, MOH, MOE, Nutrition partners	
2	In-service: Proven training approaches e.g. OJT need to be scaled-up in the country	Continuous evaluation of nutrition training at field level (OJT, classroom training, CPDs etc.) Support implementation & supervision of in-service training from class to field level	**MOH,** CDWG, NGO partners (including FUNZO), UNICEF	Increase in the number of in-service nutritionists knowledgeable and skilled in nutrition services provision
		Fundraising and scaling-out of effective training approaches to sub-national governments	**MOH,** CDWG, NGO partners, UNICEF	
3	The effects of capacity development is challenged by heavy work load and health staff shortage	Define the nutrition health worker adequacy ratio	**MOH,** CDWG, KNDI	Sufficient health work force and especially in marginalized areas
		Advocate for increased deployment of nutritionist	**MOH,** NGO partners, KNDI	
4	Limited continuous professional development for in-service training for nutrition	Advocate for scholarships and support career progression for nutritionists	**KNDI, MOH, NGO**	Motivated nutritionist with increased professional knowledge
		Support development, implementation and dissemination of CPD guidelines	**MOH, NGO partners**, KNDI	

4.5 Community capacity

4.5.1 Current status

The demand for nutrition services provided to communities can act as a pull not only for the health facilities and local health levels, but also in ensuring that scaling up of nutrition interventions is achieved through the frontline workers many of whom are already found in communities. These include: CHEWS, CORPS, CHVs, and mother to mother support groups. The role of community health workers needs to be supported in the wake of health staff shortage and high staff turnover rates.

Community capacity development also involves working with diverse groups of structured community systems e.g. women groups, mother-to-mother support groups and youth groups, schools and churches. This involves nutrition partners planning with communities at sub-national level to help them identify nutrition challenges that they face and hold regular consultations with community members so as to identify nutritional priorities and plan for effective response to the challenges.

4.5.2 Community capacity development framework

	Critical issues/ gap	Key activities	Stakeholders (lead organizations in bold)	Expected result
1	There is need for strengthened community awareness on nutrition services that they ought to receive	Increasing the number of active nutrition and health community groups (such as mother-to-mother support groups)	**MOH,** NGO partners in the sub-national	Increased community demand for nutrition services
		Awareness on community nutrition service entitlements through existing community groups Develop guidelines for minimum package of nutrition for CHVs Organise nutrition Stakeholders forum during nutrition field days to show case best practices for nutrition.	**MOH,** NGO partners in the sub-national	
2	CHVs are important providers of nutrition services especially in the ASAL areas and their capacities for nutrition should be strengthened	Review the nutrition part of the community strategy to align it to the current focus of HINI	**MOH,** NGO partners in the sub-national	Improved nutrition service delivery through CHVs, CHEWS and mother to mother support groups
		Train community groups on basic nutrition concepts and to create synergy on implementation of nutrition services	**MOH,** NGO partners in the sub-national	
		Integrate essential nutrition tools and supplies into the existing CHV kits	**NGO partners,** MOH	
		Support (financially and technically) the training of the CHVs in nutrition service provision (as part of the community strategy)	**NGO partners,** MOH	
		Advocate among the sub-national governments for the facilitation (financial) of CHVs to provide health services	**CHMTs, Sub-national governments,** MOH	
		Strengthen support supervision of CWHs for the provision of nutrition services	**MOH,** NGO partners in the sub-national	
3	Lack of nutrition champions in the sub-national	Identify, train/orientate and support nutrition champions at sub-national levels to advocate for nutrition issues including capacity development	MOH, NGO partners in the sub-national	Increased visibility of nutrition through nutrition champions
	The Community Health Strategy can be further harnessed to strengthen nutrition components within it	Review community health strategy to include nutrition components	**MOH**	A broader approach maximizing social capital, and diverse community entry points

5. MONITORING AND EVALUATION

5.1 M&E processes

The objective of Monitoring and Evaluation (M&E) is to inform decision making by ensuring that planned capacity development activities are implemented and expected outcomes achieved by relevant stakeholders. This M&E framework will consider a consolidated 4 pronged approach based on the themes.

The following considerations will be taken into account: the gaps, strategies implemented and progress made on the 4 thematic areas.

Nutrition issues of non-technical focus lack a visible database such as the DHIS. This means attaining information for programming or progress related indicators requires an un-systemized approach between individuals at national level and sub-national.

Therefore, verifiable indicators such as: program documents, working group coordination minutes and other relevant reports depicting activities undertaken will serve as verification.

Qualitative and quantitative assessments and evaluations conducted by NGOs or other project-based activities will also depict capacity development issues and progress made.

In order to improve the M&E process, efforts will be made under this framework to:

1. Identify a capacity development focal person, responsible for all aspects of capacity development including (Systemic, organisational, technical and community capacity developments)
2. Collect, analyse, validate and disseminate capacity development assessment data on systemic, organisational, technical and community capacities for sound decision making on service delivery.
3. Capacity strengthening for all cadres of service delivery.
4. Link M&E systems to nutrition specific and nutrition sensitive sectors (e.g. agriculture, education, NGOs, among others) to ensure adequate multi-sectorial data is available and used for decision making.
5. Monitor improved communication and linkages between regulatory organizations and partner's.
6. Strengthen the system sub-national to national communication strategies.

5.1.1 Coordination of M&E

Effective coordination structures from national to sub-national levels are vital. Currently there are no sub-national coordination structures for capacity development working group. This will need to be established and representation should include relevant government line ministries, local NGOs and CBOs at sub-national levels.

Well-coordinated strategies will minimize duplication of service provision and enhance programming synergy. Deliberations of the coordination meetings on capacity development will need to be reported back to the national capacity development working group.

5.1.2 Funding for M&E

For efficacy of capacity development implementation, strategic actions for monitoring and evaluation will need to be costed. Financial commitment is imperative to ensuring that adequate resources are allocated to the actions outlined in the framework.

Adequate resources will need to be committed through annual budgetary plans to achieve the required outcomes which will further need to be supplemented by budgetary commitments from other actors such as: private sector organisations, development partners, NGOs, UN etc. The budget prepared reflects the resources required to implement the activities in the monitoring and evaluation section.

5.2 Nutrition and Dietetics capacity development M&E framework (2014-2019)

Results and activities	Objectively verifiable indicator	
A. SYSTEMIC CAPACITY FRAMEWORK		
Result 1: Evidence-based information on capacity building available for policy review, advocacy and fundraising		
Activity 1.1: Nutrition capacity needs assessment conducted among health workers	Periodic nutrition capacity needs assessment	
Activity 1.2: Use nutrition capacity assessment findings for advocacy and fundraising	Increased funding allocated to nutrition capacity development	
Result 2: A guide/plan available, disseminated and used for training health staff in nutrition in the country		
Activity 2.1: Development and dissemination of National Nutrition Training Plans to sub-national health teams	Developed nutrition training plan	
Activity 2.2: Harmonization of the Nutrition Training plan with training institutions curriculum and work plan	Number (proportion) of universities adopting training plans/ recommendations	
Activity 2.3: Development and implementation of the sub-national specific Nutrition Training plans	Number (proportion) of sub-national which have developed and used the training plans	
Activity 2.4 Development and dissemination of all Nutrition Policies, Strategies and Guidelines to sub-national level	Developed Nutrition policies database Developed Policies dissemination plan	
Results3: Increased demand for nutrition training among the health workers		
Activity 3.2: Advocate for inclusion of more nutrition indicators in health worker performance indicators	Number of added indicators as performance indicators for frontline health and nutrition health workers	
Result 4: Capacity development for nutrition sensitive policies and strategies		
Activity 4.1: Review the National Food and Nutrition Security Policy to encompass the nutrition capacity development component	A capacity development nutrition sensitive NFNSP	
Activity 4.2: Review the National Nutrition Action Plan and Sub-national Nutrition Action Plan to strengthen capacity building strategy components	A capacity development nutrition sensitivity on National Nutrition Action Plan	

	Means of verification	Baseline	Target	Frequency of data collection
	Document available	No capacity needs assessment	1 (one) Capacity needs assessment	Yearly
	Government health/ nutrition budget and donor/partner funding	-	Increase by 50% on allocation for nutrition capacity development	Yearly
	Training plan (report)	No training plan	Training plan available	2-yearly
	Nutrition training curricular	-	At least 50% of the universities providing nutrition training	Yearly
	Sub-national-based training/HR plans	-	80% of the sub-national implementing their respective training plans	quarterly
	Nutrition polices database in place Report on training plan and progress	No Database No Training plan	1 consolidated database 1 dissemination plan	2 - Yearly
	Health worker performance indicators	-	At least 5 key indicators added to performance contracts	5-yearly
	Reviewed NFNSP	No consideration of the nutrition capacity development	Policy consideration of the nutrition capacity development	5-yearly
	Reviewed National Nutrition Action Plan	No consideration of the nutrition capacity development	Policy consideration of the nutrition capacity development in the National Nutrition Action Plan	5-yearly

Results and activities	Objectively verifiable indicator	
Activity 4.3: Review (other health, agriculture, education, labor sectors') policies to identify nutrition capacity gaps and provide recommendations	Number of nutrition relevant policies reviewed	
LEGAL AND REGULATORY FRAMEWORK (part of systematic capacity)		
Result 5: Improved communication and linkages between regulatory organizations and nutrition partners on issues of nutrition capacity development		
Activity 5.1 Representation of KNDI at Nutrition Technical Forum	Number (proportion) of NTF meetings attended by KNDI	
Activity 5.2: Representation of MoH and nutrition partners in nutrition training regulatory meetings and activities	Number of regulatory meetings attended by MOH, with KNDI, and KEBS,	
Activity 5.3 establish a well instituted stakeholder mechanism for exchanges on food quality related issues with KEBs, and other stakeholders with the aim of advancing scientific researches	Number of KEBs and stakeholder forums on food quality	
Activity 5.4 Mapping and engagement of relevant private sector actors to support MIYCN initiatives including support to adherence of the BMS act and MIYCN workplace support	Number of private sector forum meetings on MIYCN legislative issues including workplace support and BMS act	
Results 6: Improved standards for nutrition practice for practising nutritionist workforce and front line service providers		
Activity 6.1 Develop standards for nutrition in-service training for health workers e.g. nurses	A developed in-service training standard	
Activity 6.2 Develop an approved trainer of trainers (TOTs) of nutrition trainings at national and sub-national level	Number (proportion) of sub-national registering ToTs an approved database of ToTs Licenced by KNDI	
Activity 6.3: Audit and inspect in-service training of health workforce in nutrition in the sub-national	Number of sub-national audited	
Activity 6.4: Develop standards and regulate internships provided by nutrition partners and institutions	An internship standard developed	
Result 7: Improved understanding of the legal and regulatory frameworks for nutrition health workers		
Activity 7.1: Dissemination, sensitisation of and capacity development on Nutrition & Dietetics ACT, and other with legal and regulatory issues with regard to: BMS Act, KEBs, Minimum standards of pre-service training and ToTs to nutrition workforce at all levels (national and sub-national)	Number (proportion) of health workers who have an understanding of the legal and regulatory frameworks for nutrition health workers	

	Means of verification	Baseline	Target	Frequency of data collection
	Policy review reports	-	At least 5 sectorial policies reviewed (including in health, agriculture, education, labor sectors')	5-yearly
	Minutes of the meetings	Zero	KNDI representative attend >80% of NTF meetings	Yearly
	Minutes of the meetings	Zero	MOH representative attend>80% of NTF meetings	Quarterly
	Minutes of the meetings	zero	MoH representative >80% of the meetings	Twice yearly.
	Minutes of the meeting	zero	MOH representative attend >80% of the meetings	Yearly
	Standard document	Zero	Availability of training standards document	Yearly
	List of approved TOTs per sub-national	Zero	100% of sub-national registering TOT by end of 5 years	Yearly
	Audit reports	Zero	100% of sub-national audited every five years	Yearly
	Internship standard developed by MoH/KNDI	None	An operational internship standard	Yearly
	Health workers assessment report	-	>50% of the health workers have understanding of the legal and regulatory frameworks	5-yearly

Results and activities	Objectively verifiable indicator	
Result 8: Integrated and collaborated approach to nutrition regulatory procedures		
Activity 8.1: Harmonization of the nutrition training regulation with other standards and regulations	Number of nutrition training standards incorporated into the nursing standards	
B) ORGANISATIONAL CAPACITY		
Result 9: Increased focus and attention to nutrition capacity development		
Activity 9.1: Establish, operationalize and strengthen nutrition capacity development office at the nutrition section in MoH and among the partner organizations.	A capacity development office at the MOH	
Activity 9.2: Introduce and support capacity development officers positions within MoH and NGO partners	Capacity development officers deployed	
Activity 9.3 Advocacy to elevate the Nutrition Unit to a Department of Nutrition and Dietetics services of the MoH.	A Nutrition and dietetics Department	
Result 10: An expanded and strengthened Capacity Working Group and Capacity Steering Committee – an improved coordination of nutrition capacity development		
Activity 10.1 quarterly(and special) meetings/forums on capacity development	Number of meetings held in a year	
Activity 10.2: Incorporate other sectors in CDWG at national and sub-national level	Number of other sector members represented at the CDWG	
Activity 10.3: Hold capacity development conferences/ workshop for sharing best practices in nutrition capacity development	Number of capacity development workshops in a year	
Result 11: Increased funding for nutrition capacity development		
Activity 11.1: Fundraising for nutrition capacity development among nutrition workforce and health workers at national and sub-national levels	Proportion of nutrition project funds allocation to capacity development	
Activity 11.2: Monitor funding allocation for nutrition capacity development	Disaggregation of funding for nutrition to show amount allocated for capacity development	

	Means of verification	Baseline	Target	Frequency of data collection
	Nursing standards	-	5 nutrition training standards incorporated into nursing standards and regulations	5-yearly
	Office set up	-	An operational capacity development office at the MOH	Yearly
	HR records	No capacity development officers	Capacity development officers employed at MoH and among nutrition NGO partners	Yearly
	Office set up	-	An operational Department office for Nutrition and Dietetics	
	Minutes of monthly meetings	-	At least 1 meeting every month	Monthly
	Minutes of monthly meetings	zero	Representation of Agriculture, WASH, Education sectors in CDWG	Monthly
	Workshop proceedings	Zero	One workshop/year	Yearly
	Funding reports	-	50% increase in funds allocation to nutrition capacity development	Yearly
	Budget and expenditure reports	-	All nutrition budgets disaggregated	Yearly

Results and activities	Objectively verifiable indicator	
Results 12: Increased knowledge and skills among the nutritionists in coordination, advocacy, M&E, supply chain management and resource mobilization		
Activity 12.1. Training of nutritionists in government and civil society on planning and coordination, advocacy, data management, supply chain management and resource mobilization	Number of nutritionists trained	
Activity 12.2: Linking the training institutions with the nutrition partners and institutions for provision of required internships	Number of the nutrition partners and institutions linked to the training institutions for internship	
Activity 12.3 Support counties in capacity for building and using nutrition information and evidence and conducting research to inform nutrition specific and sensitive programming	Number of programmes informed by nutrition researches	
Results 13: Strengthened sub-national-level structures for nutrition capacity development		
Activity 13.1: Increased awareness among the MCAs on nutrition issues and nutrition capacity development	Number (proportion) of MCAs aware of key nutrition issues and nutrition capacity development	
Activity 13.2: Inclusion of nutrition capacity development plans into sub-national health strategic plans	Number (proportion)of sub-national health strategic plans reflecting nutrition capacity development	
C. TECHNICAL CAPACITY		
Result 14: Graduating nutritionist and other health workers are well versed with current required skills and knowledge		
Result 15: Increase in the number of in-service health workers knowledgeable and skilled in nutrition services provision	Number of universities/mid-level colleges/nutrition practitioners workshops/forum held	
Activity 14.2: Form and operationalize a university / academia & practitioners committee on curriculum development and review	Number of meetings on curricular held	
Activity 14.3: Universities/ academic institutions to align its curricular to recommendations of practitioners and the industry	Number of curricular recommendations adopted from the quarterly curricular meetings	
Activity 14.4: Set-up minimum nutrition standard for a trained health worker	Standards document for trained health workers	
Activity 14.5: Review nutrition curricular development and process to incorporate contributions of the MOH (DON) and nutrition partners	Curricular development/review includes MOH	

	Means of verification	Baseline	Target	Frequency of data collection
	Training reports	Zero	100% of the CNOs trained	Yearly
	Internship linking reports	-	200 nutrition partners and institutions linked to training institutions	Yearly
	Programme review reports	-	All major funded nutrition programmes to be evidence based	2 yearly
	MCAs survey	-	50% of the MCAs are aware of the key nutrition issues and nutrition capacity development	5-yearly
	Sub-national health strategic plans	Zero	100% of sub-national health strategic plans reflecting nutrition capacity development	Yearly
	Workshop reports	-	1 forum a year	Yearly
	Minutes of the meetings	-	4 meetings a year (quarterly)	Quarterly
	Universities' updated curricular	-	5 recommendations adopted	Quarterly
	Standards document	No standard	Standard available	Yearly
	Curricular development and review process of training institutions	-	Reviewed nutrition curricular development process	Yearly

Results and activities	Objectively verifiable indicator	
Result 15: Increase in the number of in-service health workers knowledgeable and skilled in nutrition services provision		
Activity 15.1: Involve a team of experts to continuous evaluation of nutrition training approaches at field level (OJT, classroom training, CPDs etc.) in the country and providing recommendations for improvements	Number (proportion) of recommendations adopted from training evaluations	
Activity 15.2: Fundraising and scaling-out of effective training approaches to sub-national governments	Number (proportion) of sub-national covered with the training approaches	
Result 16: Sufficient nutrition workforce and especially in marginalized areas		
Activity 16.1: Define the nutrition health worker adequacy ratio	A report on nutrition health worker adequacy ratio	
Activity 16.2: Advocate for deployment of sufficient nutritionist in the sub-national	Number of new nutritionist staff deployed	
Activity 16.3: Advocate for the deployment of sufficient nurses (health workers) in the sub-national	Number (proportion) of new nurses deployed	
Result 17: Motivated nutritionist with increased professional knowledge		
Activity 17.1: Advocate for scholarships and support career progression for nutritionists	Number (proportion)of nutritionist who progress further in their careers	
Activity 17.2: Dissemination and Implementation of the CPD	Number of nutritionists undergoing CPDs	
D. COMMUNITY-RELATED CAPACITY DEVELOPMENT FRAMEWORK		
Result 18: Increase in community demand for nutrition services		
Activity 18.1: Increasing the number of active nutrition and health community groups (such as mother-to-mother support groups	Number of new community groups formed	
Activity 18.2: Awareness on community nutrition service entitlements through formed community groups	Increase in community awareness on nutrition services entitlement	
Activity 18.3: Leverage on the diverse existing community platforms and use these to build nutrition capacities of community.	Guideline developed on minimum package on nutrition for CHVs	

	Means of verification	Baseline	Target	Frequency of data collection
	Report	-	80% of the recommendations adopted	5-yearly
	Program reports	11 sub-national	47 counties (100%)	5-yearly
	Report	-	A nutrition health worker adequacy report in the sub-national	Yearly
	HR records	-	20% increase in nutrition workforce deployment	Yearly
	HR records	-	20% increase nurses posted to the health facilities	Yearly
	Training record at the HR departments in the sub-national	-	50% of the nutritionist progress from their current academic qualifications	5-yearly
	CPD Training Records		20% nutritionists trained	Yearly
	Sub-national program reports	-	Increased by 50% in the number of community groups formed	Yearly
	Nutrition and health surveys	-	Increase by 50% in the number of community members aware of their entitlements	Yearly
	Training guideline	-	20% CHVs trained	Yearly

Results and activities	Objectively verifiable indicator	
Result 19: Improved nutrition service delivery through CHVs, CHEWS and mother to mother support groups		
Activity 19.1: Review the nutrition part of the community strategy to align it to the current focus of HINI	Number (proportion) of HiNi's included into community strategy	
Activity 19.2: Train CHVs, CHEWS, Mother to Mother Support groups on basic nutrition concepts and to create synergy on implementation of nutrition services	(Increase in number proportion) of CHV trained in HiNi	
Activity 19.3: Integrate essential nutrition tools and supplies into the existing CHV kits	Number (proportion)of community units supplied with essential nutrition tools and supplies	
Activity 19.4: Support (financially and technically) the training of the CHVs in nutrition service provision (as part of the community strategy)	(Increase in number proportion) of CHVs facilitated to provide health services	
Activity 19.5: Advocate among the sub-national governments for the facilitation (financial) of CHVs to provide health services	Number (proportion) of sub-national supporting the community strategy	
Activity 19.6: Strengthen support supervision of CWHs for the provision of nutrition services	Number (proportion) of CHVs supervised in nutrition service provision	
Result 20: Increased visibility of nutrition through nutrition champions		
Activity 20.1: Identify, train/orientate and support nutrition champions at sub-national levels to advocate for nutrition issues including capacity development	Number (proportion) of sub-national who have supported nutrition champions in the sub-national	

	Means of verification	Baseline	Target	Frequency of data collection
	Community strategy guidelines'	-	All HiNi's included into the community strategy	Yearly
	Sub-national program reports	-	50% increase in the number of CHV and CHEWS trained on HiNi	Yearly
	Program reports	-	80% of community units with essential nutrition tools and supplies	
	Sub-national program reports	-	50% increase in the number of CHVs financially supported to provide health services	Yearly
	Sub-national budgets	-	100% of sub-national allocating sufficient part of the budget into community strategy	Yearly
	Sub-national program reports	-	>80% of active CHVs supervised	Yearly
	Program reports	-	80% of the sub-national support nutrition champions	Yearly

6. COSTING OF THE FIVE YEAR FRAMEWORK

It is estimated that countries lose up to 2-3% of their GDP to under-nutrition leading to negative socioeconomic impacts, hence the need for a holistic approach to capacity enhancement based on the 4 themes of this framework.

This section focuses on the cost implications of the same. These costs were generated during the assessment and through consultations with stakeholders. While there is a unanimous position on the need for increased resource allocation, the challenge of advocating for, securing, proper allocation and monitoring of the resources requires even further consideration. To this end, political good will to finance capacity development for nutrition is critical from the government as well as from multiple potential stakeholders. It's important to note that the costs highlighted below are estimated unit costs based on existing capacity building activities in the country.

6.1 Costing expenditure summary

Nutrition capacity development thematic area	**Amount in Kshs. (millions- 000,000)**					**Total**
	2014/15	2015/16	2016/17	2017/18	2018/19	5 years
Policy framework	6.1	64.3	0.3	0.3	0.3	71.3
Organisational capacity	29.6	51.8	50.8	38.8	38.8	209.7
Technical capacity	243.7	240.2	244.2	240.2	240.2	1,208.5
Community capacity development	232.6	256.1	228.6	228.6	216.3	1,162.2
Legal and regulatory framework	102.2	97.2	0.7	0.2	0.2	200.5
Total in Kshs (millions)	614.2	709.6	524.6	508.1	495.8	2,852.2
Total in US$ (millions)	7.1	8.2	6.0	5.8	5.7	32.8

6.2 Detailed costing of the CDF

Activity	Stakeholders (Bolded is the lead agency)	
A. SYSTEMIC CAPACITY FRAMEWORK		
Result 1: Evidence-based information on capacity building available for capacity development policy review, advocacy and fundraising		
Activity 1.1: Nutrition capacity needs assessment conducted among health workers	**MOH**, UNICEF, Other nutrition partners	
Activity 1.3: Use nutrition capacity assessment findings for advocacy and fundraising	**MOH**, all nutrition partners in capacity development	
Result 2: A guide/plan available, disseminated and used for training health staff in nutrition in the country		
Activity 2.1: Development and dissemination of the National Nutrition Training Plans to county health teams	National MOH, KNDI, UNICEF, other nutrition partners	
Activity 2.2: Harmonization of the Nutrition Training plan with training institutions curriculum and work plan	**KNDI, MOH**	
Activity 2.3: Development and implementation of the county specific Nutrition Training plans	**County level MOH, UNICEF** other nutrition partners at the county level	
Results 3: Create demand for nutrition training among the health workers		
Activity 3.2: Advocate for inclusion of more nutrition indicators in health worker performance indicators	**MOH**, other nutrition partners	
Result 4: Capacity development sensitive nutrition policies and strategies		
Activity 4.1: Review the National Food and Nutrition Security Policy to encompass the nutrition capacity development component	**MOH**, other nutrition partners	
Activity 4.2: Review the National Nutrition Action Plan and County Nutrition Action Plan to strengthen capacity building strategy components	**MOH**, other nutrition partners	
Activity 4.3: Review (other health, agriculture, education, labor sectors') policies to identify nutrition capacity gaps and provide recommendations	**MOH,** other nutrition partners	
Subtotal		
B. ORGANISATIONAL CAPACITY		
Result 5: Increased focus and attention to nutrition capacity development		
Establish, operationalize and strengthen nutrition capacity development office at the nutrition section in MoH and among the partner organizations	**MoH, UNICEF**	
Activity 4.2: Introduce and support capacity development officers positions within MoH and NGO partners	**NGO partners,** UNICEF	

	Projected Financial Resources input in Kshs in Millions (000,000)					Costing notes/comments
	2014/15	2015/16	2016/17	2017/18	2018/19	
	6	-	-	-	-	Nation-wide assessment in all the counties
		0.3	0.3	0.3	0.3	To facilitate advocacy among donor community
	-	25	-	-	-	Drafting of the plan, validation and printing of copies for distribution
		5	-	-	-	Funding dissemination in all the counties
		25				Workshop for all the relevant training institutions
	0.1					Facilitation of meetings and workshops
		2				Facilitation of meetings and workshops
		2				Facilitation of meetings and workshops
		5				Facilitation of meetings and workshops
	6.1	**6**	**28**	**0.8**	**0.8**	
	2	1.2	1.2	1.2	1.2	Office set-up and support staff based at the MoH
	24	24	24	24	24	Support staff for about 10 agencies involved in capacity development

Activity	Stakeholders (Bolded is the lead agency)	
Result 6: An expanded and strengthened Capacity Working Group – an improved coordination of nutrition capacity development		
Activity 6.1 Monthly (and special) meetings/forums on capacity development	**MOH,**	
Activity 6.2: Incorporate other sectors in CDWG at national and county level	**MOH, MOA,MOE,** NGO partners	
Activity 6.3: Hold capacity development conferences/ workshop for sharing best practices in nutrition capacity development	**MOH,** NGO partners	
Result 7: Increased funding for nutrition capacity development		
Activity 7.1: Fundraising for nutrition capacity development among nutrition workforce and health workers at national and county levels	**NGO partners,** MOH, UNICEF	
Activity 7.2: Monitor funding allocation for nutrition capacity development	**MOH,** NGO partners, UN bodies	
Results 8: Increased knowledge and skills among the nutritionists in coordination, advocacy, M&E and resource mobilization		
Activity 8.1. Training of nutritionist in government and civil society on planning and coordination, advocacy, data management, resource mobilization	**NGO partners, training institutions, KNDI,** MOH	
Activity 8.2: Linking the training institutions with the nutrition partners and institutions for provision of required internships	**KNDI Training institutions, NGO partners** and the private sector	
Results 9: Strengthened county-level structures for nutrition capacity development		
Activity 9.1: Increased awareness among the MCAs on nutrition issues and nutrition capacity development	**CHMTs,** NGO partners at county level	
Activity 9.2: Inclusion of nutrition capacity development plans into county health strategic plans	**County Health Directors,** CHMTs, NGO partners at county level	
Subtotal		
C. TECHNICAL CAPACITY		
Result 10: Graduating nutritionist and other health workers are well versed with current required skills and knowledge		
Activity 10.1: Hold a universities/mid college/ nutrition practitioners workshops/forum	**KNDI,** MOH, Nursing Council, Universities, NGO partners, UN bodies	
Activity 10.2: Form and operationalize a university/ mid colleges& practitioners committee on curriculum development and review	**KNDI,** MOH, Nursing Council and KEBS	

	Projected Financial Resources input in Kshs in Millions (000,000)					Costing notes/comments
	2014/15	2015/16	2016/17	2017/18	2018/19	
	0.12	0.12	0.12	0.12	0.12	Meeting facilitation
	0.1	0.1	0.1	0.1	0.1	Communication, meetings and transport
	3	3	3	3	3	Yearly conference funding
	0.1	0.1	0.1	0.1	0.1	Communication, meetings and transport
	0.05	0.05	0.05	0.05	0.05	Monitoring activities- Communication, meetings and transport
		13	12			Training workshops
	0.2	0.2	0.2	0.2	0.2	
		5	5	5	5	Advocacy meetings
		5	5	5	5	Meetings/workshops
	29.37	**28.57**	**28.57**	**28.57**	**28.57**	
	0.5	0.5	0.5	0.5	0.5	Workshops and forum costing
	0.1	0.1	0.1	0.1	0.1	Communication, meetings and transport

Activity	Stakeholders (Bolded is the lead agency)	
Activity 10.3: Universities to align its curricular to recommendations of practitioners and the industry	**KNDI,** Universities, KEBS, Food manufacturers, MOH, MOE, Nutrition partners	
Activity 10.4: Set-up minimum nutrition standard for a trained health workers	Nursing Council, KNDI, MOH, KBS, UNICEF	
Activity 10.5: Review nutrition curricular development and process to incorporate contributions of the MOH (DON) and nutrition partners	**KNDI,** Universities, KBS, Food manufacturers, MOH, MOE, Nutrition partners	
Result 11: Increase in the number of in-service health workers knowledgeable and skilled in nutrition services provision		
Activity 11.1: Involve a team of experts to continuous evaluation of nutrition training approaches at field level (OJT, classroom training, CPDs etc.) in the country and providing recommendations for improvements	**MOH,** CDWG, NGO partners (including FUNZO), UNICEF	
Activity 11.2: Fundraising and scaling-out of effective training approaches to county governments	**MOH,** CDWG, NGO partners, UNICEF	
Result 12: Sufficient health work force and especially in marginalized areas		
Activity 12.1: Define nutrition health worker adequacy ratio	**MOH,** CDWG,KNDI	
Activity 12.2: Advocate for deployment of sufficient nutritionist in the county	**MOH,** NGO partners in the county, KNDI	
Activity 12.3: Advocate for the deployment of sufficient nurses (health workers) in the counties	**MOH,** NGO partners in the counties, KNDI	
Result 13: Motivated nutritionist with increased professional knowledge		
Activity 13.1: Advocate for scholarships and support career progression for nutritionists	**MOH,** CDWG,KNDI	
Activity 13.2: Dissemination and Implementation of the CPD guidelines	**KNDI,** MOH, NGO partners in the counties, KNDI	
Sub-total		
D. COMMUNITY CAPACITY DEVELOPMENT FRAMEWORK		
Result 14: Increase in community demand for services		
Activity 14.1: Increased number of active nutrition and health community groups (such as mother-to-mother support groups, CHVs)	**MOH,** NGO partners in the counties	
Activity 14.2: Awareness on community nutrition service entitlements through formed community groups	**MOH,** NGO partners in the counties	
Result 15: Improved nutrition service provision through CHVs		
Activity 15.1: Review the nutrition part of the community strategy to align it to the current focus of HINI	**MOH,** NGO partners in the counties	

	Projected Financial Resources input in Kshs in Millions (000,000)					Costing notes/comments
	2014/15	2015/16	2016/17	2017/18	2018/19	
	0.1	0.1	0.1	0.1	0.1	Communication, meetings and transport
	2	2	-	-	-	Drafting of the standards, validation, printing and distribution
	0.2	0.2	0.2	-	-	Communication, meetings and transport
	3.5	-	4	-	-	Meetings and retreats
	235	235	235	235	235	5 million per county per year
	0.1	0.1	0.1	0.1	0.1	Communication, meetings and transport
	4.7	4.7	4.7	4.7	4.7	0.1 million per county- Communication, meetings and transport
	-	-	-	-	-	Activity 12.2 and 12.3 will share the allocation
	0.2	0.2	0.2	0.2	0.2	Advocacy meetings
	0.2	0.2	0.2	0.2	0.2	Dissemination Meetings
	246.2	**242.7**	**240.7**	**240.5**	**244**	
		23.5				0.5 million per county
	6	6	6	6	6	0.1 million per county- Communication, meetings and movement
						Awareness creation meetings
	0.1	0.1	0.1	0.1	0.1	Communication, meetings and transport

Activity	Stakeholders (Bolded is the lead agency)	
Activity 15.2: Train CHVs, CHEWS, Mother to Mother Support groups on basic nutrition concepts and to create synergy on implementation of nutrition services	**NGO partners,** MOH	
Activity 15.3: Integrate essential nutrition tools and supplies into the existing CHV kits	**NGO partners,** MOH	
Activity 15.4: Support (financially and technically) the training of the CHVs in nutrition service provision (as part of the community strategy)	**NGO partners,** MOH	
Activity 15.5: Advocate among the county governments for the facilitation (financial) of CHVs to provide health services	**CHMTs, County governments,** MOH	
Activity 15.6: Strengthen support supervision of CHVs for the provision of nutrition services	**MOH,** NGO partners in the counties	
Result 16: Increased visibility of nutrition through nutrition champions		
Activity 16.1: Identify, train/orientate and support nutrition champions at county levels to advocate for nutrition issues including capacity development	**MOH,** NGO partners in the counties	
Subtotal		
E. LEGAL AND REGULATORY FRAMEWORK		
Result 17: Improved communication and linkages between regulatory organizations and nutrition partners on issues of nutrition capacity development		
Activity 17.1: Representation of KNDI at Nutrition Technical Forum	**KNDI,** MOH	
Activity 17.2: Representation of MoH and nutrition partners in nutrition training regulatory meetings and activities	KNDI, MOH, , NGO partners	
Activity 17.3: Representation of Civil Service Organization Alliance in KNDI council meetings and activities	KNDI, MOH, CSO Alliance, NGO partners	
Results 18: Improved standards for nutrition practice for practising nutritionist workforce and front line service providers		
Activity 18.1: Develop standards for nutrition in-service training for health workers	**KNDI,** MOH, nursing council and training institutions, NGO partners	
Activity 18.2: License trainer of trainers (TOTs) of nutrition trainings at national and county level	**KNDI,** MOH	
Activity 18.3: Audit and inspect in-service training of health workforce in nutrition in the counties	**KNDI,** MOH	
Activity 18.4: Develop standards and regulate internships provided by nutrition partners and institutions	**KNDI,** training institutions, NGO partners and other nutrition institutions	
Result 19: Improved understanding of the legal and regulatory frameworks for nutrition health workers		

	Projected Financial Resources input in Kshs in Millions (000,000)					Costing notes/comments
	2014/15	2015/16	2016/17	2017/18	2018/19	
	94	94	94	94	94	2 million per county
	6	6	6	6	6	Workshops
	94	94	94	94	94	2 million per county
	5	5	5	5	5	Advocacy meetings
	23.5	23.5	23.5	23.5	23.5	0.5 million per county
	4	4				Workshops
	216.3	**239.8**	**216.3**	**216.3**	**216.3**	
	0.1	0.1	0.1	0.1	0.1	Communication, meetings and transport
	0.1	0.1	0.1	0.1	0.1	Communication, meetings and transport
	0.1	0.1	0.1	0.1	0.1	Communication, meetings and transport
	-	-	-	-	-	Cost will be absorbed with costline for activity 7.4
	94	94	-	-	-	2million per county
	-	-	-	-	-	Cost absorbed by the costing line for activity 13.2
	2.5	2.5				Training workshops

Activity	Stakeholders (Bolded is the lead agency)	
Activity 19.1: Dissemination of and capacity development on Nutrition & Dietetics ACT to health care workers and nutritionists at all levels (national and county)	**KNDI,** MOH, MOA, NGOS, private sector, academia and research institutions	
Result 20: Integrated and collaborated approach to nutrition capacity development		
Activity 20.1: Harmonization of the nutrition training regulation with other standards and regulations	**KNDI,** KEBS, Nursing Council of Kenya	
Subtotal		
GRAND TOTAL in Kshs. in Millions (000,000)		
GRAND TOTAL in US$ in Millions (000,000)		

	Projected Financial Resources input in Kshs in Millions (000,000)					Costing notes/comments
	2014/15	2015/16	2016/17	2017/18	2018/19	
	5					Awareness creation workshops
	0.5	0.5	0.5			Training workshops
	614.2	**709.6**	**524.6**	**508.1**	**495.8**	**(2.85 Billion Kshs)**
	7.1	**8.2**	**6.0**	**5.8**	**5.7**	

Appendix 1: Questionnaire Used to Assess Capacity efforts of MOH HR Department

Organisational Capacity considerations:

1. Within the HR department, which sub-section/s is involved in capacity development of health workers?
2. How does this sub-section link/coordinate with other departments on issues of staff capacity development?
3. Do you have a capacity development strategy for the MOH? [Probe for whether there is a human resource development strategy? Does it pay attention to capacity development for health service providers?]

Policy Environment

4. What MOH HR policies support/promote health staff/workers capacity development [Probe for areas of capacity development promoted e.g. short courses, on the job training or further studies]
5. Which HR policies/guidelines are specific to nutrition capacity development?
6. What mandatory MOH HR provisions are there for health workers to develop their technical capacity [E.g.to attend a certain number of training points/hours or number of continuous training sessions?]

Technical capacity

7. Which technical capacity building/development initiatives/collaborations for health service providers are there in the MOH [Probe if nutrition is one of the technical areas considered in capacity development]
8. Which cadres of health workers in the MOH are targeted by capacity development initiatives in the MOH?
9. What provisions are there for the MOH staff/health workers to further their education career?

Systemic capacity

10. Which HR systems/provisions are available for assessing the capacity development needs for MOH and a whole/or its departments/or health staff?
11. What actions are taken when capacity development needs of departments or health staff are identified?

Capacity to monitor

12. How does the MOH HR department monitor the health workers capacity development in the country? [Probe of there is documentation for example how many of the health workers have been capacity build and in which areas]
13. How is information from monitoring capacity development analysed and used for capacity development decision making?

Budget for Capacity development

14. What is the approximate amount and proportion of the health budget that goes into capacity development for MOH staff?
15. How sufficient is this budget for capacity development? [Probe by how much of the budget for capacity development need to be added on yearly basis- roughly]

Challenges

16. In general, what are the challenges in capacity development within the Ministry of Health?

Documents to be requested for: Kindly provide me with:

a. HR policy document and guiding principles on capacity development within the ministry of health
b. MOH capacity development reports

Appendix 2: Questionnaire Used to Assess Capacity efforts of Ministry of Agriculture

Organisational Capacity considerations:

17. What are the capacity development priority focus areas of for the MOA? [Probe if it is OJT, short courses or the classroom training/workshops]
18. Does the MOA have a capacity development strategy for agriculture workers and home economist?

Policy Environment

19. What agricultural policy frameworks/recommendations in Kenya guide your capacity development efforts?
20. How conducive are the available for capacity development within the ministry? [Probe for FNSP; NNPA]
21. What policy amendments/considerations should be put in place to support/promote capacity development?

Systemic capacity

22. How do the ministry departments link with the HR department on issues of capacity development in the MOA?
23. Which types of organisations do you directly collaborate with on nutrition related capacity development [Probe how effective is the collaboration with the organisations]
24. Does MOA have a specific individual focusing on capacity development?

    What are the functions/responsibility/roles of the individual?
25. What's the role of private sector in nutrition capacity development? Are they doing enough?

Capacity to monitor

26. In the agriculture M&E framework for the country, are there indicators to monitor capacity development? Which ones?
27. What other monitoring indicators for capacity development should your ministry consider to effectively monitor capacity development?

Budget for Capacity development

28. What is the approximate amount and proportion of MOA budget that goes into capacity development?
29. How sufficient is this budget for capacity development? [Probe by how much of the budget for capacity development need to be added]
30. How does the MOA mobilise resources for nutrition capacity development?

Challenges

31. In general, what are the challenges in nutrition capacity development within the MOA?

Documents to be requested for: Kindly provide me with:

c. Any nutrition capacity building reports/publications/guidelines/training

Appendix 3: Questionnaire Used to Assess Capacity efforts of Regulatory Bodies Supporting Capacity Building for Nutrition (KNDI)

MANDATE AND AREAS OF FOCUS

1. As a training and regulatory body for nutrition practice, what's your mandate with regard to capacity development for nutrition? Probe for your areas focus, training, registration, and enrolment at universities in departments on nutrition and dietetics.)
2. How many nutritionists are presently registered with KNDI? (Probe for: who is legible? What's the subscription fee per year? Issues of licensing, registration?)
3. To date what's the total number of nutritionists in the country? (Probe for: How many are in government? How many in private organisations?
4. What's the ratio of nutritionists per population? Do we have that data? What's the ideal?
5. How many training institutions in Kenya offer nutrition training
    a. Certificate,
    b. Diploma &
    c. Degree Programs
6. Do you have provisions for student attachment as part and parcel of training links with the universities?
7. Do you regulate curricular of training institutions? Give details.
8. Comment on regulating in-service and pre-service training programs?
9. Besides KNDI, What other institutions in Kenya provide regulatory services for nutrition training [Probe: Inquire how their regulatory services complement or does not complement with those provided by KNDI]

REGULATION OF STANDARDS OF PRACTICE ON TRAINING

10. How do you regulate nutrition issues on standards of practice to improve effective nutrition programs in the country (Probe for what criteria KNDI uses in regulating nutrition at degree; diploma and certificate levels?
11. What is the current coverage of training certification per each category of institutions (degree, diploma and certificate courses) [Probe for:
    a. How many training programs have you regulated to date at tertiary levels of education?
    b. How many have been certified out of those providing training in each of the levels of training as having acceptable standards]
12. What minimum training standards does KNDI use to regulate the training in nutrition in Kenya?) 13. What legal and regulatory frameworks exist in Kenya for guiding regulation of nutrition capacity building/training in Kenya?
14. As a regulatory body, you are supposed to set and enforce standards for good practice for nutrition and dietetics. How do you ensure quality in training? (Probe for status of unprofessional practice /ethics and professional conduct/ quacks on nutrition e.g. quails,

nutrition supplements... What limits KNDI from effectively regulating nutrition practice in such areas?

   a. What have you done to date on unlicensed nutritionists and quack dieticians? Any prosecution? Withdrawal of licence? If no, what's stopping you?

15. Nutrition is dynamic. What contemporary issues have you been advancing for your training programs to inform good practice?
16. I understand you have undertaken inspection missions at JKUAT? What did you audit? (Probe for findings and how these have been disseminated to public domain?
17. Research informs good practice including training. What achievements have you made on training for research that will inform professional practice? (Probe for:
    a. researches undertaken to date on public health nutrition;
    b. scholarships;
    c. awards for excellence;
    d. What research topics do you perceive as important to incorporate in curriculum?
18. Have you put in place a monitoring system for regulating training programs in Kenya? (Probe for how you measure your impact? What impact have you made to date?
19. Which key indicators do you consider in monitoring the progress in regulating nutrition capacity building/training in Kenya?
20. What are the major impediments /challenges for regulating institutional development for your organisation? (Probe for manpower; finance; knowledge base; infrastructure;
21. What recommendations would you make for improving your performance for capacity development as a regulating body?

Appendix 4: Questionnaire Used to Assess Capacity efforts of Academic Institutions (Universities)

Technical capacity:

1. Which levels of nutrition training does your university provide? [Probe for the levels of degree, diploma, certificate, short-courses, and any other]
2. To which other departments (apart from the nutrition department) are nutrition courses offered? [Probe is offered to say the health courses such as nursing etc.]
3. How is the university involved in the development of guidelines, tools, publications, equipment for capacity development for those providing nutrition services?
4. Are there specific technical areas in nutrition that are considered in the courses that you provide that are different from other universities? [Probe why the university in question chose to focus on these technical areas]
5. What are your priority areas of focus on nutrition? (can you assist with the curricular)
6. Have nutrition lecturers been adequately trained to handle nutrition issues (Probe for whether nutrition staff. Do they have adequate knowledge and skills? Is there need for further training for your academic staff? Are they able to cope with workload? Do they need for further training? In which areas?
7. Does the university have adequate organisational infrastructure for nutrition capacity development/teaching/training? (Probe for adequacy of supplies; training facilities; documentation; reading materials... laboratories for demonstrations, teaching classrooms...for nutrition
8. What specific capacity building delivery channels does the university use for nutrition teaching (Probe for seminars/workshops/short courses/online courses/continuing education/classroom training...other)
9. In which areas should nutrition staff at the university be trained/what areas need strengthening especially in the context of scaling up nutrition?
10. Are the pre-service/in service/continuing education /scholarships sufficient (Probe for deficiencies on each of these categories?)
11. How are scholarships for further training awarded?
12. Comment on the lecturer-student ratio? (Do you have enough teaching staff for nutrition? Overall how many staff do you have? Are they all full time? Part time?
13. What are the staffing constraints

Organisational Capacity considerations:

14. What is the process of curricular development for nutrition courses offered at the universities?
15. Do you do a needs assessment prior to developing nutrition curricular? On what basis is the nutrition curricular offered by the university developed? [Probe if is based on the nutrition training /capacity development needs or gaps, and other basis]
16. At what interval/s (How often) is the nutrition course curricular revised? [Probe also the basis of curricula revision]

Policy Environment:

17. What policy frameworks/recommendations in Kenya guide your nutrition curricular development? (Probe whether the curricular is guided by nutrition relevant policies)
18. Which policies on capacity development and training in nutrition will you want to see in place to ensure that the training you provide is in line with the actual training needs?

Systemic capacity

19. How does the university link up with other stakeholders in curricular development and teaching of nutrition courses? [Probe for the stakeholders involved/ industries/other universities/ the job market]
20. What are the key hiccups in collaborating with other stakeholders?

Regulation

21. How has the regulation/certification of nutrition courses influenced nutrition curricular development and training? [Probe if already if certified by KNDI. If not why?]
22. What other roles would you want to see KNDI do in addition to certification of the university courses offered?
23. Have you been regulated by KNDI. What was the comment?/recommendation

Challenges

24. In general, what are the challenges in nutrition training in the universities?

Appendix 5: Questionnaire Used to Assess Capacity efforts of UN Agencies Supporting/Funding Capacity Building for Nutrition

A. DONORS FUNDING NUTRITION- Including USAID, DFID

1. What areas in nutrition does your organisation fund?

   [Probe for: the broad areas of nutrition funding–nutrition products/logistics, service delivery, training/capacity development etc.] for which NGOs; DNO?

2. Which NGOs?
3. How are capacity building/training activities factored in your funding allocation and in your programs?

   Probe for: whether there are there specific funds allocated for nutrition capacity building out of total amount for funding nutrition activities?

4. Over-time, have you prioritised funding allocation for capacity building for nutrition

   [Probe for: if there is increase/decrease in funding for nutrition capacity development and the explanations]; is capacity development an area of interest in your funding priorities for nutrition

5. Do you support
   a. pre-service and
   b. In-service training? Which ones and for which organisations
6. Are the pre-service/in service/continuing education sufficient (Probe for deficiencies on each of these categories?)
7. Is community nutrition capacity strengthened to the desired levels? What needs attention in community capacity building for nutrition? Any ongoing in-service programs for community nutritionists? In which areas?
8. How much per year is allocated to nutrition (probe for allocations for capacity development
9. Do you think nutrition human resource staff been adequately trained to handle nutrition issues at all levels from national to community levels and for nutrition sensitive issues
10. (Probe for whether nutrition staff (including frontline health workers) have adequate knowledge and skills? Is there need for further training for nutrition program staff?
11. In which areas should nutrition staff receive prioritised training /what areas need strengthening especially in the context of scaling up nutrition?
12. Comment on OJT as a capacity development tool used by your organization
13. Thinking back, which have been some of the most important/successful capacity building activities for nutrition? What made them successful?

Regulation:

14. Do you work with KNDI? Comment on your perceptions on efficacy of KNDI? What standards would you like to see set for nutrition?
15. What other comments would you give regarding nutrition capacity development funding?

Appendix 6: Questionnaire Used to Assess Capacity efforts of Development Partners Supporting/Funding Capacity Building for Nutrition

B. DONORS FUNDING NUTRITION- Including USAID, DFID

1. What areas in nutrition does your organisation fund? [Probe for: the broad areas of nutrition funding–nutrition products/logistics, service delivery, training/capacity development etc.]
2. How are capacity building/training activities factored in your funding allocation? Probe for: whether there are there specific funds allocated for nutrition capacity building out of total amount for funding nutrition activities?
3. Over-time, have you prioritised funding allocation for capacity building [Probe for: if there is increase/decrease in funding for nutrition capacity development and the explanations]; is capacity development an area of interest in your funding priorities for nutrition
4. If funding capacity development, what specific areas in nutrition does your organization fund in pre-service and in-service training?
5. How much per year is allocated to nutrition (probe for allocations for capacity development.
6. What other comments would you give regarding nutrition capacity development funding?

Appendix 7: Questionnaire Used to Assess Capacity efforts of NGOs supporting Capacity Building

Organisational Capacity considerations:

1. What areas (thematic areas) of capacity building does your organisation support on nutrition? [Prompt: Inquire on the broad areas – health/ nutrition products/logistics, service delivery, training/capacity development etc.]
2. What are your capacity development priority areas of focus?
3. Does your organization have adequate organisational infrastructure for capacity development (Probe for supplies; training facilities; documentation; reading materials...etc.
4. Do you have a capacity development strategy? (Probe for whether there is a human resource development strategy? Does it pay attention to capacity development for nutrition?)
5. What specific capacity building delivery channels does your organisation use for nutrition staff (Probe for seminars/workshops/short courses/online courses/continuing education/classroom training...other)
6. Comment on innovations in capacity development your organisation has in place/ would like to put in place
7. Within your organisation, who are your ultimate capacity building target groups? [Prompt: inquire if they are health workers (and level of the health workers), nutritionist etc.]
8. Which types of organisations do you directly collaborate with on health related capacity building [Prompt: Inquire how effective is the collaboration with the organisations; have you ever conducted any capacity building for nutrition, which one/s if any]
9. Thinking back, which have been some of the most important/successful capacity building activities for nutrition? What made them successful?

Policy Environment

10. What policy frameworks/recommendations in Kenya guide your organisation's capacity building efforts?
11. Is the policy environment for nutrition conducive for capacity development (Probe for FNSP; NNPA)

Technical capacity

12. Have nutrition human resource staff been adequately trained to handle nutrition issues at all levels from national to community levels (Probe for whether nutrition staff (including frontline health workers) have adequate knowledge and skills? Is there need for further training for your program staff? Are they able to cope with workload? Do they need for further training?
13. In which areas should nutrition staff in your organisation be trained/what areas need strengthening especially in the context of scaling up nutrition?
14. Are the pre-service/in service/continuing education sufficient (Probe for deficiencies on each of these categories?)
15. Comment on OJT as a capacity development tool used by your organization

Systemic capacity

16. Are there decision making organs for nutrition capacity development; (Probe for systems where collective decisions are made and individuals are called to account for non-performance?
17. How does capacity development information flow? Is it timely?
18. Comment on roles and responsibilities for capacity development within your organisation
19. What are the current institutional structures for capacity development? How is capacity development structured in terms of staffing roles and responsibilities; do we have staff in charge of capacity development within your organisation?
20. Are capacity development issues well-coordinated? What limits coordination?
21. What's the role of private sector in capacity development? Are they doing enough?

Community Development

22. Is community nutrition capacity strengthened to the desired levels?
23. What needs attention in community capacity building for nutrition?
24. Any ongoing in-service programs for community nutritionists? In which areas?

Capacity to monitor

25. Have nutrition human resource personnel been trained to monitor nutrition programs (Probe for whether they have the capacity to monitor program management and implementation; Capacity for financial management)
26. Have your organisation developed capacity monitoring indicators? Which ones?
27. What monitoring indicators for capacity development would your organisation recommend?

Budget for Capacity development

28. How are funds allocated to nutrition capacity development in your organisation?
29. Who supports capacity development initiatives in your organisation? How much is allocated to capacity development?
30. How else are your organisation mobilising resources for capacity development?

Challenges

31. In your own opinion, what are the gaps to supporting capacity building efforts for the training institutions, government institutions (MOH), and NGOs?
32. What have been some of the challenges and obstacles you have experienced in your organisation with regard to capacity building for staff (Probe for staffing; inadequate training; duration of training?)
33. What recommendations would you like to make that would improve capacity for nutrition

Documents to be requested for: Kindly provide me with:

a. Any publications/guidelines/training tools that have been produced or supported by your organisation

Appendix 8:

List of Contributors:

Name	Post/Position/organization
Gladys Mugambi	Head, Nutrition Unit, Ministry of Health
Terry Wefwafwa	Former Head, Nutrition Unit, Ministry of Health
Caroline K. Kathiari	Ministry of Health, Nutrition Unit
Lucy Gathigi Maina	Ministry of Health, Nutrition Unit
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Monicah Okoth	Ministry of Health, Nutrition Unit
Grace Muthee	Ministry of Health, Nutrition Unit
Nelly Okendo	Ministry of Agriculture
Professor Julia Ojiambo	Kenya Nutritionists & Dietiticans Institute
David Okeyo	Kenya Nutritionists & Dietiticans Institute
Grainne Moloney	United Nations Childrens Fund
Mathieu Joyeux	United Nations Childrens Fund
Brenda Akwanyi	United Nations Childrens Fund
Olivia Agutu	United Nations Childrens Fund
Laura Kiige	United Nations Childrens Fund
Marjorie Volege	United Nations Childrens Fund
Hjordis Ogendo	European Union
Dr. Faith Thuita	European Union
Alexandra Rutishauser Perera	International Medical Corps
Dayan Woldemichael	International Medical Corps
Fridah Mutea	International Medical Corps
Caroline Chiedo	International Medical Corps
Nicholas Musembi	International Medical Corps
Lillian Karanja	International Medical Corps
Jacob Korir	Action Contre la Faim
Koki Kyalo	Concern Worldwide
Dominic Godana	Global Alliance for Improved Nutrition
Edgar Okoth	Hellen Keller International
Irene Natalie Chami	Intra Health –Funzo
Judith Karia	Intra Health Funzo
Pius Mulonzya	International Rescue Committee
Eunice Musyoka	Islamic Relief
Peter Mutua	Kenya Bureau of Standards
Victoria Mwenda	Kenya Red Cross
Gordon Nguka	Masinde Muliro University of Science & Technology
Esther Omosa	Mercy USA
Emily Wahome	Mount Kenya University Thika Campus

Caroline Kimere	Save the Children International
Irene Soi	Save the Children International
Angelita Wareda	Terre Des Hommes
Sharon Kirera	United Nations Office for Projects and Services
Joyce Owigar	World Food Programme
Yvonne Forsen	World Food Programme
Margaret Akinyi Wagah	Consultant - Development Concern International
Shadrack Oiye	Consultant - Development Concern International