



The report summarizes a consultative engagement between National and County Nutrition technical teams done in August 2016, whose aim was to establish and consolidate a technical assistance plan that informs and guides National level support for the devolved units.

**NUTRITION SECTOR:
National and County
Consultative Report
AUGUST 2016**



NUTRITION SECTOR: NATIONAL AND COUNTY CONSULTATIVE REPORT

1.0 INTRODUCTION

The Nutrition Sector in 2015/2016 financial year undertook a county mapping to establish status of key parameters related to planning and programme implementation with a view to develop a support plan that would see the sector at National and County level work in a harmonized manner to further strengthen capacities for nutrition programming. A total of 42 counties were reached in the 2 week exercise that was conducted in the months of June and early July 2016. Conferencing facilities were utilized with the County nutrition coordinators being pooled. Each call reached an average of 5 County Nutrition Coordinators (CNCs) for an hour, and was interactive with the CNCs also sharing their areas of leverage and success amongst each other in addition to clarifying the support they would like repositioned by the Sector at National level.

The sector sought to establish the landscape of nutrition in relation to inclusion in key county investment documents, financing, planning in addition to understanding the general positioning of nutrition and execution of functions within the context of devolution. This was deemed necessary in as far as supporting counties fully own and take leadership for nutrition as a devolved service as well as initiate a systematic approach to capacity enhancement for the county teams across governance, organizational and technical skills that are all necessary for the grounding and consolidation of nutrition programmes at County level. The scoping was brief and “rudimentary” and will be succeeded by more comprehensive capacity assessments in the counties following the finalization and launch of the Capacity development framework for Nutrition.

Moreover, the sector sought to explore a cost effective and fairly flexible approach to reaching out and communicating with counties and offering immediate support. The group conference calls were seen to be a **good way to touch base** and also **facilitate light exchange of context and strategy** between the County nutrition coordinators and the National nutrition teams more so as this was a new system that the sector was familiarizing itself to. The call revealed that across the counties, Strategic **plans including sector specific were in place**, although not necessarily implemented fully or financed by the governments. The nutrition teams in most counties were trying **to find space and articulate** their priorities to ensure they got financed in the annual work plans and as a result, a good number requested to have advocacy support from the National team to enable them position nutrition adequately. Similarly, **most counties did receive some financial support** in terms of actual programme budget or as seen in all counties in the form of recruitment. Counties were asked to share on what they felt was working as a best practice that has supported them since devolution as well as clearly indicate what areas they needed support in from the National team in the 2016/2017 fiscal year.

A snap shot shows that in terms of best practices: **Analytical and interpretation capacities that enable the CNC to represent the sector, Integration, Coordination including through E – communication (WhatsApp groups), Using various service delivery structures e.g. Huduma centres, ECD to deliver services, Documentation**

“I have a good understanding of the programme information and data, and this has earned me great respect amongst the CHMT and also provided me with an opportunity to support them in their own areas.” This has been good for Nutrition in the County as I am firmly on the negotiating desk. **County Nutrition Coordinator**

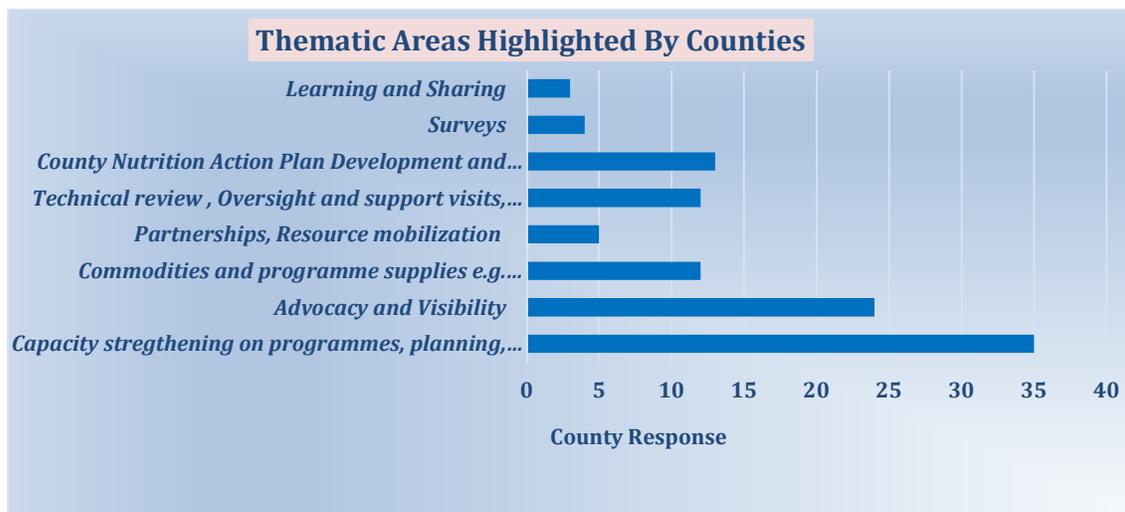


Proposed areas of Support: the figure below shows a consolidated picture of all areas that the Counties felt they would need support on from the National level. For analysis, the responses were organized into themes for ease of representation. Over half of the team requested support in rolling out technical trainings for their new staff across the various programme areas

“Having our National Colleagues visit the Counties underscores the importance of Nutrition and demonstrates its connectivity all the way from the Top.” County Coordinator on why National Government visits are key

including emerging thematic areas like Non communicable diseases. The training was also requested for areas such as coordination, planning and budgeting. Another key area identified was advocacy and consequent visibility for Nutrition as a result of visits by the National team to the counties and meetings with the key governance teams

A summary of the discussions organized according to various thematic areas is shown below:



It is anticipated that as a result of this report, an initial county technical assistance plan will be developed to inform the support that the National Nutrition sector can offer to the County teams in the next fiscal year 2017/2018 and indeed subsequent years. As a caveat, the plan will continue to be refined based on on going capacity assessments and will be discussed with counties given that capacity is elastic and changes will be occurring, hopefully on a positive and incremental basis even amongst the newly recruited teams.

**The consultations were done with all 46 County Nutrition Coordinators with the exception of Kitui County. The type out below is an attempt to transcribe the telephone conversation and is subject to translation loss/error*

** Some counties at the first round of calls, were not probed on best practices owing to the request by the County coordinators to attend to other pressing meetings.*

2.0 COUNTY PROFILES



EMBU COUNTY

Strategic Plans:

- **County has** integrated the County health sector strategic plan (COUNTY HEALTH SECTOR STRATEGIC PLAN) with key nutrition indicators included.
- **There is no** County Nutrition Action Plan and there are plans currently to develop a COUNTY NUTRITION ACTION PLAN (CNAP).
- **County currently uses the** National Nutrition Action Plan (NNAP) to develop integrated **annual work plans (AWP)** through participatory and inclusive processes (sub counties involved). Implementation is however done partially. AWP 2016/2017 has started and the sub counties are compiling, the development is being led by the County with limited involvement of the County nutrition officer (CNO). This notwithstanding the CNO inputs into the document once it's finalized

Financing for Nutrition:

- Last year, the nutrition department got an allocation of Kshs 2Million, but had no vote head and hence money got used for food and rations.
- The county however procured therapeutic feeds worth Kshs 400,000 with additional funds from supplementary budget. The county has recently developed a procurement plan that will support planning and financing for purchase and distribution of therapeutic food. It's domiciled at the County pharmacists office and its anticipated, that they year 2016, programme inputs in the form of supplies will be sourced and distributed on time, as well as most crucially, be funded for

Strategic Partnerships:

- The county is largely supported by one partner (APHIA Plus) and consider this an area that requires support in growing.

Areas of Support Requested by County:

- COUNTY NUTRITION ACTION PLAN (CNAP) development,
- Nutrition survey in the county;
- advocacy for nutrition in the county;
- support in growing partnerships for the County

BUNGOMA COUNTY



Strategic Plans:

- The County is almost through with the County Nutrition Action Plan COUNTY NUTRITION ACTION PLAN (CNAP) [2013-2018] with only chapter 6 for resource mobilization framework to be finalized.
- The county on annual basis develops the annual work plan for various departments including health and nutrition.

Financing for Nutrition:

- **County has**_no specific budget line for nutrition, with challenges of implementing the plan largely being lack of adequate allocation by the county government, the annual work plan is therefore not adequately undertaken.

Strategic Partnerships:

-The County is largely supported by one partner and this limits the extent to which the team is able to fully implement its plan from a sector wide perspective.

-The county has not recruited additional nutrition staff but has additional staff across other cadres. There is a major need for training to support service delivery.

Areas of Support:

- Scale up on Maternal Infant and Young Child Nutrition (MIYCN), have so many facilities that have come up, including in the peripheral centres.
- Need policies, and some trainings for the new staff

ELGEYO MARAKWET COUNTY



Strategic Plans:

- County Nutrition Action Plan completed in 2014. Copies have not been made, timeline has expired before printing.
- Annual Work Plan (AWP) is developed, but during implementation, the activities are not carried out fully owing to lack of funds as well limited commitment to the planning documents and processes.
- AWP is not followed. Partner's activities are not included in the AWP; for the current year, the activities of partners were not captured

Financing for Nutrition:

- In the current, 2016/2017 AWP, there is an allocation of **1Million Kshs** that is proposed for Nutrition, the team is pushing to ensure that the allocation goes through, as there is no specific budget line and can be expended by any other programme.

Strategic Partnerships:

- The county has only 1 major partner in nutrition and considers this a limitation to effective programming and realization of the nutrition programme results.

Areas of Support:

- County has had only one activity launched in Elgeyo Marakwet (to strengthen the visibility of the nutrition department) ...requesting if there is a nutrition activity that can be launched;
- Support in building and expanding partnerships;
- Sensitization of county leaders on how to follow plans, priorities and how to follow down procedures

BARINGO COUNTY



Strategic Plans:

- County Launched their County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) in April 2014, and they have copies and shared with partners. Activities in the Annual Work Plan (AWP) are drawn from the COUNTY NUTRITION ACTION PLAN (CNAP), and partners encouraged to follow the COUNTY NUTRITION ACTION PLAN (CNAP) as much as they have their priorities.

- Have the AWP, with some activities whose execution is affected by funding gaps.

Financing for Nutrition:

- The year 2016/2017 there is hope that the County government will fund nutrition. About 2.5Million Kshs has been proposed.
- The county has a budget line for Nutrition [have been shown on the documents that were submitted. The main challenge has been linking within the health department where the funding decisions are made and determined.

Best practice: *Understanding where the major bottleneck in terms of support is: the team has done advocacy within the ministry to get buy in and support for Nutrition support and this has yielded benefit including in the engagement of the county assembly with the broader health department.*

Areas of Support: *Developing guidelines on nutrition products, entire process of supply chain management (whole process from purchasing, handling (sfp et al)*

ISIOLO COUNTY



Strategic Plans:

- Isiolo has a County Nutrition Action Plan that was launched in 2015. The county also develops Annual work plans that are aligned to the COUNTY NUTRITION ACTION PLAN (CNAP). The main challenge is however getting partners to align with the AWP.
- From the county, there is no allocation for cash to support the activities in the AWP and this remains a long standing challenge.
- The county has other key documents including the County health sector strategic plan that has nutrition outcome indicators included.

Financing for Nutrition:

- Since devolution, the county has **employed 35 nutritionists and 70 Community health assistants (CHA)** on contract (mixed, certificate, diploma and degree) bulk of the team is at Isiolo county referral hospital, garbatulla, mert health centres. This is considered a major plus for service delivery and a major input financially by the County government

Strategic Partnerships:

- The county has several partners but is challenged in ensuring that they are consistently plugging into the Annual work plan.

Best practice: *coordination of partners, mobilization of resources from several partners and had a SMART survey that was conducted by the County. All partners were mapped, and brought on board during CNTF, with full participation*

Areas of Support:

- Capacity enhancement of the new staff, integral trainings, IMAM, LMIS, MIYCN.....Limited budget for training of new staff;
- Technical support in developing and review the annual work plan

HOMA BAY COUNTY



Strategic Plans:

- The county has a County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) which is in draft not yet finalized
- Had AWP for 2015/2016 and have started the process of developing the 2016/2017 AWP; Sub counties are consolidating their plans and are meeting to consolidate. Not much support from GOK on AWP, but there is some allocation.

Financing for nutrition:

- In the year ending 2015/2016 the county received about 400,000 (used for review meeting, and Malezi bora activities). In the coming year, there is likelihood of funding of about 1 Million Kshs that was assured.
- Other forms of support have been realized in the form of recruitments. **County has employed 25 staff** – Permanent staff with Partners employing another 26 staff (EGPAF -12; Faces -3; Aphia Plus – 12) all the nutritionists are deployed at facility level

Strategic partnerships:

- The county has several partners supporting nutrition, with all of them feeding into the work plans with the County so that it's considered during the AWP consolidation, the process is all inclusive and consultative.
- At County level, there is a partner coordinator who has mapped out all partners.....has a dedicated government staff (1 of the CHMT) Have an expanded CHMT

Best practice: *Understanding indicators, monthly basis, review of data, and this has given the county nutrition coordinator leverage; MOH takes lead in all activities ...Data review of before and after employment*

Areas of support:

- Technical review of the Annual Work Plan
- Skills in Integrated Management of Acute Malnutrition (IMAM) and Maternal Infant and Young Child Nutrition (MIYCN) gaps noted with the new recruitments, hence trainings will be key;
- Operational research, guidance on the what they can showcase from the various counties and
- Assist in SUN issues for visibility

KAJIADO COUNTY



Strategic plans:

- County has a costed nutrition action plan (COUNTY NUTRITION ACTION PLAN (CNAP)) which is referenced in the AWP.
- Had AWP for 2015/2016. Process for 2016/2017 is about to start. All partners are required to share their work plans and this is discussed at stakeholder's forum convened by the county.

Financing for Nutrition:

- The nutrition programme has received support from county department of health **through recruitment of 8 new staff.**
- County has **allocated some money for the county nutrition technical forum on quarterly basis, Malezi bora and breastfeeding week.** In the last year, the county allocated 2M Kshs for procurement of Infant formula for orphans. The county nutrition department has an explicit

budget line for Nutrition (this is within the health budget) **Strategic partnerships:** the county has several partners who are well aligned and coordination through the various stakeholder forums in the county.

Best practice: *Embrace team work. Involve other members*

Areas of Support:

- Challenge is reporting on nutrition services,
- Knowledge gap in reporting on services and reporting tools for nutrition be harmonized
- Capacity building of staff

LAIKIPIA COUNTY



Strategic Plans:

- County have finalized COUNTY NUTRITION ACTION PLAN (CNAP) waiting for launch
- The county have an AWP that is largely based on partner activities. (Aphia Plus) nutrition is captured there. The 2016/2017 plan is being developed. Have a. Aphia Plus is supporting to print .Have a core County Health Management Team, and County Nutrition Coordinator is involved.

Financing for Nutrition:

- The county has a Vote head for Nutrition Unit but funding remains a challenge. However, support has been realized in the recent **recruitment of 4 nutritionists** by the county and procurement of Iron Folic Acid Supplements (IFAS), facilities are ordering and this is being put together by county pharmacists. The unit also gets support for supervision.

Strategic partnerships: the county has one main partner, APHIA Plus, and considers this a limitation.

Best practice: *Integration of nutrition with other services, so that it's not stand alone, and coordination with other partners. In Monthly coordination forums, CHMT is included in the CNTF*

Areas of Support:

- Capacity enhancement: there is high staff turnover; new staff also need training on the various technical programmes
- Exchange learning and visits by the National team. Can share their work plan with the National team
- Support in strengthening and building partnerships

KILIFI COUNTY



Strategic Plans:

- The County has health sector strategic plans and integrated development plans that have nutrition.
- County Nutrition Action Plan development is at final stages and set for launching in August 2016.
- The county did not develop and Annual work plan for 2015/2016 but is currently working on the 2016/2017 version, the process provides for sub county and partners consultation and is linked to the County Nutrition Action Plan.

Financing for Nutrition:

- The county government in 2015/2016 provided about Kshs 500,000 for Malezi bora. There is no Vote head for nutrition, it's still a pooled mechanisms within the health programmes. 1st year after devolution, they **employed 9 (2 degree holders), last year 13 (8 graduate) proposal for 10 in the coming year (5 degree and diploma)**

Strategic Partnerships:

- The county has recently realized increased partnerships more so to support in responding to the high levels of stunting. Coordination of the partners is however cited as a challenge

Areas for Support:

- Partners coordination strengthening and Capacity strengthening on technical modules IMAM, MIYCN for the newly recruited staff

KISUMU COUNTY



Strategic Plans:

- The county has a health sector strategic plan with inclusion of nutrition at a minimal level. Nutrition is included in the Annual Work Plan of 2016/2017 which is in its final stages of consolidation. Partners are also involved in the consolidation process and their activities are on board.
- The County Nutrition Action Plan is under review pending finalization, but the AWP for nutrition borrows from the draft document. Some activities implemented in the AWP 2015/2016, and

will trickle into the next one...in general however, the plans are being implemented but there are resource challenges.

Financing for Nutrition:

- The nutrition department has no vote so far, it's still a pool mechanism under health promotion. In the year ending 2015/2016 the **county procured anthropometric equipment for paediatric weighing scales - 46 and adult weight scales - 26 and received about 0.5 Million Kshs for the national health days.**
- The county is in the **process of recruiting 12 staff** who will be positioned in facilities; on county government payroll.

Strategic Partnerships: the county has a few partners who largely support Nutrition and HIV, and Urban nutrition. Much more remains un covered however and the county would benefit from more partnerships.

Areas of Support

- Review of COUNTY NUTRITION ACTION PLAN (CNAP) and finalization to support lobbying in printing and launch of the document;
- Dissemination of guidelines like IFAS, BFCI, 2 sub counties are not covered; Nutrition in TB training, IMAM, MIYCN, there has been transition in the counties;
- Anthropometric equipment; has gaps and has put into the current AWP
- External BFCI assessment
- Follow up on SMC / SLDP courses for the county staff who are due for promotion.

WAJIR COUNTY



Strategic Plans:

- County health sector strategic plan is in place with nutrition indicators. The county did not do the Annual work plan for the year 2015/2016 due to competing priorities but are in the process of developing the current one for 2016/2017.
- The county has a nutrition action plan that is used to inform the annual work plan.

Financing for Nutrition:

- The nutrition department in 2015/2016 received some financial support, **employed 19 nutritionists**, procured some weighing scales, and are improving diets in hospital for in patients.

(About 15% of the health budget was allocated to nutrition) while there is no Vote head, nutrition is included across all relevant sub programmes like commodities.

Strategic Partnerships: Wajir has benefitted from nutrition sector partnerships and recognizes their role in supporting the growth of the sector

Best practice: *team work, interact with chief officer, very helpful, mother to mother support group*

Areas of Support:

- Capacity building in planning and budgeting, coordination, advocacy, capacity building of management including parliamentarians,
- Dissemination of guidelines
- Anthropometric equipment

VIHIGA COUNTY



Strategic Plans:

- County health sector strategic plan 2015-2018: in place, and has nutrition indicators captured, actively involved in all issues concerning health in the county.
- The county develops the AWP yearly and in 2016/2017; nutrition was included in the plan.
- The County Nutrition Action Plan is finalized but not launched, but being used for annual work planning. Nutrition department was involved to a very minimal level in the development of the health financing bill.

Financing for Nutrition:

- 1 staff employed by county, Aphia plus, 1 staff on contract, 5 volunteers. County government purchased IFAS and provided about 200,000K for Malezi bora.

Strategic Partnerships: Partners largely supporting nutrition. [Aphia Plus, SOFDI, Bioversity International]

Best practice: *team work with nursing department. Working with their staff to deliver on nutrition services, good understanding and commitment for nutrition by the CEC Health*

Areas of Support:

- Capacity building on various programme areas;
- Provide IEC material on nutrition (on NCDs, updated);
- Support supervision from National level to see how nutrition is going on, will enable the importance of the department be seen

MAKUENI COUNTY



Strategic Plans:

- County has a health sector strategic plan with key nutrition indicators. The county also develops AWP's annually, for the ending financial year, they did not finalize it and was used as a draft.
- Have a COUNTY NUTRITION ACTION PLAN (CNAP) that is not finalized. It's at the costing level. Public health bill was under development with minimal engagement of nutrition in the process.

Financing for Nutrition:

- In the year ending 2015/2016 the nutrition department was supported in the **form of employment of 3 staff; purchase of Supplementary Feeding Programme (SFP) commodities and micronutrient powders (MNPs) to a tune of about 3M. .**
- In total, for Makueni, there are 15 officers who are permanent staff, 3 staff are on contract with ICAP. The county has No Vote head for nutrition and the pooled mechanism still works. For Makueni, County nutrition and pharmacy team sat and agreed on how to equitably allocate the resources for commodities to ensure some caters for nutrition supplies.

Strategic partnerships: the county is consolidating and building its partnerships although it's quite limited being a low prevalence county in relation to acute malnutrition.

Best practice: *team work and use of other colleagues to get the work going. Including at management level, where supervision is integrated and other CHMT members support with reviewing of programmes*

Areas of Support:

- Capacity building in planning
- Support in advocacy for increased recruitment to enable services to run,

BOMET COUNTY



Strategic plans:

- The county has a health sector strategic plan that is in use and has nutrition indicators.
- Bomet county strategic development plan has nutrition mentioned. Especially under the NCD bit. Talks of screening of NCDs, formation of support groups. Nutrition is under public health and environment.
- There is an AWP with 3 sub programme areas. COUNTY NUTRITION ACTION PLAN (CNAP) development on going, are on the objectives. AWP development for the year 2016/2017 is in process.

Financing for Nutrition:

- In the year ending 2016, **nutrition was allocated 5 M Kshs but funds were not released** on time.
- The team spent about **Kshs 1 M; 8 staff employed on contract**, existing permanent staff are those who were devolved from National government.

Strategic partnerships: the county has only 1 main partner supporting nutrition and considers this a major challenge to realization of the nutrition programme

Best practice: *Nutrition advocacy at the county level. Government of the day targeted and political support present. / Good will; Team work: support service delivery*

Areas of Support:

- Capacity building of staff and technical support
- Baseline on Non Communicable Diseases : including training for diabetes management
- Tools (especially the New tools, MOH 713 ; Sensitization before roll out)
- Policy, guidelines sensitization
- COUNTY NUTRITION ACTION PLAN (CNAP) finalization
- Commodities

KISII COUNTY



Strategic Plans:

- The county has the health sector strategic plan but not fully implemented. It does have nutrition indicators included in it.
- The county does not have a COUNTY NUTRITION ACTION PLAN (CNAP) but has an AWP that captures nutrition. For reference, the team is using the National Nutrition Action Plan (NNAP)

Financing for Nutrition:

- Nutrition is not well resourced. To address this, the county health team has drafted a bill to the county assembly for promotive and preventive services funding (Health bill).
- In the AWP 2015/2016 nutrition activities were included but minimal funding received. The county **has 34 nutritionists in the county (25 are employed by county government; 4 from CARE Kenya)**

Strategic partnerships:

- The county has new partners African institute for health development (Support on NCDs; diabetes and hypertension) have done Data scoping, it's at initial stage, also have a few other partners supporting nutrition.

Best practice

- Mentorship of the lower level staff at facility level, during quarterly review meetings, have a template they are using. Have a mentorship team at every sub county that has various cadres and they support to mentor each other ...for task shifting purposes
- Formed a group from CHMT that approached the county health committee for advocacy on health and nutrition financing. After meeting, county health committee influenced the county budget committee to support the health services (preventive and promotive) and this resulted in a bill that is now an ACT

Areas of Support:

- Nutrition LMIS tools and revised tools, are not accessible at county level. Trying to print at County level but would like to be supported on tools ;
- Advocacy for Vote head ; Local supply list for commodities
- Baseline on maternal and child health indicators ; COUNTY NUTRITION ACTION PLAN (CNAP) development ; County sharing and learning forums ; Guidelines and policy update, dissemination of the same
- Regulation of nutrition at the county level, there is no representation of KNDI at County level that can represent the cadre fully and articulate issues.

TAITA TAVETA COUNTY



Strategic Plans:

- County has a health sector strategic plan with nutrition services included. AWP has annual targets and links with the COUNTY HEALTH SECTOR STRATEGIC PLAN . And have had to review their indicators over the year.
- For the next year, **the targets have been changed** to capture the process indicators instead of impact indicators. Are now looking at numbers like Growth monitoring, et al...**Have taken out the stunting and underweight.** From experience, they are not able to meet the target.
- County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) is still in draft, issue is the budget part, and pending the costing tool. Document still needs review. May need to re review it again in light of new surveys and time lapse.

- The county has a health policy that is at county assembly stage, Food and Nutrition security Bill, Disaster management bill and policy and the CNO has been integral in the development process.

Financing for Nutrition:

- Nutrition has a budget line, under commodities but for programmes it is in a poll and earmarked in the full know of the rest of the CHMT, released once you do a proposal to the CEC and Chief officer.
- In 2013/2014 the nutrition department did not receive any funding for nutrition, but did advocacy with CEC and assembly. 2014/2015 got a commitment of Kshs 5 M, but allocation was 1.7 M for commodities and 1 M for activities. 2015/2016: **2.7M commodities, 2 M activities**; Supplementary budget in January 2016: received 2M... **Have employed 8 nutritionists on permanent basis, absorbed 3**, bought nutrition commodities for the year...and facilities have therapeutic and supplementary feeds, County did an induction for all new staff (1 week induction)

Strategic partnerships: the county has few partnerships that are supporting the nutrition sector

Best practice:

- Advocacy: political will and commitment as seen in budgetary allocation
- Demonstrating results: being able to communicate results. Annually, a meeting is organized with the county and Sub County and top leadership. Each sub county presents their data and case study that is presented to the team in a language they understand

Areas of Support:

- Technical support in terms of what is operational and what should be in the county plans
- Partnership and resource mobilization
- Learning and sharing forums
- Capacity building: is a national function. Most trainings are targeting the CNOs, need to have more opportunities for Sub counties and facilities
- Support supervision from National level : to check on standards

KERICHO COUNTY



Strategic Plans:

- County has a health sector strategic plan, that is final and in use. It has nutrition outcome indicators reflected in it. The county develops annual work plans and is in the process of finalizing the plan for 2016/2017.
- County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) is in first draft stage. The team intends to actively work on the document in the next fiscal year. CIDP incorporated what was in the COUNTY HEALTH SECTOR STRATEGIC PLANNo bills developed on health yet. Wanted to present the BMS act to the legal person to the county

to see how to adopt it.

Financing for Nutrition:

- The nutrition department has been supported by the County Government. In the fiscal year 2015/2016 they received finances to **procure therapeutic supplies worth Kshs 4M**, and got support for annual activities, World breastfeeding week.
- A draft request for recruitment was shared, and the county will employ whatever they can support. Currently, there are 9 GOK nutritionists in the county, 6 nutritionists supported by PEPFAR, are facility based especially at Tea sites ... Finances are lumped into one account, spread into other lines .e.g. therapeutic supplies.

- The CNC is a member of the technical committee that also defines what supplies will be procured. For next financial year, they are estimating their needs at 20M and have submitted the same, pending approval.

Strategic Partnerships:

- The county nutrition team has until recently largely been supported by partners programming in HIV. Has not benefitted from broader nutrition programme partnerships. However in 2016, UNICEF has embarked on supporting work place support for breastfeeding within the tea estates. This is considered a major positive for the county.

Best practice: *Collaboration with the CHMT, enhances joint planning and implementation*

Areas of Support:

- Capacity building for technical programme areas targeting the staff: do not have partner support;
- Commodity procurement
- County Nutrition Action Plan COUNTY NUTRITION ACTION PLAN (CNAP) finalization and launching

MOMBASA COUNTY



Strategic Plans:

- The County health sector strategic plan COUNTY HEALTH SECTOR STRATEGIC PLAN is not officialised but is in use and has nutrition indicators.
- The county develops the annual work plan routinely. For 2015/2016 they had nutrition activities, growth monitoring, assessments and screenings, monitoring for salt, marking world health days but were largely challenged by lack of funds. .
- County has a COUNTY NUTRITION ACTION PLAN (CNAP) that is being finalized, it's awaiting signatures and printing. All activities are drawn from the COUNTY NUTRITION ACTION PLAN (CNAP). There is a health bill that is under development that is in the pipeline. It was done by a group of people and did not include the nutrition unit.
- There is a school health policy being developed, but the CNC is not actively involved. .

Financing for Nutrition:

- There is no Vote for nutrition and there has been no financial support from the County to implement activities. Have survived through partners.
- 3 nutritionists have so far been absorbed from partners, in total there are 14 staff, the county has not been able to recruit any new staff.
- The coming financial year, there is a promise that about 10M will be allocated to the nutrition programme.

Strategic partnerships: the county has had few partners in the past, however there are new programmes that are being rolled out and the county anticipates that this will support them actualize their COUNTY NUTRITION ACTION PLAN (CNAP)

Best practices: *Collaboration with the sub county nutritionists; Partner recognition and appreciation (encouraged partners to continue)*

Areas of support

- Household level salt monitoring
- Market level monitoring (I Checks given but they are stuck)
- IFAS for pregnant women, most facilities are out of stock (support with advocacy)
- Human resource challenges (no new staff)
- Programme direction on NCDs

MACHAKOS COUNTY



Strategic Plan:

- The County Health Sector Strategic Plan is in place 2013 – 2017, it has nutrition indicators. The county develops the Annual work plan routinely. The previous AWP had nutrition largely around NCDs but it did not take off as HR was not supported.
- AWP 2016/2017 meeting has started. The county is developing the health bill but the nutrition team is not involved.

Financing for Nutrition:

- Nutrition has never recruited in the county. **ICAP employed 5 nutritionists for the county** but the team hopes that the adverts posted will eventually be recruited. There is potential consideration for hiring the coming financial year.
- No Vote for nutrition. No money received from the County in the last 6 months.

Strategic partnerships: the county has had very few partners in the last few years supporting nutrition, a factor that the nutrition team considers a challenge to implementing their plans given the limited support from county resources.

Best practices: *The hospital allowed some volunteers to work for them and get some stipend.....they are also learning in the process and providing services*

Priority Areas of Support: *Advocacy on human resources*

BUSIA COUNTY



Strategic Plans:

- The County has a health sector strategic plan COUNTY HEALTH SECTOR STRATEGIC PLAN that runs 2012-2017; and has nutrition indicators. Annually, the ministry of health, prepare an Annual work plan.
- County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) development stalled. Routine activities have been ongoing in the county.
- The county is in the process of developing the health bill which is at public hearing stage. Nutrition was covered under facility recruitment fund,

to be able to purchase enteral and parenteral feeds. Discussion on going regarding the organogram. Nutrition will be put under preventive. For NCDs it's not done routinely, due to low staffing levels, lack of equipment.

Financing for Nutrition:

- Purchase of health commodities was budgeted at 42M for the fiscal year 2015/2016 however only 365,000 was allocated for Nutrition commodities which eventually did not get purchased, the funding was diverted.
- County has recruited Nutritionists 17 nutritionists are now on board in total. There are 7 sub counties in the county. (10 nutritionists were employed in the last financial year)

Best practices

- Lobbying and raising awareness on nutrition and aggressively following through
- Joint implementation with the home economists team

Support

- COUNTY NUTRITION ACTION PLAN (CNAP) development. The team was not oriented on the whole process. If this can be done, will be key in moving the process forward
- Advocacy for financial support at county assembly level
- Human resource: guidelines :norms and standards

NAIROBI COUNTY



Strategic plans:

- Have a COUNTY HEALTH SECTOR STRATEGIC PLAN with nutrition indicators (stunting, underweight, overweight in adults) had an AWP for 2015/2016 and are developing the new one.
- The AWP indicators are lifted from various documents and the indicators are within the county staff performance contracts. The county launched its COUNTY NUTRITION ACTION PLAN (CNAP) mid-year and is using it to inform the AWP.
- County is developing a health policy which is now in the final stages. The policy contains the various programmes and how they should be run. Nutrition is unit under the RMNCH Programme .

Financing for Nutrition:

- In the year 2015/2016 the team had a Rapid Results Initiative (RRI) for management of acute malnutrition. **They received Kshs 520.000** to improve curative services and money was spent on capacity building of health workers, supervision and procurement of supplies
- In the last fiscal year, **7 staff were recruited**, 20 have been shortlisted and are being interviewed. Nairobi County has a Vote for Nutrition. 1.6M was promised for nutrition for 2016/2017.

Strategic partnerships: the county has a partnership office as the county has recently been host to several partners, with coordination being key to support harmonized programme support.

Best practice: Advocacy and raising the profile of nutrition and staying relevant

Areas of Support

- Commodity support (No IFAS in the county) : sensitize the staff at facility level to do the ordering
- Continued advocacy
- Dissemination of policies and guidelines, keep the team updated early in case of any new things

KAKAMEGA COUNTY



Strategic Plans:

- Have a COUNTY HEALTH SECTOR STRATEGIC PLAN 2013-2017. Yet to do mid-term review of the COUNTY HEALTH SECTOR STRATEGIC PLAN . They do not have a COUNTY NUTRITION ACTION PLAN (CNAP) yet, are using a Nutrition concept paper to inform their programming and planning.
- There is nutrition in various other plans including COUNTY HEALTH SECTOR STRATEGIC PLAN and CIDP and do prepare Annual work plans.
- The County has developed and passed the health bill with the nutrition department actively participating in the process

Financing for Nutrition:

- In the financial year 2015/2016, the county government funded data review meetings, Malezi bora, trainings for IMAM and MIYCN to the tune of Kshs 2Million.
- The county nutritionist was about 1 year old in office and had spent energy in aligning the department within the county.
- The county has a total of 33 nutritionists, **20 of whom are government payroll** and the rest on GOK and partner (Aphia plus) contracts.
- The nutrition unit is recognized as a sub programme within health and therefore able to access funds for the programme (as opposed to the pooling mechanism).

Strategic partnerships: the county does not have many partners directly supporting nutrition

Best practices

- Team work and good work dynamics that has resulted in CHMT support for nutrition
- Understanding the poor nutrition indicators in the county which has supported prioritization of nutrition support

Areas of support

- Capacity building on technical areas: Micronutrients: IFAS, Vitamin A
- Procurement of anthropometry equipment and commodity support * County to procure parental and enteral feeds

MIGORI COUNTY



Strategic Plans:

- Have a County Health Sector Strategic Plan (COUNTY HEALTH SECTOR STRATEGIC PLAN) with nutrition indicators, but do not have a COUNTY NUTRITION ACTION PLAN (CNAP) as a result of inadequate time and competing priorities. That said, the county does prepare Annual work plans led by the M n E unit with inclusion of nutrition in the process.
- The county is still in the process of developing the health bill, and the nutrition team is actively engaged in the process

Financing for Nutrition:

- Funding not good for health in the county in general, although some budgetary support was realized in the financial year 2015/2016 in the form of procurement. CNC not able to estimate the amount.
- In the last financial year, **Equipment (digital scales) were procured and 4 nutritionists recruited** by the County government. Nutrition is funded under health care services as a sub programme.

Strategic partnerships: There are more partners on ground this year supporting nutrition and it will be easier now, with the additional staff as well to mobilize the teams and finalize the COUNTY NUTRITION ACTION PLAN (CNAP). .

Best practices: Good back up from the County executive as a result of good relationships

Areas of support

- Equipment for growth monitoring: the county lacks adequate supplies for growth monitoring
- Nutrition capacity enhancement : includes trainings on the various nutrition components and programmes

- Support to finalize their County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP))
- Expert advice on monitoring and evaluation. They would like to develop a monitoring and evaluation framework for the county
- Advocacy for resource mobilization and to enhance political commitment for nutrition

SIAYA COUNTY



COUNTY OF SIAYA

Strategic Plans:

- There is a County Health Sector Strategic Plan (COUNTY HEALTH SECTOR STRATEGIC PLAN) and the county is in the mid-term review process to update the plan for the period 2015-2019.
- The County integrated development plan is also under review, baseline data being updated. The county has not yet finalized their County Nutrition Action Plan, but hope this will be finalized in the next year with the increase in partner presence in the county.
- The county was in the process of consolidating their Annual work plan for 2016/2017 financial year and would be releasing the same in 2 weeks. The county is in the process of developing the health bill and the CNO is in the lead.
- Similarly, with the pre-primary school act, the county has developed provisions that will ensure that school nutrition starts by September 2016.

Financing for Nutrition:

- The county nutrition department **received about Kshs 2M in the last financial year and had 2 staff** employed by the County government for the nutrition department. In total the county has **13 nutrition** staff, 8 of whom are supported by partners.
- The county is implementing the community strategy and has a total of 2,148 Community health workers (CHWs) supporting community level services. **The Kshs 2M received was used in the training of the CHWs, procurement and distribution of anthropometry equipment** as well as support supervision in high volume facilities.

Strategic partnerships: there is an unprecedented increase in number of partners in the county and this is an opportunity for the county to expand nutrition programming

Best practices: Networking and understanding the need to be aligned well politically

Areas of support

- Dissemination of policies and guidelines that are existent in nutrition, more so as 75% of the staff are new in county
- Provision of reporting tools and capacity building on utilization and application of the tools
- Linking of county nutrition forums with National forums for learning and continuous development (requested for an active CNC Forum
- National level support for advocacy: if National team could also go down to the counties. Will give nutrition a good lift and confirm that its linked all the way up

WEST POKOT COUNTY



Strategic plans:

- The county has a Community health sector strategic plan that runs between 2013-2017 but in draft. It has impact indicators like stunting, micronutrient deficiency control and is used to generate annual work plans.
- The 2015/2016 Annual work plan was done but not finalized, however utilized in the year by the health management team. The AWP 2016/2017 is under development.
- The county has a County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) 2013-2018 that is informing their programming. The County nutrition

Coordination is not aware if the county health bill has been developed, however there are plans to develop a nutrition bill for the county.

Financing for Nutrition:

- The County has no budget line for nutrition, they access money from the same pool with all other programmes in health. The county **has employed 17 nutritionists** since devolution greatly boosting service delivery. **There is also support for supervision** given by the County health department.

Strategic Partnerships: the county has not realized additional partnerships in terms of civil society organizations but is however seeking to work more strategically and expand collaboration with other ministries to leverage on their programmes and partners

Best practices

- Working in collaboration with other departments and good Health management team engagement, including involvement of the other departments in nutrition activities like SMART Surveys which has greatly enhanced utility of results by other sectors and receptiveness to nutrition issues
- Having COUNTY NUTRITION ACTION PLAN (CNAP) has been key in having a common framework for results for various actors and stakeholders e.g. Ministry of Agriculture comes on board to support access to food , small livestock by Mother to Mother support groups

Areas of Support

- High level advocacy to support realize political and financial commitment for nutrition
- Technical support in developing the Nutrition bill

KWALE COUNTY



Strategic Plans:

- Have a County Health Sector Strategic Plan (COUNTY HEALTH SECTOR STRATEGIC PLAN) with nutrition indicators and also have an AWP that is running and being updated for the year 2016/2017.
- County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) is in draft but there are plans to finalize before close of year 2016.
- Health bill is not under development in the county but there are other documents that have been finalized including the Kenya AIDS Strategic framework (has nutrition) and the Community strategy policy which allows for monetary motivation of the CHVs. Ending drought emergencies (EDE) sensitization done for the county teams but launch is pending.

Financing for Nutrition:

- The department received about Kshs 400,000 in the last year used for Malezi bora.
- There is no vote head for nutrition, the team is also accessing funds through the pooled mechanism. 17 nutritionists were recruited in the financial year 2015/2016.

Strategic Partnerships

- The county informs of increased partnership especially in the area of maternal child nutrition which they see as a plus to the nutrition programme in terms of enhancing access to services and raising the profile of nutrition.

Best practice

- Leadership and commitment of the department heads
- Coordination and partnerships
- Ownership of programme indicators across the health management team

Areas of support

- Support the county in resource mobilization
- High level advocacy to solicit for commitment , county would like National level representation at the County for advocacy
- Support in policy development and translation across the programme areas : more so, as counties are now domesticating policies

NANDI COUNTY



Strategic Plans:

- County has COUNTY HEALTH SECTOR STRATEGIC PLAN that is in use, with nutrition indicators. Nutrition unit was involved in development of the same document.
- There is Annual Work Plan in the county and in the last one, 2015/2016 there was inclusion of nutrition in the indicators. The plan was also implemented as spelt out.
- The county has its County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) at Zero stage and requires technical support to progress it forward with a possible launch of March 2017 in sight.
- The county health bill is in parliament, but nutrition unit was not involved and therefore not aware what is in the document.

Financing for Nutrition:

- In 2015/2016 the unit received about Kshs 400,000 from the county government that was used for diabetes screening and sensitization at community level, world breastfeeding week celebration and Cancer week.

Strategic Partnerships: the county mostly has partners who are supporting HIV and Nutrition programmes but in the recent past has seen an increase in partnerships for baby friendly workplace support through the tea estates

Best practice

- Use of local radio stations on a weekly basis to reach out and pass messages to the community (the county has an arrangement with KASS FM) and the Department of health pays for it. Community empowerment and literacy a key focus area and strategic partnerships strengthened to achieve the same

Areas of support

- Technical support for COUNTY NUTRITION ACTION PLAN (CNAP) finalization
- High level advocacy support to enhance commitment and investment in Nutrition
- Support to conduct a survey : county has never done a survey
- Policy and guideline on in patient feeding

MERU COUNTY



Strategic Plans:

- County does not have a COUNTY HEALTH SECTOR STRATEGIC PLAN or AWP. They instead use the County Integrated Development Plan (CIDP) to generate annual departmental plans.
- They initiated the COUNTY NUTRITION ACTION PLAN (CNAP) development process but stopped as the county leadership required that all programmes rally around the CIDP.
- The health bill is being developed but the nutrition department was not involved.

Financing for Nutrition:

- In 2015/2016 nutrition was earmarked to receive about Kshs 2M for procurement of reagents for the iCHECK (used to check on fortification) there were 7 staff employed, therapeutic supplies procured, support supervision done and around 300 -400,000 received for other activities.

Partnerships: the county has few partners on ground, whose focus is mainly on fortification and some behaviour change communication.

Best practice

- Collaboration within the department and with other departments. E.g. with the Ministry of Education, the ECD was used for Vitamin A supplementation and a coverage of 90% achieved
- Key world health days were used for advocacy and lobbying
- Documenting the results and impact of activities undertaken to the department head

Areas of support

- Advocacy for COUNTY NUTRITION ACTION PLAN (CNAP) finalization
- KPC survey for MIYCN in the county
- Financial support for the programme

MURANGA COUNTY



Strategic Plans: Have COUNTY HEALTH SECTOR STRATEGIC PLAN 2013-2018 with nutrition indicators. The county uses the Plan for determining its priorities on an annual basis. No AWP has been developed. The county has a CIDP that has nutrition. County has no COUNTY NUTRITION ACTION PLAN (CNAP), did a preliminary meeting that was funded by APHIA and the process stalled. **Financing for Nutrition:** the county receives funds for procurement of specialized commodities from the county and a few activities such as Malezi bora.

****Interview was not completed. CNC had other pressing engagement**

MANDERA COUNTY



Strategic plans:

- County Has a County Health Sector Strategic Plan (COUNTY HEALTH SECTOR STRATEGIC PLAN) 2013-2017 with nutrition indicators.
- County has a County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) that was launched in the year. Have an AWP for 2015/2016 though nutrition was not included. A nutrition work plan was however developed for the year. The county has started developing the AWP 2016/2017 led by the County Health Records Information Officer (CHRIO)

Financing for Nutrition:

- There is no specific vote head for nutrition. Whenever funds were needed, a proposal was submitted to the County. **A total of 33 nutritionists have so far been recruited** by the county government.

Strategic Partnerships: the county is facing a reduction in number for partners supporting nutrition including in their budgets and is increasingly affected in their ability to programme effectively given the challenges with financing from the government.

Best practices: *Every facility has a nutritionist which means that accessing data, information and translating to evidence is easier*

Areas of support: *Capacity building for new staff; Advocacy for resource allocation to nutrition unit*

LAMU COUNTY



Strategic Plans:

- County Has COUNTY HEALTH SECTOR STRATEGIC PLAN with nutrition impact indicators such as Wasting, stunting.
- The County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) is in draft, has been reviewed, county yet to find time to review their inputs. The county has AWP 2015/2016 with nutrition.
- The RMNCH bill is under development, nutrition unit is marginally involved.

Financing for nutrition:

- In 2015/2016 financial year, the county received about Kshs 60,000 in May for Malezi bora, Kshs 135,000 for the food festival and Kshs 35,000 for the beyond zero launch.
- There is no vote head for nutrition and the county has recruited 5 nutritionists to date. The county has 6 nutritionists in total.

Strategic Partnerships: the county has no major partner supporting nutrition and has been lagging as a result of the same.

Best practices: *Consultation and team work, has been key for integration and delivery of services through other programmes*

Areas of support:

- Advocacy in relation to skills and the support;
- Technical support: for the programme, an outsider perspective is key and the county would appreciate support visits;

- Guideline dissemination especially maternal infant and young child nutrition

MARSABIT COUNTY



Strategic Plans:

- County has COUNTY HEALTH SECTOR STRATEGIC PLAN with nutrition captured under child health section.
- The county also has a COUNTY NUTRITION ACTION PLAN (CNAP) 2015-2018 that was launched in 2016. The county has an AWP 2015/2016 with minimal nutrition input.

Financing for nutrition:

- The nutrition unit got some financial support for national health days to the tune of Kshs 300,000 and have started developing the 2016/2017 AWP and intend to link to the COUNTY NUTRITION ACTION PLAN (CNAP).
- The county benefitted from **recruitment of 17 nutritionists** supported by the county government. Health bill is under development but nutrition not actively engaged

Strategic Partnerships: the county has seen a great increase in partnerships but has also been challenged in harmonizing implementation plans.

Best practice: *Surge model roll out and success in demonstrating risk informed approaches*

Areas of support:

- Advocacy to enhance leadership commitment for Nutrition
- Support in developing a vibrant SUN chapter for the county

NYANDARUA COUNTY



Strategic Plans:

- Have County Health Sector Strategic Plan (COUNTY HEALTH SECTOR STRATEGIC PLAN) with nutrition indicators and inclusion in key sections.
- Nutrition is mentioned in part in the County integrated development plan (CIDP). The county had started working on County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) but did not go far due to computer crash. The process needs to be restarted.
- The county is using the National Nutrition Action Plan (NNAP) to guide its activities. The county develops AWP annually and applies an integration approach to the implementation of activities.
- Supervision and outreach as activities are usually integrated and executed jointly. Health bill was developed and Nutrition was included in the process, similar to the waste management policy

Financing for Nutrition:

- In 2015/2016 **about Kshs 2M was received and used for procurement of IFAS, Infant formula, anthropometry.**
- In 2014, **3 nutritionists were recruited** by the county government. The county has a vote head for Nutrition.

Strategic Partnerships: Nyandarua has only one major partner supporting nutrition and sees this as a rate limiting step given the level of stunting, non-communicable diseases (NCD) that afflict the county

Best practices: *Undertake planning jointly with other departments and this has been key in ensuring an integrated approach in providing services and realizing their indicators*

Areas of support

- Supplies especially micro nutrient powders
- Partnerships and resource mobilization
- Technical support in development of county documents

NYAMIRA COUNTY



Strategic Plans:

- Have COUNTY HEALTH SECTOR STRATEGIC PLAN that has nutrition indicators. Also develop the AWP annually and this had nutrition indicators such as underweight, stunting and micronutrients. .
- The COUNTY NUTRITION ACTION PLAN (CNAP) is almost finalized, only 1 meeting pending for finalization.
- The AWP 2015/2016 was implemented partially due to lack of adequate staff and therefore, being revised for 2016/2017.

Financing for Nutrition:

- Nutrition has no Vote head, and difficult to isolate funding received as most was covered under integrated service provision. The county nutritionist, prepares a funding proposal to the county government as there is currently no vote head.
- Health financing bill has been passed for facilities to utilize funding. There are now 6 nutritionists recruited by the county (5 at sub county level) and this has greatly improved reporting in the county.

Partnerships: the county has minimal partnerships for nutrition

Best practice: *Team work and collaboration. Case in point cited was the collaboration with the county public health office and County health records officer who supported CNC to improve on reporting. The entire team is working together to move the indicators*

Area of Support

- County needs support for COUNTY NUTRITION ACTION PLAN (CNAP) finalization
- Technical support for programme implementation. Would be happy to have national team visiting
- Supplies support especially for quantification and procurement

TANA RIVER COUNTY



Strategic plans:

- County has a draft COUNTY HEALTH SECTOR STRATEGIC PLAN in place but not in use. The document has nutrition indicators.
- The county has a Nutrition action plan that was finalized and launched in 2015. It is being used for resource mobilization and has been shared with partners.
- They county uses the COUNTY NUTRITION ACTION PLAN (CNAP) and breaks it down annually to inform the AWP. The nutrition team are not aware of any bill under development.

Financing for Nutrition:

- The nutrition department does not have a vote head, and have not received financial support as yet. They do a proposal to the chief officer for funds when they have any activity they need supported There are 19 slots advertised and yet to be filled.

Partnerships: the county has several partners currently supporting nutrition but the coverage is not optimal especially for the hard to reach areas given the limited to non-existence support by the County government.

Best practice:

- *Developed a resource mobilization tool and shared it with partners and can track their resources*
- *Have an active county nutrition technical forum that brings them together with the partners and hence easier to plan and resource mobilize*

Areas of support:

- Technical assistance in development of the AWP;
- Advocacy for nutrition to support a vote head and the pending recruitment

TRANS NZOIA COUNTY



Strategic Plans:

- County has a Health Sector Strategic Plan (COUNTY HEALTH SECTOR STRATEGIC PLAN) not sure if it's in use, with minimal involvement of nutrition in the development.
- The County Nutrition Action Plan (COUNTY NUTRITION ACTION PLAN (CNAP)) is finalized and ready for launch only editing pending. The county has an AWP for 2015/2016 but does not implement fully. The health bill is currently under development but nutrition not actively engaged.

Financing for Nutrition:

- In 2015/2016 **nutrition department received Kshs 5.6M** and was used largely for community screening (diabetes), commodities and equipment and marking world health days. An advert has been placed for recruitment of 12 nutritionists, none employed to date.
- There is no vote head, but for 2016/2017 there is indication that about Kshs 4M will be availed for nutrition.

Strategic Partnerships: the county has minimal presence of partners supporting nutrition and hopes to be supported in expanding the same.

Best practice: *Have engaged County health management team in COUNTY NUTRITION ACTION PLAN (CNAP) development and use their support to get financial resources for nutrition*

Areas of Support:

- Technical support for County Nutrition Action Plan -COUNTY NUTRITION ACTION PLAN (CNAP) finalization
- Training for Integrated Management of Acute Malnutrition, Baby Friendly Community Initiative -BFCl and Baby Friendly Hospital Initiative -BFHI needed
- Need support for clinical nutrition service provision in the county
- Need support to also implement school meals programme

NAKURU COUNTY



County Government
of Nakuru

Strategic Plans: County has a COUNTY HEALTH SECTOR STRATEGIC PLAN with nutrition indicators included. There is also a county strategic plan that has nutrition in it. The county develops annual plans although in 2015/2016 nutrition was not involved in the process. Most of what is in the AWP is not funded and the document was also done very late in the year and this might imply that the 2016/2017 plan is also delayed or not done. Health bill is under development but nutrition not plugged into the review process having participated in the initial stages. The county does not have a County Nutrition Action Plan. The process begun but stalled due to lack of support both technically and financially to undertake the activity. COUNTY NUTRITION ACTION PLAN (CNAP) had been done partially and there is need to support finalization of the same. **Financing for Nutrition:** In 2015/2016 the nutrition department received about Kshs 800,000 for Malezi bora and other activities. (400,000 was from the county government) the process of developing the 2016/2017 AWP has not started. Nutrition is a sub programme. Activities for nutrition are funded under health promotion and supplies under pharmacy. There are 34 nutritionist in the county with 6 being supported by partners but the rest by County government **Partnerships:** the county lacks major partnerships is mainly supported by Aphia Plus, who have been supporting CMEs at facility level.

Best practice: *Integration with other programmes*

Areas of support

- COUNTY NUTRITION ACTION PLAN (CNAP) Finalization
- Capacity enhancement in technical areas e.g. MIYCN
- Developing plans and setting targets e.g. for the AWP process
- Dissemination of the advocacy strategy and new reporting tools
- Advocacy to support strengthen the profile of nutrition in the county

NYERI COUNTY



Strategic Plans:

- County has a HEALTH SECTOR STRATEGIC PLAN that runs to 2017 with nutrition indicators despite nutrition not being part of the process of development.
- The county has a new organogram with several directorates in health. Nutrition is under the curative directorate. The AWP 2016/2017 has started but the nutritionist is not involved. The previous plan was done but not fully implemented due to funding challenges.
- The county has never started on the COUNTY NUTRITION ACTION PLAN (CNAP) but willing to do it if they receive some form of support. The health bill was developed and passed, and had significant implications for nutrition including having it under only one directorate.

Financing for Nutrition:

- There are 14 nutritionists in the county, no new recruitments since devolution. Adverts have postponed in the past where attempts had been made to recruit.
- **There is a diminished role for nutrition in the county** and a lot of support required to bring it back as a key department. The department received minimal support for Malezi bora in 2015/2016. The limited involvement of the nutrition team in the AWP development process of 2016/2017 signals limited engagement or financing moving forward.

Partnerships: the county only has KRCS supporting NCD programming and Aphia Plus whose support has been reducing. There is an outcry to have more partners supporting the county

Best practices: *Using partners extensively to support their programme*

Areas of support

- COUNTY NUTRITION ACTION PLAN (CNAP) finalization
- Technical trainings including Maternal Infant and Young Child Nutrition , Integrated Management of Acute Malnutrition
- World health day celebrations
- Advocacy

THARAKA NITHI COUNTY



Strategic plans:

- Have a COUNTY HEALTH SECTOR STRATEGIC PLAN with nutrition indicators in place.
- 2015/2016 AWP development started late and was not finalized.
- The county started developing the COUNTY NUTRITION ACTION PLAN (CNAP) but did not go far due to lack of support.. NHP Plus is supporting development of the 2016/2017 AWP.

Financing for Nutrition:

- The County has a vote head for nutrition and received about Kshs 22,000,000 to procure food and rations for the hospitals in the last fiscal year.
- There are a total of 7 nutritionists in the county; 2 per Sub County, 4 being newly employed. County health bills is under development and the nutrition team is participating

Partnerships: the county has not had many partners in the past, largely USAID. However even within USAID, they are realizing additional resource areas that are available to support nutrition.

Best practice: *Working with other departments e.g. MOA for joint problem identification and programming. Good example cited was the work with the Home economics department*

Areas of support:

- COUNTY NUTRITION ACTION PLAN (CNAP) finalization;
- Trainings on the technical programme areas for health workers
- Advocacy on nutrition

UASIN GISHU COUNTY



Strategic plans:

- The COUNTY HEALTH SECTOR STRATEGIC PLAN is in place, has nutrition but not fully used as a document.
- 2015/2016 AWP done but not funded. The 2016/2017 document is under development.
- County is using the National Nutrition Action Plan – NNAP to guide their activities as they do not have a COUNTY NUTRITION ACTION PLAN (CNAP).

Financing for Nutrition:

- There has not been procurement of any commodities other than food and rations, where about Kshs 160,000 was received for in patient feeding in the last financial year.
- There are 21 nutritionists in total in the county, with 10 being employed in the last financial year of 2015/2016. The county nutrition department also received about Kshs 250,000 for Malezi bora activities. Procured IFAS and VAS in 2015/2016.

Strategic Partnerships: the county has no partners supporting nutrition and this is seen as a great limitation to supporting full scale up of nutrition in the County.

Best practice

- *In 2015 the County Nutrition Coordinator -CNC activated nutrition assessment in the Huduma centre and shared the findings with the health director. It was clear that Non Communicable Diseases -NCDs were a major issue and this provided an opportunity for the department to be profiled and recognized in the county. The CNC is further following up to do nutrition assessments for the Members of County Assembly - MCAs as a precursor to an engagement with them*
- *Early Childhood Development -ECD linkage is working and there is demand for services from the ECDs*

Areas of support:

- Iron Folic Acid Supplementation -IFAS training not done for the county and the health providers not updated on how to administer the supplements
- Capacity enhancement of the new staff across the various nutrition programmes
- COUNTY NUTRITION ACTION PLAN (CNAP) finalization

KIAMBU COUNTY



Strategic Plans:

- Have a COUNTY HEALTH SECTOR STRATEGIC PLAN in place with nutrition indicators.
- County has expenditure plans for 2014/2015 and 2015/2016 with nutrition itemized in it. The AWP is partially in use, though nutrition department is involved in the development.
- The 2016/2017 process is yet to start. COUNTY NUTRITION ACTION PLAN (CNAP) development begun but stalled after 4 meetings due to limited support and competing priorities.
- Health act is in place in the county and it highlights the structure of the ministry and functions of the various boards including County Health Management Team -CHMT, where nutrition is mentioned. The county has 38 nutritionists in total, 6 of whom are partner supported.

Financing for Nutrition:

- In the year 2015/2016 the department had nutrition included in the government expenditure plan and received support for supervision and annual programme activities.
- The department has made a request for Kshs 14M for the 2016/2017 financial year and waiting approval of the same.

Partnerships: the county has several partners but needs to consolidate their support to benefit more strategically

Best practices: *There is nutrition counselling offered in all critical points of contact in the health centres*

Areas of support

- COUNTY NUTRITION ACTION PLAN (CNAP) completion
- Sensitization on nutrition for key stakeholders; advocacy for nutrition profiling
- Need to be linked to local manufacturers and stockists

TURKANA COUNTY



Strategic plans:

- The county has several strategic plans including the CIDP, COUNTY HEALTH SECTOR STRATEGIC PLAN and the County Nutrition Action Plan, that all have nutrition included.
- There is a Community health strategy bill that is under development that will be key in supporting nutrition service delivery that is currently to be debated at the county assembly.
- Annual work plans are not done routinely or followed during implementation. The process for developing the 2016/2017 had already started and nutrition was plugged in.

Financing for Nutrition:

- The county **had an allocation of Kshs 10Million** in the 2015/2016 fiscal year however did not utilize it fully due to realignment. However, the county has supported the nutrition department to undertake **quarterly programme monitoring activities, carry out training for new nutrition officers** in the health information management system as well as for Malezi bora activities that include active case finding.
- The team has proposed Kshs 10M for the 2016/2017 fiscal year.

Strategic Partnerships: the county has several actors supporting nutrition, although the coverage by the actors is declining in comparison to previous years.

Areas of support:

- Sensitization of new staff on the new reporting tools
- Capacity building on coordination for sub county teams
- Advocacy support: would like National level support to further raise visibility of nutrition at the County
- Support in strengthening cross sectoral collaboration

NAROK COUNTY



Strategic Plans:

- All strategic plans including CIDP, COUNTY HEALTH SECTOR STRATEGIC PLAN **are in draft, but do reflect** nutrition in them.
- The county has a COUNTY NUTRITION ACTION PLAN (CNAP) that is final and awaiting launching.
- The county develops the annual work plan but is challenged by the lack of financing it receives from the county government.
- The county has a health bill that has been developed and passed, with mention to nutrition albeit in a broad way.

Financing for Nutrition: the nutrition department has been supported through **recruitment of 23 nutritionists by the county**. The county has now 46 nutritionists, 39 of whom are on government payroll. There is however no further financial support with the nutrition team being severely constrained to undertake activities and relying heavily on partners.

Partnerships: the county has few partners (Christian Aid, Aphia Plus) whose supporting is reducing significantly.

Best practice

- **E- Communication:** through what app mobile application, the nutrition team is able to address service delivery related issues after reporting.
- The CNC is a member of the recruitment team and ensures accreditation of all new recruits

Areas of support

- Capacity building support for new staff across the various technical programme areas
- Advocacy with the county government – specific ask is to do this after the elections

KIRINYAGA COUNTY



Strategic Plans:

- The county has a CIDP, COUNTY HEALTH SECTOR STRATEGIC PLAN that have mention of nutrition. The county has never started on developing a COUNTY NUTRITION ACTION PLAN (CNAP) as they lack any support to do this.
- AWP for 2015/2016 was initiated but not completed. **The 2016/2017 is by far the most comprehensive process in developing the AWP**, and nutrition has proposed an allocation of Kshs 3Million to procure therapeutic supplies including supplements.
- County health bill that has nutrition in general terms included is at assembly level for discussion

Financing for Nutrition: the nutrition team has benefited from **recruitment of 14 nutritionists in 2014/2015** but not much in terms of programme budgets.

Partnerships: have only major partner Aphia Plus whose support is also limited and can only cover priority needs.

Best practices

Staff motivation: the county embarked on promotions and this has greatly improved motivation of the teams

Areas of support

- Partnership building to support the county grow the nutrition programme
- Reporting tools including sensitization on the new ones
- Anthropometry equipment for the facilities

- Programming around NCDs and ECDs

GARISSA COUNTY



Strategic plans:

- County has elaborate strategic plans including CIDP, COUNTY HEALTH SECTOR STRATEGIC PLAN that include nutrition, and have also recently launched their County Nutrition Action Plan.
- The county develops the annual work plan but lacks funding from government to implement its priorities.

Financing for Nutrition:

- The team has received support in form of recruitment but has not received programme support budgets for programmes. There is effort to however work in integrated fashion with other health programmes for activities like support supervision.
- The AWP 2016/2017 is under development and the team has proposed about Kshs 2,000,000 for nutrition in the budget.

Partnerships: the county has several partners who are supporting Nutrition and this greatly enhances the department's ability to routinely provide much needed services.

Areas of support

- Advocacy for resources and visibility of nutrition by county government
- Logistic management information system (LMIS) training for the entire nutrition team

Coordinating Team:

National Level:

Ministry of Health: Health and Nutrition Unit

- 1. Head of Unit: Mrs Gladys Mugambi**
- 2. Deputy head of Unit: Mrs Monica Okoth**

Programme Managers:

- 1. Caroline Arimi – Capacity Development**
- 2. Lucy Gathigi – Monitoring and Evaluation**

County Level:

County Nutrition Coordinators from 46 Counties (* acknowledge that a few counties have new CNCs who will not have been in this call)



Copy of CNC list.xls

UNICEF Kenya Country Office

- 1. Ann Robins – Nutrition Specialist – Programmes**
- 2. Victoria Mwenda – Nutrition Specialist – Coordination**