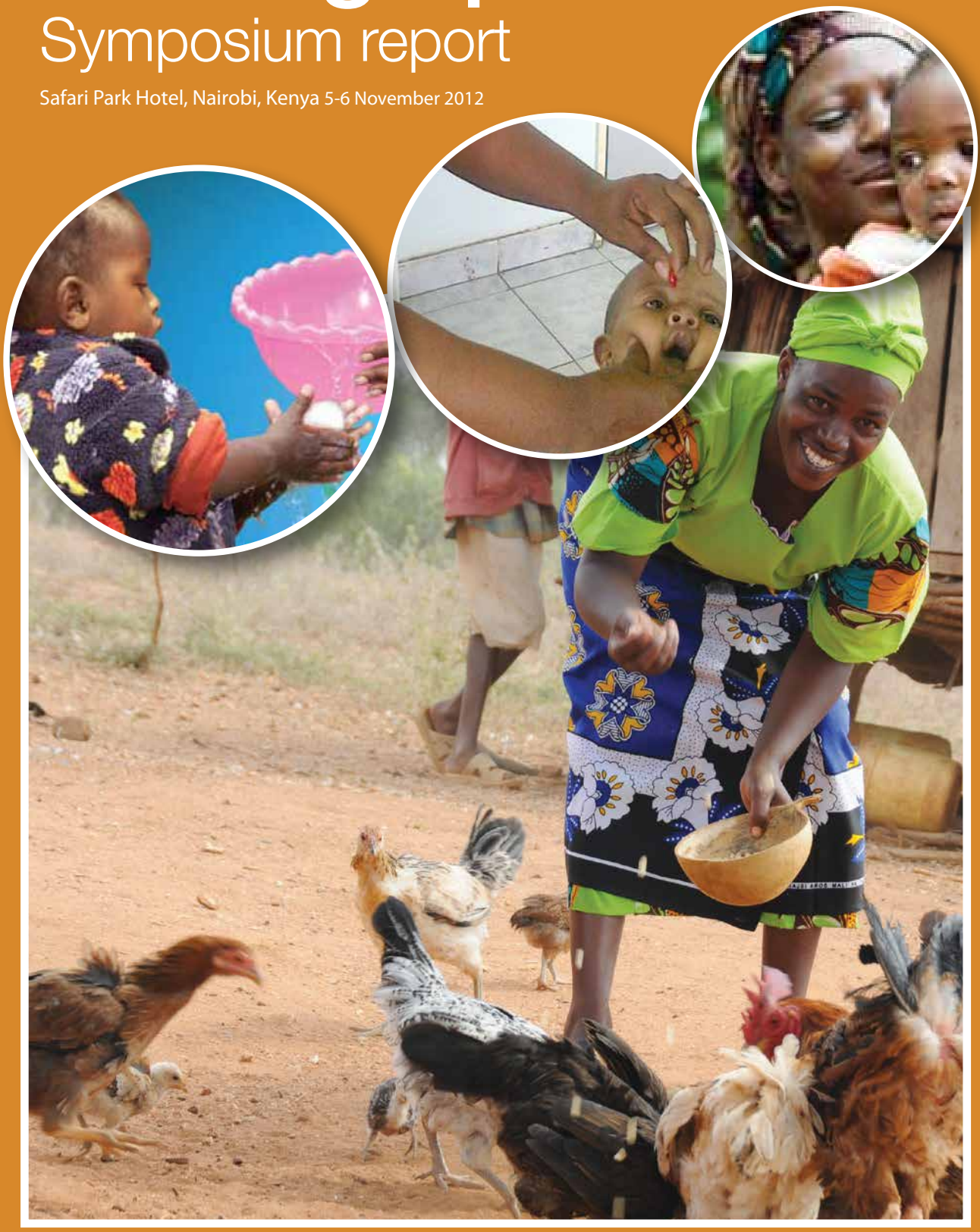
Ministry of Health

Scaling up Nutrition

Symposium report

Safari Park Hotel, Nairobi, Kenya 5-6 November 2012



Nutrition is Key

"Take up your role, Act now"

Acknowledgement

The Division of Nutrition, Ministry of Public Health and Sanitation acknowledge the valuable support and contributions of several stakeholders in the planning and organization of the National Symposium on Nutrition, 2012. Our sincere gratitude goes to UNICEF Kenya and ECHO for financial and technical support, and to all the other partners who contributed to the process in different ways and at various levels.

Special appreciation goes to the inter-sectorial committee which was in charge of the organization of the SUN Symposium (SUN Committee). The members were: The Division of Nutrition (MOPHS), UNICEF, MCHIP, WFP, Micronutrient Initiative, USAID, WHO, Save the Children, PSI-Kenya, Concern Worldwide, Kenya Red Cross, Samaritan's Purse, Mercy USA for Aid and Development, FH Kenya, Terre des hommes, ACF International, European Union, Hellen Keller International, International Medical Corps, International Rescue Committee, Islamic Relief, Merlin, GAIN and DFID.

We greatly appreciate the opening speeches by Hon. Beth Mugo and the key speakers provided by, David Nabaro, the Special Representative of the UN Secretary General for Food Security and Nutrition (via video), El Hadji As Sy, Regional Director and Dr. Josephine Kibaru-Mbae, Director General of the ECSA Health Community. Appreciation also goes to the distinguished guests from international and regional organizations. The delegates who attended the symposium are gratefully acknowledged for their valuable participation and contributions which enriched the discussions and formed the content of the symposium report. The exhibitors who 'brought life' to the symposium with high quality informative exhibitions which complemented the oral presentations, we say thank you. Special mention is made to the county delegates, who in their role as nutrition ambassadors will carry the nutrition message from the symposium to the county level.

Other important contributors to the symposium were the private sector; consumer organizations; research and training institutions; other line ministries in the nutrition sector; and the media as key players in passing on the message on nutrition, their participation is highly acknowledged and appreciated.

The following persons are specially appreciated for drafting and final editing of the nutrition symposium report: Valerie Wambani and Faith Njoroge from the Division of Nutrition; Marjorie Volege, Elizabeth Obel and Juliana Muiruri from UNICEF, Evelyn Matiri USAID/MCHIP, Esther Kariuki Micronutrient Initiative, Joyce Owigar and Siti Halati from World Food Programme, Esther Omosa-Mercy USA,

A final word of thanks goes to the leadership of the organizations represented in the inter-sectorial committee, whose constant encouragement and support led to the success of the national symposium on nutrition.

Contents

List of acronyms and abbreviations

ACF	Action Contre la Faim
ASAL	Arid and semi-arid lands
CBOs	Community-based health Organizations
CHWs	Community health workers
CSO	Community service organization
DFID	Department for International Development-UK
ECSA	East, Central and Southern Community on Health
EACSFF	East African community food fortification
ENA	Essential Nutrition Actions
FAO	Food and Agriculture Organization
FBO	Faith-based organization
FNSP	Food and Nutrition Security Policy
GAIN	Global Alliance for Improved Nutrition
GMO	Genetically-modified organism
HINI	High impact nutrition interventions
IEC	Information, education and communication
ISO	International Standards Organization
IYCN	Infant and young child nutrition
KNFFA	Kenya National Food Fortification Alliance
MDG	Millennium Development Goals
MOE	Ministry of Education
MOPHS	Ministry of Public Health and Sanitation
NALEP	National Agricultural and Livestock Extension Programme
NCD	Non-communicable disease
NCPB	National Cereals and Produce Board
NGOs	Non-governmental organization
NNAP	National Nutrition Action Plan
PANITA	Partnership for Nutrition in Tanzania
SUN	Scaling Up Nutrition
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

Foreword

Over ten million Kenyans suffer from chronic food insecurity and poor nutrition, of this; two to four million need emergency food assistance at any given time. About 35 per cent of Kenyan children are stunted, while micronutrient deficiencies remain widespread. The situation analysis on child/infant and maternal mortality rates in Kenya show no significant change in most nutrition indicators over the last 10 years. Thus a high proportion of Kenyans are vulnerable to high mortality rates and poor quality of life. In addition to hunger and under nutrition, the incidence of diet-related non-communicable diseases (NCDs) such as cancers, diabetes, and kidney and liver complications, are on the rise. NCDs occur especially in urban areas, where they are mainly caused by lifestyle changes characterized by excessive intake of highly refined and high-fat foods, sugar and salt, and decreasing levels of physical activity. NCDs account for 28 per cent of all deaths in Kenya annually.

For Kenya to attain the MDG Goals and achieve Vision 2030- the country's blue print for economic and social development, high quality of life for all by 2030- nutrition has to be urgently improved. While Kenya has adopted a set of 11 high-impact nutrition interventions, the coverage of these interventions remains poor due to low investment in nutrition.

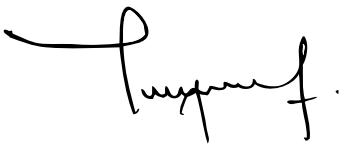
The Kenya Food and Nutrition Security Policy (FNSP) provides a comprehensive framework covering the multiple dimensions of food security and nutrition improvement. It recognizes the need for a multi-sectoral approach embracing both public and private sector involvement, and underpins the fact that hunger eradication and nutrition improvement is a shared responsibility of all Kenyans. Communities must be empowered to claim their right to good nutrition and guided to play their roles towards realizing this right.

The National Nutrition Action Plan (NNAP) (2012-2017) provides a framework for the coordinated implementation of high-impact nutrition interventions by the Government and stakeholders for maximum impacts at all levels. Most of these interventions are part of the Scaling Up Nutrition (SUN) actions that are being implemented globally to accelerate efforts towards meeting MDGs 4 and 5 .

The NNAP is a practical tool that will be implemented at both national and county-level under the new devolved governance system in Kenya. Nutrition stakeholders will execute the plan under the overall guidance and coordination by the Ministry of Public Health and Sanitation.

Against this background, the first SUN Symposium was held on 5th and 6th November 2012 to launch the SUN Movement after Kenya was formally accepted by the United Nations as the 30th country to sign up to the SUN movement. The Ministry of Public Health and Sanitation in partnership with local and international partners organized the symposium. Delegates deliberated on nutrition issues, case experiences and lessons learnt, challenges and solutions. They made commitments to the implementation of the NNAP by signing a pledge to take up individual action to support the SUN Symposium Declaration of commitment to the key action points in Kenya's Nutrition Action Plan.

We look forward to seeing programmes of action emerging from this symposium, as we all take up our role to act by supporting the scaling up of nutrition countrywide in order to reduce the double burden of malnutrition that is manifested through the high stunting rates in children (35 per cent) and non-communicable diseases that lead to illness, disability and early death.



Mrs Terry A. Wefwafwa, *HSC*
Head, Division of Nutrition.

Executive Summary

The National Symposium on Scaling Up Nutrition was held at the Safari Park Hotel, Nairobi, Kenya on 5th and 6th November, 2012, under the theme "Nutrition is Key; Take Up Your Role, Act Now". This was the first national nutrition symposium hosted by the Ministry of Public Health and Sanitation. It was organized by the Division of Nutrition, in partnership with stakeholders from the nutrition sector representing Government ministries, UN agencies, bilateral aid agencies and development partners.

The purpose of the symposium was to launch the Scaling Up Nutrition (SUN) Movement, after Kenya was formally accepted by the United Nations (UN) as the 30th country to join SUN. The symposium also provided a forum for launching Kenya's National Nutrition Action Plan (NNAP) (2012-2017), which articulates commitments and actions to scale up nutrition nationwide through a set of high impact nutrition interventions (HiNi). The NNAP is aligned to the Government's Food and Nutrition Security Policy and the Medium Term Implementation Plans, bringing together a broad range of in-country stakeholders and several international partners, the symposium promoted a multi-sectoral approach to nutrition advocacy

The key messages informing the nutrition symposium were:

- Malnutrition is a threat to attaining Kenya's vision 2030 goals and achievement of the millennium development goals.
- Lack of information has led to a low level of awareness on malnutrition and its impacts across all segments of Kenyan society.
- Poverty and a change in lifestyle have contributed to the poor nutrition situation in Kenya.
- The Government of Kenya has endorsed its support for scaling up nutrition and shown commitment and leadership to reduce malnutrition.
- It is the responsibility of all to take up their role and act now.

More than 300 participants attended the symposium representing a wide diversity of stakeholders including policy makers, nutrition specialists, and researchers, representatives from the 47 counties in Kenya, civil society, private sector, -development partner, UN agencies, regional bodies, INGOs, CBOs, National organizations, and the media.

The programme for the symposium was structured into three main segments: (i) The official opening with keynote speeches by high ranking officials from the UN, the East, Central and Southern Community on Health (ECSA), and the Minister for Public Health and Sanitation, who officially launched the National Nutrition Action Plan; (ii) Presentations in plenary sessions on the general nutrition situation and case experiences in Kenya followed by discussions; and (iii) Parallel syndicated sessions, comprising three working groups, followed by a plenary session

The syndicate sessions were organized around practical actions under the symposium theme, namely resource mobilization; research; and community actions. An exhibition that was both educational and informative, showcasing the activities of several institutions in the nutrition sector was mounted outside the plenary hall and was viewed by hundreds of guests throughout the symposium. Dedicated resource persons were at hand to explain the exhibition to delegates, answer queries and give information resources. The exhibition showcased policy documents, print and audio-visual educational materials on the role of nutrition in fighting disease including malnutrition, dried and fresh food samples, natural health products and fortified food products

The key issues and recommendations arising from the symposium are as below:

Scale up of services	• **HINI should be scaled up in all counties in order to reduce child mortality by 30%.** • **Poverty is a barrier to achieve optimum nutrition and it needs to be addressed holistically**
Support of the community	• The community structure should be utilized to address the nutrition challenges in the community • Direct engagement with the people at the county and national level
Advocacy/policy	• **There is need for increased advocacy on stunting, including educating the public on the consequences of stunting, and the benefits of its prevention.** • **Information on key policy documents should be made accessible to visually and hearing-challenged persons.** • **Advocacy needs to be aligned to the government policy framework** • **Advocacy and use of the media to reach the majority of the people**
Communication	• A communication strategy is needed to mobilize champions who can drive the nutrition agenda.
Information	• **There is a need to focus on critical success factors when mobilizing resources for nutrition** • **Need for evidence to demonstrate the cost analysis** • **There is a constant need for data to be up to date for every partner/stakeholder to support from an informed position** • **Research is needed for an updated analysis of the situation to enable plan for resource mobilization** • **We need a strong economic argument for our nutrition status**
Monitoring and evaluation	• There is a need for improved M&E systems and oversight in implementing the NNAP.
Coordination	• **Coordination is essential to guide long-term programming to address the chronic issues and build resilience, with multi-sectoral linkages.** • **Need for intersector collaboration/Inter ministerial coordination**

At the end of the symposium, the delegates adopted a Declaration outlining the key issues in scaling up nutrition and the priority areas of action needed by all stakeholders to address the high levels of malnutrition in Kenya. They further committed to the development of county nutrition action plans by June 2013 and the translation of key nutrition and food policies for use by visually-challenged people. A significant aspect of the symposium was the opportunity given to county delegates to voice the concerns of the community, which will be taken into consideration when implementing the HiNi to scale up nutrition.

DAY 1, November 5 2012

Exhibition

caption
Photos of the exhibition during The National Symposium on Scaling Up Nutrition

Session 2

Official opening ceremony and launch of SUN and the National Nutrition Action Plan (NNAP)

The opening session of the National Symposium on Scaling Up Nutrition (SUN) started with a welcome address and an outline of the symposium objectives, programme, process and format. This was followed by keynote speeches by representatives of the East, Central and Southern Africa Community on Health (ECSA), UNICEF and the United Nations (UN) Secretary General for Food Security and Nutrition.

21 Outline of Themes and Process of the Workshop

Master of Ceremony: Dr. Willis Akhwale, Ministry of Public Health and Sanitation

The overall purpose of the symposium was to launch the SUN movement in Kenya, after the country was formally accepted by the UN as the 30th member to join SUN. SUN is a global movement which unifies governments, civil society, businesses and citizens in a worldwide effort to end under-nutrition. The SUN movement was launched in 2010, with the adoption of the SUN Framework and Road Map.

The symposium also provided a forum for launching Kenya's National Nutrition Action Plan (2012-2017), a document which articulates commitments and actions to scale up nutrition nationwide through a set of high impact nutrition interventions (HiNis). The NNAP is aligned with the Government's Food and Nutrition Security Policy and the Medium Term Implementation Plans. Bringing together a broad range of in-country stakeholders and several international partners, the symposium hoped to promote a multi-sectoral approach to nutrition advocacy and commitments to investment in policies and specific actions to reduce hunger and under-nutrition.

The objectives of the symposium were:

1. To launch the SUN movement in Kenya and the roll out plan through the National Nutrition Action Plan (2012-2017);
2. To share national and international experiences on the prevention and reduction of stunting; and
3. To solicit nationwide support for multi-sectoral participation for improved nutrition.

The expected outcomes were:

1. Commitment to invest in policies and actions which reduce hunger and under nutrition;
2. Bringing together a broad range of in-country stakeholders and multiple partners worldwide;
3. Support for country-led efforts for nutrition; and
4. Promotion of specific nutrition interventions and nutrition-sensitive strategies in other sectors such as agriculture, water and sanitation, education, social welfare, employment and development programmes.

Acknowledging the leadership of the Hon. Minister, Mrs Beth Mugo, through which the Ministry had taken action and achieved a lot in public health, Dr Akhwale reviewed the key milestones in Kenya's efforts to address malnutrition as: Legislation of iodised salt, its consumption has reduced the rate of goitre in the country; Legislation of fortification of oils and flours, leading to 30 brands being fully fortified; The signing of the Nutrition and Food Security Policy that has enabled links to other government ministries, for inter-sectorial coordination; and the passing and enactment of the Breast Milk Substitutes Control Act.

2.2 Keynote speeches

Four keynote speeches were made by officials representing ECSA, UNICEF, the UN Secretary General for Food Security and Nutrition (via video), and the Minister for Public Health and Sanitation who presided over the official launch of SUN. The key points from the speeches follow:

Dr Josephine Kibaru-Mbae, Director General of the ECSA Health Community, represented by Dr. Dorothy Namichumba

The speech highlighted the role of ECSA in training countries in East and Southern Africa on the Essential Nutrition Actions (ENA) Framework as part of the strategy to improve the health and nutrition of the mother, and the survival, growth and development of the child. Improvements have been noted in the scaling up of nutrition through nutrition education, dissemination of appropriate messages and advocacy.

Some of the fundamental results have been more buy-in and commitment from corporate partners; and enhanced multi-sector and multi-stakeholder response. ECSA member states have successfully implemented food fortification, with Kenya in the lead, having gazetted mandatory food fortification of three staples. Kenya has also achieved a significant milestone in enhancing the Breastfeeding Act.

El Hadji As Sy, Regional Director, UNICEF East and Southern Africa Regional Office

In his speech, El Hadji As Sy enumerated several milestones in the journey made by Kenya towards addressing malnutrition. These are the National Food and Nutrition Security Policy; the Act on Control and Regulation of Breast Milk Substitutes; the National Nutrition Action Plan; the Act on Mandatory Fortification of Flours and Oils; and the enhanced nutrition sector coordination which has been recognized as a best practice in the region.

Lauding Kenya's leadership for setting the policy and an enabling environment for scaled-up response to malnutrition and results, El Hadji As Sy noted that a lot of progress had been made but much remains to be achieved. Kenya is the 30th country in the world to sign up to the SUN movement, the 12th in East and Southern Africa and the 7th in ECSA. Appreciating that this is indeed a sign of leadership and commitment, he affirmed that the UN system felt very privileged to partner with Kenya on ending stunting, and called upon Kenya's success and leadership to drive efforts in the region as well. The key principles of SUN were highlighted as: government leadership; community participation and empowerment; donor support and use of best practices as evidence. The stunting rate of 30-50% in children is a challenge that can only be tackled by looking at nutrition primarily as a development issue and a basic right, as well as a health, food and agriculture issue. The UN is committed to supporting the leadership that Kenya has shown to end child stunting, and this is possible by drawing on the science, the results and resources available.

Speech by David Nabaro, the Special Representative of the UN Secretary General for Food Security and Nutrition

Mr Nabaro introduced SUN as a global movement that is owned by countries. SUN is multi-sectoral and has multiple stakeholders. Four processes are important within SUN countries. First, functioning people-cantered multi-stakeholder platforms; second, agreed strategies and legislative frameworks; third, a common set of outcomes around which different groups align ; and fourth, mobilizing additional resources and capacity in support of effective actions to realize these results.

Hon. Beth Mugo, Minister for Public Health and Sanitation

The Minister introduced Kenya's Vision 2030 and stressed that the achievements of MDGs and Vision 2030 goals require a healthy and productive labour force. However, inadequate investment in food production and nutrition, climate change, frequent and very severe droughts, rising food prices, poverty and changing lifestyles had all contributed to the poor nutrition situation in Kenya.

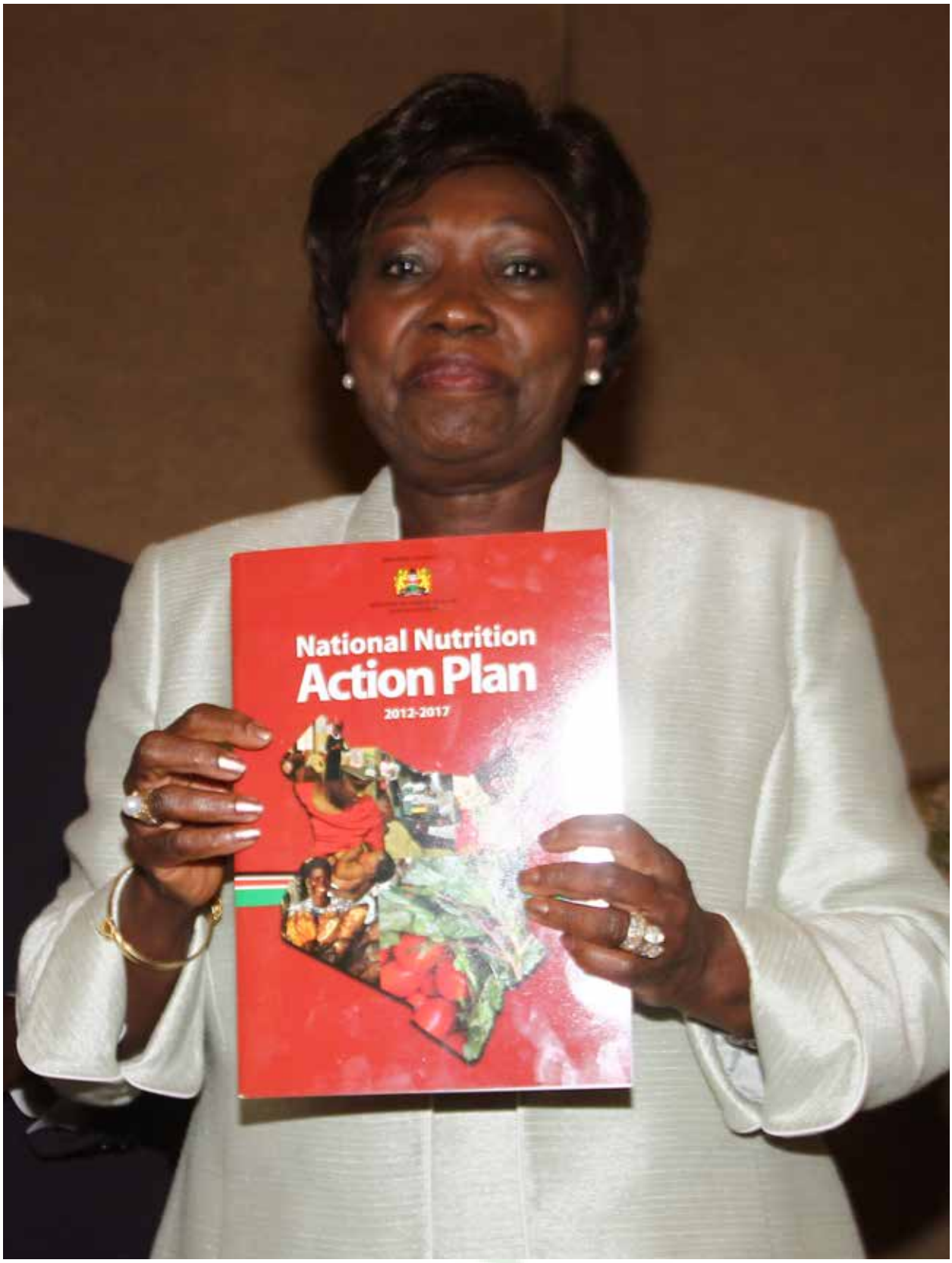
Kenya continues to register high rates of stunting (35% for children below five years) as a result of growth faltering, iodine, iron and Vitamin A deficiencies with New health challenges such as obesity, diabetes and cancers which are attributed to the dietary shift from whole grains, fruits and vegetables to highly refined foods, added sugar, salt and fats. This trend could be reversed through increased education and advocacy. The Food and Nutrition Security Policy sets out the priority areas to be addressed to reverse the poor nutrition situation. Further, The high burden of malnutrition in the country is being addressed through the scaling up of 11 high impact nutrition interventions, which have been proved to reduce child mortality by 30% when delivered as a package during the first 1000 days of a child's life. The interventions include exclusive breastfeeding for the first six months, complementary feeding of young children, management of acute malnutrition, Vitamin A supplementation for children, iron-folate supplementation for pregnant women and consumption of iodized salt. The Government has put in place a regulatory framework to provide direction on the implementation of the HiNis. This is reflected for example, by the enactment of the Breast Milk Substitutes Control Act and mandatory fortification of salt, cereal flours, cooking oils and fats.

Acknowledging the importance of a multi-disciplinary approach to address nutrition, Hon. Mugo thanked all the stakeholders present and called upon them to reflect critically on the theme of the symposium and commit to symposium action. The sharing of the nutrition situation analysis, the NNAP and the experiences of best practices, both local and international would enhance the implementation of SUN at the country level. In her concluding remarks, the Minister revealed that the Ministry of Public Health and Sanitation would give nutrition higher visibility by upgrading the Division of Nutrition to a Directorate and avail more funding to nutrition.

2.3

Scaling Up Nutrition: A call to Action

A one minute video message from the Ministry of Public Health and Sanitation and partners gave an overview of the causes and effects of malnutrition, the threat of malnutrition to Kenya's development and the Government commitment to scale up nutrition.



The highlight of the session was the unveiling of the nutrition action plan and the signing of the banner

Key guests signing up the commitment banner on scaling up Nutrition

2.4

Press briefing after the Minister's speech

Following the official opening session by the Hon. Minister, keynote speakers and development partners met the press for a briefing session to clarify specific issues of interest. The panel comprised the Minister, UNICEF, WFP, World Bank, USAID, ECSA, GAIN, FAO, WHO and CONCERN. The main panel questions were:

1. How is the Nutrition Action Plan different from the other policies?
2. How is the nutrition information being provided to slum areas?
3. Comment on the Cancer Bill
4. Comment on the sale of breast milk substitutes

The main points to emerge from this panel discussion were:

- The Nutrition Action Plan provides a framework for coordinated implementation of nutrition interventions by the Government and stakeholders. The Action Plan has been costed at a total of Kshs. 60 million spread across the five years of implementation and cutting across the different line ministries involved.
- On implementation in the urban areas, specifically in the slum areas, community health workers (CHWs) support nutrition education at the household level in addition to the nutrition education sessions at each contact at health centres and dispensaries, and at community meetings (chiefs' 'barazas').
- The Cancer Bill is not an Act of Parliament. Its implementation would start in December 2012. Screening for breast and cervical cancer had started at all health centres and will be a free service. The minister also highlighted that it is illegal to sell mothers' breast milk, but the sale of breast milk substitutes is legal provided that they are not advertised.
- The policy on indigenous foods encourages more utilization of these foods for infant feeding. Public education is being done through different channels such as publications explaining the importance of healthy diets; messages at health centres and dispensaries; media e.g. Mother and Child TV; and the use of CHWs to pass messages. We need to develop more messaging tools such as the SUN infomercial.

According to the development partners, information sharing is critical to success in scaling up interventions. It is more sustainable to involve the communities in designing messages and using appropriate channels and tools of communication, taking into account the culture, norms and traditions. Champions should be identified at each level. Nutrition should not be seen as an entity on its own but integrated with other health interventions as one package. With a wide diversity of sector partners, the NNAP can now deliver a much more comprehensive and complex response to nutrition problems, e.g. by looking at child care practices, malnutrition and food availability. The use of schools is a key element to any strategy on messaging as school children can influence their mothers.

Plenary Sessions

There were three plenary sessions covering four thematic issues namely: i) Nutrition situation and actions; ii) Policy environment; iii) Role of private sector; and iv) SUN country experiences. A total of nine presentations were made under these themes.

Session 3

Nutrition Situation and Actions in the Country

Moderator: Professor Judith Kimiywe, Kenyatta University

1. The Constitution of Kenya 2010
   - Article 43 (1) (C) - Every person has the right to be free from hunger and to have adequate food of acceptable quality; and
   - Article 53 (1) (C) - Every child has the right to basic nutrition, shelter and health care Vision 2030: "To transform Kenya into a highly competitive country with a high quality of life"
2. Millennium Development Goals (MDGs), specifically MDG 1 (Reduction in poverty and hunger); MDG 4 (Reduction in infant mortality); and MDG 5 (Improved maternal health).

Noting the key words as stunting and wasting, Ms Wefwafwa provided information on the current nutrition trends in the country from 1993 to 2008, and compared these to the average for the sub- Saharan region in 2006. Trends show that stunting has worsened over time, that there has been marginal improvement in underweight, but the country is still below the expected MDG target of 11.05%. Wasting remains consistently high over the years and way above the MDG target of 3.05%.

Information on malnutrition prevalence reveals that anaemia (73%) and Vitamin A deficiency (76%) among the under-fives are the most prevalent. The malaria survey of 2010 showed that iron deficiency anaemia prevalence gradually declined with age, and was highest among children aged 12-17 months, followed by those aged 6-8 months. The intervention of mosquito nets had contributed to the decline.

Among children aged 0-23 months, stunting is highest among those aged 18-23 months, followed by children aged 12-17 months. Possible reasons for the high stunting include food insecurity, inappropriate knowledge and practices as well as inappropriate care practices observed among both the rich and poor households.

Other issues in malnutrition in Kenya were identified as:

- Vitamin A deficiency among under-fives is 76%;
- High iron deficiency, which causes anaemia, with only 3% of pregnant women taking iron folic supplementation.
- Poor child care practice at the household level, which is evident at both ends of the social spectrum. Only 40% of mothers observe the right practices. Poor child care practice is a problem of not only the poor but even wealthy households (26% affected).
- 44% of children are stunted in the lowest wealth quintile, and 24.5% are also stunted in the highest wealth quintile. Among children 0-23 months, stunting is highest among children 18-23 months, followed by those 12-17 months
- Inadequate breastfeeding, with the average length of breastfeeding being 21 months.
- 5% mortality rate from Severe acute malnutrition

In her presentation, Ms. Wefwafa indicated the effects of malnutrition on health and education as

- In the next decade, close to 1,000,000 children could die as a result of being underweight.
- Inadequate breastfeeding leads to diarrhea which causes 10,000 infant deaths every year.
- Iron deficiency anaemia leads to poor brain development, affecting the child's school performance and ultimately the country's economic growth.
- Over-nutrition and under activity leads to conditions such as hypertension, diabetes, cancer, early and premature deaths, etc. leading to increased costs in health care.

The presenter concluded by noting that:

- All other indicators need to be scaled up to reach 80% and that requires a lot of effort.
- Inadequate coordination towards one defined agenda has dragged us behind.
- It is an individual and country responsibility to take up your role and act now.
- The way forward for a common agenda is to implement the National Food and Nutrition Policy 2011 and the National Nutrition Action Plan 2012-2017.

Questions and issues arising from Situation Analysis of Nutrition in Kenya

The presentation was followed by a discussion and the key questions and comments that emerged were:

1. Is there an adequate level of staffing to scale up nutrition, given the unveiling of the (ambitious) Nutrition Action Plan?
2. How can the issue of poverty be tackled (lack of food, storage for harvest) given that poverty contributes to causes of malnutrition?
3. Why are there long intervals between micronutrient assessments, as the current reference is the 1999 data? There is a need for more research to ensure we have current information on the progress in nutrition issues.
4. How can under nutrition be addressed in the curriculum?

The following main points emerged from the presenter's response:

- Within the devolution, nutrition is part of primary health services, thus nutritionists will be hired at county level using the devolved and other county funds. County representatives at the symposium should articulate these nutrition issues with their governors, emphasising the need for technical people to address nutrition issues and mobilize resources.
- There is need to shift from rain fed to irrigated agriculture and address climate change issues. Poverty is a challenge to the uptake of interventions, and it needs to be addressed holistically.
- The most recent nutrition survey is for the year 2011. Current samples are being analysed. The ideal situation would be to have county prevalence, but this was not possible due to funding constraints, therefore data will be aggregated comparing rural and urban populations. In the future, micronutrient surveys should be undertaken every five years, and counties will be expected to mobilize funds to support these surveys.
- Curriculum development is not a co-function of MOPHS. However, the Food Security and Nutrition Policy covers some aspects and the relevant ministries need to address nutrition research and curriculum.

3.1

Nutrition Gap Analysis

Katie Bigmore, *Senior Health Specialist; Health, Nutrition and Population, the World Bank*

The presentation highlighted the many available pathways towards a multi-sectoral response to reducing chronic under nutrition in Kenya. It included the following key issues:

- The size and severity of the chronic malnutrition situation in Kenya;
- The causal framework and key determinants of chronic malnutrition in Kenya; and
- Kenya's readiness to reduce chronic malnutrition with recommendations for immediate action areas.

Using the WHO benchmarks for various forms of malnutrition, it was evident that Kenya was rated as having a high prevalence of stunting while for wasting and underweight, it had medium prevalence.

Going through the nutrition causal framework, the presenter explained that most efforts were focused on the immediate causes (maternal infections, poor maternal nutrient intake, sub optimal child nutrient intake and infection), and not necessarily the basic or underlying causes (poverty, politics, economy, knowledge, education, income, access to clean water, sanitation and food). She emphasized that there would be no change at the top or outcome level if the bottom (basic and underlying) issues were not addressed.

Even with the current focus, interventions addressing immediate focus are still below the expected target of 100% coverage. Under nutrition is a key contributor to maternal mortality and micronutrient deficiency presents a high risk for pregnancy outcomes.

The key areas of assessment in the gap analysis were outlined as:

1. Government policy:

- There is a good policy environment and sector plans exist. However, there is need for increased advocacy on stunting, including educating the public on the consequences of stunting, and the benefits of its preventions.
- Nutrition funding needs to be increased as only 0.5% of the health budget is dedicated to nutrition.
- There is need for improved monitoring and evaluation (M&E) systems and oversight, specifically the link between food security and non-emergency nutrition data.

2. Capacity strengthening:

- There are many trained health workers who know their mandate, but they have limited support. Currently, only 50% of nutrition posts within the Government have been filled.
- The proposed areas for action include filling of vacant positions, providing equipment and materials, and harmonizing existing curriculum to ensure consistency on nutrition education.

3. Scaling up of high impact interventions:

Implementing the full package of HiNis will require both direct interventions, as well as multi-sectoral linkages. The key areas for action were proposed as:

- Scaling up HiNis in all districts/counties in order to reduce child mortality by 30%;
- Emphasizing infant and young child feeding;
- Using all available nutrition staff in the country (from the Ministry of Public Health and Sanitation and the Ministry of Agriculture); and
- Using innovative approaches and platforms for delivery at community level through a multi-sectoral approach

4. Multi-dimensional approach:

Ms Bigmore highlighted that micronutrients supplementation of public health concern (iodine, Vitamin A, zinc and iron) had low coverage. These calls for a multi-dimensional approach to include the following areas that have received support: breast feeding; complementary feeding; de-worming for children; Vitamin A supplementation; prevention or treatment for moderate under nutrition; treatment of severe acute malnutrition; and salt iodization. Other areas with gaps that also need to be supported and these are: zinc supplementation; multiple-micronutrients; iron-folic for pregnant mothers; iodized oil capsule; and iron fortification of staple foods.

5. Aligned assistance:

There is need to revise the high-level governance mechanism for nutrition and elicit greater coordinated support for long-term development for nutrition in order to build resilience and scale up of HiNis. It is also important to cost the scaling up HiNis.

The gap analysis concluded that the level of nutrition awareness is low, yet Kenya has great potential to address chronic malnutrition and achieve nutrition goals based on systems. Technocrats understand the evidence and causes of malnutrition, trained and motivated staff are available, but need support to scale up nutrition interventions. The critical window of intervention is clear, and there is political support to increase coverage of cost-effective HiNis. The nutrition sector can respond to direct level interventions, but should use its comparative advantage for the non-direct interventions, and pursue multi-sectoral linkages. A coordination framework exists, but most funding for nutrition is assigned to humanitarian programming. Coordination would help guide long-term programming to address the chronic issues and build resilience.

Discussion points from Nutrition Gap Analysis

After the presentation the following questions and comments were raised:

1. Could you comment on GMOs and food quality?
2. How does Kenya compare to the US regarding obesity prevalence?
3. Lack of information is perceived as the biggest enemy to health and development.
4. Why is there more focus on women and children than men and do NCDs also affect men?

The responses to these questions and comments were as follows:

- The Biosafety Act regulates importation of GMO seeds and food. If GMO processed foods must be imported, they should be labelled, for consumers to make informed decisions. Research is currently on-going at the global level to

shed more light on GMOs. Following recent development and communication from the Ministry there is a ban on all the GMO

- Whereas the US has one burden (over nutrition) with interventions to address this-their health system is relatively able to cope. Kenya has a double burden (under nutrition and over nutrition), and addressing both is a challenge; the health system is not be able to cope. Kenya still has a burden of communicable diseases (TB, HIV etc.), and now a rise in the NCDs- cancers, diabetes, etc. About 40% of women in Nairobi are overweight, causing a challenge alongside malnutrition, poverty and access to water.
- Health staff should be equipped to provide the necessary information to community members, and thus the MOPHS needs to engage more staff.
- The nutrition focus is on both male and female children and men are also targeted for behaviour change as key decision makers at household level.

3.2

Summary of Country Nutrition Actions (2012-2017)

Valarie Wambani, Ministry of Public Health and Sanitation

The presenter introduced the Nutrition Action Plan, and then outlined the priority areas of the Plan, the guiding policy documents that formed the basis of the Plan, the agreed package of HiNis for Kenya (four), the critical success factors and lessons learnt, the key strategies and the way forward.

It was acknowledged that Kenya was not on track to meeting the MDGs, and that evidence exists to show what works in tackling the double burden of malnutrition. The Action Plan was developed over a period of two years by many stakeholders. It is guided by Vision 2030, the Kenya National Health Sector Strategic Plan, the National Food and Nutrition Security Policy, and at global level, the Scaling Up Nutrition Framework for Action.

The country adapted the HiNis in 20 10 and they are grouped into four categories:

1. Promotion of good practices
2. Micronutrient supplementation
3. Food fortification
4. Management of malnutrition, both moderate and severe forms

Ms Wambani emphasised that the first 1000 days are critical for intervention and enumerated the key High Impact Nutrition Interventions as:

1. Exclusive breastfeeding
2. Complementary feeding
3. Hand washing
4. Iron folate supplementation
5. Vitamin A supplementation
6. Multiple micronutrient powders
7. Zinc supplements for management of diarrhoea
8. Deworming
9. Food fortification of local staples
10. Salt iodization
11. Prevention and treatment of malnutrition (moderate and severe acute forms)

Lessons learnt from other countries revealed that the key factors for success were:

- High level political commitment;
- Good coordination between actors and the presence of high level multi-sectoral coordination mechanisms;
- Agreed policy and strategy documents;
- Integration between sectors; and
- Public support through the sharing of information.

Ms Wambani outlined the 11 strategic objectives of the National Nutrition Action Plan as:

1. To improve the nutritional status of women of reproductive age (15-49 years)
2. To improve the nutritional status of children under five years of age
3. To reduce the prevalence of micronutrient deficiencies in the population
4. To prevent deterioration of nutritional status and save lives of vulnerable groups in emergencies
5. To improve access to quality curative nutrition services
6. To improve prevention, management and control of diet-related non-communicable diseases (NCDs)
7. To improve nutrition in schools, public and private institutions
8. To improve nutrition knowledge, attitudes and practices among the population
9. To strengthen the nutrition surveillance, monitoring and evaluation systems
10. To enhance evidence-based decision-making through research
11. To strengthen coordination and partnerships among the key nutrition actors

Discussion and concluding points on Summary of Country Nutrition Actions (2012-2017)

A discussion on the NNAP followed, and the main issues were as follows:

- Education sector was identified as the most sustainable way of scaling up nutrition and further, it was recommended that public health be included in the curriculum development. The presenter responded that the Action Plan has activities for each ministry in the nutrition sector. The review of the curriculum is clear in the Action Plan; and curriculum revision is included in the Food Security and Nutrition Policy. The SUN coordination team will actualize the curriculum. The Ministry of Education is also part of the SUN coordination team that will oversee the implementation of the 2012 – 2017 Nutrition Action Plan.
- More research and evidence on alternative diets i.e. wild food was called for, e.g. non-traditional foods. The response was that a Monitoring and Evaluation committee has been set up at the Division of Nutrition, with a mandate of carrying out research. The need for coordinated research to use in programming was recognized and support was being sought.
- On the question of how the NNAP will address poverty and lack of information as the main causes of malnutrition, the importance of coordination of the Action Plan was emphasized, in order to create synergy in awareness creation and actualize advocacy on education and care practices.

Session 4

Policy Environment for nutrition improvement

Moderator: Dr. Chris Wanyoike, Country Director, Micronutrient Initiative

4.1

Food and Nutrition Security Policy and Implementation Framework

Paul Obunde, Agriculture Sector Coordination Unit (ASCU)

The presenter gave the background to the National Food and Nutrition Security Policy (NFNSP) and highlighted its main elements. The process of developing the Policy was started in 2005 building on the National Food Policy which did not have much nutrition content, hence the need to have a new policy that included nutrition. The NFNSP provides close linkage between food and nutrition.

The policy development process involved wide consultation with stakeholders and borrowed concepts from international best practices including Brazil, South Africa and Malawi, among others. There were also consultative meetings at both national and regional levels, using legal experts to ensure alignment to the new Constitution of Kenya. The draft was approved by the Cabinet in August 2011 and officially launched in October 2012 by His Excellency, the President. The implementation of the NFNSP will be realized through the development of the National Food and Nutrition (NFNS) strategy which is at an advanced stage. The NFNS Strategic Plan will be shared with stakeholders in order to solicit their inputs.

The key objectives of the Policy are:

1. Optimal nutrition for all Kenyans;
2. Quality and quantity of food (availability and access); and
3. Protection of vulnerable groups (social protection through mechanisms such as cash transfers to enable access to food)

The main elements of the Policy are:

1. Food availability and access – for both arid and semi-arid lands (ASAL) and high-rainfall areas through irrigation, storage and agro-processing; strategic food reserves rather than just grain reserves as per previous policies; improving food accessibility for both urban and peri-urban poor; off-farm and on-farm employment; cultural, social and political factors; and climate change and research.
2. Food safety and standards including food storage and handling, and public health; there is a code of practice for farmers and traders, etc.; and a regulatory framework.
3. Nutrition improvement and nutrition security which addresses challenges facing various life-cycle issues including maternal and new-born nutrition needs; micronutrients and nutrition and infectious diseases.
4. School nutrition and nutrition awareness is addressed through school feeding programmes, development of packages on nutrition and dietetics, and nutrition education in schools.
5. Food and nutrition security information – there is need for a centralized information management system based under the planned NFNSP Secretariat. The Secretariat will coordinate and network with all relevant institutions that have information on food and nutrition security; develop databases; and collate and disseminate information.
6. Early warning and emergency management – the Policy supports the strengthening of early warning systems up to county level through the National Drought Management Authority (NDMA). It provides for emergency relief, emergency response (through cash transfer- based entitlements, public works programmes, targeted emergency feeding programmes and livelihood restoration).
7. Institutional Framework – this is under development within the NFNS Strategy. There will be a National NFNSP Executive Committee chaired by the President; a NFNSP Steering Committee chaired by Permanent Secretaries; and the NFNSP Secretariat which has been approved by the Cabinet to set up the structure that will coordinate implementation of the Policy.

Discussion points from Policy Environment for nutrition improvement

Following the outline of the Policy, a discussion ensued and the following questions and issues were raised:

1. How does the Policy cater for persons living with disability, including access to food?
2. Can information be accessed by the visually- and hearing-challenged persons?
3. How are the barriers (roads, farm inputs) to domestic food production being addressed?
4. What is the relationship between nutrition and cost of credit, and has the policy addressed the issue of low wage earners, high food prices and cost of living, and food security?
5. How does the Policy address stunting and its relationship to aflatoxins, which is a major underlying cause?

The following responses were given to the issues raised:

- The Government has put safety nets programmes in place and the Policy is also addressing the creation of employment including for special groups and also at different levels – both on-farm and off-farm opportunities. There is empowerment of various groups for increased access to food.
- The translation of the Policy for the visually/hearing impaired persons will be considered. The translation into Kiswahili has already been planned for as well as development of the NFSP popular version for the mass.
- Under the production section, the NFNS Strategy addresses the detailed activities like access to affordable inputs through subsidies which is already happening through the National Cereals Produce Board (NCPB) and the National Agricultural and Extension Programme (NALEP). The Policy and Strategy both address infrastructure through advocacy.
- Under domestic production the Policy provides broad guidelines on increasing production through access to credit facilities.
- The NFNS Strategy will address the issue of aflatoxins and food safety.
- The FNSP can be accessed at: www.ascu.go.ke

4.2

Act Now – A Call to Action

Moderator: Terry Wefwafwa, Head, Division of Nutrition, Ministry of Public Health and Sanitation

This session was the highlight of the day, as delegates actualized the Call to Action through a symbolic short ceremony, in which they affirmed their commitment to scaling up nutrition by signing a long cloth banner with hand imprints encircled by the words: 'Scaling up nutrition; this is my commitment'.

The moderator introduced the Call to Action by commenting on how it was important to hear the community's concerns articulated by the county delegates, and recommended that such interactions should be held more frequently for proper policy and strategy making. She reiterated the three key messages of the symposium as:

- Malnutrition is a threat to Kenya's achievement of Vision 2030 and the Millennium Development Goals
- The Government of Kenya has endorsed its support for the Scaling Up Nutrition movement
- Nutrition is Key: Take up your role; Act now.

The delegates were then divided into groups to sign the banner. Representative came from each of the following groups: counties (Nairobi, North eastern, Rift valley, Coast, Western, Nyanza, and Eastern); line ministries; implementing partners; consumer organizations, research and academic institutions; development partners; and the media.
The banner will continue to be signed for the next few years at county level, as the Call to Action will remain a feature of county and other meetings on SUN.

DAY 2, November 6, 2012

Session 5

Private Sector Role in Nutrition

Moderator: Dr. CJ Jones, Country Manager, GAIN

The session commenced by Dr Jones welcoming the county delegates and emphasising their key role in reaching communities. She mentioned SUN's success in engaging the private sector internationally and the need for collaboration for adequate food to be accessible to all. Fortification is a population-based initiative, and Kenya has shown leadership in the voluntary iodization of salt in the 1970s. Currently Kenya has legislation on the mandatory fortification of staple foods and this has brought out other issues including food safety and quality. For example, aflatoxin is a big concern in Kenya that demands attention. There is not enough information and we need to understand its dynamics.

5.1

Experiences of Food Fortification in Africa and Kenya

Nick Hutchinson, Chair, Kenya National Food Fortification Alliance

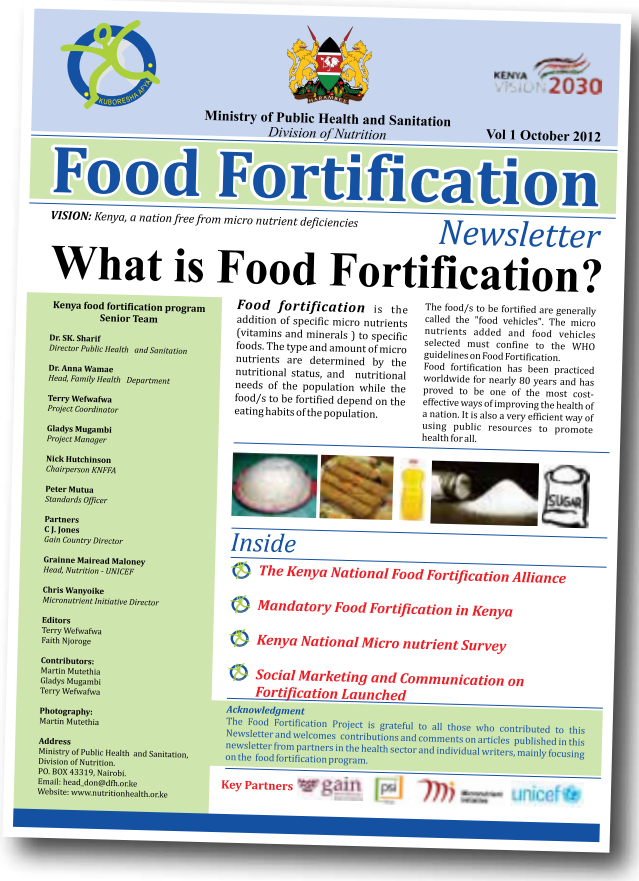
Mr Hutchinson introduced the topic by recognizing that there is very little information/data available on private sector experience. He then shared country experiences of Kenya, Nigeria, South Africa, West Africa and Uganda, and enumerated the key milestones in food fortification as follows:

Key milestones in Kenya:

- 1970: Kensalt voluntarily fortifies salt
- 1978: Mandatory fortification of salt
- 2000: Golden Harvest voluntarily fortifies wheat flour – withdrawn shortly due to pricing and no communication
- 2001: Capwell voluntarily fortifies Pendana maize meal
- 2002: UNGA voluntarily fortifies Jogoo Extra and Hostess maize meal
- 2004: Unilever fortifies margarine with Vitamin A
- 2005: Unilever voluntarily fortifies Annpurna maize meal- very expensive; it was then withdrawn as it could not compete with the local maize meal market
- 2005: National Food Fortification Alliance (NFA established)
- 2006: Logo developed
- 2006: Standards established for oils and fats and logo developed. BIDCO voluntarily fortifies oils and fats. Logo used for the first time.
- 2009: KEBS standards established for wheat and maize
- 2010: Fortified sugar
- 2011: Mumias Sugar Co. voluntarily fortifies sugar and uses logo
- 2012: Mandatory fortification of wheat, maize, flour and oils
- 2012: Fortification logo rolled out

Key milestones in other African countries:

- 1990: Nigeria- Voluntary fortification (staples)
- 1999: Zambia- Voluntary fortification (Vitamin A/sugar)
- 1999: Egypt- Mandatory fortification (iron/wheat flour)
- 2002: Nigeria- Mandatory fortification (Vitamin A/staples)
- 2003: South Africa - Mandatory fortification (wheat and maize)
- 2004: UEMOA- Voluntary fortification (Vitamin A/oil)
- 2005 Uganda – Voluntary fortification
- 2008: UEMOA - Voluntary fortification (iron and folic/wheat)
- 2011: Uganda – Mandatory fortification
- 2011: Tanzania- Mandatory fortification (wheat and oil)



Ministry of Public Health and Sanitation
Division of Nutrition
Vol 1 October 2012

Food Fortification Newsletter

VISION: Kenya, a nation free from micro nutrient deficiencies

What is Food Fortification?

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Food fortification is the addition of specific micro nutrients (vitamins and minerals) to specific foods. The type and amount of micro nutrients are determined by the nutritional status, and nutritional needs of the population while the food/s to be fortified depend on the eating habits of the population.

The food/s to be fortified are generally called the "food vehicles". The micro nutrients added and food vehicles selected must confine to the WHO guidelines on Food Fortification. Food fortification has been practiced worldwide for nearly 80 years and has proved to be one of the most cost-effective ways of improving the health of a nation. It is also a very efficient way of using public resources to promote health for all.

Inside

The Kenya National Food Fortification Alliance

Mandatory Food Fortification in Kenya

Kenya National Micro nutrient Survey

Social Marketing and Communication on Fortification Launched

Acknowledgment
The Food Fortification Project is grateful to all those who contributed to this Newsletter and welcomes contributions and comments on articles published in this newsletter from partners in the health sector and individual writers, mainly focusing on the food fortification program.

Key Partners gain psi unicef

Experiences from other African countries: Lessons learned

Country	Lessons Leant
Nigeria	• Government was unable to monitor and evaluate adequately • Training is required on use of laboratory equipment and analytical procedures • There was no focus on retail testing • Standards must be gazetted and adjusted to reflect changing requirements for fortifying levels
South Africa	• **Private sector buy-in is critical** • **Technical capacity building with field health staff promotion must be ongoing to stay ahead of turnover** • **Reliance on laboratory only testing is challenging** • **Use consumer protection organizations to monitor and document compliance** • **Create demand** • **Monitor consumption patterns and adjust fortification standards** • **Ensure level playing field between large and small producers** • **Monitor millers to identify (and test) source of premix**
UEMOA	• Ensure adequate on-the-ground presence; have the right people in the right place • Stay on message and be tenacious • Maintain open, transparent and frequent communications • Understand, respect and accommodate different points of view
Uganda	• **Political will** • **Liberalized policy environment** • **Partnerships between government, private sector, donors and consumers** • **Fortification Champions** • **Progress impacted by Inadequate data, Resources and Awareness**
Lessons learned from food fortification in Kenya:	• Voluntary fortification has limited results in the absence of communication and messaging support • For fortification to become standard practice in the market, it must be accompanied by an aggressive and sustained public campaign. • Market research is necessary before fortification. • The Fortification Alliance has been an excellent forum for private-public sector collaboration • Integration of food fortification into Vision 2030 (Kenya) demonstrated political will and facilitated commitment. • There is need to involve both big and small producers from the outset. The Alliance started with a few of the big players but which represent a very strong market share. • We need more laboratories for food testing for compliance, as there is only one Kenya Bureau of Standards (KEBS) lab in Nairobi. • There is need for quick action when the private sector is involved. • Even champions eventually run out of energy, therefore we must keep the momentum.

Peter Wathigo, DSM Nutritional Products

Introducing nutrition as a cross cutting issue, Mr Wathigo said it is imperative that all sectors be involved to achieve the goals of the Nutrition Action Plan. Fortification is one of the five initiatives in SUN to eradicate malnutrition and hunger. It involves adding micronutrients to already processed foods, but more importantly, it is about our people.

The role of DSM in fortification is:

- Ensuring formulation is correct;
- Supplying the premixes;
- Vetting suppliers of premixes and auditing their premises for standards;
- Quality control of micronutrients; and
- Pricing of the premixes in order to bring costs down.

The key challenges experienced by DSM in fortification were:

1. Consumer education: This is one of the biggest obstacles, as many myths abound with widespread suspicion about the additions. To address these communications on micronutrients and management of malnutrition and hidden hunger is critical. Consumer awareness is best done through one-on-one communication at the community level.

2. Pricing: DSM has been working on different measures to bring down the cost of premixes. Competition and market forces are playing their role and this manages to level these prices but quality must not be compromised as this could lead to the risk of producing sub-standard products.

3. Duties and taxation: Vitamins and premixes are classified as additives, which attract a duty of 23%, and excise duty of 10% in addition to the VAT. These are passed on to the consumers. Now that fortification is mandatory, this is an opportune time to request the authorities concerned to waiver the duty and tax.

4. Quality Control: If the micronutrients are not properly mixed with the staples, it will not be possible to achieve the overall goals. It is necessary to work with the stakeholders to ensure that the final products meet the requirements.

5. Vetting suppliers: The premixers must be audited to ensure that they are credible.
6. Laboratories: There is only one lab available at KEBS, and it could be overwhelmed by all the millers' needs. It is important to have monitoring systems. DSM is committed to establishing at least one private lab in Kenya and ensuring that fortification is positive. DSM will mobilise funding through partnerships and target mid next year.
7. Accessing all millers: The small millers make up 60% of the market share and they can be accessed through home fortification by introducing micronutrient sachets which are given to mothers or sold through supermarkets and then sprinkled on cooked food.

Discussion from the Presentation on the Role of Private Sector in Nutrition

The presentation raised the following questions and comments:

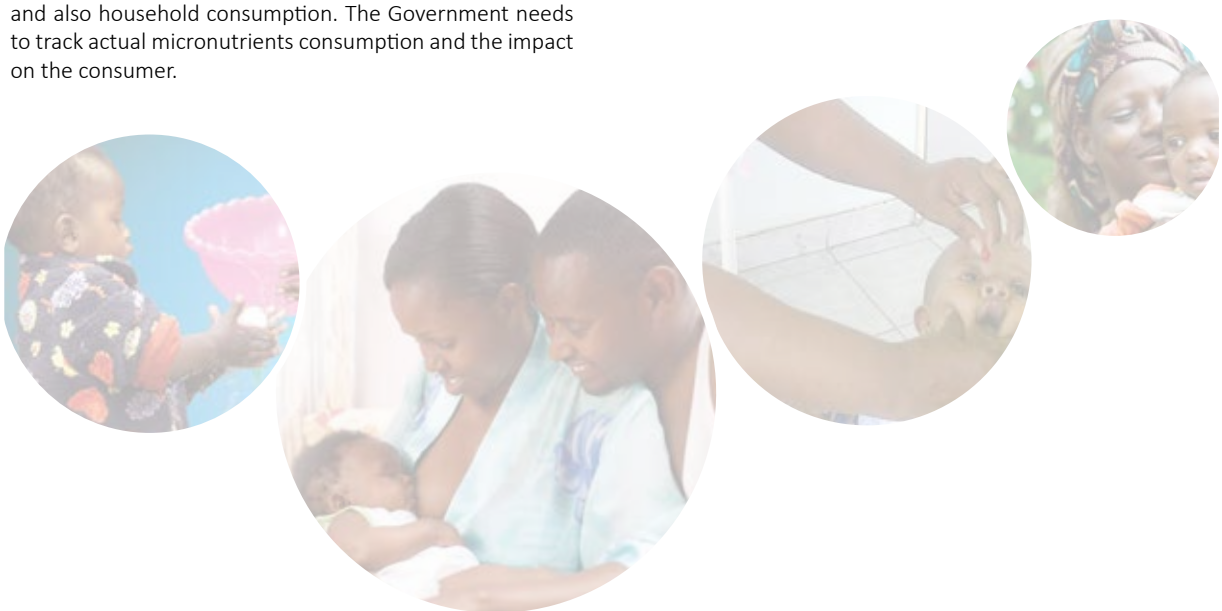
1. How will consumers be protected from the additional cost of fortification?
2. How will you measure and monitor progress?
3. How will you implement fortification in the rural areas?
4. Comment on fortification and GMOs.
5. How will consumers' education and trust be handled if fortified food is going to be a reality?
6. Could fortification be making food healthier than it already is?
7. How easily available are fortified foods?

The responses to these questions and comments were as follows:

- There are many maize meal brands in the market with varied prices, and industry continues to engage on the pricing issue so that it is kept at the lowest level.
- Rigorous micronutrient surveys will provide baselines. Tracking of large scale fortification needs to be done. Industry will measure consumption pre-and after fortification and also household consumption. The Government needs to track actual micronutrients consumption and the impact on the consumer.
- The plan is to introduce systems that allow you to add micronutrients at the small millers' level. Food safety and quality are of great concern at this level.
- GMOs are of major concern. The companies must provide all certification that it is not GMO, and has the International Standards Organization (ISO) certifications.
- KNFFA drives the fortification agenda. It involves various stakeholders from all sectors – industry, civil society, government, and the consumers. Social communication was launched to educate the society about fortificants and what they do, using radio and health workers to roll out consumer education in rural areas. The most important thing is that fortification is not promoted as an isolated issue, but as part of the bigger package of high impact nutrition interventions.
- Consumer awareness creates consumer demand. Rural areas can demand fortified flour from local millers and therefore must develop technologies through sprinkles or other means. The kiosks can avail the flours as they sell in the smallest quantities.

The presenter concluded with the following recommendations:

- There should be a uniform message disseminated on fortification and a single EACFF logo developed.
- Consumer awareness is best done through one-on-one communication at the community level.
- Monitoring and evaluation of products should be done by consumer organizations.
- Uniform standards should be developed across the board.
- Regular surveys should be carried out at both household and national levels.
- Rapid testing methodologies should be introduced.
- To ensure sustainability of the KNNFA, a motivating action plan and fortification strategy should be developed.
- Private sector leadership should be allowed with full support from government and private sector engagement.



Concluding quote:

If you want to travel fast travel alone,
if you want to travel far, travel with others *- African proverb*

Session 6

6.1

Country Experiences in SUN Movement

Moderator: Noel Marie Zagre, Regional Nutrition Advisor, UNICEF

Scaling Up Nutrition: Overview and experiences from the region

Noel Marie Zagre, Regional Nutrition Advisor, UNICEF

Dr Zagre introduced the publications from the Lancet series 2008 on Maternal and Child Nutrition and other Lancet series: Child survival; Child development; Early child development; as well as from the scaling up nutrition and the road map to scaling up nutrition. He then reviewed the benchmarks and the milestones between 2010 and 2012. He further outlined the role of the SUN Secretariat in linking different networks with countries to help implement the SUN principles. These are the donor network, civil society network, UN system network and a business network. Currently there are more than 1000 organisations ascribing to the SUN movement.

Being part of the SUN movement indicates that the country acknowledges the nutrition issues and is committed to addressing them. The countries will also address the effects of under nutrition, be they social economic including loss of GDP, loss in education, etc. Other issues are: the need to have a multi-sectoral approach to nutrition; equity which calls for specific interventions reaching the most vulnerable populations; the need to invest a lot in scaling up nutrition, while focusing on the community level; and lastly the need to focus the nutrition interventions on the window of opportunity within the first 1000 days of life in order to have an impact on the lives of children and ultimately on the economy.

Dr Zagre outlined the following conditions for countries to implement SUN:

1. Having a high level coordination forum that is very multi-sectoral based on a number of criteria;
2. Having a coherent policy and legal framework (policies, guidelines across all sectors);
3. Aligning to a single set of expected results through a common results framework across sectors; and
4. Having financial tracking and resource mobilization mechanisms.

He shared several case experiences from the East and Southern Africa region as follows:

Malawi:

- Has a framework of coordination including oversight at a very high level, and there is policy/technical coordination.
- There is a SUN Task Force at the Office of the President level. Membership includes line ministries, UN, donors, media, civil society, academia and the private sector. They hold monthly technical working groups' meetings.
- Donor coordination is led by Irish Aid.
- Civil society is led by Concern Worldwide.
- Harmonised IEC and advocacy materials are developed across all sectors.

Tanzania:

- Has a high level multi-sectoral coordination platform at the office of the Prime Minister- Members include Permanent Secretaries of 10 line ministries, UN, civil society, academia and faith-based organizations (FBOs).
- Has a technical working group.
- Has a full Council ¬- Council Steering Committee on nutrition exists at district level.
- Has a Ward Committee
- Recent achievements - introduced a budget line on nutrition up to district level in fiscal year 2012/2013 and provided guidance on planning and budgeting to all councils; and strengthened the human resource base for nutrition.

The challenges in Tanzania are: a weak managerial capacity at community level and lack of organized community worker structure.

Mozambique

- A Multisectoral Technical Working Group was established in February 2012, coordinated by SETSAN.
- SUN focal point is the Ministry of Health.
- One province (Tete) has a four-year multisectoral action plan finalized.
- Donor conveners are UNICEF and DANIDA.
- SUN coordinators have been rolled down to province and district level.

The challenges of multisectoral coordination in Mozambique are: Insufficient involvement of senior Government (coordinator/focal point); Sector harmonization; funding mechanisms; community involvement in multisectoral planning, coordination and implementation.

The examples of Ethiopia and Rwanda were highlighted as countries with good systems in place at community level. In Ethiopia, health extension workers are extensively trained and paid by the Government, while in Rwanda, community workers are paid by the Government.

6.2

Role of Civil Society in Scaling Up Nutrition

Alex Rees, Head of Hunger Reduction, Save the Children, UK

Mr. Rees introduced the role of civil society in SUN and its potential in the debate on nutrition at national and sub-national level, and gave a case study of Tanzania's civil society. Stressing that the most important focus for civil society is at the national and sub-national levels, he added that SUN offers new mobilization of actors within a supporting environment, new policies and new funds. The difference in civil society from the nineties is that it can mobilize the public in a new way through media, campaigns and information technology.

Civil society can contribute to scaling up nutrition by: raising the profile of nutrition and ensuring sustainability of success if unified; contributing to national vision and strategic objectives of NNAP; use of champions through campaigns to deliver messages; strengthening the voice of the community; supporting governance and decision making; holding stakeholders to account; and delivering services.

The key challenges facing civil society are that there are very few dedicated nutrition actors, and there is poor collaboration among sectors.

The key characteristics of a civil society alliance are:

1. It should be driven by passion to see change, rather than being funding-driven.
2. It should focus on advocacy and campaigns to create awareness.
3. It is inclusive, embracing all civil society actors across all sectors.
4. It must be participatory and transparent on governance.
5. It works constructively with the Government and others to support the NNAP.
6. It has the ability to hold actors to account.

Mr. Rees enumerated the achievements of the global civil society task force since March 2011 as:

1. The establishment of 11 civil society alliances in Africa, Asia and Central America, with minimal level of international input as the focus has been from the national level.
2. The focus on establishing multi-year nutrition action plans.
3. Support at the national level as the main principle of SUN.
4. Civil societies are starting to deliver their plans with funding available at the country level.
5. Big launches held of the Civil Society Alliance.
6. Funding at the national level and back-up funding made available through a multi-year partner trust fund by the UN.

The case study of Tanzania's civil society body - Partnership for Nutrition in Tanzania (PANITA) illustrated that the key factor for success was the very high level of political support and commitment, led by the President. In addition, 15 MPs are active champions. Tanzania has a national nutrition strategy and PANITA has over 250 members at national and sub-national level including all sectors. Tanzania faces similar challenges to Kenya.

Early lessons obtained from other countries were:

- National and sub-national targets need to be clearly articulated and publicized;
- Information is powerful but, often, there is low awareness on policies;
- There is need to assess progress over time through nutrition surveillance data;
- Unity of purpose is critical - use a variety of mechanisms (media, parliament, ministers) to hold all actors to account against commitments e.g. Government, UN, private sector;
- There is need to prioritize nutrition;
- A variety of arguments is needed to persuade investors to invest in nutrition; and
- Timing matters.

Mr. Rees gave the following recommendations for the next steps if Kenya wishes to have a civil society alliance as in other SUN countries:

- First, there must be clarity on the purpose of a Civil Society Alliance. Initially, an alliance could be achieved by building on current structures and organizations.
- The principles, purpose or other guiding parameters for a Civil Society Alliance must be in place.
- A Civil Society Alliance should be inclusive and actively find roles for key individuals and organizations so as to secure unity.
- There must be agreement on a focal point organization or individuals to provide initial leadership.
- If funding support is deemed necessary, donors should be engaged.
- Lastly, it is necessary to coordinate and communicate with other actors in the SUN movement – civil society organizations, Government, UN, etc.

In summary, the discussion agreed on the need for: high level, multi-sectoral coordination; Disseminating messages with economic and social ramifications of nutrition problems; harmonizing messages; and organizing, motivating and sustaining community workers. Kenya could learn lessons from countries with civil society alliances such as Tanzania and Zambia.

Parallel syndicate sessions

Presentations and discussions in this session focussed on issues related to scaling up nutrition under three key themes. Three groups were formed to deliberate on the themes of: i) resource mobilization; ii) research; and iii) community action. A total of 13 presentations (four each for syndicates one and two, and five for syndicate three) covered various topics, including resource mobilization, research case studies showing findings, achievements, challenges, best practices and way forward.

7.1

Syndicate session 1:

Resource mobilization for scaling up nutrition in Kenya

Moderator: Shem Ochola, Director, Programme Development and Grants Acquisition, World Vision

7.1.1

Kenya nutrition profiles

Gladys Mugambi, Ministry of Public Health and Sanitation

In her introduction, Ms Mugambi presented the importance of nutrition for human and economic development in Kenya, linking nutrition to investment in Vision 2030 and also to the MDGs 2015, especially MDGs 1-5. The profiles are useful for advocacy and as a platform to mobilize resources, and they are based on current demographic and scientific data.

The key profiles on malnutrition and child survival were given as:

- 300,000 children die due to underweight and Vitamin A deficiency
- Poor breast-feeding results in 11% deaths due to diarrhoea
- 35% of children are stunted at two years of age
- Iodine deficiency, anaemia and stunting affect education and productivity
- Iodized salt saves 1 million children from mental retardation
- The economic loss due to iodine deficiency is Kshs.104 billion (2010-2030)
- The economic loss due to stunting is Kshs. 3 trillion (2010-2030)
- The economic loss due to anaemia is Kshs. 126 billion

The nutritional targets (2010-2030) are: reduction of severe and moderate stunting by a third; virtual elimination of iodine deficiency; and reduction of anaemia by a third. These would lead to a total economic gain of Kshs. 538 billion. As per the profiles, the proposed solutions to malnutrition that are cost effective, feasible and preventive are: promoting child survival and development through breastfeeding and complementary feeding practices; preventing micronutrient deficiencies; and increased dietary diversity.
Supportive structures to these would be: a functional nutrition information system; a strong nutrition communication strategy; and broader strategies to increase food and livelihood security while the conditions required for change are: commitment of leaders; implementation of the Food and Nutrition Strategy; increased investment in child nutrition; and empowerment of committees to coordinate nutrition activities.

7.1.2

Resource mobilization strategies - Experiences from different ministries

Ministry of Trade: Mr Komen
To support its resource mobilization efforts, the Ministry of Trade develops the following documents: county papers to address development gaps; proposals in consultation with donor communities and development partners for direction; and investment plans that they follow up with other sectors i.e. public/private sectors. This is an opportunity that the private sector could support. The Ministry also addresses supply chain inefficiencies whereby a number of programs have been identified and most of them are in line with Vision 2030 i.e. trying to ensure that all have access to food.

In conclusion, Mr Komen advised that as we mobilize funds we have to consider prioritizing our national problems e.g. training at the counties and use of current data.

Ministry of Gender: Mr. Simuyu, Makueni County
The three areas that the Ministry of Gender focuses on to mobilize resources are:

- The national budget – involving lobbying and advocacy for what is needed;
- The donor community - from World Bank, UNICEF and other donors and data has to come from the national and district level; and
- Communities - there is a community development division that registers community self-help groups that usually pay an administration fee of KES 1000 although the money has not been utilized well in the past and there are efforts to improve on its management. County governance has potential for resource mobilization as the country moves to devolution.

On the SUN strategy, Mr Simiyu indicated that the Ministry will be committed to awareness creation and advocacy.

Ministry of Agriculture: Ms Veronica Kirogo
The key sources of resource mobilization in the Ministry of Agriculture were presented as:

- Government resources - The Ministry obtains most of its resources from the Treasury and this is dictated by the annual budget that is agreed upon, while the budget process is guided by a circular from the Ministry/Treasury. The budget process includes development of work plans for three programme areas i.e. policy and strategy development, crop development, agribusiness development and information. The districts provide the data and the national level provides guidance to the district on budget resources and this is guided by the budget ceilings. Every ministry usually bids for resources. The previous year's expenditures, challenges and lessons learnt are reviewed before the final report is submitted to the Treasury from where they get the printed estimates. Every district comes up with a priority area i.e. value addition and that is where nutrition comes in, specifically when focusing on utilization.
- Development partners - Support for proposals is also sought from development partners, focusing on the resource-poor and most vulnerable populations. Currently one staff member serves 900 farmers as opposed to 1:400 as per FAO recommendations. There is need for nutrition-

ists at the county level.

- Public/private partnerships - There are many CBOs at the ground which can help support implementation of public/private partnerships. The national agricultural extension policy was recently launched and it outlines how the private sector supports resource mobilization and helps attain food security for the country. In supporting SUN, the private sector could fund community sensitization.

7.1.3

Opportunities for resources to scale up nutrition (donor perspective)

The donors were represented by a panel of three representatives from ECHO, OFDA and DFID in a discussion on how their respective organizations could support scaling up nutrition:

ECHO: Isabel d'Haut

- Before 2006, there was a start-stop model in addressing malnutrition and in 2006 ECHO began giving continuous support and looking at opportunities and strategies.
- How can we pave the way to ensure that nutrition is considered a priority? What is being done today?
- There is a policy framework with the Government which will ensure coordination within the ministries (FNSP). This is a platform that other ministries can align to.
- Donor contribution is small in relation to the resources required, and currently we do not have adequate resources, but we need to utilize better what we have.

OFDA: Nicholas Cox

- OFDA gives support to the Government of Kenya and utilizes the UNICEF framework that provides a basis for sustained engagement and implementation, away from emergency nutrition.
- OFDA has had continuous funding since 2008 within the framework and it is all about system strengthening and management of acute malnutrition.
- OFDA is looking at longer term identification of longer term needs that are beyond its support and in the spirit of resilience, there are opportunities developed to ensure that the longer term issues are addressed. OFDA takes a multi-sectoral approach focusing on resilience and livelihood.

DFID: Chris Porter

- DFID gives various types of funding support for the nutrition sector and within the multi-sector plan.
- Nutrition is being revised in the county plan- currently DFID has a multi-year funding for nutrition for the county through UNICEF and other partners with a heavy focus at the county level (80%).
- Coordination is being enhanced to ensure utilization and allocation of resources.
- DFID carries out research on nutrition sensitivity and is currently focusing on livelihoods, social protection and governance.
- DFID does not have system specialists as this is the responsibility of the Government.
- DFID is using the DRR framework-arid and semi-arid lands (ASAL) alliance focusing on nutrition.

7.1.4

Community resource mobilization best practice – Coast Province

The CHAANI Experience

Rachel Kahindi, PNO Coast, MOPHS

Chaani is a slum settlement in Mombasa City with high population, high malnutrition rates, and poor water and sanitation facilities. Diseases contribute to morbidity and mortality. The multi-sectoral nutrition working group carried out a multi-sectoral assessment of nutrition in Chaani and found malnutrition in the under-fives, food insecurity and poverty. Based on the information, the group then developed an action plan with priority areas for resource mobilization with partners, taking into consideration the partner mandates. They had joint identification of community problems and joint prioritization of interventions.

Strategy: The strategy for resource mobilization was: the community contributed labor and meeting space; the Local Authority provided gardens for demonstration; the line ministry provided technical and in-kind support; partners supported resource monitoring and gave in-kind support; there was a focus on HiNis and household food security; and development of indicators.

Challenges: A number of challenges were experienced. These were: managing the expectations of the community; malnutrition is silent and communities were not able to identify it as a condition, thus they concealed/presented malnutrition in terms of other diseases; some of the personnel were transferred, hence the process was disrupted; effective costing of the activity- UNICEF is helping with tools for this; and high poverty levels in the community.

Achievements: Among the achievements were: community education based on HINI including exclusive breastfeeding for the first six months; community training in agriculture on a demonstration plot manned by the City Council of Mombasa; provision of seeds; and introduction of energy-saving cook stoves for both income and domestic use. The community was trained on waste management and on bead making from recycled waste, which was a step towards economic empowerment.

From the Chaani experience, it was recommended that advocacy roles be expanded to include poverty interventions; that the experience be replicated to other areas; and nutrition is included as a development issue. Direct engagement with the people at the county and national level is recommended.

Concluding points from Syndicate one

A discussion session followed with the following key questions:

1. How do we ensure return on investment?
2. Is there any correlation between types of crops and the seeds varieties targeting nutrition?
3. According to the NNAP, what are the priorities and where are the gaps? This would help us to understand the resources needed and articulate the type of resources required.
4. How can we address the gap in implementing activities in urban slums?
5. Do Kenyans understand what is needed for nutrition, and what needs to be done in advocacy and partnership with the media to reach the majority of people?
6. What funds are available from the Government, donors, private sector and the implementing partners? What should we do to ensure the good use of the money?
7. What should we do to ensure that nutrition is given recognition at the policy level?

Following are the responses to the questions and comments raised:

- Cash transfer goes to the vulnerable children and the evaluation in 2010 indicated that most of the children were attending schools and there was improved attendance for families that are receiving cash support.
- African leafy vegetables used to grow well and now there is a market for commercial production. The extension workers present a basket of opportunities for the farmers to take up and highlight the advantages from both the nutrition as well as the income generation perspectives. They are also working with KARI on seeds processing and production for the farmers. The MOA budget is for food security but the home economics role is to highlight the important value of the food crops, proper diet and proper nutrition to the masses.
- There is a need for the current data/nutrition profiles to be updated for economic arguments that can enable planning for resource mobilization for the counties. Every partner should be able to give support from an informed position.
- The MOH with support from partners is taking the lead to improve the demographic indicators and develop urban specific food security indicators that can help. There is strong differential between the slums.
- We need to communicate on the communication strategy and allocate resources. The media should partner with the sector. We need to advocate for the county profile as the unit for resource mobilization. Advocacy should be strengthened e.g. by showing the cost of nutrition interventions in relation to other costs of interventions for reducing malnutrition, i.e. the cost of treatment versus that of prevention.
- We should not be asking for more resources, but we should also focus on what is available and how to use it in the best way possible i.e. train teachers who spend a lot of time with children, and work with the media to disseminate messages on nutrition.
- Inter-sector collaboration/inter-ministerial coordination is vital. We cannot achieve much without collaboration.

7.2

Syndicate session 2:

Translating research to actions

Moderator: Ronald Sibanda, Country Director, World Food Program

Case study 1:

7.2.1

Salt iodization experiences in Kenya

Zipporah Bukania, Kenya Medical Research Institute

The study looked at the prevalence of iodine deficiency in Kenya, the history of iodization in Kenya, the factors that lead to a rate of over 95% households consuming iodized salt, and pointed out the contributory factors to this success story. The results showed that the three pillars of success were:

- The role of the Government in providing the regulatory and legislative regime. Monitoring and evaluation ensured correct dosage of iodine in salt.
- The role of the private sector in packaging and distributing iodized salt countrywide and providing information.
- The partnership of the Government, private sector and other partners which ensured adherence to standards.

The key lessons learnt in successful salt iodization were: Large scale experience in national fortification of a commodity; The importance of collaboration between government, industry, international organizations and the community; Insight into sustained intervention- technically, politically, financially, culturally; and Political commitment- legislation is the corner stone.

The key issues for the way forward were: continuous assessment; ensuring the laboratory capacity for key tests (urine and salt); access to external QA, technical support for lab; regular laboratory data on UIE hormones, for SAC-high risk region; clear M&E structures and consistent monitoring of consumption of iodized salt at household level; a communication strategy for behaviour change; correcting misinformation; media involvement for public education; and integration of iodine deficiency information in curricula/training.

A discussion raised the following questions:

- How can we communicate on salt iodization at the community level where some people are not able to read the messages on the salt package?
- When salt iodization is being promoted, have we forgotten about the food rich in iodine that need to be promoted as well?

The responses were:

- There is effort to make use of the champions to pass the message at the community level such as health workers; it is illegal to sell non-iodized salt and therefore monitoring at the household level needs to be reinforced to ensure only iodized salt is consumed.
- The natural iodine sources have not been forgotten; however, most of these sources are scarce and limited in some areas hence the need to have the iodine accessible.

Case study 2:

7.2.2

Nutrition in pastoralist communities – “Milk matters II”Linking food and livelihood security to child nutrition in pastoralist areas of Ethiopia

Abdullahi Abdi, Pastoral Nutrition Manager, Save the Children

The goal of this study was to contribute to improvements in policy and programming for child nutrition in pastoralist regions of Ethiopia. The objective was to evaluate the impact of community-defined livestock interventions on child nutritional status during the dry season. The

The research questions were:

- What is the impact of livestock interventions on children’s consumption of animal milk over one calendar year, particularly during the dry season?
- What is the impact of livestock interventions on children’s nutritional status over one calendar year, particularly during the dry season?

Methods: The study areas were selected from two zones (PSNP/Dollo and RAIN/Shinile), three sites were selected per zone (2 interventions and 1 control), thus in total there were 6 sites.

There were two types of livestock intervention in four sites: 1) animal feed only (Biyoley and Ayiliso) and 2) animal feed plus health care (Washaqabar and Waruf). The total sample size was more than 200 households with purely pastoral livelihoods. Milk consumption and nutritional status of the children were measured monthly by using weight for age z-score, from 13 months surveillance. Total number of children participated were 940 children (610 in intervention and 230 in control areas)

The challenges in implementation were: Prolonged drought meant zero-grazing conditions (ration sizes increased; Transportation costs and capacity; Poor quality of feed; Water scarcity; Local capacity to produce quantity of grass required (resources, skills, manpower); Impact of frost on grass production in the Jijiga area (Shinile); Breaks in feeding intervention.

The key study findings were:

- In all of the intervention areas, the milk-off take during dry season (with intervention) are higher than last year (no intervention)
- The percentage of children receiving milk rises 31 % and 44 %, the milk consumed by the children rises 250 ml and 550 ml respectively in Wassaqabar and Biyoley, the proportion are higher than the control group. While, little change in proportion of children receiving milk in Ayiliso but a marginally greater increase in the amount of milk consumed. In Waruf, percentage of children receiving milk increased significantly and milk consumed by the children rises 175 ml, higher than the control group
- The nutritional status of children who received milk in the intervention sites is significantly higher than for those who did not for all five months of the intervention in Dollo.
- Nutritional status of children in the intervention areas stabilizes at around-1 z-score in Shinile
- General livelihood findings showed that there was more free time and reduced workload for women with impact on child nutrition; protection of critical assets: survival rate of dams and suckling calves
- There was significant increase in daily milk-off-take through the dry season for animals that stayed close to women and children.
- The increase in milk consumption by children can make significant contribution to daily nutrient requirements, e.g. in Washaqabar: an additional 400ml milk/child = 264 kcal/day (26% of Vitamin E requirements) and 12.8g protein/day (98% of protein requirements).
- Preventing weight loss means prevention of acute malnutrition and of the need for programs like community-based management of acute malnutrition (CMAM).

Study conclusion and recommendations:

This was the first study to document the link between livestock interventions and child nutrition. These interventions provide an opportunity to reconnect food security and nutrition outcomes. An evidence-base can be built on the potential for nutrition benefits of 'milk matters' type interventions through monitoring of nutrition outcomes. Nutrition actors continue to focus on feeding programmes and treatment of acute malnutrition.

A 'nutritional lens' can be applied to common food security analysis and response in pastoralist areas e.g. through: Drought preparedness: community-level feed production and storage and actions to preserve milk surplus; Mitigation: focus animal health and feeding interventions on reproductive/milking stock; Relief: ensure cash/food for work does not negatively impact on women's time and ability to maintain their own or their children's nutritional status.

To overcome challenges with delivery of similar interventions, the study recommended the following: Support to households for local feed purchase for milking animals where supply is sufficient; Local sourcing of feed from cooperatives; Feed quotas be allocated to all households in target communities and based on number of young children/household; and Delivery mechanism: either home-based or at feeding centres.

Efficacy of home fortification with a low iron micronutrient powder (MNP) on iron status of Kenyan pre-school children

Dr Catherine Mutie, Assistant Director of Research, Ministry of Higher Education, Science and Technology

Iron deficiency anaemia is a public health problem among pre-school children in Kenya. The study objective was to determine the efficacy of a low dose of highly bio-available iron MNP- enriched maize porridge as an option to control iron deficiency (ID) in pre-school children.

The case study, from Mwingi County, conducted a controlled, randomized 16-weeks intervention trial with a sample size of279 children aged 12-59 months. The primary outcome was anaemia and iron status with treatment effects estimated relative to control group receiving maize porridge only.

The key study findings were:

- Enriching maize porridge with MNP can reduce anaemia and iron deficiency in children.
- Deficits in dietary energy, iron and zinc with early introduction of complementary food reported.
- The baseline prevalence of stunting was 48.2%, anaemia 38%, ID 30% and IDA 22%.
- Consumption of porridge fortified with MNP reduced prevalence of anemia [-46% (95% CI= -67,-12)], ID [-70% (95% CI=-89,-16)] and IDA [-75% (95% CI= -92,-20)]. Soluble transferrin receptor [-10% (95% CI=-16,-4)] concentration reduced while hemoglobin [2.7g/L (95% CI= 0.4, 5.1)] and plasma ferritin [40% (95% CI=10, 95)] concentration significantly increased after consuming MNP porridge.
- Consumption of maize porridge fortified with 2.5mg iron as NaFeEDTA can reduce the prevalence of IDA in pre-school children. However, more research is needed to ascertain whether the same results would occur in populations where iron deficiency is more severe. This study population had a fairly low prevalence of ID and IDA initially.
- Research is needed to assess the safety of bonus doses of MNP formulated with NaFeEDTA and an optimal dosing schedule is needed. Furthermore, the effectiveness of MNP should be further evaluated in large scale programmes.
- Programmatic issues to deal with availability, accessibility and long term compliance of MNP use need to be resolved further.

7.2.3

Case study:

Obesity related awareness and practices of health workers at the Ministry of Health headquarters in Nairobi

Shisia Belina, Programme Officer, Department of Health Promotion

Obesity is an issue of concern among urban populations in Kenya. In Kenya, prevalence is 25% in general among women, 40% in urban women and 41% in Nairobi (KDHS 2008-2009. However, there is paucity of data on health workers' capacity to guard their own health against lifestyle disease risk factors. A study was undertaken to establish obesity-related awareness and practices among health workers based at the Ministry of Health headquarters, Nairobi. These workers are primarily charged with providing policy and strategic direction on public health and medical services.

The study objectives were:

- To determine the health workers' awareness of obesity
- To assess the health workers' dietary practices
- To determine the health workers' physical activity levels

This was a cross-sectional study in which a representative sample of 217 male and female health workers was drawn proportionately from the two MOH, through random selection. A structured questionnaire with knowledge, perception and practice questions was administered. Height and weight were measured to compute the respondent's BMI, while waist circumference was measured to determine central obesity.

Study findings:

- The proportion of obesity among the respondents was 19 % and overweight was 43%
- The majority (84%) of respondent identified BMI as a measure of obesity
- 83 % of respondents had knowledge that the obesity is associated with hypertension, 79 % and 79% with diabetes and heart condition respectively.
- Overall, 57% of health workers were satisfied with their own weight.
- Nearly half (44%) of those who were overweight (BMI ≥25) said they were contented with their body weight.
- 33% of males and 31% of females with central obesity were satisfied with their own weight status.
- The overweight health workers (by both BMI and WC) perceived negatively of their weight, diet and physical activity ($P<0.05$).
- Only 7 % of male and 2% of female had highly active physical activity level

Study conclusion and recommendations:

The study concluded that there is low nutrition awareness and low risk perception of obesity among health workers; dietary practices and physical activity were inadequate for attainment and maintenance of a healthy body weight; and health workers were susceptible to obesity and associated diseases risk factors.

It was recommended that: a work place health promotion policy and programme be instituted for nutrition awareness of health workers; workers be given access to healthy meals and snacks; opportunities for physical activity be availed; regular screening, counselling and referral be offered; the adequacy of the nutrition component in the curricula of health professionals be assessed; and further research on obesity-related risk factors and diseases among health workers be carried out

7.3

Syndicate session 3:

Community actions to improve nutrition

Moderator: Grainne Maloney, Nutrition Manager, UNICEF Kenya

7.3.1

Value chain for nutrition

Felicia Ndung'u, Ministry of Agriculture

The presentation was based on the Ministry of Agriculture's vision to ensure food security and a prosperous nation. Bio-fortification and technologies to ensure household food security were tackled. Participants were taken through the following: value chain concept and promotion; HINI for scaling up; bio-fortified foods in Kenya; technologies for household food and nutrition security; nutritious high value-added products; and challenges in value chain for nutrition.

Value chain was defined as the chain of activities which transform raw materials into something that can be purchased by a final consumer or user. Value chain activities are applied by the Ministry of Agriculture to improve convenience, profitability and competitiveness. A multi-sectoral approach is also used. The essentials of an effective value chain include effective communication, good distribution network, private public partnership and quality standards regulations.

Ms Ndung'u emphasized that analysis of value chains ensured that producers had the end product in mind. It also enabled producers know what consumers needed, and therefore the products required. In nutrition value chains, the key steps are to identify consumer needs, the market, participation and strategy, develop interventions, monitoring and impact assessment. The Ministry has set up a directorate of agribusiness and marketing to help producers understand the value chain.

Participants were led through the process of developing a value chain, and the essentials of an effective value chain, i.e. effective communication on nutritional foods, good distribution network, media involvement, private-public partnership, and quality standards regulations. Ms Ndung'u then enumerated the HINI interventions being implemented by the Ministry of Agriculture, and pointed out that they were meant for preventive rather than curative interventions, and that the Ministry emphasizes the promotion of dietary diversity.

Activities in the Ministry of Agriculture that support scaling up of HiNis are: Home/kitchen gardens for dietary diversification; Promotion of consumption of high value traditional food crops; Keeping of small livestock; Enhancing and supporting urban and peri-urban agriculture; Promoting energy saving technologies that save cooking time and retain food nutrients; and Promotion of bio-fortified foods to address micro nutrients deficiencies e.g. orange- fleshed sweet potatoes and cassava for vitamins, maize for quality protein, and beans fortified with iron and zinc.

Ms Ndung'u introduced bio-fortification as enriching staples naturally with micronutrients and clarified that it did not involve GMOs. She gave examples of the various varieties of bio-fortified foods and introduced the major orange- fleshed sweet potato varieties released or near released in Kenya and those available in Kenya.

Other foods introduced were quality protein maize (QPM) and its benefits, and micronutrient-rich beans and areas where they are grown. Bio-fortified beans extracted their additional minerals from the soil. These bio-fortified commodities could be used for both human and animal feeding. Research is ongoing to improve the nutrient value of beans. Examples of strategies to diversify crop production, home gardening and livestock rearing were given.

The presentation also included household energy-saving technologies. 'Jiko kisasa' prevented in-house smoke; another example was the fireless cooker (which works by just boiling water, adding rice, and leaving it in the cooker – the steam would cook the rice).

Challenges

Some challenges noted in value chain for nutrition were observed as: accessibility to quality and affordable agricultural inputs; access to up-to-date market information; achieving nutritional value addition for market; limited access to innovation and technology; market infrastructure accessibility and hygiene standards; And changing consumers' attitudes towards high value traditional foods.

Conclusion:

Bio-fortification can reduce malnutrition; knowledge on nutrition matters empowers the mind; and we should grow what we eat and eat what we grow in order to conquer malnutrition.

The discussion that ensures enumerates the following responses

- Research on bio fortification is still going on. However, breeders can go ahead and multiply seeds. FRESHCO is a company now producing QPM on a larger scale in collaboration with Kenya Seed Company. It is estimated that in the next two years, the various companies would be able to satisfy the market needs. KARI is also producing high value seeds.
- Rabbit meat is lean; in addition it breeds fast which ensures continuous household food security.
- Aflatoxins come about due to poor storage caused by fungi propagated by damp conditions. Proper storage bags should be used. Nylon bags are not appropriate since they prevent air circulation leading to fungal multiplication. Moisture meters are available countrywide; Agriculture field officers use them to measure moisture in grains to ensure storage with the correct moisture content. Education is needed and the MOA is creating awareness by encouraging the building of community stores and proper drying of food in the field before harvesting.
- Producing a community strategy is a good avenue to ensure sustainability and access to the relevant research-based information.

7.3.2

Opportunities for home-grown school nutrition

Kezia Wandera, Ministry of Education

Ms Wandera introduced the concept of home grown school nutrition as a strategy to provide home grown solutions to food security concerns. It was initially supported by NEPAD but now receives full government support. The World Food Programme (WFP) is gradually handing over children from its regular school meals programmes (SMPs) to the home grown school meals programme (HGSMP). The SMPs, which started in 1980 following the 1979 drought, provide a lot of safety net effects. They are supported by government and various other implementers with an aim of supporting the Government's efforts towards attainment of universal primary education. The specific objectives of SMPs are to: increase school enrolment; improve completion rates; improve nutritional status; and instil a positive attitude to education. The programmes are implemented through the provision of a mid-day meal to pre-primary and primary school children in selected ASAL districts and Nairobi slums.

The HGSMP was initiated in 2006/07 as an initiative of the Ministry of Agriculture in three counties: Muranga, Narok and Butere/Mumias. It is aimed at fulfilling the MDG 1(reduction of extreme poverty and hunger).

The HGSMP is targeted at meeting all the core objectives of SMPs in addition to: Linking school meals to local agricultural production; Increasing small-scale farmers (SSF) access to the school meals market; Enhancing food production practices among small-scale farmers; and Increasing direct purchases from smallholder farmers.

Ms Wandera presented the design, implementation and participation of the community in the HGSMP, the policies on which it is based [National Food and Nutrition Security Policy; the National School Health Policy and Guidelines (2009 a & b); the Draft School Health, Nutrition and Meals Strategy; and the Draft National Educational Sector Support Program (NESSP)]. One objective of the NESSP is to provide school feeding programmes in all schools in the country (at least one hot meal).

The HGSMP at school level is managed by members of school management committees, which include teachers and civil society (community reps.). Roles of the school management committees include overseeing the tendering process, receiving and checking the quality of commodities, and carrying out sporadic checks during storage and food preparation. Other SMPs that exist are the 'Njaa marufuku' programme, expanded school feeding and the community-owned school meals programmes.

Successes:

A joint WFP/MOE evaluation of the HGSMP in 2010 revealed that the key successes of the programme are: increased health and nutrition of learners; empowerment of the programme's stakeholders; increased transparency and accountability; strengthening of schools and community partnerships; and increased networking between schools and relevant line ministry staff.

Challenges:

Some challenges of the programme include:

- Conflict of interest during procurement, because teachers within the system are responsible for quality checks but may also be the suppliers of these commodities.
- Monitoring the home-grown programme, due to limited funding and sampling of schools.
- Schools can only procure food from registered farmer associations, and often, farmers have not formed these associations.
- The program was supposed to purchase food produced locally (within the school vicinity); however, schools are even buying food from neighbouring districts due to lack of strict regulations.
- Exploitation by traders.
- Poor storage of bulk supplies, leading to losses.
- Food is the only supported intervention. The ministry also needs to provide support for water, sanitation and infrastructure, interventions that are currently lacking or very minimal.

In conclusion, some opportunities for the HGSMP are: closer collaborations with other partners;
emphasis on quality of learning as well as general nutritional and health orientation at the school level; existing school level mechanisms; capacity strengthening of communities to increase food production; and community ownership.

A discussion raised the following questions:

1. How can the Government support private schools and informal schools in slums through home-grown school feeding programmes?
2. What criteria are used to get assistance from the 'Njaa Marufuku' programme?

The following responses were given:

- The Government intends to support all Kenyan children whether in private or public schools. However, since private schools do not enter into agreement with the Government, the best the Government can do is ensure that these schools adhere to set policies and guidelines. Some partners fund feeding for private schools. Special schools also benefit in the selected areas that are to benefit from school feeding programme. In addition, all schools will be catered for in the NESSP feeding plans except the private schools.
- Proposals submitted from groups to the District Agriculture office are vetted by the 'Njaa Marufuku' committee, then the group is selected and funds availed. Each county in the 'Njaa Marufuku' area is given a specified amount and number of groups to be funded. But funds for school feeding from the Ministry of Agriculture are limited; therefore the Ministry also encourages schools to conduct sustainable practices through forming clubs that are taught farming practices.

7.3.3

Influencing the influencers for better child feeding practices: Engaging grandmothers and men to improve diets of young children and breastfeeding mothers in Western Kenya

Faith Thuita, lecturer, University of Nairobi

In Kenya, suboptimal infant and young child feeding practices and high rates of childhood diseases result in high rates of malnutrition and mortality during the first two years of life. Innovative approaches are needed to ensure that mothers, caregivers, family members and health workers understand and are empowered to support optimal feeding practices.

Historically, community health programmes target mothers and their children. Grandmothers and men are often perceived as obstacles to change. However, evidence shows that grandmothers and men can be engaged positively to improve feeding practices. This is because grandmothers are seen as key influencers to the upbringing of their grandchildren, while fathers play a critical and complementary role and are also the budget holders who therefore determine how money is used, even on feeding infants and their mothers.

This three-year study set out to evaluate the effectiveness of interventions that involve engaging grandmothers and fathers in local dialogue groups as well as community activities focused on improving their support for mothers to improve maternal diets and feeding practices of infants and young children.

The study methodology included:

- Formative research which allowed researchers to understand infant and maternal feeding before the start of the intervention.
- A baseline study that sought to understand how the target group feeds, what they feed on, and the grandmothers' and fathers' perceptions around eating habits. The baseline study was followed by a follow-up phase that included six months of the actual intervention.
- Community based intervention including dialogue groups, family bazaars and fathers' clinic days. During the interventions period, study participants were divided into 8-12 groups, and discussions led by a community health worker (CHW). Groups met twice a month. During these discussions, they shared experiences, highlighted good practices and received guidance from community health workers.
- An end line survey.

The study was conducted in two randomly-selected sub-locations and one comparison area in Vihiga County, Western Kenya.

The key findings were:

- There was significant increase in social support;
- There was significant improvements in infant feeding practices;
- Mothers reported improvements in the density of foods fed to children; and
- There was an increase in knowledge on exclusive breastfeeding, feeding in context of HIV and complementary feeding.

The study drew the following conclusions, lessons and recommendations:

- Grandmothers and men may have a positive influence on the complementary feeding practices of young children if they are engaged in culturally-relevant ways.
- The family and community roles of fathers and grandmothers put them in key positions to positively influence maternal and infant feeding practices by: supporting mothers; providing a variety of foods; and encouraging mothers to practice what they have learnt from health workers.
- Well-informed grandmothers can be allies and not hindrances to ensuring good health of infants. They feel useful and contribute wholeheartedly to the development of their grandchildren.
- Dialogue groups that engage grandmothers and fathers should be implemented through the community health units in Kenya.
- Providing grandmothers with correct information holds great potential for helping to transform community belief systems around the feeding of young children.
- Formative assessment should precede design of interventions for men and grandmothers.
- The intervention did not set up parallel systems, but got CHWs from the existing government community health units, and thus can be replicated elsewhere.

7.3.4

Community conversations (CC) for promotion of infant and young child feeding (IYCF) practices

Zaccheous Mutunga, Concern Worldwide

The aim of this presentation was to provide a brief look at the belief that community participation will result in higher community satisfaction with health services and better health outcomes. The study area – Moyale County – has a population estimated at 65,000 (1999 census). Sixty four percent of the population lives below the poverty line. Moyale has had 10 years of repeated droughts and was under an emergency food aid programme in 2009.

Concern introduced Community Conversations for Hygiene Promotion in eight affected communities in 2009 with the aim of determining the effectiveness of the CC approach in improving IYCF practices. Communities were mobilized using participatory community conversations to identify and analyze the root causes and effects of poor hygiene in their community. Among the factors hindering IYCF practices was cultural beliefs.

The methodology was community conversations capacity development whereby communities examine their practices and generate their own solutions. 'Community conversations' is defined as:

- In depth process of community capacity development.
- Communities gain the capacity to tackle entrenched social cultural and structural factors on IYCF.

- Communities examine their own practices, attitudes and actions.
- Communities generate solutions and take practical actions to address the underlying causes of poor IYCF.

Seven groups were established and linked to 7 of the 14 health facilities in the district through a referral system. The CC groups had a total of 523 participants constituting 67% women, 33% men with 297 of them being caregivers.

The baseline study was undertaken in July and August 2010, and the end line was done in December 2011. The project focused not only on mothers, but also other community members, particularly men and grandmothers, to show that external factors, in particular culture, also influenced infant feeding. Communities were then mobilized using participatory community conversations to identify and analyze the root causes and effects of poor hygiene in their community. The project then sought to address these negative beliefs in the community, while building on the positive practices.

The main results realized by the project were:

- IYCF knowledge and practice across all the seven IYCF indicators improved significantly among mothers, the key factor being that they built on the positive practices, and showed the community how to reverse the negative practices.
- There was a high level of knowledge among the community in understanding of malnutrition; communities met to discuss their problems through focused group discussions, therefore, they took ownership of their problems, and were guided to appropriate solutions; a key success factor was that incentives were not given to the community health workers who led these discussions.
- The main challenges were: the community expected to receive allowances; outmigration caused the postponement and repeating of sessions; and drought and ethnic conflicts.

The key lessons learnt and conclusions were:

- Building on the positive part of people's culture can help promote IYCF. Religion can play an important role in positive behavior change.
- Attitude change takes time and commitment (agency and community).

Quote:

'Community conversations' is the most effective approach in behavior change

Plenary of syndicate sessions

Moderator: Victoria Mwenda

After the break-out syndicate sessions, the moderators presented a summary of the presentations and discussions from their respective syndicates as follows:

The key issues ensuing from the syndicate discussion

Syndicate session 1:

Resource mobilization for scaling up nutrition in Kenya

1. There is need to focus on critical success factors that would help in mobilize resources for nutrition.
2. There is a need to scale up advocacy for nutrition and apply advocacy strategies to get key players to participate and effectively help in resource mobilization.
3. The Ministry of Finance is a key player with a critical role in pushing nutrition as a policy agenda.
4. The cost to the Government of not addressing malnutrition, especially micronutrient deficiencies, is Kshs. 538 million.
5. There is need for evidence to demonstrate cost and impact if nothing is done. Analysis is needed to establish the resources required for nutrition.
6. There is need to update current nutrition data, so as to help partners allocate resources from an informed position.
7. There is need for partnership between the private and public sectors to mobilize resources and address the nutrition agenda.
8. There is a need for inter-ministerial coordination at all levels, including other players besides MOPHS.
9. Information is needed on the amount of available funds for implementing the NNAP and where it is targeted.
10. There is a need to appreciate the donor perspective.
11. There is a need to involve the media in awareness creation, public education and fundraising

Syndicate session 2:

Translating research into actions

It was acknowledged that the huge success of salt iodization in Kenya was due to three factors: i) The role of Government in providing regulatory and legislative regime and monitoring and evaluation to ensure the correct dosage of iodine was used; ii) The role of the private sector in packaging and distributing iodized salt countrywide and providing information for public awareness; and iii) The role of partnerships – the Government, private sector and other partners – to ensure adherence to standards.

1. Livestock intervention led to increased availability and intake of milk. and further child nutrition
2. Intervention led to improved nutritional status of children under five and at a lower cost than therapeutic feeding, i.e. prevention is better than cure.
3. Home fortification with micronutrient powders containing iron provided very positive impact and raised issues for further investigation on the dosages and effectiveness.
4. Regarding obesity, more research on factors around nutrition, and scaling up positive factors were recommended.

Syndicate session 3:

Community actions to improve nutrition

1. There are simple new approaches to improve access to food through home-grown foods. There is a need to scale up MOA initiatives and best practices e.g. access to improved seeds.
2. Staple foods can be naturally fortified through improved uptake of minerals from the soil and this does not involve the use of GMOs; and it must be understood that biodiversity is not synonymous to GMOs.
3. Aflatoxin can be controlled through education, proper storage and use of drying units.
4. The school meals program has evolved to a point where the Government is now using local foods. It has resulted in improved school attendance and learning. However, challenges remain and lessons were learnt in the program.
5. Hand washing has had very positive results and impact on nutrition.
6. More sustainability is achieved in improving nutrition if no incentive is given to the community. Positive cultural practices can be reinforced by community health workers and the role of religion is a key element.
7. Information should be made available to people living with disability.
8. If one wants to make change, initiatives should be community-led. There are simple approaches to using existing community structures.
9. We can learn from each other and work across all sectors.

Discussions and recommendations from syndicate sessions

The key recommendations ensuing from the three syndicate sessions discussions were:

1. The community should take the lead in addressing their problems in their own way. We should leverage the already existing structures such as utilizing the community health workers (CHWs). Strategies 1-8 of the NNAP are aimed at the community level; there is need to look at low scale incentives so that CHWs can be motivated to do the work.
2. We need a communication strategy to mobilize champions who can drive the nutrition agenda.
3. We need to have two types of advocacy seminars for influential groups, namely: i) the media and parliamentarians as they are key influencers who can use their platforms to contribute to nutrition; and ii) the provincial administration together with other opinion leaders and religious leaders/ groups who have direct contact with communities.
4. There is need for nutrition advocacy in schools to influence children as early as possible.
5. Government staffing remains a problem; hence the Ministry of Health should network with other government ministries, schools and civil society to scale up nutrition.
6. To achieve food security, food availability is key. There is need to follow up on the distribution of fake seeds as this is economic sabotage. We have the legal framework to address the issue but the challenge is in enforcing the Act.
7. The Government of Kenya, through the Ministry of Agriculture, should educate the consumers about GMOs as this is an area that needs more research and evidence-based information rather than perceptions.
8. Concern on the out dated Kenya food composition tables was noted; and assurance given that their revision is underway by the Division of Nutrition, MOHPS and Jomo Kenyatta University of Agriculture and Technology. A symposium will be held for stakeholders to discuss it.
9. As much as fortification is being promoted, we should also promote consumption of indigenous foods, and emphasise preparation methods that enhance their nutrient values. It was noted that the Government Food Policy is emphasising the use of indigenous foods.
10. Attention to the street children was recommended in implementation of SUN.

Conclusions and way forward

The symposium participants appreciated that Kenya has taken great steps to focus more on nutrition, and that nutrition is a complex matter needing more political will at the highest level of Government to scale up. The example of Malawi was cited, where the President was the main champion for promoting food security strategies. Having learnt a lot from the syndicate sessions about community initiatives, the participants were urged to talk about solutions in the Kenyan situations and the need to understand our individual role that we can take up and act on. Poverty was identified as a major challenge to the uptake of nutrition interventions, and that it needs to be addressed holistically.

Factors for success in scaling up nutrition were given as: good coordination between actors and the presence of high level multi-sectoral coordination mechanisms; agreed policy and strategy documents; integration between sectors; public support through the sharing of information; and aadvocacy and use of the media to reach the majority of the people.

The importance of education was highlighted as the most sustainable way of scaling up nutrition as was the need to include public health in the curriculum. The need for information in an accessible format for the visually- and hearing-challenged persons was raised and a commitment given to address this as a priority action.

Concern was raised on the long interval between micronutrient assessments and assurance given that current data from recent surveys is undergoing analysis and will soon be availed.

On resource mobilization, it was recommended that identifying priorities and gaps in the NNAP would help stakeholders understand the resource needs better and articulate the type of resources required.

The head of the Division of Nutrition, MOPHS noted that all comments had been taken positively and the Ministry will focus towards strengthening the policies and strategies. The Food Policy will be revised and produced in electronic format.

Recommendations were made on addressing identified gaps in the National Nutrition Action Plan as follows:

1. The National Nutrition Action Plan should be availed to all stakeholders for their inputs.
2. More advocacy is needed to educate people on the links between stunting, cognitive development and education, and this should be well coordinated.
3. Increased nutrition awareness is needed to address knowledge, attitudes and practice at all levels as the lack of information on nutrition was identified as a key impediment to achieving nutrition security.
4. It is important to ensure that there is a good monitoring and evaluation system in place for the implementation of the Plan.
5. Micronutrient surveys should be done every five years to provide current data on the situational analysis of nutrition in Kenya.
6. Nutrition research should be coordinated and support sought for it.
7. More support is needed from the Government in the areas of intervention currently not covered in Kenya's set of high impact nutrition interventions.
8. Coordination among key players is essential and a lead agency should be assigned this role.

1. Appendixes
Appendix 1: Declaration

NATIONAL SYMPOSIUM ON SCALING UP NUTRITION

Nutrition is Key

"Take up your role, Act now"

DECLARATION OF THE NATIONAL SYMPOSIUM ON SCALING UP NUTRITION

Safari Park Hotel, Nairobi, 5-6 November 2012

Preamble

1. **Whereas** the National Symposium on Scaling Up Nutrition was organized under the auspices of the Ministry of Public Health and Sanitation, in partnership with several partners;
2. **And whereas** various institutions, United Nations agencies, inter-governmental and regional organizations, governmental and non-governmental organizations, civil society, universities, private sector, community-based organizations and county delegates, attended the National Symposium on Scaling Up Nutrition;
3. **With participants coming from** the ministries of Public Health and Sanitation, Education, Livestock Development, Agriculture, Trade, Gender and Children Affairs, State and Special Programmes, and Local Government; international development organizations; regional bodies; the United Nations; donors, civil society, county delegates and the private sector.
4. **Recognizing** that the main goal was to raise the public's awareness of the need to address the high levels of malnutrition in Kenya through a call to action for political commitment, investment and support from all sectors in the country;
5. **In consequence**, participants attending the National Symposium on Scaling Up Nutrition, arrived at conclusions and recommendations spelt out in the following deliberations:

Appendix 1: Declaration

We, the Symposium Participants,

1. **Concerned** that Kenya is experiencing an increase in malnutrition characterised by high stunting rates (35%) and a rise in diet-related non-communicable diseases such as diabetes, cancers, kidney and liver complications;
2. **Concerned** also that the high stunting rates in children under five means that an estimated 2.1 million children will never realize their full physical and mental potential, and that the poor performance of stunted children in school will impact negatively on the future productivity of Kenya's labour force;
3. **Convinced** of the critical role that nutrition plays in the survival and health of the people if Kenya is to achieve **Vision 2030** , to transform the country into a globally competitive and prosperous nation with a high quality of life;
4. **Convinced** of the urgent need for all stakeholders (national and county governments, civil society, private sector, community-based organizations, donors, media and families) to invest in nutrition in order to improve the nutritional status of women and children in particular, as articulated in the Millennium Development Goals (MDG) 1,2,3,4,5;
5. **Aware** that reducing malnutrition in Kenya is a political choice, driven by political will to implement a well-coordinated, multi-sectoral strategy that can deliver an evidence-based set of high-impact nutrition interventions (HiNis);
6. **Conscious** of the fact that the Constitution of Kenya 2010 recognizes food and nutrition as a basic human right, with Chapter 4 Article 43 (1) (c) stating that, every person has the right to be free from hunger and to adequate food of acceptable quality while Article 53 (1) (c) states that every child has the right to basic nutrition.
7. **Aware** also that communities must be empowered to claim their right to good nutrition and guided to play their role towards realizing this right;
8. **Aware** also that the Kenya Food and Nutrition Security Policy (FNSP) provides a comprehensive framework covering the multiple and cross-sectoral dimensions of food security and nutrition improvement; and that strong institutional structures are needed in Government for effective implementation, coordination, monitoring and evaluation of the actions set out in the FNSP to scale up nutrition nationally, with devolution to the counties;
9. **Aware** also that the solutions to malnutrition are practical and basic and that the scope of high-impact nutrition interventions should not only be limited to emergencies, but should also address poor nutritional practices;
10. Conscious of the need for long-term commitment and accountability by the Government and partners to support the health system to deliver **high quality essential nutrition interventions** ;
11. **Now therefore DO RESOLVE AND CONCLUDE from our deliberations as follows:**

1. Appendixes
Appendix 1: Declaration

We, the delegates of the National Symposium on Scaling Up Nutrition are committed to supporting the National Nutrition Action Plan, by implementing the priority nutrition areas set out as follow:

1. Improve nutritional status of women of reproductive age (15-49 years) to reduce non-communicable dietary diseases and micronutrient deficiencies and improve birth outcomes.
2. Improve nutritional status of children under five to reduce stunting, wasting, anaemia, obesity, underweight and infant mortality.
3. Reduce the prevalence of micronutrient deficiencies in the population.
4. Prevent deterioration of nutritional status and save lives of vulnerable groups in emergencies by addressing the underlying causes of food insecurity and vulnerability of these populations.
5. Improve access to quality curative nutrition services to prevent further deterioration of nutritional status and save lives during illness.
6. Improve prevention, management and control of diet-related non-communicable diseases by addressing all the identified non-communicable conditions in the country.
7. Improve nutrition in schools and other institutions by conducting a situation analysis and reviewing existing guidelines for school/institutional feeding.
8. Improve knowledge, attitudes and practices on optimal nutrition by providing the information needed for the adoption of positive attitudes and practices on optimal nutrition.
9. Strengthen the nutrition surveillance, monitoring and evaluation systems for effective reporting and planning.
10. Enhance evidence-based decision-making through operational research in order to strengthen nutrition programme development and service provision.
11. Strengthen coordination and partnerships among key nutrition actors for greater impact of nutrition activities across all stakeholder sectors.

We, the delegates further commit to the development of County Nutrition Action Plans by the next financial year (June 2013), with the support of the SUN Coordinating Team;

We also commit to support the translation of key food and nutrition policies for use by visually challenged people.

Developed and Concluded this Sixth Day of November 2012, at the Safari Park Hotel, Nairobi, Kenya.

NATIONAL SYMPOSIUM ON SCALING UP NUTRITION
Nutrition is Key
"Take up your role, Act now"

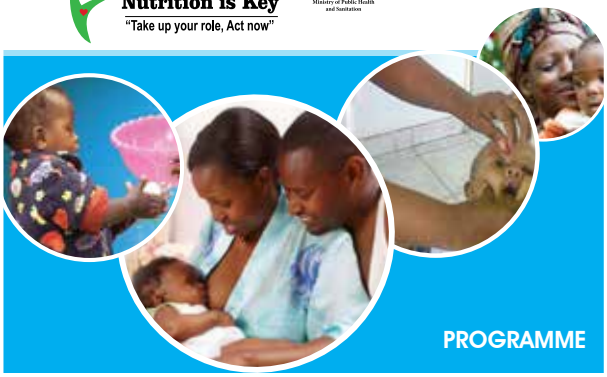
Appendix 2: Programme

NATIONAL SYMPOSIUM ON SCALING UP NUTRITION

Nutrition is Key

"Take up your role, Act now"

Ministry of Public Health and Sanitation



PROGRAMME

Time	Activity	Speaker/ Moderator
	Monday 5th November 2012	
8:00 – 9:00	**Session 1**: Registration of symposium delegates as tea is served.	**Faith Njoroje** Ministry of Public Health and Sanitation
9:00 – 10:00	**Exhibitions**	
10:00 – 10:30	Welcome address as the guest of honour arrives	**Dr. Willis Akhwale**
10:30 – 10:50	Entertainment	Kipawa Kenya
	Session 2: Official Opening Ceremony	**Dr. Willis Akhwale**
10:50 – 11:00	Speech by East, Central and Southern Africa Community on Health	**Dr. Josephine Kibaru** Director General of the ECSA Health Community
11:00 – 11:10	Speech by UNICEF East Southern Africa Regional office	**Elhadj As Sy** Regional Director UNICEF, ESARO
11:10 – 11:20	Speech by UN representative	**David Nabaro** Special Representative of the UN Secretary General for Food Security and Nutrition

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Time	Activity	Speaker/ Moderator
11:20– 12:00	Speech by Minister for Public Health & Sanitation Launch of Scaling Up Nutrition in Kenya.	**Hon. Beth Mugo, CBS, MP** Minister for Public Health & Sanitation
12:00 – 12:30	**Press Briefing after the Ministers' address**	
12:30 – 2:00	**Lunch**	
2:00 – 2:50	**Documentary** **Session 3: Nutrition situation and actions in the country** Your right your role (policies/Action plan/ key documents)	**Moderator** Prof Judith Kimiywe Kenyatta University
	Situation Analysis of Nutrition in Kenya	**Terry Wefwafwa** Head Division of Nutrition Ministry of Public Health and Sanitation
	Nutrition Gap Analysis in Kenya	**Katie Bigmore** Senior Health Specialist Health, Nutrition & Population The World Bank
	Summary of Country Nutrition Actions [2012-2017]	**Valerie Wambani** Ministry of Public Health and Sanitation

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Time	Activity	Speaker/ Moderator
2:50 – 3:50	**Session 4: Policy environment for nutrition improvement**	**Moderator** Dr. Chris Wanyoike Country Director, Micronutrient Initiative
	Food and Nutrition Security Policy and implementation framework	**Paul Obunde** Agriculture Sector Coordination Unit
3:50 – 4:10	**Tea Break**	
4:10 – 4:40	**Act Now – A Call to action** Ministry's initiative to reverse the trend and an appeal for participation from all stakeholders, investment required.	**Dr. Annah Wamae** Head of Department Family Health
	Tuesday 6th November 2012	
8:00 – 8:30	Arrival and registration of delegates.	**Division of Nutrition**
8:30 – 9.30	**Session 5: Private sector role in nutrition**	**Moderator** CJ Jones Country Manager GAIN
	Experiences of Food fortification in Africa and Kenya	**Nick Hutchinson** Chair, Kenya National Food Fortification Alliance

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Time	Activity	Speaker/ Moderator
9:30 – 10:30	**Session 6: Country Experiences on SUN movement**	**Moderator** **Noel Marie ZAGRE** Regional Nutrition Advisor UNICEF
	Policies for better nutrition in Mozambique	**Almeida Tembe,** SETSAN, Technical Officer for Planning and Politics
	Role of Civil Society in Scaling Up Nutrition	**Alex Rees** Head of Hunger Reduction SCUK
10:30 – 10:45	**Tea Break**	
10:45 – 1:00	**Parallel Syndicated Sessions**	
	Syndicate Session 1: Resource Mobilization for Scaling up Nutrition in Kenya	**Moderator** **Shem Ochola** Director, Programme Development and Grants Acquisition World Vision

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Time	Activity	Speaker/ Moderator
	Kenya Nutrition Profiles	**Gladys Mugambi** Ministry of Public Health and Sanitation
	Resource Mobilization at National and Devolved levels	**Justus Arunga** Economic Affairs Director; Ministry of Finance
	Opportunities for Resources to Scale Up Nutrition (Donor Perspective)	**Nicolas Cox -OFDA** **Isabella D'haut - ECHO** **Chris Porter - UKAID**
	Community Resource mobilization best practice - Coast Province	**Rachael Kahindi** Ministry of Public Health & Sanitation
	Syndicate Session 2:Translating Research to Actions	**Moderator** **Ronald Sibanda** Country Director World Food Programme
	Salt Iodization Experiences in Kenya	**Zipporah Bukania** Kenya Medical Research Institute
	Nutrition in pastoralists communities - Milk matters	**Mr Abdullahi Abdi** Pastoral Nutrition Manager Save the Children

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Time	Activity	Speaker/ Moderator
	Efficacy of Home fortification (Case study from Mwingi)	**Dr. Catherine Mutie** Assistant Director of Research, Ministry of Higher Education Science and Technology
	Case study: Obesity related awareness and practices of health workers at the ministry of health headquarters in Nairobi	**Shisia Belina** Programme Officer, Department of Health Promotion
	Syndicate Session 3: Community actions to improve nutrition	**Moderator** **Grainne Maloney** Nutrition Manager UNICEF Kenya
	Value chain for Nutrition	**Felicia Ndung'u** Ministry of agriculture
	Opportunities for home-grown school nutrition	**Kezia Wandera** Ministry of Education

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Time	Activity	Speaker/ Moderator
	Case studies: Influencing the Influencers for better child feeding practices Engaging grandmothers and men to improve diets of young children and breastfeeding mothers in Western Kenya Community conversations for promotion of infant and young child feeding	**Faith Thuita** Lecturer, University of Nairobi **Zaccheous Mutunga;** Concern WorldWide
1:00 – 2:00	**Lunch**	
2:00 – 3:00	**Plenary of Syndicate Sessions**	**Moderator** **Dr. James Kisia** Kenya Red Cross Society
3:00 – 3:45	**Closing/Resolution and Recommendations**	**Ministry of Public Health and Sanitation**
3:45 – 4:15	**Tea Break**	
4:15 – 5:00	**Journalists Debriefing**	**Ministry of Public Health and Sanitation**

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Appendix 3: List of participants

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Call To Action

What you can do to reduce hunger and malnutrition

Nutrition is Key
"Take up your role, Act now"

Intoduction

This Call to Action is a reminder that we all have the obligation to protect the right to good nutrition. Action is both possible and imperative as we know what we need to do. Over 10 million Kenyans suffer from chronic food insecurity and poor nutrition and between two and four million people require emergency food assistance at any given time. Nearly 30 percent of Kenya's children are undernourished, and micronutrient deficiencies are widespread.

In addition to hunger and malnutrition, the emergence of diet related non-communicable diseases (NCDs) such as cancers and diabetes in Kenya is worrying. The problem is especially seen in urban areas, where lifestyle changes are characterized by excessive intake of highly refined and high-fat foods, sugar and salt. Currently, NCDs account for 28% of all deaths. The behavioural and metabolic risk factors include; overweight 18.4%, obesity 4.2% and, physical inactivity at 15.4% nationally, among others.

The Constitution of Kenya 2010 recognizes food and nutrition as a human right. Chapter 4 Article 43 (1) (c) states that, every person has the right to be free from hunger and to adequate food of acceptable quality while Article 53 (1) (c) states that every child has the right to basic nutrition.

Furthermore, the Government of Kenya is strongly committed to reducing hunger and malnutrition by:

- Building self-reliance to reduce chronic food insecurity;
- Ensuring equitable access to and uptake of high quality and high impact nutrition interventions; and
- Taking measures to respond to emergencies.

Improving Nutrition Security

The Kenya Food and Nutrition Security Policy (FNSP) provides a comprehensive framework covering the multiple dimensions of food security and nutrition improvement. It recognizes the need for a multi-sectoral approach embracing both public and private sector involvement, and that hunger eradication and nutrition improvement is a shared responsibility of all Kenyans.

It is important for all stakeholders to focus efforts and resources towards advocacy for consumption of healthier diets throughout the lifecycle for a healthy nation. Advocacy and public awareness are needed on the production and consumption of wholesome foods that are rich in nutrients, such as local fruits and vegetables.

Multi-sectoral Partnerships

Numerous institutions and ministries with specific mandates are responsible for implementing the FNSP. But increasing food nutrition security will only be achieved if a multi-sectoral approach is applied, connecting all spheres of civil life, namely nutrition, health, agriculture, education, economics, water, politics, technology, culture, spirituality and ecology.

Cooperation, coordination and partnerships are essential to achieve success in food security and scaling up nutrition. Given the multi-dimensional and cross-sectoral nature of food nutrition security, strong institutional structures are needed in Government for effective implementation of the actions set out in the FNSP. A key partnerships between the government and the private sector is the Kenya National Food Fortification Alliance.

Civil Society

To achieve Food and Nutrition Security, the government should be supported by civil society – namely; policy makers, legislators, the private sector, consumers, local authorities, religious groups, the media, educators, charities, non-governmental organizations (NGOs) and community-based organizations (CBOs). Communities must be empowered to claim their right to good nutrition and guided to play their role towards realizing this right. One effective avenue for community outreach on scaling up nutrition is faith-based gatherings, such as the Inter-Religious Council of Kenya.

As Kenya shifts gear to county-focused governance and development, communities must be involved throughout the planning as well as the implementation phases of food security and nutrition projects. Community participation can be ensured and facilitated by Government and NGOs alike. Because of their structure and mode of operation,

Appendix 4: Call to Action

they have direct links with communities and are aware of their development needs and problems. Government and NGOs can systematically work in partnership with rural communities, by approaching defined target groups such as youth or women. They can train and mobilize them to participate in community development nutrition interventions.

Youth and Women

Our youth, who comprise about 65% of Kenya's population are important agents of change and can be integrated into rural and peri-urban agricultural projects on food production and processing. Women, who form the backbone of the rural economy, can be given the necessary skills-training on appropriate nutrition, and new agricultural and food processing technologies.

Development Partners

In developing the FNSP, the challenge for development agencies is to move from patron-client relationships, based on control of funds, to partnerships based on the recognition of reciprocal needs and obligations. As a start, it may be beneficial for the development agencies to invest in the implementation of the Government's strategic plans such as the Nutrition Action Plan (2012-2017). Nutrition projects should be designed to integrate all sectors of the economy and incorporate nutrition education and gender-sensitive strategies that take into account the special needs of women.

Education

Likewise, educators must take a holistic approach and reach out to children, the general public and decision makers, and move them from awareness of better nutrition and health to taking positive action. A case in point is the nutrition education programme in schools which includes school gardens and cooking demonstrations. Practical participation by all in scaling up nutrition will foster feelings of ownership, responsibility and social obligation.

Research

Research institutions play a valuable role in providing research-based evidence which ultimately informs public health and nutrition policies and practice. Furthermore, researchers can advice on how to address identified gaps in scaling up the nutrition interventions. For example, bio-fortification of crops is one approach towards providing much-needed nutrients such as vitamin A in the orange-fleshed sweet potato.

Media

Another important stakeholder is the media who have a vital role to play in imparting appropriate messages that will create awareness, educate and empower people to find solutions to malnutrition. They may also influence society to change negative traditional and cultural beliefs that aggravate malnutrition and food security.

Partners

- Ministry of Agriculture
- Ministry of Education
- Ministry of Livestock Development
- Ministry of State and Special Programmes
- Ministry of Fisheries
- Ministry of Gender and Children Affairs
- Ministry of Planning and National Development
- Ministry of Finance
- Ministry of Trade

NATIONAL SYMPOSIUM ON SCALING UP NUTRITION
Nutrition is Key
"Take up your role, Act now"

KENYA VISION 2030
TOWARDS A GLOBALLY COMPETITIVE

PARTNERS

unicef · USAID · 4CHIP · Micronutrient Initiative

fh KENYA · Terre des hommes childrelief - www.tdh.ch · ACF

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FAO · Save the Children · psi Kenya · CONCERN worldwide

USAID · EUROPEAN COMMISSION Humanitarian Aid · WFP wfp.org · World Vision · Kenya Red Cross · RESCUE

Samaritan's Purse · Mercy USA for Aid and Development · UKaid from the Department for International Development · International Medical Corps

Ministry of Health

Nutrition is Key

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