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Kenya Nutrition Advocacy, Communication, and Social Mobilisation Strategy



Nutrition is Key

“Take up your role, Act now”



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FOREWORD

Malnutrition remains an important threat to the Kenya vision 2030 which aims at making Kenya a newly industrializing, “middle income country providing high quality life for all its citizens by the year 2030”.

The KDHS 2014 shows that one out of four children below five years is stunted, signifying a state of chronic malnutrition. Further, there has been a registered increase in adult over nutrition, especially in the urban settings which is associated with increased risk of lifestyle diseases that are showing an increasing trend in the country. Registered caseloads of communicable diseases including HIV, TB, and malaria, among others have further increased the need for nutrition services as nutrition is a key component in their management.

The Kenya constitution recognizes food and good nutrition as a basic right in article 53 (1)(c) and article 43 (1) (d).The Sustainable Development Goals further emphasize the critical role in SDG 2 to end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round by 2030 and to end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children less than 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

Malnutrition is multifaceted and to tackle this problem requires a multi-sectoral approach with other sectors key to food and nutrition security of the citizens, taking up active roles in fighting the menace through development and implementation of the required policies, guidelines and legislations.

There is therefore a need to take an active role in creating awareness, capacity building and sharing knowledge on nutrition issues to all relevant stakeholders to ensure active participation by both the right holders and duty bearers in this fight.

The Kenya Nutrition Advocacy, Communication and Social Mobilization (ACSM) strategy outlines organized and coordinated activities anchored within three strategic pillars; Governance, Capacity to deliver, and Behaviour Change and Practices, and aims to reach out to key stakeholders to influence positive change in the Nutrition sector including improved visibility, increased resource allocation, and adoption of good nutrition practices by the community.

The overall goal of the strategy is to improve the health and nutritional status of the Kenyan population for accelerated social and economic development towards the fulfillment of the country’s Vision 2030 and Sustainable Development Goals.

The Ministry of Health will provide the necessary leadership and coordination in advocating for good nutrition and continue to reach out to other stakeholders to join in the fight against malnutrition and nutrition related conditions in Kenya.



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The document development process started with an online survey to determine the nutrition advocacy needs and priorities in the country. The results of the survey informed the priority areas to focus on in the strategy. We acknowledge all stakeholders who participated in and contributed to this survey including representatives from GOK, development and implementing partners, academia, private organizations and county management teams.

We also thank all organizations that participated in the development of the draft outline and gave inputs that led to the consolidation of the first draft. These include; Ministry of Education, Kenyatta National Hospital, Egerton University, European Union, GIZ, World Bank, Health Poverty Action, Feed the Children, Kenya Association of Manufacturers, Global Alliance for Improved Nutrition, International Medical Corps, Kenya Red Cross, Kenya AIDs NGO Consortium, World Vision and ACF. We are grateful to the entire ACSM working group which was tasked with the overall responsibility of developing the document.

The Unit also takes this opportunity to sincerely thank the Principal Secretary, the Head Preventive and Promotive Health Services, the Head of Family Health Division for the continued support and for providing an enabling environment that has enabled us to mobilize resources and carry out planned activities and tasks.

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ACRONYMS

ACSM	Advocacy, Communications and Social Mobilisation
ASAL	Arid and Semi-Arid Land
BMS	Breast Milk Substitutes
C4D	Communications for Development
CHEW	Community Health Extension Worker
CHV	Community Health Volunteer
CSA	Civil Society Alliance
DHIS	District Health Information System
FNSP	Food and Nutrition Security Policy
GDP	Gross Domestic Product
HiNi	High Impact Nutrition Intervention
KEBS	Kenya Bureau of Standards
KDHS	Kenya Demographic and Health Survey
KNDI	Kenya Nutritionists and Dieticians Institute
M&E	Monitoring and Evaluation
MCA	Member of the County Assembly
MDG	Millennium Development Goal
MIYCN	Maternal, Infant and Young Child Nutrition
MoH	Ministry of Health
MSP	Multi-Sectoral Platform
NLTB	National Lung and Tuberculosis Programme
SDG	Sustainable Development Goals
SMS	Short Message Service
SUN	Scaling Up Nutrition
ToR	Terms of Reference

CHAPTER 1: INTRODUCTION

Kenya's development as a nation is anchored and driven by Vision 2030. All sectors are guided by this national long-term development blue-print that aims to create a globally competitive and prosperous nation, transforming Kenya into a newly industrializing, middle-income country providing a high quality of life to all its citizens by 2030 in a clean and secure environment¹.

The country's most valuable resource is the Kenyan people themselves making a healthy and productive population a prerequisite and the very foundation for fulfilling Kenya's ambitious vision. A healthy nation relies on people enjoying food and nutrition secure lives that enables them to be healthy, productive and actively contribute to the country's social and economic growth. This is clearly recognised under the social pillar of Vision 2030 where the health sector is identified as critical in maintaining a healthy working population, necessary for the increased labour production that Kenya requires in order to match its global competitors².

In recent years, the country has however made significant progress in tackling malnutrition, joining the Scaling-Up Nutrition (SUN) Movement in 2012, and the latest Global Nutrition Report 2015 revealing that Kenya is the only country that is on course to meet all five of the World Health Assembly maternal and child nutrition targets³. Much of this is based on the declining rates of stunting, wasting and underweight reported in the latest Kenya Demographic and Health Survey (2014). Yet, important regional disparities still exist in the country and overnutrition rates are on the rise. Undernutrition and overnutrition in Kenya therefore remains a major burden and without a further step change in addressing malnutrition, Kenya's ability to achieve Vision 2030 will be seriously undermined.

This Advocacy, Communication and Social Mobilisation Strategy therefore aims to elevate the discussion and positioning of nutrition in Kenya from the county to the national level to ensure it becomes one of the country's top development priorities. This is essential if Kenya is to build momentum towards eradicating malnutrition and to sustainably achieve its Vision 2030.

It is important to recognise that this strategy has gone through a thorough consultation process, involving both national and county level actors, and was developed in line with the country's existing policy environment. The ACSM strategy is therefore informed by and aligned with policies and strategies including Kenya's Vision 2030, the Food and Nutrition Security Policy and the National Nutrition Action Plan, among many others, ensuring it will complement and contribute to the country's broader social and economic development goals.

1 Kenya Vision 2030 - <http://www.vision2030.go.ke/>

2 Kenya National Nutrition Action Plan (2012-2017) - <http://scalingupnutrition.org/wp-content/uploads/2013/10/Kenya-National-Nutrition-Action-Plan-2012-2017-final.pdf>

3 Global Nutrition Report (2015) <http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/129443/filename/129654.pdf>



1.1 Defining ACSM

The nutrition sector in Kenya is guided by a multitude of policies, strategies and guidelines to help guide sector actor's nutrition-related interventions in the country. However, the sector has realised that improving and advancing the nutrition agenda requires strong advocacy, communications and social mobilisation at all levels. It is therefore important for all actors to have a common understanding of these core concepts upon which this strategy is based. Below are the definitions used within this document:

Advocacy: The act of supporting a cause or issue to achieve a desired result or an action directed at changing policies, positions, or programs and resource allocation decisions within political, economic, and social systems and institutions⁴.

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behaviour⁵. Communication activities make use of some form of media or channel of communication (e.g. mass media, social media, community media, and interpersonal communication). Communication is a two-way process, with "participation" and "dialogue" as key elements⁶.

Social Mobilisation: Social mobilisation is a process that engages, unites and motivates a wide range of partners and allies at national and local levels to raise awareness of and demand for a particular development objective through dialogue. Members of institutions, community networks, civic and religious groups and others work in a coordinated way to reach specific groups of people for dialogue with planned messages. Social mobilisation seeks to facilitate change through a range of players engaged in interrelated and complementary efforts⁷.

This strategy is driven by specific advocacy changes and results that the sector believes are needed to improve and strengthen the nutrition situation in Kenya. Whereas these changes are articulated in the Strategic Framework section of the strategy in the shape of specific objectives and outcomes/results, the actions and tools required to achieve these are stated within the Strategic Approach section. These interventions are based on a mix of advocacy, communication and social mobilisation processes to be jointly led and implemented by the sector's actors.

1.2 ACSM Structures

There are various stakeholders involved in tackling malnutrition and rolling out the nutrition agenda in Kenya. To maximise the skills, experiences and contributions of all stakeholders requires effective structures and platforms to be in place. The country's main nutrition programmes, under the Ministry of Health (MIYCN, Micronutrients deficiency control, Emergency, Clinical nutrition, Healthy diets and lifestyle), are organised through a series of steering committees, working groups and task forces. These are supported by a number of cross-cutting actions such as capacity building and monitoring and evaluation. Advocacy, Communications and Social Mobilisation (ACSM) is one of these key areas that is relevant and cuts across all programmes. At the national level the following structure has been put in place to strategically guide and support the sector in advancing ACSM activities providing the leadership and technical direction for the development and subsequently the implementation of this strategy.

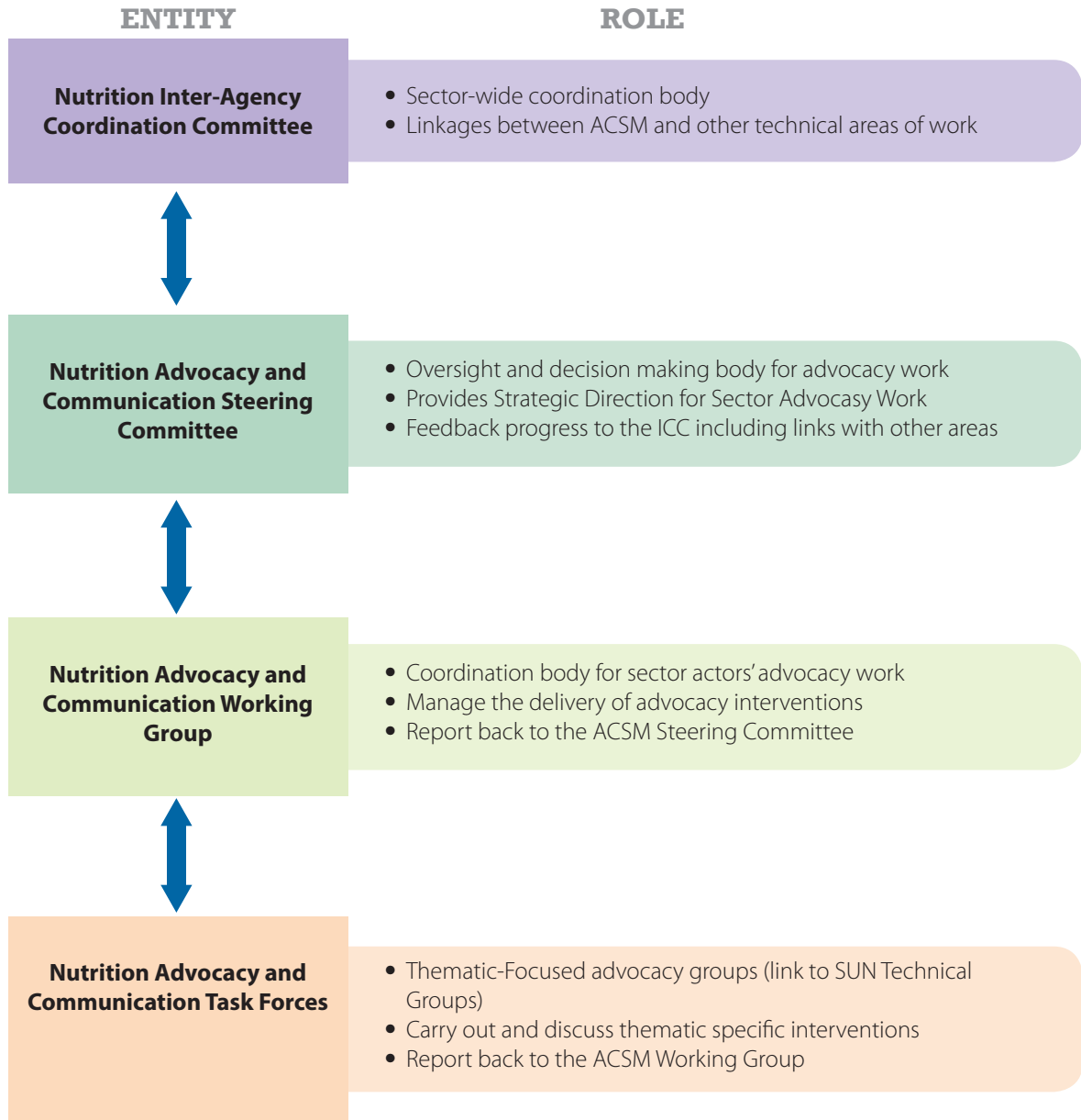
At county level, ACSM activities are not currently coordinated and led by a single platform. In most cases, ACSM issues will be discussed as part of the agenda of other existing mechanisms, on a needs basis, such as during Health Promotion Committee meetings. The situation varies from county to county and this strategy helps to strengthen the focus of ACSM discussions and interventions by providing a guiding framework that counties can adopt and tailor to their context.

4 Food and Nutrition Technical Assistance II Project (FANTA-2) Bridge. 2012. Nutrition Advocacy Training Manual: Facilitator's Guide. Washington, DC: FHI360/FANTA-2 Bridge.

5 Merriam-Webster Dictionary - <http://www.merriam-webster.com/dictionary/communication>

6 World Health Organization, 2006 - Advocacy, communication and social mobilization to fight TB: a 10-year framework for action

7 UNICEF, Communication for Development (C4D) - http://www.unicef.org/cbsc/index_42347.html





CHAPTER 2: BACKGROUND

2.1 Rationale for the Strategy

The nutrition sector in Kenya is determined to step up its advocacy, communication and social mobilisation efforts to help scale up nutrition interventions in the country and end all forms of malnutrition. To date, through sustained ACSM efforts, a number of key achievements have been realised, especially in terms of an improved policy environment, enhanced Government leadership and improved coordination among sector actors. This was reinforced by Kenya's decision to join the Scaling Up Nutrition (SUN) movement in August 2012, indicating the country's recognition of the need for more coordinated and harmonised actions in the sector to yield faster and more effective results.

The need for increased guidance and coordination when it comes to advocacy and communications in the nutrition sector has been clearly identified by sector actors. To date, a wide variety of ACSM activities are taking place across Kenya, at both national and county levels, but these tend to be short-term, event focused and often carried out by individual partners. In some cases, certain leaders and decision-makers are being targeted by different sector partners on similar issues but with a variety of messages and requests. This can lead to duplication of efforts and occasionally contradictions that render the ability to bring about change ineffective.

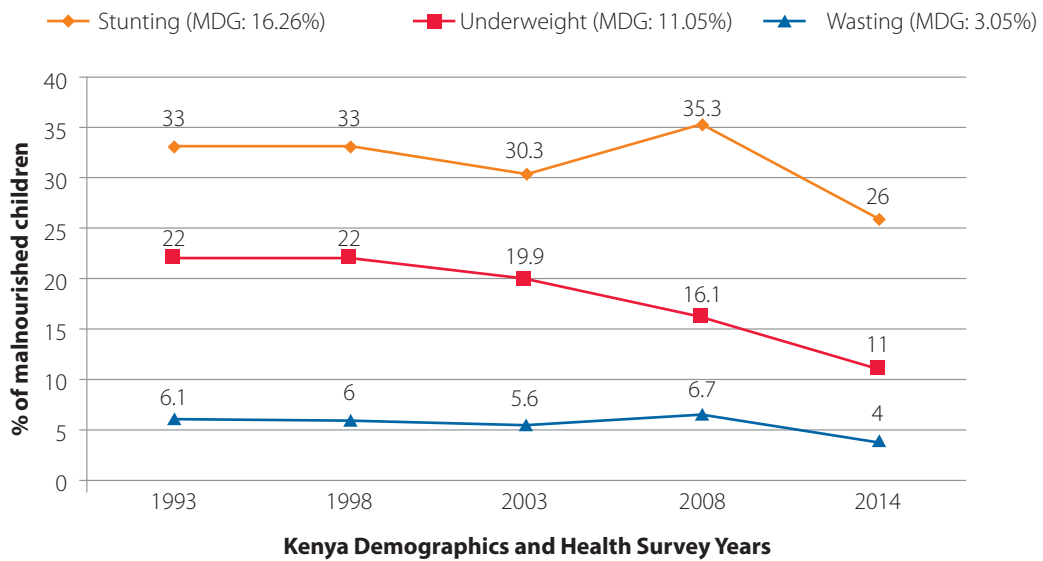
Therefore, nutrition sector stakeholders have acknowledged the value of having a strategy that can help guide the sector's ACSM interventions in a more effective and coordinated way. As such, the sector has decided to join forces to develop a comprehensive Nutrition ACSM Strategy to maximise stakeholders' aggregate potential to influence policies, practices and processes that will lead to long-term positive changes in nutrition in Kenya.

The basis for this strategy also rests on the Constitution of Kenya (2010) which 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"*. This strategy is therefore developed with the aim of ensuring citizens in Kenya are able to fulfil their right to nutrition by supporting them to fully understand their rights, their responsibilities as right holders and those of duty bearers, and empowering communities to claim their right as defined by the country's constitution.

2.2 Context Analysis

Bringing about change and influencing decisions requires a clear and detailed understanding of the current sector context to identify the issues and challenges impeding progress that need to be prioritised for ACSM interventions. This section therefore summaries the key trends and problems to set the scene and justification for the strategy's priority areas over the coming years.

Trends in Malnutrition Status in Kenya (1993-2014)



Source: Kenya Demographic and Health Survey, 1993, 1998, 2003, 2008, and 2014

a) High levels of malnutrition

Malnutrition remains a consistent challenge for Kenya and a big public health problem. Data from the most recent Kenya Demographic Health Survey (KDHS) 2014 is the sixth DHS to be conducted in Kenya since 1989 and the first to provide representative data for all 47 counties as well as national and regional levels. The KDHS 2014 results indicate an overall improvement in the nutritional status of children in Kenya over the last 5 years. Between 2008 and 2014, stunting has decreased from 35% to 26%, wasting from 7% to 4%, and the proportion of underweight children declined from 16% to 11%.

These gains have enabled the country to take significant steps towards achieving its nutrition-related Millennium Development Goals (MDG). Kenya has reached its MDG 2015 target for proportion of underweight children which stands at 11% and is closing in on the target for wasting set at 3.05%. However, the country is still lagging behind in terms of stunting, falling well short of its 16.3% MDG target. In addition, the national statistics, although showing a general decline in malnutrition, do not reflect the regional disparities across the country demonstrated by the significant variations in nutrition statistics from county to county. For instance, West Pokot and Kitui

counties record 46% of stunted children at one end of the spectrum, while Nyeri, Garissa, and Kiambu counties have the lowest proportion of stunted children, each less than 16%.

Another aspect of malnutrition that is of increasing concern in Kenya is the number of people that are overweight and obese. Nationally, one-quarter (25%) of women aged 15-49 are overweight or obese and an analysis of obesity among pre-school children indicates that approximately 18% are overweight while 4% are obese⁸. Being overweight and obese are considerable risk factors for non-communicable diseases such as hypertension, diabetes and cardiovascular diseases. As reported in the latest Global Nutrition Report, whereas the world is showing progress in reducing undernutrition, albeit too slowly and unevenly, it is actually failing to meet the global target of halting the rise in the prevalence of adult overweight and diabetes⁹. The “double burden of malnutrition” (undernutrition and overnutrition) is therefore having an increasingly crippling effect on the country's health system and more importantly on the lives and productivity of Kenya's workforce, and ultimately the country's development. The Kenya Health Policy (2010) outlines the highest risk factors for mortality, among which 6 out of the top 10 are related to malnutrition.

⁸ KDHS 2008

⁹ Global Nutrition Report (2015)



Malnutrition, in addition to being a significant risk factor that may lead to death, is one of the most extreme manifestations of poor maternal and child care and feeding practices. These practices are manifested from a combination of poor education for girls and socio-cultural attitudes. During the first 1000 days of child's life, from pregnancy through age two is a critical window during which nutrition can have a measurable lasting impact on growth, brain development and susceptibility to disease or infection. Maternal and child focused interventions aim to improve nutrition among young children by supporting exclusive breastfeeding until six months and introduction and appropriate complimentary feeding. Although the KDHS (2014) has shown a significant increase in exclusive breastfeeding rates for children up to 6 months from 33% in 2008 to 61% in 2014, infant and young child feeding practices are still relatively poor across the country with resulting problems of chronic and acute malnutrition, and micronutrient deficiencies (e.g. Vitamin A, Iron and Zinc). Increased focus on promoting appropriate care, especially optimal infant and young child feeding, hygiene, emotional support and health related behaviours is therefore essential in sustainably improving health and nutrition in Kenya. In clinical care malnutrition is equally a big challenge. Hospital-based malnutrition among all ages is associated with; increased complication rates, length of hospital stay, re-admission rates, and mortality¹⁰. A study in a rural Kenyan district hospital attributed malnutrition to 51% of inpatient children morbidity and mortality¹¹.

b) Food insecurity

Approximately 80% of Kenya's 38.6 million people live in rural areas and subsist almost entirely on agricultural production and over 10 million Kenyans suffer from chronic food insecurity and poor nutrition¹². It is estimated that at any one time about two million Kenyans require food assistance, and the number doubles during periods of drought. Most Kenyans still subsist on diets lacking in nutritional diversity and largely based on staple crops (mainly maize). The Kenya arid and semi-arid lands (ASALs) have the highest rate of food insecurity due to recurring drought, flood, and conflict, and are recipients of most emergency assistance. Livestock production contributes 78% of household income in pastoral sub-counties; however, drought and tribal conflict impact on livestock production. High food prices, and debilitating livestock and human diseases have compounded the impacts of drought, increasing markedly the number of the highly food insecure. Community means of food production are limited with inadequate agronomic and crop husbandry

practices, and poor infrastructure. The community's vulnerability is further exacerbated by the increase in food commodity prices as well as frequent conflict which disrupt lives and livelihoods. The main factors contributing negatively to food security and nutrition in ASAL areas in the North of Kenya are poor income, productivity and market access, high vulnerability to disasters due to limited coping mechanisms and the high incidence of disasters. Moreover, 2015 is experiencing an on-going El Nino event, which is very likely to extend into the first quarter of 2016. This event is influencing growing seasons including those of equatorial regions (Horn of Africa, Indonesia) of late 2015, with wide ranging impacts, generally negative in countries facing food insecurity¹³. Food insecurity therefore directly affects malnutrition rates as the food system determines the availability and accessibility of diverse nutritious foods to the consumer. Enhanced food systems are fundamental to the delivery of healthy diets and improved nutrition and are therefore crucial for governments and non-state actors to invest in.

The urban population is disproportionately affected by food insecurity and malnutrition with almost half the total food poor in Kenya (43% or over 4 million people) living in informal settlements¹⁴. Slum dwellers are highly market dependent for all their basic needs. While most food commodities are readily available in the market, access to them is compromised by heightened food and non-food prices. As food and fuel prices rise, household food insecurity increases. This is on a backdrop of chronic poverty characterized by; lack of sustainable jobs, limited access to information, poor eating habits, insecurity, poor water and sanitation, limited access to basic services, insecure tenure and overcrowded settlements. A food and nutrition security vulnerability assessment done in March 2009, found price spikes in essential food and non-food items, falling incomes or lack of jobs, a severe entitlement gap as people are increasingly unable to meet the 2,100 kcal/day, increased reliance on negative coping strategies, reduced dietary diversity and increasing malnutrition¹⁵.

10 Bejon *et al* (2008) Fraction of all hospital admissions and deaths attributable to malnutrition among children in rural Kenya. *Am J Clin Nutr* 88(6) 1626-31.

11 Lim *et al* (2012) Malnutrition and its impact on cost of hospitalization, length of stay, readmissions and 3 yr mortality. *Clinical Nutrition*; 31: 345-350.

12 Kenya Central Bureau of Statistics (CBS), 2009

13 World Food Program (WFP) - El Nino: Implications and Scenarios for 2015

14 Oxfam (2009) Urban Poverty and Vulnerability in Kenya

15 Oxfam GB, ACSM Worldwide & Care International in Kenya, April 2009. The Nairobi Informal Settlements: An emerging food security emergency within extreme chronic poverty.

c) Low political prioritisation of nutrition

To end malnutrition in Kenya requires the nutrition sector to receive top-level political attention and engagement. Recently, there have been valiant attempts at elevating the status of nutrition, through decisions such as Kenya joining the global SUN Movement in 2012, through events such as the first National Nutrition Symposium in February 2015, and securing the First Lady as a national nutrition patron. However, nutrition still lags behind other social sectors and suffers from low political prioritisation. This is evident from the relatively low positioning of nutrition within national and county level institutional arrangements, the struggle to make sustained and equitable progress on nutrition targets across all counties, and the limited funding allocations dedicated to nutrition interventions.

Furthermore, the new responsibility for health programme management and service delivery placed in the hands of county governments as part of Kenya's devolution process has significantly raised the importance of sub-national level institutions in driving the nutrition agenda forward. Yet, evidence so far suggests nutrition is generally not being prioritised by county governments and this greatly affects the scale and impact of nutrition actions. More efforts are therefore required to ensure decision-makers across the country understand the value and benefits of prioritising nutrition, not only to improve the health of their citizens, but in terms of its contribution to the social and economic development of their counties. Indeed, there is clear evidence that malnutrition hinders economic growth. Annually, Kenya loses approximately US\$2.8 billion of its GDP because of a compromised workforce due to stunting¹⁶.

d) Limited adoption and implementation of Nutrition Policies, Strategies and Legislation

Although the sector has a relatively strong policy framework, in terms of the number of plans and policies in place, these are relatively weak in adopting a more rights-based approach in line with Kenya's 2010 progressive constitution. Moreover, sector-wide policies such as the Kenya Health Policy, does not comprehensively incorporate nutrition to adequately provide policy guidance for the sector. For the Food and Nutrition Security Policy, the issue relates more to the lack of a clear implementation plan to

ensure the policy is put into practice. Furthermore, since devolution, the adoption and integration of nutrition-related policies by county governments has varied significantly from county to county resulting in a slow implementation rate.

Currently nutrition-related existing legislation include the Breast Milk Substitutes Act, the Maternity Protection Act and the mandatory fortification of flours, oils and fats. However, efforts to provide the appropriate regulatory framework to ensure the acts are properly enforced and respected needs to be fast-tracked for these to be truly effective. Similarly, the sector needs to advocate for proper consultation processes to be established for all legislation, including the latest Health Bill, to not only comply with the rights and procedures stipulated in the Kenyan Constitution but also to ensure the nutrition sector priorities and recommendations are adequately considered within these key legal documents.

e) Weak multi-sectoral collaboration

Despite some of the gains made in reducing malnutrition over the past five years, it is increasingly recognised that in order to sustain and accelerate this progress, the nutrition sector needs to better link up and integrate with other related sectors. This is clearly highlighted in the Kenyan Food and Nutrition Security Policy (FNSP) where it is stated that, *"given the multi-dimensional and cross-sectoral nature of food and nutrition security challenges, lessons from other countries indicate that only those with well institutionalized national coordinating mechanisms have been truly effective in developing and implementing food security and nutrition policies"*.

Despite the FNSP's backing for multi-sectoral collaboration, this is currently weak in Kenya with only sporadic and unsustainable interaction between key sectors including Health, Agriculture, Education, Water and Sanitation, and Social Protection among others. Strong evidence highlights the interconnectedness and complementarity of these sectors - the health, agricultural and social protection sectors are important service delivery providers, planning and finance provide the systems and investment for nutrition, local government is critical for scaling up nutrition in counties and communities, while the offices of prime ministers and presidents can provide political leadership and commitment to improving nutrition¹⁷. Yet, few mechanisms or platforms exist for these various nutrition-sensitive sectors to join forces and discuss ways to strengthen the complementarity and impact of their respective interventions that could create a step change in the way the country tackles food and nutrition security issues.

¹⁶ World Bank. 2014. *Integrated approaches to tackle under nutrition in Kenya*. Washington, DC: World Bank Group. <http://documents.worldbank.org/curated/en/2014/09/20349544/integrated-approaches-tackle-under-nutrition-kenya>

¹⁷ Scaling Up Nutrition in Practice – Effectively Engaging Multiple Stakeholders, February 2014, SUN Movement



Some positive steps have been taken recently with Kenya joining the global Scaling-Up Nutrition (SUN) Movement in 2012. This movement is anchored by 4 processes, one of which is to bring people together to create *“an enabling political environment, with strong in-country leadership, and a shared space (multi-stakeholder platforms) where different sectors and stakeholders align their activities and take joint responsibility for scaling up nutrition”*¹⁸. To this end, Kenya has set up a variety of networks that have improved coordination and collaboration around nutrition, but to date this is still overwhelmingly centred on the health sector leading to missed opportunities to capitalise on the benefits of multi-sectoral interventions. Programmes of work still often lack a truly holistic approach limiting the potential wider scope and impact of broader and more integrated nutrition activities.

Coordination among nutrition-specific actors has greatly improved over the last few years at the national level, with regular and well-structured platforms for dialogue and sharing information. However, at county level, this coordination tends to be more sporadic and fragile affecting stakeholder’s ability to maximise already scarce resources in the most cost-effective way and avoid duplication of efforts.

f) Limited budgetary allocation to health and nutrition

In spite of the high malnutrition rates and disease burden in the country, the government’s national budgetary allocation for the health sector, at 4% for financial year 2015/2016¹⁹, still falls well below the 15% standard stipulated in the Abuja declaration²⁰. In addition, budget allocations dedicated to nutrition-specific interventions within the health sector budget is currently at 1.3% (programme amount only). The sector also remains heavily dependent on external funding from development partners (94.4 % of nutrition-specific funding), making it especially vulnerable to external shocks that may affect the availability of donor funds and changing priorities²¹. Furthermore, nutrition related allocations and expenditures at county level are currently hard to track due to the lack of nutrition-specific budget lines. Equally, funding is currently disproportionately focused on short-term interventions in comparison to longer-term holistic development programmes. Both domestic and external resources for nutrition, at both national and county levels, therefore fall significantly short of what is required to tackle malnutrition in Kenya.

The devolution process in Kenya has given county governments more control over the allocation of resources distributed at sub-national level. Increased efforts are therefore required from all sector actors to ensure nutrition is adequately catered for within County Integrated Development Plans and prioritised in terms of investments and interventions by County Health Teams and other nutrition-sensitive sectors.

g) Weak health system capacity to deliver quality nutrition services (human, systems and equipment capacity)

Under-nutrition is largely addressed through the existing health system. Although some counties are demonstrating expansion of facilities to reach out to even remote areas, overall the capacity of the health system remains inadequate to provide the basic nutrition services required. The health sector suffers from a shortage of staff, and high staff turnover. The norms and standards for human resource shows a need for more nutritionists yet some of the facilities still fall way short of the required numbers. All of which has negatively impacted on the quality and accessibility of services. In ASAL areas health systems are typically only able to deliver the bare minimum of health services in a very inconsistent manner.

Further there are insufficient health advocacy and communication skills among health personnel. Health communication is becoming a very specialized and challenging field. In addition there has been limited coordination for advocacy related activities, inconsistency of messaging, and limited funding for sustained advocacy and communication efforts at all levels. The level of understanding and expertise of advocacy in the nutrition sector, at both national and county levels, is therefore limited, with a tendency for actors to largely focus on service delivery activities, rather than simultaneously trying to influence structural and sector-wide changes. Furthermore, human resource gaps, particularly at sub-national levels hamper the ability of the sector to speed up and operationalise the country’s national policies and plans.

Furthermore, with devolved health, various challenges have emerged relating to availability of nutrition commodities. Currently, the County Governments have the authority to procure nutrition commodities. Unfortunately, these are not being

18 SUN Movement Approach, <http://scalingupnutrition.org/about/sun-country-approach>

19 Budget Guide 2015/16, Institute of Economic Affairs, Kenya

20 Abuja Declarations and Frameworks for Action on Roll Back Malaria, 2001

21 2015/16 national estimates

adequately prioritized, resulting in either limited or zero supplies being ordered. There are now increasing reports of stock-outs of nutrition commodities within health facilities, a situation that directly affects their utilization among the targeted population. There is an urgent need to sensitize key decision makers within the County Government about the importance of these high impact supplements, among other critical nutrition commodities in reducing maternal and child mortality and ensuring the well-being of these vulnerable citizens. There is need for Counties to dedicate adequate funds towards purchasing the needed nutrition commodities in sufficient quantities in a timely manner.

Finally, despite the existence of a host of nutrition data and information, there is only limited evidence of sector actor's use of research to inform nutrition programmes' design and implementation. This learning gap is partly due to inadequate knowledge management in the sector, to help capture, organise, and disseminate information. This gap reduces the effectiveness and strategic value of interventions, and curbs the sector's potential to innovate and adapt. Some tools such as national and county websites, newsletters and the use of social media are yet to be fully exploited by the nutrition sector to strengthen the sector's information-sharing and learning capacity. Equally, ongoing monitoring and evaluation of nutrition services remains a challenge, with a tendency to over rely on sporadic surveys rather than investing in strengthening regular national and county reporting systems. A national Nutrition M&E Framework is now in place but more efforts are needed to ensure all sector actors adhere and align with this.

h) Limited citizen awareness of rights, and understanding and adoption of good nutrition practices

Demand and awareness of nutrition services in Kenya is generally low which affects the rate of progress of nutrition interventions. This is largely due to citizen's lack of awareness of good nutrition practices and certain social norms, and subsequently their understanding of the impact of poor dietary choices on their health and productivity. However the dimension of affordability and accessibility to nutritious foods also features highly in citizen's decision-making process, so this also needs to be factored in when addressing behaviour change and practices. In addition, most citizen's lack

awareness about their right to nutrition and have limited knowledge on how to claim this right and enforce it. All this highlights the need for smarter communications and messaging around good nutrition behaviours and practices to trigger and sustain demand for nutrition services and the right to good nutrition.

i) Insufficient participation and engagement of citizens in nutrition decision-making processes

For change to be effective and sustainable, it requires the engagement and participation of those who will ultimately benefit from that change. This is especially true for improvements in the nutrition sector as they rely on both individuals and communities adopting good nutrition practices and making the right dietary choices, and equally on having access to quality nutrition services and information. Significantly more opportunities are required in the sector to ensure mechanisms are in place for citizens to participate in discussions that affect their nutrition status, including those linked to county budget allocations, and platforms for them to feedback on the quality of services provided. This also relates to improving citizen's ability to claim their right to good nutrition, to ensure opportunities for dialogue with decision-makers and service providers exist, to address gaps and ensure stronger accountability and responsiveness of duty bearers.

j) Limited focus on tackling underlying causes of malnutrition and longer-term nutrition resilience and security

Traditionally, the majority of nutrition sector interventions in Kenya have tended to be short-term in nature and mainly targeting emergency situations. Although more development focused actions are on the rise, there is still a lack of holistic programming targeting the underlying causes of malnutrition which therefore reduces the scope, sustainability and impact of interventions. There is a need for sector actors' programmes to look at longer-term and systemic changes that can boost people's nutrition resilience and security. This relates to improving people's nutrition and health by strengthening the ability of systems and service providers to reach and support individuals, families and communities with quality social protection and basic social services in a sustainable manner in normal times and in times of disasters²². Adopting a longer-term nutrition resilience focus requires certain changes in behaviour



and approaches by implementing agencies and governing institutions. A shift is required for actors to simultaneously look at both the demand side, in terms of individuals' and communities' social norms and practices, and the supply side, in terms of the health care and social protection systems and services.

2.3 Problem Tree

The problem tree (on page 11) aims to summarise the key causes and effects of high levels of malnutrition in Kenya based on the context analysis, and provides a backdrop for the strategic framework:

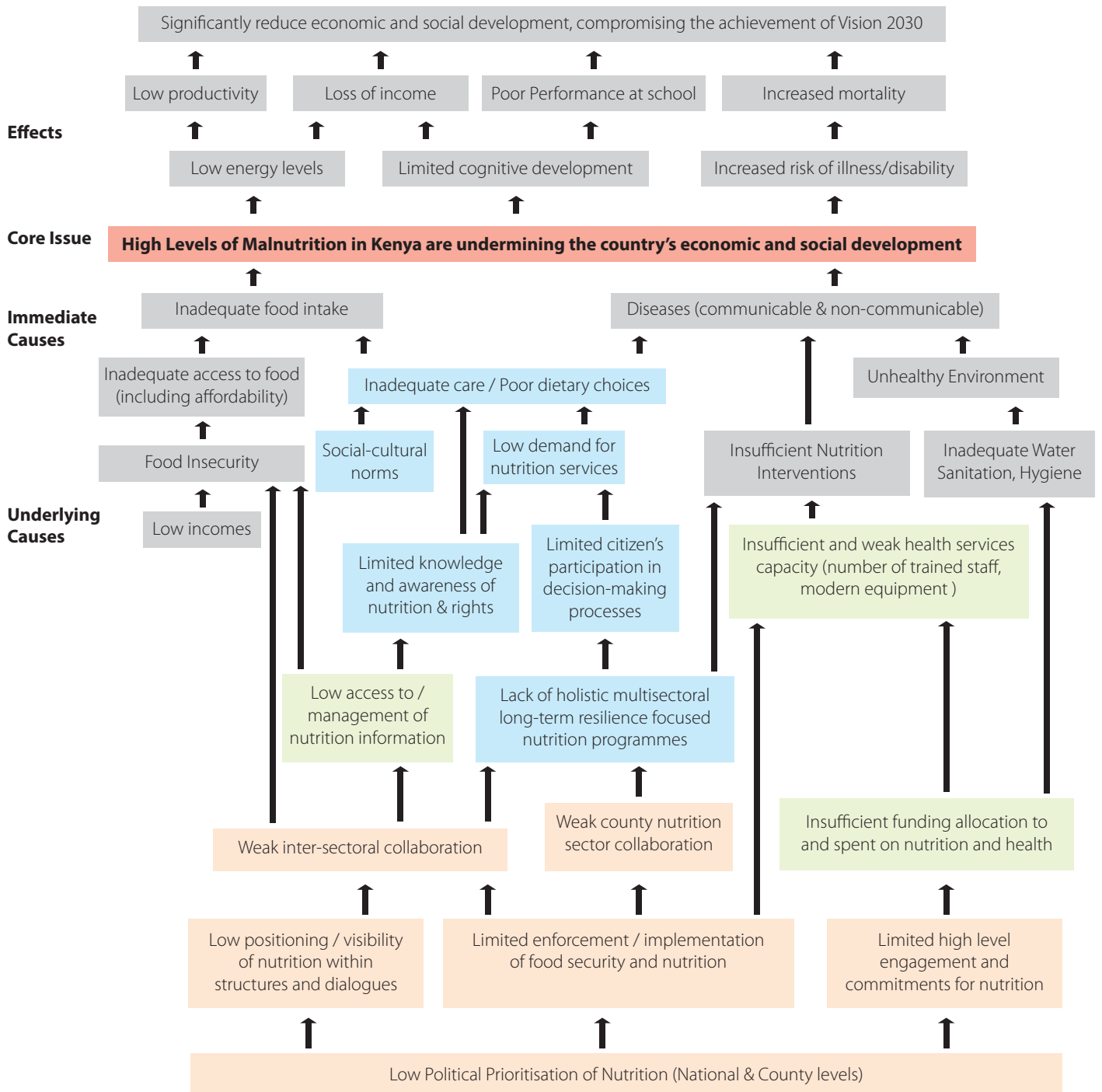
2.4 Opportunities

Despite all these significant challenges, the sector is also faced with numerous opportunities that can help support and strengthen ACSM activities towards eradicating malnutrition in Kenya. Opportunities are constantly evolving, and effective ACSM interventions rely on both being able to identify these and the ability to act on them in a timely manner. Below is a brief list of current upcoming opportunities the sector can seize upon and update throughout the course of the strategy's lifetime as part of the ACSM Strategy monitoring, evaluation and learning process.

- **Policy Environment:** In recent years, the sector's policy environment has greatly improved, demonstrated by the elaboration of several key policies, legislative and planning documents, which help to provide a strategic and structured direction for actor's operating in the sector (Vision 2030, Constitution, Breast Milk Substitutes Act, National Nutrition Action Plan, National Strategy for the prevention and control of Non-Communicable Diseases Strategy...). Furthermore, there are several policies and legislation currently being finalised, such as the Kenya Health Policy and Health Bill, providing opportunities for influencing these and ensuring they adequately address nutrition issues. This national policy framework provides a sound basis for nutrition advocacy but more focus is required on policy awareness and their actual adoption and implementation at the county level.
- **Availability of information for decision-making:** The nutrition sector has a wealth of up to date credible information that represents an excellent opportunity to use in evidence-based advocacy. The findings of the latest Kenya Demographic and Health Survey (KDHS) 2014 provide detailed and up to date information on nutrition that can inform and shape advocacy

interventions and messages. The fact the survey highlights some impressive gains in tackling malnutrition over the past 5 years is also an opportunity to raise the profile of nutrition and its critical role in helping Kenya move towards Vision 2030. Analysis of the reasons behind the progress made will be key in promoting best practices and attract increased investments towards proven successful approaches. The 2014 KDHS is also the first KDHS to breakdown information into county level data enabling the comparison and identification of higher and lower performing counties to help target interventions. The country's health management information system (DHIS) is also an opportunity for advocacy in terms of the information it generates for improved communications. Equally, there are regular seasonal assessments that provide up to date and nutrition specific data.

- **Devolution process:** A significant shift triggered by Kenya's 2010 Constitution is the devolution process placing new authority and responsibility in the hands of county governments, including leading on service delivery and managing funding allocations. As the country approaches the end of the transition (2016) in the devolution process, this offers strategic opportunities for advocacy in influencing and shaping county government's role to prioritise nutrition and assist in highlighting and sharing best practices in the sector at the sub-national level.
- **SUN patron:** Securing a high profile patron for nutrition is a milestone and asset to further lift the sector's profile and garner increased political commitment. The current design of an engagement strategy for the patron is an opportunity to maximise the strategic value of such an influential and committed champion to accelerate progress in tackling malnutrition.
- **SUN Movement:** Kenya joined the Scaling-Up Nutrition (SUN) movement in August 2012, signalling the Government's commitment to the sector and the recognition that better coordination and cross-sector collaboration are vital to step up nutrition efforts. The Movement's objectives and dialogue platforms will be a powerful mechanism in driving the sector's advocacy agenda, both nationally and internationally.
- **Sustainable Development Goals (SDGs):** 2015 was a critical year in the development calendar as the international community joined forces to design and agree on a new post-2015 development framework. Among the SDGs,



Key

- Governance
- Capacity
- Behaviour & Practices
- Other



number two aims to “End hunger, achieve food security and improved nutrition and promote sustainable agriculture” with a specific target that “By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons”. The SDGs are crucial as they will guide and shape the development agendas of countries over the next 15 years, and represent a clear focus for advocacy efforts in eradicating malnutrition by 2030.

- **Shift towards a Multi-sector Approach:** Although talk of multi-sector approaches are common, the nutrition sector appears to have embraced this and taking positive steps towards adopting a more holistic approach by exploring synergies with nutrition sensitive interventions. Both the Nutrition Inter-Agency Coordination Committee and SUN multi-stakeholder platform are concrete steps towards embedding this and the advocacy agenda can further strengthen the linkages across sectors.
- **Acute vs. Chronic Malnutrition:** Whereas short term interventions tackling cases of acute malnutrition in emergency settings have traditionally received more attention and investments, sector stakeholders are increasingly focused on building communities’ resilience and prioritising addressing underlying causes of malnutrition rather than reacting to situations. This is a positive step that can greatly benefit from advocacy interventions by looking at macro-level, structural and longer-term issues to bring about sustainable changes that challenge root causes for longer-lasting impact. The Alleviating Chronic Malnutrition Initiative provides a key platform to push this agenda forward, with an attempt to focus on nutrition resilience that captures communities’ exposure and response to both acute and chronic malnutrition.
- **Time of financial constraints:** At a time when development funding is increasingly restricted, finding smarter ways to achieve results becomes a necessity. Advocacy efforts are generally cost-effective ways of bringing about change in comparison to approaches reliant on more capital-intensive service delivery interventions. This offers the opportunity for the sector to become more strategic in the use of scarce resources and promote cost-effective solutions, including capitalising on innovative funding initiatives such as the Power of Nutrition and harnessing the multi-actor schemes such as the Global Nutrition for Growth Compact.
- **Finance research:** The sector is currently undertaking several studies to track nutrition budget allocations, identify the true cost of nutrition interventions and an analysis of their cost-effectiveness. The findings from this research will provide the sector with strong evidence-based information and data to incorporate in targeted policy briefs and campaigns to influence both the quantity and quality of nutrition investments.
- **Information Management:** The nutrition sector benefits from a wealth of information and data, offering a major opportunity for sector advocacy and communications in terms of creating information platforms and materials for wider and better targeted dissemination to sector actors. Supporting a strengthened learning environment can greatly enhance decision-making and strategic interventions. The Ministry of Health website and SUN platforms are useful mechanisms for improving nutrition information management and dissemination.

CHAPTER 3: STRATEGIC FRAMEWORK

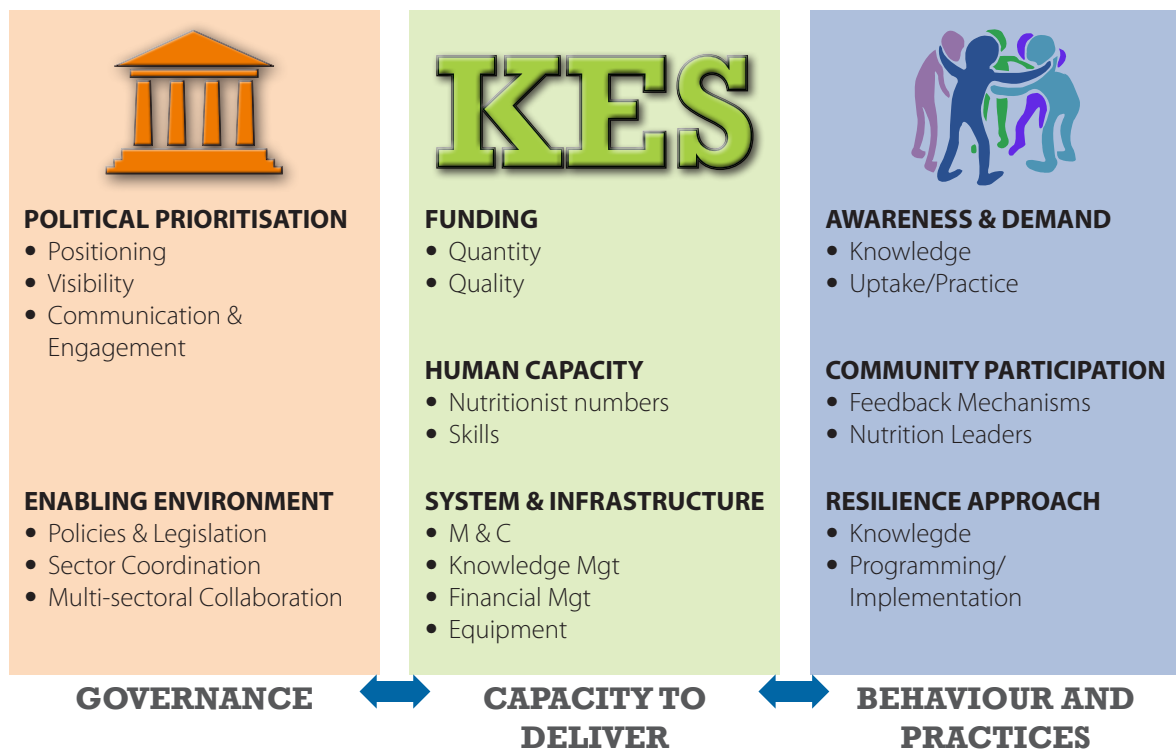
The Strategic Framework of the ACSM Strategy aims to outline the key aims and outcomes that the sector will seek to achieve between 2016 and 2020. This will be the guiding framework that helps sector actors identify specific ACSM interventions at their level of operation that jointly can contribute to the overall goal and strategic objectives set out in this strategy.

3.1 Overall Goal

GOAL: Improve the health and nutritional status of the Kenyan population for accelerated social and economic development towards the fulfillment of the country’s Vision 2030 and Sustainable Development Goals

The achievement of this Goal relies on actions undertaken and progress made under three mutually reinforcing Strategic Pillars. These can briefly be illustrated by the diagram below, each pillar described and unpacked in the following sections:

3 Proposed Strategic Pillars





A. GOVERNANCE

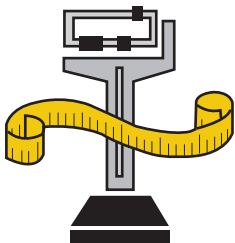
Governance determines who has power, who makes decisions, how other players make their voice heard and how accountability is rendered.

The need for governance exists anytime a group of people come together to accomplish an end. Governance usually includes three dimensions: authority, decision-making and accountability. In Kenya, the Nutrition sector includes a complex mix of public, private and civil society institutions that co-exist and interact to improve the health and nutritional status of the population at national, county and local levels. The scale and pace of progress in addressing malnutrition is therefore largely determined by how effective and efficient the governance of the sector is at all these levels. The first pillar of this strategy focuses on changes that seek to improve and strengthen sector governance in relation to the **level of political priority given to nutrition** and the **institutional arrangements** and **policies** that form the sector's **enabling environment**.

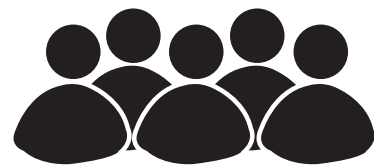


B. CAPACITY TO DELIVER

For political will and governance systems to translate into tangible and accelerated progress in addressing malnutrition, requires the sector to have the necessary capacity to deliver results. A well capacitated sector relies on several interlinked elements: adequate funding, sufficient skilled personnel, clear organized systems to manage knowledge and data, and the appropriate infrastructure and equipment to deliver services. This second pillar of this strategy focuses on changes in financial, human, system and infrastructure capacity that will strengthen and increase the sector's ability to scale-up and deliver quality nutrition services at both national and county level.



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C. BEHAVIOUR CHANGE & PRACTICES

Ultimately, to achieve sustainable and country-wide progress depends on every Kenyan citizen actively engaging in the process of change and adopting positive behaviours and practices. Changing behaviours requires leadership, will and information, including clear perceived benefits to motivate individuals to change. The third pillar of this strategy focuses on securing changes in both behaviour and practices at the individual and community level, and changes to approaches and practices by institutions at county and national levels that can improve the health and nutritional status of the entire nation for current and future generations.





3.2 Strategic Priorities

Each pillar contains the following specific objectives and results towards which the sector will work towards and monitor progress against.

Governance Pillar

Overall Pillar Objective

Improve and strengthen governance towards the political prioritisation and acceleration of nutrition actions

This pillar is underpinned by two Strategic Objectives:

A. Political Prioritisation:

Objective: Increase and sustain the political prioritization of nutrition at international, national and county levels

The fulfilment of this objective is based on realising the following results/outcomes:

Results:

- A.1 High level **positioning** of nutrition within national and county government structures
- A.2 Increased **visibility** of nutrition within policy, academic and media circles
- A.3 Stronger **political engagement and commitments** for nutrition at global, national and county levels

B. Enabling Environment:

Objective: Improve and maintain an enabling policy environment in support of a coordinated, integrated and effective nutrition sector

The fulfilment of this objective is based on realising the following results/outcomes:

Results:

- B.1 Enhanced formulation of **nutrition-related policies & legislation** and their accelerated adoption and implementation at national and county levels
- B.2 Stronger and more effective nutrition **sector coordination structures and systems** for better planning and implementation of services at both national and county levels
- B.3 Increased and sustained **multi-sectoral collaboration** on advancing and integrating nutrition interventions and outcomes across sectors

Capacity to Delivery Pillar

Overall Pillar Objective

Strengthen and increase the capacity of the nutrition sector to scale-up and deliver quality nutrition services in Kenya

This pillar is underpinned by three Strategic Objectives:

A. Funding Capacity:

Objective: Increase the financial resources allocation and expenditure on nutrition for sustained and more equitable services

The fulfilment of this objective is based on realising the following results/outcomes:

Results:

- A.1 Increased **amounts of funding**, particularly from domestic sources, allocated and spent in transparent and accountable ways, on nutrition-specific and nutrition-sensitive interventions at both national and county levels
- A.2 **Equitable distribution** of nutrition-related funding across counties targeted towards **comprehensive and long-term** nutrition resilience programmes

B. Human Capacity:

Objective: Increase and strengthen the human capacity and skills of the nutrition sector institutions for scaled up and accelerated interventions

The fulfilment of this objective is based on realising the following results/outcomes:

Results:

- B.1 Increased **nutrition and dietetics workforce and their distribution** across counties based on needs and geographical outreach
- B.2 Strengthened **technical and advocacy skills and competencies** of the nutrition and dietetics workforce at both national and county levels

C. Systems and Infrastructure Capacity:

Objective: Improve the efficiency of nutrition sector financial, monitoring and evaluation, and knowledge management systems and increase nutrition infrastructure

The fulfilment of this objective is based on realising the following results/outcomes:

Results:

- C.1 Efficient and harmonised nutrition **monitoring and evaluation system** adopted and implemented across all counties
- C.2 Improved **knowledge management systems** for nutrition with more accessible, better organised and more widely shared data and information for decision-making purposes
- C.3 Effective and timely **financial management systems** that supports the absorption and accountable use of nutrition-related funding
- C.4 Increased number and distribution of **modern nutrition assessment equipment and commodities** for the effective delivery of services across all counties



Behaviour Change and Practices Pillar

Overall Pillar Objective

Increase and sustain demand for services and the adoption of good nutrition behaviours and practices with focus on nutrition resilience approaches

A. Awareness, Demand and Adoption:

Objective: Improve knowledge and attitudes on optimal nutrition for increased demand and adoption of nutrition services and practices

The fulfilment of this objective is based on realising the following results/outcomes:

Results:

- A.1 Increased and improved **knowledge and understanding** of nutrition benefits, principles and rights by urban and rural communities across Kenya
- A.2 Increased and sustained **uptake of good nutrition practices**

B. Community Participation:

Objective: Strengthen community engagement, participation and feedback mechanisms in nutrition services and decision-making processes

The fulfilment of this objective is based on realising the following results/outcomes:

Results:

- B.1 Effective **participation** and accessible **feedback mechanisms** for community members to engage in and influence nutrition-related services, planning and budgetary decision processes
- B.2 Increased number and quality of **nutrition advocates and champions** at both community and county levels supporting positive behaviour change and more citizen engagement

C. Resilience Approaches:

Objective: Increase the adoption of nutrition resilience approaches by sector actors centred on strengthening systems' and service providers' ability to reach and support individuals and communities with nutrition and basic social services in the face of recurrent shocks and stresses

The fulfilment of this objective is based on realising the following results/outcomes:

Results:

- C.1 Increased promotion and **understanding of nutrition resilience** approaches across communities and public, private and civil society actors
- C.2 Improved **programming by actors and increased community participation for the implementation** of nutrition interventions focused on integrating nutrition within a comprehensive quality social services package accessible to all communities in Kenya at all times

3.3 Target Audience

Successful advocacy relies on clearly identifying target audiences for each of the changes that the sector wants to bring about. At the implementation stage of the strategy, whether at national, county or local level, sector actors will need to segment and prioritise their targets depending on the advocacy issue they decide to tackle.

Once a list of targets has been drawn up, the following key questions will help to segment them into allies, adversaries and targets, and assist with prioritising and strategizing:

- 1) What is the attitude of the stakeholder to the advocacy issue? (Very anti, anti, neutral, pro, very pro)²³
- 2) How important is the issue to the stakeholder? (Level of interest)
- 3) How much influence does the stakeholder have on the advocacy issue? (Power to deliver the change)
- 4) Who has influence over them? (Secondary targets)

Broadly, below is a table with the main stakeholders for this strategy:

Top Government Leaders	The President, the Deputy President, Cabinet Secretaries, Principal Secretaries, Governors, Council of Governors
Political Leaders	Various elected and electable officers (leaders of political organisations)
Legislators	Senators and Members of Parliament, Women Representatives, Relevant Parliamentary Committees
Policy & Decision Makers	Leaders of government agencies and top leadership in ministries and various government bodies
County Level Leaders	Members of County Assemblies, County Executive Committee, Chief Officers
Religious Leaders	For all denominations at national, county and local levels
Development Partners	Key donor and multi-lateral partners (USAID, DFID, EU, UNICEF, WHO, FAO, WFP etc...)
Civil Society Organisations	International, national and local civil society organisations
The Media	Global, national and local (newspapers, radio, television, social media)
Private Sector	Food industry, FKE, KAM, Marketing agencies, etc...
Academia	Schools, Universities, Training Institutes
Community Members	Individuals, Community Leaders, Youth groups, Women Groups

²³ Very anti = strongly disagree; Anti = disagree; Neutral = neutral; pro = agree; very pro = strongly agree



CHAPTER 4:

STRATEGIC APPROACH

The Strategic Approach section of the ACSM Strategy aims to provide more detailed guidance for sector actors to consider in order to implement their specific ACSM interventions under each strategic pillar. This section identifies specific tactics/actions to take forward, information on messaging, strategic partnerships and a space dedicated for guidance on engaging the media. The list of tactics/actions is not exhaustive but aims to provide focus and direction for the sector's coordinated interventions.

4.1 Strategic Approaches

Governance Pillar

A. POLITICAL PRIORITISATION

RESULTS/OUTCOMES	TACTICS/ACTIONS
A.1 High level positioning of nutrition within national and county government structures	<p>Sensitise politicians and policy makers on the value and impact of prioritising nutrition</p> <p>Advocate, through lobbying decision-makers, for the elevation of the position of nutrition within the Ministry of Health and other line ministries' structures at national and county levels</p>
A.2 Increased visibility of nutrition within policy, academic and media circles	<p>Identify national and county Nutrition champions and empower them with key facts/data and communication tools to support and advocate for nutrition at all levels.</p> <p>Advocate for mainstreaming nutrition in the school curriculum in the Education System and pro-actively market nutrition in Universities (linking academia and practitioners)</p>
A.3 Stronger political engagement and commitments for nutrition at global, national and county levels	<p>Review current political commitments and targets and advocate for clear actionable steps towards meeting them including domestication of global nutrition commitments, statements and goals at country level</p> <p>Support high level political representation at relevant national, regional and global meetings to showcase Kenya's progress and advocate for prioritising nutrition in development processes (SDG meetings, World Health Assembly, International Conference on Nutrition)</p>

B. ENABLING ENVIRONMENT

RESULTS/OUTCOMES	TACTICS/ACTIONS
<p>B.1 Enhanced formulation of nutrition-related policies & legislation and their accelerated adoption and implementation at county level</p>	<p>Develop, popularise and disseminate nutrition-related policies and legislation for the Nutrition and Dietetics work force at national and county level</p> <p>Advocate for the development of regulatory frameworks to monitor and enforce existing nutrition Acts</p> <p>Sensitise members of national and county assemblies on current nutrition-related policies and issues, and create nutrition champions within respective Health and other relevant Committees</p>
<p>B.2 Stronger and more effective nutrition sector coordination structures and systems for better planning and implementation of services at both national and county levels</p>	<p>Review current nutrition sector coordination mechanisms at national and county levels and provide clear guidance on structural improvements</p> <p>Sensitize key departmental heads on the role of nutrition in treatment and prevention of diseases for increased buy-in and support for coordination structures</p>
<p>B.3 Increased and sustained multi-sectoral collaboration on advancing and integrating nutrition interventions and outcomes across sectors</p>	<p>Promote the value of multi-sectoral collaboration on nutrition within and outside the sector at national and county levels, highlighting clear benefits of engagement by other sectors</p> <p>Review policies in health, agriculture, education, labor and other relevant sectors to make them nutrition sensitive</p> <p>Advocate for the establishment of a nutrition multi-sectoral platform from across relevant sectors at both national and county levels with clear linkages to technical working groups across sectors</p> <p>Advocate for the fast tracking of the establishment of the Food and Nutrition Security Secretariats/technical committees (national and county levels) and finalisation of the Food and Nutrition Security Strategy</p> <p>Establish a system for information sharing on nutrition across all the sectors</p> <p>Develop a common results framework for nutrition including a common M&E framework</p>



Capacity to Deliver Pillar

A. FUNDING CAPACITY

RESULTS/OUTCOMES	TACTICS/ACTIONS
<p>A.1 Increased amounts of funding, particularly from domestic sources, allocated and spent in transparent and accountable ways, on nutrition-specific and nutrition-sensitive interventions at both national and county levels</p>	<p>Advocate for nutrition specific budget lines to be created at all levels, particularly at county level</p> <p>Build nutrition sector institutions' budget tracking skills at national and county levels for ongoing budget advocacy throughout the budget cycle</p> <p>Advocate for increased budget allocations for nutrition, particularly from domestic sources, based on clear analysis of financing gaps, funding commitments, and cost-effective investments</p> <p>Raise awareness of nutrition among the Members of the County Assembly (MCAs) to influence the inclusion of nutrition within the county health plans</p> <p>Advocate for increased financial support from current sector partners aligned with government priorities and policies and lobby for nutrition funding allocations within other nutrition-related donor programmes</p>
<p>A.2 Equitable distribution of nutrition-related funding across counties targeted towards long-term nutrition resilience programmes</p>	<p>Review county budget allocations for nutrition and identify gaps for budget advocacy based on need for equitable distribution of funding</p> <p>Assess split of budgets between recurrent and development costs and advocate for balanced allocations for effective service delivery</p> <p>Advocate for funding to be increasingly targeted towards long-term nutrition resilience programmes for more sustainable impacts</p>

B. HUMAN CAPACITY

RESULTS/OUTCOMES	TACTICS/ACTIONS
B.1 Increased Nutrition and Dietetics workforce and their distribution across counties based on needs and geographical outreach	<p>Advocate for the implementation of the national standards and norms on ratio of nutritionists and dieticians per type of health facility/population (including equitable distribution)</p> <p>Promote the need for increased nutrition staff capacity linked to the implementation of the national community strategy and the realisation of the right to nutrition</p>
B.2 Strengthened technical and advocacy skills and competencies of the nutrition and dietetics workforce	<p>Promote and advocate for the implementation of the recommendations emerging from the periodic nutrition and dietetics capacity assessments</p> <p>Advocate for strengthened coordination between regulatory and standards bodies (e.g. KNDI and KEBS) and nutrition practitioners</p> <p>Create demand for continuous nutrition and dietetics capacity building</p> <p>Build capacity of nutritionists in advocacy and communication skills</p>

C. SYSTEMS & INFRASTRUCTURE CAPACITY

RESULTS/OUTCOMES	TACTICS/ACTIONS
C.1 Efficient and harmonised nutrition monitoring and evaluation system adopted and implemented across all counties	<p>Promote the adoption of the National Nutrition M&E Framework across all counties along with training on M&E skills for nutritionists as per the Capacity Development Framework</p> <p>Advocate for the inclusion of nutrition indicators in frameworks of other nutrition-sensitive sectors</p> <p>Advocate for the use of nutrition-related M&E data and information in informing planning and decision-making at both national and county levels</p>
C.2 Improved knowledge management systems for nutrition with more accessible, better organised and more widely shared data and information for decision-making purposes	<p>Promote and support the use, access and updating of the national nutrition website and development of a quarterly national nutrition newsletter (managed by the Nutrition Dietetics Unit with support from partners)</p> <p>Package and develop advocacy materials based on nutrition-related research findings tailored for different audiences at national and county levels</p>



RESULTS/OUTCOMES	TACTICS/ACTIONS
<p>C.3 Effective and timely financial management systems that supports the absorption and accountable use of nutrition-related funding</p>	<p>Carry out budget advocacy on tracking funding flows at national and county levels</p> <p>Promote information on effective and timely financial management systems</p>
<p>C.4 Increased number and distribution of modern nutrition assessment equipment and commodities for the effective delivery of services across all counties</p>	<p>Lobby for the implementation of the recommendations on nutrition equipment based on gaps identified under the periodic nutrition and dietetics capacity assessments</p> <p>Advocate for an effective supply chain management for nutrition commodities at national and county levels</p> <p>Promote the benefits and value of nutrition assessment equipment throughout all counties as part of the essential health care package</p>

Behaviour Change & Practices Pillar

A. AWARENESS, DEMAND and ADOPTION

RESULTS/OUTCOMES	TACTICS/ACTIONS
<p>A.1 Increased and improved knowledge and understanding of nutrition benefits, principles and rights by health care workers and urban and rural communities across Kenya</p>	<p>Promote advocacy-related recommendations emerging from research on nutrition behaviour change and practices</p> <p>Develop advocacy and communications materials with key nutrition messages and the right to good nutrition</p> <p>Sensitize health care workers on the role and importance of nutrition to health</p> <p>Raise awareness and sensitize communities on good nutrition practices using clear messages developed and disseminated through meetings, community outreaches, community dialogues, campaigns, nutrition days, health fairs</p>
<p>A.2 Increased and sustained uptake of good nutrition practices</p>	<p>Promote evidence-based case studies on benefits of good nutrition practices through the media and social media</p> <p>Promote the adoption of all national nutrition policies and guidelines</p>

B. COMMUNITY PARTICIPATION

RESULTS/OUTCOMES	TACTICS/ACTIONS
<p>B.1 Effective participation and accessible feedback mechanisms for community members to engage in and influence nutrition-related services, planning and budgetary decision processes</p>	<p>Sensitize community members on planning and decision-making processes, including on budget allocations, and equip them with tools to engage (use of data, engaging the media, etc...)</p> <p>Support the establishment of community feedback mechanisms on level/quality of nutrition services (eg: scorecards, reporting via SMS, etc...)</p>
<p>B.2 Increased number and quality of nutrition advocates and champions at community level supporting positive behaviour change and more citizen engagement</p>	<p>Identify and support nutrition advocates and champions (traditional/religious/local/media leaders) to be spokespeople for communities in advocating for better nutrition services</p> <p>Support the set-up of a system for recognising community level nutrition champions and advocates</p>



C. RESILIENCE APPROACHES

RESULTS/OUTCOMES	TACTICS/ACTIONS
C.1 Increased promotion and understanding of a nutrition resilience approach across community and public, private and civil society actors	Develop advocacy and communications materials on nutrition resilience approach for communities, professionals, private and civil society actors Promote evidence-based case studies on nutrition resilience through the media, newsletters and web information
C.2 Improved programming of actors and increased community participation for the implementation of nutrition interventions focused on integrating nutrition within a comprehensive quality social services package accessible to all communities in Kenya	Advocate for inclusion of nutrition interventions and information within basic social services packages Promote community participation in nutrition resilience building interventions Link nutrition resilience into multi-sectoral collaboration dialogues for better integration with other sectors

4.2 Messaging

The ability to trigger sustainable change relies on being able to develop clear messages that are tailored and specific for each target audience identified. A message is a summary of the change you want to bring about, based on the evidence you have collected and the target you intend to deliver the message to.

This section aims to provide some generic messages that can be adapted and modified according to the targets chosen during each ACSM intervention. The messages are not exhaustive but, for each of the strategy's key objectives, intend to provide some guidance on the type of information and call to action sector actor's can use and tailor. For instance, under "increasing financial resources for nutrition" the message below may indicate suggested calls to action such as "create nutrition specific budget lines" or "double budget allocations for nutrition" which counties can then adapt based on their context and evidence to make these more specific with figures and timeframes.

The structure for each of the suggested messages is based around having a leading statement setting the scene/context for the message followed by a call to action for the key target to take forward.

GOVERNANCE PILLAR

Objective	A. POLITICAL PRIORITISATION: Increase and sustain the political prioritization of nutrition at international, national and county levels
Key Targets	Top Government Leaders, Political Leaders, Policy & Decision-Makers, Legislators, County Leaders, Academia
Suggested Messages / Call to Action	<ul style="list-style-type: none"> • Good Nutrition is a fundamental right for every person in Kenya as enshrined in the Constitution. Governments and service providers need to fulfil their mandate towards this right through stronger commitments to prioritise nutrition at both national and county levels. • Nutrition is the very foundation of a healthy and prosperous nation, essential for Kenya to realise its Vision 2030. Decision-makers and authorities at national and county level need to prioritise nutrition within their structures, plans and budgetary allocations. • The world faces many insurmountable problems. Malnutrition is not one of them. Kenyan leaders need to honour existing nutrition commitments and shape new more ambitious national targets based on recognized global targets; and commit high level representation and engagement in international development forums to advocate for nutrition to be a top global priority to galvanise all actors to step up interventions to eradicate malnutrition by 2030, as set out in the Sustainable Development Goals.
Objective	B. ENABLING ENVIRONMENT: Improve and maintain an enabling policy environment in support of a coordinated, integrated and effective nutrition sector
Key Targets	Top Government Leaders, Policy & Decision-Makers, Legislators, County Leaders
Suggested Messages / Call to Action	<ul style="list-style-type: none"> • Many sectors—agriculture; education; health; water, sanitation, and hygiene; social protection— affect the underlying drivers of malnutrition and can benefit from positive nutrition outcomes. The Government of Kenya needs to fast-track the establishment and high-level positioning of multi-sectoral platforms on food and nutrition security, at both national and county levels, to coordinate and maximize nutrition-related dialogues, investments and actions from all sectors. • A strong policy and legislative nutrition environment is fundamental in guiding and monitoring coordinated progress towards addressing malnutrition. Policy-makers and legislators need to provide leadership, resources and regulatory frameworks to ensure policies and acts are disseminated, implemented and respected at all levels and by all stakeholders.



CAPACITY TO DELIVER PILLAR

Objective	A. FUNDING CAPACITY: Increase the financial resources allocation and expenditure on nutrition for sustained and more equitable services
Key Targets	Top Government Leaders, Political Leaders, Development Partners, Civil Society Organisations, Private Sector, Policy & Decision-Makers, Legislators, County Leaders
Suggested Messages / Call to Action	<ul style="list-style-type: none"> Investing in nutrition is a smart choice as it has the power to trigger huge social and economic changes in Kenya - \$1 invested in stunting reduction generates about \$18 in economic returns (World Bank). The Kenyan government and development partners need to - at a minimum - double the share of their budgets allocated to improving nutrition to tackle malnutrition in Kenya.
	<ul style="list-style-type: none"> Failing to invest in nutrition can lead to huge economic losses - Kenya loses about Kshs. 147 billion every year due to productivity losses as a result of malnutrition (2010 National Nutrition Profiles). National and county governments need to prioritise budget allocations for nutrition in their planning by creating specific nutrition budget lines to enable implementation of National and county nutrition plans.
	<ul style="list-style-type: none"> Malnutrition cuts across all sectors and negatively impacts the ability of all sectors to achieve their targets. All sectors should identify their nutrition-sensitive interventions and increase allocations to them.
Objective	B. HUMAN CAPACITY: Increase and strengthen the human capacity and skills of the nutrition sector institutions for scaled up and accelerated interventions
Key Targets	Top Government Leaders, Development Partners, Civil Society Organisations, Policy & Decision-Makers, County Leaders
Suggested Messages / Call to Action	<ul style="list-style-type: none"> Delivering quality and sustainable nutrition services at all levels requires a skilled Nutrition and Dietetics workforce in sufficient numbers to meet the country's needs. National and county governments should increase the number of nutritionist staff to 2,335 as stipulated in the Human Resources for Health Norms and Standards Guidelines for the Health Sector (1 nutritionist per 20,000 people).
	<ul style="list-style-type: none"> Ensuring nutrition services are available to all relies on maximising access to information, education and counselling.
	<ul style="list-style-type: none"> Quality services depend on a qualified and skilled workforce. Government institutions and implementing partners should invest in ongoing training for the nutrition workforce as per the country's Capacity Development Framework to guarantee harmonised messaging and standards, and scaled-up nutrition interventions.
	<ul style="list-style-type: none"> Comprehensive nutrition services are also anchored on access to quality curative nutrition services. More investments need to be made in employing clinical nutritionists and dieticians in hospitals.

Objective	C. SYSTEMS & INFRASTRUCTURE CAPACITY: Improve the efficiency of nutrition sector financial, monitoring and evaluation, and knowledge management systems and increase the number of nutrition assessment equipment
Key Targets	Top Government Leaders, Development Partners, Civil Society Organisations, Private Sector, Policy & Decision-Makers, County Leaders
Suggested Messages / Call to Action	<ul style="list-style-type: none"> <li data-bbox="424 445 1394 584">• The most effective decisions and plans are based on strong evidence and information. All implementing partners and county governments need to adopt the National Nutrition M&E Framework and produce timely reports to ensure accurate and harmonised data to inform sector decisions. <li data-bbox="424 584 1394 701">• All sector players need to regularly share and contribute nutrition-related information for monitoring and learning purposes particularly by investing in the nutrition health website and newsletter as key knowledge sharing platforms. <li data-bbox="424 701 1394 922">• The ability to deliver quality nutrition services requires facilities and service providers to have appropriate and modern equipment, as well as uninterrupted supply of nutrition commodities. Development partners and government institutions should invest in the provision of up to date quality diagnosis, monitoring and assessment nutrition equipment and supplies adapted to each facility level guided by the Kenya Health Sector Strategic and Investment Plan.



BEHAVIOUR CHANGE & PRACTICES PILLAR

Objective	AWARENESS, DEMAND and ADOPTION: Improve knowledge and attitudes on optimal nutrition for increased demand and adoption of nutrition services and practices
Key Targets	Community Members, County Leaders, Private Sector, Legislators, Media, Religious Leaders, Civil Society Organisations, Academia
Suggested Messages / Call to Action	<ul style="list-style-type: none">• Good nutrition is a constitutional right. Citizens have a responsibility to seek information about nutrition to inform their food and dietary choices and adopt healthy lifestyles including physical activity while holding authorities and service providers to account for the level of and access to nutrition services and information.• Consistency and clarity of messaging regarding good nutrition practices and behaviours is vital for their increased adoption. Implementing agencies should promote nutrition messages as per government guidelines and policies on MIYCN, Food Fortification, Micronutrients and Healthy Living to ensure accurate and harmonised guidance is delivered to citizens.• The private sector provides the majority of food products consumed in the country and therefore has a key role to play in the sector. Businesses should act responsibly and strictly adhere to the country's legislation and guidelines, including the Breastmilk Substitutes and requirements on nutrition information labelling and marketing.• The media is a powerful and far-reaching platform for sharing information and influencing opinions and behaviours. Media houses and nutrition professionals need to build stronger partnerships and sustained interactions to ensure accurate and relevant information on nutrition is provided to help citizens make the right choices for healthier lives.

Objective	B. COMMUNITY PARTICIPATION: Strengthen community engagement, participation and feedback mechanisms in nutrition services and decision-making processes
Key Targets	Community Members, County Leaders, Legislators, Media, Religious Leaders, Civil Society Organisations, Academia
Suggested Messages / Call to Action	<ul style="list-style-type: none"> • Successful and sustainable change can only be achieved through the active involvement and participation of those directly implicated. Government institutions and providers of nutrition services need to engage citizens in planning and budgeting decisions at national and county levels by holding open hearings and establishing effective feedback and accountability mechanisms for citizens to share their inputs and report good and poor performance. • Effective community participation and constructive dialogue with authorities relies on strong leaders and spokespeople. Communities should identify nutrition champions and advocates that can clearly articulate and represent their voices and views in raising nutrition-related issues with authorities and lead the demands for the fulfilment of citizens' right to good nutrition.
Objective	C. RESILIENCE APPROACHES: Increase the adoption of nutrition resilience approaches by sector actors centred on strengthening systems' and service providers' ability to reach and support individuals and communities with nutrition and basic social services in the face of shocks and stresses
Key Targets	Civil Society Organisations, Academia, Community Members, County Leaders, Media
Suggested Messages / Call to Action	<ul style="list-style-type: none"> • To ensure citizens are able to maintain living standards and good health in the face of shocks and stress requires building communities' resilience and strengthening health systems' ability to support and reach them. Implementing agencies in conjunction with county governments and NDMA should develop resilience models at community and system levels to protect and improve the health and nutrition wellbeing of the most vulnerable and disadvantaged children and women. • Nutrition resilience depends on greater cooperation and interaction between key sectors such as health, education, social protection and agriculture, with the communities at the centre. Government institutions and implementing partners across sectors should build stronger partnerships and integrate nutrition within a comprehensive quality social services package accessible to all communities in Kenya



4.3 Strategic Partnerships

Partnerships, alliances and coalitions can greatly enhance advocacy, communications and social mobilisation by bringing together the strengths and resources of diverse groups to create a more powerful force for change. Relationships amongst advocacy allies come in many shapes and sizes but what they have in common is they link individuals and organisations that share common values and concerns, and the will to work together towards a common objective or action²⁴.

The ACSM Strategy itself is born out of the coming together of actors from across the sector, including Government departments, civil society organisations, UN agencies, Academic and Research Institutions and Private Sector Organisations, determined to work together to advocate for changes that will improve the health and nutritional status of Kenyans.

Each ACSM intervention guided by this strategy should therefore identify relevant potential partners that can help bring about the change that is sought. This will give greater legitimacy to efforts (when same message is repeated by several constituents, its weight increases), increase coverage and outreach (by tapping into groups that the sector may not usually have access to or work with), and avoid duplication of efforts and can be more cost-effective²⁵.

Strategic Partnerships can be formed and operate at several levels. Below is a list of some of the partnerships that sector actors may consider to galvanise support for nutrition advocacy issues, categorised by intervention level:

International level

Nutrition Coalitions: Malnutrition is a global problem that affects both developed and developing countries. As such global coalitions and alliances such as the Scaling-Up Nutrition Movement (<http://scalingupnutrition.org/>) and Emergency Nutrition Network (ENN) exist to unite people—from governments, civil society, the United Nations, donors, businesses and researchers—in a collective effort to improve nutrition. These mechanisms and partnerships provide countries like Kenya the opportunity to share and learn from other countries' experiences and successes in tackling nutrition issues, join their voice to international dialogues pushing

for nutrition to be prioritised, increase the profile of nutrition in Kenya and attract international attention towards the issue, and finally benefit from global research and evidence to boost their influencing power.

Development and other sector Coalitions:

Malnutrition affects all areas of development and can therefore only be tackled through multi-sectoral approaches. The nutrition sector can therefore identify and partner with global alliances that focus on broader development issues to create more links with other sectors and ensure nutrition is integrated within nutrition-sensitive sectors for greater impact. Allies could include the African Union (AU), Inter-Governmental Authority and Development (IGAD), other regional bodies, Global Call to Action Against Poverty (<http://www.whiteband.org/>) and the Sustainable Development Goal working groups, along with coalitions from other relevant sectors such as the Global Food Safety Partnership (<http://www.worldbank.org/en/topic/agriculture/brief/global-food-safety-partnership>) or the Sanitation and Water for All Partnership (<http://sanitationandwaterforall.org/>).

National level

Advocacy Partnerships: Some alliances specialise in ACSM activities and can provide guidance and resources to strengthen the nutrition sector's ACSM interventions. For instance, partnering with the International Budget Partnership (<http://internationalbudget.org/>) can support the sector in building its capacity in budget tracking and thereby improve the actor's advocacy around budgeting at both national and county levels. In relation to advocacy on the right to nutrition, partnering with organisations and platforms with knowledge and expertise in rights such as the Health Rights Advocacy Forum (<http://www.heraf.or.ke/>) can provide additional legitimacy and focus to ACSM interventions.

Media Networks: The media is a powerful tool for social change and agenda setting. Partnering with organised media networks such as the Association of Media Women in Kenya (<http://amwik.org/>) or The Media for Environment, Science, Health and Agriculture (<http://meshakenya.org/>) can help gain extensive outreach for advocacy messages and mobilise people.

24 The Advocacy Sourcebook, WaterAid, September 2007

25 MDG Achievement Fund, Advocacy and Communications Strategy

Training institutions: Information and skills are key to the sector being able to bring about change and deliver quality nutrition services. In relation to ACSM interventions this relates to ongoing capacity building of sector actor's skills and competencies in areas of advocacy, media engagement and communication tools. Training institutes specialised in ACSM knowledge and approaches can therefore be useful partners to build the credibility and professionalism of interventions by sector actors.

Research institutions: Strong evidence is the basis on which robust ACSM actions and messages are formed. Research institutions can therefore be strategic partners, such as International Food Policy Research Institute in Kenya (<http://www.ifpri.org/country/kenya>), the Kenya Medical Research Institute (<http://www.kemri.org/>) or departments within leading Kenyan Universities, in supporting with studies and analytical work on nutrition issues that provide evidence-based policy recommendations and information to back up advocacy calls to action.

Nutrition-related networks: In the spirit of reaching new audiences and integrating nutrition messaging and actions within other sectors, linking up with nutrition-sensitive sectors' networks in the agriculture, WASH or social protection sectors can boost the nutrition sector's ACSM interventions profile and outreach. This may include civil society coalitions such as the Kenya Water and Sanitation CSOs Network (<http://www.kewasnet.co.ke/>) or the Climate Change Network of Kenya (www.ccnkenya.org), who are partners who can strengthen linkages with other sectors and support efforts in promoting a multi-sectoral approach to tackling malnutrition.

Private Sector Groups: It is widely recognised that stronger and more effective engagement with the business community is key to the nutrition sector maximising resources, technical expertise and outreach to step up the progress in tackling malnutrition. The SUN Movement in Kenya has made significant steps towards more strategic private sector engagement with the creation of a SUN Business Network and earlier this year organising a "Understanding the Role of Business in Nutrition" Regional Workshop, with emphasis on the need for a multi-sector approach for maximising these partnerships. In Kenya, several business networks and associations exist with which the nutrition sector can further enhance their dialogue and relationship with such as the Kenya Manufacturers Association (KMA) and the Federation of Kenya Employers (FKE) with the SUN Business Network providing the ideal platform for effective discussions and maximising support.

Local level

At the local level a host of groups exist that bring together community members into organised entities. These are extremely powerful partners and channels for ACSM interventions that not only effectively mobilise individuals around common issues but also provide real legitimacy to demands and messages in campaigning for change. Strong agents for change include:

- Schools and school clubs (Health, WASH, etc..)
- Women's and Men's groups
- Youth groups
- Religious institutions (churches, mosques etc...)
- Sports clubs
- Farmers groups



4.4 Media Engagement

Nutrition is an area which is under reported in relation to the scale and impact of malnutrition on the Kenyan population. In addition, there are currently few journalists in Kenya who have sufficient nutrition knowledge to consistently and accurately write on nutrition matters and daily newspapers rarely provide specific slots for nutrition. Likewise, engagement of journalists by the nutrition specific and nutrition sensitive organisations/ implementers has been on ad-hoc basis and largely pegged on national and international events. Technical specialists are also not often available when called upon by journalists who usually require participation on short notice.

Attracting media attention on relevant nutrition issues is challenging in a competitive Kenyan environment and therefore calls for more constructive and mutually beneficial ways of engaging the media to increase coverage. A key step in this process is having a clear strategic direction to build stronger relationships and cement more meaningful media engagement.

Media SWOT Analysis:

A Media SWOT analysis undertaken by nutrition stakeholders revealed the situation described below. It outlines the key strengths, weaknesses, opportunities and threats in terms of the current media environment in Kenya in relation to nutrition and the nutrition sector:

Strengths	Weaknesses
Substantial number of interested journalists	Inadequate knowledge on nutrition issues
Diversity of media outlets (mass + social media)	Limited relations with journalists/media houses
Media journalists already trained on nutrition issues	Weak regulation of nutrition practice
Availability of technical nutrition experts to provide credible facts for journalism	Limited media communication and engagement skills by nutrition professionals
Existence of nutrition facts and information	Nutrition jargon too technical for most audiences
Opportunities	Threats
Key nutrition related days	Media policies not in favor of some issues
Use existing media slots focused on health issues (TV slots, health-related columns, ...)	Misrepresentation of nutrition statistics /facts
Simplify nutrition messages/Avoid technical jargon	Payment to publish stories
Existence and outreach of local radio stations	Limited political prioritisation of nutrition
Leverage political/current news to incorporate nutrition messages	Politicisation of nutrition messages can have negative impact
Use of early warning bulletins information	Lack of capacity and timely information
Diversity of media outlets (mass + social media)	Competing priorities of media houses
Media/Press Freedom	Uncontrolled media environment and unregulated social media
Existing Media Networks	Lack of media-trained technical officers to speak to media
Availability of free radio slots to air nutrition info	

The objective of the sector's media engagement is:

Increase the quantity (amount) and improve the quality (diversity, profile, accuracy) of media coverage of nutrition issues in Kenya

Improving the sector's media engagement is based around the following key strategies:

1) Building and maintaining stronger relationships with key media houses and journalists

- Facilitate journalists to cover specific nutrition stories and events to increase timely coverage and build their capacity (at global, national and local nutrition events)
- Build relationships with celebrities and media personalities and support them to write opinion pieces and columns on nutrition
- Build good relationships with existing media networks (AMWIK, MESH KENYA) to extend coverage of nutrition matters and support the establishment of a nutrition network of journalists
- Establish media awards to recognise media excellence in covering nutrition-related news informed by monitoring and evaluation of media reporting of nutrition
- Develop a calendar of key nutrition events to be shared with media houses
- Develop a detailed annual workplan on media engagement opportunities to share with journalists for advanced planning

2) Strengthening media professional's knowledge and understanding of nutrition issues and the nutrition sector

- Develop a list of key spokespeople within the sector who are experts in specific nutritional issues that journalists can call upon for comments/information
- Develop a comprehensive training pack on nutrition for journalists based on simplified messages and key information
- Integrate nutrition reporting and health communication in media training curriculum
- Get journalists and communication experts to sensitise Nutrition professionals on what is news worthy information and how to package nutrition facts and stories as more understandable news

- Target Editors and Heads of Media houses through breakfast meetings to convince them of the value of nutrition information and stories for the general public
- Identify and support key nutrition champions to advocate on behalf of the sector (media personalities, journalists with a passion for nutrition issues) and develop clear terms of references to clearly outline role and expectations (to ensure sustained engagement with these champions)
- Create a list of key nutrition facts and information with clear source of reference to share with the media to improve accuracy of quotes and stories

3) Broadening the scope and type of media channels used to advocate for and communicate nutrition messages

- Engage in co-authoring of nutrition blogs building relationships with famous bloggers/writers
- Use media personalities as MCs during nutrition events to attract more media coverage
- Conduct regular monitoring and evaluation of media coverage of nutrition issues to assess progress and trends in sector's media engagement and identify most effective mediums
- Invest in social media campaigns and progressively build number of followers
- Enhance media presence in partners communication channels such as websites
- Secure regular media slots focusing on nutrition issues and explore supporting a dedicated ongoing programme on nutrition

4) Building the communication and media skills of nutrition professionals to maximise their use and engagement of the media

- Nutrition focused organisations and institutions should invest in recruiting more media/communication experts to support the sector in better packaging information for the media
- Invest in communication and writing skills training for nutrition professionals to help them better package information
- Invest in training nutritionists on effectively using social media as a means to reach new and influential audiences



CHAPTER 5: MONITORING & EVALUATION

Monitoring and evaluation (M&E) is crucial to the timely and effective implementation of the ACSM strategy. A clear M&E framework should provide:

- The ability to track relevant policy, behaviour and programme changes to assess the effectiveness and progress of the ACSM actions
- The sector with the opportunity to learn and adapt their ACSM interventions to best reach the strategy's objectives

Monitoring and evaluation should take place at each level, from the objectives right down to the activities undertaken, in order to inform ongoing decisions and assess the effectiveness of each particular action. At activity level, partners carrying out specific interventions guided by this strategy will ensure tailored M&E indicators and processes are in place. However, at the overall strategy level, the national ACSM Working Group will be responsible for the monitoring and evaluation of the strategy's key objectives and results.

The M&E plan below focuses on the monitoring of the key expected results under this strategy and evaluation of the overall impact of the sector's ACSM interventions.

5.1 Monitoring & Evaluation Plan

GOVERNANCE PILLAR			
Objective	Increase and sustain the political prioritization of nutrition at international, national and county levels		
Results	Indicators	Means of Verification	Frequency
A.1 High level positioning of nutrition within national and county government structures	<ul style="list-style-type: none"> - High level of nutrition structure within national and county level institutional arrangement - Number of high level meetings with nutrition as part of the agenda 	<ul style="list-style-type: none"> - Ministerial Organograms - County Government Organograms - Minutes of high level meetings / invitations to high level meetings 	Annual Review
A.2 Increased visibility of nutrition within policy, academic and media circles	<ul style="list-style-type: none"> - Number of sectoral policies and strategies integrating nutrition - Inclusion of Nutrition within school curriculum (pre-primary, primary, secondary) - Number of media quotes and references on nutrition by high level representatives (President, DP, Governors, MPs, etc...) - Establishment of media network for journalists reporting on nutrition - Regular media monitoring and analysis of nutrition reporting - Routine recognition of journalists and media covering nutrition 	<ul style="list-style-type: none"> - National Policies and Strategies - County Strategies and Plans (including CIDPs) - National School Curriculum - Media coverage studies - Media coverage analysis 	Biennial Review 6-monthly Review
A.3 Stronger political engagement and commitments for nutrition at global, national and county levels	<ul style="list-style-type: none"> - Number of national and county government commitments related to nutrition - Quality of national and county government commitments related to nutrition - % of nutrition commitments met / % of progress made on commitments - High level of representation of Kenyan delegations at Nutrition-related Global and Regional meetings/forums 	<ul style="list-style-type: none"> - National policies, guidelines - County policies, guidelines - International Reports (SUN, SDG, WHA...) - Minutes/Outcome Reports of global and regional events - Media coverage of global/regional events 	Annual Review



Objective	Improve and maintain an enabling policy environment in support of a coordinated, integrated and effective nutrition sector		
Results	Indicators	Means of Verification	Frequency
B.1 Enhanced formulation of nutrition-related policies & legislation and their accelerated adoption and implementation at county level	<ul style="list-style-type: none"> - Number of nutrition-related policies/guidelines (health, education, agriculture, social protection) reviewed, finalised, and disseminated - Number of nutrition-related legislation approved and enacted - Evidence of national policies/legislation adopted and included in county plans and strategies 	<ul style="list-style-type: none"> - National Policies (soft and hard copies) - Nutrition-related legislation documents (Acts, Bills, Regulatory Frameworks etc...) - County Plans/Policies/Guidelines 	Annual Review
B.2 Stronger and more effective nutrition sector coordination structures and systems for better planning and implementation of services at both national and county levels	<ul style="list-style-type: none"> - Number of functional steering committees and working groups as per the Ministry of Health 	<ul style="list-style-type: none"> - MoH programme organogram - Minutes of meetings - ToRs for each group/committee 	Annual Review
B.3 Increased and sustained multi-sectoral collaboration on advancing and integrating nutrition interventions and outcomes across sectors	<ul style="list-style-type: none"> - Established high level MSP with high level representation from all sectors - Number and regularity of multi-sectoral meetings - Nutrition-sensitive sectors consistently represented and engaged in SUN and Nutrition-specific meetings - Finalised and implemented Common Results Framework 	<ul style="list-style-type: none"> - ToRs - Sector progress reports - Meeting minutes - Programme reports - Project Proposals 	Annual Review

CAPACITY TO DELIVER PILLAR			
Objective	Increase financial resources allocation and expenditure on nutrition interventions for sustained and more equitable services		
Results	Indicators	Means of Verification	Frequency
A.1 Increased amounts of funding, particularly from domestic sources, allocated and spent in transparent and accountable ways, on nutrition-specific and nutrition-sensitive interventions at both national and county levels	<ul style="list-style-type: none"> - Amount and % increase in funding allocated and spent on nutrition specific actions (National and county) - Amount and % increase of funding allocated and spent on nutrition sensitive actions (National and county) - % of funding for nutrition from domestic sources - % of funding for nutrition from external sources 	<ul style="list-style-type: none"> - Budget tracking reports (national and county) - National Treasury and Ministry Financial Reports - County Budgets - SUN Financial Tracking Research (Government and Donor funding mapping) 	Annual Review
A.2 Equitable distribution of nutrition-related funding across counties targeted towards long-term nutrition resilience programmes	<ul style="list-style-type: none"> - % of funding allocated and spent on Recurrent and Development costs - % of funding allocated to nutrition vs. other social sectors - Proportion of funding allocated to nutrition by county 	<ul style="list-style-type: none"> - Budget tracking reports (national and county) - National Treasury and Sectoral Budgets and Financial Reports - County Budgets and plans - SUN Financial Tracking Research 	Annual Review
Objective	Increase and strengthen the human capacity and skills of the nutrition sector institutions for scaled up and accelerated interventions		
Results	Indicators	Means of Verification	Frequency
B.1 Increased nutrition and dietetics workforce and their distribution across counties based on needs and geographical outreach	<ul style="list-style-type: none"> - Number of registered nutritionists (Total and per county) - Ratio of nutritionist professional to population - Number of nutritionist and dietician professionals per health facility (by level) 	<ul style="list-style-type: none"> - KNDI registers - Health and Nutrition Capacity Assessments and Surveys - Health facility registers and organograms 	Annual Review
B.2 Strengthened technical and advocacy skills and competencies of the nutrition and dietetics workforce at both national and county levels	<ul style="list-style-type: none"> - Number of trained nutrition and dietetics workforce on nutrition technical competencies - Number of trained nutrition and dietetics workforce on advocacy skills - Feedback from facility clients on nutrition workforce performance in service delivery 	<ul style="list-style-type: none"> - County Health reports - Health and Nutrition Capacity Assessments and Surveys - Community dialogues - Local media articles and radio shows 	6-monthly Review



Objectives	Improve the efficiency of nutrition sector financial, monitoring and evaluation, and knowledge management systems and increase nutrition infrastructure		
Results	Indicators	Means of Verification	Frequency
C.1 Efficient and harmonised nutrition monitoring and evaluation system adopted and implemented across all counties	<ul style="list-style-type: none"> - Quality and frequency of nutrition reports and data received by counties - Proportion of counties adopting the National Nutrition M&E Framework - Use of national information systems for decision-making 	<ul style="list-style-type: none"> - Nutrition information and data reports - National Data Systems and Surveys (e.g.: KDHS) - County reports 	Annual Review
C.2 Improved knowledge management systems for nutrition with more accessible, better organised and more widely shared data and information for decision-making purposes	<ul style="list-style-type: none"> - Frequency and currency of information on the Nutrition MoH website (up to date information) - Number and frequency of social media posts - Number of followers on nutrition sector managed social media accounts (Facebook, Twitter, You Tube, Blogs) - Level of MoH Nutrition website traffic - Quality and frequency of Nutrition Sector Newsletter/bulletin 	<ul style="list-style-type: none"> - Website analysis report - Social media account tweets, Facebook posts, blogs written, You Tube videos - Social media account follower numbers - Website report - Newsletter soft copies posted on website 	Quarterly Review
C.3 Effective and timely financial management systems that supports the absorption and accountable use of nutrition-related funding	<ul style="list-style-type: none"> - Timeliness of disbursements from National to county levels and from donors to implementing partners - Utilisation rate of funds allocated to nutrition (allocation vs. actual expenditure) - Ease of access to financial reports - Functional financial tracking system in place - Number of counties with clear nutrition budget lines - Number and quality of reports on accountability and financial commitments 	<ul style="list-style-type: none"> - Budget tracking reports - Budget tracking reports - National treasury reports (available for access) - National and county budgets and plans 	Annual Review

Objectives	Improve the efficiency of nutrition sector financial, monitoring and evaluation, and knowledge management systems and increase nutrition infrastructure		
Results	Indicators	Means of Verification	Frequency
C.4 Increased number and distribution of modern nutrition assessment equipment and commodities for the effective delivery of services across all counties	<ul style="list-style-type: none"> - Number of facilities with functional nutrition equipment - Proportion of health facilities reporting nutrition supplies stock outs in the past 3 months - Health facility inventories 	<ul style="list-style-type: none"> - Capacity Assessment reports - LMIS reports 	Annual Review



BEHAVIOUR CHANGE & PRACTICES PILLAR			
Objective	AWARENESS, DEMAND, ADOPTION: Improve knowledge and attitudes on optimal nutrition for increased demand and adoption of nutrition services and practices		
Results	Indicators	Means of Verification	Frequency
A.1 Increased and improved knowledge and understanding of nutrition benefits, principles and rights by urban and rural communities across Kenya	<ul style="list-style-type: none"> - Number of community members reached with nutrition-related advocacy materials/messages - Proportion of community members reporting awareness of basic nutrition information - Number of days and events celebrated containing nutrition-related messages at national and county levels - Number and frequency of nutrition messages and information in the media (press, radio, TV) 	<ul style="list-style-type: none"> - Copies of advocacy materials (documents, videos, IEC materials) - Reports on Behaviour Change activities conducted - KAP surveys - Event reports - Social media activity reports (tweets, FB posts, blogs...) - Media coverage analysis 	Annual Review
A.2 Increased and sustained uptake of good nutrition practices including the adoption of healthy diets and lifestyles across Kenya	<ul style="list-style-type: none"> - % increase in key good nutrition practices indicators - % decrease in key malnutrition indicators (rate of stunting, wasting, underweight, overweight...) 	<ul style="list-style-type: none"> - National Data Systems & Surveys (KDHS, DHIS...) - Nutrition programme surveys and reports - Media coverage (human interest stories, blogs...) - National Data Systems & Surveys (KDHS, DHIS...) - Nutrition programme surveys and reports 	Annual Review

Objective	COMMUNITY PARTICIPATION: Strengthen community engagement, participation and feedback mechanisms in nutrition services and decision-making processes		
Results	Indicators	Means of Verification	Frequency
B.1 Effective participation and accessible feedback mechanisms for community members to engage in and influence nutrition-related services, planning and budgetary decision processes	<ul style="list-style-type: none"> - Number of community feedback mechanisms in place (meetings with service providers, citizen scorecards for performance monitoring...) - Number of budget hearings held at national, county and local levels - Number of consultations held on nutrition-related policies, legislation and plans at all levels - Evidence of citizen recommendations included in revised policies, plans, acts 	<ul style="list-style-type: none"> - County and Implementing Partner Reports - Citizen scorecards - Media coverage of dialogues and hearings (press, radio talk shows, TV shows) - County and Implementing Partner Reports - Civil Society Reports - Media coverage - County feedback and accountability system 	Annual Review
B.2 Increased number and quality of nutrition advocates and champions at both community and county levels supporting positive behaviour change and more citizen engagement	<ul style="list-style-type: none"> - Existence of criteria for identification of nutrition champions - Number of recognised nutrition champions at county and local levels - Evidence of nutrition champion's ACSM actions - Participation of nutrition champions in county and local decision-making processes 	<ul style="list-style-type: none"> - Implementing partner reports - Terms of Reference of nutrition champions - Media coverage referencing nutrition champions - Meeting minutes 	6-monthly review



Objective	RESILIENCE APPROACHES: Increase the adoption of nutrition resilience approaches by sector actors centred on strengthening systems' and service providers' ability to reach and support individuals and communities with nutrition and basic social services in the face of shocks and stresses		
Results	Indicators	Means of Verification	Frequency
C.1 Increased promotion and understanding of nutrition resilience approaches across communities, public, private and civil society actors	<ul style="list-style-type: none"> - Number of county and national policy makers showing increased knowledge of effective interventions for enhancing nutrition resilience in planning and budgeting processes - Number of counties with early warning / early action mechanisms with integrated nutrition focused indicators 	<ul style="list-style-type: none"> - County and Implementing partner reports - NDMA reports - Early Warning Messages and Reports 	Annual Review
C.2 Improved programming by actors and increased community participation for the implementation of nutrition interventions focused on integrating nutrition within a comprehensive quality social services package accessible to all communities in Kenya	<ul style="list-style-type: none"> - Number of counties with nutrition resilience building actions included and costed within strategies and plans - Number of county contingency plans including adequate nutrition sector response analysis 	<ul style="list-style-type: none"> - County Strategies and Plans (CIDP) - County Contingency Plans 	Annual Review

CHAPTER 6:

STRATEGY

IMPLEMENTATION PLAN

GOVERNANCE PILLAR - Goal: Improved and strengthened governance towards the political prioritisation and acceleration of nutrition actions					
A. POLITICAL PRIORITISATION - Objective: Increase and sustain the political prioritization of nutrition at international, national and county levels					
Result	Indicator	Activity	Responsibility	Timeline	Estimated Cost
A.1 Higher positioning of nutrition within national and county government structures	- High level nutrition structure within national and county level institutional arrangement	Produce Advocacy Materials at both national and county levels (Policy briefs, Position Papers) on reasons for prioritising nutrition and proposed structure	MoH (All SUN Networks)	2016-2017	1,500,000
	- Number of high level meetings with nutrition as part of the agenda"	Hold Lobby and Sensitisation Meetings with high level decision-makers at national and county levels	MoH (All SUN Networks)	2016-2017	6,750,000
A.2 Increased visibility of nutrition within policy, academic and media circles	- Number of sectoral policies and strategies integrating nutrition (Health, Education, Agriculture, Social Protection)	Identify nutrition champions (politicians, media, county leaders), build their capacity on nutrition issues, and engage them in strategic events	MoH (All SUN Networks)	2016-2017	500,000
	- Inclusion of Nutrition within school curriculum (pre-primary, primary, secondary)	Engage nutrition patron in strategic global, national and county nutrition events	MoH (All SUN Networks)	2016-2017	6,480,000
	- Number of media quotes and references on nutrition by high level representatives (President, DP, Governors, MPs, etc...)	Hold sensitisation meetings with policy-makers and decision-makers including producing advocacy materials	MoH (All SUN Networks)	2016-2020	10,214,000
	- Establishment of media network for journalists reporting nutrition	Hold meetings to promote nutrition mainstreaming in the school curriculum and support development of materials	MoH (SUN Government Network)	2016	180,000
	- Regular media monitoring and analysis of nutrition reporting	Organise nutrition sessions and booths at University Open Days, to market nutrition and link academia and practitioners	MoH (SUN Academia Network)	2016-2020	12,250,000
	- Routine recognition of journalists and media covering nutrition"				
A.3 Stronger political engagement and commitments for nutrition at global, national and county levels	- Number of national and county government commitments related to nutrition	Develop a tracking tool to review current political commitments and targets (including the domestication of global commitments/statements at country level)	MoH (SUN Technical Committee)	2016	165,000
	- Quality of national and county government commitments related to nutrition - % of nutrition commitments met / % of progress made on commitments - High level of representation of Kenyan delegations at Nutrition-related Global and Regional meetings/forums	Produce nutrition documentation and hold advocacy meetings for Kenyan high level political/technical representation at relevant regional and global meetings (SDGs, WHA, ICN, Nutrition for Growth...)	MoH (All SUN Networks)	2016-2020	250,000



B. ENABLING ENVIRONMENT - Objective: Improve and maintain an enabling policy environment in support of a coordinated, integrated and effective nutrition sector

Result	Indicator	Activity	Responsibility	Timeline	Estimated Cost
B.1 Enhanced formulation of nutrition-related policies & legislation and their accelerated adoption and implementation at national and county levels	<ul style="list-style-type: none"> - Number of nutrition-related policies/guidelines (health, education, agriculture, social protection) reviewed, finalised, and disseminated (at national and county levels) - Number of nutrition-related legislation approved and enacted (including regulatory frameworks) - Evidence of national policies/legislation adopted and included in county plans and strategies 	Review, popularise and disseminate nutrition-related policies and legislation at national and county level (meetings/materials)	MoH (All SUN Networks)	2016-2020	8,555,000
		Organise Advocacy/Sensitisation meetings with all relevant sectors/stakeholders on regulatory frameworks to monitor and enforce nutrition Acts	MoH (All SUN Networks)	2016-2020	3,600,000
		Hold Sensitisation meetings for parliamentarians on nutrition-related policies and issues and support nutrition champions within the Parliamentary Committees	MoH (All SUN Networks)	2016-2020	1,090,000
B.2 Stronger and more effective nutrition sector coordination structures and systems for better planning and implementation of services at both national and county levels	- Number of functional steering committees and working groups as per the Ministry of Health	Review current nutrition sector coordination mechanisms at national and county levels and advocate for structural improvements and promote ACSM best practices	MoH (national and county)	2016-2020	600,000
		Hold sensitisation meetings with key departmental heads on the role of effective coordination structures for the delivery of nutrition services	MoH (SUN Technical Committee)	2016-2020	180,000
B.3 Increased and sustained multi-sectoral collaboration on advancing and integrating nutrition interventions and outcomes across sectors	<ul style="list-style-type: none"> - Establishment of functional high level MSP with high level representation from all sectors - Number and regularity of multi-sectoral meetings - Nutrition-sensitive sectors consistently represented and engaged in SUN and Nutrition-specific meetings - Finalised and implemented Common Results Framework 	Review policies in health, agriculture, education, labor and other relevant sectors with policy recommendations to make them nutrition sensitive	MoH (SUN Technical Committee)	2016 and 2018	2,270,000
		Support the establishment of a nutrition multi-sectoral platform with high level representation from across relevant sectors at both national and county levels with clear linkages to technical working groups (position paper, lobby meetings, structures)	MoH (All SUN Networks)	2016-2017	38,400,000
		Hold Advocacy meetings for the fast tracking of the establishment of the Food and Nutrition Security Secretariats (national and county levels) and finalisation of the Food and Nutrition Security Strategy	MoH (All SUN Networks)/MoA	2016	135,000
		Link the nutrition information systems with other sector's information platforms	MoH	2016-2017	1,675,000
		Hold meetings for the development of a common results framework for nutrition including a common M&E framework	MoH (All SUN Networks)	2016-2020	675,000
		Hold meetings for the development of a common results framework for nutrition including a common M&E framework	MoH (All SUN Networks)	2016-2020	675,000
Subtotal					58,980,000

CAPACITY TO DELIVER PILLAR - Goal: Strengthened and increased capacity of the nutrition sector to scale-up and deliver quality nutrition services in Kenya					
A. FUNDING CAPACITY - Objective: Increase the financial resources allocation and expenditure on nutrition for sustained and more equitable services					
Result	Indicator	Activity	Responsibility	Timeline	Estimated Cost
A.1 Increased amounts of funding, particularly from domestic sources, allocated and spent in transparent and accountable ways, on nutrition-specific and nutrition-sensitive interventions at both national and county levels	<ul style="list-style-type: none"> - Amount and % increase in funding allocated and spent on nutrition specific actions (National and county) - Amount and % increase of funding allocated and spent on nutrition sensitive actions (National and county) - % of funding for nutrition from domestic sources - % of funding for nutrition from external sources 	Hold advocacy meetings and produce materials for advocating for nutrition specific budget lines to be created and financed at national and county levels	MoH (All SUN Networks)	2016-2020	48,750,000
		Organise capacity building sessions on budgetary processes and tracking at national and county levels for nutrition	MoH (All SUN Networks)	2016 and 2018	3,807,000
		Conduct Annual Budget tracking analyses of nutrition specific and nutrition-sensitive allocations and expenditures at national and county levels	MoH (All SUN Networks)	"Annual (2016-2020)"	3,570,000
		Hold Advocacy meetings/develop briefs for increasing budget allocations for nutrition based on budget tracking findings, funding commitments, and cost-effective investments	MoH (All SUN Networks)	2016-2020	-
		Hold Awareness raising meetings on nutrition for members of national and county assemblies to influence nutrition budgetary allocations	MoH (All SUN Networks)	2016-2017	-
		Mobilise development partners to leverage increased funding from domestic sources	MoH (SUN Donor Network)	2016-2017	675,000
		Organise Meetings advocating for increased financial support from current sector partners, aligned with government priorities and policies and lobby meetings for nutrition funding allocations within other nutrition-related donor programmes (e.g. Malaria, WASH, etc...)	MoH (All SUN Networks)	2016-2018	-
		A.2 Equitable distribution of nutrition-related funding across counties targeted towards comprehensive and long-term nutrition resilience programmes	<ul style="list-style-type: none"> - % of funding allocated and spent on Recurrent and Development costs - % of funding allocated to nutrition vs. other social sectors - Proportion of funding allocated to nutrition by county" 	Conduct analysis of county allocations for nutrition (including split of budgets between recurrent and development costs) across the country to identify gaps for budget advocacy meetings on need for equitable distribution of funding	MoH (All SUN Networks)
Hold Advocacy meetings/produce materials on more equitable distribution of funding and targeting of funding towards long-term nutrition resilience programmes	MoH (All SUN Networks)			2016-2018	-
Subtotal					56,802,000



B. HUMAN CAPACITY - Objective: Increase and strengthen the human capacity and skills of the nutrition sector institutions for scaled up and accelerated interventions

Result	Indicator	Activity	Responsibility	Timeline	Estimated Cost
B.1 Increased nutrition and dietetics workforce and their distribution across counties based on needs and geographical outreach	- Number of registered nutritionists (Total and per county)	Produce and disseminate advocacy briefs for the implementation of the national standards and norms on ratio of nutritionists per type of health facility/population (including equitable distribution)	MoH (All SUN Networks)	2016	141,000
	- Ratio of nutritionist professional to population	Hold advocacy engagements for the increase in the recruitment of nutritionists in nutrition-sensitive sectors	MoH (All SUN Networks)	2016-2020	-
	- Number of nutritionist and dietician professionals per health facility (by level)"	Hold advocacy meetings for increased nutrition staff capacity linked to the norms and standards	MoH (All SUN Networks)	2016-2020	-
B.2 Strengthened technical and advocacy skills and competencies of the nutrition and dietetics workforce at both national and county levels	- Number of trained nutrition and dietetics workforce on nutrition technical competencies	Hold advocacy meetings to promote the implementation of advocacy-related recommendations from the periodic nutrition and dietetics capacity assessments	MoH (All SUN Networks)	"Annual (2016-2020)"	-
	- Number of trained nutrition and dietetics workforce on advocacy skills	Continuous engagement with KNDI to strengthen their mandate on nutrition workforce regulation and capacity building	MoH (SUN Academia)	2016-2020	-
	- Feedback from facility clients on nutrition workforce performance in service delivery"	Advocate for the inclusion of key nutrition indicators in performance contracts of senior managers in nutrition-related sectors at both national and county levels	MoH (All SUN Networks)	2016-2020	21,285,000
		Carry out capacity building sessions on advocacy and communication skills at national and county levels	SUN (All SUN Networks)	2016 and 2018	38,070,000
Subtotal					59,496,000

C. SYSTEMS & INFRASTRUCTURE - Objective: Improve the efficiency of nutrition sector financial, monitoring and evaluation, and knowledge management systems and increase nutrition infrastructure

Result	Indicator	Activity	Responsibility	Timeline	Estimated Cost
C.1 Efficient and harmonised nutrition monitoring and evaluation system adopted and implemented across all counties	- Quality and frequency of nutrition reports and data received by counties	Hold Advocacy meetings promoting the adoption of the National Nutrition M&E Framework by all counties along with training on advocacy M&E skills for nutritionists as per the Capacity Development Framework	MoH (All SUN Networks)	2016 and 2018	-
	- Proportion of counties adopting the National Nutrition M&E Framework	Review of nutrition-related M&E data, stats and information and advocacy materials promoting key information for informing planning and decision-making at both national and county levels	MoH (All SUN Networks)	2016-2020	10,000
	- Use of national information systems for decision-making"				

Result	Indicator	Activity	Responsibility	Timeline	Estimated Cost
C.2 Improved knowledge management systems for nutrition with more accessible, better organised and more widely shared data and information for decision-making purposes	<ul style="list-style-type: none"> - Frequency and currency of information on the Nutrition MoH website (up to date information) - Number and frequency of social media posts - Number of followers on nutrition sector managed social media accounts (Facebook, Twitter, You Tube, Blogs) - Level of MoH Nutrition website traffic - Quality and frequency of Nutrition Sector Newsletter/ bulletin 	Provide current advocacy information for regular updating on the national nutrition website and other nutrition-related platforms, and promotion of these platforms/information via social media, exhibitions etc.	MoH (All SUN Networks, ACSM)	2016-2020	-
		Package and develop advocacy materials based on nutrition-related research findings tailored for different audiences at national and county levels	MoH (All SUN Networks, ACSM)	2016-2021	-
C.3 Effective and timely financial management systems that supports the absorption and accountable use of nutrition-related funding	<ul style="list-style-type: none"> - Timeliness of disbursements from National to county levels and from donors to implementing partners - Utilisation rate of funds allocated to nutrition (allocation vs. actual expenditure) - Ease of access to financial reports - Functional financial tracking system in place - Number of counties with clear nutrition budget lines - Number and quality of reports on accountability and financial commitments 	Carry out Budget tracking of funding flows at national and county levels and develop advocacy materials on transparency and accountability of funding use	MoH (All SUN Networks)	"Annual 2017-2020"	-
		Produce Advocacy briefs on effective and timely financial management systems and promote use of evidence-based models for financial management	MoH (All SUN Networks)	2017	-
C.4 Increased number and distribution of modern nutrition assessment equipment and commodities with the effective delivery of services across all counties	<ul style="list-style-type: none"> - Number of facilities with functional nutrition equipment - Proportion of health facilities reporting nutrition supplies stock outs in the past 3 months 	Produce Advocacy materials/hold meetings for promoting nutrition equipment and commodities recommendations based on gaps identified under the periodic nutrition and dietetics capacity assessments	MoH (county level)	2016-2020	587,500
		Advocate for an effective supply chain management for nutrition commodities at national and county levels	MoH (Commodity Working Group)	2016-2020	2,625,000
				Subtotal	3,222,500



“BEHAVIOUR CHANGE & PRACTICES PILLAR - Goal: Increased and sustained demand for services and adoption of good nutrition behaviours and practices with focus on nutrition resilience approaches”

A. AWARENESS, DEMAND & ADOPTION - Objective: Improve knowledge and attitudes on optimal nutrition for increased demand and adoption of nutrition services and practices

Result	Indicator	Activity	Responsibility	Timeline	Estimated Cost
A.1 Increased and improved knowledge and understanding of nutrition benefits, principles and rights by health care workers and urban and rural communities across Kenya	- Number of community members reached with nutrition-related advocacy materials/messages	Advocate for streamlined qualitative research to inform programmes on nutrition-related behaviour change and practice at county level	MoH (NIWG)	2016-2020	-
	- Proportion of community members reporting awareness of basic nutrition information	Support the development of advocacy and communications materials with key nutrition messages for all programmes and on the right to good nutrition	MoH (All SUN Networks)	2016-2020	125,000,000
	- Number of days and events celebrated containing nutrition-related messages at national and county levels	Conduct sensitization of all key stakeholders on the role and importance of nutrition to health	MoH (All SUN Networks)	2016-2020	31,725,000
	- Number and frequency of nutrition messages and information in the media (press, radio, TV)"	Advocate for systematic engagement by all stakeholders in key nutrition-related events (National Nutrition Week, World Breastfeeding Week, World Food Day etc...)	MoH (All SUN Networks)	"Annual (2016-2020)"	-
A.2 Increased and sustained uptake of good nutrition practices	- % increase in key good nutrition practices indicators (rates of Exclusive breastfeeding, Vitamin supplementation...)	Document and disseminate evidence-based case studies on benefits of good nutrition practices through appropriate communication channels	MoH (All SUN Networks)	"Ongoing (2016-2020)"	125,000,000
	- % decrease in key malnutrition indicators (rate of stunting, wasting, underweight, overweight...)	Advocate for the dissemination and scaled implementation of all policies, guidelines and strategic plans on nutrition at county level	MoH (All SUN Networks)	2016-2017	-
Subtotal					281,725,000

B. COMMUNITY PARTICIPATION - Objective: Strengthen community engagement, participation and feedback mechanisms in nutrition services and decision-making processes

Result	Indicator	Activity	Responsibility	Timeline	Estimated Cost
B.1 Effective participation and accessible feedback mechanisms for community members to engage in and influence nutrition-related services, planning and budgetary decision processes	- Number of community feedback mechanisms in place (meetings with service providers, citizen scorecards for performance monitoring...)	Organise Sensitisation/Awareness meetings with community members on decision-making processes, including on budget allocations, and guidance on tools to engage (use of data, engaging the media, etc...) using C4D approach	MoH (All SUN Networks)	2016-2020	117,500,000
	- Number of budget hearings held at national, county and local levels - Number of consultations held on nutrition-related policies, legislation and plans at all levels - Evidence of citizen recommendations included in revised policies, plans, acts	Support the establishment of community feedback and accountability mechanisms on level/quality of nutrition services (eg: scorecards, reporting via SMS, etc...)	MoH (All SUN Networks)	2016-2020	-

Result	Indicator	Activity	Responsibility	Timeline	Estimated Cost
B.2 Increased number and quality of nutrition advocates and champions at both community and county levels supporting positive behaviour change and more citizen engagement	<ul style="list-style-type: none"> - Existence of criteria for identification of nutrition champions - Number of recognised nutrition champions at county and local levels - Evidence of nutrition champion's ACSM actions - Participation of nutrition champions in county and local decision-making processes 	Set up Identification process and help establishment of nutrition champions (gatekeepers) to be spokespeople for communities in advocating for better nutrition services	MoH (All SUN Networks)	2016 and 2018	6,750,000
		Establish a system for recognising and supporting community level nutrition champions	MoH (All SUN Networks)	2017	-
Subtotal					124,250,000
C. RESILIENCE APPROACHES - Objective: Increase the adoption of nutrition resilience approaches by sector actors centred on strengthening systems' and service providers' ability to reach and support individuals and communities with nutrition and basic social services in the face of shocks and stresses					
Result	Indicator	Activity	Responsibility	Timeline	Estimated Cost
C.1 Increased promotion and understanding of nutrition resilience approaches across communities and public, private and civil society actors	<ul style="list-style-type: none"> - Number of county and national policy makers showing increased knowledge of effective interventions for enhancing nutrition resilience in planning and budgeting processes - Number of counties with early warning / early action mechanisms with integrated nutrition focused indicators" 	Sensitise all stakeholders (communities, development partners and public, private and civil society actors) on the importance of nutrition resilience-building approaches	MoH (All SUN Networks)	2016-2018	7,500,000
		Document and disseminate nutrition resilience best practices through various communication channels	MoH (All SUN Networks)	2016-2018	50,000,000
C.2 Improved programming by actors and increased community participation for the implementation of nutrition interventions focused on integrating nutrition within a comprehensive quality social services package accessible to all communities in Kenya	<ul style="list-style-type: none"> - Number of counties with nutrition resilience building actions included and costed within strategies and plans - Number of county contingency plans including adequate nutrition sector response analysis 	Advocate for the inclusion of nutrition interventions and information within social sector interventions	MoH (All SUN Networks)	2016-2018	-
		Advocate for enhanced community participation and duty bearers' accountability in nutrition resilience programming	MoH (All SUN Networks)	2016-2018	-
Subtotal					57,500,000
TOTAL COST					680,254,500



