



ACF-INTERNATIONAL
CASE STUDY

RECONCILING AGRICULTURE AND NUTRITION

Case study on agricultural policies and nutrition in Kenya



In collaboration with:



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ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim (Action Against Hunger)
ALFA	Agriculture, Livestock, Fisheries and Food Authority
ASALs	Arid and Semi-Arid Lands
ASCU	Agricultural Sector Coordination Unit
ASDS	Agricultural Sector Development Strategy
BMI	Body mass index
CAADP	Comprehensive African Agricultural Development Programme
DES	Dietary Energy Supply
DFID	UK Department for International Development
DHIS	District Health Information System
DNO	District Nutrition Officer
EU	European Union
EWS	Early Warning System
FAO	Food and Agriculture Organization of the United Nations
FNS	Food and Nutrition Security
FNSP	Food and Nutrition Security Policy
FNSS	Food and Nutrition Security Strategy
FNTWG	Food and Nutrition Thematic Working Group
FSNWG	Food Security and Nutrition Working Group
GAM	Global Acute Malnutrition
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (German Agency for International Cooperation)
GoK	Government of Kenya
HE	Home Economics
HiNi	High impact Nutrition initiatives
HSCC	Health Sector Coordinating Committee
HVTC	High Value Traditional Crops
ICCFN	Inter-ministerial Coordinating Committee on Food and Nutrition
ICN	International Conference on Nutrition
IPC	Integrated Food Security Phase Classification
KDHS	Kenya Demographic and Health Survey
KEMRI	Kenya Medical Research Institute
KEPAS	Kenya Private Sector Alliance
KFSM	Kenya Food Security Steering Committee
KFSSG	Kenya Food Security Steering Group
KHSSP	Kenya's Health Sector Strategic Plan
KNBS	Kenya National Bureau of Statistics
M&E	Monitoring and evaluation
MAM	Moderate acute malnutrition
MDGs	United Nations Millennium Development Goals
MoA	Ministry of Agriculture, Fishery and Livestock
MoL	Ministry of Livestock
MOMS	Ministry of Medical Services
MoPHS	Ministry of Public Health and Sanitation
MTIP	Medium-Term Investment Plan of the ASDS
NDMA	National Drought Management Authority
NGO	Non-governmental organization
NICC	Nutrition Inter-Agency Coordinating Committee
NMK	Njaa Marufufu Kenya Programme
NNAP	National Nutrition Action Plan
NTF	Nutrition Technical Forum
OFSP	Orange-fleshed sweet potato
PLW	Pregnant and lactating women
SAM	Severe acute malnutrition
SRA	Strategy for Revitalizing Agriculture
SUN	Scaling Up Nutrition
USAID	United States Agency for International Development
WFP	United Nations World Food Programme

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EXECUTIVE SUMMARY

This study was commissioned by ACF France and carried out by CIRAD to analyse the integration of nutrition concerns into agricultural and food security interventions in Kenya. This is part of a wider study that also includes Burkina Faso and Peru.

Based on a literature review and on key informant interviews, the study attempts to address three questions: i/ How do agricultural policies and programmes integrate nutritional issues? ii/ What are the main constraints to designing and implementing nutrition-sensitive agricultural interventions? iii/ What could be the main recommendations to alleviate these constraints?

Findings are presented in seven sections: 1) Food and nutrition situation; 2) Nutrition political agenda; 3) Intersectoral coordination; 4) Implementation; 5) Costing and funding of nutrition-sensitive programmes; 6) Nutrition in Monitoring & Evaluation and Information Systems; 7) Recommendations.

FOOD AND NUTRITION SITUATION IN KENYA

Today, over 10 million people in Kenya (around 32% of the total population) suffer from chronic food insecurity. What's more, chronic malnutrition (stunting), affects approximately 35% of children under the age of five years, and has seen little or no improvement since 1998 (*KDHS, 2012*). Kenya's food security is largely dependent on the availability and affordability of maize, although structural deficits limit maize (as well as wheat and rice) production. Kenya is, however, self-sufficient in milk production. Due to these challenges in food production, micronutrient deficiencies are a major public health problem (76% among children under five are vitamin A deficient) while the double burden of malnutrition is an increasing phenomenon, in particular among women.

The most vulnerable groups suffer from acute food insecurity due to droughts and/or floods, particularly in the Arid and Semi-Arid Lands (ASALs). As these areas are not suitable for rain-fed farming, Kenya's most common form of agriculture, they are used mainly as rangelands by ranchers, agro-pastoralists and pastoralists. Small-scale farming, which uses mainly rain-fed agriculture, are generally located in high-potential areas and grow maize, rice, wheat, sorghum, potato, cassava, vegetables and beans. Large-scale farming, on the other hand, produces tea, coffee, livestock as well as maize and wheat.

NUTRITION POLITICAL AGENDA IN KENYA

A number of policy documents and initiatives provide a supportive framework for Kenya in its attempt to improve its population's nutrition: the New Constitution (2010); the Kenya Vision 2030; the Food and Nutrition Security Policy (FNSP) finalized in 2011; the accession of Kenya to the Scaling Up Nutrition movement (SUN) in September 2012; the National Nutrition Action Plan (NNAP) drafted in 2012 in relation to this initiative; and finally the Comprehensive Africa Agriculture Development Program (CAADP). Each of these initiatives are generally proclaimed as being country-driven processes. Kenya's accession to the SUN movement, for example, is a continuation of previous national efforts, not an independently conceived program. The CAADP, as well, is another initiative that may contribute to strengthen national efforts in favour of nutrition. A regional workshop was held in February 2013 in Dar es Salaam on "Mainstreaming Nutrition in National Agriculture and Food Security Investment Plans in Africa". Although no specific deadline has been set for this process, a regular reporting on progress made is planned.

However, differences in vision on how to tackle the nutrition issue persist between the Ministry of Public Health and Sanitation (MoPHS) and the Ministry of Agriculture (MoA). For the MoPHS, political priority has been given to High impact Nutrition interventions (HiNi) such as vitamin A and zinc supplementation or food fortification, while the main concern of the MoA remains to "have food first" and nutrition security comes second. Only a small section of Home Economics (HE) has the mandate to deal with nutrition within the MoA, therefore joint efforts between the MoA and the MoPHS remain a challenge. There is a need to include agricultural actors in the nutrition debate and to move away from a too reactive approach on nutrition in the

health sector. The fact that nutrition is also predominantly dealt with under emergency institutional setting creates another constraint to a multi-sectoral vision of nutrition.

Although the FNSP drafting process was a very long participatory process (2005-2011) that led to a balanced view between food and nutrition, there has been a lack of harmonisation between the FNSP and other key policy documents in nutrition and agriculture. In parallel with the FNSP drafting process, for example, the Agricultural Sector Development Strategy (ASDS) aimed at ensuring food and nutrition security for all Kenyans, only slightly integrates nutrition issues. It targets vulnerable groups and women but does not mention any specific interventions in favour of small-scale farmers or on production diversification for dietary diversification. Another example is with the NNAP, which claims to be strongly aligned with the FNSP and underlines that “reducing malnutrition is not just a health priority”. It, however, focuses on HiNi and there seems to be no proposal on nutrition-sensitive agricultural interventions; furthermore, regarding the implementation of NNAP activities, the Ministries of Agriculture, of Livestock and of Fisheries are rarely mentioned. For both the ASDS and the NNAP, the lack of harmonisation is explained by timing issue since it was not possible to wait for the end of the FNSP drafting process and the publication of a strategy. Moreover, the MoPHS (even less the nutrition division) had no convening power and authority for requesting agriculture representatives to engage in a Health-driven process. The NNAP then only reflects activities for which the MoPHS is accountable.


INTERSECTORAL COORDINATION IN KENYA

For now, there is no formal multi-sectoral coordinating system where nutrition-sensitive agricultural and food security programmes can be discussed at national and local levels. The numerous existing coordination mechanisms at both levels tend to be sectoral, technical and focus mainly on emergency issues even if development issues are also addressed. The FNSP states that the government will form a strong Food and Nutrition Security (FNS) Secretariat, not as a new institution, but as a coordinating mechanism under which the existing food security and nutrition structures would be utilized. However, the FNSP does not specify where the FNS Secretariat should be housed or which agency should lead it. One of the options being considered is to house the secretariat under the Office of the President, especially because it has authority over sectoral ministries to require their participation in any multi-sectoral coordinating mechanisms. For some interviewees, this option appears nevertheless very challenging or even unrealistic and is not seen as a guarantee that work will be multi-sectoral. Reflection is on-going in order to develop the appropriate institutional framework for Kenya.

CRITICAL CHALLENGE OF IMPLEMENTATION

One of the most critical challenges is the implementation of the FNSP. The Food and Nutrition Security Strategy (FNSS), which is supposed to be the implementation plan of the FNSP is still being finalised. The devolution process makes the 47 counties’ governors the key drivers of the implementation of the FNSP. However, the extent to which nutrition will be prioritized by governors might strongly vary from one county to another depending on their level of nutrition-sensitivity. Among the main constraints for implementation are the insufficient number of HE and nutrition officers to ensure nutrition is prioritized, and the lack of knowledge of policy documents on food security from health officers and on nutrition from MoA officers at the district level.

A number of existing nutrition-sensitive agricultural and food security government-led programmes or donor-supported projects can nevertheless be mentioned. The entirety of the work of the HE section within the MoA could be qualified as nutrition-sensitive. More than 500 HE officers and general agricultural extension officers under the HE section are key nutrition information relays on the ground to change behaviour on the long term. They mainly provide knowledge, services and skills to people in their communities and households. However, the HE Section remains a very small section within the MoA and is critically understaffed with respect to the food and nutrition situation in Kenya. Funds are also insufficient for them to attend all the nutrition-related meetings and to implement more activities in the field. One of the emblematic governmental programmes combining agriculture and nutrition, and has had positive nutrition outcomes, is Njaa Marufuku Kenya (NMK) programme which targets the extremely poor and vulnerable groups. There are a number of



examples of donor-supported or NGOs projects that include a nutrition component (FAO, USAID, EU, GIZ, Save the Children have been interviewed) but they are often quite limited and do not represent the majority of the total number of projects being implemented. Among the existing constraints that explain the lack of wider nutrition-sensitive programmes are methodological problems of mainstreaming nutrition in agricultural interventions as well as problems in capacity building at county and district levels

COSTING AND FUNDING OF NUTRITION-SENSITIVE PROGRAMMES

Although nutrition-sensitive agricultural programmes are considered to be heavily under-funded, the nutrition budget as whole only represents 2% of the health budget, which in itself was only 7% of the government's budget in 2009/10. As such, the HE Section's activities represent only a small share of the agricultural budget; however, the NMK programme is one of the biggest MoA's programmes and its nutrition component is substantial. Within the cost of the NNAP, nutrition-specific interventions (HiNi) represent the vast majority (88 %) of all programs whereas the nutrition-sensitive approaches only represent 3% of the total costs and are confined to health, water, sanitation and hygiene actions. There is nothing related to agriculture since Kenya has not yet established financial links with agricultural plans that have nutrition outcomes.

NUTRITION IN MONITORING & EVALUATION AND INFORMATION SYSTEMS

A Monitoring and Evaluation (M&E) component is embedded in all policy documents, including the FNSP. For now, however, the integration of nutrition-focused indicators in the M&E of agricultural and food security is rare. Even for projects that include explicit nutrition components, the demonstration of the positive impacts of such projects on nutrition is lacking. Moreover, the lack of a methodology to clarify how a project will contribute to nutrition in the design of such projects makes the identification of nutrition-sensitive interventions as well as accountability difficult. As such, there is a clear need in the FNSP for cross-sectoral data to allow for integrated food and nutrition security analysis and decision-making. The appropriate cross-sectoral database system should be built by pooling together sectoral data and information gathered by relevant line ministries and agencies.

In the monthly Early Warning System (EWS) Bulletins on droughts produced by the National Drought Management Authority (NDMA), nutrition issues are included and each ministry is provided with technical recommendations. But it has been recognized that EWS Bulletins encompass many detailed indicators that are likely to be too technical and not relevant for the end users.

RECOMMENDATIONS

Based on the analysis of constraints to integrate nutrition initiatives in agricultural and food security interventions, the following recommendations are proposed.

Towards actors involved in the field of agriculture and food security

- **Recommendation #1:** Strengthen the HE section to expand the MoA consideration of nutrition beyond its current scope.
- **Recommendation #2:** Include nutrition-sensitive agricultural interventions as a module in relevant training curriculums and raise awareness among agricultural actors (incl. donors) on “How to” integrate nutrition.
- **Recommendation #3:** Link the implementation of the ASDS with the FNSS, by focusing more on production diversification and specifically supporting small-scale farmers as main drivers of household food security and nutrition.
- **Recommendation #4:** Promote nutrition-sensitive agricultural interventions in the existing and envisaged food security and nutrition coordination mechanisms at national and local levels.

In addition, at the local level, regular HE officers' forums could be organized as an opportunity to know priorities of each other and share best nutrition-sensitive practices. Specific sessions in County Nutrition Technical Forum or County Stakeholders Forum – and most importantly in District Steering Group meetings (DSG) – could also be an opportunity to discuss nutrition-sensitive programmes that may exist in the area.

- **Recommendation #5:** Show evidence of nutrition outcomes in nutrition-sensitive agricultural interventions notably in view of advocacy for nutrition-sensitiveness (e.g. case studies, lessons learned, impact assessments, impact pathways, etc.).
- **Recommendation #6:** Make nutrition component more visible in food security reports (EWS Bulletins, short/ long-rain assessments) and integrate chronic malnutrition indicators and diet related nutrition indicators (months of food availability, food diversity score, etc.).

Towards actors involved in nutrition

- **Recommendation #7:** Target HE officers and extension workers in nutrition programmes.
- **Recommendation #8:** Increase funding for nutrition long-term development programs in order to go beyond emergency contexts and include nutrition component in agricultural development programs.
- **Recommendation #9:** Use methodologies that clearly define nutrition-sensitive agricultural programmes and enable to estimate their budget/cost when programming interventions. The NNAP costing under the SUN movement should make the link with the agricultural budget.



INTRODUCTION

ACF has commissioned a case study on nutrition-sensitive agricultural and food security interventions in Kenya. This case study is part of wider study, which includes Burkina Faso and Peru.

The objective of the country case study is to analyse the integration of nutrition concerns into agricultural and food security policies and programmes. The main questions addressed are:

- How do agricultural policies and programmes integrate nutritional issues?
- What are the main constraints to designing and implementing nutrition-sensitive agricultural interventions?
- What could be the main recommendations to alleviate these constraints?

This case study in Kenya is based on a literature review and on interviews (around twenty) over a ten day mission that was undertaken in July 2013 in Nairobi. The study does not pretend to provide an in-depth overview of the nutrition-sensitiveness in the whole agriculture sector. Due to time constraints, the focus is mainly on policies and programmes led by the Ministry of Agriculture (MoA) and some of the key development partners in agricultural and rural development sector. Livestock and fisheries issues are only limitedly addressed.

After a brief presentation of Kenya's food and nutrition situation in Section I, the weight of nutrition in the current political agenda and in agricultural policies in particular is analysed in Section II. Sections III and IV focus on inter-sectoral coordination and implementation issues in government nutrition-sensitive programmes. In Section V, some elements of funding for nutrition-sensitive interventions are presented while Section VI deals with Monitoring & Evaluation of nutrition-sensitive interventions and the inclusiveness of nutrition in information management systems. Finally, recommendations to address the main constraints in integrating nutrition in agricultural interventions are presented in Section VII.

FOOD AND NUTRITION SITUATION IN KENYA

UNDER- AND OVERNUTRITION AMONG CHILDREN AND WOMEN

HIGH PREVALENCE OF STUNTING AMONG CHILDREN UNDER FIVE

Chronic malnutrition among children is particularly high in Kenya: in 2008, 35% (2.1 million) of children under the age of five years were stunted, while the proportion of severely stunted was 14% (KDHS, 2010). Wasting and underweight affect 7% (2% severely wasted) and 16% of children under five (4% severely underweight), respectively.

There has been little or no improvement in the trends of malnutrition among children under five since 1998 (see Figure 1). The proportion of stunted children declined from 33% in 1998 to 30% in 2003 and remained unchanged in 2008-09. The proportion of children who were wasted also declined from 1998 to 2003, however, remained almost unchanged in 2008-09. The same is observed for the proportion of children underweight (KDHS, 2010).

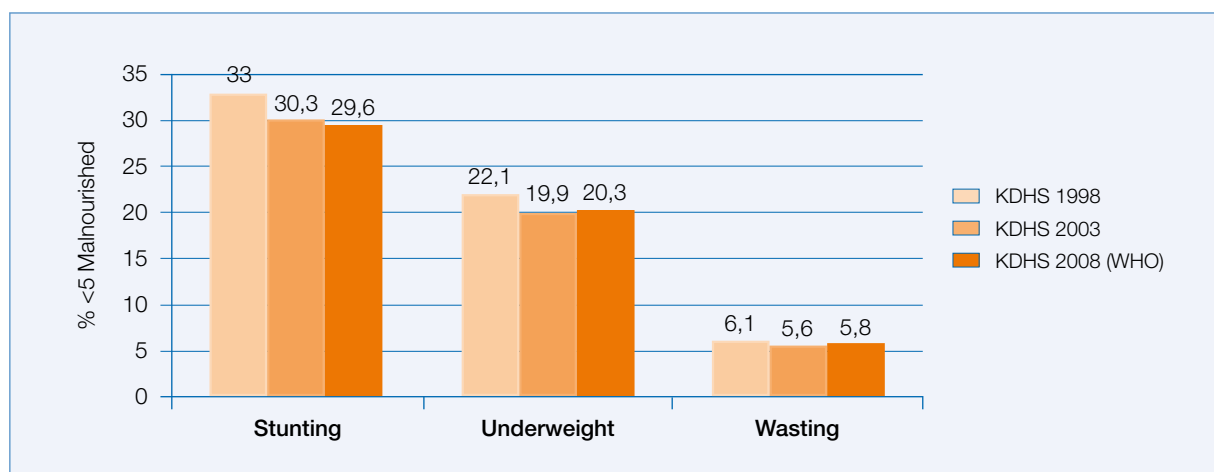


Figure 1: Trends in nutritional status of children, 1998 to 2008-09

Source : KDHS (2010), NNAP (2012), FAO (2005). Note: As indicated in KDHS (2010), data for 2008-09 were recalculated using the previous international nutritional reference population

DISPROPORTIONATELY HIGH LEVELS OF CHILD MALNUTRITION IN THE NORTH EASTERN AND EASTERN PROVINCES

There are strong regional disparities in nutrition indicators, with the North Eastern and Eastern provinces having generally the highest prevalence rates. In 2008, the Eastern province had the highest proportion of stunted children (42%), while Nairobi province had the lowest (29%). North Eastern province has high levels of wasting (20% of children under five and 8% are severely wasted) and also the highest proportion of moderate and severely underweight children (25%). This province is particularly prone to food stress and traditionally experiences food deficits (KHDS, 2010).

In most of the provinces, there was a decline in the proportion of stunted children since 2003, except for North Eastern province, where the proportion of stunted children increased by almost 7% age points, Nairobi province increased by 4% age points, and Eastern province remained virtually unchanged. Trends in wasting were stable, except for the Coastal province where the proportion increased and the North Eastern province, where there was a decline. All provinces showed an increase in the proportion of underweight children since 2003 except for Nyanza, Western, and North Eastern provinces (KHDS, 2010).

HIGH LEVELS OF MICRONUTRIENT DEFICIENCY AMONG CHILDREN

Micronutrient deficiencies are highly prevalent among children under five years and women (see Table 1). Vitamin A deficiency is a major public health problem. According to 1999 national nutrient survey (GoK & UNICEF, 2002), 76% among children under five, 67% among pregnant women and 46% among non-pregnant women are all vitamin A deficient¹, Iron Deficiency (anemia) is also an important health issue among 73% of children under five, 55% of pregnant women and 48% of non-pregnant women². Zinc deficiency affects 51% of children under 5 years, 69% of pregnant women and 50% of non-pregnant women (NNAP, 2012; Bigmore, 2012). Kenya has shown some progress towards the elimination of iodine deficiency disorders with goiter rates declining from 16% in 1994 to 6% in 2004 in the overall population (KEMRI, 2004). This improvement is due to the increase in the consumption of iodized salt by a large proportion of Kenyan households (GoK & UNICEF, 2007).

	Children < 5 years	Pregnant Women	Women (15-49 years)
Vitamin A deficiency (%)	76	67	46
Anemia (%)	73	55	48
Zinc deficiency (%)	51	69	50
Goiter (%)	6 (population estimate)*		

* KEMRI 2004 (in NNAP, 2012; Bigmore, 2012)

Table 1: Micronutrient deficiencies among children and women

Source: 1999 National Micronutrient Survey (last data).

DOUBLE BURDEN OF MALNUTRITION, PARTICULARLY AMONG WOMEN

Prevalence of overweight and obesity is increasing. Approximately, 18% of pre-school children are overweight while 4% are obese. Today, one-quarter of women age 15-49 are overweight or obese (BMI>25.0 kg/m²), compared to 23% in 2003 (KDHS, 2010; NNAP, 2012). The propensity of women being overweight or obese is correlated with age, education level, and wealth quintile.

1 - The prevalence of vitamin A deficiency grows up to 84.4 percent among children under six years (GoK & UNICEF, 2002 in FAO, 2005).

2 - For children between 6 and 72 months this percentage is 69 percent (NNAP, 2012).

Diet-related non communicable diseases (including cardiovascular, cancers, diabetes) are increasingly important, especially in urban areas. This situation is mainly caused by changing lifestyles and eating habits: excessive energy intake associated with purchased meals and processed foods, and decreasing levels of physical activity and sedentary lifestyle in urban settings (*NNAP, 2012*).

Disaggregating further the data, the proportion of overweight women ranges from 11% in North Eastern province to 41% in Nairobi. At the same time, at national level, 12% of women are considered to be thin (body mass index BMI<18.5 kg/m²) – these values have remained unchanged compared to data from 2003. At provincial level, the proportion of thin women is highest in North Eastern province (26%) and lowest in Nairobi (3%) (*KDHS, 2010*).

FOOD CONSUMPTION PATTERNS

A PERSISTENT BIAS TOWARDS MAIZE

As maize is the basic staple of the Kenyan diet (*FAO, 2005*), the population's food security is largely dependent maize's availability and affordability. Despite the government's effort in the promotion of the production of legumes (beans, grams and peas), reducing the over-emphasis on maize production is still a key challenge (*FNSP, 2011*). Milk and dairy products are an important part of the diet, especially in pastoral communities.

CHRONIC, SEASONAL AND ACUTE FOOD INSECURITY

The national per capita energy supply per day is still far from achieving the recommended levels of 2 250 kcal/day per active African adult male equivalent (*FNSP, 2011*). Of the population of 38.5 million, over 10 million suffer from chronic food insecurity and poor nutrition (*FNSP, 2011*). This represents an increase compared to the 8 million in 1990-92 and 8.4 in 1995-97. In total, today the proportion of those undernourished remains around 32% of the total population (*FAO stat*).

In addition to chronic food insecurity, the most vulnerable groups of the Kenyan population, suffer from acute food insecurity due in part to seasonal patterns such as droughts and/or floods, particularly in the Arid and Semi-Arid Lands (ASALs). Two consecutive years of drought and erratic rainfall in most parts of the country resulted in severe food crisis in 2011 (*ASDS, 2010*). However, since then, agro-pastoralists in these areas have had productive seasons with adequate rainfall resulting in substantial improvements in the food security situation. The food insecure population in need of external assistance has declined from about 2.1 million people in August 2012, to about 1.1 million people in February 2013 (*KFSSG, 2013*).

Cereals –especially maize flour and refined sugar are the main food commodities consumed contributing to the DES (see Table 2).

Maize Flour	36
Sugar Refined	9
Wheat Flour	7
Cow Milk, Whole, Fresh	6
Beans, Dry	5
Share of cereals and roots & tubers in DES	56
Share of oils and fats in DES	8

Table 2: Share of the major food commodities consumed in the Dietary Energy Supply (DES), in 2003-05 (%)

Source: *FAO Stat 2008, Country Profile: Food Security Indicators*.

The food diversification index progressed from 34 to 45% from 1965/67 to 2000/02 (*FAO, 2005*).

AGRICULTURAL PRODUCTION AND TRADE

About 84% of Kenya is arid or semi-arid and is not suitable for rain-fed farming. These ASALs are typically used as rangelands by ranchers, agro-pastoralists and pastoralists (ASDS, 2010).

Kenya's agriculture is mainly rain-fed and small-scale, with farms averaging 0.2–3 ha in the high-potential areas. In the rangelands, the small-scale livestock production is mainly subsistence rather than market oriented. The large-scale farming subsector (about 50 ha for crops and 30,000 ha for livestock ranches) mainly grows crops such as tea, coffee, maize and wheat, in addition to keeping livestock for commercial purposes (ASDS, 2010).

The main food crops are maize, rice, wheat, sorghum, potato, cassava, vegetables and beans. The main industrial crops are tea, coffee, sugar cane, cotton, sunflower, pyrethrum, barley, tobacco, sisal, coconut and bixa. Livestock plays an important economic and socio-cultural role among many Kenyan communities. The key livestock subsectors are beef, dairy, sheep, goats, camel, poultry and pigs (ASDS, 2010).

Kenya has a structural deficit in production of several key food crops, such as maize, wheat and rice. However, the country is self-sufficient in milk production. In 2000–02, cereal imports (mainly wheat and rice) represented 13% of the DES (FAO, 2005).

The agricultural sector grew at an average rate of 5.2% from 2003 to 2007, reaching a high of 6.4% in 2006, resulting in a reduction of food insecurity and poverty. However, the ASALs have not enjoyed the same level of development as the rest of the country and these districts have the highest incidence of poverty. Moreover, the favourable dynamic was interrupted by external factors such as the post-election violence, global food crises, escalating fuel prices, the global financial crisis and the food crisis in the Horn Africa (ASDS, 2010).



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NUTRITION POLITICAL AGENDA IN KENYA

GUIDING POLICY DOCUMENTS FOR HIGHER NUTRITION-SENSITIVENESS

A number of policy documents and initiatives reflect the food and nutrition security political agenda setting³. They provide a supportive framework for better integration of nutrition concerns in agriculture and food security interventions in Kenya.

The New Constitution (2010) explicitly mentions the right to food and the right to basic nutrition for every child⁴. The Kenya Vision 2030 also recognizes the importance of agricultural and health sectors in its economic and social pillar respectively to attain the vision of “A globally competitive and prosperous nation with a high quality of life by 2030”⁵. A Food and Nutrition Security Policy (FNSP) aligned with the New Constitution was finalized in 2011. This policy document clearly promotes a multi-sectoral approach to nutrition and provides policy guidance for the implementation of nutrition-sensitive food security interventions (see below).

The accession of Kenya to the Scaling Up Nutrition movement (SUN) in September 2012 is also an indication of the political will in nutrition. The Symposium held from 5 to 6 November 2012 to launch the SUN Movement after Kenya was formally accepted by the United Nations, served as a momentum to put nutrition high on the political agenda. A National Nutrition Action Plan (NNAP) has been drafted in 2012 in relation to this initiative. The strong presence of the Ministry of Agriculture (MoA) during the Symposium has been underlined and marks a sign of interest of the agricultural sector on nutrition issues (big stand to showcase action from the MoA, speeches from MoA representatives, etc.).

PERSISTENT DIFFERENCES OF VISION OF NUTRITION

The political priority for nutrition is unequal among ministries. Most of those interviewed for this analysis recognized that there are still differences of perception on what nutrition interventions mean and who should be responsible for these.

3 - Food security seems nevertheless to be a much higher political priority than nutrition per se. Nutrition is generally supposed to be improved with food security.

4 - “The Government shall ensure that every Kenyan has a right to be free from hunger, to have adequate food of acceptable quality, uninterrupted supply of clean and safe water in adequate quantities” (article 43(1) (c) and (d)). “Every child has a right to basic nutrition, shelter and health care” (article 53(1) (c)).

5 - Its aim is “to transform 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 environment.”



The FNSP is the outcome of a cross-sectoral consensus, in particular between nutritionists from the Home Economics (HE) Section of the MoA and the Nutrition division in the Ministry of Public Health and Sanitation (MoPHS). The use of the conceptual framework on the immediate and underlying causes of child malnutrition during the collective discussions helped to make the concept of malnutrition clear to all the informants and facilitated communication among the different stakeholders involved (building of a common language).

Although the consensus reached through the FNSP is expected to steer the action and to overcome divergences of view, the MoPHS and the MoA as a whole have not been supportive of the same vision of nutrition. This is seen as a constraint to scale-up nutrition-sensitive interventions.

In the MoPHS, political priority has been given to nutrition-specific interventions (High impact Nutrition interventions -HiNi) such as vitamin A and zinc supplementation or food fortification. The NNAP led by the MoPHS (among others) mentions the need for an integrated nutrition approach but clearly focuses on HiNi. Nutrition-sensitive interventions are very limited within the NNAP, which is made even more obvious by how little is budgeted for them (see page 35).

According to a number of interviewees, the lack of priority given to specific-nutrition initiatives may mean some governments are more interested in finding technical solutions. Supporting industries for food fortification (e.g. universal salt iodization), for example, may be more attractive as a government policy than promoting subsistence farming for nutritional outcomes. It seems that farming is perceived as a business with high (but concentrated) economic returns through international exports, and less a lever to improve the wellbeing of the most vulnerable populations. In an ideal scenario, poverty and food insecurity are reduced as a result of equitable and sustainable agricultural growth and through increased employment and incomes. Nevertheless, social issues are generally not at the highest level of the political agenda though they are now meant to be addressed under the social pillar of the Vision 2030.

In addition, despite the increasing importance given to nutrition after the Symposium, the sector is still disproportionately low in the MoPHS hierarchy: it is a Division under the Family Health Services Department within the MoPHS and not a department that has the mandate to holistically cover nutrition. In this context, health issues tend to shape the understating around nutrition which is characterized by a curative approach (treatment of malnutrition, complementary feeding, etc.). Moreover, as highlighted in the NNAP, there is a critical human resource gap for nutritionists and dieticians within public health facilities and at the community level: “according to the Kenya Nutritionists and Dieticians Institute there are 1290 nutritionists, with 600 of them in public health facilities, this translates to 1 nutritionist for every 31,000 people” (NNAP, 2012). As an illustration of the predominant curative vision of nutrition, it has been noted that it is still difficult to “market” nutrition among MoPHS officers at a district and county level.



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Within the MoA, nutrition concerns are not globally supported and are covered by a few units only. The Food Security Unit clearly understands the importance of

nutrition, the relevance of targeting children under five years and pregnant and lactating women (PLW) and the importance of anthropometric indicators. While it fully integrates nutrition in the angle of food utilization, one of the four pillars of food security, it also recognizes that the MoA as a whole is mainly focused on food production and accessibility. Only a small section of HE has the mandate to deal with nutrition – even if their extension workers at the district level are supposed to deliver basic messages in nutrition (promotion of kitchen gardens, cooking demonstration, etc.). The main concern of the MoA remains to “*have food first*” and nutrition security comes second.

Therefore, the predominant view seems that nutrition is primarily the responsibility of the health sector, whereas agriculture should mainly deal with production issues. It is the predominant belief that the best the agricultural sector could do is to provide advice on what and how to produce and eat (food diversity, diet, etc.). This is how the HE section is actually perceived by others. This perception reflects the initial divide between agriculture and health, with nutrition included in the health sector with only marginal involvement in the MoA⁶. Given the fact that the HE section has not been accorded enough attention and that food utilization is insufficiently mainstreamed in the MoA – its programmes are more concerned with accelerating food production – this situation creates considerable imbalance in the way of addressing nutrition between the two ministries.

Another constraint to a multi-sectoral vision of nutrition is related to the fact that nutrition – together with food security – has been predominantly dealt with as an emergency issue, in an emergency institutional setting in Kenya. It is only recently that food security is no longer handled by the Ministry of State for Special Programmes and has been passed on to the MoA. Emergency interventions still dominate the field of nutrition. The FNSP aims to give a longer horizon to food and nutrition security (FNS) issues but this is quite new and structures are not yet in line with this new vision.

Joint efforts between the MoA and MoH therefore remain a great challenge that go beyond the process of drafting the FNSP. There is a need to increase involvement of agricultural actors in the nutrition debate even if the issue of overall responsibility will depend on the scale of nutrition problems that have to be addressed. The double burden of nutrition for instance will not be primarily solved with agricultural interventions. In the health sector, the challenge is to move away from a too reactive approach on nutrition and to develop a proactive approach. It has been underlined that health actors generally don't really understand what agriculture does and how it can contribute to nutrition.

Agriculture and health workers have basically the same basic knowledge in the areas of Food, Nutrition and Dietetics. They specialize after having followed the common programme. It is recognized that many trained and motivated nutrition staff exist in Agriculture and Health (*Bigmore, 2012*). All dieticians and nutritionists are supposed to be registered with the Kenya Nutritionists and Dieticians Institute (KNDI), a new professional association (*IFPRI a*).

However, it has been brought to attention that a wide range of institutions exist to train nutrition professionals at different levels as well as KDNI registered nutritionists with varying levels of qualifications. In addition, not all nutritionists are registered and it is difficult to know the number of qualified nutritionists in the whole country (*IFPRI a*). There is therefore a need to set standards for training and examinations in nutrition to harmonize curriculum in nutrition, health and agriculture across the country (*IFPRI a; Bigmore, 2012*).

LACK OF HARMONIZATION BETWEEN POLICY DOCUMENTS ON NUTRITION


THE FNSP, A SUPPORTIVE FRAMEWORK FOR NUTRITION-SENSITIVE PROGRAMMES

The FNSP is a clear sign of progress towards nutrition-sensitivity in agricultural and food security policies compared to the previous food policies⁷, which focused mainly on food production and availability. It has been recognized that a standalone food policy would not be efficient enough to combat hunger and malnutrition and that nutrition has to be considered to ensure food security. The policy document seeks to integrate food and nutrition security initiatives and is therefore unambiguously nutrition-sensitive.

The push for including nutrition in the policy document – even in the title – has nevertheless been quite challenging. Agricultural researchers and scientists tend to emphasize the issue of seeds, hunger and the quantity of food. Due to the high diversity of actors from Agriculture, Health, WFP, FAO, UNICEF, NGOs (international and national) there was a need to find a balance between food and nutrition and to take into account the quality aspects of food (safety and nutritious food).

6 - It has been reported from interviews on the field that "the MoA has a component of nutrition whereas the MoH is the one monitoring the sector".

7 - Sessional Paper N°1 of 1986 and Sessional Paper N°2 of 1994.



There is now a strong consensus highlighting the quality of the FNSP. In particular, the balanced view between food and nutrition, the focus on linkages between health and agricultural sectors to build cross-sectoral synergies⁸, and the fact that it clearly states ‘what to do’ are all seen as major steps forward. Detailed lists of all actions committed by the Government are presented for each of the food and nutrition security dimensions. It ranges from promoting nutrition-rich foods and exploring bio-fortification options to review of minimum wages, as well as specific nutrition interventions aligned with the life-cycle approach⁹ and improving the quality of school meal programmes in collaboration with local communities. A few examples of the Government’s commitments are given in Box 1.

BOX 1. Examples of Government’s commitments on food and nutrition security (FNSP, 2011)

Food Availability and Access

Promote the production of nutrient-rich foods (crops, livestock, fisheries) by promoting diversification and exploring bio-fortification option.

Control dumping of subsidized foods.

Promote production of traditional crops (millet, sorghum, cassava and other tubers, etc.).

Promote diversified eating habits and healthy diets.

Food Safety, Standards and Quality Control

Promote proper storage and handling to control incidents of food-related disease outbreaks

Formalize and regulate producers and vendors, including safe water and sanitation

Nutrition Improvement/ Nutrition Security

Support the development of a universal programme of iron/folate or multi-micronutrient supplementation for adolescent girls and young women and promote dietary diversification and consumption of fortified food at the household level.

Promote relevant behavioural changes.

Promote workload reduction technologies and increase income-generating activities for women.

Promote, protect and support exclusive breastfeeding.

Improve nutrition through schools, including full integration in the curriculum.

School Nutrition and Nutrition Awareness

Extend the school garden concept to every school, including container gardens in urban schools.

The FNSP drafting process is generally presented as a very long and participatory process. It started in 2005, both for the policy and the strategy. A fairly detailed draft was ready in 2007 and sent to the Cabinet but the process was interrupted by the elections and the establishment of a coalition government. Priority was then given to fast track the finalization of the policy. In 2011, the draft was reviewed to be aligned with the New Constitution, the Vision 2030 and to take into account new developments at the global level such as the SUN. The FNSP was approved by the Cabinet in August 2011 and tabled in Parliament as Sessional Paper No.1 of 2012. It was launched by the Kenyan President on 16 October 2012.

The drafting process was spearheaded by the Agricultural Sector Coordination Unit (ASCU) based in the MoA. A Food and Nutrition Thematic Working Group (FNTWG) was established under ASCU¹⁰ (MTIP, 2010). It brought together a dozen of representatives from MoPHS, MoA, Ministry of Livestock (MoL), FAO, WFP,

8 - The need of such linkages is mentioned in the FNSP (2011) as one of the lessons learned from the limited progress and success of past food and nutrition policy initiatives. The document also strongly insists on the highly cross-sectoral nature and multi-dimensional nature of food security and nutrition.

9 - The life-cycle approach has been adopted in the FNSP to adapt nutrition interventions to the specific biological needs of the different stages of life. The National Health Sector Strategic Plan II distinguishes the five stages of the human life cycle: (i) pregnancy and new-born child, (ii) early and late childhood, (iii) adolescence, (iv) adulthood and, (v) older persons.

10 - Overall, six working groups corresponding to the thematic areas of the Agricultural Strategy have been created. The others are: Extension and Research; Agribusiness, Market Access and Value Addition; Agricultural Inputs and Financial Services; Review and Harmonization of the Legal, Regulatory and Institutional Framework; Environment, Sustainable Land and Natural Resource Management.

NGOs, private sector and development partners as a core group for drafting the document with the support of external consultants. Among the NGOs consulted were Oxfam, Red Cross Society and World Vision (see institutions represented in Box 2).

BOX 2. TWG Food Security And Nutrition Policy and Programmes

Civil Society, NGO, Donors, Private Sector

- Rural Outreach Programme
- UNICEF, Kenya
- Food for the Hungry
- FAO – Kenya
- WFP
- Kenya Livestock Marketing Council
- Oxfam, Kenya
- Red Cross Society
- World Vision Kenya

Public Sector

- Ministry of Development of Northern Kenya and other Arid Lands
- KFSM
- Ministry of Agriculture
- Njaa Marufuku Kenya Programme
- Ministry of Public Health
- Ministry of Basic Education
- Ministry of Planning & Vision 2030

Quasi-Government

- Tegemeo Institute

Source: MTIP, 2010-2015.


The success of the FNSP's finalization process has been partly attributed to the role of the FNTWG chairwoman, a former parliamentarian and a professor in food and nutrition science able to bring both political push and expertise in the process. For all the ASCU thematic working groups, the chair is from a non-public institution, designated by the Kenya Private Sector Alliance (KEPAS). The chair represents its institution and is not designated as an individual. The convener is from the government and ASCU ensures the secretariat of the working group.

LACK OF HARMONIZATION WITH OTHER KEY POLICY DOCUMENTS IN NUTRITION AND AGRICULTURE

In parallel with the FNSP drafting process (2005-2011), the Agricultural Sector Development Strategy (ASDS) was published (2010) and the National Nutrition Action Plan (NNAP) was prepared and launched in November 2012. The three key policy documents are characterized by a lack of harmonization: there are very few references to the FNSP in the ASDS and the NNAP is primarily health-focused and refers rarely to agriculture. This disconnect is mainly due to ownership and timing issues.

The ASDS 2010-2020 is a revision of the Strategy for Revitalizing Agriculture (SRA) that was developed in 2004 as a response to the Economic Recovery Strategy for Wealth and Employment Creation launched in 2003. The strategy is mostly oriented to economic growth and performances¹¹, in line with the Vision 2030 of "A globally Competitive and Prosperous Nation". "Besides ensuring food and nutrition security for

11 - The Vision of the sector is "A Food Secure and Prosperous Nation" and the strategic mission for the sector is "An Innovative, Commercially-oriented and Modern Agriculture". The overall agricultural sector goal is to achieve an average growth rate of 7 percent per year over the next 5 years –agriculture being identified in the Vision 2030 as one of the six sector drivers to deliver the 10 percent annual economic growth envisaged under the economic pillar (ASDS, 2010).



all Kenyans”, strong emphasis is put on the need to “shift from subsistence to market-oriented production” especially through a culture of performance and the perception that agriculture is not “basically for survival (subsistence)” but a “business that is profitable and commercially oriented”.

The issue of production diversification for dietary diversification, in particular the overdependence on maize, does not seem to be addressed by the ASDS. All crops and other products (livestock, aquaculture, forestry, etc.) are reviewed with respect to their socio-economic potential, agricultural productivity, contribution to the agricultural growth, etc. For instance, there is no clear priority for targeting products based on food security and nutrition criteria.

Targeting vulnerable groups and the empowerment of women are mentioned in the ASDS, recognizing the need for equitable growth and social justice and to reduce the persistent economic and social disparities. Developing Northern Kenya and other Arid Lands, promoting community support and empowering programmes are among the proposed interventions. Gender is explicitly mentioned as a cross-cutting issue that need to be incorporated in all activities of ASDS. It is also stated that the Government will develop a gender policy for the agricultural sector. In particular, this will promote the use of gender analysis and gender-based budgeting in all community-based development programmes through participatory approaches. But there is no detail in the ASDS on the content of these programmes.

In addition, the ASDS does not present clear specific interventions in favour of small-scale farmers who make up for the majority of the rural poor and food insecure population though it is often underlined that Kenya’s agriculture is predominantly small-scale farming.

Regarding nutrition issues, it is worth noting that the term ‘nutrition’ is rarely mentioned in the ASDS document and the FNSP talks about “nutrition” only once. Nutrition is only mentioned a few times with respect to aquaculture and livestock¹². The “Do not harm” nutrition principle is also not explicitly considered. As an example, the problem of aflatoxin associated with maize production and storage has often been raised by interviewees. The ASDS document does not consider this issue when opportunities for expanding the maize market are presented. The ‘maize bias’ from the MoA is then questioned by health actors because of aflatoxin concerns. Finally, the objective verification indicators presented with respect to the results framework of the ASDS remain relatively broad and do not address nutrition issues. Only mentioned is the percentage increase in the quantity and quality of food available, accessible and affordable to all Kenyans at all times, without specifying if quality refers both to safety and nutrition issues.

Based on the ASDS, the Kenya Comprehensive African Agricultural Development Programme (CAADP) Compact plan has been developed. A Medium Term Investment Plan (MTIP) 2010-2015 has also been developed to consolidate plans within the ASDS and CAADP Compact. Nutrition is, however, rarely mentioned in either policy document.

The FNSP seems to be a specification of the ASDS regarding food and nutrition security issues. It has also been underlined that due to the long FNSP drafting process, the MoA started to develop its own agricultural strategy. There was a need to have a medium term framework so that the Planning and Treasury could release funds. This explains the reason why ASDS has primarily been an agricultural driven process with a few references on nutrition.

The NNAP is presented as strongly aligned with the FNSP and the Kenya’s Health Sector Strategic Plan (KHSSP). It refers many times to the FNSP and to the need of strengthening linkages between food security and nutrition, as well as the nutrition-sensitivity of policy-makers¹³. In particular, it underlines that the FNSP and the FNS Strategy 2012-2017 (FNSS) which promote a multi-sectoral approach, have been used to develop the NNAP. The 14 nutrition priorities in the FNSS provided a conceptual guide for the development of the NNAP’s 11 strategic objectives (see Box 3).

12 - It is underlined that fish offers the best nutrition value for humans with its cholesterol free white meat, and that animals are a source of protein for human diets (ASDS, 2010).

13 - The NNAP (2012) mentioned that “Programme strategies are vertical in nature and lack nutrition as an outcome indicator. As a result, there is need to sensitize policy makers and programmers on the causal factors of malnutrition and influence them to address malnutrition in a holistic approach and broad manner. There is also need for organized coordination and collaboration of the different sectors in relation to nutrition objectives”.

BOX 3. Strategic objectives (11) of the NNAP 2012-2017

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

Although the NNAP underlines that “reducing malnutrition is not just a health priority” and “calls for a multi-sectoral focus”, there is no proposal on nutrition-sensitive agricultural interventions in the document. The NNAP clearly focuses on nutrition-specific interventions targeting primarily women of reproductive age and children under five. It is recalled that in 2010, the government and partners agreed to channel additional resources in the country to scale-up a set of evidence-based HiNi.¹⁴ The focus of the NNAP on nutrition-specific interventions is therefore linked to those commitments.

The need for strengthening coordination and partnership among the key nutrition actors, including Agriculture, is the 11th strategic objective of the NNAP. It is also stressed that its success will depend on multi-sectoral coordination. However, Ministries of Agriculture, of Livestock and of Fisheries are rarely mentioned in the Activity Implementation Matrix. They appear as other agencies (MoH mostly being the lead agency) for activities such as sensitization on the introduction of complementary food and micronutrients supplementation. Concrete nutrition-sensitive interventions handled by Agriculture are not presented. It is the mandate and responsibility of each sector to develop its own activities through a nutrition lens. Interviewees recognized that the cross-sectoral work still needs to be materialized. The NNAP remains in the ownership of Health so far.

Timing issues have been put forward as an explanation for the lack of harmonization between policy documents. It seems that the drafting process of the NNAP has been pushed by the SUN accession. It was not possible at that time to wait for the publication of the FNSS. The NNAP drafting process mainly consisted in reviewing the 1994 Nutrition Action Plan notably in view of the New Constitution. Conducted in a quite short time compared to the FNSP/S, under the umbrella of the MoPHS, the NNAP prioritizes HiNi for maximizing impacts at all levels (*NNAP, 2012*).

Furthermore, the lack of nutrition-sensitive actions under NNAP is explained by the fact that the MoPHS had no convening power and authority over requesting agriculture representatives to engage in a Health-driven process. As a result, the NNAP only reflects activities for which the MoPHS is accountable.

Finally, the vision of nutrition supported by the NNAP is considered a “clinical vision” of nutrition. This situation is partly related to the co-existence of the two health-related ministries due to five years of coalition governments. Health was split for political purposes¹⁵: between the Ministry of Medical Services (MOMS), which supports a curative approach and related to the construction of hospitals, health facilities, etc. and the MoPHS, which deals with preventive issues. They both have nutrition in their mandate and have had a tendency in the past to compete, while the NNAP reflects the view of the MOMS.

14 - The MoPHS, UNICEF and other partners adopted 12 HiNi that were approved by the NICC in 2010 (*NNAP, 2012; IFPRI a*).

15 - It was a political compromise to halt the post-election violence following the December 2007 Presidential Elections.



EXTERNAL INITIATIVES ON NUTRITION

Efforts in favour of nutrition are mostly proclaimed as being country-driven processes. The push from external initiatives or the influence of donors in leading the nutrition process tends to be limited. Nevertheless, international organizations supported external consultancies to draft the FNSP and the NNAP¹⁶. It has also been noted that the recent scientific findings showing detrimental effects of malnutrition on children intellectual capacities has particularly resonated in Kenya where people generally invest a lot in children's education and scholar performances.

Kenya's accession to the SUN movement has been momentous and development partners' nutrition efforts are now much more visible. This step is a continuation of previous national efforts rather than a sudden development. It is proclaimed that lots of work was done before the Symposium without waiting for donors (the drafting process of the FNSP started in 2005).

The Symposium impacted the MoA and the MoPHS differently. Despite the noted participation of the MoA in the Symposium, no real change has been recorded on nutrition-sensitivity within the whole MoA. The involvement of the MoA in the field of nutrition is still mainly limited to the HE section. Differently, it seems the Symposium has boosted the action for nutrition in the MoPHS, with the organization of post-Symposium meetings, more effort on advocacy, communication, etc.

The CAADP is another process that may contribute to increase nutrition-sensitivity in the agricultural sector. A regional workshop on nutrition was held from 25 February to 1 March, 2013 in Dar es Salaam, Tanzania, to support the 19 participating countries in "Mainstreaming Nutrition in National Agriculture and Food Security Investment Plans in Africa". No specific deadline was set for this process, but a regular reporting on progress made has been planned. Within the MoA, ASCU is particularly involved in the CAADP initiative.

16 - Save the Children UK and World Vision Kenya, in collaboration with UNICEF, MoPHS and other partners under the umbrella of the Nutrition Interagency Coordinating Committee (NICC) hired the services of a consultant to assist the Government of Kenya to develop a National Nutrition strategy.

INTER-SECTORAL COORDINATION IN KENYA

For now, there is no formal inter-sectoral coordinating mechanism for food and nutrition security where nutrition-sensitive agricultural and food security programmes could be discussed at national and local levels. The numerous existing coordination mechanisms tend to be sectoral, technical and focus mainly on emergency issues even if development issues are occasionally also addressed¹⁷. A space where all stakeholders from agriculture, food security, nutrition and health could meet and understand each other on long term nutrition developments and on nutrition-sensitive agricultural interventions in particular is still missing at both national and local levels.

Discussions are on-going regarding an inter-sectoral mechanism on food and nutrition security that could clarify the current complex institutional situation (see Figure 2 below). This initiative would benefit from high political priority.

AT NATIONAL LEVEL

Several mechanisms are contributing at different degrees to inter-ministerial coordination in the field of food and nutrition security:

INTER-MINISTERIAL COORDINATING COMMITTEE ON FOOD AND NUTRITION (ICCFN)

Housed in the Ministry of Planning, this coordinating unit is a mechanism only activated under emergency situations. It brings together representatives of various ministries (transport, special programmes, MoH, etc.). Interviewees did not cite this entity as one where nutrition-sensitive agricultural interventions are discussed.

NUTRITION INTER-AGENCY COORDINATING COMMITTEE (NICC)

NICC is the coordinating structure for the nutrition sector. Housed under the Health Sector Coordinating Committee (HSCC), which is a mechanism that coordinates all operational and strategic actions in the Health Sector, it is built around four subcommittees:

17 - This analysis is similar to the one done by IFPRI b: "Many of the nutrition-focused organizations had long histories of working on emergency nutrition. And many key bodies in nutrition – such as the Nutrition Technical Forum – are primarily set up to address emergency nutrition issues".

- National Maternal Infant and Young Child Nutrition Steering Committee;
- Nutrition Technical Forum (NTF) for the food security and emergency nutrition programme, established in late 2007 and co-chaired by MoPHS and UNICEF. ACF currently chairs the Nutrition Information Working Group, one of the numerous working groups under the NTF¹⁸;
- National Micronutrient Control Council;
- Healthy Diets and Lifestyle Steering Committee; and
- Monitoring & Evaluation and Research Steering Committee (see Figure 4 in Annex).

NICC represents the coordination structure to scale up nutrition under the SUN framework. The Director of the Nutrition Division is the SUN Focal Point¹⁹ (*SUN, 2013*).

The NTF could potentially be a cross-sectoral structure. It has been underlined that NTF is by far the most active entity and where most of the coordination between various stakeholders takes place. The different working groups are open to all stakeholders involved in nutrition, including representatives of the MoA for instance. However, discussions are primarily led by stakeholders involved in nutrition-specific interventions and are hardly linked with agricultural and food security issues.

AGRICULTURAL SECTOR COORDINATION UNIT (ASCU)

Established in 2005 to coordinate agricultural reforms following the SRA, ASCU is an inter-ministerial coordinating unit between the 10 agriculture-related ministries. Strongly supported by development partners, ASCU is able to hire consultants to elaborate draft policy documents but the secretariat staff remains limited.

ASCU has been involved in the ASDS drafting and also has the mandate to spearhead the FNSP drafting process. As such, ASCU's Food and Nutrition Thematic Working Group has made progress on nutrition-sensitive agricultural interventions as reflected in the FNSP. However, its inter-sectoral coordination role during the FNSP/S process is mainly seen as temporary in order to fast track policies and strategies. Attached to the MoA, ASCU is primarily considered as a unit supporting agricultural policies that are focused on production and economic aspects with a limited interest in nutrition.

The role of ASCU is likely to be reviewed under the current governmental reform, which will reduce the number of ministries from 44 to 18²⁰. In the agriculture sector, the three ministries of Agriculture, Livestock, and Fisheries will merge to form a single powerful entity, namely Agriculture, Livestock, Fisheries and Food Authority (ALFA)²¹. This may affect ASCU's structure even if its mandate on coordination remains the same.

Although the cross-sectoral FNSP drafting process has been housed by ASCU, its institutional attachment to the MoA makes ASCU primarily seen as a unit supporting agricultural policies. In accordance with the ASDS, concerns are more related to production aspects and economic impacts of agricultural intervention than nutritional impacts.

NATIONAL DROUGHT MANAGEMENT AUTHORITY (NDMA)

NDMA is a young institution that has been mandated, among other things, to look into food security surveillance with a nutrition lens. It does not seem to be an entity where nutrition-sensitive agricultural interventions are discussed (see page 38). It was first created in September 2011 by the initiative of the President, following a 10 year project (Arid Lands Resource Management) in support of pastoral and agro-pastoral livelihoods in areas prone to droughts (33 counties representing 90% of the arid lands). The institutional framework for

18 - Other working groups are: Capacity development; Maternal, Infant and Young Child Nutrition (M&IYCN); Advocacy & Communication (the newest one replacing post-Symposium meetings); Response Advisory; Urban Working Group; Supplementation Sub-Committee; National Food Fortification Alliance; Biodiversity; Obesity; Nutrition Data Management; Nutrition Research.

19 - The European Union serves as the SUN Donor Convenor.

20 - The New Constitution requires the number of ministries to be reduced from 44 to a number between 14 and 22. The new government decided to reduce the number of ministries to 18. On April 18th 2013, the list of the 18 ministries and state departments that will form the National Executive has been officially released by the President.

21 - The Agriculture, Livestock and Food Authority (ALFA) Bill passed the 18th of December 2012.



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drought management has changed several times between the Office of the President, the Ministry of Special Programmes and the Ministry for Development of Northern Kenya.

KENYA FOOD SECURITY STEERING GROUP (KFSSG) AND KENYA FOOD SECURITY MEETING (KFSSM)

Two structures under the responsibility of the Ministry of Special Programmes have the mandate to coordinate response to droughts and food insecurity:

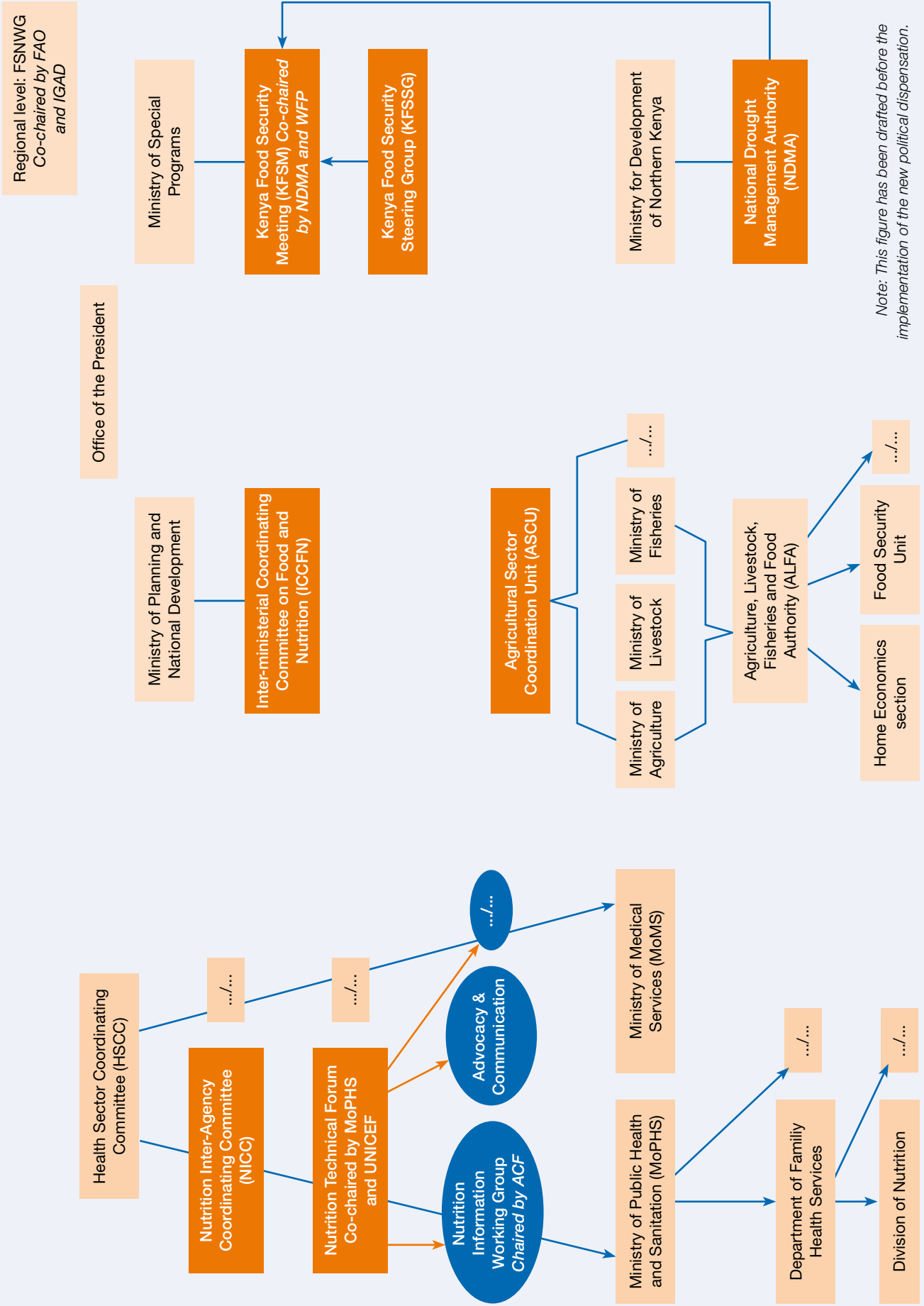
- KFSSG is a technical group bringing together people from the different sectors in several working groups (Agriculture and Livestock, Health and Nutrition, etc.). The nature of the working group on Health and Nutrition sectors is justified for efficiency reasons: nutrition is a technical field and nutritionists have to speak together; work is better in small groups than in larger groups. Moreover, this structure is flexible: participants from the agricultural working group may invite nutritionists in their discussions and vice versa. KFSSG is responsible for drafting food security reports twice a year ('long and short rain assessments') and bringing them to KFSSM.
- KFSSM is co-chaired by NDMA and WFP. As an executive body, participants are executive and high level representatives from the different sectors. Monthly meetings are set up to take decision on the basis of the KFSSG report.

A FOOD SECURITY AND NUTRITION WORKING GROUP (FSNWG) also exists at the regional level to bring together a diverse group of donors, UN agencies, research organizations and international NGOs. It is a regional multi-sectoral inter-agency platform for sharing information and building food security consensual situation analysis, promoting mitigation and resilience responses for vulnerable households and monitoring cross border market information. It is co-chaired by IGAD and FAO and covers 13 countries: Burundi, Central African Republic, Democratic Republic of Congo, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania and Uganda²².

22 - Food Security and Nutrition Working Group East and Central Africa: www.disasteriskreduction.net/fsnwg



Figure 2: Institutional framework on food security and nutrition issues



TOWARDS AN INTER-SECTORAL FOOD AND NUTRITION SECURITY MECHANISM

There is a consensus on the need to have an inter-sectoral mechanism for food and nutrition security so that nutrition could be elevated in the political agenda and nutrition-sensitive interventions scaled-up. The FNSP states that the Government will form a strong Food and Nutrition Security Secretariat²³ in order to reorganize and strengthen the existing structures under which food and nutrition issues are covered. Four institutions are mentioned:

- KFSM on emergency response, under Special Programmes issues that are under the Office of the president,
- ICCFN,
- ASCU and,
- The National Food Safety Coordinating Committee (NFSCC) for health issues.

The FNSP stresses the need to bring them together to ensure more interaction and cross-sectoral collaboration for an effective implementation of the FNSP. It is not a new institution but a coordinating mechanism under which the existing food security and nutrition structures would be utilized. These would be reviewed and their scope expanded at both national and county levels. The secretariat is expected to be supported by four Stakeholder Technical Committees in line with the FNSP pillars: 1) Emergencies, 2) Nutrition, 3) Availability and Access, and 4) Food Safety and Quality. A national food and nutrition security steering committee will also be formed to play a key oversight role (*FNSP, 2011*).

However, the FNSP does not specify where the FNS Secretariat should be housed, nor does it mention which agency should lead it. One of the options studied during the discussions around the FNSS was to house the secretariat under the Office of the President. It has been noted that discussions were particularly intense on this institutional issue (more than 10 hours discussion). Food security – more than nutrition per se – is claimed by several bodies. ASCU has played a role in multi-sectoral coordination during the FNSP drafting process and is supposed to pursue this role for the strategy. NDMA also has a food and nutrition security mandate in terms of surveillance by hosting the KFSSG and KFSM.

Interviewees underlined that only the Office of the President or the Ministry of Planning has authority over sectoral ministries to require their participation to any multi-sectoral coordinating mechanisms. Moreover, a cross-sectoral body at the highest level is seen as a positive factor to help the accountability on nutrition from both Agriculture and Health sectors.


Beyond the consensus for a FNS mechanism, different views have been expressed with respect to its institutional anchorage. On one side, the proposal for hosting the secretariat under the Office of the President or the Special Programmes (Ministry of Planning) is argued on the basis of lessons learned from past experience with the 1994 National Plan of Action on Nutrition²⁴. Among the gaps explaining weaknesses in implementation, is the lack of clear coordination mechanisms and commitment to fund implementation (*FNSP, 2011*).

On the other side, this option appears very challenging or even unrealistic. There is a risk of creating more confusion in an already complicated institutional framework if a new mechanism is established without replacing previous ones. Many other critical and cross-cutting issues (climate change adaptation as one example) could claim a similar level of political priority. Even for the National Disaster Authority, which is soon to be established, to deal with all kinds of hazards and disasters²⁵, it is uncertain whether it will be included under the Office of the President. Different case studies and models of inter-sectoral coordination have been looked at using lessons learned, but it is felt that reflection should continue in order to determine the appropriate institutional framework for Kenya.

23 - According to interviewees, establishing a Secretariat rather than an Authority was more realistic (an authority would be too ambitious). Some underline that such a mechanism should take representatives from the different sectors and has a critical mass of people.

24 - The National Plan of Action on Nutrition has been established just after the 1992 International Conference on Nutrition (ICN).

25 - The bill has been passed in Parliament but has not been presented to the Cabinet so far.



Finally, having a secretariat at the highest level is not seen as a guarantee to solve coordination challenges, ensure that work will really be multi-sectoral or that nutrition will receive adequate attention. The new political dispensation is seen as an opportunity to facilitate inter-ministerial coordination between far fewer ministries. The MoA, MoL and MoF have now merged to form a single entity, as is the case for the two ministries in the Health sector (MoPHS and MOMS).

AT COUNTY (LOCAL) LEVEL

NTF exists at the county and district levels and follows the same model as the NTF at the national level, although all counties have not reach the same level of functional working groups. MoA Officers may be invited to participate in county NTF. Their attendance depends on the people and the dynamics in the given county. But it has been raised that county NTF tend to bring together only “pure” nutrition stakeholders for technical consultation and that discussions are not very open to nutrition-sensitive issues. The District Steering Group established at the district level brings together all partners in a multi-sectoral fashion. But this group is only for information sharing and seems not relevant to reflect on nutrition-sensitive interventions programming.

Multi-sectoral coordination between sectoral officers involved in agriculture, food security and nutrition is therefore not a reality at the district and county levels. HE Officers from the MoA and health workers are not used to meet regularly as each of the ministries has its own agenda. The District Nutrition Officer (DNO) has to ensure nutrition is integrated in the District Health Information System (DHIS) by Health Officers, whereas there is no requirement or incentive for further exchange with the HE Officers.

In line with the FNSP²⁶, discussion regarding the FNS strategy focuses on the following institutional framework (*Obunde, 2012*):

- National Food and Nutrition Security Executive Committee,
- National Food and Nutrition Security Steering Committee,
- County Food and Nutrition Security Secretariat,
- Sub-County Forum and
- Ward Forum.

The NNAP (2012) also states that there will be a devolved coordination system at the county level. The county secretariat will have to report to the National FNS Secretariat.

According to the interviewees, the devolution process, in particular the development of county plans, is seen as an opportunity to establish multi-sectoral teams at the local level that could meet regularly. The establishment of a FNS Secretariat at the national level is also likely to facilitate the coordination and the implementation of the FNSP at the county level.

26 - The FNSP (2011) states that “food and nutrition security secretariats will be formed at national and county levels to bring together all relevant ministries to ensure broad, multi-sectoral implementation, coordination and monitoring mechanisms”.

THE CRITICAL CHALLENGE OF IMPLEMENTATION

There is a consensus on the fact that the most critical challenge is about the implementation of the FNSP: how to translate the nutrition manifesto to reality. The devolution process makes the counties' governors the key drivers of the implementation of the FNSP. A number of examples of nutrition-sensitive agricultural and food security programmes or projects have been mentioned, but they are mostly small scale and are not necessarily promoted as being 'nutrition-sensitive'.

FINALISATION OF THE FOOD AND NUTRITION SECURITY STRATEGY

At the national level, the FNSS 2012-2017 is at an advanced stage. This document represents the implementation plan of the FNSP and should provide framework and costing. In particular, a detailed phasing of programme activities should be built since not all required activities can be implemented immediately and simultaneously. The strategy will cover a 15-year period, with three 5-year phases (*FNSP, 2011*).

However, it has been raised that no information has been given about the finalization process of the FNSS for a long time. Several factors may explain this situation, although concerns have been expressed about recurrent difficulties in implementation: preparation for the last elections, governmental reforms, devolution process, etc.

Under the devolution process²⁷, the 47 counties will be given more responsibilities in implementing national policies. For instance, each county is expected to develop county nutrition implementation plans for 2013-2015 in line with the NNAP (SUN). While modalities of county governance are not known in detail, counties' governors appear as key actors for the implementation of nutrition-sensitive programmes in line with the FNSP/S. Resources will be allocated and it will be their responsibility to prioritize interventions regarding issues under their docket (crops to be grown, management of food production deficit, etc.).

In addition, the county level seems to be the most relevant for the design and implementation of nutrition-sensitive interventions due to the strong agro-ecological, socio-economic and political diversity in the country. Nutrition-sensitive interventions have to therefore be context-specific and can hardly be prioritized at the national level.

27 - The New Constitution of August 2010 requires the devolution of Government powers to the 47 newly created counties, which will have elected Governors and Assemblies as key executive and legislative bodies.



Although the devolution process is mostly seen as an opportunity to better implement national policies such as the FNSP, the extent to which nutrition will be prioritized within the 47 counties remains a critical question (SUN). It might strongly vary from one county to another depending on the nutrition-sensitivity of governors.

Among the main constraints for the implementation of nutrition-sensitive programmes under the devolution, are:

- Insufficient number of HE and nutrition officers to ensure nutrition is prioritized at the county level. Each county and district has HE and nutrition officers²⁸ but other sectoral officers might be stronger in imposing their priorities at the expense of nutrition concerns.
- The lack of knowledge of policy documents on food and nutrition security from health officers and of Nutrition Action Plan from MoA officers at the district level, as reflected in some remarks reported from the field.
- The lack of adaptation of the NNAP for non-technical people. A call for action document is under finalization to make the NNAP simpler and lighter.

EXAMPLES OF NUTRITION-SENSITIVE PROGRAMMES

Agricultural and food security programmes that include a nutrition component have been implemented for a long time. Lots of examples of government led programmes or donor-supported projects can be mentioned. But it is recognized that nutrition components are often quite limited or that these types of programmes and projects do not represent a large share of the total amount of programmes and projects. Besides nutrition-sensitive programmes led by the MoA, the whole work of the HE Section within the MoA could be qualified as being nutrition-sensitive. Development partners also support nutrition-sensitive agricultural and food security projects.

THE HOME ECONOMICS SECTION'S WORK

The HE Section within the MoA is a key actor in the field of nutrition²⁹. At the national level, the HE section's staff coordinates and follows up on the work of HE officers on the ground. They are also supposed to participate in all meetings related to nutrition (NTF, KFSSG, etc.).

At the local level, 65 HE officers trained in nutrition and 500 general agricultural extension officers under HE section who deliver basic nutrition messages are present in all districts. Given the numerous agriculture-related ministries (before the recent reorganization), extension workers represent a significant number of staff. They are key nutrition information relays to change behaviour on the long term, especially among young people and women (consumption habits, resource allocation and decision-making among household members, etc.). Their work is mainly focused on providing knowledge, services and skills to people in their communities (including farming groups, common interests groups, etc.) and households (see Box 4).



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28 - In some counties (16) a UNICEF officer supports the nutrition officer.

29 - Linkages with Home Economics section are recognized as important efforts made by the Health sector for scaling up nutrition education at the community levels (FNSP, 2011).

BOX 4. Main activities of HE officers on the ground

- Promotion of appropriate technologies for improved nutrition: energy saving devices, preservation of nutrients.
- Nutrition education on food preparation: help households to plan the food, select the relevant products and prepare them (e.g. not overcooking to not lose nutrients). Consumer education appears increasingly important with the evolution of the lifestyle.
- Promotion of traditional high value crops: the MoA is now going back to more traditional crops (root crops, millet, traditional vegetables, etc.) that are nutritious but also drought resistant. This includes the issue of commercialization, especially the social value of food, including taste (bitter taste of traditional vegetables for instance) and branding for appeal.
- Post-harvest advice regarding seasonable and perishable fruits and vegetables: one method is drying these products so that they are available even in the dry season.
- Home gardening, in particular in urban and peri-urban agriculture projects: agriculture without land (growing crops in containers), small livestock (chicken, eggs, etc.) to have animal protein, small fish farming, etc.

Although some overlap might exist between Health and HE workers on some nutrition messages (wash dishes, clean houses, how to cook and store food, etc.), this repetition is seen as positive since it shows that the MoA and MoPHS complement each other to strengthen nutrition messages.

The HE Section remains a very small section within the MoA and severely understaffed with respect to the food and nutrition situation in Kenya: only three people (soon to be two) to coordinate the work of more than 500 HE Officers on the ground and to participate in nutrition initiatives at the central level. Funds are insufficient to attend all the nutrition-related meetings and to implement more activities in the field (e.g. demonstrations of urban and peri-urban projects). Even if HE officers were supported at the local level under devolution, human and financial resources would need to be increased to strengthen agricultural nutrition-sensitive interventions and linkages with other nutrition actors. This situation reflects the fact that the HE section appears to be marginalized and under-recognized within the MoA.

OTHER NUTRITION-SENSITIVE PROGRAMMES LED BY THE MoA

Among the frequently mentioned governmental programmes combining agriculture and nutrition are:

- Njaa Marufuku Kenya programme (NMK)³⁰: this emblematic programme targets the extremely poor and vulnerable groups and has nutrition outcomes (see Box 5).
- Promotion of High Value Traditional Crops (HVTC): some agricultural products have been selected for promotion with the support of research institutes. They are particularly good for nutrition: beef, milk, fish, fruits and vegetables, etc.
- Support of Urban and Peri-Urban agriculture with nutrition objectives.

However, even MoA-led programmes with positive nutrition outcomes are not all necessarily done with a nutrition lens. Production diversification and income generation seem to be the primary objectives. The push for HVTC is also more related to climate change concerns than to nutrition.

DEVELOPMENT PARTNERS' NUTRITION-SENSITIVE PROJECTS

A long list of development partners' contributions to existing agricultural sector projects is presented in the MTIP 2010-2015. Below are a few examples of nutrition-sensitive projects that have been mentioned by interviewees.

BOX 5. Njaa Marufuku Kenya, example of a nutrition-sensitive agricultural programme

Started in 2005 by Agriculture Sector Ministries with support from FAO and the MDG centre, the programme was formulated to fast track the fulfilment of MDG 1 through support to community driven agricultural development initiatives. One of the strategic objectives is to improve the health and nutrition status of pregnant and lactating mothers, children under five and school-going children.

The programme has four components:

1. Support to Community-Driven Food Security Improvement Projects, which aims to increase food availability (small grants provided to community groups for scaling up agricultural activities such as irrigation, high value crops, value addition, livestock, etc.);
2. Support to Community Nutrition and School Meals Programmes (SMP);
3. Support to Private Sector Food Security Innovations which aims to improve food access through promotion of income earning opportunities (agro-processing and value addition);
4. Project Management and Coordination.

In collaboration with the MoPHS and the Ministry of Education, the nutrition component has three approaches:

- i) **SMP:** cash grants are provided to schools for food procurement as well as transfers to support small-holder production, sensitization and capacity building for school committees (parents and teachers) , plus demonstrations of school gardens to encourage involvement of youth in agriculture and increase productivity;
- ii) **Community nutrition education and awareness:** Community Nutrition/Health Volunteers (CNHVs) are selected and trained to disseminate nutrition messages, promote model kitchen gardens, carry out demonstration on micronutrient rich foods and food preservation techniques, etc.;
- iii) **Mother/child health and nutrition programmes:** CNHVs conduct growth monitoring of children under five, monitor maternal nutritional status, promote diet diversification, etc.

The programme has had positive impacts on school enrolment, learning and cognition and nutrition.

Source: Ministry of Agriculture Website; Songa (2010).

FAO: Most of the FAO Kenya projects have a nutrition component even if not be explicitly mentioned – the number of these types of projects submitted to the FAO Office is still increasing. They address nutrition concerns through aspects of nutrition education using mainly the “farmer and pastoral field schools” approach. Farmers are also trained to diversify their production and incorporate nutrient-dense traditional food crops in the mix. Some of the projects back this up through the distribution of the appropriate seeds or planting materials to vulnerable farmers. As an indication of the seriousness with which nutrition mainstreaming is handled, the FAO Kenya Country Programme Framework (CPF) has various nutrition indicators under several of the Outcome areas. Going forward, FAO Kenya is further strengthening the nutrition mainstreaming by leading in a joint effort with several other UN agencies under the UN Joint Programme on Food Security and Nutrition. This programme prioritizes both nutrition-specific and nutrition-sensitive interventions, including agricultural interventions. The joint programme will also have a strong capacity building component on with training and consultations on how to integrate nutrition. FAO has already established a secretariat to undertake preliminary activities in preparation for roll-out.

The following FAO regional projects (including Kenya) are some examples of how nutrition is integrated in agricultural and food security interventions:

- Gender equality, key to food security: this project was implemented through the Farmer Filed School Approach and this entailed a training component that included nutrition education and practical demonstrations (work on HE, etc.). The project delivered an integrated intervention that increased

awareness of gender issues, reduced the stigma of HIV and improved the levels of nutrition and food security of people among the most vulnerable communities. Impacts on enhanced nutritional status, greater quantity and diversity of food produced were underlined. (The project ended in December 2012.)

- Pastoral field schools (PFS): the project includes a component on training of PFS trainers and facilitators on livestock related issues, as well as human issues like gender, HIV and AIDS and nutrition.

USAID: Feed the Future, the U.S. Government's global hunger and food security initiative with the aim to better integrate nutrition into USAID's agricultural interventions³¹, is implemented in Kenya through a value-chain approach. Three commodity-based agricultural programmes, though designed prior to Feed the Future, are expected to contribute to its objective: Kenya Maize Development Program (KMDDP), Kenya Dairy Sector Competitiveness Program (KDDSCP) and Kenya Horticulture Competitiveness Project (KHCP) with a focus on a wide range of crops, including Orange-fleshed sweet potato (OFSP) as a biofortified crop. Under the KHCP project, a resource manual for trainers ("Applied Basic Agri-Nutrition Resource Manual and Toolkit") has been produced by the MoA, the MoPHS and stakeholders for use by trainers, to help pass key nutritional messages to households and communities.

Henson and al. (2012) conducted a rapid assessment of these projects with a nutrition lens and concluded that evidence of their nutritional impacts is relatively weak. This is predominantly due to: the non-targeting of specifically nutrition deficient groups³², the lack of a nutritional baseline and/or relevant nutrition monitoring and evaluation indicators (not only under-nutrition but also micronutrient deficiencies), and the relatively limited nature of nutrition initiatives (kitchen and community gardens, nutrition education through farmer field schools, etc.).

Two other projects mentioned in the WHO Global database on the Implementation of Nutrition Action (GINA) include nutrition outcome indicators. The village-based food security advisors aim at promoting good farming practices to help mitigate the effects of climate change at the micro level. Rates of under-nutrition are among outcome indicators. Strengthening Agricultural Technologies among People Living with HIV is initially a health driven project that now includes agricultural technologies to improve access to adequate food. Its nutrition indicator is the consumption of fresh fruits and vegetables from gardens.

The KHCP is linked with another project on OFSP, the Mama SASHA project (Sweet Potato Action for Security and Health in Africa), which aims to integrate health and agriculture to maximize the nutritional impact of OFSP. Implemented in western Kenya, pregnant women are encouraged by health workers to use ante- and postnatal care services and receive nutrition counselling along with vouchers to obtain OFSP planting vines from nurses. Both the MoA and MoH are involved through Agriculture Extension Officers and through District nutritionists³³.


EU (European Union): SHARE (Supporting the Horn of Africa's Resilience) is seen as the only one project that can be qualified as a nutrition-sensitive project among the five EU-led programmes in the field of agriculture and rural development in Kenya. However, it accounts for around 40% of the total amount of projects. Starting from January 2014, it aims to boost resilience by improving the opportunities of farming and pastoralist communities and in the long term to find lasting solutions for chronic malnutrition. Led by UNICEF, the nutrition component is transversal and the most important one (20 out of 40 million euros). FAO is in charge of the impact assessment.

GIZ (Germany): The main agricultural project supported by GIZ in partnership with the MoA (2003-2013) is the Private Sector Development in Agriculture (PSDA). The following activities have been mentioned as examples of nutrition-sensitive activities:

31 - Henson and al. (2012) note that linking agriculture and nutrition is difficult because it brings together two distinct disciplinary domains that are typically institutionally separated in USAID.

32 - The nutritional assessment of KHCP made by Fintrac recommends focusing on children under 5 years and women of reproductive age (in Henson and al., 2012).

33 - Partly funded within the USAID Population and Health Integrated Assistance Program (APHIA Plus), the project is led by the International Potato Center (CIP) in partnership, among others, with the Kenyan Agricultural Research Institute (KARI) and the international NGO PATH (Program for Appropriate Technology in Health) which was also involved in IYCN (USAID's Infant Young Child Nutrition project) for integrating nutrition into agriculture projects. Within the DONATA project (Dissemination of New Agricultural Technologies in Africa), the OFSP technology is disseminated through the implementation of Innovation Platforms for Technology Adoption (IPTAs) made up of farmers, researchers, MoA advisory service providers, community based organizations (CBOs) and agri-business actors. Other natural bio-fortified crops are also growing in Kenya: Quality Protein Maize (QPM), cassava (vitamins), and beans (minerals –iron and zinc) (Ndung'u and Karanja, 2012).

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- One of the three components of the project is on promotion of value chain for selected products (incl. potatoes, mangos, beef, poultry, Omena fish). Findings are positive in empowering women in terms of employment, income, nutrition (value-addition at household level through potato flour, better food consumption, etc.) and safety foods (e.g. hygienic butchery techniques).
 - Mushroom promotion (e.g. recipe book): mushrooms have been selected for their high nutritional and medicinal value and their potential to create employment and generate income, especially for women since land is not a key production factor. However, many difficulties have slowed adoption by the population as part of the diet, including perception of mushrooms as poison, higher interest in selling them than eating them, high perishability.
 - Nutrition information and recipe book for people living with HIV, especially targeting women.

Save the Children (STC): One nutrition-sensitive agricultural project (funded by ECHO) consists of strengthening markets and maintaining livelihoods of livestock-based communities, even during the dry season, in contexts where markets have been destroyed by food aid, droughts and floods. Activities targeted pastoralists, traders (mainly women) and livestock producers: training, husbandry, milk business, etc. In addition, milk vouchers were distributed to vulnerable groups. This has strengthened the demand and offered new market opportunities for livestock producers. The nutritional objective was to improve the quality of milk from the producers to consumers, including transportation, so that nutrients are preserved. STC's effort has also focused on the link between biodiversity and nutrition. It consisted of: a cost of diet assessment including the value of wild and traditional food in the diet and promotion of these products to reduce the cost of diet.

Some constraints have been highlighted to explain the lack of wider nutrition-sensitive programmes:

- Methodological problems of mainstreaming nutrition in agricultural interventions, in particular regarding food utilization: how to blend it and prepare it to suit the needs of different end users (children, pregnant women, elderly, etc.).
- Problem of capacity building at the county and district levels. Difficulties in understanding nutrition even from health facilitators have been noticed. As an example, nutrition data are hardly provided.
- Market issues of nutritious food: getting producers and consumers back to orphan crops and high value crops (leguminous, traditional cereals such as sorghum or millet) is challenging due to problems of taste, cooking habits, etc.

COSTING AND FUNDING OF NUTRITION-SENSITIVE PROGRAMMES

BUDGETARY ISSUE

A nutrition budget line exists for a long time in Kenya but nutrition remains largely under-funded. The government's budgetary allocation for health sector is at 7% for financial year 2009/2010³⁴ and nutrition is at 2% of the health budget (*NNAP, 2012*). The government's contribution to health financing has remained low and unchanging, resulting in increased reliance on donor financing especially for programmes targeting children and women (*NNAP, 2012*). The poor efficiency of high impact nutrition interventions adopted so far is explained by the low investment in nutrition due to inadequate resources and low prioritization of nutrition.

In addition, most funding available for nutrition is allocated to humanitarian aid programs. Nutrition programs tend therefore to be short-term and controlled by donors. There is a need to implement interventions that go beyond emergency contexts and to long-term development programs (*IFPRI a, b*).

Insufficient budgetary allocation to the agricultural sector is also raised as a key constraint. The total allocation to the sector had risen from 5.7% in 2005/06, to 6.5% in 2006/07 and 7.8 percent in 2007/08 of the total expenditure. It reached a high record of over 10 percent in 2010/11³⁵, in line with the 2003 Maputo objective to allocate a minimum of 10 per cent of the annual budget to Agriculture. In addition 65 percent of the total 2011/2012 budget is allocated to recurrent expenditure while the remaining 35 percent has been for development expenditure (FAO-FAPDA).

In this context, nutrition-sensitive agricultural programmes are likely to be under-funded. The HE Section's activities as such represent a small share of the agricultural budget. If nutrition is often integrated within agricultural projects it is mainly as a small component spread over a multitude of projects, which makes the estimation of agricultural budget devoted to nutrition difficult. However, the NMK programme is one of the biggest MoA's programmes. Its nutrition component seems as high as the component on support to private sector, though much less than the component on support to community-driven food security projects³⁶.

34 - This is far from the 15% standard stipulated in the Abuja declaration (*NNAP, 2012*) and Kenya is the country in the region with the lowest budget share allocated to health.

35 - The ASDS and the Kenya CAADP Compact indicate that in 2008/09 the budget allocation to the agricultural sector was 4.5 percent, and 8 percent had been agreed upon.

36 - The total cost of the project (2005-2015) is KSH 8 billion and 100% funded by the GoK (Economic Review of Agriculture, 2010). According to the MoA's website, grants provided to schools since 2005 to date (2008 or 09) amounted to KSH 74.33 compared to KSH 73.52 million disbursed in support to private sector food security projects (component 3) and grants of KSH of 315.5 million disbursed to community groups (component 1).

The annual budgetary process will start in June and will give a clearer idea of priorities and how nutrition fits in them at the national and county level. There is no clear signal currently showing any change in the budget devoted to nutrition (health, agriculture, etc.). Moreover, recurrent costs and the implementation of devolution (new staff hired to carry out the process) might significantly weight on the next budget allocation to nutrition within the Agriculture and Health sectors.

NNAP COSTING AND DEVELOPMENT PARTNERS' SUPPORT

An estimation of the total resources required for implementing the activities of the NNAP has been developed with guidance from the World Bank and technical support from UNICEF (SUN). Overall, the cost estimates over the five years (2012-2017) is KSH 69 billion, approximately USD 824 million (*NNAP, 2012*).

Nutrition specific interventions represent the vast majority (88%) of the NNAP's total cost (see Figure 5 in annex). They are split between three categories: treatment of acute malnutrition, improvement of vitamin and micronutrient status and promotion of good nutritional practices. The majority of resources (70%) are targeted at children under five years of age.

A significant share of the total cost of the NNAP (9%) is allocated to strengthening the governance to implement both nutrition-specific and nutrition-sensitive approaches (information, advocacy, communication, capacity building, etc.). Nutrition-sensitive approaches only represent 3% of the total costs and are confined to health, water, sanitation and hygiene actions in the NNAP. There is nothing related to agriculture, due to the fact that Kenya has not yet established financial links with agricultural plans that have nutrition outcomes.

The NNAP is viewed as a resource mobilization tool. The fact that NNAP is now aligned to the government's broader Medium Term Development Plans (MTPs) should facilitate the mainstreaming of the nutrition budgeting process into national development plans and allocation of resources to nutrition programmes (*NNAP, 2012*).

The GoK has committed to spend KSH 6 billion (USD 70 million) over the next five years to scale up nutrition. It has also been stated that the money will be spread across line ministries involved in scaling up nutrition, including agriculture (SUN). Some donor financing commitments to support Kenya's effort in nutrition are indicated in the Call for Commitments for Nutrition, Kenya March 2013.

They are summarized in Table 3.

	USD million	Per year	Period	Actions
World Bank		12.8		Purchase of commodities used in the management of acute malnutrition.
DFID	26	8.7	over 3 years	Package for nutrition-specific interventions targeting at emergency-prone areas (the counties of Turkana, Wajir and Madera).
European Union	326		multi-year (no specification)	Humanitarian multi-year funding of SHARE (Supporting Horn of Africa Resilience).

Table 3: Summary of some donor financing commitments to the NNAP

The NNAP costing is presented as a general guide for planning and priority setting. But financial and decision-making authority now falls to the 47 county level administrations. Once counties will have developed their nutrition implementation plans for 2013-2015, a more accurate indication of cost requirements will be in place (SUN).

Among the key areas identified in the way forward to cover the costs of the NNAP are: building capacity at county level to prioritize, advocate and cost nutrition plans, and establishing financial links with other sectoral budgets so as to take account of nutrition-sensitive approaches.

The budget of the NNAP has been planned for a three month period, spearheaded by the GoK and UNICEF, with inputs from additional stakeholders (SUN Call for Commitments for Nutrition, Kenya March 2013). However, it was expressed by several interviewees that the budget development process was neither transparent nor understandable enough. It is seen as a rough indication reflecting only the cost of HiNi and the budget for the Health sector (the nutrition division).

It is underlined that robust systems to track financial resources and nutrition outcomes are not yet in place. The tracking of budget for nutrition has been raised as a critical challenge. One of the working groups in NTF will work on budgeting issues.



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NUTRITION IN MONITORING & EVALUATION AND INFORMATION SYSTEMS

M&E IN POLICY DOCUMENTS AND IN PROGRAMMES

A Monitoring and Evaluation (M&E) component is embedded in all policy documents (ASDS, FNSP, NNAP, etc.). Regarding the implementation of the FNSP, it is supposed to present the different activities that will be monitored throughout each of the five year phases as well as indicators to assess progress in food security and nutrition over time. The FNSP (2011) specifies that “effort will be made to link the FNSP M&E system with other existing monitoring and information systems. Line ministries will be supported in their own efforts to monitor their contributions towards attaining food and nutrition security goals and objectives through their own sectoral plans and technical programmes”.



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For now, the integration of nutrition concerns in the M&E of agricultural and food security seems to be rare. Even if projects include explicit nutrition component (e.g. capacity building in nutrition), the demonstration of the positive impacts of such projects on nutrition is lacking, but this issue must be addressed to advocate for nutrition-sensitive interventions.

Moreover, the lack of a methodology or clarity in the design of such projects regarding their contribution to nutrition makes the identification of nutrition-sensitive interventions as well as their accountability difficult.

Moreover, the lack of a methodology or clarity in the design of such projects regarding their contribution to nutrition makes the identification of nutrition-sensitive interventions as well as their accountability difficult.

NUTRITION DATA IN THE FOOD SECURITY INFORMATION SYSTEM

The need for cross-sectoral data sharing to allow for integrated and holistic food and nutrition security analysis and decision-making is clearly set in the FNSP. The appropriate cross-sectoral database system should be built through pooling together sectoral data and information gathered by relevant line ministries

and agencies, rather than a new and complex information system. One of the Government's commitments in this field is therefore to strengthen linkages, networking and coordination of relevant sectoral databases of all stakeholders.

NDMA is presented as a key actor with respect to information production on surveillance. It produces monthly Early Warning System (EWS) Bulletins on droughts with the partnership of the Kenya Meteorological Department and FEWSNET. These EWS Bulletins include nutrition issues from the 33 counties where NDMA is operating. Health workers in health facilities at the district level have to fill a set of information, including nutrition-related information (District Health Information System³⁷).

With respect to data collection on food security, actors include the KFSSG and KFSM. Some nutrition indicators (GAM, SAM, MAM) are now integrated in the food security analyses such as the short rain and long rain assessments on food security. In 2009 the new IPC standard was adopted and the surveillance system now recognizes the need for a nutrition lens.

However, KFSSG assessments remain focused on food security and agriculture, with only a small nutrition component. Integration of data on nutrition in a food security data collection system is therefore still considered insufficient (*IFPRI a*).

The EWS Bulletins provide each ministry with technical recommendations, but these recommendations are not necessarily used by agricultural actors. EWS Bulletins encompass many detailed indicators that are likely to be too technical and not relevant for the end users³⁸.

Moreover, the timelines of EWS Bulletins are not consistent with the longer term interventions of the MoA, which are generally designed on an annual basis and not flexible enough to be guided by nutrition surveillance information. The focus on emergencies is therefore a limitation for the use of EWS nutrition indicators by the MoA. Outside emergency situations, EWS nutrition indicators do not provide nutrition guidance for the day to day work of the MoA on nutrition, especially for extension workers.

37 - ACF provides a technical support to NDMA to strengthen its capacity in surveillance at the district level (UNICEF funding). The quality of data of monthly reports from the District Health Information System is improved through training of trainers and supervision of reports.

38 - It has been noted that ACF's reports at the district and county level present also targeted recommendations for all line ministries (each one is responsible for something) but feedback from agricultural representatives varies depending on available human resources and existing dynamics within the districts and counties.



RECOMMENDATIONS

Based on the analysis of constraints to integrate nutrition concerns in agricultural and food security interventions, the following recommendations are proposed. Recommendations are distinguished between those addressed mainly to actors involved in the field of agriculture and food security, including donors, and those addressed to nutrition actors.

Towards actors involved in the field of agriculture and food security

- **RECOMMENDATION # 1**

Strengthen the HE section (through additional human resources, stronger communication materials, cross-training, funding or internal MoA coordination) to expand the MoA consideration of nutrition beyond its current production focus.

- **RECOMMENDATION # 2**

Include nutrition-sensitive agricultural interventions as a module in relevant training curriculums (agricultural extension workers, nurses, etc.) and raise awareness among agricultural actors (including donors) on “how to” integrate nutrition (e.g. What kind of actions could demonstrate a nutrition lens? What is required from an agricultural actor on nutrition?).

- **RECOMMENDATION # 3**

Link the implementation of the ASDS with the FNSS by focusing more on production diversification (various nutritious food provided by the agro-ecological diversity of Kenya) and specifically supporting small-scale farmers as main drivers of household based food security and nutrition.

- **RECOMMENDATION # 4**

Promote nutrition-sensitive agricultural interventions in the existing and envisaged food security and nutrition coordination mechanisms at national and local level, so that agricultural actors are better brought into the discussion and can coordinate.

In addition, at the local level, regular forums for HE officers should be organized as an opportunity to understand each other's priorities and share best nutrition-

sensitive practices. Specific sessions in County NTF or County Stakeholders Forum – and most importantly in District Steering Group meetings (DSG) – as DSGs are the most frequent forum bringing all stakeholders in all fields together – could also be an opportunity to discuss nutrition-sensitive programmes that may already exist in the area.

- **RECOMMENDATION # 5**

Show evidence of nutrition outcomes in nutrition-sensitive agricultural interventions to facilitate advocacy for increasing nutrition-sensitivity (e.g. case studies, lessons learned, impact assessments, impact pathways, etc.).

- **RECOMMENDATION # 6**

Make nutrition components more visible in food security reports (EWS Bulletins, short/ long-rain assessments) and integrate chronic malnutrition indicators and diet related nutrition indicators (e.g. months of food availability, food diversity score, etc.).

Towards actors involved in nutrition

- **RECOMMENDATION # 7**

Target HE officers and extension workers in nutrition programmes.

- **RECOMMENDATION # 8**

Increase funding for nutrition long-term development programs in order to go beyond emergency contexts and include nutrition component in agricultural development programs.

- **RECOMMENDATION # 9**

Use methodologies that clearly define nutrition-sensitive agricultural programmes to enable to budgeting. The NNAP costing under the SUN movement should be revised to make the link with the agricultural budget so as to include nutrition-sensitive agricultural interventions.



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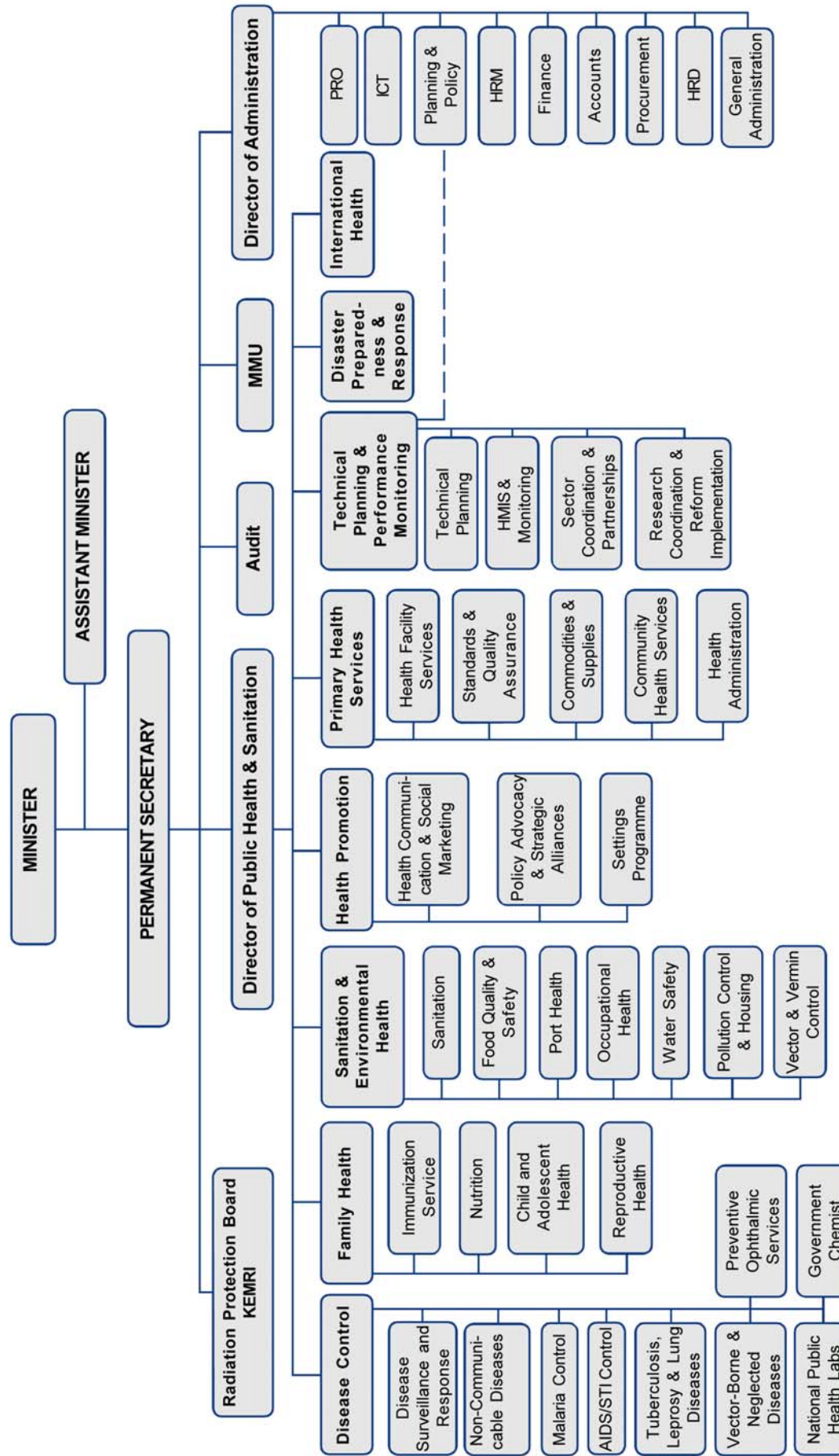
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ANNEXES

List of interviewees

AWINO Imelda	ACF Kenya Mission	FSNS Program Manager
KARIMI KIRUNTIMI Joy	ACF Kenya Mission	Nutrition Coordinator
KIRATHI MUNGAI Reuel	ACF Kenya Mission	Nutrition Coordinator Assistant
NIABERA Daniel	ACF Kenya Mission	Food security and livelihoods Coordinator
TRAN Huyen	ACF Kenya Mission	Country Program Coordinator
ONIANG'O Ruth	African Journal of Food, Agriculture, Nutrition, and Development (AJFAND)	Professor in Food and Nutrition Science, Editor-in-chief of the AJFAND, Founder of Rural Outreach Program, Chair of the Food Security and Nutrition Thematic Working Group in Kenya, Former Member of Parliament
NARDI Pietro	European Union, Delegation of the European Commission	Rural Development Sector
KIMANI Angela	FAO	
McDOWELL Stephen	FAO, Food Security and Nutrition Working Group	Regional Food Security Advisor
VINCENT Thierry	French Embassy	Regional advisor for the health sector
ORINA Margaret	GIZ	Agriculture Department, Nutrition and Food Security Section
LOW Jan W.	International Potato Center	Leader Sweetpotato for Profit and Health Initiative, Project Manager, Sweetpotato Action for Security and Health in Africa
INGOSI Abner	Ministry of Agriculture	Head of Food Security and Early Warning Systems
NDUNG Felicia	Ministry of Agriculture, Home Economics Section	Head of Home Economics Section
ODHIAMBO George	Ministry of Agriculture, Agricultural Sector Coordination Unit	Programme Officer, Agribusiness & Food security
WAMBANI Valérie	Ministry of Public Health and Sanitation, Division of Nutrition	Programme Manager, Food Security & Emergency Nutrition
KIMEU Paul	National Drought Management Authority	Drought resource Management Officer
ADERE Wema Jennifer	Save the Children	Nutrition Advisor
NGOMBALU Assumpta	Save the Children	Regional Nutritional Advisor
AKWANYI Brenda	UNICEF	Nutrition Sector Coordinator
FORSEN Yvonne	WFP	Head of VAM (Vulnerability Analysis & mapping Unit) & Nutrition

Figure 3: Ministry of Public Health and Sanitation, organizational structure in May 2013



Key: HMIS = Health management information system; HRD = Human resources development; HRM = Human resources management; ICT = Information and communications technology; KEMRI = Kenya Medical Research Institute; MMU = Ministerial Management Unit; PRO = Public Relations Office.

Figure 4: Nutrition Sector Coordination Structure 2008-2013

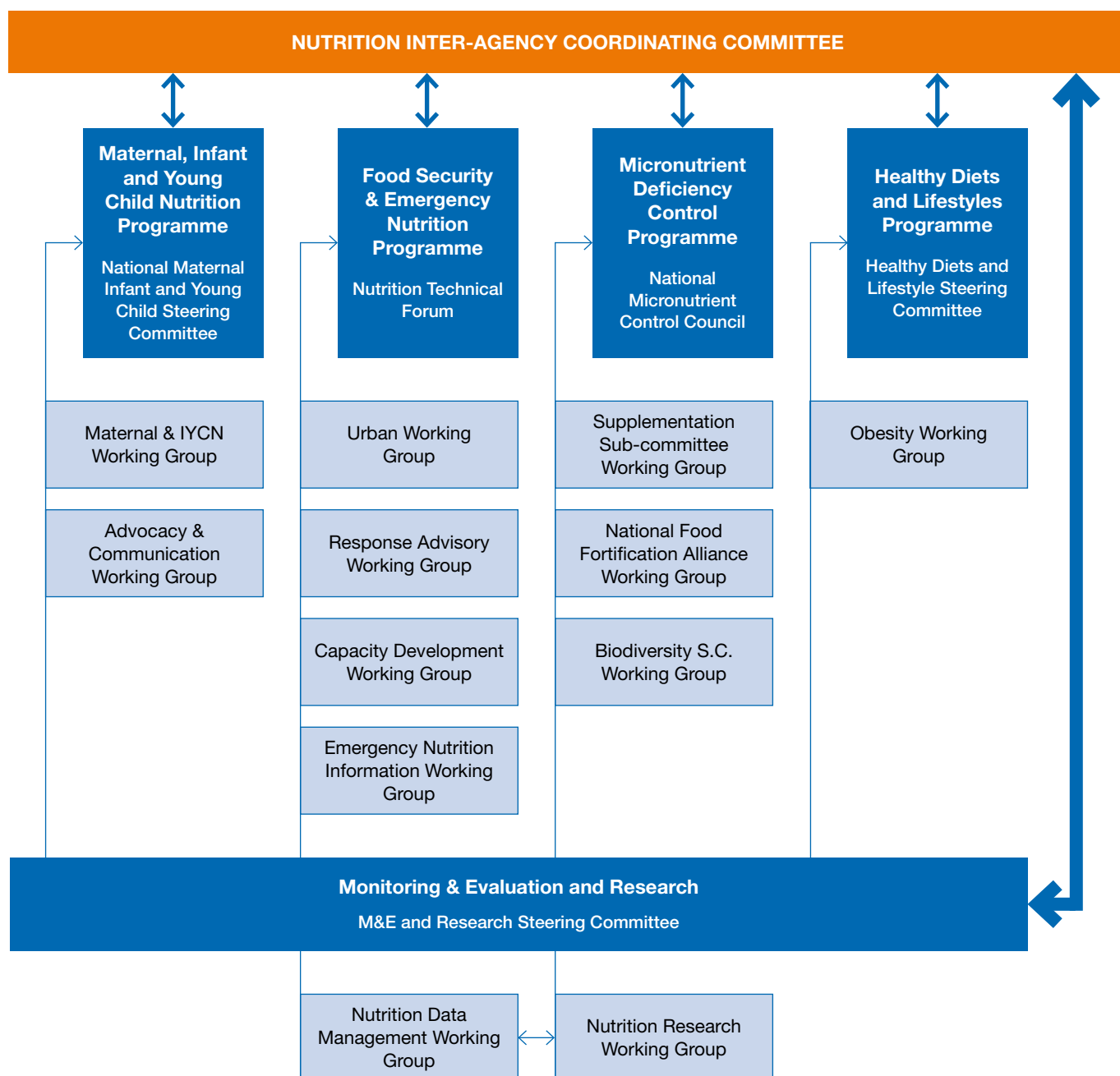
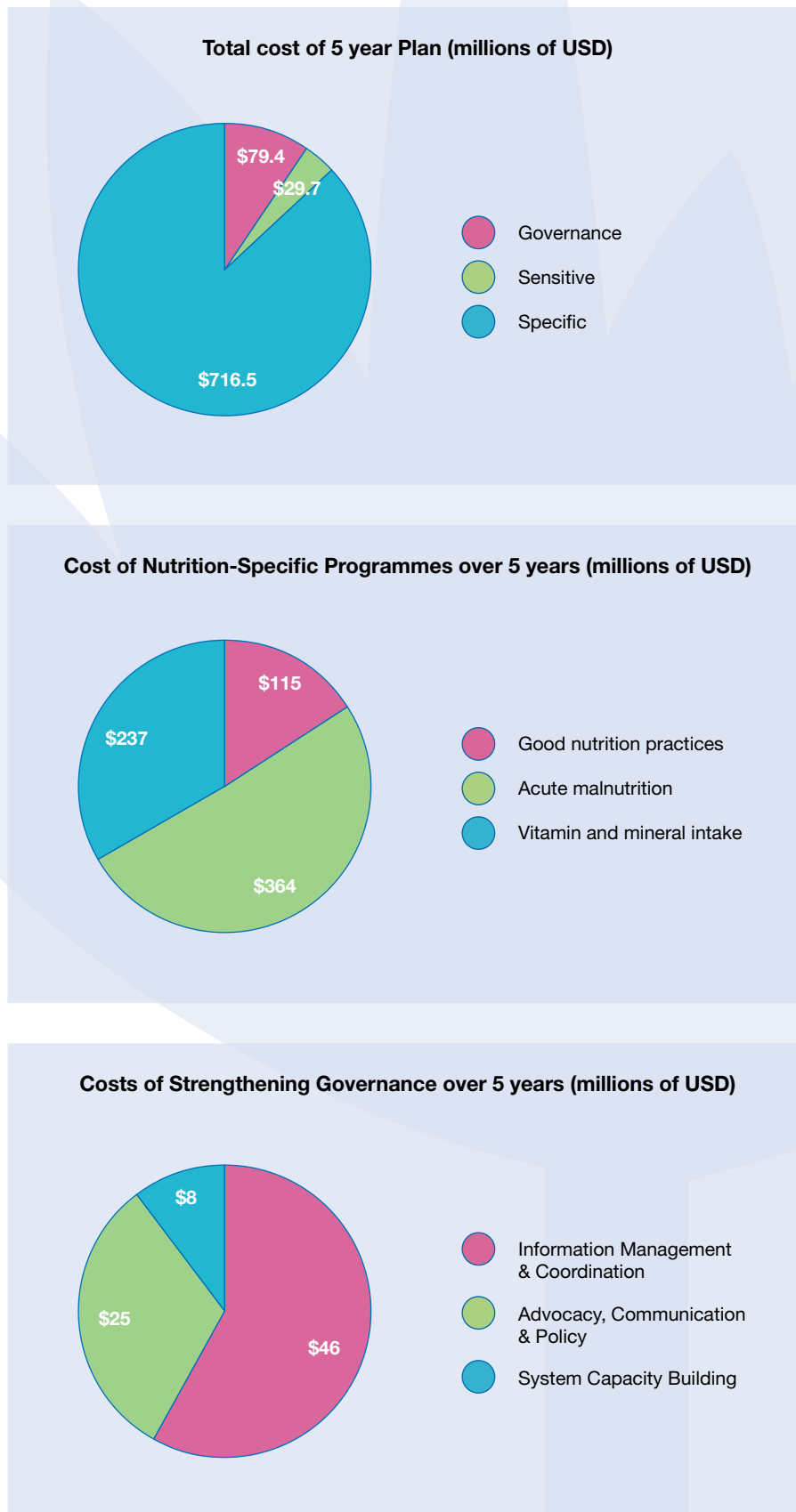




Figure 5: NNAP costs by types of programmes





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