
Published by: Ministry of Medical Services

Is the policy document adopted?: Yes

Adopted by: Ministry of Health

Country(ies): Kenya

Date: 2007

End date: 2010

Published year: 2008

Adopted year: 2008

Type of policy: Nutrition policy, strategy or plan focusing on specific nutrition areas

Goals

Goals, objectives or targets related to nutrition:

2.2 Overview of National Nutritional Targets:

(a) Integrating the nutritional needs of PLWHA into the training curriculum for health and community workers in the national strategies for ART, home based care (HBC), infant and young child feeding (IYCF), paediatric HIV/AIDS and reproductive health

(b) Providing nutritional supplements to 60 percent of those who need them and are receiving ART in the public, mission and NGO sites

(c) Strengthening the draft of the national food security and nutrition strategy to address the impact of HIV/AIDS with specific focus on vulnerable groups, including OVC and affected families

3.2 Goals and Strategic Objectives:

The overall goal of the strategy is to facilitate mainstreaming nutrition in HIV/AIDS policies and programmes and to assist alignment of structures and action designed to control and prevent malnutrition among PLWHA (people living with HIV/AIDS).

Strategic objectives:

1. Strengthen human resource capacity in nutrition care and support.
2. Strengthen key areas of policy and guideline development.
3. Develop and produce educational materials and job aids on nutrition and HIV/AIDS.
4. Strengthen communications and advocacy.
5. Strengthen coordination and collaboration.
6. Provide therapeutic and supplemental food and dietary commodities.
7. Develop and maintain quality assurance and standards for services and products.
8. Strengthen the system to ensure continuous monitoring and regular evaluation.
9. Promote research and dissemination.

Strategies

Strategies and activities related to nutrition:

3.2 Goals and Strategic Objectives Strategies:

1.1. Increase the number of nutritionists, front line health personnel and community service providers with the knowledge and skills to provide quality nutritional interventions to PLWHA, OVC and other vulnerable groups.
1.2. Recruit and deploy additional nutritionists to reduce existing deficits.

1.3. Carry out a needs assessment for human resources to provide nutrition and HIV/AIDS in the non-governmental sectors.


2.2 Identify gaps in policies and programmes related to nutrition and HIV/AIDS, as well as opportunities for mainstreaming nutrition interventions in the HIV/AIDS agenda and vice versa.

3.1. Develop improved training manuals suitable for ongoing programme interventions such as CCCs, infant feeding and maternal nutrition, paediatric care, HBC and inpatient care.

3.2. Develop national advocacy strategy and materials for PLWHA and OVC.

4.1. Improve awareness of the added value of integrating nutrition in the management of HIV/AIDS, targeting PLWHA and vulnerable groups such as OVC and TB patients.

4.2. Increase awareness of the importance of integrating the needs of PLWHA, OVC and other vulnerable groups, and affected families in food security and nutrition intervention programmes.

4.3. Support the widespread dissemination and application of the 2006 WHO consensus statement on HIV and infant feeding.

5.1. Improve coordination and networking among public and private stakeholders providing services and/or financing nutrition in HIV/AIDS interventions in line with ongoing coordination by NASCOP and NACC on food support used in HIV and other programmes implemented in the country.

5.2. Foster close multi-sectoral collaboration and coordination among key sectors including health, agricultural, livestock and fisheries, education, culture and social services, national planning and development, trade and finance.

6.1. Increase the coverage of therapeutic and supplemental foods and dietary formulations for malnourished PLWHA, pregnant and lactating women in PMTCT programmes and OVC through facility and community delivery systems.

6.2. Increase the percentage of PLWHA, TB patients, OVC and vulnerable groups accessing supplemental quality foods and dietary supplements.

7.1. Standardise and harmonise specifications for appropriate therapeutic and supplementary foods for malnourished PLWHA in care and treatment programs, pregnant/lactating women in PMTCT programs and infants of HIV positive women from 6 months to 2 years old, as well as indicators and end points for 5 to 13 year olds.

7.2. Conduct the Baby Friendly Hospital Assessment and external review of sites offering replacement formula.

8.1. Ensure sustainable system of collecting and collating nutrition data/information needed to inform programs and HIV/AIDS campaigns.

8.2. Establish systems for the regular use of M&E information within HIV facilities, by programme managers, for national advocacy purposes and for tracking progress toward universal access targets for care and treatment.

9.1. Identify knowledge gaps related to nutrition and HIV/AIDS policies and programming. Support implementation and dissemination of strategic operations and applied research. Actions

   (Activities)

1. Develop and produce educational materials and job aids on nutrition and HIV/AIDS.

   1.1. Develop training manuals for CCCs, infant feeding and maternal nutrition, paediatric care, HBC and inpatient care.

   1.2. Facilitate adaptation and translation of nationally recommended materials for local application to ensure uniformity.

   1.3. Facilitate harmonisation of nutrition messages produced and communicated by government and private/NGO actors.

2. Review key policies and guidelines.


   2.2. Review the guidelines for nutrition and HIV/AIDS to update information.

3. Strengthen human resource capacity in nutrition care and support.

   3.1. Develop and implement national TOT in nutrition and HIV/AIDS and IYCF and subsequently roll out to in-service training of nutritionists and other health staff serving CCCs and district facilities and to pre-service training in training institutions.

   3.2. Carry out a needs assessment for human resources to provide nutrition and HIV/AIDS in the non-governmental health sector.
3.3. Integrate nutrition and HIV/AIDS into the training curricula of agriculture, education, livestock and fisheries, culture and social services sectors.

3.4. Train trainers of extension workers in agriculture, livestock and fisheries, education, and culture and social services sectors.

4. Develop and maintain quality assurance and standards for services and products.

4.1. Develop and disseminate standards/specifications for food and nutrition supplements for PLWHA.

4.2. Develop and disseminate standards/specifications for nutrition assessment and counselling for PLWHA.

4.3. Review existing national guidelines and integrate standards of food/nutrition interventions for PLWHA and OVC. Guidelines include the National Guidelines for Nutrition and HIV/AIDS as well as guidelines for HBC, ART, TB, PMTCT, IMCI and management of severe malnutrition in children.

4.4. Develop and implement quality monitoring of food and nutritional supplements being distributed to PLWHA for conformity with standards/specifications.

4.5. Establish standards for best practices for nutritional interventions for PLWHA and OVC.

4.6. Support acquisition of basic equipment for assessing the nutrition status of PLWHA in unequipped facilities.

5. Strengthen communications and advocacy.

5.1. Increase awareness of materials and information on the nutrition and HIV/AIDS guidelines, counselling materials, curricula and training materials, and information and policy recommendations in the food security and nutrition policy sessional paper.

5.2. Launch the nutrition guidelines, curriculum, and IEC materials and disseminate them and the national advocacy strategy nationally.

5.3. Establish a clinical pathway of care and a continuum of national service delivery framework for HIV positive mothers and their infants.

5.4. Facilitate and lobby for representation in key stakeholder forums to promote national standards on nutrition and HIV/AIDS.

5.5. Develop messages to support a media campaign for nutrition and HIV/AIDS.

5.6. Mobilise political support for nutrition care and support activities to strengthen commitments to improve availability and access to good quality services and products.

5.7. Develop and upload a web page on nutrition and HIV/AIDS on the MoH website.

6. Strengthen coordination and collaboration.


6.2. Coordinate systems for providing nutritional support to PLWHA and OVC at the national and district levels.

6.3. Incorporate nutrition into the District Health Stakeholders Forum in all districts and support.

6.4. Facilitate integration of nutrition and HIV/AIDS services plans and budgets in the Medium Term Expenditure Framework (MTEF) process of government and development partners.

6.5. Coordinate consultations with the wider HIV/AIDS network to ensure realisation of GIPA (greater involvement of people with HIV/AIDS) objectives, especially in the fight against stigma.

6.6. Facilitate consultative and joint planning meetings at national, regional, district, and constituency levels with extension workers in agricultural, livestock and fisheries, education, and culture and social services sectors to create gender sensitive demand for nutritional services.

6.7. Establish a resource mobilisation mechanism for government and development partners and identify and recruit other partners to participate in the programme.

7. Provide therapeutic and supplemental food and dietary commodities.

7.1. Ensure all service points are stocked with nutritional commodities, namely MMN, supplementary foods, and therapeutic foods.

7.2. Improve eligible clients’ access to dietary supplements.

7.3. Improve all clients’ access to safe drinking and cooking water.

7.4. Scale up an improved dry ration for eligible clients.

8. Strengthen continuous monitoring and regular evaluation.

8.1. Institute monitoring and reporting of nutrition and HIV/AIDS service delivery in public and nongovernmental sectors and the community to ensure that standards of care are achieved for HIV positive mothers and ART beneficiaries and to monitor progress toward universal access targets for care and treatment.
8.2. Review facility data collection forms 711 and the COBPAR for community activities.
8.3. Train district and service providers on using the data collection system proposed by NASCOP and NACC.
8.4. Assess the level of nutrition risk among vulnerable communities at the district and constituency levels.
8.5. Conduct an operational analysis for innovations in nutritional care.
9. Promote research and dissemination.

9.1. Identify gaps in policies and programmes related to food and nutrition security and HIV/AIDS and further opportunities for integrating nutrition interventions and incorporating HIV/AIDS issues in national food and nutrition policies and programmes.
9.2. Establish national research and policy priorities on nutrition and HIV/AIDS.
9.3. Conduct operational research to strengthen infant feeding practices for HIV positive mothers.
9.4. Establish a national database for research in nutrition and HIV/AIDS.
9.5. Support implementation and dissemination of strategic operations and applied research.

## M&E Indicators

### M&E Indicators related to nutrition:

**Targeted Outputs:**

1. Eighty percent of nutritionists in the districts are trained on nutritional care and support for HIV/AIDS, integrated IYCF counselling and/or clinical nutritional care for children with HIV/AIDS.
2. Fifty percent of front line clinical staff (nurses, clinical officers and doctors) in public facilities are trained on nutritional care and support for HIV/AIDS, integrated IYCF counselling and/or clinical nutritional care for children with HIV/AIDS.
3. All ART centres and PMTCT services offer nutritional support (in terms of nutritional counselling, multiple micronutrients (MMN), education and nutritional assessment) to HIV positive clients.
4. Eighty percent of public facilities have adequate stocks of recommended therapeutic and supplementary foods for eligible clients.
5. Eighty percent of HIV positive mothers receive counselling on infant feeding before and after giving birth.
6. Eighty percent of PMTCT sites offer replacement feeding externally reviewed through the Baby Friendly Hospital Assessment.
7. Nutritional indicators are integrated in the national and district HIV/AIDS M&E framework.
8. Nutrition and HIV/AIDS resource packages for service providers and communities are regularly updated.
9. A functional TWG on nutrition and HIV/AIDS is operational and meets at least quarterly.

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**File upload:**


**Reference:**

http://scalingupnutrition.org/sun-countries/Kenya

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**Policy topics:**

- Wasting in children 0-5 years
- Underweight in children 0-5 years
- Underweight in women
- Underweight in adolescent girls
- Media campaigns on healthy diets and nutrition
• Food distribution/supplementation for prevention of acute malnutrition
• Management of moderate acute malnutrition
• Management of severe acute malnutrition
• HIV/AIDS and nutrition
• Food security and agriculture

Partners in policy implementation

• Government
  ▪ Health
  ▪ Details: more Ministry of Medical Services Health: Ministry of Health/Global Fund

• Bilateral and donor agencies and lenders
  ▪ US Agency for International Development (USAID)

• UN agencies
  ▪ United Nations Children’s Fund (UNICEF)
  ▪ World Food Programme (WFP)

Links: