REPUBLIC OF KENYA

NATIONAL PLAN OF ACTION

FOR

NUTRITION

Produced through an Interministerial/Interagency
collaborative effort under the auspices of the
Food and Nutrition Unit,
Office of the Vice-President and
Ministry of Planning and National Development
P.O. Box 30005, Nairobi.

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EXECUTIVE SUMMARY

The National Nutrition Plan of Action for Kenya constitutes an expression of the Kenya Government's commitment to address problems of hunger and malnutrition by way of sectoral strategies and activities. The need to ensure a healthy population to facilitate national development has been underscored, and justifies the often referred to link between the nutritional status of a people and their economic progress. A healthy economy is indeed a manifestation of a healthy people. It should be emphasized that this Plan is not totally new and is, in fact, building on systems already established by the Kenya Government to tackle problems related to food supply and accessibility over the years since independence in 1963.

As an introduction to the Plan, Kenya's food and nutrition situation is briefly described, to highlight the context within which the proposed strategies and activities will be undertaken. This situation is described in much more detail in the Kenya Country Position Paper on Nutrition which was prepared for the December 1992 Rome International Conference on Nutrition (the ICN). The ICN process is briefly described, its rationale explained and objectives presented. Kenya re-prioritized the ICN themes based on its own needs assessment. Each theme is then presented according to the ICN recommended guidelines for purposes of conformity and consistency.

The themes are: Improving household food security; Protecting consumers through improved food quality and safety; Preventing specific micronutrient deficiencies; Promoting appropriate diets and healthy lifestyles; Preventing and managing infectious diseases; Caring for the socio-economically deprived and nutritionally vulnerable; Assessing, analysing and monitoring nutrition situations; Incorporating nutrition objectives into development policies and programs; and, Improving infant and child feeding practices. Under each theme, the following areas are covered:

- A brief introduction which states the aim of the theme
- A statement of the problem peculiar to the theme and which articulates the issues as perceived by Kenya.
- Specific objectives of the theme with emphasis on those which are likely to be achieved.
- Strategies for achieving the objectives.
- A schedule of activities, presented in a log-frame (Time-Plan) form, linked with the proposed strategies.
- Monitoring and evaluation of the theme activities.

The establishment of a National Food and Nutrition Secretariat (NFNS) is seen as a crucial first step in the implementation of the Plan. The Secretariat is needed to serve as a facilitating body for the proposed programs and activities. This proposal for the establishment of a Secretariat is not new as it had already been drawn up prior to the ICN. The group working on the National Plan of Action revisited the proposal and updated it in keeping with the spirit of the ICN and of the expressions contained in the Kenya Country Position Paper on Nutrition, 1992.

In a similar manner to the Country Paper, this National Plan of Action was prepared by Kenyan professionals drawn from a cross-section of the relevant Government and non-Governmental agencies and institutions and it constitutes a convergence of all key issues related to food and nutrition in Kenya. It is in line with the spirit of the ICN.

FOREWORD

About two years ago, in December 1992, over 1300 delegates from 159 nations including Kenya, came together at the first global intergovernmental conference on nutrition in over two decades - the International Conference on Nutrition (ICN). The conference culminated in the World Declaration on Nutrition which the participating countries, non-governmental organizations and the international community pledged to strengthen their commitment to substantially reduce or eliminate, within this decade, starvation, widespread undernutrition, and micronutrient malnutrition. Governments and their partners were to develop individual action-oriented strategies to meet the challenges inherent in the World Declaration and individual country-specific Plans of Action for Nutrition.

The Government of Kenya hereby presents its National Nutrition Plan of Action outlining its objectives, activities and strategies. This is a culmination of efforts by Kenyan professionals with financial support from a number of donor agencies. The Government of Kenya wishes to thank the Danish International Development Agency (DANIDA) and the United Nations- agencies: FAO, UNICEF and WHO, for providing the financial and technical support that facilitated the completion of this undertaking. Also to be commended are all the Kenyan professionals and technical staff involved in the development and production of this Plan.

Recognizing that the production of this Plan is but the beginning of an enormous task ahead of us, the Kenya Government wishes to appeal to her friends in the international community, to contribute financially or otherwise towards the implementation of this Plan.

F.M. Kuindwa
Permanent Secretary
Ministry of Planning and National Development.

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LIST OF ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
AMREF	African Medical Research Foundation
ANP	Applied Nutrition Program
ARI	Acute Respiratory Infection
CBS	Central Bureau of Statistics
CBD	Communit-based Distributors
CHANIS	Child Health and Nutrition Information System
CHWS	Community Health Workers
CRS	Catholic Relief Services
DANIDA	Danish International Development Agency
DD	Diarrhoeal Disease
EDP	Essential Drugs Programme
FAO	Food and Agriculture Organization
FTC	Farmers' Training Centre
GATT	General Agreement on Tariffs and Trade
GIS	Geographical Information Services
GoK	Government of Kenya
HABITAT	United Nations Centre for Human Settlement
HIV	Human Immunodeficiency Virus
ICN	International Conference on Nutrition
IDD	Iodine Deficiency Disorders
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
KARI	Kenya Agricultural Research Institute
KAM	Kenya Association of Manufacturers

KBS	Kenya Bureau of Standards
KCO	Kenya Consumer Organization
KEFAN	Kenya Food and Nutrition Network
KEFRI	Kenya Forestry Research Institute
KEPI	Kenya Expanded Programme on Immunization
KFFHC	Kenya Freedom From Hunger Council
MCH/FP	Maternal and Child Health, and Family Planning
MEDS	Mission for Essential Drugs Supplies
MoALD&M	Ministry of Agriculture, Livestock Development & Marketing
MoC&I	Ministry of Commerce and Industry
MoCSS	Ministry of Culture and Social Services
MoH	Ministry of Health
MoLRRWD	Ministry of Land, Reclamation, regional & Water Development
MoTC	Ministry of Transport and Communications
MoPND	Ministry of Planning and National Development
MTCs	Medical Training Colleges
MYWO	Maendeleo ya Wanawake Organization
NGOs	Non-Governmental Organizations
NCC	Nairobi City Council
NCCK	National Council of Churches of Kenya
OP	Office of the President
PEM	Protein- Energy Malnutrition
PRA	Participatory Rural Appraisal
TBA	Traditional Birth Attendant
TOT	Training of Trainers

UNDP	United Nations Development Programme
UNEP	United Nations Environmental Programme
UNESCO	United Nations Educational, Social and Cultural Organization
UNICEF	United Nations Children's Fund
UN	United Nations
VAD	Vitamin A Deficiency
VHC	Village Health Committee
VHW	Village Health Worker
WHO	World Health Organization

GENERAL INTRODUCTION

Kenya is a country of nearly 26 million people, 81-85% of whom reside in rural areas. Although only one fifth of the 582,000 square kilometres is agriculturally viable, agriculture forms the backbone of the national economy. From agriculture are produced food (both plant and animal products) for local consumption and cash-crops for export. Maize is the leading cereal and the main staple in the country. Other key food crops include rice, wheat, millet, sorghum, cassava and potatoes. Of the animal products are milk and meat of various types. Tea and coffee are the leading cash-crops while tourism is a key foreign exchange earner.

Despite the Kenya Government's efforts over the years to achieve food security, fluctuating rainfall patterns, recurrent widespread droughts and an economic crunch brought about by the adoption of structural adjustment reforms, have partly manifested in a decline in per capita food availability over the past decade. As a result, dietary energy requirement is generally insufficient exposing about one third of the Kenyan population to the risk of deficient nutrition. For example, in the 1984-88 Development Plan, calorie supply was estimated at 85% of the daily requirement of 2557K calories per day.

Pregnant women are particularly at risk due to low caloric intake. Available data in Kenya show that 130/1000 infants weigh 2500g or less and of these 90.8% die within the first 28 days of life, while 30% die within the first year of life.

Malnutrition or its associated complications has been shown to account for 30% of all child deaths in Kenya. Results of the four child nutrition surveys for which data are available paint a gloomy picture, as there appears to be no significant change in the nutritional status of communities in arid zones over a ten-year period. This adversely affects the growth pattern in Kenya's rural children, which substantially differs from that of children in the developed world or the WHO reference population.

Environmental factors may determine how a child is fed, cared for, the burden of repeated infections and low food intake and may also be factors contributing to the difference rather than genetic factors. The causal factors just highlighted are preventable.

Although protein-energy malnutrition is evidently the cardinal problem, micronutrient deficiencies or diet-related non-communicable diseases are emerging as serious problems and they, too, need immediate attention.

Since independence in 1963, the Kenya Government has developed policies, and programs and established institutions to address the very complex nature of malnutrition causality. Targeting has been both general and individual, short-term and long-term, curative and preventive, using a mixed package of strategies. The International Conference on Nutrition (ICN) held in Rome in December 1992 provided an opportunity for re-assessment of these strategies. Given that over a ten- year period, between 1977 and 1987, the nutritional status of Kenya's under-five population did not show any significant change for the better, this is a good opportunity for new planning and re-strategising. The Nutrition Plan of Action for Kenya has been prepared in this spirit.

The International Conference on Nutrition (ICN)

Kenya's Nutrition Plan of Action is an outcome of a lengthy process which started before and continued after the International Conference on Nutrition, popularly known as ICN. The process leading to the ICN was unique in that it sought global consensus from resolutions that emanated out of country and regional meetings. Scientific and technical papers which were prepared provided the background material for the ICN deliberations in August, 1992. The Preparatory Committee, comprising mainly international, regional and national experts, met in Geneva to seek consensus on a draft World Declaration and Plan of Action to be considered and ratified by governments at the ICN in Rome later that year. The ICN was held as planned in December 1992. This was a historic event as it was the first time in two decades that governments had converged on a global basis to address issues of hunger and malnutrition.

To generate consensus at the regional level, countries were divided into regions, with Africa comprising two regions: Francophone Africa and Anglophone Africa. The Francophone meeting was held in Dakar, Senegal in February, 1992 and the Anglophone meeting in Nairobi, Kenya in March 1992. Deliberations from the two meetings were later put together in Accra in July 1992 to compile the Report of the African Regional Meetings.

To generate consensus at the country level, multisectoral and interdisciplinary national teams held meetings and undertook activities that led to the production of a country paper. This paper provided an assessment of the types and extent of nutritional problems within the country, analysis of their causes, efforts to address them, and recommendations for future actions. The Kenya country position paper on Nutrition, 1992, presented at the ICN was produced along these lines.

The overall objectives of the ICN were:

1. To identify the problems of malnutrition, either of deficit or excess, related factors, their magnitude and geographical distribution, their causes and impact on the population and measures to overcome them at world, regional and national levels;

2. To develop and adopt a strategy and proposals for action to attain agreed nutrition and dietary goals;

3. To mobilize additional financial resources for concerted effort by governments, non-governmental organizations and international donor agencies, to implement the strategy through immediate and long-term proposals for broad-based national and international action;

4. To increase awareness regarding the magnitude, causes and consequences of malnutrition and of the benefits of sound nutritional status, in order to create a momentum behind plans of action and establish a human nutrition focus within the Fourth Development Decade; and

5. To establish a global system of collecting and disseminating, on a year-to-year basis, information in order to elicit changes in nutritional status of at-risk population groups.

For purposes of programming, the ICN proposed eight themes as follows:

1. Improving household food security. The main cause is poverty. Actions should address adequate diet for all members at all times. Vulnerable groups should be particularly focused.

2. Protecting consumers through improved food quality and safety. This involves strengthening food safety and quality control systems, promoting good manufacturing practices, and educating sellers and consumers about appropriate food handling. It also calls for legislation, regulations and enforcement of these.

3. Preventing specific micronutrient deficiencies. This involves dietary diversity, production and consumption of micronutrient-rich foods, promoting programs to increase consumption, food fortification, legislation, etc.

4. Promoting appropriate diets and healthy lifestyles. This involves providing motivation and creating opportunities for people to change while recognizing individual preference, lifestyles and constraints.

5. Preventing and managing infectious diseases. This theme addresses the prevention of infection, growth monitoring to detect growth faltering early, accessibility, acceptability and adequacy of health services.

6. Caring for the socio-economically deprived and nutritionally vulnerable. This theme addresses the major constraints to good caring including morbidity, heavy workload of women, meagre resources in poor households, inadequate control of resources by women and mistaken beliefs.

7. Assessing, analysing and monitoring nutrition situations. This calls for accessing timely and in an easily understandable format, nutrition - related information to appropriate decision makers.

8. Incorporating nutrition objectives into development policies and programs. This addresses nutrition issues at the design and implementation stages of various policies and programs.

9. A ninth theme: Improving infant and child-feeding practices was added during the Preparatory Committee meeting in Geneva to address child-care issues, including those related to breastfeeding and weaning practices.

The aim of this National Plan of Action is be to develop three main types of actions:

i) The incorporation of nutrition objectives and action into national, sectoral and integrated development plans, and the allocation of the necessary human and financial resources for achieving these objectives;

ii) The development of specific nutritional interactions directed at particular problems or groups; and

iii) The generation of information from community-based actions for the nutritional assessment of problems and implementation of appropriate intervention measures.

Kenya's Plan of Action has been developed in a truly interdisciplinary and multi-sectoral manner, with the Food and Nutrition Planning Unit in the Office of the Vice-President and Ministry of Planning and National Development playing the co-ordinating role. Others who were involved included the ministries of Agriculture; Health; and Culture and Social Services; Education and the Ministry of Industry. Others were the public universities, non-governmental organizations, development and UN agencies and local government authorities.

The Plan of Action once ready, should be used as a shopping and guiding tool in seeking donor assistance. Both Government and any

other interested parties may use the Plan as a blueprint and, therefore, an explicit expression of the direction this country intends to go in trying to tackle problems of hunger and malnutrition.

A National Food and Nutrition Secretariat is proposed and the structure thereof provided. Little of what is being proposed in this document will be achieved without first establishing this proposed secretariat, to serve as a co-ordinating and focal point for matters related to nutrition and food security and the concomitant elimination of hunger and malnutrition in this country. The establishment of this Secretariat is, therefore, a first step in the execution of the Kenya Nutrition Plan of Action.

Kenya prioritized the themes which are presented in the Plan as follows:

Theme 1. Assessing, analysing and monitoring nutrition situations.

2. Incorporating nutrition objectives into development programs and policies.

3. Improving household food security.

4. Preventing specific micronutrient deficiencies.

5. Protecting Consumers through improved food quality and safety.

6. Promoting appropriate diets and healthy lifestyles.

7. Improving infant and child feeding practices.

8. Preventing and managing infectious diseases.

9. Caring for the socio-economically deprived and nutritionally vulnerable groups.

THEME ONE

ASSESSING AND MONITORING NUTRITION SITUATIONS

Introduction

The major aim of this theme is to highlight the needed efforts to improve the management of nutrition-related data in the country, by suggesting the streamlining of areas concerned with data collection, analysis and dissemination of findings to relevant actors and policy-makers. Essentially, this calls for the establishment of a national information data base for support of nutrition- related policy decisions and program development.

Over the past two and a half decades, the country has been relatively successful in data collection albeit with a focus on the under-fives. There are currently two parallel programs through which this surveillance is carried out. First, the periodic rural child nutrition surveys carried out by the Central Bureau of Statistics (CBS), five of which have so far been carried out in rural Kenya - in 1977, 1978/79, 1982, 1987 and 1994 respectively. The second is CHANIS which was launched in 1985, as an information system designed to strengthen growth monitoring programs. This aims at providing an early warning system for growth failure in an individual child from whatever cause as well as serving as a tool for overall community nutrition surveillance. These two programs, together with other data management systems, should complement each other in the identification of vulnerable child groups in the population, as well as provide an in-depth picture of the types of nutritional problems among individual children within the various communities.

Statement of the Problem

There are a number of factors that still adversely affect Kenya's capability to adequately assess and monitor the nutrition situation of the general population. These include the following:

There is inadequate coverage of the children in various population groups in the country, such as the nomadic and other communities living in arid and semi-arid regions. The problems of data gathering here are compounded by logistical difficulties and apparent insecurity prevalent in these areas. Moreover, even in the groups that have been covered, there is inadequate nutritional data of the general population other than that of children. The little data that is available, mainly from clinics, is unreliable and cannot be properly dis-aggregated, for example, in terms of urban versus rural, nor does it comprehensively incorporate all the indicators on nutritional status.

Timeliness in the release of available data as a result of extended time- lag between actual time of collection and release of the results, has been a big problem.For example, the results of the Fourth Rural Child Nutrition Survey which was done in 1987 were released in 1991; also, the results of the nutrition surveys done in Kajiado District during the recent drought period (1992) are yet to be made available for relevant use.

There is lack of an effective national data processing centre to analyse data from various sources on the nutrition situation in the country. The CBS which is the official government data processing centre, has inadequate resources including human, equipment and finances to be effective in the assessment and monitoring of nutrition situations. As a result, there is a huge backlog of unanalyzed data generated from various surveys and the routine reporting system through the various administrative channels.

Objectives

1. To strengthen existing institutional capacities for assessing, analysing, monitoring, evaluating and disseminating data on nutrition situations by conducting the necessary training for personnel and providing the needed equipment.

2. To review and strengthen the current nutrition data collection systems and tools such as CHANIS, so as to embrace all the relevant nutrition indicators for more wide-ranging data.

3. To establish modalities of undertaking regular and appropriate monitoring and evaluations of nutrition programs with respect to the nine themes.

4. To ensure that communities participate in the collection of data, assessment and analysis of the nutrition situations within their community by establishing central nutrition data bases at the community, district and national levels.

Strategies

(1) Strengthen the CBS and institutions involved in CHANIS, early warning systems and research institutions such as the Applied Nutrition Program (ANP), by providing equipment and trained personnel to effectively assess, analyse and monitor data on the nutrition situation. In addition, NGOs such as CRS, AMREF, KFFHC, NCCK and others will be involved.

(2) Establish a Task Force to develop a comprehensive list of nutrition indicators related to the nine themes.

(3) Promote the establishment of simple but appropriate indicators for use in monitoring and evaluation of nutrition programs with respect to the nine themes.

(4) Strengthen advocacy of community-participation by instilling an understanding of the Triple A (Assessment, Analysis and Action) process among community and government officers at the grassroot level.

TIME-PLAN: THEME ONE - Assessing and Monitoring Nutrition Situations.

Activities	WHO	WHERE	HOW	WHEN	COST IN US$
1. Enhance Kenya's data processing capability by: - training data analysts in GoK departments and institutions handling nutrition data - providing data processing equipment, computers/printers and necessary software packages.	CBS FNPU of MoP&ND Universities Research institutions, NGOs	National data processing centers Regional, District	Through the established Institutional mechanisms Multi-sectoral	Immediately Immediately and continuous	600,000
2. Review and expand data collecting tools so that collection systems can comprehensively cover relevant nutrition indicators.	CBS, NFPU, MoH, MoALD&M, Universities, NGOS.	National, Regional, District	Multi-sectoral workshops and seminars	Immediately and then periodically	100,000

3.	Involve community members in assessing and analysing local nutrition situations and set-up community nutrition data-base.	OP, Community, MoH, MoALD&M, NGOs, Universities.	Community, Rural (sub-locational)	Short courses for CNVs workshops	Immediately and continuous	480,000
4.	Develop and utilize nutrition monitoring and evaluation indicators embodying programs in all the themes.	CBS, FNPU, MoH, MoALD&M, Universities, NGOs.	National, Regional, District, Community level.	Multi-sectoral workshops and surveys	Immediatey and then periodically	60,000
SUB-TOTAL						1,240,000

Monitoring and evaluation

Indicators for assessment, analyses, monitoring and dissemination include the following:

1. (a) Number and/or type of resources (staff and equipment) availed to the institutions undertaking nutrition assessment, data analysis and dissemination and, monitoring and evaluation.

   (b) Number of institutions identified as playing a role in the assessment and analysis of nutrition data which have been strengthened by (a) above.

   (c) Number and type of surveys undertaken by the identified institutions whose data is appropriately processed and disseminated.

2. Whether or not CHANIS and other data collection systems are updated and expanded within the first quarter of 1995.

3. (a) Whether or not a Task Force is established.

   (b) Number of monitoring and evaluation nutrition indicators developed and applied embodying programs in all themes.

4. (a) Number of communities and numbers of their members trained and involved in the collection of data and its basic analysis during the assessment of local nutrition situations.

   (b) Number of nutrition data bases at community, district and national levels established.

5. The improvement or otherwise, in nutritional status at the community and national levels.

THEME TWO

INCORPORATING NUTRITION OBJECTIVES AND GOALS IN DEVELOPMENT POLICIES AND PROGRAMS

Introduction

The major goal of the development of Kenya is the improvement of the overall well-being and quality of life of the population. To achieve this objective, various development programmes are undertaken by different government agencies and NGOs. Some of these programmes include the improvement of nutritional status as an explicit objective. However, in most of the rural development programs, nutrition improvement is merely implicit both in the definition and selection of the project component.

In the past years, attempts have been made to incorporate nutrition issues into overall development. In the Sessional Paper No. 10 of 1965, the government's attempt to eradicate hunger, ignorance and disease in the population was emphasized. In that paper, it was stated that hunger could only be eradicated through increased food production by the agricultural population. In the 1978/83 Development Plan, the government acknowledged that about 30% of the population suffered from one or other form of malnutrition. The plan further identified the vulnerable groups.

The Sessional Paper No. 4 of 1981 on National Food Policy saw the establishment of the Food and Nutrition Planning Unit (FNPU), under the Ministry of Planning and National Development. Established at the same time, was the Interministerial Co-ordinating Committee on Food and Nutrition (IMCCFN). The FNPU was established in response to an expressed need to have a body to co-ordinate food and nutrition activities in the country. The Unit also deals with the policy issues directly related to food security and nutrition. The IMCCFN was to provide a forum for intersectoral collaboration and policy co-ordination.

Since its inception, the FNPU has made considerable achievements in co-ordinating food and nutrition activities in the country and linking to other programs of relevance. In the planning process, FNPU has made considerable effort in incorporating nutrition issues in nearly all th seven Development Plans and in the Sessional Paper No. 4 of 1981 on National Food Policy, and the current Sessional Paper No. 2 of 1994 on Food and Nutrition Policy.

The 1984/88 Development Plan recognized malnutrition prevalence in some regions and groups in the population. It also outlined the magnitude and causes of protein-energy malnutrition (PEM) in the country. Sessional Paper No. 1 of 1986, further re-emphasized the need for food self-sufficiency. It also addressed the question of

striving towards rural-urban balance in tackling the nutritional needs of vulnerable groups. The 1989/93 Development Plan repeated the same policy concerns. The current Development Plan (1994/96) has re-emphasized these same policies even further.

Statement of the Problem

In spite of the efforts which have been made to improve the quality of life of the population, high prevalence of food insecurity and malnutrition have persisted in various parts of the country. This could be attributed to lack of effective incorporation of nutrition issues into development projects and effective monitoring and evaluation systems. Furthermore, the FNPU lacks the capacity (both in terms of personnel and funding) to carry out its activities as required. There is also lack of awareness and adequate knowledge among policy makers, politicians and planners on the severity and magnitude of the nutrition-related problems in the country.

Objectives

1. To ensure that priority development programs such as agriculture, education and health, have in-built nutrition components.

2. To develop macro-economic policies in national development programs that favour the promotion of food and nutrition components.

3. To develop policies that increase access to food by the vulnerable groups.

4. To promote and sensitize the public and policy-makers on nutrition concerns/issues and considerations.

Strategies

1. Strengthen the capability to incorporate nutrition objectives in development policies and community programs by training policy-makers and the general public, on the importance of nutrition.

2. Support sectoral collaboration in policy, program formulation and implementation by establishing a National Food and Nutrition Secretariat as the institutional set-up that would co-ordinate and ensure, the co-ordination and incorporation of

nutrition interests into development programs.

3. Support the development of policies and programs that promote targeted actions to improve the socio-economic status of nutritionally vulnerable groups.

4. Develop indicators to monitor and assess the impact of policies and programs incorporating nutrition components, on the populace.

THEME TWO: Incorporating Nutrition Objectives and Goals in Development Policies and Programs.

ACTIVITIES	WHO	WHERE	HOW	WHEN	COST IN US$
1. Establish a National Food and Nutrition Secretariat with a mandate to co-ordinate nutrition activities countrywide.	GoK, NGOs, Donors.	National	Parliamentary Act	Immediately	5,000,000
2. Enhance capability to develop policies that favour food and nutrition by training: (a) policy-makers (b) planners (c) other essential technical staff.	MoP&ND, MoALD&M, MoH, MoEd, MoC&SS.	National, Regional, District, Community, Universities and other institutions of higher learning.	Seminars/ Workshops, Training	Immediately and continuous	500,000
3. Incorporate and/or streng then nutrition components in agricultural development programs in rural and urban communities.	MoALD&M, OP, MoP&ND, NGOs, MoC&SS, MoH, MoEn, MoEd, MoPW, MoLRRWD.	National, Regional, District, Community.	Through the DDCs and community-based program managers, Seminars/ Workshops.	Immediately and continuous	100,000

4. Create awareness of nutrition concerns and enlist community support for their implementation.	MoH, MoEd, MoC&SS, NGOs, Researchers, Local authorities, MoALD&M	Community, National.	Barazas, Churches, Women groups, Print media, electronic media.	Immediate and continuous	300,000
SUB-TOTAL					5,900,000

Monitoring and evaluation

Indicators for the incorporation of nutrition objectives into development programs and policies include the following:

1. Number of key development programs that have incorporated and are implementing effective nutrition components.

2. Number of (food and nutrition) training seminars conducted for policy-makers, planners and technical staff, and attendance.

3. An effective NFNS with clearly defined statutes established.

4. Number of nutrition awareness seminars/workshops conducted and number of participants.

5. Nutritional status used as an indicator of development.

THEME THREE

IMPROVING HOUSEHOLD FOOD SECURITY

Introduction

The aim of this theme is to highlight the causal factors of both transitory and chronic food insecurity at national, community and household levels so as to design meaningful intervention strategies to impact positively on those affected. The ultimate goal is to ensure that all households have access to safe and nutritionally adequate food at all times.

Statement of the Problem

Many households in Kenya experience both transitory and chronic food insecurity caused by erratic weather conditions, rapid population growth, high food commodity prices, changed feeding habits that favour exotic rather than traditional food crops, a greater emphasis on cash than on food crops, poor food distribution and marketing systems, high rate of unemployment, overburdening of women, inadequate research and extension support to indigenous food crops, influx of refugees, lack of appropriate technologies to enhance food production and processing aspects, and lack of sustainable mechanisms to deal with emergency food situations.

Although the country had retained a capacity of broad self-sufficiency in key foodstuffs over the past decades, Kenya no longer enjoys the advantage of regular surpluses of foodstuffs to cushion the impact of a fall in production. The country has slipped into structural food deficit situation and faces occasional shortages of the major foodstuffs in years of poor weather occasioned by drought and erratic distribution of rainfall. The rapid population growth and shortages of arable land in the main high potential areas have also created imbalances in the relationship between the national supply of and demand for food.

At the household level, it has been difficult to elicit patterns and levels of food insecurity currently being experienced in the country. Nonetheless, the effects of protracted droughts, the influx of refugees, and the harsh socio-economic impact of the structural adjustment programmes have continued to adversely affect household food security for the majority of Kenyan households. As a consequence, today certain sectors of the population remain malnourished as a result of a combination of causes at different levels.

Specific Objectives

1. To enhance food production in all areas of the country to increase the availability of staple foods to meet the country's needs for internal self-sufficiency,

strategic reserves, and export.

2. To promote increased consumption of indigenous and drought resistant food crops and other rare foods by way of and through a variety of educational and communications campaign strategies.

3. To strengthen research and extension service to promote more production and consumption of affordable food crop varieties (including indigenous food crops).

4. To ensure that all agricultural land is efficiently utilized and developed.

5. To develop and improve an early warning system through which the Government and communities can respond to impending acute food shortages.

6. To reduce pre- and post-harvest food loss through improved extension advice and investment in on-farm storage facilities.

7. To improve access to food by households.

8. To strengthen and promote education on population and development.

9. To strengthen and expand collaboration between GoK, NGOs, private sector, donors and communities in the realization of the household food security objectives.

10. To ensure that the implementation of SAPs includes a social dimension facility to assist targeted vulnerable groups to maintain or improve their access to adequate diets.

11. To promote policies aimed at reducing inequalities in the distribution of income to mitigate the household food security and nutritional problems.

Strategies

1. Intensifying food production through research and dissemination of research findings through training extension workers and farmers' groups.

2. Intensifying farming through adoption of the already available efficacious practices and by providing farmers with appropriate incentive systems to motivate them to produce more.

3. Enhancing services and support to small-scale farmers particularly women and the youth.

4. Improving the collection and analysis of information on

the nutritional status of the population as a basis for determining and planning programs to eliminate specific nutritional deficiencies.

5. Improving on-farm and community-level food storage, commercialization of on-farm activities to broaden the economic bases of farm households in addition to increasing rural employment and incomes aimed at alleviating poverty.

6. Expanding the government's food relief programme to cover a large number of rural and urban families adversely affected by food shortages.

7. Providing traders and commodity dealers with incentives for improved marketing, storage and distribution of food commodities.

8. Improving food distribution and marketing systems including improving food processing, storage and marketing efficiency to cope with the growth in supply.

9. Developing women-friendly energy-efficient technologies and practices.

10. Increasing the production of fish and non-conventional meats in addition to promoting drought-resistant crops in the dryland areas.

11. Fostering land management practices that maintain soil fertility, prevent soil erosion and silting and protect water catchment.

12. Improving security in pastoral areas to enable full utilization of available rangelands.

13. Establishing/strengthening the food commodity monitoring and reporting systems.

14. Maintaining adequate multi-commodity strategic reserves at all times to see the country through difficult times such as droughts and poor harvests.

15. Supporting food research, particularly the processing and storage of traditional foods to increase their appeal to consumers and shelf-life.

16. Promoting improvements in communities' cultural practices towards diversifying their food culture.

TIME PLAN: THEME THREE - Improving Household Food Security.

ACTIVITIES	WHERE	HOW	WHO	WHEN	BUDGET US$
1) Carry out and promote research on a variety of issues and disseminate findings to policy makers and other users.	National Community	Prepare proposal, gather and analyse data, Disseminate findings	KARI, Universities, KEFRI, Donors	Continuous Activity (Yr 1-3)	100,000
2) Provide adequate information and training to farmers on crops and animal husbandry and/ or services available.	Community National	Train extension workers, Train through women groups, seminars, workshops, extension, mass media, field days, FTC courses	MoALD&M, NGOs, Research institutions	Same	30,000
3) Encourage diversification of food production and consumption, and promote kitchen gardens.	Community	Demonstrations, women groups, field days, Seminars, Barazas	MoALD&M, NGOs	Same	30,000
4) Promote soil and water conservation.	Community	As above	OP, MoALD&M KARI, universities	Same	16,000
5) Develop programs for improving and sustaining various livestock.	All communities including ASAL Districts	Carry out needs assessment, draw up action plan Barazas, seminars, campaigns, extension	Same	Same	20,000

6) Encourage on-farm storage and food processing.	Districts	Create awareness that a supporting policy exists	MoALD&M, Millers	Continuous	500,000
7) Establish the National Food and Nutrition Secretariat to monitor and document food and nutrition situation and disseminate correct and timely information.	National District	Provide equipment and training	MPND, OP, Task Force	Year 1	20,000
8) Strengthen and increase use of early warning information by Government and other relevant organizations and the community on emerging crop or livestock conditions which could result in either shortages or excess supply of major food commodities.	National, District	Provide equipment and training	MoALD&M, GIS, MoH, Meteorological Department	Year 1	16,000
9) Conduct baseline survey in marginal areas on coping mechanisms during food shortages and identification of vulnerable groups.	Community	Develop proposal, recruit enumerators, mobilize community, collect data, prepare reports, disseminate findings, draw up action plan	MoALD&M, NGOs, Donors, Research institutions, women groups, households, schools	Year 1	100,000

10) Develop and disseminate technologies that ease women's workloads both on productive and non-productive roles like farming and, firewood and water collection respectively.	Compile inventory of existing technologies, Develop missing technologies, Disseminate technologies through seminars, Mass media, other extension methods	Community	MoALD&M, NGOs, MoCSS, Donors, Researchers	Year 1-3	15,000
11) Encourage family planning.	As above	As above	GoK, NGOs	Continuous	10,000

12)	Equip the agricultural workforce with appropriate technical and managerial skills for planning and implementing.	Community	Train TOTs to train the workforce	MoALD&M, OP, MoTT	Continuous	16,000
13)	Encourage the private sector and NGOs to assist with the generation of employment in the agricultural and non-agricultural sectors.	National, District, Community	Seminars, courses	MoALD&M, OP, MoCSS, MoTT, MPND, NGOs	Continuous	21,000
14)	Encourage consumption of fish and non-conventional meats including those of game animals.	As above	As above	As above	Continuous	16,000
15)	Train extension workers and urban dwellers.	Community	Develop messages, Disseminate through seminars, field days, group meetings	MoALD&M, Local Authorities, NGOs	Year 1-3	8,000
SUB-TOTAL						918,000

.Monitoring and Evaluation

1. Number of quarterly progress reports on food crops promoted.

2. Number of farmers who demonstrated increase in yield per unit acre.

3. Number of farmers practising safe use of chemicals and compost manure.

4. Quarterly progress reports on drought resistant crops.

5. Increase in the number of households keeping small livestock.

6. Increase in credit flows to small-scale farmers.

7. Increase in on-farm storage capacity.

8. Number of improved/increased rural access roads.

9. A functional early warning system established (Yes/No).

10. Number of women who adopted appropriate technology by end of project period.

11. Number of new income generating projects started by women/women groups during the life time of the project.

12. Levels of increase in the rural employment and incomes.

13. Number of households consuming indigenous foods and non-conventional meats by the end of project period.

14. Number of new recipes developed on indigenous foods and rare meats such as rabbit etc. by end of project period.

15. Number of households who apply safe and appropriate food storage practices.

16. Number of villages with established food processing and preservation facilities.

17. Number of pilot districts with community stores by the end of the project period.

18. Number of low income urban households practising recommended urban agriculture by end of project period.

19. Number of households who benefitted from the nutrition intervention programs and government relief programs.

20. Changes in nutritional status of households at the end of the project period.

THEME FOUR

PREVENTING SPECIFIC MICRONUTRIENT DEFICIENCIES

Introduction

Absence or lack of essential micronutrients leads to physiological disorders, especially in children and pregnant women. It is now widely recognized that among the most important dietary deficiencies causing poor child health and affecting overall development are deficiencies of vitamin A, iodine and iron, whose effects basically begin during pregnancy. The aim of this theme is to strengthen on-going activities designed to eliminate Vitamin A and iodine deficiency disorders and significantly reduce iron deficiency.

Little is really known about the extent and severity of micronutrient deficiencies in Kenya. However, localized studies done in the past on micronutrients indicate various micronutrient deficiencies in specific parts of the country. Currently, a national micronutrient survey to determine the extent and severity of vitamin A, iodine and iron, is being undertaken and could very well fill much of this gap.

Virtually no work has been done to establish the extent and severity of other micronutrient deficiencies such as those related to zinc, vitamin D and calcium.

Statement of the Problem

Until the results of the recent survey are released, it suffices to say that there is evidence that anaemia is common in the coastal and Lake Victoria areas. The main causes of the anaemia are low availability of dietary iron and folic acid, and parasitic (both malarial and intestinal) infestations. The prevalence, incidence and geographical distribution of Vitamin A deficiency (VAD) is essentially unknown. However, studies done in isolated parts of the country indicate that subclinical VAD is widespread and that there are pockets of xerophthalmia in the ASAL areas of the north. Iodine deficiency disorders (IDD) are recognized as a public health problem in the country,especially in the highlands.

There is, therefore, a need to strengthen the country's capacity to establish the extent and severity of micronutrient deficiencies so as to design appropriate intervention to reduce these deficiencies, thus promoting the health of the population.

Specific Objectives

1. To establish and document the magnitude and the extent of VAD, IDD, iron, zinc, vitamin D and calcium deficiencies by the year 2000.

2. To promote the production, accessibility and consumption of (indigenous) micronutrient-rich foods country-wide.

3. To promote and strengthen supplementation and fortification of foods with vitamin A, iron and folic acid.

4. To significantly reduce the prevalence rate (if not eliminate) of VAD.

5. To significantly reduce the prevalence (if not eliminate) of IDD problem.

6. To reduce iron deficiency anaemia in pregnant women by one third and create a program which addresses anaemia in children.

Strategies

1. Establish current levels of various micronutrient deficiencies through surveys and, using strategies arising from these data, support activities to significantly reduce the prevalence rates of micronutrient deficiencies.

2. Promote beneficial changes in dietary habits by holding nutrition education seminars and barazas at the community level using community nutrition and agricultural extension personnel.

3. Strengthen institutions involved in research and the training of personnel concerned with micronutrients and those which formulate, implement and monitor programs dealing with micronutrients by providing necessary equipment and related support.

THEME FOUR: Preventing Specific Micronutrient Deficiencies.

ACTIVITIES	WHO	WHERE	HOW	WHEN	COST IN US$
1. Determine and document the prevalence of: (a) Vitamin A deficiency (b) Iodine deficiency disorders (c) Iron deficiency (d) Zinc deficiency (e) Vitamin D deficiency (f) Calcium deficiencies.	UNICEF, MOH, Universities and other Research institutions	National, Regional, District, Community.	Surveys and studies	Immediately (a-c) 1995-1996	200,000
2. a) Identify locally available micronutrient-rich foods (using the Food tables wherever possible) b) Improve the production, accessibility and consumption of locally available micronutrient-rich foods.	UN-agencies, MOH, MoALD&M, Universities, Researchers, NGOs, Bilateral agencies, Local authorities	-do-	Surveys and research, Demonstrations and awareness workshops and seminars	Immediately and Continuous	100,000

ACTIVITIES	WHO	WHERE	HOW	WHEN	COST IN US$
3. a) Advocate and mobilize the populace on the most effective ways of preventing VAD b) Implement provision of Vitamin A supplements to children at risk and locating mothers through either KEPI or EDP or HEDs.	UN - Agencies, NGOs, MoH, MoALD&M, MoC&SS, Local authorities	Community, National	3(a) Barazas, Workshops, Seminars 3(b) Distribute Vitamin A capsules by the most effective way.	1995 and continuous	20,000
4. a) Create awareness in the public on the importance of consuming iodized salt	MoH, UN-agencies, NGOs, Local authorities, MoC&SS, KCO	National, Community	Advocacy and mobilization campaigns	Immediately	
b) Improve the national capacity for the iodination of salt and mobilize salt manufacturers to produce good quality iodized salt	MoC&I, MoP&ND, MoH, Manufacturers, KBS	Ditto	Seminars/ Workshops for KAM members	1995 and continuous	10,000
c) Distribute iodine capsules to high endemic areas.	UN-agencies, MoH, NGOs.	Ditto	Distribute iodine capsules through the most effective way.	Immediately	

ACTIVITIES	WHO	WHERE	HOW	WHEN	COST IN US$
5 (a) Institute a screening mechanism for anaemia at health facilities in the community	MoH NGOs UN-agencies	National Community	Provide screening materials and equipment to local community health facilities	Immediately	200,000
(b) Provide iron and folic acid supplements			Distribute supplement		
(c) Advocate the elimination of cultural taboos that mitigate against the consumption of nutritious foods			Workshops/ seminars Barazas		
(d) Advocate for adoption of regular deworming of primary school children.			Avail the necessary drugs and personnel		
SUB-TOTAL					530,000

Monitoring and evaluation

The monitoring and evaluation indicators will be designed according to the results of various surveys undertaken. However, these will include the following:

1. Per cent reduction of diagnosed micronutrient deficiency cases.

2. (a) Number of locally available micronutrient-rich foods identified.

   (b) Number and type of demonstrations and seminars conducted on the production and consumption of local micronutrient-rich foods.

3. (a) Proportion of children without complications of vitamin A deficiency who have suffered measles attack.

   (b) Quantity of vitamin A capsules distributed in endemic areas.

4. (a) Salt iodine levels by monthly testing - number of samples properly iodinated.

   (b) Universal access to table salt with appropriate levels of iodination.

   (c) Number of capsules distributed in endemic areas.

5. (a) Per cent of women with Hb less than 12/dl appearing at antenatal clinics.

   (b) Per cent of children with Hb less than 11/dl appearing at health facilities and community-level screening centres.

   (c) Whether or not there has been the establishment of an anaemia program for children and pregnant and lactating women.

   (d) Number of ferrous sulphate tablets distributed in endemic areas.

THEME FIVE

PROTECTING CONSUMERS THROUGH IMPROVED FOOD QUALITY AND SAFETY

Introduction

The aim of this theme is to ensure that while efforts are made to enhance food security, there are parallel measures to guarantee the consumer a safe food supply. There are a number of routes through which food can be contaminated and it would be necessary to design strategies aimed at blocking such routes. Contaminated food and water cause illness and this hampers efforts to improve nutritional status of the population. A number of factors contribute to this problem at the household level as well as formal and informal sectors where food is commercially marketed.

At household level, lack of proper food handling practices during preparation and storage and unsafe water supplies, increase the risk of food contamination and consequently, food-borne diseases such as diarrhoeal diseases (DD). DD are the major cause of morbidity and mortality among children under five years old in Kenya. Within the informal sector, problems include: foods grown in a polluted environment; and food prepared or sold by non-licensed, sub-standard facilities and inexperienced, untrained persons. Problems in the formal sector include non-compliance with existing regulations which culminates in the sale of sub-standard, expired and/or poorly labelled foods; and poor handling and storage practices.

Statement of the Problem

Capacity is acutely inadequate in organizations involved in ensuring food safety and quality. As a result, little or no monitoring and surveillance work is undertaken at food manufacturing sites, markets, and informal levels. There is also a lack of adequate laboratory facilities to undertake analysis of food and water samples.

Another aspect of the problem in Kenya concerns importers of food who take advantage of consumer ignorance to market foods which may be contaminated, adulterated, unsafe or unwholesome. Farmers also often lack information regarding agricultural fertilizers, veterinary medicines and other chemicals leading to poor agricultural practices.

Clearly, a number of strategies are required to address these issues and review existing regulations with a view to making them more effective.

Specific Objectives

1. To establish an inter-sectoral food surveillance co-ordinating secretariat from the national level to the district level by July 1995.

2. To review the existing regulations governing food quality and safety by statutory boards legally empowered to do so, to keep up with advances of technology and consumer expectations by July 1995.

3. To carry out regular quality and safety surveillance activities in 50% of relevant areas of food production and consumption by the end of 1996.

4. To intensify implementation and enforcement of existing regulations governing food safety and quality by bodies legally empowered to do so, from below 50% to at least 60% by end of 1996.

5. To inform and educate 50% of food producers, processors, handlers and consumers on food quality and safety aspects by the end of 1996.

Strategies

1. Establishment of an inter-sectoral food surveillance co-ordinating secretariat.

2. Review and revision of existing regulations governing food and water safety and quality in line with the latest technologies and consumer protection/awareness.

3. Strengthen the existing quality and safety monitoring institutions through training of personnel and establishing of the same where they do not exist.

4. Increase the number and capabilities of relevant personnel through training and re-training.

5. Strengthen the implementation and enforcement of regulations governing food safety and quality.

6. Develop an IEC component of food safety and quality to cover:

   i) up-dating curricula of all training institutions

   ii) inclusion of nutrition in all training institutions

   iii) train women group leaders/teachers including adult literacy teachers, religious groups, and the general public on the importance of food safety and quality and possible indicators of deterioration, spoilage and their prevention, and on proper food preparation practices.

TIME PLAN: THEME FIVE - Protecting Consumers Through Improved Food Quality and Safety.

ACTIVITIES	WHO	HOW	WHERE	WHEN	BUDGET US $
1) Identify the organizations involved in food safety and quality control.	KBS, MoH, KCO, KAM, MoALD&M, MoC&I, MoEd, Ministry of Water, OP, Ministry of Tourism and Wildlife, Ministry of Environment and Natural Resources, NGOs, Government Chemists, WHO, FAO, KAM, UN-agencies Research organizations and Universities.	Ministry of Health to call meetings for concerned organizations with a view to setting up a secretariat	National, Provincial, District	By July 1995 and continuous	
2) Organize a meeting for the representatives of concerned organizations, with a view to setting up a secretariat which will review the regulations.	Same as above	Same as above		periodically	1,000
3) Develop operational terms of reference for the secretariat.	Same as above	Same as above	Same as above	-do-	500

ACTIVITIES	WHO	HOW	WHERE	WHEN	BUDGET US $
4) Carry out inspections in concerned premises viz. labelling, expiry dates, packaging and contents.	K.B.S, MoALD&M, MoC&I, Ministry of Tourism and Wildlife, Local authorities	Visit by inspectors and quality controllers	- do -	continuous	5,000
5) Collection of water and food samples for analysis.	KBS, MoH	- do -	- do -	Same as above	1,000
6) Take appropriate legal measures for non-compliance with existing regulations.	MoH, MoALD&M, Ministry of Tourism and Wildlife, K.B.S.	By Prosecuting	- do -	Same as above	2,000
7) Educate farmers and extension workers in handling of agricultural chemicals.	MoALD&M, MoH, NGOs, MoEd	Seminars, workshops, field day, F.T.C., Mass Media	District level	continuous	500

8) Educate food handlers/vendors on proper food handling practices and issue certificates of attendance.	Ministry of Education, NGOs, Ministry of Local authorities, Ministry of Information and Broadcasting	Seminars, workshops, visits, tours	National, District and Divisional level	continuous	5,000
9) Review existing regulations and in consultation with Codex Alimentarius.	K.B.S., Ministry of Health, UNICEF, KAM	Seminars, workshops	National level	periodically	5,000
10) Strengthen and expand food analysis facilities, personnel, infrastructure, materials.	Ministry of Health, K.B.S., NGOs, Ministry of Local Government, MoC&I	Training and provision of equipment	National, Provincial, District	1997	500,000 includes setting up laboratories in 5 provinces
11) Improve on food preservation and storage practices both at domestic and commercial levels.	Universities, K.B.S., MoALD&M, MoC&I, FAO, MoH	Demons-trations, Research	Universities, Industry, K.B.S., Farm level	continuous	
12) Organize consumer education on choice of safe, quality food, storage and preparation.	K.C.O., MoH, MoEd, MoC&SS, Extension workers, KAM	Baraza, informal group meetings, Mass Media, formal groups e.g M.Y.W.O.	Household level	Periodically	5,000
13) Organize ways of recognizing food vendors who achieve acceptable standards consistently.	K.B.S., MoH, KAM, K.C.O., Local authorities	By giving awards in publicized ceremonies	Kiosks, food vendors	Periodically	
SUB-TOTAL					20,000

Monitoring and Evaluation

Indicators for assessment, analysis, monitoring and dissemination include the following:

1. Number of monthly and quarterly reports received.

2. Number of meetings held in a quarter.

3. Number of visits made to project areas and reports made thereof.

4. Collection and documentation of baseline information during the first 6 months of the project.

5. Setting up of a secretariat to review regulations and monitor adherence to them by the end of the first year of the project.

6. Number of premises inspected in a quarter per locality.

7. Number of food and water samples collected in a quarter.

8. Number of cases taken to court in a year.

9. Number of training courses for farmers, extension workers and food handlers/vendors in a year.

10. Reviewing of the existing regulations completed by the end of the second year of the project.

11. Capacity building through improvement of laboratory facilities and training of personnel to be monitored on a 6-month basis.

12. Number of refresher courses conducted every half-year on food preservation and storage practices.

13. Number of consumer education campaigns conducted every half-year on food choice, storage and preparation.

14. Number of successfully organized competitions for food vendors every year.

THEME SIX

PROMOTING HEALTHY DIETS AND LIFESTYLES

Introduction

Diet-related non-communicable diseases are emerging as a new phenomenon, threatening the health of the affluent in both the developed and developing parts of the world. In the developed world where the problem has assumed a public health dimension, programs to tackle it have been developed and only need to be stepped up. In the developing world, however, little is known about these diseases with regard to their aetiology, magnitude and management possibilities. What is clear, however, is that their emergence is associated with rising affluence. The aim of this theme is to stress to Governments that while they still grapple with basic problems such as diarrhoea, malnutrition and now HIV/AIDS, diet-related non-communicable diseases are affecting an important sector of the population - the affluent - and that there is a need to program efforts towards the control of these disease entities.

Statement of the Problem

Traditional diets and lifestyles did not encourage the development of diet-related non-communicable diseases. The emergence of these diseases is currently a public health concern. The diseases include: obesity, dental caries, myocardial infarction, hypertension, cancers, diabetes mellitus and gout. These diseases are on the increase because of a shift in diets and lifestyles, including survival pressures brought upon the communities. Such habits as increased consumption of sugars and other refined carbohydrates, table salt, saturated fats and reduced intake of fibre and decreased physical exercise are changes being brought about by urbanization, inadequate public awareness and aggressive advertising and campaigns in different media which negate the tenets of a healthy lifestyle.

Although nutrition education programs have existed since independence in 1963, a very dynamic society and a fast growing population are aspects that call for new strategies in the dissemination of nutrition information, relevant to the changing lifestyles.

Objectives

1. To determine, nationally, the extent/magnitude of the diet-related non-communicable diseases.

2. To promote the concept of appropriate diets and healthy lifestyles.

3. To promote research on diet-related non-communicable diseases.

Strategies

1. Collection of information on the extent of people's lifestyles and on the diet-related non-communicable diseases.

2. Preparation of I.E.C. materials, and guidelines for use by various groups.

3. Education through campaigns, and distribution of education materials.

4. Promotion of research on diet-related non-communicable diseases.

TIME-PLAN: THEME SIX - Promoting Healthy Diets and Lifestyles.

ACTIVITIES	WHO	HOW	WHERE	WHEN	BUDGET US $
1) Conduct a nutritional survey to establish/determine the extent of diet-related non-communicable diseases.	Food and Nutrition Secretariat/ Universities	Participatory Rural Appraisal (PRA)	Community, Research institutions	1995 on-going	200,000
2) Develop and publish dietary guidelines for adoption by those concerned.	Secretariat	Seminars, Workshops	District and National level	1995 on-going	100,000
3) Develop information and education materials.	Secretariat	Workshops, Seminars	Community, District, National level	1996 on-going	
4) Disseminate information to various groups.	Secretariat, Ministry of Health, NGOs UNICEF, FAO, MoALD&M, MCSS	Workshops, Media, Curriculum, Community, Campaigns	Community, District, National institutions	1996 on-going	5,000

5)	Train nutritionists/ dieticians and home economists and retrain existing personnel.	Government, NGOs, UNICEF, WHO, FAO	On-job training courses, Continuous education	Locally, Overseas	Jan 95 on-going	150,000
6)	Develop in-patient feeding policy.	Secretariat, NGOs, Ministry of Health, WHO, UNICEF	Seminars, Workshops	District/ National levels	Immedia tely	10,000
7)	Develop appropriate recipes to promote indigenous foods.	Secretariat, MoALD&M	Workshops, Extension	National, District, Community level	Continu ous	
8)	Strengthen existing health clubs and special clinics.	Secretariat, Private sector, Ministry of Health	Extension & Credit Services	District, relevant institutions	1996 continu ous	5,000

SUB-TOTAL					470,000

Monitoring and Evaluation

1. At the end of the project period, there will be a prepared document on information collected, for example survey results.

2. Quarterly reports on stage of guidelines.

3. Quality of education materials produced and dissemination started by end of first year of project period.

4. Number of workshops held every half year on an identified topic.

5. Number of campaigns conducted on a quarterly basis.

6. Number of kitchen gardens established on a quarterly basis.

7. Number of professionals trained every half year.

8. A policy statement was prepared and launched by end of first year of project period.

9. Number of technologies developed by end of each year of project period.

10. Stage of recipes developed every half year.

11. Number of existing clubs and clinics and adoption rate of recommendations.

THEME SEVEN

IMPROVING YOUNG CHILD FEEDING

Introduction

The aim of this theme is to ensure proper infant and young child feeding for better growth and development by way of a variety of strategies. Failure to exclusively breastfeed and early weaning usually with contaminated and inappropriate foods have resulted in increased morbidity and mortality, and growth faltering in those children who survive.

Statement of the problem

Public health problems affecting most children in developing countries result from a complex situation that is characterized by nutritional, biological and social deprivation. The children then experience ill health, growth retardation, functional disadvantages and high mortality. Nutritional problems are precipitated by poor breastfeeding and weaning of infant and young children.

There are many advantages to exclusive breastfeeding during the first 4 - 6 months of life and these include: ensuring proper nutrition with colostrum (the first milk), especially, supplying antibodies and micronutrients to the baby; reinforcement of the maternal-infant bond which promotes a sense of security for both mother and child and enhances infant survival and development; convenience for both mother and child and cost-effectiveness for the family.

Available data in Kenya suggest that, although the total length of breastfeeding declined from 18.3 months in 1982 to 17.9 months in 1987, the prevalence of and knowledge and practices on breastfeeding have improved over the decade. Over the last decade, Government hospitals and particularly the small ones have performed better than private institutions in terms of promoting the "Baby-friendly Initiative".

Nevertheless, in the wider society, there are still various problems which make it difficult for mothers to breastfeed as recommended and these include: lack of support from fathers and the community in general; mothers not knowing how to cope with exclusive breastfeeding when they have to go back to work; socio-economic pressure that places too heavy a workload on the mother, leaving her with little time for adequate child-care; lack of awareness and harmful maternal practices such as giving of pre-lacteal feeds and early weaning, and enforcing negative taboos and beliefs; poor maternal nutritional status and care; and lack of appropriate knowledge and confidence in mothers and professionals. The need for community support stems from the fact that over 70% of deliveries in Kenya take place at home.

Nutritionists and organizations such as UNICEF and WHO recommend

that an infant be exclusively breastfed for 4 - 6 months for reasons already presented above. Between 4 and 6 months, it is important to gradually begin to introduce supplementary foods which progress from semi-solid as the child grows older. This process of introducing other foods is known as "weaning". Supplementary foods replace some of the milk the child has been taking and should, therefore, be nutritionally adequate. These foods should also be safe and free from contamination, in order to promote development. Further, the supplementary food should be appropriate in consistency and overall quality for the child to be able to consume, enjoy and benefit from its total attributes. The weaning period is a critical transition stage in the development of a child and this calls for special management by the mother.

As in the case of breastfeeding, considerable inappropriate weaning practices have been observed through research and surveys.

Specific Objectives

1. To increase the rate of exclusive breastfeeding for 4 - 6 months by 30% by the end of the plan period.

2. To design new strategies to promote nutritional status of infants and young children.

3. To increase the percentage of mothers who are weaning at the right age of 4 - 6 months from current levels by 30%.

4. To assess nationally the current infant and young child feeding practices by the end of the first year.

5. To increase the number of baby friendly hospitals and health facilities in Kenya, practising all the 14 steps of the National Policy of Infant and Young Child Feeding Practices by 50%.

Strategies

1. Increase awareness on issues affecting health and nutrition status of infants and young children.

2. Promote better infant and young child feeding practices.

3. Assess and document infant and young child feeding practices on a regional basis.

4. Promote the Baby Friendly Hospital Initiative and the Kenya Code of Marketing Breastmilk Substitutes.

TIME-PLAN: THEME SEVEN - Improving Young Child Feeding.

ACTIVITIES	WHO	HOW	WHERE	WHEN	BUDGET US $
1) Continue training and retraining of health workers, TBAs, CHWs and CBDs to support and promote exclusive breastfeeding for the first 4-6 months and promote appropriate infant and young child feeding practices.	Ministry of Health, NGOs, UNICEF, WHO, Mass Media	Workshop and Seminars	Community and National	Continuous	100,000
2) Intensify sensitization of maternity facilities, MCH/FP clinics, organized groups, employers, institutions and schools to support breastfeeding, infant and young child feeding in general.	Ministry of Health, Community, NGOs, UNICEF, WHO	Visits, seminars, Media campaigns	Community , District, National	Continuous	50,000
3) Identify and train co-ordinators at district level, on issues such as the Breastfeeding Code.	Ministry of Health	Visits, Seminars, Workshops	District and Community	Start mid-1995	100,000

4) Intensify sensitization of mothers and various groups in the community on breastfeeding, infant and young child feeding through mothers' seminars, focus group discussions, use of education materials such as of brochures, and on proper use of breast milk substitutes for mothers unable to breastfeed.	Ministry of Health, Community, Groups, NGOs, UNICEF, WHO, MCSS	Seminars, Media campaigns, IEC materials	Community	Continuous	50,000
5) Monitor implementation of the Kenya Code of Marketing of Breastmilk Substitutes.	Ministry of Health, NGOs, Community	Visits, Maintain check list	National, District	Continuous	20,000
6) Promote weaning recipes based on locally available foods, and education on the proper use of commercial brands.	Ministry of Health, NGOs, MoC&I	Visits, Seminars, Media campaigns	National, District, Community	Continuous	5,000
7) Design or draw-up supervisory check-list for maternity facilities' monitoring.	Ministry of Health	Seminars	National	Start Jan. 1995	200
8) Carry out a survey on infant and young child feeding practices based on regions.	Ministry of Health, Universities, UNICEF	Survey	National	Continuous	20,000
9) Sensitize communities to assist women with their heavy workloads and on the use of appropriate technology.	MCSS, MoEd MoALD&M	Seminars, Extension, Media campaigns	District, Community	Continuous	10,000

10)	Include/strengthen breastfeeding, infant and young child feeding in the curriculum of all training institutions and schools.	Training institutions, NGOs, UNICEF, WHO, MoEd	Seminars, Workshops, Review of curriculae	National institutions	Continuous	10,000
11)	Strengthen the capacity of relevant training and research institutions to carry out research on weaning mixtures.	Donor agencies, Universities, GoK	Advocacy meetings, Seminars	Institutional	Continuous	20,000
12)	Hold half-yearly meetings for district co-ordinators.	Ministry of Health, NGOs, UNICEF	Meetings	Community	Start mid-1995	10,000
13)	Promote kitchen gardens and fruit trees in households where applicable.	Ministry of Health, MoALD&M, NGOs	Seminars, Field visits and campaigns	Community	continuous	
14)	Promote small-scale business to improve socio-economic status of poor households.	MoCSS, NGOs, UNICEF, MoPND, MoALD&M	Seminars/credit	Community	Continuous	
15)	Monitor and evaluate projects and activities.	Ministry of Health, MoALD&M, NGOs, FAO	Evaluation exercises	Community, District, National	Continuous start Jan. 1995	8,000

SUB-TOTAL						403,200

Monitoring and Evaluation

Indicators will include the following:-

1. Number of districts that have carried out infant and young child feeding surveys.

2. Number of maternity facilities, MCH/FP clinics, organized groups, employers, institutions and schools and individuals that have been reached.

3. Number of health workers, TABs, CHWs, CBDs, that have been trained in infant and young child feeding.

4. Number of training institutions that have reviewed and incorporated breastfeeding, and infant and young child feeding in their curriculum.

5. Percentage of mothers exclusively breastfeeding for the first 4 months.

6. Number of co-ordinators trained.

7. Number of task forces formed.

8. Number of mother support groups formed.

9. Number of maternity hospitals and other health institutions declared "Baby-friendly".

10. Number and type of nutritious weaning mixtures developed at the community level.

11. Number and type of education materials developed and distributed.

12. Number of mothers trained and running small-scale business.

13. Number of households with improved/active kitchen gardens.

14. Number of health facilities implementing the Kenya Code of Marketing of Breastmilk Substitutes.

15. Percentage of community members aware of the Kenya Code of Marketing of Breastmilk Substitutes.

16. Nutritional status of under-fives determined.

17. Extent of distribution of IEC materials and seminars held on infant feeding.

THEME EIGHT

PREVENTING AND MANAGING OF INFECTIOUS DISEASES

Introduction

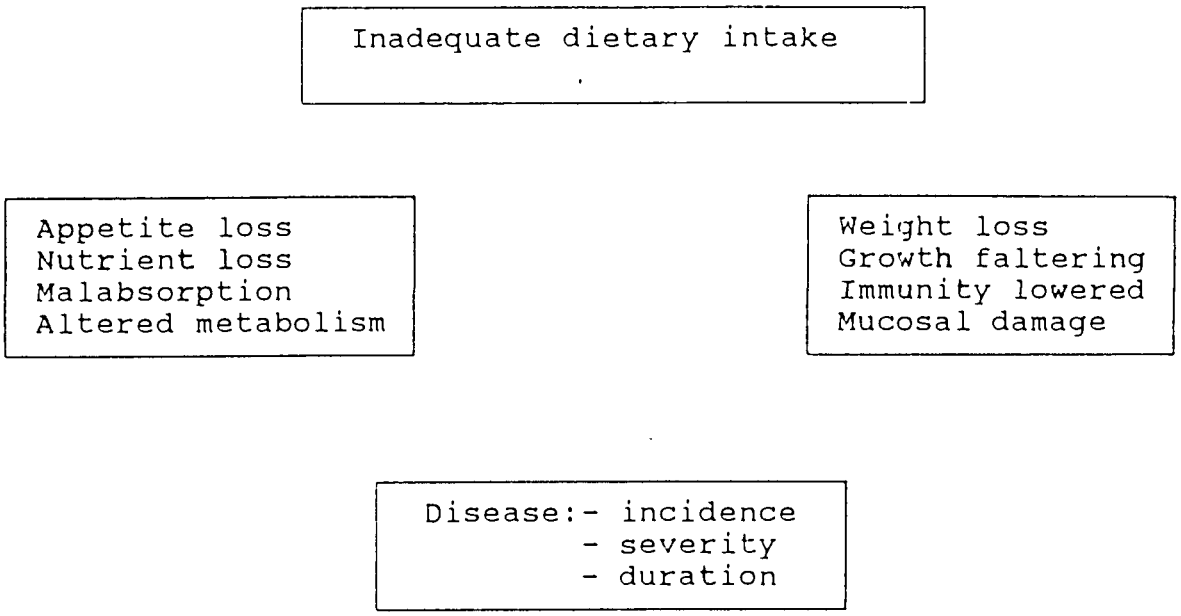
Although the precise contribution of malnutrition as an immediate cause of death is not known, there is no debate as to the fact that the majority of child deaths in developing countries are due to infection and parasitic diseases and that most of these children die malnourished. In recent times the modes of interaction between nutrition and infection have been elucidated and enormous advances in methods of preventing, controlling and managing infection made. However, the "malnutrition-infection" complex still remains the most prevalent public health problem in the world today.

The aim of this theme is to achieve and maintain health and nutritional well-being through collaborative strategies of prevention, control and management of infectious diseases. It is hoped that efforts will be made to develop an integrated system of primary health care (PHC) which will address a wider range of preventive health issues.

Communicable diseases take the first 4 positions among the top 5 causes of mortality, morbidity and disability in Kenya. When they occur, they either precipitate or aggravate malnutrition especially in the underfives, the elderly, pregnant and nursing mothers and displaced persons. Although it is implied that nutrition would automatically be addressed when control of diarrhoeal disease or any other illness is achieved, it is important that a holistic approach be used in order to break the vicious cycle that exists in the relationship between nutrition and infection. These interactions between malnutrition and infection are cyclic and closely linked as depicted in figure 8.1 below. While this figure is not all inclusive, it summarizes many of the most important relationships, and accounts for much of the high morbidity and mortality under circumstances of high exposure to infectious disease and inadequate diet which characterize many poor communities.

Certain indicators may be used to gauge the progress being made in the health status of children in a country. These include the Infant Mortality Rate (IMR) which for Kenya still stands high at 62 live births and the under-five mortality which stands at 96 per 1000 live births. Malaria, acute respiratory tract infections, diarrhoea, intestinal parasites and vaccine preventable diseases such as measles plus AIDS/HIV, still threaten the lives of children. The associated causes of these illnesses are low birth-weight, protein-energy malnutrition (PEM), and micronutrient deficiencies.

Fig. 8.1 Malnutrition/Infection Cycle



Statement of the problem

Considering that many of the above mentioned diseases require a great deal of preventive and control intervention, and noting that the levels of malnutrition in Kenya are still relatively high, it is important to take stock of what is being done in this country to tackle this problem. The Kenya health delivery system so far, though changing, is still tilted towards curative care and most of the promotive and preventive aspects of health-care related to the above diseases are handled as vertical programs.

Objectives

1. To establish, within the first year, a forum which brings together programs tackling health and nutrition issues, to discuss and develop areas of collaboration.

2. To evaluate and review existing curricula in health and non-health training institutions so as to strengthen the nutrition and infectious diseases component for medical students, nurses, nutrition field workers, teachers, community development assistants, other extension workers and community health workers.

3. To increase access to communicable diseases' preventive, promotive and curative health-care, which includes nutritional aspects, at community level.

4. To review the existing clinical management of communicable diseases, HIV/AIDS and nutritional disorders in Kenya and develop guidelines for dietary supplementation and nutritional rehabilitation.

5. To significantly reduce mortality and morbidity due to malaria, DD and ARI through curative, preventive and promotive strategies (including nutrition) and, achieve and maintain a level of 90% immunization resulting in reduced IMR and U5MR.

6. To determine the health and nutritional status of the elderly and the disabled with a view to developing strategies for the control of any deficiencies identified.

Strategies

1). Strengthen the necessary health management systems and integrate vertical programs, including the control of nutrition-related and communicable diseases, within the PHC system for better implementation.

2). Involve and empower communities to help implement such PHC program by creating awareness of health problems and behavioural change.

3). Strengthen the nutrition and infection components of training programs for health and allied professionals of all levels.

TIME-PLAN: THEME EIGHT - Preventing and Managing of Infectious Diseases.

ACTIVITIES	WHO	WHERE	HOW	WHEN	COST IN US$
1. Have regular (bi-annual) meetings of professionals concerned with health (communicable disease control) and nutrition.	MoH, MoALD&M, UN-agencies, NGOs, Universities	National, Regional, District	Workshops, Seminars	Immediately and continuous (twice annually)	10,000
2. Review and update curriculae on nutrition and infectious diseases in all health and allied professions including revising the guidelines for the implementation of PHC to include the Bamako Initiative.	MoH, UN-agencies, NGOs, Universities, MTCs	National, Regional, District	Workshops	Immediately	30,000
3. Revise guidelines for clinical management of communicable diseases and nutritional disorders, supplementation, and nutritional rehabilitation.	MoH, Universities, MTCs, MoC&SS	National, Community	Workshops	Immediately	20,000
4. Develop and implement short courses for nutritionists on common infectious diseases and their management.	MoH, UN-agencies, NGOs, Universities	Community, National, Regional, District	Short courses	1995 and continuous	50,000

ACTIVITIES	WHO	WHERE	HOW	WHEN	COST IN US$
5. Develop and implement strategies for the control of communicable diseases and nutritional deficiencies affecting the elderly and disabled.	MoH, UN-agencies, NGOs, Universities, MTCs	National, Regional, District, Community	Workshops/ Seminars, Surveys	1995/1996	20,000
SUB-TOTAL					130,000

Monitoring and evaluation

1. Number of meetings/seminars conducted to address issues on communicable and non-communicable diseases for the medical and paramedical personnel (together).

2. (a) Curricula for training of health and allied professions reviewed and revised.

   (b) Number of facilitators, TOTs, CHWs, VHCs etc. trained using the revised curricula.

3. Analyzed reports on the prevalence of malaria, DD and ARI.

4. Guidelines for clinical management of nutritional disorders, supplementation and nutritional rehabilitation revised.

5. Number of strategies for the control of nutritional deficiencies affecting elderly and disabled developed.

THEME NINE

CARING FOR THE SOCIO-ECONOMICALLY DEPRIVED AND NUTRITIONALLY VULNERABLE GROUPS

Introduction

A number of diverse development and nutrition programs are being undertaken in Kenya. Some of these are based on well-developed health and social considerations and may or may not be dependent on substantial external financial assistance. A majority are undertaken with minimal financial resources and often based on weak or non-existent infrastructure. Experience has shown that only some of the various programs have been effective in meeting stated objectives of reducing malnutrition and promoting health, hence using scarce resources efficiently. The aim of this theme is to ensure that the major constraints to good caring for vulnerable groups, which include morbidity, heavy workload of women, meagre resources in poor households, inadequate control of resources by women and mistaken beliefs are properly tackled in development and nutrition programs, so as to improve the health status of the socio-economically deprived and the nutritionally vulnerable groups.

Statement of the problem

In Kenya and indeed in many developing countries, it is recognized that general economic and social change is needed to resolve nutrition problems in the long-term and that policies affecting food availability, prices and income as well as developments in agriculture, rural development and health-care are fundamental to this process. In the short- and medium-term, however, there remains a defined and widespread need for improvement of the nutritional status of the economically and biologically vulnerable groups. In the local situation, it is generally accepted that the most vulnerable groups include:-

- Children under five years old,
- Pregnant and lactating women,
- Elderly persons,
- Disabled persons,
- Small-holder subsistence farmers and landless in rural communities,
- Urban poor and destitute street children,
- Unemployed persons,
- Displaced persons/refugees/orphans,
- Female-headed households (about 25-30% nationally).

It has been established that about 30% of the children under five years old are malnourished but the extent and magnitude among the other groups needs to be established before a comprehensive intervention plan is developed for implementation.

Objectives

1. To determine the extent and magnitude of malnutrition among the various vulnerable groups.

2. To improve accessibility to health services for the socio-economically deprived and nutritionally vulnerable groups.

3. To reduce the workload of women by improving accessibility to social amenities in rural communities and thereby increase the time allocated to child-caring.

4. To enhance women's opportunities to control food and resources generated through the food chain activities, and free them from mistaken traditional/cultural beliefs.

5. To formulate effective strategies of improving community-based care of the vulnerable groups.

Strategies

1. Establishment of the extent and magnitude of malnutrition among the various vulnerable groups through surveys, and using strategies arising from these data, support activities that will reduce the prevalence of malnutrition in these groups.

2. Improvement of the health care delivery system throughout the country and especially, in the rural areas.

3. Improvement of infant/child caring by availing social amenities such as clean water within easy reach of rural communities to reduce women's workload.

4. Empowerment of women socially, technically and economically.

TIME-PLAN: THEME NINE - Caring for the Socio-economically Deprived and Nutritionally Vulnerable Groups.

ACTIVITIES	WHO	WHERE	HOW	WHEN	COST IN US$
1. Determine the proportions of the malnourished among the vulnerable groups.	MoH, MoC&SS, MoEd UN-agencies, NGOs, Researchers	Community, District, Regional, National	Surveys	Immediately	10,00
2. Improve access to health-care for the socio-economically vulnerable groups through such programs as KEPI, EDP and MEDs, and by training - community health workers (or volunteers) - traditional birth attendants.	MoH, MoC&SS, UN-agencies, NGOs	Community	Workshops/ Seminars	1995 and continuous	10,000
3. Encourage use of time-saving technologies by promoting the use of energy-saving stoves, food processing equipment and roof water catchment to ease women's workload and improve their health.	MoW, MoALD&M, NGOs, Bilateral agencies	District, Community	Sensitize and mobilize communities	continuous	
4. Create awareness in the community on the importance of women's roles in the taking control of household resources like food and incomes generated through their work.	MoC&SS, NGOs, OP	Community	Workshops/ Seminars	Immediately	50,000 (For 3 & 4)

5.a) Involve the community in the - provision of primary health care services through VHCs/VHWs - rehabilitation of the malnourished b) Strengthen the capacity of local institutions responsible for servicing disaster relief operations c) Provide relief food and health services to the displaced.	OP, MoH, MoALD&M, MoC&SS, NGOs	Community	5(a)workshops /seminars (b) provide technical and material support c) provide technical and material support	Immediate and continuous As need arises As need arises	
SUB-TOTAL.					70,000

Monitoring and evaluation

1. (a) Number and extent of surveys undertaken to establish the magnitude of malnutrition among the various vulnerable groups.

   (b) Number of strategies developed and implemented using data from the surveys.

2. (a) Number of communities with improved access to health-care
   (b) Number of community health workers fully trained.

3. Number and type of social amenities availed to specified rural communities identified under this Plan.

4. Number of awareness workshops and seminars conducted in various communities on the role of women in the control of household resources.

ANNEX I

PROPOSAL ON THE ESTABLISHMENT OF A NATIONAL FOOD AND NUTRITION SECRETARIAT (NFNS)

Rationale for establishing the NFNS

Attempts to co-ordinate food security and nutrition interventions, and policy formulation through Inter-ministerial committees have proved ineffectual in the past. The basic reason has been that effective decision making on Food Security and Nutrition issues must be under-pinned by detailed and comprehensive analysis of data drawn from a wide range of institutions including government ministries, parastatals and NGOs. However, committees such as the Inter-Ministerial Co-ordinating Committee on Food and Nutrition and the Food and Nutrition Planning unit have only been able to oversee the analysis, but have been unable to undertake it effectively.

Secondly, Kenya lacks an organization to effectively co-ordinate the multi- dimensional aspects of food and nutrition and that has both the capacity and authority to undertake the necessary technical analysis to trigger the right decisions. The existing FNPU within the OVP-MPND that co-ordinates all planning matters related to food and nutrition in the country through liaison with the relevant ministries involved in areas of food and nutrition is by itself inadequate under its present structure, to effectively co-ordinate food and nutrition matters as indeed it lacks both the capacity and the mandate to do so due to skeleton staff, inadequate funding and lack of basic structures and links at the grass-root level. The Unit lacks authority to make independent and binding decisions, and enforce ensuing actions.

However, to undertake long-term food and nutrition policy analysis and develop food security and nutritional policies and strategies for use in national planning and decision making, requires a professionally operated agency to oversee proper food security management, based on workable market monitoring and early warning systems. The agency ought to have clearly defined functions/responsibilities, and work in close liaison with other arms of the government and act as a catalyst and co-ordinator for the implementation of actions to address food security and nutrition.

To operate effectively, NFNS would require special powers to allow it to acquire secondary data and other information required to fulfil its responsibilities to ensure that the policies and interventions it formulates are fully incorporated into the government decision-making and implementation process.

Aim:

Co-ordination of food and nutrition activities in the country.

Objectives:

(i) To sensitize the nation on the multi-faceted nature of nutrition problems at all levels.

(ii) To facilitate the implementation of programs to reduce malnutrition.

(iii) To bring together governmental, non-governmental and international agencies involved in solving the problems of malnutrition.

(iv) To report and advise on food and nutrition issues in the country.

(v) To assemble and analyze secondary data and recommend policy formulation and intervention measures.

Responsibilities:

(a) To assist ministries, parastatals and other organizations to improve the focus, timeliness and quality of the data which they collect on variables relating to food security and nutrition;

(b) To routinely assemble data on variables relating to food security and nutrition;

(c) To assess routinely the state of food security at national and household levels and to submit regular and focused reports on the current food security and nutrition situation to the steering committee of Permanent Secretaries;

(d) In liaison with the relevant institutions, to routinely assess and make recommendations for the export and import of staple food commodities;

(e) To routinely develop recommendations for the distribution of government food relief in liaison with the Relief Rehabilitation Department of the Office of the President;

(f) In liaison with the NGOs Bureau, to routinely prepare

briefing material for NGOs on the need for short-term food relief and on other developments and new government policies of relevance to their food-security and nutrition activities;

(g) To assist in the preparation and appraisal of projects and programs with food security and nutritional dimensions and to assess their impact on national and household food security;

(h) To review the nutritional impact of government taxation and expenditure and recommend appropriate action;

(i) To undertake longer-term food and nutrition policy analysis and to develop food security and nutritional policies and strategies for use in national planning and decision-making;

(j) To establish and operate a food security and nutrition information and documentation centre;

(k) To conduct research on diverse aspects of food and nutrition;

(l) To recruit staff and sustain the secretariat;

(m) To prepare action plans and liaise with Line Ministries in the implementation of the activities;

(n) To develop proposals where specific needs are identified for soliciting funds.

Outcome:

(i) Structure in place through which food and nutrition activities in Kenya are co-ordinated. This would include:

a) A reference library with materials relevant to nutrition covering all fields [These would include Audio-visual and print materials as well as relevant equipment for access e.g. PC - computers with CD-ROM, TC and Video, Slide projector, E-Mail etc.].

b) Technical committees that would advise on specific areas of nutrition.

c) Linkages with other relevant institutions within the country and outside.

d) Linkages with funding agencies which support nutrition activities.

e) Needs of communities used as the basis for planning nutrition interventions through community involvement at all levels of the decision-making process.

f) Better co-ordination of activities and maximization of resource utilization in implementing the Kenya Nutrition Plan of Action.

Sustainability:

To ensure sustainable development, the secretariat should be owned by and substantially supported by the Government. This will be possible if the following are adopted:

(i) Funds are made available to establish the infrastructure suggested.

(ii) Pioneer personnel are drawn from the relevant government ministries so that they continue with their remuneration and benefits from parent Ministries.

(iii) Activities already in place are identified and strengthened to maximize resources already allocated.

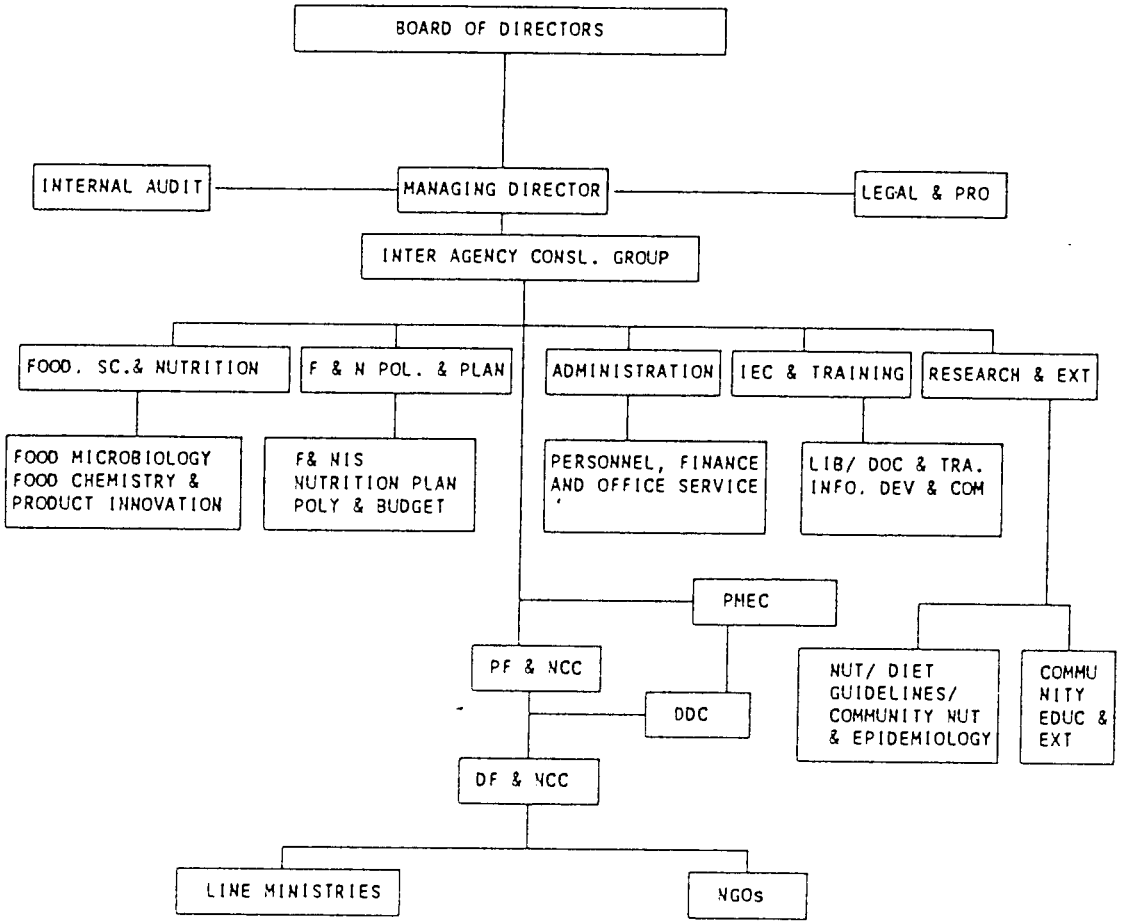
(iv) Machinery already in place are used to undertake tasks in the communities, e.g. extension services of the various ministries and NGOs.

(v) Where issues of national concern are noted, the secretariat will effect fund-raising procedures and establish a fund to cater for such cases, [e.g. children in especially difficult circumstances fund or refugee fund and others].

Organization of the NFNS:

It is envisaged that the NFNS will be an autonomous institution under the umbrella of some Ministry (OP, MoP&ND). It will have its own chief executive who will be responsible to a board of directors. The Board and Chief Executive will be appointed by the Minister concerned but the Chairman of the Board will be a Presidential appointee. The Managing Director who will be the Chief Executive Officer of the NFNS will also be the Secretary to the Board and shall co-ordinate the activities of the Secretariat.

PROPOSED ORGANOGRAM FOR THE NFNS



Envisaged specialized Departments and activities of the NFNS

(i) Nutrition IEC & Training

- Review curriculum in health and nutrition related institutions to incorporate nutritional courses into existing curricula
- Develop IEC materials
- Resource persons teaching in institutions, and seminars
- Formulation and implementation of long- and short-term training plans in nutrition of different cadres and levels of personnel in MoH, MoE, MoCSS, MoALD&M etc.
- Offer formal certified field-oriented courses together with PHC
- Promote IEC through print and electronic media, newsletters and journals
- Offer library services to share information through exhibitions, book displays at meetings and conferences

(ii) Community Health and Nutrition Research

- Nutrition rehabilitation (community-based rather than institution-based)
- Institutions feeding guidelines
- Micronutrient malnutrition
- Dental cases
- Nutrition and health status of women, children, the sick and elderly
- Infant and child feeding

(iii) Food Science and Technology

- Household and community-level food monitoring
- Food security
- Food safety and quality
- Food chemistry
- Biochemistry
- Clinical chemistry (assessment of nutritional status, i.e, blood serum, protein albumin, etc)
- Parasitology
- Bacteriology
- Clinical surveys
- Food microbiology
- General laboratory services

(iv) Finance and Administration

- Searching for funding
- Accounts control
- Human resources development
- Office services
- Logistics support

(v) Food and Nutrition Policy and Planning

- Co-ordination of the food and nutrition policies
- Incorporation of the food and nutrition objectives in development plans
- Inclusion of nutrition indicators in measuring macro-economic development and support to community-based programs
- Conduct nutrition surveillance and monitoring and evaluation
- Co-ordination of the secretariat's involvement in the food and nutrition forums mainly on capacity building and empowerment.

ANNEX II

MEMBERS OF THE TASK FORCE ON ESTABLISHING THE NATIONAL FOOD AND NUTRITION SECRETARIAT

MEMBER	ORGANIZATIONS/INSTITUTIONS
Dr. J. Muita	ANP - U.O.N. (Chairperson)
Mr. J.N. Kesa	FNPU - OVP&MPND
Mrs. G. Maina	FLTP - DANIDA
Mrs. T.N. Muthui	HEB - MOALD&M
Mrs. B. Shako	DFH - MOH
Mrs. M. Ojwang'	FNPU - OVP&MPND
Mr. S. Odhiambo	DPD - MOALD&M (Secretary)

ANNEX III

LIST OF PARTICIPANTS OF THE NATIONAL PLAN OF ACTION FOR NUTRITION WORKSHOP, HELD IN NYERI on MAY 25 - 27, 1994.

NAME	DESIGNATION	ORGANIZATION	ADDRESS/TEL.
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SECRETARIES

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CATHERINE CACHENGE	OVP & MPND
MARGARET NYAMUOK	OVP & MPND
EUNICE TANUI	UNICEF

DRIVERS

JAMES MUGERA	UNICEF
OBADIAH MUCHENI	OVP & MPND
E. K. KIHORO	MoALD&M
J. KINYANJUI	MoH