Nutrition Support Officer
Project Evaluation

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# Table of Contents

## TABLE OF CONTENTS  
2

## ACRONYMS  
3

## ACKNOWLEDGEMENTS  
4

## EXECUTIVE SUMMARY  
5

## INTRODUCTION  
7

## EVALUATION OBJECTIVES  
8

## METHODOLOGY  
8
   - Evaluation framework  
   - Methods  

## FINDINGS  
9
   - Overview  
   - Relevance  
   - Effectiveness  
   - Efficiency  
   - Impact  
   - Sustainability  

## CONCLUSION  
20

## RECOMMENDATIONS  
20

## ANNEX 2: LIST OF PERSONS CONSULTED  
23
Acronyms

ANC  Antenatal care
ASAL  Arid and Semi Arid Lands
AWP  Annual Work Plan
CHC  County Health Coordinator
CHMT  County Health Management Team
CHS  Community Health Strategy
CHW  Community Health Worker
CNTF  County Nutrition Technical Forum
DAC  Development Assistance Committee
DHRIO  District Health Records Information Officer
DHIS  District Health Information System
DHMT  District Health Management Team
DFID  Department for International Development
DMoH  District Medical Officer of Health
DNO  District Nutrition Officer
EPI  Expanded Programme of Immunisation
ESP  Economic Stimulus Package
FBO  Faith-based Organisation
GoK  Government of Kenya
HiNi  High impact nutrition interventions
HMT  Health management team
HRH  Human resources for health
IMAM  Integrated management of acute malnutrition
MIYCN  Maternal infant and young child nutrition
MMSG  Mother to mother support group
MoH  Ministry of Health
NGO  Non-governmental organisation
NSO  Nutrition Support Officer
NTF  Nutrition Technical Forum
OJT  On-the-job training
PCA  Project Cooperation Agreement
SFP  Supplementary feeding programme
TOR  Terms of Reference
UNICEF  United Nations Children’s Fund
UNOPS  United Nations Office for Project Services
WASH  Water, sanitation and hygiene
Acknowledgements

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The consultant gratefully acknowledges the contributions of the 16 Nutrition Support Officers (NSOs) working in 18 Arid and Semi-Arid Land (ASAL) counties and ten additional counties located in Nyanza and Western provinces. Their first-hand experience as ‘NSOs’ provided invaluable insights for the evaluation. Finally, the consultant would like to thank the two NSOs located in located in Turkana County and Lower Eastern region (Covering Kitui, Machakos and Makueni counties) for hosting her as well as County and District Health Management Teams, partners and facility personnel who contributed their thoughts and time to the evaluation.

The evaluation comes at an exciting juncture in Kenya with the establishment of devolved service provision arrangements under county governance structures. It is hoped that the nutrition sector, with support from UNICEF and its NSOs, can continue to expand and deepen the delivery high impact nutrition interventions and engage multi-sectoral stakeholders in nutrition focused development under new governance arrangements.
Executive Summary

UNICEF Kenya, a key actor in the nutrition sector, has taken a lead role in supporting the scale up of high impact nutrition interventions (HiNi) in the country. One strategy has been to increase UNICEF’s field presence in order to provide sub national technical support to partners and Ministry of Health teams. To facilitate this, UNICEF recruited NSOs, through the United Nations Office for Project Services (UNOPS). NSOs are based in selected ASAL and other priority counties of Kenya to support the provision and scale up of nutrition services.

The ‘NSO project’ commenced in May 2010 and has been in operation for three years. As three years is adequate time for some of the change processes supported by NSOs to have taken place, an evaluation was proposed by the Ministry of Health and UNICEF to assess the project’s effectiveness and efficiency and formulate recommendations for the next phase of the project. The evaluation is also timely as there have been policy changes at national level that should be reflected in the next phase of the project. Additionally, the process of decentralisation has commenced creating new sub national governance structures and management arrangements which NSOs will need to engage with going forward.

The evaluation was conducted over the month of April 2013 and involved stakeholder consultation at national and sub national level. Evaluation findings suggest that the project has been successful against a number of Development Assistance Committee (DAC) criteria.

Relevance: The NSO project has enabled UNICEF to expand its sub national presence and technical support beyond its existing four field offices. The NSO role serves as a bridge function between the central and county levels by ensuring that national policies and guidelines are effectively understood and implemented. At the same time, it facilitates feedback from the ‘bottom up’ so that national strategy and related imperatives are informed through practice and the reality on the ground.

Effectiveness: While the expected outputs and outcomes of the NSO project are not well known by stakeholders or articulated by UNICEF, there is evidence that progress has been made at county level on the prioritisation, coverage, quality and capture of HiNi and that the NSOs have played an instrumental role in this.

Efficiency: The project is an efficient means of providing technical support and facilitating nutrition service coverage and quality. NSOs have become more efficient in executing their roles over time as change processes have taken root. Efficiency has improved through greater coordination of partners, the use of common tools and government systems. As government capacity has been built at management and facility level, the need for hands on inputs has reduced allowing the NSO to work on more ‘upstream’ issues.

Impact: NSOs have contributed to improvements in the quality of services however in some settings these remain fragile due to a range of contextual factors. There is evidence of greater sub national engagement, ownership and ‘visibility’ of nutrition however this is uneven across counties.

Sustainability: The benefits of the project should continue after donor funding ceases and rest with how effectively roles have been internalised, capacity has been embedded and systems have been strengthened at sub national level. The presence of effective leadership and committed County and District Health Management Teams, more than anything else, creates uneven progress between and within counties in this regard.

Devolution presents both opportunities and risks for nutrition. With transition to county governments, NSOs and UNICEF will need to move with this process, which is likely to be uneven across counties. NSOs will need to work with County health and nutrition stakeholders to engage emerging county structures and decision makers so that nutrition receives adequate support and achievements are sustained and built upon.
With these findings in mind, the following recommendations have been formulated for UNICEF:

**NSO documentation:** Improve the documentation of the NSO project in order to clearly articulate expected outputs and achievements to internal and external stakeholders.

**NSO Terms of reference:** The NSO terms of reference (TOR) should be reviewed for the next phase of the project together with key stakeholders. It is further recommended that two TORs be developed, one for single county NSOs and one for ‘roving’ NSOs. The TOR should outline NSO accountability at sub national level as well as to UNOPS and UNICEF.

**NSO performance benchmarking:** Develop NSO key performance indicators (KPIs) aligned with county annual nutrition workplans so that individual NSO performance is benchmarked to the county in which they operate. KPIs should be agreed with county stakeholders, aligned with UNICEF base plans (where NSOs are co-located) and tracked on a periodic basis. NSO reports to UNICEF could be aligned with KPIs and the reporting frequency reduced.

**NSO support:** Improve the overall support to NSOs so that their presence at sub national level is optimised and greater consistency in implementation and learning is generated across NSO sites. Identify and support the development of NSO skills and engagement strategies so that these are fit-for-purpose for the next phase of the project and aligned with revised NSO TORs.

**NSO exit strategy:** Develop an exit strategy for the project with defined criteria and milestones for exit. An exit strategy may include phased exit, from a more static model of NSO support to a roving model of support.

**NSO cost effectiveness:** Review the cost effectiveness of the NSO model and some of the functions performed by NSOs. This could be compared to alternative nutrition support models, such as those provided through partners.

The consultant highly recommends that the NSO project continue. In the main, there is overwhelming support for the project from stakeholders at national and sub national levels. Effective relationships, systems and processes have been established in many instances at sub national levels. These are bearing results for nutrition.
Introduction

UNICEF Kenya is a key actor in the nutrition sector, supporting coordination of the sector and providing technical assistance with nutrition assessments, field monitoring, and resource mobilization. UNICEF has taken a lead role in supporting the scale up of high impact nutrition interventions (HiNi) through partnership with the Ministry of Health, Division of Nutrition (DoN) and non-governmental organisation (NGO) partners.

One strategy has been to increase UNICEF’s field presence in order to provide technical support to partners and Ministry of Health teams for key activities such as coordination, information management and capacity development. To facilitate this, UNICEF contracted Nutrition Support Officers (NSOs) In May 2010 through UNOPS to be based in selected ASAL and other priority counties to support the scale up of nutrition services.

NSOs have been viewed by UNICEF and stakeholders as instrumental in ensuring an effective and coordinated nutrition response at the sub national level. Following mid-year and annual nutrition review recommendations, the Ministry of Health and UNICEF Kenya have proposed an evaluation of the NSO project, to assess its effectiveness and efficiency and formulate recommendations that will feed into the next implementation phase of the project.

The evaluation is timely for a number of reasons. The NSO project has been operational for three years. Three years is adequate time for some of the change processes supported by NSOs to have taken place. In addition, there have been policy changes at national level that should be reflected in the next phase of the project. These changes include the approval of the National Food Security and Nutrition Policy and Kenya’s participation in the Scaling Up Nutrition (SUN) movement, which was made official in late 2012.

SUN sets out coordinated actions to improve nutrition across government ministries and with external organisations. Aligned with the Government of Kenya’s (GoK) broader Medium Term Development Plan, the government has committed a significant amount of money to scale up nutrition by supporting initiatives across ministries including water and irrigation; fisheries development; agriculture; and national planning and development. Greater emphasis on multi-sectoral action for nutrition focused development should also be reflected in the project’s next phase.

Finally, Kenya is going through a significant process of decentralisation of its governing structures as outlined under Kenya’s new constitution. The constitution allows for a transition period of three years starting from the creation of the counties in 2012 over which a transfer of functions is to take place. Devolution presents both opportunities and threats for nutrition. It may allow for increased local ownership and accountability; improved community participation and responsiveness to local needs; strengthening integration of services at the local level; enhancing the streamlining of services; and promoting innovation and experimentation. Equally, devolution may exacerbate inequities, weaken local commitment to some public health issues and decrease the efficiency and effectiveness of service delivery. How well the transition to a devolved county system is implemented will have tremendous repercussions – both positive as well as negative - for ASAL and other marginalised populations, presently underserved under existing governance and service delivery arrangements. The NSO project

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1 At the time of NSO recruitment, districts were the administrative unit for placement of NSOs. Districts have been replaced by county and sub county administrative units under the new constitution. Counties as opposed to districts are referred to in this report for consistency.
2 Currently there are 16 NSOs supporting 18 ASAL counties and 10 counties in Nyanza and Western provinces.
3 http://scalingupnutrition.org/sun-countries/kenya
4 Lehmann L, Kamanga, K, McDonagh, M, Niyoya, D and R Phillipson, May 2011, Harmonising support to reproductive health in Kenya – Joint Mission. While this mission focused on reproductive health, its conclusions in relation to devolution are relevant for nutrition.
5 Ibid.
can position itself to protect the gains made by the nutrition sector at sub national level to date and facilitate efforts to capitalise on opportunities, minimise risks, and promote the rights of marginalised populations under emerging county governance arrangements.

**Evaluation Objectives**

The objectives of the evaluation are:

- To document the NSO project achievements, experiences in scaling up nutrition interventions, challenges, and lessons learnt and identify recommendations for improved engagement
- To critically analyse the NSO role in delivery of nutrition services at the county level.

The review focuses on the key strategic areas of: scaling up of HiNi services, coordination, partnership monitoring, sub national support to strategic planning, promoting standards and advocacy, information management, supplies management, resource mobilization and capacity building. Annex 1 contains the Terms of Reference for the consultancy.

**Methodology**

UNICEF Kenya developed an evaluation framework for the NSO project, aligned with the Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency, impact and sustainability. This has been used to frame the content of stakeholder consultations and structure evaluation findings.

**Evaluation framework**

| Relevance | • Overall, how has the programme strategy evolved to support UNICEF as well as the nutrition sector's priorities?  
|           | • How adequately has the technical guidance been provided at the county level to ensure achievement and quality of services and continuum of care? |
| Efficiency/Effectiveness | • To what extent have the expected outputs and outcomes been realised through the NSO support?  
|                       | • What have been the challenges, lessons learnt and best practices in implementing the nutrition programme?  
|                       | • How well is the NSO ToR understood by government counterparts, NGOs and other stakeholders at the county level?  
|                       | • Based on the implementation model, what is working, what is not working, and what areas need to be improved?  
|                       | • How efficient have the NSOs been in executing their roles to support scale up of services, coordination, partnerships monitoring, supporting sub national strategic planning, standards and advocacy, information management, supplies management and resource mobilization? |
| Impact | • What conclusions can be drawn in relation to the extent the NSO project contributes to a long-term improvement in the quality of services?  
|        | • What is the evidence of the project regarding sub-national engagement and ownership?  
|        | • How significantly has the project contributed to either revitalize |
or place nutrition on the developmental agenda?

| Sustainability | • To what extent will the benefits of the programme continue when donor funding may cease
• What are the major factors which can influence the achievement or non-achievement of sustainability of this project? |

**Methods**

The evaluation employed a mixed method design. This included a desk review of relevant internal and external documents. Qualitative interviews were conducted with a range of stakeholders including UNICEF personnel, development partners, implementing partners and government counterparts. Two counties were visited, Turkana and Kitui, during the last week of April 2013. In these locations the consultant met with County and District Health Management Teams (HMTs), nutrition partners and health facility personnel implementing HiNi. In addition, a questionnaire was developed and administered to the 16 NSOs with a 100 per cent response rate. Follow up interviews were conducted in person or via telephone with selected NSOs. A list of people consulted as part of the evaluation is contained in Annex 2.

**Findings**

**Overview**

Key findings are outlined in table 1 while more detailed discussion follows.

**Table 1: Key findings by DAC criteria**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Key findings</th>
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</thead>
<tbody>
<tr>
<td><strong>Relevance</strong></td>
<td>The NSO project has enabled UNICEF to expand its sub national presence beyond its existing four field offices. Sixteen NSOs are currently supporting 18 ASAL counties as well as 10 counties located in Nyanza and Western. The NSO role serves as a bridge function between the central and county levels by ensuring that national policies and guidelines are effectively understood and implemented. At the same time, it facilitates feedback from the ‘bottom up’ so that national strategy and related imperatives are informed through practice and the reality on the ground.</td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
<td>The expected outputs and outcomes of the NSO project are not well known by stakeholders or articulated by UNICEF. Despite this, there is evidence that progress has been made at county level on the prioritisation, coverage, quality and capture of HiNi and that the NSOs have played an instrumental role in this.</td>
</tr>
<tr>
<td><strong>Efficiency</strong></td>
<td>NSOs have become more efficient in executing their roles over time as change processes have taken root. Efficiency has improved through greater coordination of partners, the use of common tools and government systems. As government capacity has been built at management and facility level, the need for hands on inputs has reduced allowing the NSO to work on more upstream issues.</td>
</tr>
</tbody>
</table>
| **Impact** | NSOs have contributed to improvements in the quality of services however in some settings improvements remain fragile due to a range of contextual factors. There is evidence of greater sub national engagement, ownership and ‘visibility’ of nutrition however this is uneven across counties. Greater effort could be made in this area under the next phase of the project in line
Sustainability

Benefits of the project should continue after donor funding ceases and rest with how effectively roles have been internalised, capacity has been embedded and systems have been strengthened at sub national level. The presence of effective leadership and committed HMTs, more than anything else, creates uneven progress between and within counties in this regard.

Devolution presents both opportunities and risks for nutrition. With transition to county governments, NSOs and UNICEF will need to move with this process, which is likely to be uneven across counties. NSOs will need to work with County health and nutrition stakeholders to engage emerging county structures and decision makers so that nutrition receives adequate support and achievements are sustained and built upon. In light of this, the skill sets, strategies and NSO profile may need to be reviewed to ensure their fit-for-purpose.

Relevance

- **Overall, how has the programme strategy evolved to support UNICEF as well as the nutrition sector’s priorities?**

  The NSO project has enabled UNICEF to expand its sub national presence beyond its existing four field offices⁶. NSOs are currently supporting 18 ASAL counties as well as 10 counties located in Nyanza and Western provinces. In most instances, NSOs are embedded within a District Health Management Team (DHMT), and, increasing, as county structures evolve, within County Health Management Teams (CHMT). In a few instances, NSOs are ‘roving’ covering from two to 10 counties and supporting numerous county and sub county health management teams and Nutrition Officers.

  The NSO role serves as a bridge function between the central and county levels by ensuring that national nutrition policy, standards and guidelines are effectively understood and implemented. In addition it provides a useful monitoring and logistics function for UNICEF. At the same time, it facilitates feedback from the ‘bottom up’ so that national strategy and related imperatives are informed through practice and the reality on the ground.

- **How adequately has the technical guidance been provided at the county level to ensure achievement and quality of services and continuum of care?**

  The adequacy of technical guidance provided at county level is contingent on a number of factors. These are the same for any form of communication and include:

  - The **sender**, in this case the NSO reinforced through the presence of other technical colleagues (UNICEF or DoN);
  - The **receiver**, which includes implementing partners – UNICEF as well as non UNICEF supported - as well as a range of government counterparts at county, district and facility level;
  - The message, in this case the **technical guidance** and the content and form that this may take;
  - The **mode of communication** which may vary by NSO and include a range of approaches;

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⁶ UNICEF field offices are located in Kisumu, Lodwar, Garissa and Dadaab. At present, three NSOs are co-located with UNICEF field offices.
• **Feedback** from the receiver of the technical guidance and how well this is ‘heard’ or responded to by the NSO;

It is clear from the above, that the provision of technical guidance is contingent on a range of factors within and outside of the control of the NSO. While technical guidance may remain uniform, its communication, interpretation, internalisation and application may vary from one county to the other, making it difficult to ascertain its adequateness.

NSOs report that they feel well provisioned with technical guidance through UNICEF. They have employed a range of strategies to ensure that this translates into quality services and greater continuum of care. Across counties, this has mainly focused on integration of nutrition services into mother and child health services at the facility level. Modes of communication have evolved from direct communication or enforcement of guidance by the NSO to more systematic approaches. This has included reinforcement of guidance through line managers and technical leads, the formation of technical working groups to address specific issues, as well as joint supportive supervision and on-the-job training (OJT) at facility level.

Despite pragmatic as well as innovative approaches to conveying and reinforcing technical guidance there remain significant variations in how this has been received and translated into quality services and continuum of care at county level. This may in part be due to poor communication or interpersonal relations between ‘senders’ and ‘receivers’ (NSOs and counterparts) as well as how the NSO is perceived by the receiver. It can also be related to ‘receiver’ issues such as a lack of human resources for health (HRH) or their motivation to address nutrition, contextual issues such as insecurity and a lack of partners, competing priorities, a lack of leadership by the District Medical Officer of Health (DMoH) or DHMT, a lack of capacity, etc. NSO resilience and creativity is critical to overcoming these challenges.

**Effectiveness**

• **To what extent have the expected outputs and outcomes been realised through the NSO support?**

The expected outputs and outcomes of the NSO project are not well known by stakeholders or articulated by UNICEF. This may in part be due to a lack of documentation on the ‘NSO project.’ NSOs are supported by development partners as part of UNICEF’s nutrition programme for Kenya; as such, no specific NSO project proposal or progress reports exist. Expected outputs however were defined under the original agreement between UNICEF and UNOPS from 2009 and included the following:

- Budgeted district nutrition plan showing evidence of GoK, NGO, UN collaboration
- Evidence of contribution towards mobilization of additional resources
- Preparedness and response plan developed and in use by partners
- Monthly coordination meetings held, minutes produced and action points implemented
- Monthly and quarterly monitoring of situation and progress towards achievement of targets available and circulated to provincial and national level
- Updated data base of key nutrition indicators for the district
- Increased coverage and quality of essential nutrition interventions
- Timely submission of supply requests and reports
- Monthly monitoring reports for UNICEF supported activities through NGO partners

Within the same document, the expected outcome was to ‘provide MOPHS with sufficient and adequate technical support to improve coverage and quality of essential nutrition services at health

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7 At the beginning of the project, at appears that progress reports were prepared however the consultant was only provided with one for the period May-Oct 2010.

8 UNICEF and UNOPS: Basic Agreement Document for Funds Directed to UN Agencies, 2009.
Progress against expected outputs and the outcome have not been systematically tracked since project inception although there is general agreement amongst stakeholders that progress has been made at county level on prioritisation, coverage, quality and capture of HiNi and that the NSOs have played an instrumental role in this. Baselines for key indicators were developed and one report tracked progress against this. Indicators used are presented in Box 1.

As can be seen, most NSO progress indicators are focused on scale up of HiNi and emergency nutrition interventions; only two indicators are non-service related, but rather focus on coordination and fundraising. There are no indicators which capture capacity building or systems strengthening except indirectly. NSOs, in the main, do not feel that their performance can be tied to HiNi as there are many aspects of coverage and service performance which fall outside of their control (some of which have been highlighted under the previous section on relevance). In their view, counties with limited partner support, MoH leadership, systems and capacity can not be compared to those counties that are more ably supported and functional.

Better documentation of the NSO project is recommended as is tracking of NSO performance. This may be better addressed through the development of NSO key performance indicators (KPIs) aligned with county annual nutrition workplans. Some recommended performance areas to track, as suggested by NSOs, include capacity building, coordination, service integration and planning.

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Box 1 NSO ‘progress’ indicators

- Integration of Nutrition Services1 (Target 100%)
- Coverage Rates for Acute Malnutrition (Target >50%)
- Recovery Rates (Target >75%)
- Average Length of Stay
- Default Rates (Target <15%)
- Death rates (Target < 3% for moderate malnutrition and <10 for severe malnutrition)
- Vitamin A coverage (6-59 months) (Target: > 80%)
- Mothers counselled on IYCF during PMTCT and ANC (Target 100%)
- Newborns initiated early to breastfeeding (Target 75%)
- Exclusive breastfeeding (0-5 months) (Target 75%)
- Proportion of caregivers with children < 2years reached by IYCN Support Groups (Target 80%)
- Delivering Health facilities which have achieved 50% of baby friendly steps (Target: 100%)
- Hospitals which have done Baby Friendly Hospital Self Assessments (Target 100%)
- Health Facilities with adequate Therapeutic supplies
- Health Facilities with adequate Corn Soy Blend and Oil
- Health Facilities with adequate Vitamin A and Iron
- Health Facilities with adequate Folic Acid and Zinc
- IMAM and Vitamin A reporting Rates
- CHANIS Reporting Rates
- Coordination meetings with minutes (Target: 1 per month)
- District Fundraising Efforts (Target: 2 Proposals funded)

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9 Ibid.
KPIs should be agreed with county and district stakeholders, aligned with UNICEF base plans (where NSOs are co-located) and tracked on a periodic basis (either quarterly or bi-annually).

- **What have been the challenges, lessons learnt and best practices in implementing the nutrition programme?**

Challenges, lessons learnt and best practices featuring in and across NSO supported counties are presented here. Annex 3 contains more specific information on challenges, lessons and best practices, as identified by NSOs for their respective counties.

**Challenges**

Challenges have changed over time. Initial challenges related to the demands placed on NSOs by UNICEF during the emergency phase. This included numerous parallel reports to UNICEF. For some, this highlighted a lack of clarity in relation to NSO accountability. At the moment accountability remains from the NSO to UNICEF Kenya. It is recommended that clearer accountability lines be created to County Health Coordinators under the next phase of the project.

Additionally, there have been and remain challenges with some of the roles that NSOs are expected to perform by UNICEF. Those most commonly mentioned by stakeholders were in relation to partnership monitoring and supplies management. In most instances, NSOs are expected to be part of District and increasingly County HMTs working closely with partners. Having to ‘police’ these same team members creates relationship tensions at sub national level.

Logistics more generally remains a challenge in the districts and counties. Issues include:

- Reliance of DHMT members and in some instances partners, on the NSO vehicle to facilitate the movement of nutrition commodities as well as personnel for OJT and supportive supervision from district to facility level. At times the consultant felt that the NSO vehicle was more valued than the NSO. This undermines the technical aspects of the NSO role and creates dependency by DHMT members; it in essence passes on logistics responsibilities to the NSO rather than resolving systems and resource blockages within the MoH. It is recommended to wean over reliance on the NSO vehicle as county systems and resources come online.

- Insecurity continues to pose challenges in some counties notably Mandera, Garissa and Tana River. One NSO currently remote supports Mandera from Moyale. This limits the effectiveness of NSO support, the ability of partners and the MoH to scale up and quality assure services and reduces accountability (pilferage of commodities has been an issue in some locations).

**Lessons learnt and best practices**

- Investing time in relationship building and ensuring that the NSO TOR is well understood by County and District HMTs and other stakeholders is very important to the success and effectiveness of the NSO role. It assists with aligning expectations and ensuring clear delineation of roles and responsibilities. This has not always been easy as in some counties as there has been role overlap (either perceived or real) between District Nutrition Officers (DNOs) and NSOs.

- A real time assessment of the emergency response in 2011 noted the nutrition sector as an ‘excellent example of a key sector providing coordination and service delivery leadership that other sectors could emulate.’ The NSOs, located in the most affected ASAL counties, played a critical role in this response. During and since this period, concerted efforts to address coordination by NSOs have improved the profile of nutrition and consistency of nutrition interventions across districts and facilities. Greater
coordination has facilitated more harmonised approaches, allowed for joint activity planning and reduced duplication by partners. It has facilitated the engagement of non-traditional nutrition partners in some counties, such as faith-based organisations (FBOs), many of which are now incorporating nutrition into their routine health services and via outreach. Greater coordination of nutrition has also allowed for greater inter-sectoral collaboration. A range of examples of this exist across counties. Coordination is facilitated through regular nutrition technical forums (NTFs), the establishment of technical working groups (TWGs) and the profiling of nutrition with other sectors.

- Focusing NSO engagement on the DHMT is more effective than working solely with DNOs. Having the DMoH chair the NTFs adds credibility to these forums. Developing nutrition champions amongst DHMT members, such as the DMoH and the District Public Health Nurse (DPHN) adds weight, particularly with health facility personnel.

- Mentorship, OJT and supportive supervision are more effective approaches to building capacity of health personnel and ensuring that this translates into quality nutrition services and continuum of care than traditional classroom training.

- Working with the District Health Information Records Officer (DHIRO) to ensure that nutrition indicators are reported and analysed in the District Health Information System (DHIS) has gradually reduced reliance on parallel reporting in all counties. Facilitating data feedback via the NTFs, TWGs, in-charges meetings, and DHIRO facility supervision visits has improved the data quality and completeness.

- The integration of health and nutrition services at facility level increases utilisation of both services. Using the MoH mother and child booklet facilitates uptake of services by clients and serves as a job aid/prompt to health workers. A similar integrated approach to outreach also addresses the needs of mothers and children more effectively.

- County and district level consultative processes allow stakeholders to tailor the delivery of interventions based on local needs and realities. This also helps foster interpersonal relationships, which are particularly invaluable in remote management situations due to insecurity or the vastness of counties.

- Community involvement in nutrition through mother to mother support groups (MMSGs), facility management committees, village health committees, community health workers and traditional birth attendants can increase uptake of HiNi especially those interventions that rely on behaviour change, i.e. infant and young child feeding and improved hygiene practices. It also promotes community participation, feedback and accountability. Operations research is an effective way of tailoring behaviour change approaches to counties.

- Feedback can be a source of motivation for front line health workers and improve service delivery and data quality. For example, in-charges meetings have been used as a forum for DHIROs to provide feedback on nutrition indicators and for public acknowledgement of the best performing facilities by DHMTs. Other mechanisms include joint supportive supervision, data quality assessments and OJTs.

- How well is the NSO ToR understood by government counterparts, NGOs and other stakeholders at the county level?

The TOR has been revised once during the 36 months that the project has been operational. The main changes between the two TORs relate to how the NSO role is positioned vis-à-vis county and district level counterparts and systems. The current version of the TOR places greater emphasis on support to key functions and systems rather than direct implementation and reporting to UNICEF. While the TOR is generally understood, many stakeholders, particularly NSOs, feel that the TOR needs further revision given devolution and the
establishment of county health systems and teams; progress made to date on nutrition programming; and a shift from HiNi scale up and emergency nutrition interventions to a more systems and capacity-based focus. It is recommended that the TOR be reviewed for the next phase of the project together with key stakeholders. It is further recommended that two TORs be developed, one for single county NSOs and one for ‘roving’ NSOs.

- **Based on the implementation model, what is working, what is not working, and what areas need to be improved?**

Areas that are working, not working and require improvement are outlined below. Annex 3 contains more detailed information on what’s working, not working and needs improvement as identified by NSOs for their respective counties.

**What is working**

- The NSO project has improved the profile of nutrition at county and district level in annual workplans (AWPs), health promotion events such as *Malezi Bora*, the community health strategy and with non-traditional nutrition partners such as FBOs and those working in other sectors such as livelihoods, agriculture and education.

- Working within GoK structures and systems and in close technical collaboration with the Division of Nutrition has served the NSO project well. Embedding NSOs within County and District HMTs has fostered team work, ownership and joint accountability. Regular coordination with partners has improved consistency of nutrition interventions across and within counties and served to align partners with GoK systems and priorities.

- Capacity building and systems strengthening approaches are working especially when the County and District HMTs lead these, supported by all stakeholders in a unified manner. This has resulted in improved coverage and quality of nutrition services, reduced stock outs of key supplies and improved the quality and timeliness of nutrition information through the DHIS.

- NTFs at county and district level are facilitating the exchange of technical updates, operational planning, the identification of gaps and responses to these. Deeper support is facilitated when TWGs are coupled with and report into the NTF.

- Regular performance reviews allow for rewarding of good performance and naming and shaming non-performance. Reviews allow for peer support across districts and stakeholders.

**What is not working**

- Sometime weak or non-responsive HMTs as well as uncommitted or unavailable DNOs make it difficult for NSOs to perform effectively and improve HiNi performance. Weaknesses stem from a lack of effective leadership to address technical, managerial and administrative issues. This includes the lack of logistics to facilitate movement of supplies and personnel from district to facilities.

- Poor information flow through government communication channels from central to district level and vice versa. At times, this creates a challenge for stakeholders on both sides, UNICEF and GoK.

- The unsustainable practice of lunch allowances for DHMT members to visit health facilities. As NSOs do not have resources for lunch allowances, at times this creates a situation where DHMT members refuse to accompany the NSO.

**Areas for improvement**

- Advocate for and collaborate with health system strengthening actions that have the potential to accelerate progress for the sector by addressing, for example, community involvement, leadership capacity and management practices.
• Greater attention to bottlenecks and gaps and ‘intractable’ issues which limit the scale up of HiNi and accountability of stakeholders. These may be technical, managerial or administrative in nature.

• Place greater attention to improving mother infant and young child nutrition behaviours and practices. Consider operations research to better understand local practices and formulate effective behaviour change strategies.

• Strengthen community involvement in nutrition through mother-to-mother support groups, outreach, CHWs and community health seeking initiatives.

• Greater convergence of policies and planning to facilitate intersectional linkages/integration e.g. WASH and nutrition.

• Better integration of UNICEF supplies into the GoK supply chain in order to reduce the need for parallel delivery mechanisms.

• Harmonisation by partners and rationalisation of allowances for GoK staff to conduct supportive supervision and other essential aspects of their role.

• Greater support from UNICEF to NSOs (this is expanded upon in the recommendations section of the report).

Efficiency

• How efficient have the NSOs been in executing their roles?

NSOs have become more efficient in executing their roles over time as change processes have taken root. Efficiency has improved through greater coordination of partners, the use of common tools and government systems. As government capacity has been built at management and facility level, the need for hands on support has reduced allowing the NSO to work on more upstream issues. To illustrate this point, a timeline of the NSO role in Turkana has been provided in Annex 4. It shows progression over time to more streamlined approaches to nutrition. NSO efficiency in relation to their key roles is provided below.

Scale up of services The approach of working through all available health assets within a given district or county is efficient. This includes GoK facilities, FBO facilities and NGOs, as well as community-based assets – community units, community-based organisations, CHWs and MMSGs for example. The over reliance on outreaches by some partners however may not be considered efficient given that the emergency phase of the nutrition programme has passed and counties have significantly improved the coverage of HiNi in health facilities.

Investment would be better placed in continuing to address facility capacity to implement HiNi as well as community-based and inter-sectoral approaches to address underlying causes of malnutrition. To illustrate this point, at present Turkana has 27 nutritionists in the county (including the NSO) as well as an additional 19 nutrition-focused health personnel located in its health facilities scattered across the county. However, most of the non facility-based nutritionists are focused on supporting outreach. This reduces time available for embedding capacity and addressing systems issues in static health facilities. Turkana has devised a capacity building model which should refocus some of the partner nutrition focus on joint OJT. If implemented, this would be a more efficient approach to quality scale up of services.

Coordination Coordination is a highly efficient role for NSOs. As many stakeholders have noted, what can one NSO hope to achieve in such vast counties? The most immediate answer is ‘coordinate’. This function has been a central feature of the NSO role since the project’s inception despite their deliberate ‘back stage’ presence in coordination fora. Greater coordination has promoted adherence to standards, pooling of resources, joint planning and reduced duplication of efforts. This is critical to efficiency given the high implementation costs in most ASAL counties related to their unique features -- disperse populations, poor road networks, difficult terrain, insecurity, etc.
**Partnership monitoring** Partnership monitoring is an area that receives mixed reactions from NSOs and partners alike. It is not always a role that NSOs feel comfortable with or a role that is appreciated by partners due to varying approaches and styles to monitoring. However, it is clear that having someone on ground to monitor partners is more efficient than doing this through UNICEF Nairobi field visits. It is recommended however that this aspect of the NSO role be reviewed as part of the next phase of the project to ensure that there is a consistent approach to this amongst NSOs.

**Sub national strategic planning** Like coordination, sub national strategic planning is an efficient role for NSOs. How ‘strategic’ planning is at sub national level is an area that NSOs can influence with support from UNICEF. There may be a tendency to reduce strategic planning forums to more operational planning given the primacy of operational issues in some instances. A NTF that the consultant observed in Kitui was mainly focused on partner resource mobilisation for government lunch allowances and the fuelling of vehicles for *Malezi Bora*, for example, rather than addressing technical issues. Ensuring that strategy is also addressed as part of planning is a highly suitable role for NSOs however they may need additional skill sets to do this effectively.

**Standards and advocacy** Similarly, the promotion of standards and guidelines through NSOs is also highly efficient provided that this is done with and through County and District HMTs. This NSO role has assisted to ensure that standards and guidelines are known, understood and implemented at sub national level.

**Information management** Information management is gradually becoming more efficient and has been facilitated by the NSO role. Concerted efforts to address the inclusion, completeness and quality of nutrition data in the DHIS has been a major achievement. Previously many partners, including UNICEF, have used parallel data reporting mechanisms. The principle of one monitoring system has focused the efforts of all stakeholders on addressing the ‘fitness’ of the DHIS. NSOs have recognised this and have devised various means of addressing data quality. This has evolved over time from a strategy of inclusion of nutrition indicators and engagement of DHRIOs to facilitating DHRIO engagement with and feedback to primary data collectors as well as the inclusion of non facility-based data (outreaches for example).

NSOs maintain a bi-weekly report to UNICEF. Where NSOs are co-located with UNICEF field offices, they also prepare a separate report for the office. The reporting burden is heavy and feedback is minimal. Reporting to UNICEF could be made more efficient by considering a quarterly report that addresses progress against key performance indicators.

**Supplies management** Supplies management remains an area where greater efficiency may be possible. UNICEF recognises this and is planning a consultancy on supply chain management to see what opportunities exist for greater streamlining of nutrition commodities into government systems. Currently, the NSO role vis-à-vis supplies management remains unclear. In some counties, NSOs play an active role in facilitating the delivery of supplies to facilities by using their UNOPS rented vehicles to deliver these. It appears to be an easy way out for some DHMTs who may otherwise not have the means or the motivation to address logistics bottlenecks which prevent the smooth flow of supply from district stores to facilities. It is recommended that this practice and the role of the NSO in relation to supplies management be clarified under the next phase of the project.

**Resource mobilization** Resource mobilisation in most cases is confined to pooling of partner resources at county or district level to undertake a specific activity, *Malezi Bora* for example, or to fill resource gaps in nutrition plans. It may also include mobilisation of resources from non-nutrition partners as has been the case in a few counties. In the earlier phase of the
project, this activity was tracked and was included in the NSO TOR\textsuperscript{11}. It may need to re-feature in the TOR for the next phase of the project in relation to ensuring that county nutrition plans are adequately resourced from county governments.

**Cost effectiveness** The NSO project is considered an expensive model of technical support by some of the stakeholders consulted as part of the evaluation. However, partner operations are also expensive leave gaps in coverage at county level. While the consultant was asked to only consider efficiency in relation to the execution of the NSO role, the overall efficiency or cost effectiveness of the model, or aspects of the model, may wish to be considered. This could be included as part of the development of an exit strategy. An exit strategy should establish criteria and milestones for exit (these could be H1N1 or systems related). An exit strategy may include phased exit, from a more static model of NSO support to a roving model of support. The efficiency of this model however should be assessed as well as the ways in which the role is being implemented by different NSOs.

**Impact**

- **What conclusions can be drawn in relation to the extent the NSO project contributes to a long-term improvement in the quality of services?**

NSOs have contributed to improvements in the quality of services however in some settings improvements remain fragile due to contextual factors such as insecurity, a lack of commitment from DHMTs or high mobility or lack of health workers for example. The process of addressing service quality has involved both bottom up and top down approaches and evolved over time. This has included:

- Efforts to ensure that standards and guidelines were available and understood by nutrition actors at district level
- The process of communicating standards and guidelines to front line workers through district nutrition actors in public as well as faith-based facilities and through outreaches
- Promoting integration of health and nutrition services for mothers and children and strengthening continuum of care
- Reinforcement of standards and guidelines through capacity building of front line workers; the main approaches used for this have been mentorship, OJT, supportive supervision and in-charges meetings
- Benchmarking of performance through the establishment of baselines and progress against these
- Identification of gaps and strategies to address these through regular NTFs and TWGs

As a culture of service quality is established and coverage of H1N1 improved, NSOs have moved to more ‘upstream’ efforts to sustain service quality. These have included data quality and its use for decision making as well as advocacy with non nutrition stakeholders.

- **What is the evidence of the project regarding sub-national engagement and ownership?**

There is evidence of greater sub national engagement and ownership of nutrition however this is uneven across counties. Examples cited by stakeholders of greater engagement in nutrition come from within and outside of the health sector and include:

- The representation of nutrition in other, non health, fora at county and district level, for example food security and district steering group meetings.
- The inclusion of nutrition actors as critical stakeholders in planning for the short rains and long rains assessments

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\textsuperscript{11}This role has been omitted from the current version of the NSO role and is not an area which supervisors are aware of or which is reported on by NSOs.
• The embracing of HiNi by health workers at facility level. This has been an on-going process, facilitated by the support of DHMT members and partners.

• The inclusion of nutrition activities in Malezi Bora events

Greater effort could be made in this area under the next phase of the project in line with national nutrition policy and new initiatives under SUN.

• How significantly has the project contributed to either revitalize or place nutrition on the developmental agenda?

For many stakeholders, nutrition is now considered a ‘visible’ agenda of district development and its actors. Ensuring that it receives a similar level of visibility at a county level will be required under the next phase of the project so that it does not lose this ground. There have been more efforts made at ensuring that other sectors are nutrition inclusive. While examples vary between counties, those mentioned include food security, agriculture, education and health. What remains a challenge for inter-sectoral collaboration is the lack of a comprehensive planning or policy framework at sub national level to ensure nutrition focused development by other sectors alongside nutrition-specific interventions as promoted by SUN12.

Sustainability

• To what extent will the benefits of the project continue when donor funding may cease?

Some benefits of the project can be continued after donor funding ceases. These primarily rest on how effectively roles have been internalised, capacity has been embedded and systems have been strengthened. The central role of County and District HMTs in driving nutrition is also likely to be continued given that coordination fora are established under the leadership of the DMoH and increasingly, the County Health Coordinators (CHCs).

• What are the major factors which can influence the achievement or non-achievement of sustainability of this project?

Achievement The sustainability of this project rests with its emphasis on working through government structures and systems and ensuring the nutrition guidelines and standards, defined at national level, are understood and embraced at sub national level (county, district, facility) as well as by partners. Additionally, the collective effort of all stakeholders to improve the coverage and quality of nutrition indicators has fostered broad ownership and mutual accountability, key elements for their sustainability.

Devolution presents both opportunities and risks for nutrition. With transition to county governments, NSOs and UNICEF will need to move with this process, which is likely to be uneven across counties. NSOs will need to work with County health and nutrition stakeholders to engage emerging county structures and decision makers so that nutrition is profiled and receives adequate attention and support in order that achievements are sustained and built upon. In light of this, the skill sets, strategies and NSO profile may need to be reviewed to ensure their fit-for-purpose.

Non Achievement Factors that influence the non achievement of sustainability of this project also rest with sub national government structures and stakeholders. The lack of a clear county vision for nutrition, a plan for achieving this and concerted efforts to address gaps and bottlenecks in health systems and service delivery reduce project sustainability. The absence of effective leadership and committed HMTs, more than anything else, creates uneven progress between and within counties. Other factors relate to resources, in terms of their

adequacy and availability; for example, over-reliance on partners and the NSO for logistics support is not sustainable in the long run. Sustaining population nutrition is also dependent on addressing underlying determinants of poor nutrition. These require greater inter-sectoral collaboration and community engagement for nutrition focused development and child caring practices to be improved.

Conclusion
The NSO project has been in operation for three years, a period of tremendous flux in Kenya. During this time period, Kenya endorsed its new constitution, established a new county governance structure and commenced the process of devolution. Kenya also experienced a severe food crisis which predominantly affected pastoralist and marginal cropping communities in the ASAL areas of Kenya. A real time assessment of the emergency response noted the nutrition sector as an ‘excellent example of a key sector providing coordination and service delivery leadership that other sectors could emulate.’ The NSOs, located in the most affected ASAL counties, played a critical role in this response.

Since the emergency, NSOs have continued to pay a critical role in capacity building of nutrition actors and sub national systems. There is evidence that change processes have taken root with notable improvements in the effectiveness and efficiency of nutrition programming in NSO-supported counties. For long term impact of the NSO investment to be sustained, the project should continue. Various recommendations have been formulated in order that the project remains fit-for-purpose and continues to move with the evolving context of Kenya.

Recommendations

NSO documentation: Improve the documentation of the NSO project in order to clearly articulate expected outputs and achievements to internal and external stakeholders. Of note, there is need for greater internal communication on the NSO project within UNICEF Kenya so that it is better understood by other sections. Current understanding is vague. There is a perception of missed opportunities due to this. These opportunities relate to learning, integration and planning.

NSO TOR: The NSO TOR should be reviewed for the next phase of the project together with key stakeholders. It is further recommended that two TORs be developed, one for single county NSOs and one for ‘roving’ NSOs. The TOR should outline NSO accountability to County Health Coordinators, UNOPS and UNICEF. If supplies management and partnership monitoring remain part of the NSO TOR, UNICEF should articulate more clearly where this role starts and stops.

NSO performance benchmarking: Develop NSO KPIs aligned with county annual nutrition workplans so that individual NSO performance is benchmarked to the county in which they operate. KPIs should be agreed with county stakeholders, aligned with UNICEF base plans (where NSOs are co-located) and tracked on a periodic basis. NSO reports to UNICEF could be aligned with KPIs and the reporting frequency reduced.

NSO support: There is felt need by NSOs for greater support from line managers in Nairobi. A recommendation was a central focal point for NSOs, as NSOs appreciate that their current line managers have other responsibilities. A central NSO focal point could ensure that reports are acknowledged and responded to, challenges are picked up and supported, best practices are shared and cross fertilisation of these is facilitated between counties. Another suggestion was for greater peer interaction moderated by the central focal point. Previous attempts at

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peer interaction through Facebook and a newsletter have waned as this required dedicated support and facilitation. Many NSOs also expressed the need for more field visits from UNICEF Nairobi. This might assist them with shifting some of the more intractable challenges that they are experiencing in some locations.

**NSO exit strategy:** Develop an exit strategy for the project. Establish criteria and milestones for exit. An exit strategy may include phased exit, from a more static model of NSO support to a roving model of support. The efficiency of the roving model however should be assessed. This could be done as part of the development of an exit strategy.

**NSO cost effectiveness:** Review the cost effectiveness of the NSO model and some of the functions performed under the model. This could be compared to alternative nutrition support models, such as those provided through partners.
### Annex 2: List of Persons Consulted

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>MoH, Division of Nutrition</td>
<td>Valarie Wambani</td>
<td>Programme Manager, Food Security &amp; Emergency Nutrition Division of Nutrition</td>
</tr>
<tr>
<td>USAID</td>
<td>George Ombis</td>
<td>Regional Programme Specialist</td>
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<tr>
<td>DFID</td>
<td>Chris Porter</td>
<td>Humanitarian Advisor</td>
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<tr>
<td>DFID</td>
<td>Joy Keiru</td>
<td>Senior Programme Officer – Humanitarian</td>
</tr>
<tr>
<td>ECHO</td>
<td>Isabelle Haudt</td>
<td>Technical Advisor</td>
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<tr>
<td>UNOPS</td>
<td>Ann Shiukah</td>
<td>Programme Support Officer</td>
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<tr>
<td>UNICEF</td>
<td>Grainne Maloney</td>
<td>Chief, Nutrition Section</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Ketema Aschenaki Bizuneh</td>
<td>Chief, Health Section</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Josephine Odanga</td>
<td>Health Specialist</td>
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<tr>
<td>UNICEF</td>
<td>Eunice Ndunga</td>
<td>Child Survival and Development Officer</td>
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<tr>
<td>UNICEF</td>
<td>Megan Gilgan</td>
<td>Chief, Emergency</td>
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<tr>
<td>UNICEF</td>
<td>Thowai Zai</td>
<td>Chief, WASH</td>
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<tr>
<td>UNICEF</td>
<td>Olivia Agutu</td>
<td>Nutrition Officer, Emergency</td>
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<tr>
<td>UNICEF</td>
<td>Edward Kutondo</td>
<td>Nutrition Officer, M&amp;E</td>
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<tr>
<td>UNICEF</td>
<td>Matthieu Joyeux</td>
<td>Nutrition Specialist (Emergency)</td>
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<tr>
<td>UNICEF</td>
<td>Brenda Akwanyi</td>
<td>Nutrition Sector Coordinator</td>
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<tr>
<td>UNICEF</td>
<td>Majorie Volege</td>
<td>Emergency Nutrition Officer</td>
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<td>UNICEF/UNOPS</td>
<td>Laura Kiige</td>
<td>Nutrition Support Officer, Garissa County</td>
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<tr>
<td>UNICEF/UNOPS</td>
<td>Emiliana Mbelenga</td>
<td>Nutrition Support Officer, Kitui, Machakos and Makueni Counties</td>
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<td>UNICEF/UNOPS</td>
<td>Mathews Otieno</td>
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<td>Nutrition Support Officer, Tana River County</td>
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<td>Lillian Karanja</td>
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<td>George Kuria</td>
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<td>Janet Ntwiga</td>
<td>Nutrition Support Officer, Kajiado and Narok Counties</td>
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<td>Humphrey Mosomi</td>
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<td>UNICEF/UNOPS</td>
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<td>Nicolas Kirimi</td>
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<td>Sharon Kirera</td>
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<td>Merlin</td>
<td>Paul Wekesa</td>
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<td>Concern Worldwide</td>
<td>Yacob Yishak</td>
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<td>IRC</td>
<td>Jemimah Khamadi</td>
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<td>World Vision</td>
<td>Rose Ndolo</td>
<td>National Nutrition Coordinator</td>
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<td>ACF</td>
<td>Joy Kiruntimi</td>
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<td>SCUK</td>
<td>Lisa Parrot</td>
<td>Programme Quality</td>
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<td>IMC</td>
<td>Caroline</td>
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<tr>
<td>WFP</td>
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<td>Cynthia Lokidor</td>
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<td>Kibiego Reuben</td>
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<td>WFP Turkana</td>
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<td>Laurence K. Kipsang</td>
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<td>Jimmy Lorre</td>
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