**Trends of under nutrition in Kenya (KDHS 2003-2014)**

- Reduction in stunting from 35.3% to 26%, however huge disparities exist among counties, with some rates exceeding 40%.
- MDG target for underweight (11%) achieved.
- According to the Global Nutrition Report 2015, Only 1 country—Kenya—is on course for all five WHA undernutrition targets.
OVERVIEW OF KENYA NUTRITION SITUATION – SURVEYS ASSESSING LEVELS OF ACUTE MALNUTRITION

Nutrition Situation, February 2015

Nutrition Situation, August 2015

Nutrition Situation, February 2016
Distribution of SAM Caseloads for Arid and semi-arid land counties and urban informal settlements

<table>
<thead>
<tr>
<th>DATE</th>
<th>Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 2016</td>
<td>46,040</td>
</tr>
<tr>
<td>AUG 2015</td>
<td>51,012</td>
</tr>
</tbody>
</table>
TREATMENT OF SEVERE ACUTE MALNUTRITION

Therapeutic milks – F75 & F100

- Each severely malnourished child requires about 150 sachets of Ready to Use therapeutic foods until full recovery
- Each year over 56,000 children living in Arid and Semi Arid Counties of Kenya are severely malnourished and require treatment plus a further 12,000 from the 2 refugee camps and 12,000 in the urban informal settlements
- In 2015 about 82,000 cartons of Ready To use Therapeutic foods was required costing about USD 4.6M excluding transport

Ready to Use Therapeutic Food (Plumpy Nut)
TREATMENT OF ACUTE MALNUTRITION

Ready To Use Therapeutic Foods (2012 – 2015)

Value (USD)

- 6,000,000
- 5,000,000
- 4,000,000
- 3,000,000
- 2,000,000
- 1,000,000

Year

2012 2013 2014 2015

It costs 130$ to treat One (1) Severely malnourished child
RUTF costs approx. 52USD/ treatment plus programme costs
KENYA’S HEALTH FACILITIES MAPPING
Overview of Current Project

• Supply of nutritional commodities is currently done via parallel logistic chains by various donors and stakeholders.

• These parallel systems make it difficult to coordinate and manage the nutrition program supply chains since they require parallel reporting and parallel logistics systems.

• Objective of the project is to assess the Parallel Nutrition Logistics Chains for Integration into the GoK National SCM System.

• The assessment focused on RUTF, RUSF, F-75 and F-100 commodities. The parallel chains assessed included UNICEF, WFP and KEMSA.

• The assessment focused on the activities within the supply chain functions which include planning, sourcing, storage, distribution, monitoring and evaluation.

Project Phases

Phase 1: Assessment
Assessing the parallel nutritional supply chains and identifying the bottlenecks within the system.

Phase 2: Integration Design
Developed an integration roadmap that entails the activities, roles of stakeholders, KPIs to guide the implementation process.

Phase 3: Pilot
Piloting the integration model to evaluate its feasibility and generate lessons learnt.

Supply Chain Functions

Plan
Source
Store
Deliver
M&E

Supply Chain Gaps

• Lack of planning tools
• Inconsistent Reporting
• Poor Data Quality
• Weaknesses in DHIS
• Lack of ICT and Infrastructure
• Resource Constraints
• Processing of Tax Exemption Certificates
• Delays of Customs Clearance
• Poor Storage Structures
• Weaknesses in Inventory Management
• Secondary Distribution of RUTF
• Lack of Distribution Tools
• Staff Absenteeism
• Poor Road Infrastructure
• Unscheduled Deliveries
• Lack of Training
• Lack of Resources
• Understaffing

Supply Chain Recommendations

• Develop Standardized Reporting Tools
• Investment in ICT Infrastructure
• Development of a Resource Mobilization Strategy
• Lobbying for a blanket Commodity Exemptions for Nutritional Commodities
• Rehabilitating and Upgrading of Existing Stores
• Design of Suitable Storage Structure
• Provision of Buffer Stocks
• Integration into the National Government Supply Chain
• Provision of Continuous Training

Cross Cutting Challenges

• Devolution
• Programme Ownership
• Staff Turnover
• Sale of Nutritional Commodities

Cross Cutting Recommendations

• County Government involvement
• Capacity Building
• Community Engagement and Sensitization
• Branding and Serialization

Assessment of Parallel Nutrition Logistics Chains for Integration into the GoK National SCM System 2013 - 2014
Need for integration of system

• Too many parallel nutrition supply chains by DPs.

• Opportunity to optimize parallel supply chain systems

Also consider:

• Increased risk of losses

• Poor supply chain management

• Supplies component is a Nutrition Sector priority: need for better planning and resource management

• RUTF is on the essential supplies list
KEY BENEFITS OF INTEGRATION

• Direct delivery of nutritional commodities to health facilities
• Increased collaboration in forecasting and quantification of needs
• Dedicated warehousing and distribution partner
• Continuous flow of commodities from Mombasa (port) to satellite facilities (no supply chain breaks)
• Commodity tracking information system
• Trained personnel
• Increased accountability
Supply Chain Gaps

**Summary**
- Lack of Tools
- Inconsistent Reporting
- Poor Data Quality
- Weaknesses of HIS
- Lack of ICT and Infrastructure
- Resource Constraints
- Processing of Tax Exemption Certificates
- Delays of Customs Clearance System
- Poor Storage Structures
- Limited Storage Space
- Poor Storage Conditions
- Weaknesses in Inventory Management
- Secondary Distribution of RUTF
- Lack of Distribution Tools
- Poor Road Infrastructure
- Unfavourable Delivery Schedules
- Staff Absenteeism
- Lack of Training
- Lack of Resources
- Understaffing

**Cross Cutting Challenges**
- Devolution
- Programme Ownership
- Sale of Nutritional Commodities
- Staff Turnover
- Poor Record Keeping
- Personnel Capacity Constraints
The roll out of the integrated supply chain to other counties will occur after the successful completion of the pilot project. The full integration will require the following initiatives for its successful implementation.

- Roll out of integrated supply chain in the country
- Standardized reporting tools
- Capacity Building
- Establishment of funding mechanism
- Establishment of project management office for implementation
- Steering committee / Coordinating entity to guide the implementation

This will address the downstream supply chain bottlenecks to have a fully integrated supply chain model. It will involve training of targeted personnel from the entities involved in the integration process equipping them to effectively participate in the integration process. The focus of the training will be on integrated supply chain management. The approach to undertake capacity building will involve:

- Identify Audience
- Needs Assessment
- Content Development
- Capacity Development
- Scale Up

Anticipated Benefits of the Integrated Supply Chain:

- Direct delivery of nutritional commodities to health facilities and Commodity tracking information system
- Dedicated warehousing and distribution partner – KEMSA
- Trained personnel and Increased accountability
- Continuous flow of commodities from Mombasa (port) to satellite facilities (no supply chain breaks)
- Increased collaboration in forecasting and quantification of needs
PLANNED SUPPLY CHAIN DISTRIBUTION SYSTEM – CURRENTLY UNDER SCALE UP

UNICEF Supply division- Copenhagen

UNICEF Kenya

KEMSA stores National/ Regional level

KEMSA/MOH logistic team

County and Sub- county stores

County & Sub county level level

CNO/DNO/CHMT/ SCHMT

Storeman/ Commodity officers

Health facilities

Officer in charge/nurse

Outreach sites (>600)

Request

Flow of RUTF
ORDER REQUEST SYSTEM

- Current nutrition reporting structure maintained
- Standardized reporting templates – KEMSA have specific reporting tools for nutrition

KEMSA Warehouse in Nairobi

Sub-County Request Orders

CNC / CHMT to provide quality assurance

DNO

Health Facilities

Direct supply of nutritional commodities by KEMSA

MoH

Approved D-List

Analyzed data

(nutrition@kemsaco.ke)

Physical Reports
TOWARDS COUNTRY OWNED COUNTRY LED SUSTAINABLE NUTRITION SUPPLY CHAIN SYSTEM

Assessment of Parallel Nutrition supply chains

Project Piloting

Lessons learnt & Road map for scaling up

Deploy resources / build capacity to address gaps

Added value through enhanced M&E

Ownership/ country leadership

Process of Nutrition Supply Chain Integration
Logistics Management Information System (LMIS) is a web-based system. It provides a self-service ordering platform with the following features:

- Online ordering
- Order tracking
- Consumption data reporting

Counties & County Health Facilities can order online through LMIS.
Nutrition Commodity Steering Committee

Main Roles and Responsibilities

- Provide overall direction to the project, monitor and control progress of the project at a strategic level
- Monitor Project deliverables
- Make decisions on any amendments to the project including; scope of work and project timelines
- Review and endorse supply chain integration roadmap
- Assume ownership and accountability for final deliverables in order to realize project benefits
- Provide continuous feedback to stakeholders
- Make required project decisions in a timely basis
- Provide leadership in the initial stages of nutrition supply chain integration
WAY FORWARD ON INTEGRATION PROCESS

- Enhance M&E as a way to significantly increase transparency in the supply chain and enable a quicker response to fluctuations in demand – focus on capacity of county teams

- Support the scale up LMIS to facilitate ease in order management including order placement and reporting

- MoH, UNICEF and KEMSA and other partners to sign off on agreed KPIs that will be reviewed quarterly to monitor progress

- Integrate other partners on an ongoing basis through a national MoH led process

- Use and regularly update the Master Facility List as provided by MoH

- Ensure and invest in adequate storage that is safe and secure for these commodities
ASANTE SANA!

THANK YOU!