



Case Study: Mobilising Resources for Subnational Nutrition Actions in Kenya

This case study¹ highlights the efforts that have been put in place by the Government of Kenya, with support of partners, to mobilise resources for nutrition whilst expanding the nutrition focus at the county level.

Background of the nutrition situation

Good nutrition, which is at the core of human development, signals the realisation of the right to food and health as enshrined in agendas 2 and 3 of the president's Big 4 agenda and the Constitution of Kenya: every person has the right to be free from hunger and to have adequate food of acceptable quality (Article 43), and every child the right to basic nutrition (Article 53).

Over recent decades Kenya has made progress in combating undernutrition. Levels of stunting reduced from 35 percent in 2000 to 30 percent in 2008/09, and then down to 26 percent in 2014, as shown by the recent Kenya Demographic Health Survey. Yet, nutrition problems persist, and Kenya faces a triple burden: overweight and obesity, micronutrient deficiency and continued high levels of undernutrition. (Kenya National Bureau of Statistics Ministry of Health et al., 2015)

The devolution anchored in Kenya's constitution of 2010—guided by the Ministry of Devolution and Planning, which started in 2013—established two levels of government, the national government and 47 county governments. (Kenya Ministry of Devolution and Planning, 2016) Since then, the new role of county governments has become critical in ensuring the successful implementation of sustainable nutrition actions. County governments carry full responsible for providing service delivery, managing their own budgets and setting priorities in their counties.

Accelerating action to combat malnutrition

Nutrition governance

Kenya joined the Scaling Up Nutrition (SUN) Movement in August 2012 (SUN website, n.d.) and has progressed in setting up the required governance structures, such as multi-stakeholder platforms; the SUN Civil Society Network (SUN CSN), SUN Business Network and SUN Donor Network (SDN); and the United Nations (UN)

¹ Where not cited otherwise, the information in this case study is derived from interviews carried out by the Maximising the Quality of Nutrition Plus (MQSUN+) team with national SUN Focal Point Gladys Mugambi, SUN CSN Chair Martha Nyagaya and SUN CSN Coordinator Edgar Okoth.

Network. A SUN Secretariat is in place that helps the SUN Focal Point coordinate various networks, and an Advisory Committee exists to bring together the leads of the various networks, which meets quarterly. Networks and their partners are not only providing technical and implementation support in general but also supporting national and county governments to mobilise financial resources for advancing nutrition actions at all levels.

Planning and setting the stage for nutrition

The multisectoral Kenya Nutrition Action Plan (KNAP) 2018–2022 has been recently developed and finalised. Whilst the official launch is still pending, selected counties have gone ahead and developed County Nutrition Action Plans (CNAPs) 2019–2023. (SUN website, 2020) The main aim of the CNAPs is to contribute to the KNAP's goal of *'achieving optimal nutrition for a healthier and better quality of life and improved productivity for the country's accelerated social and economic growth'*. (Kenya Ministry of Public Health and Sanitation, 2013) The CNAPs provide contextually appropriate multisectoral activities for each county. Activities are costed and present the total and annual costing requirements for each key result area. The CNAPs are the main source of information supporting the resource mobilisation (RM) efforts, demonstrating requirements and priorities and ensuring domestic financial allocations.

Resource mobilisation efforts

Focus and activities

RM is targeted not only to donors but also to government institutions, both at national and county levels. RM activities target policy, planners and decision makers in relevant sectors, including health, agriculture, social protection and education, amongst others. Furthermore, there are coordinated efforts within these sectors to ensure that nutrition is well mainstreamed within their policies and other strategic documents. This helps to ensure full sectoral ownership and opens opportunities for leveraging sectoral resources.

National level

RM for nutrition at the national level started in 2013 and was led by the government's SUN Focal Point and the SUN Secretariat, supported by the national SUN Advisory Committee. The government allocated funding through main sectors—including, for example, school health and school meal programmes under the Ministry of Education, agriculture-nutrition activities under the Ministry of Agriculture and nutrition actions under the implementation of the Nutrition Division of the Ministry of Health.

A national donor consultation was held in 2016; its preparation and planning were supported by the SDN and coordinated by the European Union. The mobilised commitments were predominantly for nutrition-specific actions. The projects were designed and implemented jointly in collaboration with the government and partner organisations.

Subnational level

The process of developing and finalising the CNAPs was also used to bring key legislators and government policy and decision makers together to advocate for and understand the importance of financing nutrition interventions. The advocacy efforts also aimed to cultivate ownership over the CNAPs and get coordinated political and financial commitment for their implementation. Various SUN CSN partners, led by Nutrition International, and other SUN network partners supported those advocacy activities and events at the county level.

This was the first time that the SUN CSN and other SUN partners were systematically advocating for and promoting the establishment of specific nutrition budget lines and allocations at the county level, quantifying a baseline figure for each county and starting a system for monitoring funding and use of the funds (details

presented in Appendix 3). This is being used to evaluate changes against efforts, such as advocacy efforts and events.

As a result of these efforts by the government and SUN CSN partners, seven counties have developed their CNAPs. Of those seven, four were launched by early 2020, all of which have committed to increasing government resources for nutrition-specific and nutrition-sensitive programmes.

Box 1. Costs of a CNAP: Makueni County.

The total public investment required to deliver the Makueni CNAP between 2019 and 2023 is estimated to be KSh 1.25B (US\$12.04M). Within the CNAP, 20.2% is allocated to high-impact nutrition interventions, 21.5% to nutrition-sensitive interventions, 47.4% to other public health interventions and 10.8% to health and nutrition system and infrastructure costs (enabling environment). The average annual cost of the CNAP is KSh 250.74M (US\$2.41M).

Source: Nutrition International, 2019. Makueni Nutrition Investment Case, Kenya.
Press release available at:
<https://www.nutritionintl.org/2019/12/makueni-county-mainstream-nutrition/>

The governors of the four counties (Busia, Vihiga, Makueni and Nandi) led the launching of their CNAPs 2019–2023 (e.g. CNAP Busia(County Government of Busia, 2019) and Makueni,(Nutrition International website, 2019) **Box 1**). These events were supported by the Technical Assistance for Nutrition (TAN) programme, which is implemented by Nutrition International in Kenya.

Subsequently, Nutrition International has supported RM and advocacy events in these four counties. As an outcome, the county governments, through a matching fund modality provided through Nutrition International, have committed to financing nutrition to the tune of KSh 120 million (approximately US\$1.2 million²) for three years.³ All four counties have opened Special

Purpose Accounts through the national treasury exclusively for CNAP financing. Further, two of the four counties have already deposited committed funds into these accounts. These resulted from a series of advocacy meetings with senior county officials (e.g. governors, deputy governors and county-level secretaries, amongst other executives) and members of county assemblies, as well as roundtable (RT) discussions with the aforementioned leaders to negotiate for funding.

Moreover, there has been lobbying with county management for inclusion of nutrition activities in County Investment and Development Plans 2018–2022 to ensure sustainability of the nutrition actions (e.g. Vihiga’s County Investment and Development Plan(County Government of Vihiga, 2018)).

Advocacy for RM is underway in Tharaka Nithi, Elgeyo Marakwet, Narok, Nairobi, Nyeri and Kwale Counties, led by the national government and supported by the SUN CSN, which is in turn led by TAN and other partners. The support includes RT discussions and CNAP launching; the process has, however, been slowed recently by the COVID-19 pandemic.

Table 1 (Appendix 2) shows the status of and partner support for CNAP development at the county level. Additional details on the process of conducting a baseline to establish a financial monitoring system, building on the progress of planning and providing costing and mobilisation of resources is provided in Appendix 3.

² Estimated exchange rate as per January 2020: 1 USD = 100 KSh; the USD value provided for Makueni CNAP, presented in the box, derives from the time of finalising the CNAPs in 2019 (1 USD = 96.3 KSh).

³ Breaking this down, each county has committed approx. KSh 10 million a year, bringing it to KSh 30 million in three years. This is on top of baseline figures, which range from KSh 2.0 million to KSh 2.7 million.

Factors leading to success

The following factors are key to Kenya's success in nutrition RM:

- Kenya's strong dedication to the devolution of administrative, political and financial power to subnational levels and respective policies, regulations and capacity support.
- Continued attention to nutrition matters by the government at national and county levels, combined with recent commitments to acceleration.
- Availability of national-level strategic documents (multisectoral KNAP), which can be contextualised for the subnational level.
- Presence of an active and well-coordinated Civil Society Alliance, with strong technical and facilitation support and skills and a focus on advocacy efforts.
- Opportunity for county governments to seek matching grants by partners (such as Nutrition International) to complement county government efforts, in addition to support grants available from various partners (SUN, United Nations Office for Project Services [UNOPS] and United Nations Children's Fund [UNICEF], amongst others).
- Presence of SUN global tools that can be contextualised for the different contexts (e.g. financial tracking tool). (Fracassi P, Picanyol C, Knechtel W, D'Alimonte M, Gary A, Pomeroy-Stevens A, 2020)
- Availability of sets of advocacy tools developed by partners for domestic RM.

Challenges

The following challenges were identified during Kenya's RM efforts:

- Limited funding to support SUN work at the national level.
- Slower launch progress of county CNAPs and advocacy events due to COVID-19.
- Lack of a SUN Donor Convener at the moment, which has slowed down RM efforts for nutrition at the national level.

Conclusion

The Kenya process showcases how SUN governance, coordination and partner support can boost domestic subnational RM efforts. Successful RM efforts require good coordination within government structures, including coordination between national and subnational levels, and the support of all relevant partners. A strong lesson learnt is that advocacy for nutrition RM is to be emphasised to influence budget plans at both levels. Having opportunities to seek support through matching and support grants made available by partners (e.g. Nutrition International, SUN, UNOPS and UNICEF, amongst others) was instrumental to the process. The presence of global tools that can be adapted to different scenarios played a key role in advancing nutrition costing, advocacy, RM and monitoring. Continued monitoring and documentation of the county government allocations to nutrition, as well as the successes of these programmes, will be a great way of further showcasing successes.

Appendix 1: Material supporting resource mobilisation in Kenya

Documents:

Kenya's [National Nutrition Action Plan](#). (Kenya Ministry of Public Health and Sanitation, 2013)
 County Nutrition Action Plan. (County Government of Busia, 2019)
 Cost of Hunger Study, Kenya. 2019, unpublished.
[County Integrated Development Plans](#). (County Government of Vihiga, 2018)
 Counties advocacy material, unpublished.
 Counties advocacy plans (6), unpublished.
 Dissemination of operational guideline for CNAP development (PowerPoint by Nutrition International TAN, unpublished).
 Operational guideline for development of county nutrition action plans, unpublished.
[Donor Support to the Nutrition Sector in Kenya: Mapping Report](#), Republic of Kenya, Ministry of Health, supported by EU and UK aid, through technical assistance (TA) by MQSUN. (Thuita, 2016)
 SDN and potential conveners in Kenya, unpublished.
[Kenya investment framework](#). (Dayton Eberwein et al., 2016)

Tools:

SUN [Budget Analysis for Nutrition: A Guidance Note for Countries](#). (Fracassi P, Picanyol C, Knechtel W, D'Alimonte M, Gary A, Pomeroy-Stevens A, 2020)
 Partner advocacy tools, unpublished.
 Nutrition International RT programme/agenda, unpublished.
 Kenya nutrition expenditure tracking tool sample, unpublished.

Appendix 2: Stakeholder support of county resource mobilisation

The following partners provide support for county RM ([Table 1](#)):

- *National and county governments*: SUN country Focal Point at the Ministry of Health; National Drought Management Authorities based at the county level; and county Departments of Health, Education, Agriculture, Water, Gender, Social Protection, Planning, Finance and Budget.
- *Stakeholders*: SUN CSN members, Kenya Red Cross, Nutrition International, We World Foundation, Action Against Hunger, Feed The Children, Concern World Wide, Christian Aid, Welt Hunger Hilfe, Afya Jijini, Nutrition and Health Program Plus (US Agency for International Development) and UN partners, including UNICEF and World Food Programme, with TA by MQSUN+.

Table 1. Partner support for and status of CNAP development at the county level.

County	Type of support, partners, CNAP status
Busia	Support from TAN (Nutrition International),* NHP Plus (USAID) and SUN CSN grant; technical support from network members <i>CNAP launched</i>
Nandi	Support from TAN (Nutrition International); technical support from UNICEF and SUN CSN members <i>CNAP launched</i>
Vihiga	Support from TAN (Nutrition International); technical support from SUN CSN members <i>CNAP launched</i>
Makueni	Support from TAN (Nutrition International); technical support from SUN CSN members <i>CNAP launched</i>
Kajiado	Support from TAN (Nutrition International); technical support from UNICEF and SUN CSN members <i>CNAP completed but not launched</i>
Tharaka Nithi	Financial support from TAN (Nutrition International), NHP Plus (USAID) and SUN CSN grant; technical support from network members <i>CNAP completed but not launched</i>
Elgeyo Marakwet	Support from TAN (Nutrition International) and World Vision International; technical support from SUN CSN member <i>CNAP completed but not launched</i>
Narok	Support from SUN CSN <i>CNAP near completion</i>
Kwale	Support from UNICEF, SUN CSN <i>CNAP near completion</i>
Nyeri	Financial and technical support from SUN CSN <i>CNAP near completion</i>
Isiolo	Financial and technical support from UNICEF, SUN CSN <i>CNAP near completion</i>
Another 6 CNAPs are currently being financially and technically supported by Nutrition International.	
Another 20 CNAPs are currently being financially and technically supported by UNICEF.	

* Where not indicated otherwise, support includes not only technical assistance but also financial support related to the organisation and facilitation of resource mobilisation (launching events, workshop costs, travels, facilitation, printing materials, stationery, etc.) provided by TAN, led by Nutrition International.

Abbreviations: CNAP, County Nutrition Action Plan; CSN, Civil Society Network; NHP, Nutrition and Health Program; SUN, Scaling Up Nutrition; TAN, Technical Assistance for Nutrition; UNICEF, United Nations Children's Fund; USAID, US Agency for International Development.

Appendix 3: Establishing financial monitoring

Laying the groundwork

Planning, costing and mobilising resources are the first steps in preparing for acceleration of actions. In Kenya, this started with the development of KNAP at the national level. This also provided a framework and guidance at the county level for identifying county nutrition priorities. Formulation at the county level consolidated all priorities and created consensus on key result areas. Validation and presentation of CNAP documents took place through a workshop. CNAPs include key result areas (nutrition-specific and nutrition-sensitive results), monitoring and evaluation and accountability frameworks, nutrition costing and budgeting. (Nutrition International, n.d.) Thereafter, RT advocacy discussions were held with each county to influence domestic resource allocation for nutrition.

Establishing a baseline for financial monitoring

A county Baseline Assessment of the current funding allocated to nutrition was launched (**Box 2**). This was to help county governments have a starting point at which to monitor the resources going to nutrition actions (across different sectors) and establish whether these resources are being used for their intended purposes. Counties are also trained on monitoring the nutrition finances through use of the financial tracking tool for nutrition, developed by SUN to be used at a national level but now customised to the needs of each county.

Box 2. Summary of the Baseline Assessment.

The **Baseline Assessment** process identified explicit nutrition budgets from lump sum budgets given to specific government programmes at the county level that are related to nutrition (e.g. funding allocated to maternal and child health programmes, where exact amounts allocated to maternal and child nutrition were then pulled out). From Kenya's experience, this process was much easier for health sector-related programmes. There were a lot of discussions for the nutrition-sensitive sectors, because the team had to define the extent of nutrition relevance of each programme that would be included in the costing exercise.

For the four counties where this process has been undertaken, it was estimated that they were previously allocating 2%–22% of county budgets to nutrition activities. This translates to ranges from KSh 500,000 to KSh 2,000,000 (approximately US\$5,000 to \$20,000) annually for the different counties.

The Baseline Assessment was triggered by the structured RM process that the SUN CSN has put in place, as well as the presence of support grants from partners like Nutrition International, SUN, UNOPS and UNICEF, amongst others. Nutrition International has committed to continuing to provide matching grants for the counties that they are supporting. These matching grants provide additional resources for high-impact nutrition interventions that are implemented by civil society organisations in those counties, and the programmes complement the government's commitment and efforts as outlined in the CNAP to address malnutrition at the community level.

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About MQSUN+

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