



## Stemming malnutrition in Kenya's devolved structure and emerging economy

Coordination and consultation, not command and control

Ms. Terrie Wefwawa is one of three 2013 Transform Nutrition Champion Award honorees, for transformative efforts to improve nutrition, health and opportunities for women and children. She has headed the Division of Nutrition in Kenya in the Ministry of Health since 2008. She discusses the gains achieved and the opportunities that lie ahead in a devolved governance structure, and the

partnerships required.

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In November 2012, at its first National Nutrition Symposium, Kenya launched the country's commitment to the SUN movement and unveiled the country's 5 year Nutrition Action Plan. In the same year, two significant bills were passed, the Mandatory Fortification of wheat and maize flour and oils and fats, and the Breast Milk Substitutes Regulation and Control Bill.

The turning point for positive change and real results, Wefwawa firmly states is coordination. The Sector Wide Approach (SWAp) was introduced in 2005 and the health SWAp code of conduct signed in 2007 with 15 development and 3 private sector partners. Development partners perceived GOK systems as weak. But this has changed, and various programmes including nutrition embracing SWAp. "We have a common platform of engagement. We did not share a common vision or agenda. But now, we hold regular meetings and apply common objectives, indicators."

This, she says, has provided a sense of collective effort. "We are not doing parallel things. It is about mutual respect; consultation and not control and command, building harmony has strengthened coordination and improved results." Nutrition surveillance and performance assessments of the national strategy have greatly improved, as has response to emergencies, such as the 2011 drought.

There needs to be a greater push to institutionalize data quality monitoring systems and build the capacity, particularly now at the county level for better decision-making.

In the devolved system, coordination, she reiterates, must be even stronger or risk losing some of the gains. "Most of the health system is being devolved. As a national office, developing policy and building capacity is our mandate. But we need a strong system of enforcing these policies.

We must quickly develop mechanisms of engagement with counties. We need to develop a reporting matrix, learning from the example of India where they compare which states are doing well and where people begin to talk. The peoples' voice must be heard, it is the centrefold of our constitution. If we give them comparison on performance of indicators, they will demand action from the county government. This is an empowering process that will hold the county governments accountable."

Kenya's devolved government presents opportunity to address the diversity of local needs, choices and constraints. County governments can deliver social services more effectively, based on a better appreciation of local needs. It will require the population to actively participate in the development process. However, capacity is deemed as a key challenge.

The national government is no longer in a command position. County authorities are keen to show they have the ability to manage their affairs. This is a good sign but they risk alienation if they do not

seek technical guidance especially to build their capacities. Kenya has taken a bold step to devolve power and resources from the centre to a sub-national level and simultaneously reorganise local government, with the consolidation of existing 8 provinces into 47 newly created county governments.

The priority now is to establish clearly defined indicators to set performance standards. “When things are not clear there is an opportunity for things to fall off. We need to work together to ensure programmes fit within the national framework.”

There is, of course, the nagging matter that despite an improved policy environment and coordination, Kenya has not yet achieved a sustained reduction in malnutrition rates; with stunting stagnated at 30 – 35% of children below 5 years.

Ms. Wefwafwa states unreservedly that there needs to be a paradigm shift and explains, “Perhaps, nutrition on its own is the end product. Nutrition doesn't stand out, as does food security. All over the world, hunger cannot be ignored, and the Jubilee government hasn't either. But what is food security without linking nutrition specific and nutrition sensitive. It is really up to us [nutrition sector] to ensure that we partner, and only then we will realise change.”

In the 2013 Lancet series, the paper, *“The Politics of Reducing Malnutrition: Building Commitment and Accelerating Impact”* extends the argument that to effectively and sustainably tackle malnutrition, requires strong political will that inspires a multi-sector and multi-layered approach:

A “whole of society” approach to combine resources and know-how

- Beyond government, e.g. business and civil society
- Beyond the usual sectors, e.g. education and ICT.

Chronic malnutrition, stunting, is easily ignored as opposed to the glaring images of an acutely malnourished child. Vision 2030 aims to transform Kenya into a highly competitive country with a high quality of life, but which may not be attained with the threat that stunting poses. An estimated 1 million children could die over the next decade from being underweight, and inadequate breastfeeding causes 10,000 infant deaths every year<sup>1</sup>.

From an economics perspective, the impact of poor nutrition is beyond child survival. Impeded physical growth, behavioural development and cognitive function affects school attendance and performance, stems ones income-generating capacity and theirs and the county's economic development. Kenya is now facing unprecedented cases of non-communicable diseases including diabetes, high blood pressure, cancer, liver and kidney complications, or NCDs.

The continuum of care failures from pregnancy, a low uptake of preventive health service and poor caring practices at household level may be addressed from a health perspective. However, inadequate household food security, poor water and sanitation, inadequate investment in food and nutrition at government and household level and inadequate coordination of efforts towards defined a national nutrition agenda require all sectors.

Without a greater understanding of the underlying causes and challenges of malnutrition in Kenya or strong political drive, the adage “everybody's problem but nobody's responsibility,” remains true.

There is opportunity though. The Food and Nutrition Policy 2011 addressed food security not only purely on production but also on utilisation. It looks beyond just increased production of maize, but

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<sup>1</sup> According to Profiles 2011

affordability, access and suitable nourishment at a household level. One of the priorities in new government's manifesto is food security, with a target to reach 1 million acres of irrigation of different types of food. For Ms. Wefwawa, the sector now has a foot in the door and must advocate for ministries to add nutrition indicators.

Two other issues that remain key to immediate and sustained reduction of malnutrition are the role of the private sector and research.

"As a government we acknowledge that we need to build a strong Public Private Partnership. The public sector alone cannot deliver services. The private sector can offer very important service delivery apart from complementing our services. Ministries have established platforms for engagement, but we must also define this partnership. They should not be on the policy making table because of the high risk conflict of interest. Through rigorous consultant, the government makes policies for public good, and we engage the private sector in developing and implementing strategies."

If policies are for the good of the public, they must be informed by universally validated evidence and science, she states, and not by entities that stand to gain commercially. The code of marketing breast milk substitutes, faced almost two decades of a stalemate, despite the global standard established by WHO. Back in 1983, the Ministry with the Kenya Bureau of Standard introduced voluntary standards. "We were able to do so because of the focus on public health as opposed to just health. We started at public health and child survival, then infant feeding practices, diarrhoea and so on, come up. Then it points to feeding practices, bottle-feeding, mothers not adequately breastfeeding. And then the support of senior leadership, who are now convinced."

On research, Ms. Wefwawa asserts, "The objective of research is to improve peoples lives in quality of product, service and delivery." But she is of the opinion that there is not enough locally conducted research to inform policies.

"We need clinical and programmatic research that would help us improve the quality of our programmes. There is a gap between policy development and universities. After training specialists, we don't continue engaging to influence the further study and sector development. The SUN has an academic pillar on documentation and research and we must work to strength this."

"The ball is now in our court. To support the counties in implementing polices, guidelines are adhered, commodities procured and coordination at its best. We must work towards the strengthening buy in of the counties."

Attributed to better leadership and coordination from the Ministry, the nutrition sector has seen a facilitative policy environment and developed over 11 policies guidelines. In five years, funding has increased from 4 million for procurement in 2008 from the exchequer to the current Kshs. 80 million. The ministry has also raised 12.8 million dollars for Kenya through the World Bank and a commitment from the government to spend 70 million dollars over the next 5 years on nutrition, which will be spread across other ministries to address underlying causes of malnutrition.

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