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VIRTUAL CONFERENCE

CASE STUDY 2

KENYA

Scaling Up Management of Wasting Services in Kenya (Marsabit County): A Case Study

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1.

Context

Country Context

Although Kenya's national wasting prevalence is 4% (Kenya DHIS 2015), there are wide disparities across counties and regions.

Several of the arid and semi-arid counties (ASALs) such as Turkana, Mandera, Wajir, Marsabit, Samburu and East Pokot report wasting levels that are persistently above the WHO emergency thresholds (GAM >15% and SAM >2%). Treatment of severe wasting is one of the key priorities at both national and county (sub national) levels owing to the high risk to child mortality. Kenya developed a five-year nutrition strategic plan, the Kenya Nutrition Action Plan (2018–2022) (Kenya MoH 2018), which highlights the country's nutrition priorities in realisation of the country's "Vision 2030" (Kenya Vision 2030) and the global Sustainable Development Goal 2, of ending malnutrition for all by year 2030. At the subnational level, County Nutrition Action Plans (CNAPs) have been developed and aligned to the national plan taking into consideration county level priorities and context.

Marsabit County Context

With a total population of 322,567 (Kenya DHIS 2019), Marsabit county is in the extreme north of Kenya. It has an international boundary with Ethiopia to the north and a border with Lake Turkana to the west. The county has four constituency sub-counties: North Horr, Saku, Laisamis and Moyale. The county has suffered repeated episodes of severe drought and floods, with serious effects on household food security, disease burden and malnutrition. Seasonal spikes in malnutrition are common. Compared to the national trends, average wasting rates in Marsabit county remain consistently around 15% (Figure 1). When broken down by sub county, the data shows North Horr and Laisamis are consistently the worst affected sub counties with wasting rates peaking above 30%.

The main drivers of wasting are poor dietary intake with reduced livestock milk production and consumption which forms the main diet for children in arid areas. The other drivers include high burden of disease, sub-optimal childcare practices, poor sanitation and health environment, and internal conflicts.

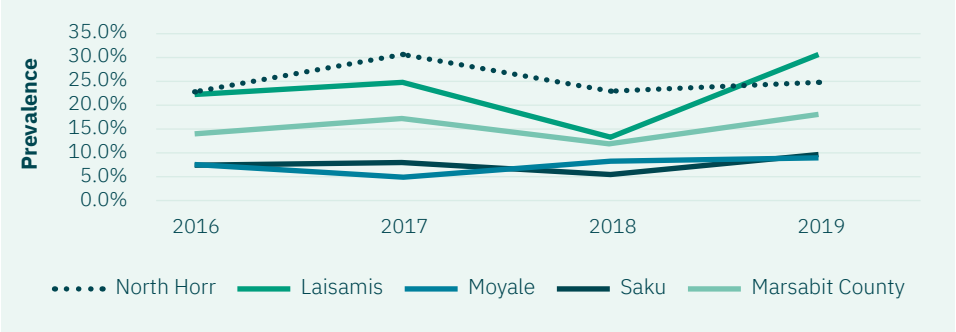

Figure 1. Trends in prevalence of wasting 2016 – 19 by county and sub county, according to SMART surveys (Source: Kenya MoH 2020) While much as been achieved to

2.

Key successes

The Marsabit CNAP 2019–2023 lays the foundation for enhancing the scale-up of essential nutrition actions and promotes programme-based financing.

Treatment of severe wasting is provided through the 109 health facilities, although due to the vastness of the county, the wide distance between health facilities creates considerable challenges for adequate health seeking behaviour. The county was the first to pilot the Integrated Management of Acute Malnutrition (IMAM) "Surge model" (Ngetich W et al 2021), which strengthens health facilities' capacity to better predict and manage peaks in caseloads of wasted children. Furthermore, implementation of the Community Conversations[1] approach with support from partners, has been essential in promoting community level accountabilities in addressing the key drivers of wasting. The County Nutrition Technical Forum coordinates nutrition actions across the supporting partners (more than 10), with strong leadership provided by the county government.

According to DHIS data over the last five years, admissions for wasting treatment among children under five years of age are consistently within the county targets, with IMAM performance indicators maintained within Sphere standards. Latest analysis shows IMAM programme coverage to be over 60%, with seasonal variation often slipping to below 50% during the dry season (Marsabit County Department of Health 2018). International Non-Government Organisations and local partners have focused on supporting the county government to strengthen systems for service delivery. Sustained advocacy from all partners has successfully resulted in increased government investments in the country nutrition workforce, with 76 nutritionists recruited as of December 2020 compared to only two nutritionists in 2010.

1 Community Conversations is an interactive process which brings together members of the community, and encourages them to think, discuss and explore the main causes and underlying issues behind their health problems

109
Health Facilities

60%
IMAM programme coverage over 60% (below 50% during dry season)

76
nutritionists recruited as of December 2020

3.

Enablers and barriers to the scaling up of wasting treatment

Enablers in scaling up wasting treatment

Several factors contribute to the sustained good coverage and performance of severe wasting treatment services in Marsabit county.

- **Positioning and prioritisation of wasting.** Marsabit county government has made tremendous progress in ensuring services for the treatment of severe wasting are integrated into the primary health care system. The programme is anchored to the Maternal and Child Health (MCH) programme and hence leverages MCH financing and human resources. This includes optimising nurses, clinical officers and community health volunteers for delivery of IMAM services. IMAM is provided by most of the health facilities, in line with the public health services charter on basic service delivery and the CNAP. The costing of the national nutrition action plan has provided an important opportunity for the nutrition sector to negotiate for increased nutrition financing within the county government budget.

- **Investment in nutrition technical capacity.** Sustained advocacy around wasting has guaranteed nutrition as a key cadre in the county and subcounty health management structure. Nutrition sector technical oversight is provided by the county nutrition coordinator with direct accountabilities to the Directorate of health at the county level and with technical liaison and support from Division of nutrition at national level. Having a dedicated county Nutrition Officer as a member of the county health management team (CHMT) has reinforced negotiation capacity for nutrition actions at county level. Despite its remoteness, Marsabit county government has managed to attract a high-quality health workforce. The county has seen considerable staff increases for both nurses and nutritionists stemming from the economic stimulus program launched by the Government of Kenya in 2010 to boost national economic growth. Currently the county has 76 nutritionists, 317 nurses and 61 clinical officers. With support from partners, most staff are given IMAM training as they join the service.

- **Strong county commitment to Community Health Strategy implementation.** Service delivery at community level is key to ensuring access to and adequate coverage of IMAM services. The community health strategy (CHS) has been operationalised with recruitment of community health assistants (CHAs), who are partly remunerated by the county government and community health volunteers (CHVs). CHAs and CHVs play a critical role in supporting screening, referral and follow up of wasted children. Furthermore, community health structures are being optimised for the delivery of community-based nutrition education and counselling, in support of prevention of wasting efforts.

- **Adaptations to service delivery.** With early and sustained government leadership, Marsabit county successfully institutionalised the use of 'IMAM Surge' approach to support timely decision-making and planning of supplies and human resources in response to peaks in demand for wasting treatment services. Experiences from the pilot in Marsabit fed into the national roll out of the approach(Hailey 2015, MOH Kenya 2019) In view of the county remoteness and the impacts of the COVID-19 pandemic, the county government endorsed the use of the "Family MUAC" approach to enhance continued early detection and referral for wasting. Based on Marsabit county nutrition reports, 27% of all the referrals in the two wards were done by mothers themselves, demonstrating the importance of scaling up on the use of Family MUAC for timely detection and referral of wasting.

- **Integration of essential nutrition commodities into government-led supply chain.** Kenya has made tremendous strides towards scaling up nutrition supply chain integration in most counties. In Marsabit in particular, the adoption of the online government supplies management system to enhance forecasting, requisition and reporting for nutrition commodities has ensured a consistent supply of nutrition commodities. While procurement of essential commodities is mainly by UNICEF and WFP, the Kenya Medical Supplies Agency (KEMSA) is responsible for their delivery, thereby enhancing government ownership. With support from UNICEF and WFP, efforts are ongoing to institutionalise social accountability through end-user monitoring of nutrition supplies.

- **Integration of nutrition information systems into DHIS.** With the integration of nutrition indicators into the online district health and information system (DHIS), data from the health facilities is well documented, including data on wasting. Continued capacity building of the health workers has been ongoing to ensure quality nutrition information. Reporting for wasting is currently fully integrated into the system with government tools and key indicators tracked on monthly basis.

Barriers in scaling up wasting treatment

While important progress has been made, several barriers have been highlighted by the country nutrition team that limit access and scaling up of services for the treatment of severe wasting. These include;

- **Lack of sustained government financing:** Despite the huge investment in human resources and health facility infrastructure, operationalisation of IMAM activities is still dependant on partners, in particular, the funding of community outreach.

- **Weak operationalisation of the community health strategy (CHS):** County government has strong commitment to the CHS and has increased recruitment of CHAs who lead the CHS team. However, CHVs remain unpaid and work on voluntary basis. As such, the functionality of community units remains weak and negatively impacts on the quality of community level nutrition services.

- The vast and rough terrain coupled with a **poor community referral system** are major contributors to poor access. Being predominantly pastoral, the majority of the households keep on the move in search of scarce pasture and water. This has posed a challenge in service continuity for severely wasted children. Lack of recognition of wasting as serious condition has also been cited as a barrier to accessing services among pastoralist communities.

- Additional barriers include high workload at the health facilities and staff absenteeism, and poor/unintended use of RUTF supplies by households, for example sharing of RUTF amongst household members.

Although not direct barriers to the scaling up of wasting treatment, the following factors were identified as key challenges in scale-up, as each continues to fuel high prevalence of wasting and limit more sustainable solutions:

- **Minimal implementation of nutrition sensitive interventions** at-scale to support the prevention efforts outside the health system. While efforts have been made to ensure joint multisector planning to achieve a common approach to addressing nutrition, the implementation of nutrition sensitive actions is primarily siloed according to sectoral priorities, capacity and financing.

- **Persistent household food insecurity** as a result of recurrent drought. Latest food security analysis (IPC 2020) indicates more than 1.8 million people in Kenya are facing high levels of food insecurity (above IPC phase 3), the majority of whom are in the ASAL region. Increasingly, impacts of climate change are leading to low food production, rising food prices, and loss of livelihoods. Marsabit remains one of the priority counties for humanitarian assistance.

- **Suboptimal infant and childcare and feeding practices** emain important contributors to high levels of wasting. Poor cultural beliefs also play a role, for example prohibiting foods for children such as meat and eggs (Pelto and Thuita 2016).

- **Poverty** is a key underlying factor, increasing exposure to, and delaying the recovery from, recurrent drought and other shocks.

4.

Moving forward

While much as been achieved to date, the Marsabit county nutrition team has identified the following as priority areas:

- The operationalisation of nutrition services is still heavily reliant on implementing partners. Ongoing advocacy with government for increased financial allocation for nutrition remains paramount, in particular for essential nutrition commodities and community level approaches.
- Increasing county government commitment to continuous professional training for new and incumbent health workers on overall nutrition service delivery, as well as information management and data quality.
- Advocating across government departments for the scale up of essential nutrition actions (including food security, social protection and WASH) for the prevention of wasting, in line with the current Marsabit CNAP.
- Advocating to country government and partners to strengthen platforms for social behaviour change and community level actions, to deliver improved maternal nutrition knowledge and practices.
- Engaging in the county level community health strategy discourse to ensure the strategy is fit for purpose, for the delivery of effective wasting services throughout the county.

Today

The operationalisation of nutrition services is still heavily reliant on implementing partners.

Tomorrow

Ensure the strategy is fit for purpose, for the delivery of effective wasting services throughout the county.

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