



# ELGEYO MARAKWET COUNTY NUTRITION ACTION PLAN 2023/24 – 2027/28



**December 2024**



## **County Nutrition Action Plan**

**For**

**Elgeyo Marakwet County**

**This second edition of Elgeyo Marakwet County Nutrition Action Plan (CNAP) was published by the County Government of Elgeyo Marakwet in 2024**

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## **Vision**

A healthy and productive populace with sustainable and adequate nutrition throughout their life cycle.

## **Mission**

To improve the nutritional well-being of all residents through a coordinated, integrated, evidence-based, multisectoral approach

## **Guiding Principles**

Equity  
People-centered  
Evidence-based  
Gender responsive  
Primary care focus  
Universal coverage  
Life course approach  
Right-based approach  
Integrity and accountability  
Multisectoral approach throughout adult life.

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## Abbreviations and Acronyms

BETA	Bottom-up Economic Transformation Agenda
CDH	County Department of Health
CHMT	County Health Management Team
CNTCs	County Nutrition Technical Committees
CIDP	County Integrated Development Plan
CHSSIP	County Health Sector Strategic & Implementation Plan
CNAP	County Nutrition Action Plan
CRAF	Common Results and Accountability Framework
DQAs	Data Quality Assessments
EMC	Elgeyo Marakwet County
FBOs	Faith Based Organizations
FNSP	Food and Nutrition Security Policy
HIS	Health Information System
HRH	Human Resources for Health
HPTs	Health Products and Technologies
KEMSA	Kenya Medical Supplies Authority
KDHS	Kenya Demographic and Health Survey
KHP	Kenya Health Policy
KHSSIP	Kenya Health Sector Strategic and Investment Plan
KNAP	Kenya Nutrition Action Plan
MAF	Multisectoral Accountability Framework
MEAL	Monitoring, Evaluation, Accountability and Learning
MIYCN	Maternal, Infant and Young Child Nutrition
MSME	Micro Small and Medium Enterprise
MTP IV	Medium-Term Plan IV
NFNSP	National Food and Nutrition Security Policy
NGOs	Non-Governmental Organizations
NI	Nutrition International
PPP	Public Private Partnership
RUTF	Ready-to-Use Therapeutic Foods
SCHMTs	Sub-County Health Management Teams
SDGs	Sustainable Development Goals
SHIF	Social Health Insurance Fund
UHC	Universal Health Coverage
WIFAS	Weekly Iron and Folic Acid Supplement

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## Foreword



Kenya, through the Ministry of Health recently developed the Kenya Nutrition Action Plan (KNAP) 2023/24 – 2027/28) that will provide national guidance towards nutrition programming.

The Elgeyo Marakwet County Nutrition Action Plan (CNAP) was developed to align with the broader national policies, including the Kenya Vision 2030, the Medium-Term Plan IV and County Integrated Development Plan. It also aligns with global health frameworks such as the Sustainable Development Goals (SDGs) and the African Union Agenda 2063. Through the consultative meetings held, data obtained provides impetus on how implementation of interventions have taken shape over the years and the challenges faced during resource mobilization as well as implementation of these interventions.

This CNAP has been developed through a collaborative and participatory process involving the Division of Nutrition and a wide range of stakeholders, including government agencies, healthcare providers, patients, and international partners. We have conducted a thorough situational analysis to identify gaps and opportunities.

As we embark on this new implementation period, we are guided by the principles of inclusivity, stakeholder engagement, and a rights-based approach. We are confident that through coordinated efforts, adequate resource mobilization, and innovative solutions, we will make substantial progress in reducing the malnutrition burden and improving the livelihood and health status of the residents of Elgeyo Marakwet County.

We are confident that the strategies and interventions outlined will significantly contribute to improving the quality of life and make EMC a malnutrition free county. We call upon all stakeholders to support and actively participate in the implementation of this CNAP to ensure its success.

**Monica Rotich**  
**County Executive Committee Member**  
**Health Services**  
**Elgeyo Marakwet County**



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## Preface



Elgeyo Marakwet County Health Sector Strategic Plan that informs subsequent nutrition annual work plans.

A healthy population is critical for improved production and productivity necessary for sustainable economic growth. The Government through the Health Sector has demonstrated this commitment in prioritizing achievement of Universal Health Coverage (UHC). Elgeyo Marakwet County Nutrition Action Plan (CNAP) 2023-2027 is a comprehensive and overarching framework for coordination, implementation and mobilization of resources for nutrition interventions in health and other key line county departments. The plan has incorporated priorities in the Elgeyo Marakwet County Integrated Development Plan 2023 - 2027 (CIDP) and

The development of this strategic plan was informed by the end-term evaluation of the previous CNAP; building on the success, gains and opportunities identified. Further, the action plan was developed through in-depth analysis of available data, including a highly participatory process involving a wide range of multisectoral stakeholders. The County Nutrition Action Plan (CNAP) 2023–2027 adopts a multisectoral approach, fostering cross-sector collaboration to address the social determinants of malnutrition in a sustainable manner.

CNAP outlines high impact nutrition specific interventions and nutrition sensitive interventions to be undertaken at all levels in health sector and other County line departments. It aims to achieve effective and sustainable food and nutrition security leading to improved nutrition and health related outcomes. The document will be reviewed periodically as new ideas, innovations, programs and policies are developed. We urge all partners, line departments and stakeholders to familiarize themselves with the content to achieve the overall CNAP objective.

The department of Medical Services and Public Health will provide the required stewardship and oversight to ensure full implementation of this plan. Both departments are committed to enhancing efficiency in utilization of the existing resources and advocating with relevant arms of County and National Government on the need for additional resources. We encourage our stakeholders and partners to complement the department’s resource mobilization efforts to fully realize the plan.

A handwritten signature in black ink, appearing to read 'Caroline Magut'.

**Caroline Magut**  
**Chief Officer Preventive and Promotive**  
**Health Services**  
**Elgeyo Marakwet County**

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## Statement by Chief Officer Clinical Health Services



The leadership of Elgeyo Marakwet County reiterates its commitment to transforming the department of Health in order to make it deliver Quality Nutrition services that meet the expectations of the people of Elgeyo Marakwet County. The development of this five-year County Nutrition Action plan is a demonstration of commitment. In developing this plan we revisited our rich history and examined how capacity, both current and projected, prepares us to align our expectations to the changes we are experiencing in our environment. Identification of our strengths and weaknesses accorded us a great opportunity to chart a solid response to the opportunities and threats that exist in our context.

We have formulated twelve Key Result Areas that will help us move towards achievement of our vision of A healthy and productive populace with sustainable and adequate nutrition throughout their life cycle. The mission is to improve the nutritional well-being of all residents through a coordinated, integrated, evidence-based, multisectoral approach and is anchored on a set of core values of Equity, People-centered, Evidence-based, Gender responsive, Primary care focus, Universal coverage, Life course approach, Right-based approach, Integrity and accountability and Multisectoral approach throughout adult life.

We will support the department of Nutrition in building a team that will support and closely monitor the implementation of this mission. We are delighted to spearheading this process and do pledge our continuous support through provision of revitalized oversight.

I wish to express my gratitude to all those who provided technical and financial support towards the development of this strategic plan. I call upon their continued support in implementation.

A handwritten signature in black ink, appearing to read 'Jeremiah Chirchir', written over a light blue horizontal line.

**Jeremiah Chirchir**  
**Chief Officer Clinical Health Services**  
**Elgeyo Marakwet County**

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## Acknowledgement



The County Department of Health would like to express its deepest gratitude to all those who contributed to the successful development of the Elgeyo Marakwet County Nutrition Action Plan (CNAP). First and foremost, we extend our heartfelt thanks to the National Nutrition and Dietetics Division for the unwavering support and guidance throughout the planning and implementation phases.

Our sincere appreciation goes to our development partners, and stakeholders, whose generous support and collaboration have been invaluable with special mention of Nutrition International (NI), Harvest Plus and World Vision. Their advocacy and support have been pivotal in securing necessary funding for our nutrition activities. We also thank the communities and individuals we serve for their resilience and participation that has inspired and motivated us to strive for excellence in implementation of the prioritized nutrition and nutrition related interventions.

Our appreciation goes to the EMC CNAP Technical Working group from the department of health, agriculture and education for their commitment in the development of this document with technical support from the Futures Health Economics and Metrics Ltd team.

Together, we look forward to making significant strides in reducing the burden of nutrition deficiency in the County with continued collaboration and support as we embark on the next phase of our journey with the Elgeyo Marakwet CNAP (2023/24-2027/28).

A handwritten signature in blue ink, appearing to read 'William Kendagor', written in a cursive style.

**William Kendagor**  
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**Elgeyo Marakwet County**

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## Executive Summary



The overarching Kenya Health Policy 2014-2030 provides a framework for achieving significant health improvements. It aims to attain the highest possible standard of health by promoting health, preventing illness, and providing curative, rehabilitative, and palliative care. The Kenya Health Policy (KHP) and the National Food and Nutrition Security Policy (NFNSP) detail key measures the government will implement to achieve Vision 2030. Moreover, the Food and Nutrition Security Policy (FNSP) provides a framework covering the multiple dimensions of food security and nutrition improvement. It recognizes the need for multi-public and private sector involvement, and that hunger eradication and nutrition improvement is a shared responsibility of all Kenyans. The policy and associated actions will remain dynamic to address contextual changes and changing conditions over time. This policy is framed in the context of basic human rights, child rights and women's rights, including the universal 'Right to Food'.

The rights and benefits of breastfeeding are safeguarded under the Breast Milk Substitutes (Regulation and Control Act) of 2012. Additionally, the Food, Drugs and Chemical Substances Act, particularly the amendments regarding food labeling, additives, and the regulation of trans fats, plays a vital role in combating diet-related non-communicable diseases (DRNCDs).

Nutritionists and Dieticians Act of 2007 (Cap 253b) was established to define and regulate professional practice of nutritionists and dieticians. This legislation sets standards for professional practice and ethics, enforces quality assurance programs, and promotes research and public education on nutrition. It also emphasizes the design of programs aimed at raising awareness about healthy dietary habits through capacity-building and specialized training in nutrition service delivery. Ensuring coherence and alignment across various policy-making spheres is essential for effective nutrition interventions.

The County bears a significant responsibility in ensuring that communities have access to high-quality health care and can lead healthy lives. To align with the aspirations outlined in the Constitution and Vision 2030, Kenya has enacted crucial legislation to enhance nutrition interventions. Key measures include the prevention and control of Iodine Deficiency Disorders (IDD) through mandatory salt iodization and the fortification of cooking fats, oils, and cereal flours to address other micronutrient deficiencies, as stipulated by the Food, Drugs and Chemical Substances Act.

By employing a life-course approach, the NFNSP outlines key nutrition interventions tailored to various age groups and highlights the interconnectedness of nutrition with food production and other sectors that influence health outcomes. Considering devolution and the responsibilities assigned to both levels of government, the KNAP 2023–2027 serves as a comprehensive framework and guide for counties, such as Elgeyo Marakwet, to formulate their own County Nutrition Action Plans (CNAPs).

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The Elgeyo Marakwet County Nutrition Action Plan (CNAP) 2023/24 – 2027/28 aligns with the Kenya Nutrition Action Plan (KNAP 2023/24 – 2027/28), the Elgeyo Marakwet County Health Sector Strategic & Implementation Plan (CHSSIP), and the County Integrated Development Plan (CIDP) 2023/24 – 2027/28. This plan acknowledges nutrition as a fundamental human right and a catalyst for economic development, in line with Vision 2030.

The primary objective of the CNAP is to accelerate and scale up efforts to eliminate malnutrition as a public health issue in Kenya by 2030. The CNAP prioritizes three intervention areas: nutrition-specific, nutrition-sensitive, and enabling environment, highlighting the importance of strengthening multi-sectoral collaboration to tackle malnutrition. Alongside the KNAP, the Government is launching a series of supporting strategies for nutrition including.

- Implementation framework for securing a breastfeeding friendly environment at workplaces: This provides a national roadmap for coordinated implementation and monitoring of interventions to support breastfeeding in the workplaces both in the public and private sectors.
- The Kenya Agri-Nutrition Strategy: This focuses on securing access to safe, diverse and nutritious food, by strengthening the national food chain and community production.
- The Scaling Up Nutrition (SUN) Business Network Kenya Strategy. This recognizes the role of the private sector in making safe and nutritious food available and affordable.
- The Kenya Nutrition Monitoring and Evaluation Framework. This ensures the Government and partners can monitor the progress and success of the KNAP.
- National Nutrition Fact Sheet, Programmatic Guidelines and Policies on Maternal, Infant and Young Child Nutrition. These explain a range of supportive measures authorities and communities can take, from breastfeeding-friendly workplaces to vitamin A supplementation.

The overall CNAP performance exhibited mixed performance in various key result areas. While there were notable advancements in advocacy activities and evidence-based data reporting, the effectiveness of coordination mechanisms, data quality assurance, and supply chain management for nutrition commodities was lacking. Many initiatives, such as the development of nutrition dashboards and stakeholder frameworks, showed no progress, and the training of health workers stagnated. Although some areas achieved promising results, like increased public facility reporting and the expansion of advocacy engagements, the persistent decline in essential meetings, audits, and training highlighted critical gaps that hindered the overall effectiveness of the nutrition governance framework. In summary, the performance reflected a need for enhanced focus and resources to address these deficiencies.

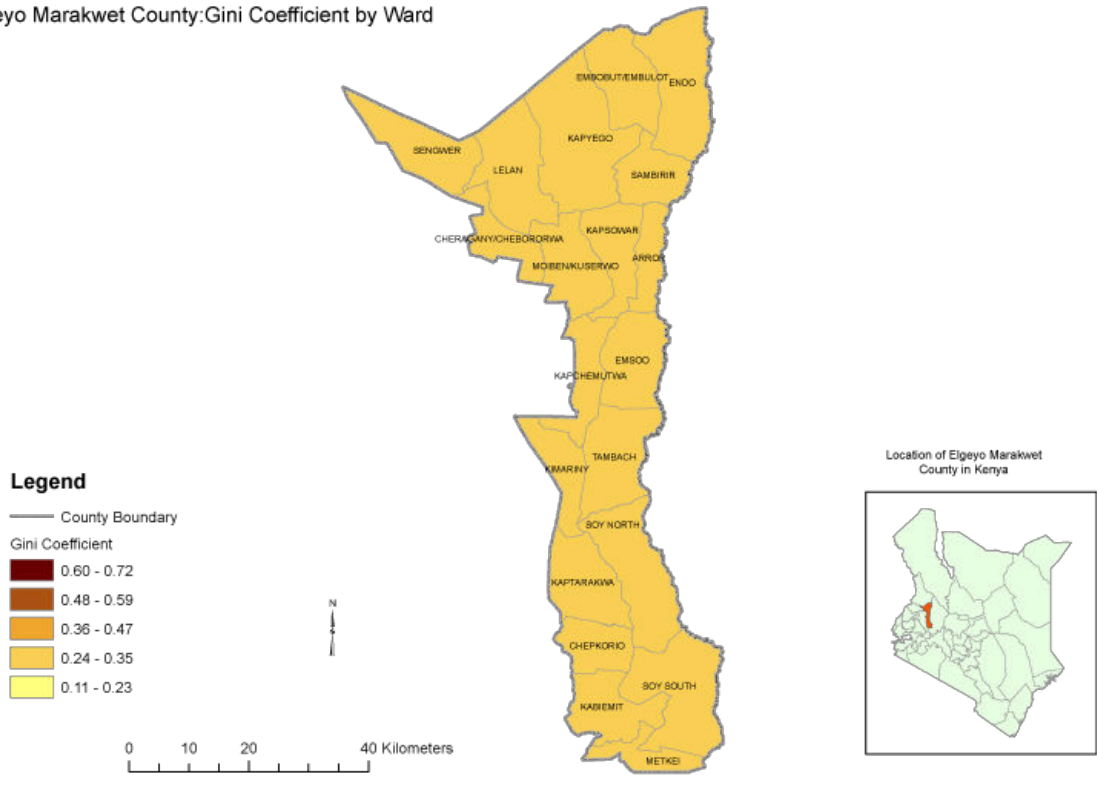


**Dr Isaac Kipyego**  
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Elgeyo Marakwet County: Gini Coefficient by Ward



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# 1 Chapter One: Introduction

## 1.1 Introduction

The Elgeyo Marakwet County Nutrition Action Plan (CNAP) is central in aligning resources, efforts, and initiatives with the overarching goal of reducing the burden from malnutrition in Kenya. It lays out clear, proactive strategies to address the critical issues identified through a comprehensive analysis of the nutrition landscape.

The planning process has been deliberate and structured, considering the dynamic nature of the health environment. The chosen strategic objectives and initiatives reflect a careful analysis of both internal capacities and external opportunities and challenges. This County Nutrition Action Plan 2023/24-2027/28 will guide the county in navigating the complexities of nutrition programming. It underscores the commitment by the Government of Kenya to address to finality the health burden due to nutrition deficiencies.

## 1.2 County Context

Elgeyo Marakwet County (EMC) covers an area of 3029.6km<sup>2</sup> bordering West Pokot to the North, Baringo to the East, Uasin Gishu to the West and Trans Nzoia to the NorthWest<sup>1</sup>. It comprises 0.4% of Kenya's landmass and is positioned between latitude 0° 10' and 1° 20' North, and longitude 35° 10' to 35° 44' East. Its elongated shape lies between the Uasin Gishu Plateau in the West and the Kerio River in the East. The Kerio River, originating in the Southern highlands, flows into Lake Turkana. Iten, dubbed the "Home of Champions," serves as the county headquarters, renowned for elite athlete training due to its favorable climate.

The county is divided into four sub-counties, which are: Keiyo North, Keiyo South, Marakwet West, and Marakwet East. The County has 20 wards, 72 locations and 206 sub-locations. There are twenty electoral wards distributed among these constituencies, with Marakwet East and Keiyo North having four each, and Marakwet West and Keiyo South having six each. Marakwet East and Marakwet West have the highest number of locations. Marakwet West sub-County has the highest number of sub-locations at sixty, while Keiyo North has the lowest at thirty-five. Politically, the county consists of four constituencies: Keiyo North, Keiyo South, Marakwet West, and Marakwet East. Additionally, Marakwet East has a land area of 784.3 km<sup>2</sup> (25.9%), Keiyo North 541.0 km<sup>2</sup> (17.9%), Keiyo South 899.7 km<sup>2</sup> (29.7%), and Marakwet West 804.6 km<sup>2</sup> (26.6%).

Characterized by three topographic zones - Highlands (49% of land), Lowlands (Valley, 40%), and Escarpment (Hanging Valley, 11%) - separated by Elgeyo Escarpment, the County experiences varied settlement patterns. While fertile highlands attract dense populations, the Escarpment and Lowlands face challenges like low rainfall and natural disasters, resulting in high poverty rates and sparse populations. Elgeyo Marakwet County boasts a cool climate with variable rainfall across the three agro-ecological zones. Altitude differences from 900m to over

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<sup>1</sup> Elgeyo Marakwet County Annual Development Plan 2024/2025  
<https://repository.kippra.or.ke/bitstream/handle/123456789/4566/Elgeyo%20ADP24-25.pdf?sequence=1&isAllowed=y>



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3,000m influence climatic variations, with average temperatures ranging from 25°C to 28°C and annual rainfall from 700mm to 1700mm. Relative humidity ranges from 53% to 69%, with a wind speed of around 8 knots (15 km/h).

### 1.3 Demographics and Socioeconomic

The population projection for Elgeyo Marakwet County in 2022 based on the 2019 census was 488,300, with a fertility rate of 3.5%. It is home to the Keiyo and Marakwet communities, and also hosts minority groups like the Sengwer and Cherangany each settled in specific ecological zones. It has a growth rate of 1.87%, lower than the national average. Sub-counties show an equal gender distribution, with Marakwet West (males; 68,948 females; 68,560) and Keiyo South (males; 60,919 females; 59,827) having higher populations of both males and females compared to Keiyo North (males; 49,601 females; 49,574) and Marakwet East (males; 47,849 females; 49,190). Iten is the most populous urban center with 12,630 residents, while Chepkorio is the least populous with 1,676 residents. Marakwet West and Keiyo North have the highest population density.

Currently, 42% of the population is below 15 years old, expected to decrease to 36.2% by the next planning period. This underscores the dependency of this group on the working-age population (15-65 years), constituting 53% of the total populace. The county holds substantial demographic dividend potential, with a significant working-age population (53.7% aged 15-64), a declining dependency ratio (currently 21.1), and projections for further increases in the working-age population by 2025 and 2027. This trend presents an opportunity for economic growth, highlighting the importance of investing in programs that create sustainable livelihoods for the working population to support the dependent groups effectively.

Agriculture drives the economy, with over 80% of the population engaged in farming<sup>2</sup>, while unique tourism offerings contribute to economic growth. The Highlands are suitable for dairy farming and crops like potatoes, maize, wheat, and beans; Escarpment supports maize, millet, sorghum, and beans despite erosion risks; and in the Valley, zebu cattle, poultry, and crops such as fruits, millet, and groundnuts are raised. Smallholder farmers predominate, with an average land size of 1.36 hectares, while large-scale farmers average 17.3 hectares. Food and nutritional insecurity in the county is high with 73.3% of the households being food insecure and worsened by the high poverty levels, which stand at 57% compared to the national average of 46%<sup>3</sup>.

### 1.4 The Context of Strategic Planning

This plan has been developed in consideration of national development priorities, regional and international development frameworks.

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<sup>2</sup> [https://www.citypopulation.de/en/kenya/admin/rift\\_valley/28\\_\\_elgeyo\\_marakwet/](https://www.citypopulation.de/en/kenya/admin/rift_valley/28__elgeyo_marakwet/)

<sup>3</sup> file:///C:/Users/mwaid/OneDrive/Desktop/F.H.E.Ms%20FOLDER/2024%20Consultancies/NI%20-%20EMC%20-%20CNAP/Elgeyo\_Climate\_Risk\_Profile\_Final.pdf

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### 1.4.1 United Nations 2030 Agenda for Sustainable Development

This plan contributes to the attainment of Sustainable Development Goals (SDGs) that address health, well-being, equality, and partnerships. Below are the SDGs relevant and implementation of this strategic plan will contribute to achieving these global goals:

#### **SDG 2: Zero Hunger - creating a world free of hunger by 2030.**

**Target 2.1** By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round

**Target 2.2** By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

**Target 2.3** By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers.

**Target 2.4** By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality

**Target 2.5** By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species.

#### **SDG 3: Good Health and Well-Being**

**Target 3.2** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births

**Target 3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing

**Target 3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

**Target 3.9** By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

#### **SDG 5: Gender Equality**

**Target 5.1** End all forms of discrimination against all women and girls everywhere

**Target 5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

**Target 5.5** Ensure women's full and effective participation and equal opportunities

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## **SDG 6: Clean Water and Sanitation**

**Target 6.1** By 2030, achieve universal and equitable access to safe and affordable drinking water for all

**Target 6.2** By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

**Target 6.3** By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally.

## **SDG 17: Partnerships for the Goals**

**Target 17.16:** Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology, and financial resources.

Through these efforts, this plan contributes meaningfully to the global agenda of achieving health equity, gender equality, and strong partnerships, ensuring that the County of Elgeyo Marakwet advances towards these crucial Sustainable Development Goals.

### **1.4.2 African Union Agenda 2063**

AU Agenda 2063 outlines a vision for a healthy and well-nourished population through improved access to healthcare services, particularly in managing communicable and non-communicable diseases. The agenda calls for the reduction of the disease burden by strengthening healthcare systems, enhancing disease surveillance, and promoting healthier lifestyles.

### **1.4.3 East Africa Community Vision 2050**

EAC Vision 2050 emphasizes the importance of improving health outcomes across the region by focusing on universal health coverage, access to quality healthcare services, and the reduction of communicable and non-communicable diseases.

### **1.4.4 Constitution of Kenya**

The Constitution of Kenya (2010) provides a legal framework for the right to health. Article 43 guarantees every Kenyan the right to the highest attainable standard of health, including reproductive health care. The Constitution of Kenya, 2010, notably enshrines the right to health as a fundamental human right under Article 43, which guarantees every individual the right to the highest attainable standard of health. This includes the right to healthcare services, including reproductive health care. Additionally, Article 21 outlines the state's obligations to observe, respect, promote, and fulfill the rights contained in the Bill of Rights, reinforcing the state's duty to ensure health rights are realized.

These constitutional mandates empower the Kenyan government to address the health agenda through a structured, rights-based approach that aligns with broader health objectives.

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### 1.4.5 Kenya Vision 2030, Bottom-Up Economic Transformation Agenda and Fourth Medium Term Plan

Kenya Vision 2030 is the country's development blueprint aimed at transforming Kenya into a newly industrialized middle-income country providing a high quality of life to all its citizens. The Vision includes a robust health pillar focused on improving healthcare infrastructure, human resources for health, and the quality of healthcare services, including the establishment of specialized centers for cancer care.

Medium-Term Plan (MTP) IV through the Bottom-up Economic Transformation Agenda (BETA) focuses on inclusive growth and sustainable development. Within the health sector, these plans emphasize enhancing healthcare delivery systems, improving health infrastructure, and ensuring adequate funding for health programs, including cancer prevention and control initiatives (Ministry of Health Kenya, 2023). The Bottom-Up Economic Transformation Agenda (BETA) development agenda aims to ensure high impact prioritization of limited resources to key areas of agriculture, micro, small and medium enterprise (MSMEs,) housing and settlement, healthcare and digital superhighway and creative economy. Under BETA Health care, the key priorities are.

- Primary healthcare system- recruit and train community health workers, establish and equip community units and comprehensive rehabilitative services
- Health commodity supply- establish a stakeholder-managed national procurement scheme
- Human Resource for Health- employment of 20,000 healthcare workers, initiation of payment for community health workers and develop mechanisms for management of human resources for health
- Integrated health information technology- Digitization of health facilities
- Health Financing- Provision of a social health insurance for all Kenyans and consolidation of all the schemes within SHIF.
- Governance- Modernization of the regulatory framework and governance of unregulated health care professions.

## 1.5 National policy and health system context for Nutrition

Kenya has implemented several national nutrition policies aimed at addressing these challenges and improving health outcomes. Key policies include:

- **Kenya Health Policy (2014–2030):** This policy reinforces the constitutional right of every person to access quality health services. By ensuring that nutritional services are included as essential components of primary health care.
- **National Food and Nutrition Security Policy (NFNSP):** This policy provides a comprehensive framework for addressing food and nutrition security in Kenya. It focuses on improving food production, enhancing nutrition education, and ensuring equitable access to food and nutrition services.
- **National School Health Policy:** Aims to promote the health and well-being of school-aged children through programs that include school feeding, health education, and promotion of healthy lifestyles.

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- **Kenya National NCD Strategic Plan (2020/21-2025/26):** acts as the strategic blueprint for the prevention and control of non-communicable diseases at national and county level for the next five
  - **Kenya Health Sector Strategic and Investment Plan (KHSSP):** This plan outlines strategic priorities for the health sector, including nutrition. It emphasizes integrating nutrition into primary healthcare and ensuring that nutrition services are part of the broader health system.

## 1.6 The process of the Development of County Nutrition Action Plan

The development of the CNAP was carried out through a comprehensive consultative process. The drafting process involved multiple identified technical working groups. A structured and inclusive approach was adopted for the consultative process, which took place at various levels. The Draft CNAP was subjected to a stakeholder's validation. Following the validation process, the feedback collected was incorporated into the final draft, ensuring that the plan was comprehensive, feasible, and aligned with government priorities. The final document was endorsed by the county management for dissemination and implementation.

## 1.7 Organization of County Nutrition Action Plan

The CNAP is organized in seven chapters. Chapter one lays ground for strategic planning and connects the process to global, regional and national development processes. Chapter two provides detailed situational analysis for nutrition in the county. Chapter three gives insights into strategic thrusts for the CNAP while Chapter Four outlines the specific strategies, interventions for the implementation of the strategic objectives. Chapter five provides details of the resources required to implement the CNAP, gives a snapshot of the Nutrition financing landscape as well as providing the strategies needed to bridge the financing gaps. Chapter six gives insight into monitoring and evaluation of the CNAP at the county level. Lastly, Chapter seven documents the implementation arrangements as well as providing the various roles and responsibilities for the different stakeholders.



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## 2 Chapter Two: Nutrition Situation Analysis

### 2.1 Introduction

Malnutrition refers to deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients. The term malnutrition addresses 3 broad groups of conditions:

- Undernutrition, which includes wasting (low weight-for-height), stunting (low height-for-age) and underweight (low weight-for-age).
- Micronutrient-related malnutrition, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess; and
- Overweight, obesity and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes and some cancers).

#### **Various forms of malnutrition**

##### **Undernutrition**

There are 4 broad sub-forms of undernutrition: wasting, stunting, underweight, and deficiencies in vitamins and minerals. Undernutrition makes children much more vulnerable to disease and death.

- **Wasting:** This is low weight-for-height. It usually indicates recent and severe weight loss due to inadequate food intake or infectious disease, such as diarrhoea, which lead to weight loss. A young child who is moderately or severely wasted has an increased risk of death.
- **Stunting:** Low height-for-age. It is the result of chronic or recurrent undernutrition, usually associated with poor socioeconomic conditions, poor maternal health and nutrition, frequent illness, and/or inappropriate infant and young child feeding and care practices in early life. Stunting affects the ability of children to reach their physical and cognitive potential.
- **Underweight:** Low weight-for-age. A child who is underweight may be stunted, wasted or both.

##### **Micronutrient-related malnutrition**

This is the inadequacies in intake of vitamins and minerals referred to as micronutrients. Micronutrients enable the body to produce enzymes, hormones and other substances that are essential for proper growth and development. Iodine, vitamin A, and iron are some of the micronutrients of public health importance and their deficiency represents a major threat to the health and development of populations, particularly children and pregnant women

##### **Overweight and obesity**

Overweight and obesity result from an imbalance between energy consumed (too much) and energy expended (too little). Globally, people are consuming foods and drinks that are more energy-dense (high in sugars and fats) while engaging in less physical activity.

## Diet-related noncommunicable diseases

Diet-related noncommunicable diseases (NCDs) include cardiovascular diseases (such as heart attacks and stroke, and often linked with high blood pressure), certain cancers, and diabetes. Unhealthy diets and poor nutrition are among the top risk factors for these diseases.

Malnutrition is a complex issue with multiple underlying causes, including poverty, inadequate healthcare, poor sanitation, and harmful social practices. This broader understanding has led to a more comprehensive approach to addressing malnutrition, which involves addressing the social and environmental determinants of health. Fig 1 below presents the UNICEF conceptual framework or malnutrition outlining the immediate, underlying and enabling determinants of malnutrition to guide the implementation of nutrition programmes.

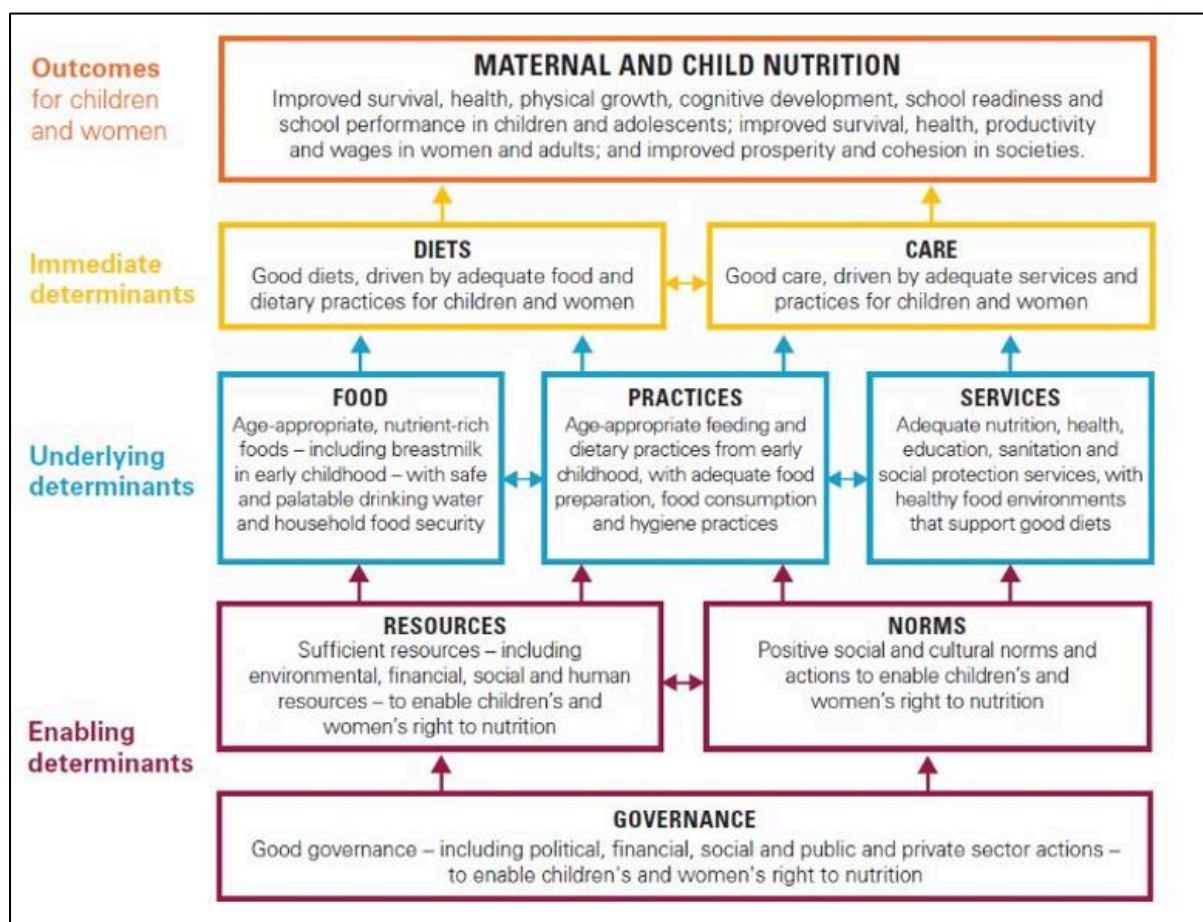


Figure 2-1: UNICEF Conceptual Framework on Determinants of Maternal and Child Nutrition 2020. A framework for the prevention of malnutrition in all its forms

## 2.2 Nutrition Trends in the county

Nutrition indicators from 2018 to 2023 reveal a complex picture of progress and challenges. The stunting rate has notably decreased from 29.9% to 22%, though it remains above the set target of 20% and the national average of 18%. The stunting rates are particularly high in the hanging and lower valley regions, reaching 40%, as reported by the ENRICH Survey in 2021.



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This persistent challenge highlights the need for continued focus on addressing chronic malnutrition.

Wasting, which reflects acute malnutrition, stands at 9.2%, while the rate of underweight children is 21%. These issues are often linked to poor maternal nutrition during pregnancy and postpartum, insufficient practice of exclusive breastfeeding, early introduction of complementary foods at 2-3 months, and inadequate dietary diversity.

On a positive note, the rate of children aged 0-5 months who are exclusively breastfed has increased significantly from 30% to 63%, surpassing the target of 40%. This improvement is largely attributed to targeted interventions at both facility and community levels, where there has been a strong emphasis on the importance of exclusive breastfeeding within the first six months. These efforts have been crucial in enhancing breastfeeding practices and improving early childhood nutrition.

The 2022 Elgeyo Marakwet County Kenya Demographic and Health Survey fact sheet highlights that 22% of the children under the age of 5 years were stunted which was higher (18%) than the stunting rate of children under the age of 5 years in Kenya. The fact sheets also highlight that 14% of the children under the age of 5 years are underweight whilst 4% of the children are overweight, which is slightly higher than the country's figures; 10% and 3% respectively. In addition, 5% of the children under the age of 5 years in Elgeyo Marakwet County are wasted. This is attributed to poor maternal nutrition during pregnancy and at postpartum, mothers not practicing exclusive breastfeeding, early introduction of complementary feeds at 2-3 months and poor dietary diversity.

Between 2017 and 2022, the prevalence rate of low-birth-weight children went up from 7.6% to 9.7%. It was against this statistic that the county prioritized low-cost high impact interventions such as baby-friendly hospital initiative, baby-friendly community initiative, kangaroo care and sensitization on nutrition during and after pregnancy in the CIDP planning period of 2023 – 2027 <sup>4</sup>. According to the 2022 KDHS key indicators report, 86% of the pregnant women took any iron containing supplements during their pregnancy journey <sup>5</sup>.

Open defecation rates stand at 37% whilst 64% of the county's household population have access to at least basic drinking water <sup>6</sup>.

Despite these gains, challenges persist. Limited dietary diversity and continued issues with maternal and infant nutrition underscore the need for ongoing interventions and support. Addressing these challenges effectively will require sustained efforts and coordination across various levels of health and nutrition programming.

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<sup>4</sup> EMC CIDP 2023 – 2027

<https://repository.kippra.or.ke/bitstream/handle/123456789/4779/EMC%20cidp%20iii%202023-2027.pdf?sequence=1&isAllowed=y>

<sup>5</sup> <https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf>

<sup>6</sup> <https://dhsprogram.com/pubs/pdf/GF57/GF57ElgeyoMarakwet.pdf>

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## 2.3 Summary of the Review of Implementation of the Previous CNAP

There has been notable progress in improving key nutrition indicators. For example, the reduction in stunting rates and an increase in exclusive breastfeeding rates reflect the effectiveness of implemented interventions. These improvements highlight successful efforts to enhance child nutrition outcomes in the county. Community engagement has been significantly strengthened through CNAP implementation. Initiatives such as growth monitoring and nutrition education programs have been effectively rolled out, increasing awareness and promoting better nutrition practices among local populations. The integration of nutrition services into the broader health system has been substantially improved. Enhanced coordination between county and sub-county levels, along with increased capacity for health workers through targeted training and support, has contributed to more effective service delivery. There has also been an increase in funding and resource allocation for nutrition programs. This includes financial support from national budgets, donor contributions, and partnerships with non-governmental organizations, which have bolstered the county's ability to implement and sustain nutrition interventions.

## 2.4 Health and Nutrition System

### 2.4.1 Leadership and Governance

Leadership and governance in Elgeyo Marakwet County's health sector are centered on coordinating health and nutrition services, linking them to broader county development plans, and ensuring alignment with national policies. The County Health Management Team (CHMT) is central to ensuring the effective delivery of these services. It provides oversight for all health facilities, ensuring they are adequately staffed and that programs meet their objectives. Regular supervision and monitoring of health projects, service delivery, and nutrition programs help assess their effectiveness and guide improvements. The coordination and delivery of nutrition health services are managed through a structured approach that integrates efforts across various levels of the health system. At the county level, the County Health Management Team (CHMT) is responsible for overseeing the strategic planning, implementation, and monitoring of nutrition programs. This team ensures that nutrition services are effectively integrated into the broader health system, in alignment with national guidelines and local priorities.

At the sub-county level, Sub-County Health Management Teams (SCHMTs) play a crucial role in the local delivery of nutrition services. They are responsible for implementing nutrition programs in health centers and dispensaries, providing supervision and support to ensure adherence to guidelines, and facilitating community-based interventions. SCHMTs work closely with community health volunteers to engage local populations and promote healthy practices.

Coordination between the county and sub-county levels ensures seamless integration of nutrition services into the overall health system. This involves aligning local programs with national policies, collaborating with other sectors like agriculture and education to address broader nutrition determinants, and using data from health information systems to monitor progress and make evidence-based decisions.

The collection of data on key health indicators informs decision-making and promotes continuous enhancement of service quality. The county also prioritizes public participation in health governance, actively involving citizens in planning and oversight through community health committees and public forums. This ensures that the health system is responsive to community needs and operates with transparency as nutrition policies and programs are implemented through various structures that align with national guidelines:

- **County Nutrition Technical Committees (CNTCs):** These committees are responsible for coordinating and overseeing nutrition activities within the county. They ensure that national nutrition policies are adapted and implemented locally, addressing county-specific needs and challenges.
- **County Health Management Teams (CHMTs):** These teams integrate nutrition into overall health service delivery. They coordinate nutrition programs, monitor their effectiveness, and ensure that nutrition services are included in county health plans and budgets.
- **Community Health Units:** These units play a key role in implementing nutrition interventions at the grassroots level. They provide services such as growth monitoring, nutrition education, and supplementary feeding programs, directly engaging with communities to address malnutrition and promote healthy practices.
- **Public-Private Partnerships (PPPs):** Counties often collaborate with private sector partners and non-governmental organizations to enhance the delivery of nutrition services. These partnerships can provide additional resources, expertise, and innovation in addressing local nutrition challenges.

## 2.4.2 Health service delivery

Elgeyo Marakwet County's health service delivery system is organized into four tiers of care, adhering to national norms and standards. These tiers include community-level services, dispensaries, health centers, sub-county hospitals, and the county's referral hospital. At the community level, the focus is on generating demand for health services, while higher levels of care are designed to respond to that demand. The county is home to Iten County Referral Hospital, a Level Five facility that serves as a referral center for the entire county as well as neighboring regions. Additionally, the county operates several Level Four hospitals, including Tambach, Chebiemit, Kapcherop, Chebororwa, Kapsowar Mission, Tot, Kocholwo, Kaptarakwa, and Kamwosor. These are supported by 33 health centers and 94 dispensaries distributed across the county to ensure wide coverage and accessibility of health services.

The County has a wide range of health facilities distributed all over the county and provided by the Government, Faith-based Organizations (FBOs), Non-Governmental Organizations (NGOs) and private institutions as shown in Table.

Table 2-1: Health Facilities by Ownership

Ownership	Level 2	Level 3	Level 4	Total	Percent
Faith Based Organization	5	4	1	10	7%
Ministry of Health	93	25	8	126	86%
Private Practice	9	1		10	7%
<b>Total</b>	<b>107</b>	<b>30</b>	<b>9</b>	<b>146</b>	<b>100%</b>

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### 2.4.3 Health Workforce

Elgeyo Marakwet County's health workforce is structured to meet the diverse needs of its health system, with Human Resources for Health (HRH) distributed across various levels of care. The health workforce play vital roles in delivering healthcare services. Despite the presence of skilled professionals, there are challenges related to staffing shortages, especially in specialized areas, leading to an increased workload for existing staff.

Industrial relations within the county's health sector are crucial for maintaining a harmonious working environment. The county government collaborates with health worker unions and professional associations to address concerns about working conditions, remuneration, and career progression. This collaboration helps mitigate industrial unrest and ensures continuity in service delivery.

In terms of nutrition services, the county employs nutritionists who play a key role in both preventive and curative health. They are responsible for implementing nutrition programs, particularly in maternal and child health, school health, and the management of malnutrition. However, there are gaps in capacity building for health workers, particularly in nutrition-specific training. While some staff have received training in nutrition services, there is a need for continuous professional development to enhance their capacity to integrate nutrition into primary health care effectively.

The county faces challenges in building the capacity of HRH in nutrition services, including limited funding, inadequate training programs, and a shortage of specialized personnel. Strengthening the capacity of health workers in nutrition would improve the delivery of nutrition-related interventions, particularly in addressing malnutrition and other diet-related health conditions.

### 2.4.4 Health System Financing

Elgeyo Marakwet County's health system financing has experienced fluctuations in budget allocations. While health and nutrition have consistently been prioritized, they frequently face limitations due to competing demands. Over recent years, the county has allocated a significant portion of its budget to health, with a focus on improving infrastructure, expanding health services, and strengthening primary health care. Nutrition-specific allocations, however, remain limited despite the critical role nutrition plays in overall health outcomes. The funding directed towards nutrition is often embedded within broader health initiatives, which sometimes dilutes its impact.

Donor and partner contributions play an essential role in supplementing the county's health budget. International organizations, non-governmental organizations (NGOs), and private sector partners contribute through funding, technical support, and capacity-building programs. These partnerships are especially important for nutrition programs, where external support has enabled the county to run targeted initiatives like maternal, child, adolescent nutrition and health interventions, school feeding programs, and community-based nutrition education. However, reliance on donor funding presents challenges in ensuring sustainability, as these contributions are often project-specific and time-bound.

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Despite these efforts, there are notable gaps in the funding of nutrition health in the County. The primary challenge is the inadequate allocation of funds specifically earmarked for nutrition. While broader health funding has increased, nutrition programs often receive a smaller share, limiting the scope and effectiveness of interventions aimed at reducing malnutrition and addressing diet-related health issues. This funding gap has led to difficulties in scaling up nutrition-specific services, hiring specialized staff such as nutritionists, and acquiring essential resources like therapeutic foods and supplements for malnourished populations.

Addressing these gaps requires not only increasing the county's direct investment in nutrition but also advocating for more integrated financing that ensures nutrition remains a central focus within the health system. Sustainable funding models, for instance, domestic resource mobilization, that reduce dependence on donor contributions and increase local investment will be crucial to building a resilient health system capable of addressing both immediate and long-term nutrition challenges.

#### 2.4.5 Access to Essential Medicines and nutrition products

Access to essential medicines and nutrition products in the County is a critical component of its health system, ensuring that residents receive timely and effective treatment. The supply chain management for health products and technologies (HPT) and nutrition commodities operates through a structured framework, though there are challenges that affect its efficiency.

The county's health system sources essential medicines and medical supplies primarily through the Kenya Medical Supplies Authority (KEMSA) and MEDs, which is responsible for procurement and distribution. In addition to KEMSA and MEDs, the county occasionally works with private suppliers and donors, particularly for specialized products or nutrition commodities that are not covered under the national supply system. The county government is responsible for ensuring that these supplies are adequately distributed to health facilities, including hospitals, health centers, and dispensaries.

For nutrition products, such as therapeutic foods for malnourished children (e.g., Ready-to-Use Therapeutic Foods - RUTF), micronutrient supplements, and fortified foods, the supply chain relies heavily on partnerships with international organizations and non-governmental organizations. Organizations like UNICEF and the World Food Programme (WFP) have played an important role in delivering nutrition commodities, especially during times of need such as droughts or in areas with high malnutrition rates. However, several challenges affect the supply chain management of both essential medicines and nutrition products including stockouts of essential medicines and nutrition products due to delays in procurement and distribution and inadequate storage facilities particularly at lower levels (dispensaries and health centers).

Delays in ordering, inconsistent distribution, and inadequate storage facilities have impacted the availability and quality of essential nutrition supplies. Effective distribution and proper storage remain areas of concern, with issues like insufficient infrastructure and logistical difficulties leading to occasional shortages and compromised efficacy of nutritional supplements and therapeutic foods. Additionally, there are gaps in order management and reporting systems. Inconsistent data on inventory levels and order statuses can result in stock outs or overstocking, affecting the timely availability of nutrition supplies. Regarding

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pharmacovigilance, there is a need for improved practices to monitor and report adverse effects related to nutrition supplements and therapeutic foods. Establishing effective systems for accurate reporting and prompt response to any adverse reactions is crucial for ensuring the safety and effectiveness of nutrition interventions.

Efforts to address these issues include increasing investment in supply chain infrastructure, improving coordination between county health officials and KEMSA, and leveraging digital tools for real-time tracking of medicine stocks. There is also a need for enhanced capacity-building for health workers on supply chain management to ensure that they can handle inventory properly, manage nutrition products, and maintain adequate stock levels. Moreover, stronger collaboration with donors and partners can ensure a more consistent supply of critical nutrition commodities.

#### 2.4.6 Health Information Systems

The Health Information System (HIS) in the County plays a vital role in collecting and managing data that supports decision-making, resource allocation, and improved health outcomes. The county's HIS is integrated into the national health information infrastructure, particularly through the Kenya Health Information System (KHIS). This system gathers data from hospitals, health centers, dispensaries, and community health services. In the area of nutrition, it tracks important indicators such as malnutrition rates, child growth, micronutrient deficiencies, and the outcomes of therapeutic feeding programs. These indicators help the county monitor its nutrition interventions and address malnutrition effectively.

The county has made notable progress in digitizing its HIS, particularly through the use of KHIS, allowing health facilities to submit data electronically. However, the degree of digitalization is inconsistent across facilities. While larger hospitals and sub-county hospitals have embraced digital systems, some health centers and dispensaries continue to rely on paper-based records due to challenges such as limited internet access, insufficient infrastructure, and lack of trained personnel. Efforts to train health workers in digital reporting tools have been undertaken, but gaps in capacity persist, especially in remote areas.

To ensure data accuracy, the county conducts regular Data Quality Assessments (DQAs). These reviews aim to identify inconsistencies in data reporting and verify the quality of the data collected. Past DQAs have highlighted several issues, including inconsistent data entry, delayed reporting, and underreporting of nutrition data. Nutrition services, particularly those delivered at the community level, are sometimes underreported, which limits the county's understanding of the true scale of malnutrition and nutrition-related health issues. Recommendations from these assessments have led to efforts to strengthen data collection processes, improve the integration of nutrition data into routine health reporting, and enhance digital infrastructure.

Nutrition is a key focus of the HIS in the county, with the system tracking indicators such as stunting, wasting, underweight children, and performance in therapeutic feeding programs. Despite this, there is room for improvement in how comprehensive nutrition data is captured. The county has recognized the need to expand its focus to include other important nutrition issues like diet diversity and breastfeeding practices. Partnerships with organizations like Hellen Keller, World Vision Kenya and Nutrition International have been instrumental in

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supporting nutrition data collection and monitoring, helping to bridge gaps in reporting and provide technical assistance.

However, challenges remain. Limited infrastructure in rural areas continues to hinder full digitalization, while capacity gaps persist in training health workers to handle data collection and reporting and **drug nutrition product adverse reaction**. Additionally, the utilization of HIS data to guide decision-making and program planning, particularly in nutrition, is still limited. The county will need to invest further in infrastructure and training to ensure that its health information systems are robust, accurate, and capable of supporting its nutrition programs effectively.

## 2.5 Cross cutting issues

### 2.5.1 Governance, Program management and Accountability

One of the primary challenges is the lack of effective coordination between various stakeholders involved in nutrition service delivery. While there are structures in place, such as the County Health Management Team (CHMT) and Sub-County Health Management Teams (SCHMTs), gaps remain in ensuring that these entities work seamlessly together. Inconsistent communication and overlapping responsibilities can lead to inefficiencies and delays in program implementation. Additionally, the integration of nutrition services into broader health programs needs improvement. Coordination between nutrition-specific programs and general health services is crucial for a holistic approach to health. However, there are instances where nutrition interventions are not fully aligned with other health initiatives, leading to fragmented service delivery.

The management of nutrition services also faces several issues. One major gap is the inadequate monitoring and evaluation of nutrition programs. Without robust systems for tracking progress and assessing outcomes, it is challenging to identify areas for improvement and ensure that programs are meeting their objectives. Resource allocation and utilization present another challenge. There are instances where resources are not allocated effectively or are mismanaged, affecting the quality and reach of nutrition interventions. Ensuring that resources are used efficiently and transparently is essential for maximizing the impact of nutrition programs.

Effective management of donors and partners is critical for the success of nutrition programs. However, there are gaps in this area as well. Coordination with donors and partner organizations can be inconsistent, leading to fragmented support and overlapping efforts. There is a need for improved accountability in managing donor and partner contributions. Clear reporting mechanisms and transparency in the use of funds are crucial for maintaining trust and ensuring that resources are utilized effectively.

### 2.5.2 Human Rights and Gender

Several gaps in addressing human rights and gender mainstreaming within nutrition programs in the County have been identified. Human rights considerations are not always fully integrated into nutrition program planning and implementation. There is a need to ensure that nutrition

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services are accessible and equitable, particularly for marginalized and vulnerable groups. Gender mainstreaming within nutrition programs is often limited. Barriers related to gender, such as cultural practices or gender-based discrimination, are not always adequately addressed, resulting in unequal access to nutrition resources and services. Targeted interventions to address specific gender and human rights issues are also lacking. Programs may not sufficiently address the nutritional needs of pregnant and lactating women or consider the impact of gender roles on nutrition practices. Data on gender and human rights issues related to nutrition is often insufficient. Comprehensive data is needed to identify disparities, monitor progress, and design effective interventions.

To address these gaps, several actions are recommended. Integrating human rights principles and into the design and implementation of nutrition programs is essential. This involves promoting access to services for all individuals, addressing barriers faced by marginalized groups, and upholding the rights of vulnerable populations. Enhancing gender mainstreaming is also crucial. Nutrition programs should identify and address gender-specific barriers to access and participation, ensuring that both women and men have equal access to resources. Developing targeted interventions to address the specific nutritional needs of different genders and age groups is important. Programs should focus on the needs of pregnant and lactating women and consider how gender roles impact dietary practices. Improving data collection and analysis related to gender and human rights issues will provide better insights into disparities and help in designing more inclusive programs.

### 2.5.3 Public-Private Mix

Public-private partnerships (PPPs) are an important element of the nutrition service delivery strategy. The county has made strides in leveraging private sector involvement to support nutrition programs, contributing to the provision of supplements, infrastructure support, and community-based interventions. Despite these advancements, coordination between public and private entities remains fragmented, leading to inefficiencies and overlapping efforts. To address this, improved coordination mechanisms are necessary to ensure that private sector contributions align with the county's nutrition priorities.

The County lacks a structured engagement frameworks for private sector partners. The absence of formal agreements and clear guidelines has led to inconsistent and less effective partnerships. Establishing structured frameworks that define roles, responsibilities, and expectations will help create more effective collaborations. Monitoring and evaluation of private sector contributions are also inadequate. The capacity of private sector partners to engage effectively in nutrition programs is sometimes limited. Targeted capacity-building initiatives are needed to help private entities understand and contribute to nutrition goals. Without long-term commitment and investment, private sector support may be inconsistent, affecting the continuity and effectiveness of nutrition services.



## 2.5.4 Multi-sectoral collaboration

Table 2-2: CNAP Stakeholders

Sector	Key Partners	Role in Nutrition
Health	County Health Department, NGOs, WHO	Implement nutrition programs, provide medical and nutritional support
Social	Schools, Ministry of Education, County Department of Education, County Social Services, CSOs	Promote school-based nutrition programs, educate students on healthy eating, Support vulnerable populations, integrate nutrition into social support programs
Productive & Economic	Ministry of Agriculture, FAO, County Department of Agriculture, NGOs	Enhance food security, promote nutritional crops, improve agricultural practices
Public Administration & Governance	County Treasury, County Assembly, Development Partners	Allocate and manage funding for nutrition programs, support financial planning
Private Sector	Local businesses, food companies	Supply nutrition products, support community-based nutrition initiatives
Community	Community Health Workers, Local Leaders, Farmers	Implement and advocate for community-based nutrition activities and awareness

There are several gaps in the adoption of the Multi-Sectoral Accountability Framework (MAF). The MAF is not consistently applied across all sectors, leading to gaps in accountability and coordination. Uniform application of MAF principles is needed to ensure that all stakeholders are engaged and accountable. There is also limited awareness and training on the MAF among stakeholders, affecting its effective implementation. Reporting mechanisms for MAF are often fragmented, resulting in incomplete or inconsistent data on nutrition outcomes. Additionally, the roles and responsibilities of different sectors within the MAF are not always clearly defined, leading to confusion and inefficiencies. Inadequate monitoring and evaluation of multi-sectoral efforts further hampers effectiveness.

Addressing nutrition in workplaces is another critical area. Many workplaces lack formal nutrition programs or policies. Implementing workplace nutrition programs, providing nutritious meals, and offering nutrition education can improve employee health and productivity. Creating healthy eating environments, such as offering nutritious food options and ensuring that cafeterias and vending machines provide healthy choices, supports good nutrition. Supporting employee well-being through broader initiatives, including healthy lifestyle practices such as physical activity and stress management, can enhance overall health.

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### 2.5.5 Advocacy, Communication and Community Engagement (ACCE)

The county has implemented a range of nutrition and health promotion activities aimed at improving public awareness and encouraging healthier practices. These activities include educational campaigns, community health workshops, **Public barazas, religious gatherings, field days and exhibitions** and collaboration with local media to disseminate information on nutrition and health. Efforts have been made to address key issues such as dietary diversity, micronutrient supplementation, and the importance of exclusive breastfeeding. Community engagement has been facilitated through health talks, outreach programs, and partnerships with local organizations and leaders. These initiatives aim to reach various segments of the population, including schools, workplaces, and rural communities, to promote healthier lifestyles and improve nutritional practices. Community engagement in the County involves active participation from local leaders, community health workers, and residents in nutrition and health initiatives. Local health committees and community groups have been instrumental in organizing events, providing feedback, and advocating for improved nutrition services. This engagement has helped tailor programs to local needs and foster a sense of ownership among residents.

Despite these efforts, there are several gaps in the ACCE approach:

- a. While there are various promotional activities, their reach and impact can be limited. Some areas, particularly remote or underserved regions, may not receive adequate information or resources, resulting in uneven access to health promotion efforts.
- b. Messaging across different platforms and initiatives can sometimes be inconsistent.
- c. Feedback mechanisms to gather community input and evaluate the effectiveness of advocacy and communication efforts are often inadequate.
- d. There is a need for greater collaboration among various stakeholders involved in nutrition and health promotion.
- e. Limited resources hinder the scale and scope of nutrition and health promotion activities.

### 2.5.6 Emergency Response and Coordination

#### **Key Emergencies Experienced by the County**

The County has encountered several key emergencies, including Periodic droughts and **diseases outbreaks eg COVID 19 and Cholera** that have led to significant food shortages and malnutrition among vulnerable populations. Heavy rains and landslides have caused damage to infrastructure, displaced communities, and disrupted access to essential services. In some instances, local conflicts and banditry have resulted in displacement and disruption of communities, affecting access to nutrition and health services.

#### **Current Coordination Structures and Role Definition**

The county has established various structures to coordinate emergency response efforts:

- i. **County Emergency Response Committee:** This committee is responsible for overall coordination of emergency response activities. It includes representatives from various

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- government departments, NGOs, and community leaders. The committee oversees the planning and implementation of response strategies and ensures resource allocation.
- ii. Health Sector Coordination: The County Health Department plays a critical role in managing health-related emergencies, including disease outbreaks and nutritional crises. It works closely with national health authorities and development partners to provide medical and nutritional support.
  - iii. Disaster Management Unit: These units handle logistics, resource mobilization, and on-the-ground support during emergencies. They collaborate with other stakeholders to ensure that emergency response activities are effectively carried out.

Community-Based Organizations: Local NGOs and community groups are involved in emergency response at the grassroots level, providing immediate assistance and supporting recovery efforts.



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## 3 Chapter Three: Strategic Focus

### 3.1 Introduction

The Elgeyo Marakwet County Nutrition Action Plan (CNAP) 2023/24 – 2027/28 aligns with the Kenya Nutrition Action Plan (KNAP 2023/24 – 2027/28), the Elgeyo Marakwet County Health Sector Strategic & Implementation Plan (CHSSIP), and the County Integrated Development Plan (CIDP) 2023/24 – 2027/28. This plan acknowledges nutrition as a fundamental human right and a catalyst for economic development, in line with Vision 2030. The primary objective of the CNAP is to accelerate and scale up efforts to eliminate malnutrition as a public health issue in Kenya by 2030. The CNAP prioritizes three intervention areas: nutrition-specific, nutrition-sensitive, and enabling environment, highlighting the importance of strengthening multi-sectoral collaboration to tackle malnutrition.

### 3.2 Vision and Mission

#### **Vision**

A healthy and productive populace with sustainable and adequate nutrition throughout their life cycle.

#### **Mission**

To improve the nutritional well-being of all residents through a coordinated, integrated, evidence-based, multisectoral approach

### 3.3 Guiding Principles

The EMC CNAP adopts the following principles.

- i. Equity
- ii. Universal coverage
- iii. Right-based approach
- iv. Evidence- based
- v. Life course approach
- vi. Primary care focus
- vii. Integrity and accountability
- viii. People-centered
- ix. Gender responsive
- x. Multisectoral approach throughout adult life.

### 3.4 Rationale

The overarching framework for nutrition sector planning in Kenya is shaped by Vision 2030, the country's long-term development strategy aimed at establishing "a globally competitive and prosperous nation with a high quality of life by 2030," in alignment with the global health and nutrition agenda enshrined in the Constitution of Kenya 2010. Prioritizing nutrition

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interventions is crucial for fostering development and reducing poverty, addressing a significant gap that exists nationwide. The development of county-specific nutrition action plans is essential, particularly given that undernutrition significantly contributes to child mortality and results in substantial losses in both human and economic potential.

This CNAP serves to unite various stakeholders on a common platform to address nutrition and emerging challenges effectively. It will function as a resource mobilization tool for nutrition stakeholders and guide investments towards cost-effective and transformative nutrition interventions.

### 3.5 Target audience

The target audience for CNAP encompasses a wide range of stakeholders critical to advancing nutritional health in Elgeyo Marakwet. This includes healthcare planners and policymakers at both national and county levels, who play a key role in shaping and implementing health policies. Additionally, global and national decision-makers are integral to aligning resources and support for nutrition initiatives. Nutrition-sensitive sectors—such as agriculture, education, and social protection—are also vital, as they directly impact nutritional outcomes. Nutrition officers and managers across various levels of government will benefit from the guidance provided in the CNAP, enabling them to execute effective interventions. Further, the involvement of donors, development partners, non-governmental organizations (NGOs), civil society organizations, and faith-based organizations is crucial for mobilizing resources and expertise to support nutrition initiatives. The private sector, including food producers and distributors, has a significant role to play in enhancing food security and nutrition through responsible practices and innovation. Academia and research institutions contribute valuable insights and evidence-based strategies that can inform policy and practice. The media serves as an essential conduit for raising awareness and educating the public about nutrition issues, while engaging the broader Elgeyo Marakwet community is vital for fostering local support and participation. By targeting this diverse audience, the CNAP aims to facilitate a comprehensive understanding of the county government's efforts to promote optimal nutrition for the population of Elgeyo Marakwet.

# NUTRITION



SUPPORT OVERALL HEALTH & ESSENTIAL BODILY FUNCTIONS

# MALNUTRITION



OVERNUTRITION

UNDERNUTRITION



CAN BE RELATED to:

SOCIOECONOMIC FACTORS



ILLNESS



INCOMPLETE DIETS



MALABSORPTION



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## 4 Chapter Four: Strategic Objectives, Strategies, Outputs and Interventions

### 4.1 Introduction

This section presents the key strategic decisions and targeted objectives aligned with the objectives of KNAP 2023-2027 to address Kenya's pressing nutritional challenges. The strategies outlined detail the specific actions and approaches needed to achieve the objectives which will enable EMC to deliver on this nutrition action plan. The chapter also highlights the key results area, proposed interventions, expected outputs and key activities to be implemented under each result area.

The key result areas (KRAs) define the primary focus of the CNAP, establishing overarching goals that guide all activities. Each KRA is designed to enhance nutritional well-being across diverse populations and sectors. The initiative prioritizes the nutritional health of mothers, newborns, infants, and young children, ensuring that foundational health needs are met in early life stages. Additionally, it addresses the nutritional requirements of older children, adolescents, adults, and older persons, fostering a holistic approach to health across the lifespan. A significant focus is placed on industrial fortification to combat micronutrient deficiencies, thereby improving overall public health outcomes. Moreover, the CNAP aims to strengthen clinical nutrition and dietetics services within health care systems, enhancing access and quality of care. In response to the challenges posed by emergencies and climate change, the CNAP also emphasizes managing malnutrition while building resilience in communities. It also recognizes the critical role of agriculture, livestock, and fisheries in nutrition, advocating for the integration of these sectors to ensure the year-round availability and utilization of diverse, nutrient-dense foods. Education and WASH sectors are highlighted for their importance in promoting nutritional awareness and practices, while social protection programs are integrated to support vulnerable populations. Effective governance is essential, thus the CNAP stresses the need for robust planning, legal frameworks, financing, and cross-sector partnerships. Lastly, the CNAP underscores the importance of strengthening nutrition information systems and supply chain management for health products and technologies, ensuring that nutritional interventions are well-coordinated and sustainable. The KRAs are listed below.

- **Key Results Area 1: Maternal, Newborn, Infant and Young Child (MIYCN) nutritional well-being enhanced.** The aim of this KRA is to enhance maternal, infant, and young child nutrition by improving care practices and services, ensuring effective, evidence-based interventions, and strengthening healthcare systems for better nutrition outcomes.
- **Key Result Area 2: Improved nutritional well-being of older children, adolescents, adults, and older persons.** This will lead to an increased awareness and adoption of healthy dietary practices by ensuring an increased uptake of nutrition services among older children, adolescents, adults, and older individuals.
- **Key Result Area 3: Enhanced Industrial Fortification for Prevention and control of micronutrient deficiencies.** This KRA will enable the improvement of micronutrient



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status of the population by increasing the availability, awareness, and consumption of fortified foods in the county.

- **Key Result Area 4: Enhanced clinical nutrition and dietetics services across all levels of health care.** The focus of this KRA is to prevent, control, and manage nutrition-related diseases by providing optimal clinical nutrition and dietetic services.
- **Key Result Area 5: Managing malnutrition in emergencies, Resilience Building /Climate Change/Response to Emergencies.** Strengthening community and individual resilience to climate-related shocks and emergencies through enhanced preparedness and adaptive strategies is the expected outcome of this KRA.
- **Key Result Area 6: Enhanced integration of nutrition into agriculture, livestock and fisheries sectors; (increased year-round availability, access and utilization of diverse safe nutrient dense foods for the entire population).** This KRA aims to improve overall nutrition and food security by increasing the production, access, and utilization of diverse, safe, and nutrient-dense foods at the household level.
- **Key Result Area 8: Enhanced integration of nutrition in the education sector.** The KRA's focus is to improve the nutritional status and health outcomes of learners by strengthening and expanding nutrition interventions within the education sector.
- **Key Result Area 9: Enhanced integration of nutrition within the Water, Sanitation, and Hygiene (WASH) sector.** The aim of KRA 9 is to reduce malnutrition and improve overall nutrition outcomes by expanding access to improved Water, Sanitation, and Hygiene (WASH) services.
- **Key Result Area 10: Nutrition integrated across Social Protection programmes.** The focus of the KRA is to improve nutritional outcomes for vulnerable populations by expanding social protection interventions and integrating nutrition into social protection policies and strategies.
- **Key Results Area 11: Enhanced Sectoral and Multisectoral Nutrition Governance - Planning, Legal, Regulatory Framework, Financing, Coordination, Partnerships, Advocacy, Communication and Community Engagement.** This KRA will enhance the effectiveness and impact of multisectoral nutrition programs in the county by strengthening governance, financing, coordination, partnerships, and community participation.
- **Key Result Area 12: Strengthened multisectoral Nutrition Information, M&E systems, research and Knowledge management.** This KRA's focus is to improve evidence-based decision-making and program effectiveness through integrated multi-sectoral nutrition information systems, establish robust monitoring and evaluation frameworks, increased research uptake, and enhanced knowledge management.
- **KRA 14: Strengthen Supply Chain Management for Nutrition Health products and Technologies (HPTs),** is focused on ensuring efficient and reliable delivery of nutrition services by strengthening the supply chain management system for nutrition products and technologies.

These 12 KRAs are designed to tackle the county's nutrition challenges over the next five years and present targeted approaches to overcoming barriers, enhancing nutritional outcomes, and fostering sustainable practices. They are linked to the objectives outlined in KNAP which aim at improving dietary diversity, reducing malnutrition, and supporting overall health and well-being across diverse populations in Kenya. By aligning the strategic goals with specific KRAs and tracking the associated outcomes, EMC CNAP 2023-2027 provides a clear, actionable roadmap for advancing the county's nutritional status.

## 4.2 Key Result Area, Strategic Objectives, Strategies and Interventions

This section presents the key strategic decisions and targeted objectives aligned with the objectives of KNAP 2023-2027 to address Kenya's pressing nutritional challenges. The strategies outlined detail the specific actions and approaches needed to achieve the objectives which will enable EMC deliver on this nutrition action plan. The chapter also highlights the proposed interventions, expected outputs and key activities to be implemented under each result area.

**Key Results Area 1: Maternal, Newborn, Infant and Young Child (MIYCN) nutritional well-being enhanced.**

**Strategic Objective 1.1: Improve maternal nutrition practices.**

**Proposed strategy 1.1.1: Strengthen MIYCN policy, legal and regulatory environment.**

**Intervention:** Review and adapt maternal nutrition related guidelines.

### Activities

- (i) Review and adapt maternal nutrition related guidelines in line with the international standards, conventions and global commitments including maternal mental health, pregnant adolescent girls, pregnant women with disability and breastfeeding.

**Proposed strategy 1.1.2: Capacity building on Maternal infant and young child nutrition initiatives**

**Intervention:** Enhance knowledge, skills and competence of healthcare providers and community leadership.

### Activities

- i) Train TOTs on MIYCN initiatives (BFCI/cBFCI, BFHI, MNPs, Vitamin A + D and IFAS
- ii) Training of HCWs on care group model
- iii) Train CHPs on MIYCN initiatives (cBFCI/BFCI, BMS Act, BFHI, MIYCN, MIYCN-E, Vitamin A + D, MNPs and IFAS
- iv) Training of CHPs on care group model
- v) Provision of MIYCN Technical Assistance to sub counties
- vi) Provision of MIYCN Technical Assistance to sub counties including Mentorship, OJT, support supervision, assessment for MIYCN initiatives
- vii) Conduct MIYCN Capacity assessment using available MIYCN assessment tools for BFCI/BFHI

**Proposed strategy 1.1.3: Provision of quality maternal nutrition services**

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**Intervention:** Establish MIYCN Structures

**Activities**

- (i) Establish MIYCN structures.
- (ii) Train health care workers on MIYCN initiatives (cBFCI/BFCI, BMS Act, BFHI, Care Groups, Vitamin A + D and IFAS, MNPs)

**Intervention:** Undertake Nutrition assessment, education and counselling on dietary diversity, healthy eating and meal frequency.

**Activities**

- (i) Undertake Nutrition assessment, education and counselling on dietary diversity, healthy eating and meal frequency among PLWs.

**Intervention:** Promote Supplementation to prevent Micronutrient deficiencies among pregnant women

**Activities**

- (i) Promote supplementation of IFAS among pregnant women

**Intervention:** Design intervention targeting mothers in vulnerable circumstances.

**Activities**

- (i) Design intervention targeting mothers in vulnerable circumstances (Adolescent pregnant and breastfeeding girls, disabled pregnant mothers)

**Strategic objective: To improve IYCF practices.**

**Proposed strategy 1.2: Strengthen IYCN policy, legal and regulatory environment.**

**Intervention:** Review and adapt policies, standards, legal and guidelines.

**Activities**

- (i) Review and adapt policies, standards, legal and guidelines aligned with the international standards, conventions and global commitments including prevention of wasting and early childhood development (BMS Act, Human Milk Bank, complementary feed)

**Proposed strategy 1.2.2: Capacity building on infant and young child nutrition initiatives**

**Intervention:** Enhance knowledge, skills and competence of healthcare providers and ECD teachers.

**Activities**

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- (i) Promote growth monitoring, nutrition education and counselling for Infants and young children on optimal breastfeeding and complementary feeding.

**Proposed strategy 1.2.3: Provision of quality Infant and young child nutrition services**

**Intervention:** Promote growth monitoring, nutrition education and counselling.

**Activities**

- (i) Promote growth monitoring, nutrition education and counselling.

**Intervention:** Promote prevention and treatment of micronutrient deficiency among children under five.

**Activities**

- (i) Promote supplementation of Vitamin A, and Deworming among children under five

**Intervention:** Promote of breastfeeding in workplaces

**Activities**

- (i) Conduct high level advocacy in both formal and informal sectors to position breastfeeding agenda at workplace.

**Strategic objective 1.3: To promote MIYCN Social Behaviour Change at all levels.**

**Proposed strategy 1.3.1: Strengthen Advocacy, communication and social mobilization for MIYCN.**

**Intervention:** Advocate and create awareness on MIYCN.

**Activities**

- (i) Advocate and create awareness on MIYCN.

**Intervention:** Develop SBC package for MIYCN and micronutrients.

**Activities**

- (i) Develop SBC package for MIYCN and micronutrients.

**Strategic objective 1.4: To strengthen sectoral and multisectoral collaboration, partnership and coordination towards improved MIYCN practices.**

**Proposed Strategy 1.4.1: Enhance sectoral and Multisectoral collaboration and partnership.**

**Intervention:** Promote innovation for production of complementary feeds.

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## Activities

- (i) Promote innovation for production of complementary feeds.

**Key Result Area 2: Improved nutritional well-being of older children, adolescents, adults, and older persons.**

**Strategic Objective 2.1: To improve nutritional status for older children & adolescents.**

**Proposed Strategy 2.1.1: Adopt policies and guidelines on nutrition and wellbeing of older children and adolescents.**

**Intervention:** Localization of the policies and guidelines on nutrition and wellbeing of older children and adolescents

## Activities

- (i) Localization of the policies and guidelines on nutrition and wellbeing of older children and adolescents

**Intervention:** Disseminate policies and guidelines on nutrition and wellbeing of older children and adolescents.

## Activities

- (i) Dissemination and sensitization of policies and guidelines on nutrition and wellbeing of older children and adolescents

**Intervention:** Dissemination, sensitization, and adoption of guidelines on nutrition and wellbeing of older children and adolescents

## Activities

- (i) Dissemination, sensitization, and adoption of guidelines on nutrition and wellbeing of older children and adolescents.
- (ii) Capacity Building of stakeholders on nutrition and wellbeing of older children and adolescents

**Intervention:** Stakeholder sensitization and training on nutrition and wellbeing of older children and adolescents

## Activities

- (i) Stakeholder sensitization and training on nutrition and wellbeing of older children and adolescents

**Intervention:** Mentorship and support of HCWS and Teachers on nutrition and wellbeing for older children and adolescents

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## Activities

- (i) Mentorship and support of stakeholders on nutrition and wellbeing for older children and adolescents

### **Proposed strategy 2.1.3: SBCC for nutrition and wellbeing of older children and adolescents**

**Intervention:** Promotion of nutrition and wellbeing of older children and adolescents

## Activities

- (i) Promotion of nutrition and wellbeing of older children and adolescents at health facilities, schools, community units

**Intervention:** Leverage on existing collaborative school and community programs

## Activities

- (i) Hold 1 health day annually to promote nutrition and physical activity.
- (ii) Hold sensitization sessions to learners on importance of Health eating and physical activity.

### **Proposed Strategy 2.1.4: Micronutrient supplementation for adolescents**

**Intervention:** Weekly Iron and folic acid supplementation (WIFAS) for adolescent girls

## Activities

- (i) Train TOT health care workers and Teachers on Micronutrient supplementation for adolescents
- (ii) Train health care workers and Teachers on Micronutrient supplementation for adolescents
- (iii) Sensitization school management stakeholders and community units on Micronutrient supplementation for adolescent girls
- (iv) Conduct Weekly Iron and folic acid supplementation (WIFAS) for adolescent girls.
- (v) Monitoring and reporting on supplementation of adolescent girls at health facility and schools
- (vi) Conduct support supervision and mentorship for micronutrient supplementation of adolescent girls in schools.

### **Proposed Strategy 2.1.5. Strengthen partnerships and collaboration.**

**Intervention:** Establishment of coordination mechanisms for sectoral and multi-sectoral stakeholder engagement

## Activities

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- (i) Establishment of coordination mechanisms for sectoral and multi-sectoral stakeholder engagement on nutrition and wellbeing for older children and adolescents

**Intervention:** Promotion on nutrition and wellbeing.

**Activities**

- (i) Promotion on nutrition and wellbeing through sectoral and multi-sectoral stakeholder engagement

**Strategic Objective 2.2: To improve nutrition status among the Adults and older persons.**

**Proposed Strategy 2.2.1: Promote policies and guidelines on nutrition and wellbeing of adults and older persons.**

**Intervention:** Adoption of policies and guidelines on nutrition

**Activities**

- (i) Adoption of policies and guidelines on nutrition and wellbeing of adults and older persons
- (ii) Dissemination and sensitization of policies and guidelines on nutrition and wellbeing of adults and older persons
- (iii) Dissemination and sensitization of policies and guidelines on nutrition and wellbeing of adults and older persons

**Proposed Strategy 2.2.2. Enhanced partnership and collaboration**

**Intervention:** Collaboration and partnerships with sectoral and multi-sectoral stakeholders

**Activities**

- (i) Form and strengthen multisectoral platform to support nutrition for adults and older persons.
- (ii) Hold quarterly technical working group meetings for nutrition for adults and older persons.

**Intervention:** Collaborate with the department of sports in mapping out sports centres.

**Activities**

- (i) Mapping out sports centres to support physical activity for adults and older persons

**Proposed Strategy 2.2.3: Nutrition education and Behaviour change**

**Intervention:** Community based Behaviour change strategies.

**Activities**

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- (i) Sensitize CHPs on community-based Behaviour change on Health diets and physical activity for adults and older persons.

**Intervention:** Institutional based nutrition programmes for adults

**Activities**

- (i) Sensitize Technical institutions on community-based Behaviour change on Healthy diets and physical activity for adults.

**Proposed Strategy 2.2.4: Engagement of adults and older persons in physical activities**

**Intervention:** Enhance behaviour Change interventions to promote physical activity.

**Activities**

- (i) Hold sports day annually which will promote nutrition and physical activity for adults and older persons.

**Proposed Strategy 2.2.5: Policy frameworks to support Nutrition for Sports**

**Intervention:** Dissemination of policies and guidelines for nutrition in sports

**Activities**

- (i) Dissemination of guidelines for nutrition in sports

**Proposed Strategy 2.2.6: Capacity building in sports nutrition**

**Intervention:** Capacity build stakeholders on sports nutrition

**Activities**

- (i) Sensitization of stakeholders on nutrition sports nutrition package
- (ii) Train HCWs using sports nutrition training package for athletes.

**Intervention:** Promote optimal nutrition practices.

**Activities**

- (i) Hold nutrition screening for athletes to promote sports nutrition.
- (ii) Advocacy for integration of nutrition in sports

**Intervention:** Conduct advocacy meetings for integration of nutrition in sports.

**Activities**

- (i) Conduct policy advocacy for integration of nutrition in sports.



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**Intervention:** Facilitate nutrition in sports opportunities for networking and collaboration among stakeholders.

**Activities**

- (i) Conduct stakeholder meeting annually to promote networking and collaboration among stakeholders.

**Key Result Area 3: Enhanced Industrial Fortification for Prevention and control of micronutrient deficiencies.**

**Strategic Objective 3.1: Scale up regulatory monitoring of adequately fortified foods.**

**Proposed Strategy 3.1.1: Strengthen the Regulatory environment.**

**Intervention:** Regulatory monitoring and enforcement for improved compliance

**Activities**

- (i) Regulatory monitoring and enforcement at market level entrenched in County annual plans and budgets for improved compliance.
- (ii) Establish Regulatory coordination mechanism in county government.
- (iii) hold county quarterly quality assurance team meetings.

**Intervention:** Monitor consumption of fortified foods at household for general population

**Activities**

- (i) Conduct 2 salt iodization monitoring activity (every 3 years)

**Strategic Objective 3.2: Increase consumption of adequately fortified foods.**

**Proposed strategy 3.2.1: Increase Demand and Access of fortified foods.**

**Intervention:** Create awareness to traders and community members on fortified foods.

**Activities**

- (i) create awareness to traders on importance of stocking fortified foods through sensitization workshops, distribution of IEC materials.
- (ii) create awareness to consumers on importance of consuming fortified foods.

**Strategic Objective 3.3: Enhance Knowledge Management Systems for Food Fortification Programs**

**Proposed strategy 3.3.1: Enhance Knowledge on food fortification.**

**Intervention:** Capacity building on food fortification programme

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## Activities

- (i) Capacity building for food fortification programs for government officials and CHPs

## Key Result Area 4: Enhanced clinical nutrition and dietetics services across all levels of health care.

### Strategic Objective 4.1: To strengthen hospital inpatient feeding.

#### Proposed Strategy 4.1.1. Strengthen in-patient feeding.

**Intervention:** Adopt and customize National Guidelines on inpatient feeding.

## Activities

- (i) Adopt and customize National Guidelines for In-Patient Feeding:

**Intervention:** Enhance Training and Capacity Building

## Activities

- (i) Enhance Training and Capacity Building:

**Intervention:** Strengthen Kitchen Infrastructure and Equipment Standards

## Activities

- (i) Strengthen Infrastructure and Equipment Standards:

**Intervention:** Develop standardized inpatient menu.

## Activities

- (i) Formulate and Implement Advocacy and Regulatory Measures:

### Strategic Objective 4.2: To scale up clinical nutrition services.

#### Strategy 4.2.1: Enhance Accessibility to Clinical Nutrition Services

**Intervention:** Adopt and customize existing Clinical Nutrition policy documents.

## Activities

- (i) Adopt and customize existing Clinical Nutrition guidelines, protocols and Screening and Assessment Tools.

**Intervention:** Enhance training and capacity building in clinical nutrition.

## Activities

- (i) Enhance training and capacity building.

**Intervention:** SBCC on clinical nutrition

**Activities**

- (i) Key messaging on clinical nutrition

**Intervention:** Advocate for more Clinical Nutrition staff.

**Activities**

- (i) Advocate for more Clinical Nutrition staffing and Training.

**Intervention:** Strengthen Referral Systems

**Activities**

- (i) Strengthen Referral Systems and Exchange Programs:

**Strategic objective 4.3: To strengthen clinical nutrition supply chain.**

**Proposed Strategy 4.3.1: Strengthen clinical nutrition supply chain.**

**Intervention:** Enhance Capacity for Formula Food for Special Medical Purposes (FFSMP) Prescription and Administration

**Activities**

- (i) Enhance Capacity for FFSMP Prescription and Administration.

**Strategic objective 4.4: To strengthen the Integrated Management of Malnutrition (IMAM) program.**

**Proposed Strategy 4.4.1: Enhance the management and treatment of wasting and disease-related malnutrition through improved protocols, training, and resource allocation.**

**Intervention:** Review and Update IMAM Guidelines and SOPs

**Activities**

- (i) Review and Update IMAM Guidelines and SOPs

**Proposed Strategy 4.4.2: Early case identification and referral system**

**Intervention:** Strengthen Early Case Identification and Referral Systems for treatment.

**Activities**

- (i) Enhance Capacity Building for Health Care Workers in IMAM
- (ii) Enhance Capacity Building for ToTs in IMAM

**Intervention:** Enhance Capacity Building for Health Care Workers in IMAM

**Activities**

- (i) Enhance Capacity Building for Health Care Workers in IMAM
- (ii) Enhance Capacity Building for Community Health Promoters in CMAM
- (iii) Map Hotspots for malnutrition in 20 CHUs.

**Intervention:** Strengthen Infrastructure and Equipment for IMAM services.

**Activities**

- (i) Strengthen Infrastructure and Equipment IMAM
- (ii) identify and equip 12 stabilization centers for malnutrition.

**Strategic objective 4.5: To scale up monitoring and evaluation in clinical nutrition.**

**Proposed Strategy 4.5.1: Implement comprehensive monitoring and evaluation frameworks and tools to systematically assess and enhance clinical nutrition programs.**

**Intervention:** Implement comprehensive monitoring and evaluation.

**Activities**

- (i) Implement a Monitoring and Evaluation Plan
- (ii) conduct support supervision and Data Quality Audits for IMAM

**Proposed Strategy 4.5.2. Capacity built on PD\_HEARTH**

**Intervention:** Enhanced Capacity Building on PD-HEARTH Model

**Activities**

- (i) Enhanced Capacity Building of ToTs on PD-HEARTH Model
- (ii) Enhanced Capacity Building of HCWs on PD-HEARTH Model
- (iii) Enhanced Capacity Building of CHPs on PD-HEARTH Model
- (iv) Design and Conduct HEARTH sessions in 20CHUs.

**Key Result Area 5: Managing malnutrition in emergencies, Resilience Building /Climate Change/Response to Emergencies.**

**Strategic Objective 5.1: To strengthen coordination, partnership, advocacy and policy for integrated preparedness, response and recovery initiatives.**

**Proposed Strategy 5.1.1: Coordination and partnership for nutrition preparedness, response and recovery.**

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**Intervention:** Strengthen nutrition engagement in functional nutrition emergency preparedness, response and recovery forums and committees.

**Activities**

- (i) Strengthen nutrition engagement in functional nutrition emergency preparedness, response and recovery forums and committees.
- (ii) Develop contingency plan for nutrition emergencies.
- (iii) Disseminate developed contingency plan.

**Strategic objective 5.2: To strengthen preparedness capacity for nutrition sector.**

**Proposed Strategy 5.2.1: Build capacity of systems and individuals to undertake preparedness functions.**

**Intervention:** Capacity building of HCWs on MIYCN-E

**Activities**

- (i) Build capacity of HCWs on conducting assessments and surveys for emergency preparedness.
- (ii) Build capacity of CHPs on conducting assessments and surveys for emergency preparedness.

**Proposed Strategy 5.2.2: Strengthen capacity of individuals to undertake response function.**

**Intervention:** Build capacity of individuals to undertake response function.

**Activities**

- (i) Build capacity of individuals to undertake response function.
- (ii) Develop accountability structures for affected populations.

**Strategic objective 5.3: To strengthen recovery and resilience interventions.**

**Proposed Strategy 5.3.1: Mainstreaming nutrition into resilience programs.**

**Intervention:** Strengthen referral linkages to other programs.

**Activities**

- (i) Strengthen referral linkages to other programs (such as livelihoods, social protection, health programs, education).

**Key Result Area 6: Enhanced integration of nutrition into agriculture, livestock and fisheries sectors; (increased year-round availability, access and utilisation of diverse safe nutrient dense foods for the entire population)**

**Strategic Objective 6.1: To increase sustainable production and productivity of diverse safe nutrient dense foods.**

**Proposed strategy 6.1.1: Promote production and productivity of diverse safe nutrient dense foods.**

**Intervention:** Capacity building of public and private agriculture service providers

**Activities**

- (i) Capacity building public and private agriculture service providers on nutrition sensitive agriculture
- (ii) Sensitize farmer groups on nutrition sensitive agriculture and utilization of nutrient dense foods.

**Proposed Strategy 6.1.2: Promote production and productivity of diverse safe nutrient dense foods.**

**Intervention:** Advocate for establishment of Agri-nutrition desks at county

**Activities**

- (i) Advocate for establishment of Agri-nutrition desks (with appropriate skills and resources) at county
- (ii) Establish 1 Agri- nutrition desk in each sub county.

**Intervention:** Collaborate with agricultural research institutions and other partners.

**Activities**

- (i) Collaborate with agricultural research institutions and other partners to promote production and productivity of diverse safe nutrient dense foods by establishing demo plots on nutrient dense foods.
- (ii) Procure and supply 250,000 improved fish breeds for research purposes focusing on nutritional benefits and suitability for local conditions.

**Proposed Strategy 6.1.3: Promote equal participation of women and youth in agriculture as a pathway to increased ownership and participation in agriculture for increased production of diverse safe nutrient dense foods.**

**Intervention:** Advocate for youth and women empowerment on nutrition sensitive agriculture

**Activities**

- (i) Advocate for youth and women empowerment on nutrition sensitive agriculture

**Strategic Objective 6.2: To increase utilization of nutrient dense food to all population groups.**

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**Proposed strategy 6.2.1: Promote Social behaviour change for utilization of diverse nutritious foods.**

**Intervention:** Design and implement interventions to promote social behaviour change for healthy diets.

**Activities**

- (i) Design interventions to promote social behaviour change for healthy diets.
- (ii) Implement interventions to promote social behaviour change for healthy diets.

**Key Result Area 8: Enhanced integration of nutrition in the education sector.**

**Strategic objectives 8.1: To strengthen the school food environment for improved access and learning outcomes.**

**Proposed strategy 8.1.1: Promote and adopt policy framework on comprehensive school nutrition.**

**Intervention:** Adoption of policies, strategies, guidelines and packages on nutrition in schools

**Activities**

- (i) Adoption of policies, strategies, guidelines and packages on nutrition in schools
- (ii) Conduct TOTs on school-based nutrition package.
- (iii) Hold Dissemination of school-based nutrition package to school managers including Headteachers, Principals, BOM and PTA
- (iv) Sensitization to school health coordinators including quality assurance and standard officers (QASO) on policies, strategies and guidelines (Tuckshop guidelines, Teacher reference manual, School menu guides, School health policy)

**Intervention:** Advocate for adoption of a comprehensive school nutrition package in educational settings

**Activities**

- (i) Advocate for adoption of a comprehensive school nutrition package in educational settings
- (ii) Hold advocacy meetings with school health coordinators, ward PHOs and school health teachers on enforcement of policies that protect the school food environment against unhealthy foods.
- (iii) Hold 4 advocacy meetings at ward level for school-based nutrition programs.
- (iv) Hold advocacy meetings with 50 County executives and County assembly committee of health and education for resource mobilization for school-based nutrition programs.
- (v) Enhance Partnership and collaboration in delivery of school-based nutrition programs

**Intervention:** Leverage on existing collaborative programs and partnerships

## Activities

- (i) Conduct assessment schools to identify Infrastructure gaps in food storage and safety.
- (ii) Capacity build school management on improving infrastructure in schools to improve food storage and safety.
- (iii) Capacity Building of school stakeholders on local food and nutrition programs

**Intervention:** Promotion of inclusion and consumption of local available foods in schools

## Activities

- (i) Promotion of consumption of **locally** available foods in schools

**Strategic Objective 8.2: To improve access to comprehensive health and nutrition services within educational settings.**

**Strategy 8.2.1 Enhance comprehensive nutrition programs within educational settings.**

**Intervention:** Dissemination and sensitization of policies, strategies, guidelines and packages

## Activities

- (i) Dissemination and sensitization of policies, strategies, guidelines and packages on nutrition in schools
- (ii) Sensitize school managers on comprehensive nutrition in schools.
- (iii) Training teachers on comprehensive nutrition services that meets dietary needs for learners.

**Intervention:** Provision of comprehensive nutrition services in schools

## Activities

- (i) Establish food and nutrition clubs in schools.
- (ii) Conduct biannual supportive supervision and mentorship on comprehensive nutrition services in school.

**Key Result Area 9: Enhanced integration of nutrition within the Water, Sanitation, and Hygiene (WASH) sector.**

**Strategic objective 9.1: To increase proportion of population with access to improved drinking water sources, basic sanitation services and basic handwashing facilities.**

**Proposed Strategy 9.1.1: Advocating for WASH policies, guidelines and regulation frameworks to include nutrition sensitive interventions.**

**Intervention:** Disseminate WASH policies, guidelines and regulation frameworks to include nutrition sensitive interventions.

## Activities



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- (i) Disseminate national WASH guidelines that integrate nutrition sensitive interventions.

**Proposed Strategy 9.1.2: Behavior Change Communication and Social Mobilization for integrated WASH and nutrition programming.**

**Intervention:** Promote utilization of appropriate water treatment methods

**Activities**

- (i) Promote utilization of appropriate water treatment methods within households and institutions

**Intervention:** Promote the use of sanitation facility structures to factor in the needs of vulnerable groups.

**Activities**

- (i) Promote the use of sanitary facility structures to factor in the needs of vulnerable groups such as children, PWDs and the elderly in nutrition programs.

**Intervention:** Advocate for social inclusivity and diversity in the design and operation of water supply infrastructure

**Activities**

- (i) Advocate for social inclusivity and diversity in the design and operation of water supply infrastructure with consideration to the vulnerable groups such as children, women, PWDS and the elderly.

**Intervention:** Promote availability and use of basic hand washing facilities at critical points of use.

**Activities**

- (i) Promote availability and use of basic hand washing facilities at critical points of use (kitchen, toilet etc.)

**Intervention:** Support development/review and dissemination of ACSM materials for integrated WASH and nutrition programming.

**Activities**

- (i) Support development/review and dissemination of ACSM materials for integrated WASH and nutrition programming.

**Proposed Strategy: 9.1.3: Partnerships and collaborations to scale up water access for nutrition sensitive interventions.**

**Intervention:** Joint work plan meetings for implementation of WASH and nutrition programs

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## Activities

- (i) Joint work plan meetings for implementation of WASH and nutrition programs

### **Proposed Strategy 9.1.4: Capacity building for integrated WASH and nutrition programming**

**Intervention:** Promotion and dissemination of innovations around improved and sustainable WASH technologies.

## Activities

- (i) Promotion and dissemination of innovations around improved and sustainable WASH technologies.

### **Proposed Strategy 9.1.5: advocate for safe and appropriate management of excreta at household, and institutions including disposal of children's stool.**

**Intervention:** Promote safe and appropriate management of waste.

## Activities

- (i) Promote safe and appropriate management of waste including appropriate disposal of children's stool in villages and urban areas.

## **Key Result Area 10: Nutrition integrated across Social Protection programmes.**

### **Strategic objective 10.1: To enhance access to nutritious food among the beneficiaries of School Feeding Program**

**Proposed Strategy:10.1.1.** Advocate for the Daily Provision of Nutritious Meals among the beneficiaries of School Feeding Program

**Intervention:** Capacity Building for community, policy makers and School Management

## Activities

- (i) Identification of beneficiary schools by communities
- (ii) Advocate for the Daily Provision of Nutritious Meals for primary and secondary schools
- (iii) Capacity Building for School Management

### **Strategic objective 10.2. To improve knowledge and skills on nutrition among the targeted households for Food assistance program**

#### **Proposed Strategy 10.2.1. Nutrition Awareness Creation**

**Intervention:** promote food preparation and enrichment of foods.

## Activities

- (i) Sensitization to raise awareness about proper nutrition.

### **Strategic objective 10.3. To enhance access to nutritious food among the beneficiaries of Cash Transfer Programs**

#### **Proposed Strategy 10.3.1. Nutrition Awareness Creation**

**Intervention:** Enhance nutrition knowledge among beneficiaries and care givers of cash transfer program.

## Activities

- (i) Sensitization to raise awareness about proper nutrition.

#### **Proposed Strategy 10.3.2: Livelihood Diversification**

**Intervention:** capacity building of beneficiaries and care givers on livelihood diversification

## Activities

- (i) Income generating activities.

### **Key Results Area 11: Enhanced Sectoral and Multisectoral Nutrition Governance - Planning, Legal, Regulatory Framework, Financing, Coordination, Partnerships, Advocacy, Communication and Community Engagement**

#### **Strategic Objective 11.1: To strengthen policy, planning, legal and regulatory frameworks for nutrition.**

**Proposed Strategy 11.1.1. Plan and prioritize nutrition in key sector policies, strategies, guidelines in county plans (CIDP, CHSSP, CNAP, ADP, AWP etc)**

**Intervention:** Capacity building of county planners and nutrition stakeholders on integrating nutrition into sectoral strategies and planning documents

## Activities

- (i) Training of county planners and nutrition stakeholders

**Intervention:** Review and update health strategic plan (CHSIP) and County Integrated Development Plans (CIDPs) to integrate nutrition-sensitive interventions.

## Activities

- (i) Review and update health strategic plan (CHSIP) and County Integrated Development Plans (CIDPs) to integrate nutrition-sensitive interventions.

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**Intervention:** Facilitate intersectoral discourse on nutrition during the preparation of county development plans, strategies, and documents.

**Activities**

- (i) Facilitate intersectoral dialogue on nutrition during the preparation of county development plans, strategies, and documents.

**Intervention:** Facilitate exchange programs or study visits for county staff and partners.

**Activities**

- (i) Facilitate exchange programs or study visits for county staff and partners to learn from best practices in other regions on multisectoral nutrition planning.

**Proposed Strategy 11.1.2. Strategic objective: Strengthen legal and regulatory framework for nutrition.**

**Intervention:** Development of nutrition policies, acts and regulations.

**Activities**

- (i) Develop County Nutrition Policy

**Intervention:** Dissemination of nutrition policies acts and regulations.

**Activities**

- i. dissemination of relevant nutrition acts and regulations

**Strategic Objective 11.2: To strengthen sectoral and multisectoral co-ordination.**

**Proposed Strategy 11.2.1:** Increase Investments and resource mobilisation through public-private partnerships.

**Intervention:** Strengthen coordination platforms for partner engagement and resource mobilisation.

**Activities**

- (i) Organize partner coordination sessions.
- (ii) Hold NTF.

**Proposed Strategy 11.2.2: Collaboration and partnership**

**Intervention:** Establish Nutrition Focal Points in each Department in all relevant county departments.

**Activities**

- (i) Mainstream nutrition in other sectors

**Strategic Objective 11.3: To strengthen budgeting and financing for nutrition across sectors at all levels.**

**Proposed Strategy 11.3.1. capacity building of staff on nutrition budgeting, costing and financial tracking**

**Intervention:** Conduct capacity-building workshops on nutrition budgeting, costing, and financial tracking.

**Activities**

- (i) Conduct capacity building on budgeting, costing and financial tracking.

**Proposed Strategy 11.3.2. Advocacy**

**Intervention:** Advocate for increased resource allocation for nutrition actions at different levels and sectors

**Activities**

- (i) Advocate for increased resource allocation for nutrition actions at different levels and sectors ensuring that at least 5% is directed toward nutrition programs.

**Strategic Objective 11.4: To scale up and sustain sectoral and multisectoral nutrition Advocacy, communication, and community engagement at all levels and across sectors.**

**Proposed Strategy 11.4.1. Evidence generation**

**Intervention:** Create and utilize investment cases to demonstrate the return on investment in nutrition.

**Activities**

- (i) Develop 3 investment cases for nutrition.

**Proposed Strategy 11.4.2: Nutrition Creation Awareness**

**Intervention:** Promotion and dissemination of innovations around improved and sustainable nutrition programming

**Activities**

- (i) Enhance harmonised advocacy, communication and social mobilisation for nutrition.
- (ii) Work with media outlets (local radio, TV, newspapers) to disseminate nutrition messages.

**Intervention:** Create awareness on gender mainstreaming.

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## Activities

- (i) Gender mainstreaming trainings

### **Proposed Strategy 11.4.3: Gender mainstreaming**

**Intervention:** Enhance male engagement in nutrition.

## Activities

- (i) Enhance male engagement in nutrition through the Department of Gender, Kokwoboi forums. (men forums).

**Intervention:** Conduct gender analysis.

## Activities

- (i) Conduct gender analysis surveys on the nutrition.

**Intervention:** Conduct a situational sexual gender-based analysis on adolescent nutrition knowledge, attitudes, and practices as well as gaps, challenges and opportunities for improving adolescent nutrition and reducing anaemia.

## Activities

- (i) Conduct a situational sexual gender-based analysis surveys.

### **Proposed Strategy 11.4.4: Gender Mainstreaming**

**Intervention:** Create awareness on gender mainstreaming in nutrition.

## Activities

- (i) Gender Mainstreaming in nutrition

### **Proposed Strategy 11.4.5: Disability mainstreaming**

**Intervention:** Use of theatre and songs to pass gender transformative nutrition messages.

## Activities

- (i) Sponsor local theatre groups and dancers.

**Intervention:** promotion of nutrition in special schools

## Activities

- (i) Sensitize 15 special schools' managers on gender transformative nutrition.

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**Key Result Area 12: Strengthened multisectoral Nutrition Information, M&E systems, research and Knowledge management.**

**Strategic Objective 12.1: Strengthen sectoral and multisectoral nutrition information, monitoring and Evaluation systems, learning and knowledge management.**

**Proposed Strategy 12.1.1: Monitor and Evaluate implementation of CNAP and M&E framework for nutrition sector.**

**Intervention:** Review and update M&E plan.

**Activities**

- (i) Develop M&E plan for CNAP.

**Intervention:** Review progress of AWP's to track implementation of nutrition interventions

**Activities**

- (i) Review progress of AWP's to track implementation of nutrition interventions

**Intervention:** Monitor and review of CNAP 2023 -2028

**Activities**

- (i) Monitor and review of CNAP 2023 -2028 Midterm, and End Term

**Proposed Strategy 12.1.2. Enhance Capacity Building on MEAL and knowledge management.**

**Intervention:** Assess the existing capacity for monitoring and evaluation (M&E) related to nutrition.

**Activities**

- (i) Conduct capacity building for monitoring and evaluation (M&E)

**Proposed Strategy 12.1.3. Enhance Data quality.**

**Intervention:** Conduct nutrition data clinics and nutrition indicator deep dive.

**Activities**

- (i) Conduct Nutrition data clinics.

**Intervention:** Supportive supervision

**Activities**

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- (i) Conduct support supervision.

**Intervention:** Data audits

**Activities**

- (i) Conduct routine Nutrition DQA

**Intervention:** Adoption of innovations and technologies to increase efficiency and quality of nutrition data

**Activities**

- (i) Develop electronic Nutrition DQA tools.

**Proposed Strategy 12.1.4: Timely generation, dissemination and utilization of Nutrition information**

**Intervention:** Review multisectoral nutrition scorecard.

**Activities**

- (i) Review multisectoral nutrition scorecard to monitor CNAP Indicators

**Intervention:** Conduct nutrition situation analysis, generate information and dissemination.

**Activities**

- (i) Conduct nutrition situation analysis, generate information and disseminate to all levels for planning and response.
- (ii) Timely reporting

**Intervention:** Ensure standardized and effective tools for assessing nutrition-related factors.

**Activities**

- (i) Ensure standardized and effective tools for assessing nutrition-related factors.

**Intervention:** Review/Developments of guidelines & tools.

**Activities**

- (i) Develop county specific tools to collect nutrition data (WIFAS, GMP adolescents)

**Intervention:** Procure electronic data collection tools.

**Activities**

- (i) Procure data collection tools i.e. Desktops, laptops, tablets.



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**Strategic Objective 12.1: To strengthen sectoral and multisectoral research in Nutrition for evidence-based decision making to inform policy and programming.**

**Proposed Strategy 12.2.1: Development of research guidelines**

**Intervention:** standardize multisectoral nutrition research.

**Activities**

- (i) Develop nutrition research protocol.
- (ii) Develop a sectoral and multisectoral research in nutrition guideline.

**Proposed Strategy 12.2.2: Advocacy for Research Uptake and Financing**

**Intervention:** Advocacy campaigns for increased uptake of research findings

**Activities**

- (i) Capacity build staff on research policy

**Proposed Strategy 12.2.3: Knowledge Management and Learning**

**Intervention:** Capacity building of stakeholders

**Activities**

- (i) Capacity building of stakeholders on research

**Intervention:** Knowledge-sharing initiatives through key learning events

**Activities**

- (i) Sponsor staff to attend conference and symposium.
- (ii) Uploading of research findings into the county website
- (iii)conduct Training on repositories.

**Intervention:** Conduct research to uncover key issues and barriers.

**Activities**

- (i) Conduct 2 county specific nutrition survey (School meal survey)

**Proposed Strategy 12.2.4: Monitoring, evaluation, research and development**

**Intervention:** Collaborate with agricultural research and academic institutions.

**Activities**

- (i) Conduct research dissemination meetings.

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**KRA 14: Strengthen Supply Chain Management for Nutrition Health products and Technologies (HPTs),**

**Strategic objective 14.1: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).**

**Proposed Strategy 14.1.1: Advocate for increased financing, access and availability of Nutrition Health products and Technologies (HPTs)**

**Intervention:** Conduct Quantification and forecasting of nutrition HPT.

**Activities**

- (i) Conduct Quantification and forecasting of nutrition HPT.

**Proposed Strategy 14.1.2: Conduct support supervision.**

**Intervention:** Strengthen support supervision.

**Activities**

- (i) Conduct supervision and monitoring on utilization of nutrition HPT.

**Strategic objective 14.2: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).**

**Proposed Strategy 14.2.1: Involve partners to strengthen integrated supply chain management system.**

**Intervention:** Advocate for strategic partnerships to enhance counties capacity in supply chain management.

**Activities**

- (i) Advocate for strategic partnerships to enhance counties capacity on best warehousing and storage practices of Nutrition Health products and Technologies (HPTs).
- (ii) prepare TOR of operation

**Intervention:** Establish Nutrition Commodity Security Sub Committee

**Activities**

- (i) Establish Nutrition Commodity Security Sub Committee

**Strategic objective 14.3: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).**

**Proposed Strategy 14.3.1: Leverage on technology and innovations to strengthen Nutrition supply chain management, end to end visibility, traceability and accountability.**

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**Intervention:** Integration of nutrition health product and technologies into weekly reporting tool

**Activities**

- (i) integration of nutrition health product and technologies on weekly KOBOTOOL

**Intervention:** Strengthen reporting on KHIS/LMIS system.

**Activities**

- (i) Strengthen reporting on KHIS/LMIS system.

**Strategic objective 14.5: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).**

**Proposed Strategy 14.5.1: Strengthen mechanisms to monitor quality and quantity of nutrition commodities, equipment and allied tools.**

**Intervention:** Enforcement of cap 254 food drugs and chemical substance through regular inspections

**Activities**

- (i) Enforcement of cap 254 food drugs and chemical substance and cap 242 public health Act through regular inspections

**Strategic objective 14.5: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).**

**Proposed Strategy 14.3.1: Leverage on technology and innovations to strengthen Nutrition supply chain management, end to end visibility, traceability and accountability.**

**Intervention:** Scale up the use of electronic proof of deliveries (ePOD).

**Activities**

- (i) Scale up the use of electronic proof of deliveries (ePOD) for last mile accountability.

**Strategic objective 14.6: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).**

**Proposed Strategy 14.5.1: Strengthen mechanisms to monitor quality and quantity of nutrition commodities, equipment and allied tools.**

**Intervention:** Enhance commodities quantity and quality.

**Activities**

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- (i) Enhance commodities quantity and quality through commodity accounting and Food Safety and Quality (FSQ) checks.

**Strategic objective 14.7: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).**

**Proposed Strategy 14.7.1: Capacity strengthening on Nutrition Health products and Technologies (HPTs)**

**Intervention:** Trainings and mentorship on Nutrition Health products and Technologies (HPTs) management

**Activities**

- (i) Trainings and mentorship on Nutrition Health products and Technologies (HPTs) management

**Strategic objective 14.8: To strengthen Response capacity for nutrition sector.**

**Proposed Strategy 14.8.1: Strengthen supply chain for emergency nutrition commodities.**

**Intervention:** Procure nutrition commodities and anthropometric equipment

**Activities**

- (i) procure nutrition commodities.
- (ii) Procure anthropometric equipment.



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## 5 Chapter Five: Resource Requirements for CNAP Implementation

### 5.1 Introduction

Costing is a process of determining in monetary terms, the value of inputs that are required to generate a particular output. It involves estimating the quantity of inputs required by an activity/programme. Costing may also be described as a quantitative process, which involves estimating both operational (recurrent) costs and capital costs of a programme. The process ensures that the value of resources required to deliver services are cost effective and affordable.

This is a process that allocates costs of inputs based on each intervention and activity with an aim of achieving set goals /results. It attempts to identify what causes the cost to change (cost drivers). All costs of activities are traced and attached to the intervention or service for which the activities are performed.

The chapter describes in detail the level of resource requirements for the County Nutrition Action Plan period, the available resources and the gap between what is anticipated and what is required.

### 5.2 Costing Approach

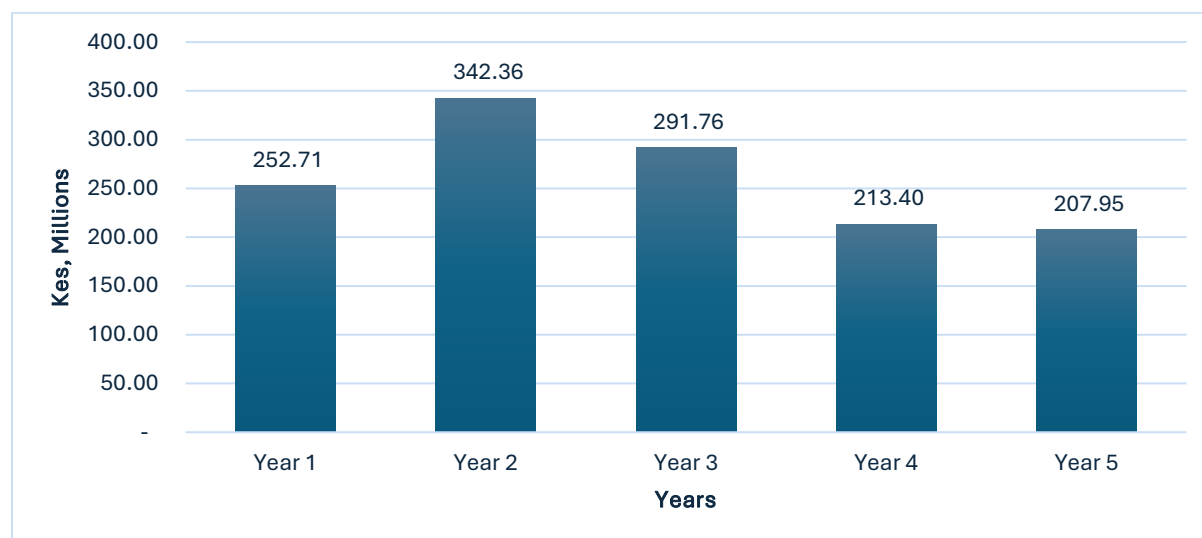
Financial resources needed for the strategy were estimated by costing all the activities necessary to achieve each of the expected outputs in each of the Strategic Objectives. The costing of the CNAP used result-based costing to estimate the total resources needed to implement the action plan for the period. The interventions were costed using the Activity-Based Costing (ABC) approach. The ABC uses a bottom-up, input-based approach, indicating the cost of all inputs required to achieve CNAP targets. ABC is a process that allocates costs of inputs based on each activity, it attempts to identify what causes the cost to change (cost drivers); All costs of activities are traced to the product or service for which the activities are performed. The premise of the methodology under the ABC approach will be as follows; (i)The activities require **inputs**, such as labor, conference hall etc.; (ii) These inputs are required in certain **quantities**, and with certain **frequencies**; (iii) It is the product of the **unit cost**, the **quantity**, and the **frequency** of the input that gave the **total input cost**; (iv) The sum of all the input costs gave the **Activity Cost**. These were added up to arrive at the **Output Cost**, the **Objective Cost**, and **eventually the budget**.

### 5.3 Total Resource Requirements (2023/24 – 2027/28)

The framework was costed using the Activity Based Costing (ABC) approach. The ABC uses a bottom-up, input-based approach, indicating the cost of all inputs required to achieve planned targets for the financial years of 2023/24 – 2027/28. The cost over time for all the pillars provides important details that will initiate debate and the division together with development partners to discuss priorities and decide on effective resource optimization.

The pillars provided targets to be achieved within the plan period and the corresponding inputs to support attainment of the targets. Based on the targets and unit costs for the inputs, the costs for the framework were computed. According to the Activity Based Costing, to fully actualize the strategic plan, KES. 1.3 billion is required as shown in the figure below. Further annual breakdown of cost requirement (s) is also presented.

Figure 1-1: Summary of Resource Requirements (KES Millions)



## 5.4 Resource Requirements by Thematic Areas

According to the costing estimates, the CNAP requires an investment worth KES. 1.3 billion for Nutrition over the plan period. The disaggregation by the key Result areas is as shown in Table below.

Table 5-1: Summary of Resource Requirements by Key Result Areas (KES Millions)

Key Result Area (s)	Year 1	Year 2	Year 3	Year 4	Year 5	Total	%
Key Results Area 1: Maternal, Newborn, Infant and Young Child (MIYCN) nutritional well-being enhanced.	50.3	77.4	53.9	37.4	30.7	<b>249.70</b>	19.1%
Key Result Area 2: Improved nutritional well-being of older children, adolescents, adults, and older persons.	57.8	60.2	67.9	41.3	38.0	<b>265.11</b>	20.3%
Key Result Area 3: Enhanced Industrial Fortification for Prevention and control of micronutrient deficiencies.	4.4	7.0	11.5	4.3	5.2	<b>32.42</b>	2.5%
Key Result Area 4: Enhanced clinical nutrition and dietetics services across all levels of health care.	23.1	43.2	25.2	22.6	22.0	<b>136.09</b>	10.4%
Key Result Area 5: Managing malnutrition in emergencies, Resilience Building /Climate Change/Response to Emergencies.	5.4	7.0	0.7	0.7	0.8	<b>14.61</b>	1.1%
Key Result Area 6: Enhanced integration of nutrition into agriculture, livestock and fisheries sectors; (increased year-round availability, access and utilisation of	19.7	24.2	33.7	29.1	29.1	<b>135.83</b>	10.4%

Key Result Area (s)	Year 1	Year 2	Year 3	Year 4	Year 5	Total	%
diverse safe nutrient dense foods for the entire population)							
Key Result Area 8: Enhanced integration of nutrition in the education sector.	18.0	16.3	6.2	4.2	7.9	<b>52.63</b>	4.0%
Key Result Area 9: Enhanced integration of nutrition within the Water, Sanitation, and Hygiene (WASH) sector.	21.1	22.6	25.1	25.4	26.7	<b>120.91</b>	9.2%
Key Result Area 10: Nutrition integrated across Social Protection programmes.	0.2	0.5	1.7	0.4	0.4	<b>3.22</b>	0.2%
Key Results Area 11: Enhanced Sectoral and Multisectoral Nutrition Governance - Planning, Legal, Regulatory Framework, Financing, Coordination, Partnerships, Advocacy, Communication and Community Engagement	14.0	27.6	18.2	13.1	6.9	<b>79.79</b>	6.1%
Key Result Area 12 : Strengthened multisectoral Nutrition Information, M&E systems, research and Knowledge management.	23.5	26.8	33.2	19.6	24.2	<b>127.41</b>	9.7%
KRA 14: Strengthen Supply Chain Management for Nutrition Health products and Technologies (HPTs),	15.1	29.6	14.4	15.3	16.1	<b>90.47</b>	6.9%
<b>Total</b>	<b>252.71</b>	<b>342.36</b>	<b>291.76</b>	<b>213.40</b>	<b>207.95</b>	<b>1,308.18</b>	<b>100.0%</b>

Further annual breakdown of cost requirement (s) by period and by strategic objective is also presented in the attached cost annex below.

## 5.5 Available Resources

Secondary data sources were used to establish the available financial resources for the CNAP. Government financial commitments were obtained from the Fiscal Space as captured in the CDOH budget to establish available funding. Planning assumptions have been made about future contributions available each year of the planning period.

Overall, a total of KES 1billion is available to support the plan over the next five years with the Government contributing 26 percent while Development Partners contributing 74 percent. Table 1.2 shows the total available resources by year and source to support the implementation of the plan.

Table 5-2: Estimated and projected financial resources available by source (KES millions)

Available funding	Year 1	Year 2	Year 3	Year 4	Year 5	Total Available	Percent
Government	50	51.3	52.5	53.9	55.2	<b>262.8</b>	40.87%
Development Partners	70	78.2	88	79	65	<b>380.2</b>	59.13%
Total Available	<b>120</b>	<b>129.5</b>	<b>140.5</b>	<b>132.9</b>	<b>120.2</b>	<b>643.00</b>	100.0%

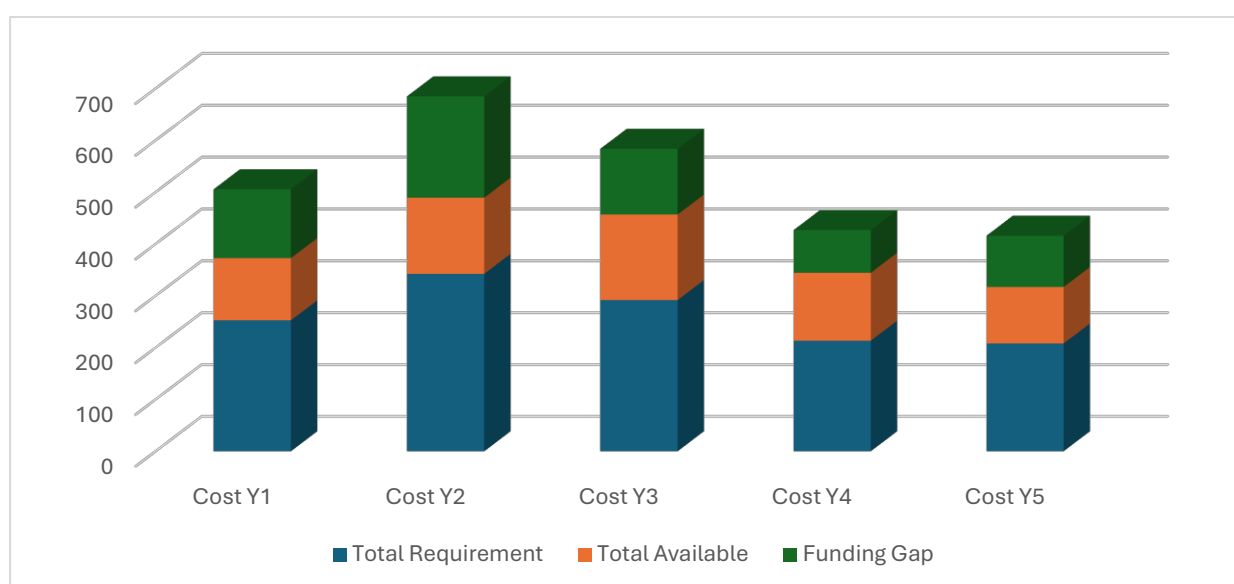


## 5.6 Financial Gap Analysis

The difference between the resource requirements and the available resource-based budgets provides a measure of the gap in funding which exists if the CNAP is to be fully implemented. The identification of the funding gap provides an opportunity for potential stakeholders to see when additional resources will be most useful.

The financing gap was estimated by generating the difference between the available resources from the government, households and donors and the cost of implementing the strategy.

Figure 1-4: Financial gap analysis for CNAP (KES millions)



The health sector requires KES 542.18 million to reduce the funding gap for nutrition. Table below summarizes the available resources and costs from the previous sections, to provide an estimate of the funding gap by year.

Table 5-3: Financial gap analysis for the health sector (KES millions)

	Cost Y1	Cost Y2	Cost Y3	Cost Y4	Cost Y5	Total
Total Requirement	232.71	302.36	261.76	211.4	205.95	<b>1,214.18</b>
Total Available	120	147	165	131	109	<b>672.00</b>
Funding Gap	<b>112.71</b>	<b>155.36</b>	<b>96.76</b>	<b>80.4</b>	<b>96.95</b>	<b>542.18</b>

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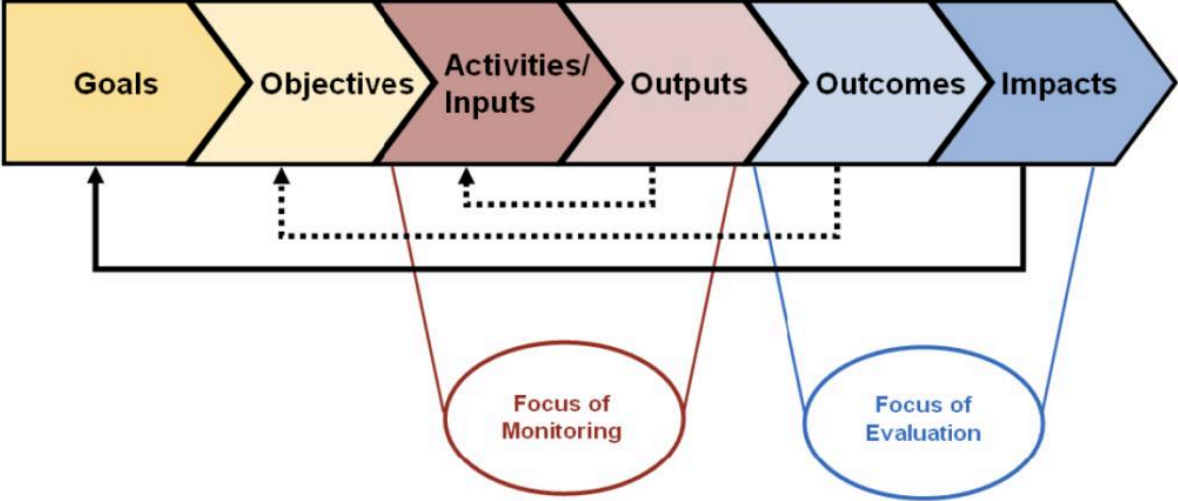
## 5.7 Strategies to ensure available resources are sustained

### 5.7.1 Strategies to mobilize resources from new sources

- lobbying for a legislative framework for resource mobilization and allocation
- Identification of potential donors both bilateral and multilateral
- Conducting stakeholder mapping
- Call the partners to a resource mobilization meeting
- Identification, appointment and accreditation of eminent persons in the community as resource mobilization good will ambassadors.

- **Strategies to ensure efficiency in resource utilization**

- Through planning for utilization of the allocated resources (SWOT analysis)
- Implementation plans with timelines
- Gender mainstreaming of interventions for maximum impact.
- Continuous monitoring of impact process indicators
- Periodic evaluation objectives if they have been achieved as planned.



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## 6 Chapter Six: Monitoring, Evaluation, Accountability and Learning (Meal) Framework

### 6.1 Introduction

This chapter provides guidance on the monitoring, evaluation, accountability and learning process, and how the monitoring process will inform the County Nutrition Action plan. The CNAP will evolve as the county assesses data gathered through monitoring. Monitoring and evaluation systematically track the progress of suggested interventions, and assesses the effectiveness, efficiency, relevance and sustainability of these interventions. To allow for modification of interventions and assessment of the quality of activities being conducted as well as ensure ownership and accountability, the Nutrition program will maintain an implementation tracking plan which will keep track of review and evaluation recommendations and feedback. Involvement of stakeholders contributes to better data quality because it reinforces their understanding of indicators, the data they expect to collect, and how that data will be collected.

### 6.2 Purpose of the MEAL Framework:

The MEAL Framework for CNAP aims to provide strategic information needed for evidence-based decisions at county level through development of a Common Results and Accountability framework (CRAF). The CRAF will form the basis of one common results framework that integrates the information from the various sectors related to Nutrition, and other non-state actors. While the CNAP describes the current situation (situation analysis), and strategic interventions, the MEAL Framework outlines what indicators to track when, how and by whom data will be collected, and suggests the frequency and the timeline for collective, program performance reviews with stakeholders.

Elements to be monitored include:

- Service statistics
- Service coverage/Outcomes
- Client/Patient outcomes (behaviour change, morbidity)
- Clients Access to services
- Quality of health services
- Impact of interventions

The evaluation plan will elaborate on the periodic performance reviews/surveys and special research that complement the knowledge base of routine monitoring data. Evaluation questions, sample and sampling methods, research ethics, data collection and analysis methods, timing/schedule, data sources, variables and indicators are discussed.

A gender-responsive monitoring and evaluation system is a critical component of this CNAP.

To ensure gender integration at all levels of the CNAP, all data collected, analyzed and reported will be disaggregated by sex and age. Sex-disaggregated data allows differential analysis of the outcomes achieved on different population groups. Other measures that will be in place to mainstream gender in the MEAL plan include developing/reviewing M&E tools and methods to ensure they document gender differences, ensuring that terms of reference for reviews and evaluations include gender-related results, and integrating gender-sensitive indicators to identify gender-related changes leading to improved nutrition and related health outcomes over time.

### 6.3 Performance Standards

The CNAP is expected to adhere to rigorous performance standards in alignment with Kenya's broader governmental monitoring and evaluation frameworks. For Nutrition, performance standards include achieving set targets while ensuring financial accountability and efficient resource utilization. Regular monitoring and evaluation will be conducted to assess progress, effectiveness, and impact in achieving its strategic objectives, with a strong emphasis on transparency and sustainability.

Table 6-1: Service-related outcome targets for 2027/28

Outcome	KNAP Indicator	County Level Indicator	Baseline	Mid-term target (2026)	End-term target (2028)	Data source	Frequency of data collection	Responsible person
<b>KEY RESULT AREA 1: Scale up Maternal, Infant and Young Child Nutrition (MIYCN)</b>								
Improved nutrition status of women of reproductive age and children between the ages of 0-59 months	% of pregnant women who meet Minimum Dietary Diversity for Women (MDD-W)	% of pregnant women who meet Minimum Dietary Diversity for Women (MDD-W)	47%	50%	55%	KDHS	once every 5 years	Nutrition program
	% of women who received at least 4 antenatal care (ANC) visits with nutrition counseling	% of women who received at least 4 antenatal care (ANC) visits	44%	50%	55%	KHIS	Monthly	Nutrition program
	% of infants exclusively breastfed for the first 6 months.	% of infants exclusively breastfed for the first 6 months.	60	65	70	KDHS	Monthly	Nutrition program
	% of children aged 6-23 months meeting the minimum acceptable diet (MAD).	% of children aged 6-23 months meeting the minimum acceptable diet (MAD).	31%	35	40	KDHS	Monthly	Nutrition program

Outcome	KNAP Indicator	County Level Indicator	Baseline	Mid-term target (2026)	End-term target (2028)	Data source	Frequency of data collection	Responsible person
		Prevalence of stunting among children 0-59 months	22%	20%	18%	KDHS	once every 5 years	Nutrition program
		Prevalence of Wasting among children 0-59 months	5%	4%	3.5%	KDHS	once every 5 years	Nutrition program
		Prevalence of Wasting among children 0-59 months	14%	12%	10%	KDHS	once every 5 years	Nutrition program
		Proportion of newborns with low birthweight (2.5 kg) and below (%)	9%	7%	5%	KHIS	Monthly	Nutrition program

**Key Result Area 2: Improved nutritional well-being of older children, adolescents, adults, and older persons.**

Outcome	Indicator	County Level Indicator	Baseline	Mid-term target (2026)	End-term target (2028)	Data source	Frequency of data collection	Responsible person
Increased awareness and adoption of healthy dietary practices and uptake of nutrition services by older children, adolescents, adults and older persons.	% of institutions (targeted schools, community centers, workplaces) implementing nutrition education programs for adults and older persons	% of institutions (targeted schools, community centers, workplaces) implementing nutrition education programs for adults and older persons	0%	70%	90%	County Nutrition Specific Survey	Biennial	School Health Coordinator
	proportion of adults, and older persons demonstrating knowledge of healthy dietary practices disaggregated by sex.	proportion of adults, and older persons demonstrating knowledge of healthy dietary practices disaggregated by sex.	0%	60%	80%	County Nutrition Specific Survey	Biennial	County Nutrition Coordinator

**Key Result Area 3: Enhanced Industrial Fortification for Prevention and control of micronutrient deficiencies.**

Outcome	Indicator	County Level Indicator	Baseline	Mid-term target (2020)	End-term target (2022)	Data source	Frequency of data collection	Responsible person
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Outcome	KNAP Indicator	County Level Indicator	Baseline	Mid-term target (2026)	End-term target (2028)	Data source	Frequency of data collection	Responsible person
Increased awareness, availability and adoption of industrially fortified foods in Kenya.	% increase in public awareness of the benefits of fortified foods	% of households consuming iodized salt	97.50%	100%	100%	County Salt Iodization Report	Triennial	County Nutrition Coordinator
	% increase in public awareness of the benefits of fortified foods	% increase in public awareness of the benefits of fortified foods	0	80%	100%	Survey	Triennial	County Public Health Officer
<b>KEY RESULT AREA 4: Scale up prevention, control and management of diet-related risk factors for NCDs</b>								
Outcome	Indicator	County Level Indicator	Baseline	Mid-term target (2020)	End-term target (2022)	Data source	Frequency of data collection	Responsible person
Enhanced and expanded clinical nutrition and dietetics services for the prevention, control and management of diseases.	Number of male and female clinical nutritionists and dietitians employed in healthcare facilities	Proportion (%) of male and female clinical nutritionists and dietitians employed in healthcare facilities	0%	50%	100%	Public Service Board	every two years	CNC
	Proportion of male and female health care workers trained on clinical nutrition package	Proportion of male and female health care workers trained on clinical nutrition package	0%	30%	70%		every two years	CNC
	% of healthcare facilities offering outpatient nutrition counselling services	% of healthcare facilities offering outpatient nutrition counselling services	0%	50%	100%	No data	Quarterly	CNC
	Number of male and female health workers trained in IMAM protocol	Number of male and female health workers trained in IMAM protocol	100	200	300	Program Reports	Annual	Nutrition program
<b>Key Result Area 5: Managing malnutrition in emergencies, Resilience Building /Climate Change/Response to Emergencies.</b>								
Outcome	Indicator	County Level Indicator	Baseline	Mid-term target (2020)	End-term target (2022)	Data source	Frequency of data collection	Responsible person

Outcome	KNAP Indicator	County Level Indicator	Baseline	Mid-term target (2026)	End-term target (2028)	Data source	Frequency of data collection	Responsible person
<b>Key Result Area 6: Enhanced integration of nutrition into agriculture, livestock and fisheries sectors; (increased year-round availability, access and utilisation of diverse safe nutrient dense foods for the entire population)</b>								
Outcome	Indicator	County Level Indicator	Baseline	Mid-term target (2020)	End-term target (2022)	Data source	Frequency of data collection	Responsible person
Increased production, access, and utilization of diverse, safe, nutrient-dense foods at the household level.	% Proportion of farm HH producing food items from five food groups for subsistence	% Proportion of farm HH producing food items from five food groups for subsistence	30	50	70	Department report, KIAMIS	once every 5 years	Agriculture program
	% of households with year-round access to diverse, nutrient-dense foods.	% of households with year-round access to diverse, nutrient-dense foods.	30	50	70	Department report, KIAMIS	once every 5 years	Agriculture program
<b>Key Result Area 8: Enhanced integration of nutrition in the education sector.</b>								
Outcome	Indicator		Baseline	Mid-term Target (2026)	End-Term target (2028)	Data Source	Frequency of data collection	Responsible person
Enhanced nutrition interventions within the education sector.	Percentage of schools with improved school food environments (e.g., healthier school meals, better nutrition policies)	Percentage of schools with improved school food environments (e.g., healthier school meals, better nutrition policies)	0%	40%	70%	County Nutrition Specific Survey	Biennial	County Nutrition Coordinator
	Number of school-based nutrition programs implemented and evaluated	Number of school-based nutrition programs implemented and evaluated	0%	50%	80%	County Nutrition Specific Survey	Biennial	County Nutrition Coordinator
	Percentage increase in students reporting improved dietary habits as a result of school nutrition interventions	Percentage increase in students reporting improved dietary habits as a result of school nutrition interventions	0%	30%	60%	County Nutrition Specific Survey	Biennial	County Nutrition Coordinator
	Percentage increase in	Percentage increase in	0%	60%	80%	County Nutrition	Biennial	County Nutrition



Outcome	KNAP Indicator	County Level Indicator	Baseline	Mid-term target (2026)	End-term target (2028)	Data source	Frequency of data collection	Responsible person
	student enrolment in health and nutrition education programs within schools	student enrolment in health and nutrition education programs within schools				Specific Survey		Coordinator
	Proportion of athletes participating in workshops or training on nutrition and performance enhancement disaggregated by gender.		0%	20%	50%	County Nutrition Specific Survey	Biennial	County Nutrition Coordinator

**Key Result Area 9: Enhanced integration of nutrition within the Water, Sanitation, and Hygiene (WASH) sector.**

Outcome	Indicator	County Level Indicator	Baseline	Mid-term target (2020)	End-term target (2022)	Data source	Frequency of data collection	Responsible person
Enhanced integration of nutrition within the Water, Sanitation, and Hygiene (WASH) sector.	% of population with access to improved/treated drinking water sources	Proportion of households using treated water	61	70	80	KHIS	Annual	County public Health Officer
	% increase in the population with access to basic sanitation services	proportion of households with functional latrines	96	97	98	KHIS	Annual	County public Health Officer
	% increase in the population with access to basic hand washing facilities.	proportion of households with handwashing facilities	55	70	80	KHIS	Annual	County public Health Officer
	% of schools with functioning handwashing facilities in place	proportion of schools with handwashing facilities	50	65	80	Departmental reports	Annual	County public Health Officer

**Key Result Area 10: Nutrition integrated across Social Protection programmes.**

Outcome	Indicator	County Level Indicator	Baseline	Mid-term target (2020)	End-term target (2022)	Data source	Frequency of data collection	Responsible person
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Outcome	KNAP Indicator	County Level Indicator	Baseline	Mid-term target (2026)	End-term target (2028)	Data source	Frequency of data collection	Responsible person
Nutrition mainstreamed within social protection policies, strategies and interventions	% of children under 5 years benefiting from nutrition-sensitive cash transfer programs disaggregated by gender.	% of households with children under 5 years benefiting from nutrition-sensitive cash transfer programs.	0	25%	75%	Program reports	Annually	Director for Gender
	% of social protection beneficiaries participating in nutrition education programs disaggregated by gender..	% of social protection beneficiaries participating in nutrition education programs.	0	50%	80%	Program report	Annually	Director for Gender
<b>Key Results Area 11: Enhanced Sectoral and Multisectoral Nutrition Governance -Planning, Legal, Regulatory Framework, Financing, Coordination, Partnerships, Advocacy, Communication and Community Engagement</b>								
Outcome	Indicator	County Level Indicator	Baseline	Mid-term target (2020)	End-term target (2022)	Data source	Frequency of data collection	Responsible person
Improved governance, financing, coordination, partnerships and community participation in Multisectoral nutrition programmes	Percentage increase in government budget allocation for nutrition programs.	Proportion of health budget allocated to nutrition program	0.5%	2%	4%	Health department report	Annually	Nutrition coordinator
		Proportion of agriculture budget allocated to Nutrition	0.5%	1%	2%	Agriculture department report	annually	Agriculture coordinator
<b>Key Result Area 12: Strengthened multisectoral Nutrition Information, M&amp;E systems, research and Knowledge management.</b>								
Outcome	Indicator	County Level Indicator	Baseline	Mid-term target (2020)	End-term target (2022)	Data source	Frequency of data collection	Responsible person
Multisectoral research in nutrition strengthened leading to evidence-	N/A	Reporting rate for MOH 734	50%	75%	100%	KHIS	Monthly	Nutrition coordinator

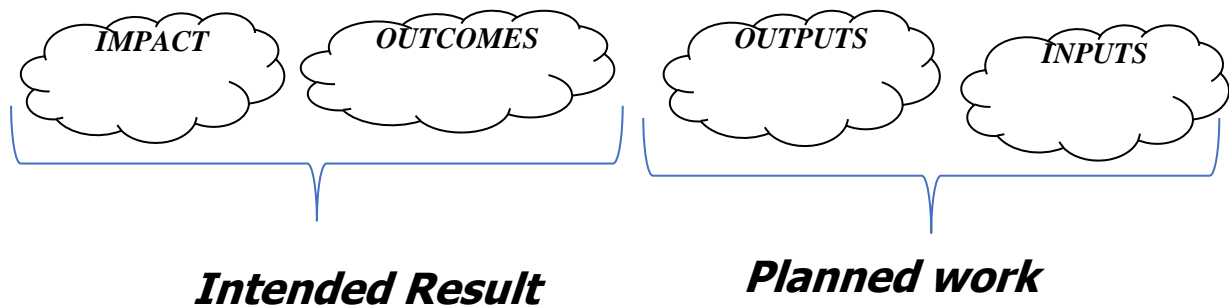
Outcome	KNAP Indicator	County Level Indicator	Baseline	Mid-term target (2026)	End-term target (2028)	Data source	Frequency of data collection	Responsible person
based decision-making that effectively informs policy and programming								
<b>KRA 14: Strengthen Supply Chain Management for Nutrition Health products and Technologies (HPTs),</b>								
Outcome	Indicator	County Level Indicator	Baseline	Mid-term target (2020)	End-term target (2022)	Data source	Frequency of data collection	Responsible person
Supply Chain Management for Nutrition Health products and Technologies (HPTs) Strengthened	Percentage reduction in stockouts of essential nutrition health products and technologies (HPTs) at health facilities (RUTF, RUSF)	Percentage of facilities with stockout of essential commodities (RUTF, RUSF) in the last 6 months	10	15	40	HPT Delivery notes	quarterly	CP

## 6.4 MEAL Team

The County Nutrition Coordinator will be responsible for overall oversight of activities. The functional linkage of the National Nutrition and Dietetics division and the overall county intersectoral government M&E will be through the county M&E TWG. The CNC will share their quarterly progress reports with the national DND, who will take lead in the joint performance reviews at national level. The county team will prepare the quarterly reports and in collaboration with county stakeholders and organize the quarterly performance review forums. These reports will be shared with the national Nutrition M&E unit. For successful monitoring of this Framework, the county will have to strengthen their M&E function by investing in both the infrastructure and the human resource for M&E. Investment on Health Information System (HIS) infrastructure to facilitate e-reporting is therefore key. Timely collection and quality assurance of health data will improve with a team dedicated to this purpose.

## 6.5 Logic Model

The logic model looks at what it takes to achieve intended results, thus linking results expected, with the strategies, outputs an input, for shared understanding of the relationships between the results expected, activities conducted, and resources required.



## 6.6 Theory of change

Theory of Change defines long-term goals and then maps backward to identify necessary preconditions. It describes and illustrates how and why a desired change is expected to happen in a particular context. The pathway of change for the CNAP is therefore best defined through the theory of change, where the change hypothesis for a malnutrition free county holds that: -

*if* the identified Strategic Objectives are scaled up in the county, and

*if* optimal proposed strategies and interventions are adopted and implemented, and

*if* the adopted common results and accountability framework (CRAF) is implemented and regularly monitored, and

*if* adequate resources are made available to implement the CNAP,  
**THEN** the Nutrition status of the county will be improved.

## 6.7 Monitoring process

The implementation of this strategy will be continuously monitored. In order to achieve this, a robust monitoring system, effective policies, tools, processes and systems will be put in place and adequately disseminated that covers collection, tracking and analyzing of data, thus making implementation effective to guide decision making. The critical elements to be monitored are Resources (inputs); Service statistics; Service coverage/Outcomes; Client/Patient outcomes (behavior change, morbidity); Investment outputs; Access to services; and impact assessment.

The key monitoring processes as outlined in Figure 2 will involve:

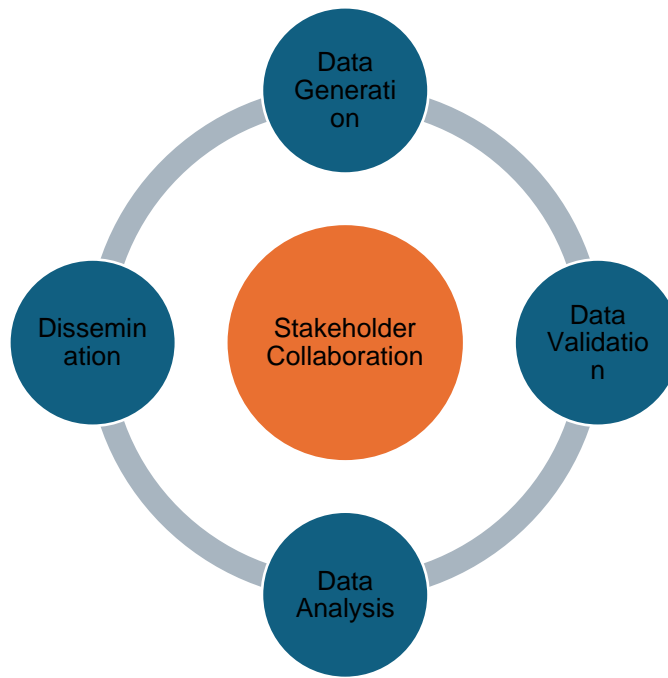


Figure 6-1: Monitoring Process

#### **i. Data Generation**

- Various types of data will be collected from different sources to monitor the implementation progress. These data are collected through routine methods, surveys, sentinel surveillance and periodic assessments among others.
- Routine data will be generated using the existing mechanisms and uploaded to the KHIS2 monthly.
- Strong multi-sectoral collaboration with other sectors.
- Data flow from the primary source through the levels of aggregation to the national level will be guided by reporting guidelines and SOPs.
- Data from all reporting entities should reach MOH by agreed timelines for all levels.

#### **ii. Data Validation**

- Data validation through checking or verifying whether the reported progress is of the highest quality and ensures that data elements are clear and captured in various tools and management information systems, through regular data quality assessment. Annual and Quarterly verification processes will be carried out, to review the data across all the indicators.

#### **iii. Data analysis**

- This step ensures transformation of data into information which can be used for decision making at all levels.

#### **iv. Information dissemination**

- Information products developed will be routinely disseminated to key sector stakeholders and the public as part of the quarterly and annual reviews to get feedback on the progress and plan for corrective measures.

#### **v. Stakeholder Collaboration**

- There is a need to effectively engage other relevant Departments and Agencies and the wider private sector in the health sector M&E process.

- Each of these stakeholders generates and requires specific information related to their functions and responsibilities.
- The information generated by all these stakeholders is collectively required for the overall assessment of sector performance.

## 6.8 Monitoring Reports

Reporting mechanisms in the County will involve the collection and submission of data using standardized Ministry of Health reporting (MOH) tools on health and nutrition indicators from various facilities and programs. These reports will be used to track progress and inform decision-making. To resolve data quality issues such as inaccurate data entry, incomplete records, and inconsistent reporting practices that undermine the reliability of the information in the County, quarterly data quality audits will be conducted. To gather in-depth insights into health and nutrition issues the County will conduct comprehensive research and surveys regularly. The following are the monitoring reports and their periodicity:

Table 6-2: CNAP Reporting

Process/Report	Frequency	Responsible	Timeline
Annual Work Plans	Yearly	All departments	End of June
MOH standardized Monthly reports submissions	Monthly	Facility Incharges, CUs	5 <sup>th</sup> of every month
Health Data Reviews	Quarterly	All departments	End of each quarter
Quarterly reports	Quarterly	All departments	After 21 <sup>st</sup> of the preceding Month after end of quarter
Bi-annual Performance Reviews	Every six Months	All departments	End of January and end of July
Annual performance Reports and reviews	Yearly	All departments	Begins July and ends November
Expenditure returns	Monthly	All levels	5 <sup>th</sup> of every month
Surveys and assessments	As per need	Nutrition	Periodic surveys

## 6.9 Evaluation of the CNAP

Evaluation is intended to assess if the results achieved can be attributed to the implementation of CNAP by all stakeholders. A midterm review and an end evaluation will be undertaken in FY 2025/26 and FY 2027/28 respectively to determine the extent to which the objectives of this CNAP are met.

An internal evaluation will be conducted in FY 2025/26, serving as the midterm review and coinciding with the annual review of the third year of the strategic plan. The end-term evaluation will be carried out by an external evaluation team, with findings being documented and serving as the baseline for the next CNAP

The Outputs expected from the evaluations will include; An Impact Evaluation Report, Health Facility Assessment Report, Customer Satisfaction Survey Report and other survey/assessment specific reports.

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In addition, MTR and End term statistical reports and comprehensive MTR and End term reports will be produced as the overall outputs. Other sub outputs will include policy briefs and papers.

### **Evaluation Criteria**

To carry out an effective evaluation of the CNAP, there will be a need for clear evaluation questions. Evaluators will analyze relevance, efficiency, effectiveness and sustainability for the CNAP. The evaluation will include gender equality as part of the scope of analysis. Gender equality and human rights-responsive evaluation explicitly recognizes gender and power relations (and the structural and other causes that give rise to inequities, discrimination, and unfair power relations). The proposed evaluation criteria is elaborated on below;

**Relevance:** The extent to which the objectives of the CNAP correspond to population needs including the vulnerable groups. It also includes an assessment of the responsiveness considering changes and shifts caused by external factors.

**Efficiency:** The extent to which the CNAP objectives have been achieved with the appropriate amount of resources

**Effectiveness:** The extent to which CNAP objectives have been achieved, and the extent to which these objectives have contributed to the achievement of the intended results. Assessing the effectiveness will require a comparison of the intended goals, outcomes and outputs with the actual achievements in terms of results.

**Sustainability:** The continuation of benefits from outlined interventions after its termination.

**Gender responsiveness:** The extent to which CNAP interventions have contributed in advancing gender equality and human rights in nutrition programming and help in making decisions for improved performance; promote participation and thereby, empowerment of underrepresented/under-served populations.





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## 7 CHAPTER SEVEN: IMPLEMENTATION OF THE FRAMEWORK

### 7.1 Introduction

This chapter presents the summary of strategic objectives and the strategies to be used, the summary of indicators matrix and the Implementation matrix where it further highlights the implementing agencies for the framework. In order to implement this strategic Framework effectively nutrition will continue addressing structural bottlenecks and enhance capacity building within itself, engage all the stakeholders for their contribution and promote innovativeness, creativity and professionalism towards realization of the CNAP.

### 7.2 Implementation Arrangements

The implementation of the MEAL framework will be spearheaded by the county in collaboration with development partners and stakeholders. This will ensure successful implementation of the CNAP.

To ensure coordinated, structured and effective implementation of the CNAP, the county government will work together with partners and private sector to ensure implementation through:

- a) Develop standard operating procedures for management of data, monitoring, evaluation and learning among all stakeholders.
- b) Improve performance monitoring and review process
- c) Enhance sharing of data and use of information for evidence-based decision making.

### 7.3 Roles and responsibilities of different actors in the implementation of CNAP:

#### 7.3.1 County M&E Staff

- Ensuring overall design of the MEAL plan is technically sound
- Working with stakeholders to develop and refine appropriate outputs, outcomes, indicators and targets
- Providing technical assistance to create data collection instruments
- Helping program staff with data collection (including selection of appropriate methods, sources, enforcement of ethical standards)
- Ensuring data quality systems are established
- Analyzing data and writing up the findings
- Aiding program staff to interpret their output and outcome data
- Promoting use of M&E data to improve program design and implementation
- Conducting evaluations or special studies

Management at program level

- Determining what resources, human and financial, should be committed to M&E activities
- Ensuring content of the M&E plan aligns with the overall vision and direction of the county
- Assuring data collected meet the information needs of stakeholders
- Tracking progress to confirm staff carry out activities in the M&E plan
- Improving project design and implementation based on M&E data
- Deciding how results will be used and shared.
- Identifying who needs to see and use the data.
- Deciding where to focus evaluation efforts.
- Interpreting and framing results for different audiences.

### 7.3.2 County Department of health services

- Provision of technical services and coordination of M&E activities.
- Establishment and equipping of robust M&E units aligned to their respective departmental organograms
- Provide dedicated staff team composed of the entire mix of M&E professionals needed to implement this scope (M&E, officers, HRIOs, Statisticians, planners, economics, epidemiologists.
- Coordinating and supervising the implementation of all M&E activities at the county and sub-county and facility levels.

### 7.3.3 Multi sectoral stakeholders

- Aligning all their M&E activities to realize the goals of this plan as well as the institutional M&E goals articulated in sectoral, programmatic and county specific M&E Plans
- Routine monitoring and evaluation of their activities
- Using existing systems/developing M&E sub systems that utilize existing structures at all levels of the health information system
- Utilization of the data collected for decision making within the county.

### 7.3.4 Development Partners and Implementing partners

- Provide substantive technical and financial support to ensure that the systems are functional.
- Ensure that their reporting requirements and formats are in line with the indicators outlined in the M&E framework.
- Synchronize efforts with existing development partners and stakeholder efforts based on an agreed upon one county-level M&E system.
- Will utilize reports generated in decision making, advocacy and engaging with other partners for resource mobilization.

### 7.3.5 Health Facilities

- Ensure that data collected, and reports generated are disseminated and used by the implementers to monitor trends in supply of basic inputs, routine activities, and progress made.

- Use this data in making decisions on priority activities to improve access and quality of service delivery.

### 7.3.6 Community Health Units

- Identification and notification to the health authority of all health and demographic events including M&E that occurs in the community.
- Generate reports through community main actors e.g. the CHPs, teachers and religious leaders through a well-developed reporting guideline Community Health Information System (CHIS).

## 7.4 Risk Management Framework

The implementation guidelines are prone to influence from external factors that may not necessarily be related to the health sector. It is therefore crucial that a deliberate effort is made to foresee these and identify mitigation measures early enough to ensure that implementation continues smoothly. Risk mitigation refers to the process of planning and developing methods and options to reduce threats—or risks—to project objectives. Risk mitigation progress monitoring includes tracking identified risks, identifying new risks, and evaluating risk process effectiveness throughout the implementation.

The table below provides a structured approach to identifying, mitigating, and managing various risks associated with the implementation of the CNAP. Each risk category is addressed with specific mitigation measures, responsible parties, and timelines to ensure effective risk management.

Table 7-1: Risk Management Framework

S/NO	Identified Risks	Risk likelihood (L/M/H)	Severity (L/M/H)	Overall Risk Level(L/M/H)	Mitigation Measures
1	Changes in political leadership affecting continuity of nutrition programs	Medium	High	High	- Maintain strong relationships with policymakers and advocate for stable support for cancer control initiatives
2	Insufficient and unsustainable financing.	High	High	High	- Diversify funding sources through private sector partnerships, international grants, and public-private collaborations
3	Inadequate human capacity and specialized workforce for quality health care	High	High	High	- Enhance training programs for healthcare providers and staff to improve quality of care
4	Low community involvement in nutrition prevention initiatives	Low	Low	Low	- Develop community outreach programs to educate and involve local populations in cancer prevention
5	Cybersecurity threats	Low	Medium	Medium	- Establish cybersecurity protocols and conduct regular security audits

S/NO	Identified Risks	Risk likelihood (L/M/H)	Severity (L/M/H)	Overall Risk Level(L/M/H)	Mitigation Measures
6	Increasing risks from environmental factors such as pollution and industrial emissions	High	High	High	- Develop and implement policies for environmental health and reduction of pollution
7	Impact of climate change on risk factors	Medium	Medium	Medium	- Conduct research and develop mitigation strategies to address climate change-related health impacts
8	Fluctuating economic environment leading to decreased revenues and budget allocations	Medium	High	High	- Explore mixed financing models and ensure efficient use of available resources

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## ANNEX 1: EMC – CNAP IMPLEMENTATION PLAN

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
Key Results Area 1: Maternal, Newborn, Infant and Young Child (MIYCN) nutritional well-being enhanced.	Expected Outcome for KRA1: Improved care practices and services for enhanced maternal, newborn, infant, and young child nutrition.	Strategic Objective 1.1: Improve maternal nutrition practices	Output 1.1: Guidelines on maternal nutrition interventions aligned with global guidance and recommendations	Proposed strategy 1.1.1: Strengthen MIYCN policy, legal and regulatory environment	1. Review and adapt maternal nutrition related guidelines in line with the international standards, conventions and global commitments including maternal mental health, pregnant adolescent girls, pregnant women with disability and breastfeeding mothers. (SOPs, training manual)	conduct review meetings to adapt maternal nutrition related guidelines in line with the international standards, conventions and global commitments including maternal mental health, pregnant adolescent girls, pregnant women with disability and breastfeeding mothers. (SOPs, training manual)	X	X			
						Develop SOPs and training manuals for special groups					
						Conduct 5 dissemination meetings for maternal nutrition related guidelines to county and sub county teams	X				
						Conduct CMEs in 130 health facilities to disseminate the developed guidelines HCWs and CHPs	X	X	X	X	X
						Translating MIYCN key messages in Kiswahili language for use in the health forums.	X				
						Printing of fliers and pamphlets	X	X	X	X	X
						Distribute the fliers	X	X	X	X	X
			Output 1.2: Enhanced knowledge, skills and competence of HCWs	Proposed strategy 1.1.2: Capacity building on Maternal infant and young child nutrition initiatives	1. Train TOTs on MIYCN initiatives (BFCl/cBFCl, BFHI, BMS Act, MIYCN, MIYCN-E, Vitamin A + D, MNPs and IFAS)		X				
						Print 150 copies training materials	X				
						Train 25 TOTs on MIYCN initiatives (BFHI)	X				
						Train 25 TOTs on MIYCN initiatives (Vitamin A and deworming)	X				

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Train 25 TOTs on MIYCN initiatives(IFAS)	X				
						Train 25 TOTs on MIYCN initiatives (MNPs)	X				
					2. Train health care workers on MIYCN initiatives (cBFCl/BFCl, BMS Act, BFHI, MIYCN, MIYCN-E, Vitamin A + D, MNPs and IFAS	Train 300 health care workers on MIYCN initiatives (BFHI, BMS Act, MIYCN, Vitamin A + D, MNPs and IFAS	X	X	X		
						Train 150 HCWs on BFHI and kangaroo care	X	X			
						Sensitize HCWs and support staff on BFHI	X	X	X		
						Establish and equip kangaroo units in 7 facilities	X	X			
						Establish BFHI committees at the health facility level	X	X			
						Conduct CMEs on BFHI	X	X	X	X	X
						Conduct high level advocacy meeting of 30 people on BMS ACT		X			
						Train 300 HCW on BMS ACT		X	X	X	
					3. Train CHPs on MIYCN initiatives (cBFCl/BFCl, BMS Act, BFHI, MIYCN, MIYCN-E, Vitamin A + D, MNPs and IFAS	Train 500 CHPs on MIYCN initiatives (MIYCN, Vitamin A + D, IFAS and MNPs)	X	X	X		
						Train 560 CHPs on BFCl	X	X	X		
						Establish 70 community mother support group (CMSGs)incorporating both genders	X	X			
						Establish Mother to mother support groups( 350 mother to mother support groups)	X	X	X		
						Conduct monthly meetings for 350 MTM support groups	X	X	X	X	X
						Form and sensitize FTF support groups -		X	X	X	

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Kokwoboi on MIYCN(70 father to father support groups)					
						Conduct monthly meetings for 70 FTF support groups		X	X	X	X
						Conduct monthly CHP meetings in 126 Units					
						Conduct quarterly CHps review Meetings on BFCI in the 70 units	X	X	X	X	X
						Conduct quarterly support supervision to 350 mother to mother support groups	X	X	X	X	X
						Conduct food demonstration on dietary diversity in 70 father to father support groups		X	X	X	
						Conduct food demonstration on dietary diversity in 350 mother to mother support groups	X	X	X	X	
						Conduct food demonstration on dietary diversity in 280 care groups	X	X	X	X	
					4. sensitize community health committees, other community leaders on BFCI targeting both genders			X	X	X	
						Sensitize 40 community leaders(Chiefs, religious leaders, village elders, opinion leaders) in 70 CUs on BFCI targeting both genders		X	X	X	
						Establish 70 BFCI committees in the community.(CHCs)					
						Sensitize the established CHC committees on BFCI					
					5. Conduct MIYCN Capacity assessment using available MIYCN assessment tools for BFCI/BFHI	Conduct biannual internal BFHI assessment to all the 12 Hospitals( public and Mission)		X	X	X	



Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Conduct annual assessment for 70 CUs for cBFCIS		X	X	X	
						Conduct BFHI external assessment for 6 hospitals				X	
					6. Provision of MIYCN Technical Assistance to sub counties including Mentorship, OJT, support supervision, assessment for MIYCN initiatives	Conduct 4 OJT/mentorship to the 4 sub-counties on MIYCN targeting 70 facilities	X	X	X	X	X
						Conduct 4 support supervision to the 4 sub counties on MIYCN	X	X	X	X	X
					7. Train health care workers on Care group models	Train 200 healthcare workers on care group model		X	X		
					8. Train CHPs on care group model	Train 560 CHPs on care group model		X	X		
						Conduct monthly meeting of 560 CHPs	X	X	X	X	X
						Form 280 care groups in 56 community units.	X	X	X		
						Conduct support supervision for 280 care groups	X	X	X	X	X
						Quarterly review meetings for 280 care groups	X	X	X	X	X
			Output 1.3: Improved quality of maternal nutrition services	Proposed strategy 1.1.3: Provision of quality maternal nutrition services	1. Undertake Nutrition assessment, education and counselling on dietary diversity, healthy eating and meal frequency among PLWs	Conduct nutrition assessment and counselling on dietary diversity for 18,939 pregnant women.	X	X	X	X	X
						Conduct nutrition education and counselling on dietary diversity to 18,939 pregnant and lactating women.	X	X	X	X	X
						Conduct nutrition education and counselling on dietary diversity in 350 mother to mother support groups.		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Conduct nutrition education and counselling on dietary diversity in 280 care groups		X	X	X	
					2. Promote supplementation of IFAS among pregnant women	Conduct IFAS supplementation among 18,939 pregnant women	X	X	X	X	X
						Conduct CME for 400 HCWs on IFAS		X	X	X	
						Train to 500 HCWs on IFAS		X	X	X	X
						Sensitization of 1260 CHPs on IFAS		X	X	X	X
					3. Design intervention targeting mothers in vulnerable circumstances (Adolescent pregnant and breastfeeding girls, disabled pregnant mothers)	Map vulnerable pregnant and lactating mothers in 130 health facilities					
						Form 20 support groups for women in vulnerable circumstances		X	X	X	
						Establish 20 demonstration kitchen gardens for the vulnerable women (linked to support groups)		X	X	X	
		Strategic objective 1.2: To improve IYCF practices	Output 1.4: IYCN legal, policies, standards and guidelines aligned with the international standards, conventions and global commitments developed/reviewed	Proposed strategy 1.2.1: Strengthen IYCN policy, legal and regulatory environment	Review and adapt policies, standards, legal and guidelines aligned with the international standards, conventions and global commitments including prevention of wasting and early childhood development (BMS Act, Human Milk Bank, complementary feeding framework, Workplace support, MIYCN-E, BFHI, BFCI, MIYCN counselling cards, community nutrition module 8).	Hold meetings to review and adapt policies, standards, legal and guidelines aligned to international standards and conventions					
						Conduct meetings to disseminate the adopted policies					

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
				Proposed strategy 1.2.2: Provision of quality Infant and young child nutrition services	1. Promote growth monitoring, nutrition education and counselling for Infants and young children on optimal breastfeeding and complementary feeding	Train 150 HCW on WHO growth monitoring and promotion standards		X	5	5	
						Conduct OJT/mentorship to HCWs on growth monitoring and promotion in 130 health facilities		X	X	X	
						Conduct CMEs to HCWs on growth monitoring and promotion in 130 health facilities		X	X	X	
						Conduct nutrition education and counselling on IYCF in the 130 health facilities		X	X	X	
						Conduct nutrition education and counselling on IYCF in 126 CUs		X	X	X	
						Sensitize CHMT and SCHMT on importance of growth monitoring and promotion standards		X	X		
					2. Promote supplementation of Vitamin A, MNPs, and Deworming among children under five.	Train 200 HCWs on vitamin A supplementation and deworming		X	X		
						Train 552 ECD teachers on vitamin A supplementation and deworming		X	X	X	X
						Conduct vitamin A supplementation and deworming for 65,000 children 6-59 months	X	X	X	X	X
		Strategic objective 1.3: To promote MIYCN Social Behaviour Change at all levels	Output 1.5: Improved adoption of MIYCN behaviours	Proposed strategy 1.3.1: Strengthen Advocacy, communication and social mobilization for MIYCN.	1. Advocate and create awareness on MIYCN	Commemorate world breastfeeding week in August	X	X	X	X	X
						Commemorate world prematurity day in November		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Commemorate world food day October			X	X	X
						hold 2000 public barazas to educate on maternal nutrition, early initiation of breastfeeding, exclusive breastfeeding and BMS act targeting men and women		X	X	X	X
						Design MIYCN messages for electronic media platforms		X	X	X	X
						hold radio sessions to promote MIYCN in local radio stations(kass, kerio, northrift.)		X	X	X	X
						Utilize digital screens in public places to display pre-programmed MIYCN electronic messages		X	X	X	X
					4. Develop SBC package for MIYCN and micronutrients	Print and disseminate 2500 copies of SBC package on MIYCN and micronutrients		X	X	X	
						Engage 630 community groups (care groups and MTMSG) to share MIYCN messages that target the barriers to breastfeeding	X	X	X	X	X
					5. Conduct high level advocacy in both formal and informal sectors to position breastfeeding agenda at workplace	Hold biannual advocacy meetings with key stakeholders to establish breastfeeding spaces at work place		X	X	X	X
						Establish and equip a breastfeeding space in 7 hospitals		X	X	X	X
						Establish and equip a breastfeeding space in the 4 markets		X	X	X	X
						Sensitize 100 retailers on BMS Act		X	X	X	X
		Strategic objective 1.5: To strengthen sectoral and multisectoral	Output 1.7: MIYCN interventions integrated in key ministries	Proposed Strategy 1.5.1: Enhance sectoral and Multisectoral	1. Collaborate with relevant key sectoral and multisectoral sectors; ministries, departments	Hold biannual multi-sectoral meetings to advocate for integration of MIYCN activities into	X	X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
		collaboration, partnership and coordination towards improved MIYCN practices	departments and agencies	collaboration and partnership	and agencies to integrate MIYCN into their programs (Health, Agriculture, Education, Social protection, Trade, Water)	agriculture, education, social protection trade and water					
					2. Advocate for innovation for production of complementary feeds and equipment that addresses complementary feeding gaps	Develop local complementary feeding recipes			X		
						Disseminate the complementary recipes to 250 health care workers					
						Disseminate the complementary recipes to the community during food demonstration sessions					
						Procure specific complementary feeding equipment					
			Output 1.8: Enhanced MIYCN sectoral and multisectoral coordination	Proposed strategy 1.5.2: Enhance sectoral and multisectoral Coordination	Proposed interventions: Conduct/Participate in various Technical working groups and other coordination meetings	Hold biannual multi-sectoral meetings to advocate for MIYCN activities	X	X	X	X	X
						Hold quarterly TWG meetings	X	X	X	X	X
Key Result Area 2: Improved nutritional well-being of older children, adolescents, adults, and older persons.	Expected Outcome for KRA 2: Increased awareness and adoption of healthy dietary practices and uptake of nutrition services by older children, adolescents, adults and older persons.	Strategic Objective 2.1: To improve nutritional status for older children & adolescents.	Output 2.1 Guidelines on healthy eating for older children and adolescents aligned to global guidance.	2.1.1: Adopt policies and guidelines on nutrition and well being of older children and adolescents	Localization of the policies and guidelines on nutrition and well being of older children and adolescents	Hold 1 review workshop for customisation of policies and guidelines on Nutrition and well being of Older children adolescents in schools(30 pax)		X			
					Dissemination and sensitization of policies	Hold 1 dissemination workshops for policies		X			

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
					and guidelines on nutrition and well being of older children and adolescents	and guidelines of healthy eating and physical activity to 30 county management teams from MOH,MOE,MOA sectors					
						Hold 1Disemination workshops on policies and guidelines of healthy eating and physical activity to 85 sub-county management teams from MOH,MOE,MOA sectors		X			
					Dissemination , sensitization and adoption of guidelines on nutrition and well being of older children and adolescents	Dissemination and adoption workshops to 1200 school management on healthy diets ,lifestyles and physical activity guidelines on nutrition and well being of older children and adolescents		X	X		
						Hold dissemination of School Gardening Guidelines to 1200 school management teams		X	X		
						Hold sensitization of 1200 school management teams and 320 health workers on School Health and nutrition Service delivery Package (NE,WIFAS,MHM)		X	X	X	X
			Output 2.2: Improved knowledge and practices among stakeholders on nutrition and well being of older children and adolescents	2.2.1: Capacity Building of stakeholders on nutrition and well being of older children and adolescents	1) Landscape analysis on capacity of stakeholders on nutrition and well being of older children and adolescents	Conduct mapping of 137 health facilities and 625 schools on capacity of healthcare workers and teachers on nutrition and well being of older children and adolescents		X			
					2) Stakeholder sensitization and training on nutrition and well being of older children and adolescents	Hold sensitization meetings for 69 community leaders, 30 religious leaders, 625 school head teachers on nutrition and well being of Older children and adolescent		X	X	X	X
						Train 320 Health Care workers and 625 Teachers		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						on nutrition and well being of older children and adolescents					
						Train 625 teachers and 625 school cateresses or cooks on school menu guide and school gardening guide		X	X	X	X
						Train 625 teachers on school health and nutrition service delivery package		X	X	X	X
						Hold community dialogue days in 126 communit units on nutrition and well being of older children and adolescents		X	X	X	X
					3) Mentorship and support of stakeholders on nutrition and well being for older children and adolescents	Conduct support supervision in 625 schools , 137 health facilities and 126community Units		X	X	X	X
						Conduct OJT on nutrition and well being for older children and adolescents in 625 schools and 137 health facilities		X	X	X	X
						Conduct 137 CMEs in health facilities on nutrition for older children and adolescence		X	X	X	X
						Conduct Quarterly report collection from 625 schools and 137 health facilities on activities for older children and adolescents	%	X	X	X	X
			Output 2.4: Increased awareness and uptake of nutrition and well being of older children and adolescents	Proposed strategy 2.4.1: SBCC for nutrition and well being of older children and adolescents	1) Promotion of nutrition and well being of older children and adolescents at health facilities, schools , community units	Conduct nutrition education and counselling of adolescent boys and girls at health facilities, schools and community units 100,000 adolescent boys and girls		X	X	X	X
						Establish Vegetable gardens demonstrations at 300 schools		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Conduct cooking demonstrations at 137 health facilities, 625 schools , 126 community units		X	X	X	X
						Hold 500 peer to peer education sessions for adolescents at school and community units		X	X	X	X
						Conduct 252 Community outreaches for growth monitoring for older children and adolescents		X	X	X	X
						Hold 45 Radio sessions to provide knowledge on nutrition for older children and adolescents		X	X	X	X
								X	X	X	X
						Sensitize 40 youth groups (Boys and Girls) of different ages and diversities on IGAs, Agri-nutrition and WASH		X	X	X	X
					2. Leverage on existing collaborative school and community programs in promoting Nutrition and physical activities.	Hold 5 health days to promote nutrition and physical activity		X	X	X	X
						Sensitise 100,000 learners on importance of Health eating and physical activity		X	X	X	X
			Output 2.5: Increased uptake of WIFAS among adolescent girls	2.5.1: Micronutrient supplementation for adolescents	Weekly Iron and folic acid supplementation (WIFAS) for adolescent girls	Sensitisation of 137 health care workers, 1250 school management stakeholders and 126 community units on Micronutrient supplementation for adolescents		X	X	X	X
						Monitoring and reporting on supplementation of adolescent girls at 137 health facility and 625 schools		X	X	X	X
						Supplementation of 45,000 adolescents girls with WIFAS		X	X	X	X



Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Conduct 20 support supervision and mentorship for micronutrient supplementation of adolescent girls in schools		X	X	X	X
			Output 2.6: Improved knowledge and practices on nutrition and well being of older children and adolescents through sectoral and multi-sectoral stakeholder engagements.	Strengthen partnerships and collaboration	1) Establishment of coordination mechanisms for sectoral and multi-sectoral stakeholder engagement on nutrition and well being for older children and adolescents	Conduct 1 Sector mapping of all relevant stakeholders for proper coordination and engagement		X			
					2) Promotion on nutrition and well being through sectoral and multi-sectoral stakeholder engagement	Hold quarterly sectoral and multi-sectoral stakeholders meetings		X			
						Conduct 1 County learning forum for nutrition and well being for older children and adolescents		X			
		Strategic Objective 2.2: To improve nutrition status among the Adults and older persons	Output 2.2: Dietary guidelines for adults and older persons developed	2.2.1: Promote policies and guidelines on nutrition and well being of adults and older persons	Adoption of policies and guidelines on nutrition and well being of adults and older persons	Hold 1 review workshop for customisation of policies and guidelines on Nutrition and well being of adults and Older persons at county level		X			
					Dissemination and sensitization of policies and guidelines on nutrition and well being of adults and older persons	Hold 1 dissemination workshops for policies and guidelines on nutrition and well being of adults and older persons to county management teams		X			
						Hold 4 Dissemination workshops on policies and guidelines on nutrition and well being of adults and older persons to sub-county management teams		X	X	X	X
						Hold sensitization workshop for 380 healthcare workers		X	X	X	

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						sensitized on healthy diets,lifestyles and physical activity guidelines					
						Hold sensitization workshops for 1260 community health promoters on Healthy diets,lifestyles and physical activity guidelines		X	X	X	X
			Output 2.4: Integrated approaches for improved nutrition status and well-being among adults and older persons	Enhanced partnership and collaboration	1) Collaboration and partnerships with sectoral and multi-sectoral stakeholders on promotion of healthy diets and physical activity for adults and older persons	Form 5 multisectoral platform to support nutrition for adults and older persons		X			
						Hold quarterly technical working group meetings for nutrition for adults and older persons		X	X	X	X
					2) Collaborate with the department of sports in mapping out sports centers to support physical activity for adults and older persons	Conduct 1 meeting for mapping of sports centers		X			
						Conduct 4 sports day annually which will promote nutrition and physical activity for adults and older persons		X	X	X	X
			Output 2.5: Improved knowledge and practices on healthy diets and physical activity among adults and older persons	2.5.1: Nutrition education and Behaviour change	1) Community based Behaviour change strategies on healthy diets and physical activity for adults and older persons	Sensitize 1260 CHPs on community based Behaviour change on Health diets and physical activity for adults and older persons		X	X	X	X
					2) Institutional based nutrition programmes for adults and older persons	Sensitize 4 Technical institutions on community based Behaviour change on Health diets and physical activity for adults.			X		
			Output 2.6: Improved well being of adults	2.6.1: Engagement of adults and older	1) Behaviour Change interventions to promote	Conduct 4 annual community sports day		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
			and older persons through sports	persons in physical activities	physical activity for adults and older persons						
			Output 2.7: Enhanced sports/athlete performance and health through evidence-based nutrition strategies	2.6.2: Policy frameworks to support Nutrition for Sports	Dissemination of guidelines for nutrition in sports	Hold 4 high level sensitization meetings for policymakers on sports nutrition		X	X	X	X
				2.6.3 Capacity building	Capacity build stakeholders on nutrition in sports	Develop 1 sports nutrition training package at county level			X		
						Train 380 HCWs using sports nutrition training package for athletes		X	X	X	
						Sensitization of 500 athletes on nutrition for sports		X	X	X	X
					Promote optimal nutrition practices that meets dietary needs for athletes	Hold nutrition screening for 500 athletes to promote sports nutrition		X	X	X	X
				2.6.4 Advocacy	1. Conduct policy advocacy for integration of nutrition in sports	Hold 8 nutrition advocacy meetings with key stakeholders in sports		X	X	X	X
					2. Facilitate opportunities for networking and collaboration among stakeholders in the sports and nutrition fields.	Hold 1 annual sports day to promote networking and collaboration among stakeholders		X	X	X	X
Key Result Area 3: Enhanced Industrial Fortification for Prevention and control of micronutrient deficiencies.	Increased awareness, availability and adoption of industrially fortified foods in EMC	Strategic Objective 3.1: Scale up regulatory monitoring of adequately fortified foods	Output 3.1: A functional regulatory environment for food fortification	Proposed strategies 3.1.1: Strengthen the Regulatory environment	1. Regulatory monitoring and enforcement at market level entrenched in County annual plans and budgets for improved compliance	Conduct 4 quarterly integrated regulatory inspections and enforcement of fortified foods in the shops by government officials		X	X	X	X
					2. Regulatory coordination mechanism in county government	Establish 1 county quality assurance coordinating team		X			
						Support county quality assurance team to hold quarterly(4) coordination meetings		X	X	X	X
					3. Establish and equip laboratories for testing	Hold 2 meetings to advocate for		X			

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
					quality of industrial fortified foods at market level	establishment and equipping of one laboratory for testing quality of industrial fortified foods at market level					
					4. Monitor consumption of fortified foods at household for general population including vulnerable groups such as children, women of childbearing age and older persons	Conduct 2 salt iodization monitoring activity (every 3 years)		X			X
						Conduct an assessment of 10% of the households to check the proportion of households using iodized salt			X		
						Annual sampling and testing of the fortified foods in the market			X	X	X
		Strategic Objective 3.2.: Increase consumption of adequately fortified foods	Output 3.2. Increased demand and availability for safe and adequately fortified food products by consumers	Proposed strategy 3.2.1: Increase Demand and Access:	create awareness to traders on importance of stocking fortified foods through sensitization workshops, distribution of IEC materials	Conduct sensitization meetings for 1000 traders on food fortification		X	X	X	X
					create awareness to consumers on importance of consuming fortified foods	print and distribute 50,000 IEC Materials that promote consumption of fortified foods	X	X	X	X	X
		Strategic Objective 3.3: Enhance Knowledge Management Systems for Food Fortification Programs	Output 3.4: Sustainable food fortification programme	Proposed strategy 3.3.1: Enhance Knowledge on food fortification	1. Capacity development for food fortification programs for government officials	Train 200 Public health Officers and enforcement officers on food fortification			X		
						Sensitize 1260 CHPs on food fortification			X		
Key Result Area 4: Enhanced clinical nutrition and dietetics services across all levels of health care.	Expected outcome 4. Enhanced and expanded clinical nutrition and	Strategic Objective 4.1: To strengthen hospital inpatient feeding	Output 4.1: National clinical nutrition in-patient feeding protocol developed.	Strategy 4.1.1. Strengthen in-patient feeding.	1. Adopt and customize National Guidelines for In-Patient Feeding:	Develop and print 150 customized National Guidelines and SOPs for In-Patient Feeding		X			

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
	dietetics services for the prevention, control and management of diseases.										
					2. Enhance Training and Capacity Building:	sensitization of 120 health staff from hospitals and health centers on inpatient feeding		X		X	
						sensitization of 100 hospitals and health center kitchen staff on inpatient feeding		X		X	
					3. Strengthen Infrastructure and Equipment Standards:	Hold 4 meetings to advocate for standardization of nutrition infrastructure (Kitchen and kitchen equipment)		X	X	X	X
					4. Formulate and Implement Advocacy and Regulatory Measures:	develop and monitor 1 standard inpatient menu in hospitals and health centers		X			
						Hold 5 hospital and incharges meeting to advocate for allocation of funds for inpatient feeding		X			
		Strategic Objective 4.2: To scale up clinical nutrition services.	OUTPUT 4.2: Improved access to clinical nutrition services with better frameworks, trained staff, standardized procedures, and integrated data systems.	Strategy 4.2.1: Enhance Accessibility to Clinical Nutrition Services	Adopt and customize existing Clinical Nutrition guidelines, protocols and Screening and Assessment Tools.	adopt/customize and print 150 clinical nutrition guidelines and protocols, nutrition screening and assessment tools		X			
						Develop and print 150 SOPs for clinical nutrition		X			
					Enhance training and capacity building	Train 300 HCW on nutrition in TB		X	X	X	X
						Train 300 HCW on nutrition in HIV		X	X	X	X
						Train 300 HCW on nutrition in diabetes		X	X	X	X
						Train 300 HCW on nutrition in other		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						NCDs(oncology, cardiovascular)					
						Train 300 HCW on nutrition assessment, counseling and support(NACS)		X	X	X	X
					3. SBCC on clinical nutrition	hold media talks on clinical nutrition		X	X	X	X
						conduct health education talks on clinical nutrition in 10 Level 4 and 5 health facilities		X	X	X	X
						commemoration days(diabetes, TB, HIV, cancer month)		X	X	X	X
						hold community sensitization forums on clinical nutrition(dialogue day)		X	X	X	X
						Formation of (TB HIV) support groups		X	X	X	X
					4. Advocate for more Clinical Nutrition staffing and Training.	Lobby for funds to employ 10 clinical nutrition staff		X		X	
					5. Strengthen Referral Systems and Exchange Programs:	Sensitize 1260 CHPs to conduct screening for NCD and refer to health facility for management		X	X		
		Strategic objective: 4.3: To strengthen clinical nutrition supply chain.	Output 4.3: Increased availability of clinical nutrition equipment, tools, and commodities in healthcare facilities	Strategy 4.3.1: Strengthen clinical nutrition supply chain.	Enhance Capacity for FFSMP Prescription and Administration.	disseminate enteral and parenteral nutrition therapy guidelines to 200 healthcare workers		X	X		
		Strategic objective 4.4: To strengthen the Integrated Management of Malnutrition (IMAM) program	Output 4.4: Management of wasting and disease related malnutrition improved	Strategy 4.4.1: Enhance the management and treatment of wasting and disease-related malnutrition through improved protocols, training, and resource allocation.	Review and Update IMAM Guidelines and SOPs	customize and print 50 IMAM guidelines and SOPs		X			
					Enhance Capacity Building for Health Care Workers in IMAM	train 300 HCW on IMAM		X	X	X	X
						sensitize 1260 CHPs on CMAM					

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
					Enhanced Capacity Building on PD-HEARTH Model	train 30 TOTs on PDHearth		X			
						train 40 HCW on PDHearth		X			
						train 200 CHPs on PDHearth		X			
					Strengthen Early Case Identification and Referral Systems	conduct biannual rapid assessment for IMAM		X	X	X	X
						Map Hotspots for PD-HEARTH in 20 CHUs					
						Design and Conduct Hearth Sessions in 20CHUs		X	X	X	X
					Strengthen Infrastructure and Equipment IMAM	establish and equip 8 OTP centers and 8 SFP Centres for IMAM in level 2 and 3 facilities			X		
						identify and equip stabilization centers for malnutrition		X		X	
		Strategic objective 4.5: To scale up monitoring and evaluation in clinical nutrition.	Output 4.5: Expanded and improved monitoring and evaluation systems for clinical nutrition services.	Strategy 4.5.1: Implement comprehensive monitoring and evaluation frameworks and tools to systematically assess and enhance clinical nutrition programs.	Implement a Monitoring and Evaluation Plan	develop a monitoring and evaluation plan for pdhearth and IMAM		X			
						conduct support supervision and Data Quality Audits for IMAM		X	X	X	X
Key Result Area 5: Managing malnutrition in emergencies, Resilience Building /Climate Change/Response to Emergencies.		Strategic Objective 5.1: To strengthen coordination, partnership, advocacy and policy for integrated preparedness, response and recovery initiatives.	Output 5.1: Coordination and partnership for nutrition preparedness, response and recovery strengthened.	Strategy 5.1.1: Coordination and partnership for nutrition preparedness, response and recovery.	Strengthen nutrition engagement in functional nutrition emergency preparedness, response and recovery forums and committees.	Constituting nutrition emergency sub-committee		X	X	X	X
						Development of a contingency plan for nutrition emergencies		X			

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Dissemination of guidelines for nutrition emergency preparedness		X			
						Conducting quarterly coordination meetings at county and sub county level		X	X	X	X
					Map partners in emergency preparedness, response, recovery and resilience.	Mapping of emergency response stakeholders		X	X	X	X
						Develop terms of reference		X	X	X	X
		././			Strengthen nutrition emergency coordination structures at the county levels.	Sensitize emergency committee members and stakeholders ( 5 meetings )		X			
			Output 5.2: Policies and guidelines for nutrition preparedness, response and recovery updated.	Strategy 5.1.2: Formulate/review policies and guidelines for nutrition preparedness, response and recovery.	Review and update the Maternal Infant and Young Child Nutrition in Emergencies (MIYCN-E) guidelines and training package.	Printing of 1260 MIYCN-E reporting tools		X			
						Printing of 150 updated maternal infant and young child nutrition in emergency guidelines-		X			
						Disseminate maternal infant and young child nutrition in emergency guidelines		X			X
			Output 5.3: Increased resources from public, private sector, development partners and donors for nutrition emergency response.	Strategy 5.1.3: Advocacy on sustainable financing to nutrition emergency preparedness, response and recovery.	Strengthen the Public-Private Partnership for addressing resources gaps in nutrition emergency response.	Sensitization of the public and private sector players on the importance of emergency response (20 meetings)		X	X	X	X
					Advocate for nutrition interventions to be integrated into County Disaster risk management framework	Meetings for nutrition intervention to be integrated into county disaster risk management framework (12 meetings)		X	X	X	X
					Advocate for resource allocation for nutrition	Resources allocation through the county		X	X	X	X



Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
					resilience and early recovery interventions.	government of Elgeyo Marakwet					
		Strategic objective 5.2: To strengthen preparedness capacity for nutrition sector	Output 5.4: Risk informed program on nutrition preparedness, response and recovery strengthened.	Strategy 5.2.1: Strengthen risk informed programming on nutrition preparedness, response and recovery.	Develop and disseminate SOPs for emergency response.	Print 100 copies of developed SOPs for emergency response		X			
			Output 5.5: Capacity of systems and individuals to undertake preparedness functions built.	Strategy 5.2.1: Build capacity of systems and individuals to undertake preparedness functions.	Build capacity of HCWs on conducting assessments and surveys for emergency preparedness.	Training 70 HCWs on MIYCN-E		X		X	
						Training 1260 CHPs on MIYCN-E		X	X		
			Output 5.7: Create/strengthen systems and individuals to undertake response	Strategy 5.3.2: Strengthen capacity of individuals to undertake response function.	Build capacity of individuals to undertake response function.	Training of 60 community leaders to undertake response function in 20 hotspot areas		X	X		
					Develop accountability structures for affected populations.	Formation of response committees in the 20 hotspot areas		X			
					Organize for emergency response drills in preparation for disasters	Conduct emergency response drills in 20 Hotspot areas		X	X		
		Strategic objective 5.4: To strengthen recovery and resilience interventions.	Output 5.8: Climate adaptive strategies into nutrition programs mainstreamed.	Mainstream climate adaptive strategies into nutrition programs (such as repurposing nutrition commodities wrappings)	To scale up climate change adaptive strategies to mitigate nutrition emergencies.	Integrate climate change messages during nutrition education sessions		X	X	X	X
			Output 5.9: Nutrition mainstreamed into resilience programs	Strategy 5.4.2: Mainstreaming nutrition into resilience programs.	1. Strengthen referral linkages to other programs (such as livelihoods, social protection, health programs, education).	Conduct mapping of stakeholders undertaking social protection and livelihoods programs		X			
						Sensitisation on the referral mechanism system		X			

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
					2. Transitioning emergency programs to normal programming.	Develop action plan on transition to normal program					
Key Result Area 6: Enhanced integration of nutrition into agriculture, livestock and fisheries sectors; (increased year-round availability, access and utilisation of diverse safe nutrient dense foods for the entire population)	<b>Increased production, access, and utilization of diverse, safe, nutrient-dense foods at the household level.</b>	Strategic Objective 6.1 To increase sustainable production and productivity of diverse safe nutrient dense foods	Output 6.1: Strengthened Agri-nutrition capacities for sustainable nutrition sensitive agri-food systems.	Proposed strategies 6.1.1: Promote production and productivity of diverse safe nutrient dense foods	Proposed Interventions: Capacity building public and private agriculture service providers on nutrition sensitive agriculture	Training of TOTs (20 WAOs, 5 SMS(subject matter specialists) and 25 HCWs on nutrition sensitive agriculture(NSA)			X		
						sensitize 1260 chps on nutrition sensitive agriculture			X		
						Sensitize 500 public and private agriculture service providers on nutrition sensitive agriculture		X	X	X	
						sensitization of 1000 farmer groups on nutrition sensitive agriculture		X	X	X	
			Output 6.2 Improved coordination and integration of nutrition into agriculture and food systems policies and programs	Proposed Strategy 6.1.2: Promote production and productivity of diverse safe nutrient dense foods	Advocate for establishment of Agri-nutrition desks (with appropriate skills and resources) at county	Sensitize nutrition 30 stakeholders on the need for establishment of agrinutrition desks(agriculture and livestock,executive,)		X	X	X	
						Establish 1 agri- nutrition desk in each sub county			X		
					Collaborate with agricultural research institutions and other partners in support and provision of nutrient dense crop planting materials, animals and fish breeds to the community	Establish 4 agri- nutrition desks at sub county level		X	X	X	X
						Supply and distribute 100,000 vines(OFSP) of		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						biofortified crops planting materials to farmer groups					
						Supply and distribute 100 tons seed of biofortified crops to farmer groups		X	X	X	X
						support distribution of 500 improved livestock breeds for research purposes focusing on nutritional benefits and suitability for local conditions		X	X	X	X
						support distribution of 250,000 improved fish breeds for research purposes focusing on nutritional benefits and suitability for local conditions		X	X	X	X
						Stock 30 ponds and dams with fingerlings		X	X	X	X
			Output 6.4: Improved women and youth involvement and access to nutrition sensitive, climate smart agriculture, appropriate labour/time saving technologies, financial literacy and agricultural insurance schemes.	Proposed Strategy 6.1.5: Promote equal participation of women and youth in agriculture as a pathway to increased ownership and participation in agriculture for increased production of diverse safe nutrient dense foods	Proposed Intervention: Advocate for youth and women empowerment on nutrition sensitive agriculture for increased production of diverse safe nutrient dense foods	Hold sensitization meetings for youth and women groups on nutrition sensitive agriculture for increased production of diverse safe nutrient dense foods (20 youth groups and 80 women groups annually)		X	X	X	X
						Support establishment of kitchen gardens for the youth and women groups (20 for youth groups and 80 for women groups annually)		X	X	X	X
		Strategic Objective 6.2: To increase access to nutrient dense foods for improved nutrition	Output 6.5 Diversified nutritious foods including milk, fish, Indigenous vegetables, sweet potatoes, beans, meat, eggs available in major markets.	Proposed Strategy 6.2.1: Promote safe and nutrition sensitive aggregation, value addition and distribution initiatives across foods value chains	Advocate for safe and nutrition sensitive value addition of agricultural produce to enhance shelf life, diversity, texture and palatability along the life cycle; and development of modern aggregation and distribution	Hold 20 barazas on safe, nutrition sensitive value addition that enhance shelf life, diversity, texture and palatability along the life cycle of agricultural produce		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
					infrastructures to strengthen linkages with retail markets for increased access to nutritious food.						
						support Establishment of modern aggregation centres in every ward to strengthen linkages with retail markets for increased access to nutritious food		X	X	X	X
			Output 6.6: Inclusion of access to nutritious foods in agriculture and food security sector policies and strategies	Proposed Strategy 6.2.2: Promote inclusion of nutrients dense foods in policies and strategies to support access to nutritious food	Advocate for inclusion of nutrient dense foods in agricultural strategies to enhance access to nutritious foods.	Hold 5 annual stakeholders meetings to promote inclusion of nutrient dense foods in agricultural strategies	X	X	X	X	X
		Strategic Objective 6.3: To increase utilization of nutrient dense food to all population groups	Output 6.7: Utilization of diverse nutrients dense foods increased.	Proposed strategy 6.3.1: Promote Social behaviour change for utilization of diverse nutritious foods	Design interventions to promote social behaviour change for healthy diets through agriculture programs	Hold 200 Public Baraza that promote inclusion of nutrient dense foods in agricultural strategies		X	X	X	X
						print and disseminate 50,000 IEC materials that promote health diets					
						Conduct 100 food demonstrations that promote health diets during field days, public engagement forums etc	X	X	X	X	X
					Promote households to allocate agricultural income for acquisition of nutrient dense diverse foods.	Hold 200 barazas to sensitize households to allocate agricultural income for acquisition of nutrient dense diverse foods		X	X	X	X
					3. Formulation of new recipes	Develop a new recipe books and disseminate 1000 copies			X		
Key Result Area 8: Enhanced integration of nutrition in the education sector.	Enhanced nutrition interventions within	Strategic objectives 8.1: To strengthen the school food environment for	Expected Output 8.1: Comprehensive School Nutrition Policy and Guidelines adopted	8.1.1: Promote and adopt policy framework on comprehensive school nutrition	Adoption of policies, strategies, guidelines and packages on nutrition in schools	Hold a 5 day review workshop to customise a school-based nutrition package (School health policy, Schools menu		X			

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
	education sector	improved access and learning outcomes.				guide, Reference manual on food nutrition for teachers, school gardening guidelines, healthy diets and lifestyles, Menstrual Health Mgt)					
						Training of 25 TOTs on school based nutrition package		X			
						Dissemination of school based nutrition package to 1250 school managers including Headteachers, Principals, BOM and PTA		X			
						School based sensitization to 25 school health coordinators including quality assurance and standard officers (QASO) on policies, strategies and guidelines (Tuckshop guidelines, Teacher reference manual, School menu guides, School health policy)		X			
					Advocate for adoption of a comprehensive school nutrition package in educational settings	Hold advocacy meetings with 50 county education management teams for provision of school meals that meet dietary needs for learners			X		
						Hold advocacy meetings with 50 school health coordinators, ward PHOs and school health teachers on enforcement of policies that protect the school food environment against unhealthy foods			X		
						Hold advocacy meeting at ward level for school based nutrition programs		X		X	
						Hold advocacy meetings with 50 County executive and County assembly committee on health and		X		X	

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						education for resource mobilization for school based nutrition programs					
			Expected Output 8.2: Enhanced delivery of School-Based Nutrition Programs.	8.2.1: Enhance Partnership and collaboration in delivery of school based nutrition programs	Leverage on existing collaborative programs and partnerships in improving health and nutrition infrastructure in schools	Conduct an assessment meetings to determine partners working with schools on food and nutrition programs		X			
						Conduct a meeting to assess all 625 schools to establish number of learners in the county					
						Establish 1 County Nutrition Technical Working Group			X		
						Conduct 20 quarterly CNTF meetings to review comprehensive health and nutrition services within educational settings	X	X	X	X	X
						Conduct assessment of 300 schools to identify Infrastructure gaps in food storage and safety		X	X		
						Sensitise 300 school management on improving infrastructure in schools to improve food storage and safety		X	X		
						Hold 20 quarterly infrastructural coordination meetings with all partners in schools to improve food storage and safety		X	X	X	X
			Expected Output 8.3: Local Food Production and Stakeholder Training Program for schools.	8.3.1: Capacity Building of school stakeholders on local food and nutrition programs	Promotion of consumption of local available foods in schools	Conduct a meeting to assess partners to engage schools in structured programs that will enhance food production in schools.			X		
						Establish 400 school food production projects		X	X	X	X
						Hold 50 school community dialogue days to sensitize stakeholders		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						on nutritional values on local foods					
						Hold school monitoring visits to track the provision of local nutritious foods in 300 schools		X	X	X	X
		Strategic Objective 8.2: To improve access to comprehensive health and nutrition services within educational settings.	Expected Output 8.4: Integrated School Nutrition Program in place	Strategy 8.3.1 Enhance comprehensive nutrition programs within educational settings	1. Dissemination and sensitization of policies, strategies, guidelines and packages on nutrition in schools	Conduct dissemination of policies, strategies, guidelines and packages on nutrition in schools to 1250 school management - VAS, Deworming, HPV, WIFAS, NE, Health talks, Menstrual Wash,		X	X	X	X
						Sensitisation of 300 school managers on comprehensive nutrition in schools		X			
						Train 625 teachers on comprehensive nutrition services that meets dietary needs for learners		X			X
					Provision of comprehensive nutrition services in schools	Establish 200 food and nutrition clubs in schools including 4kClubs and School demonstration gardens		X	X	X	X
						Conduct 10 biannual supportive supervision and mentorship on comprehensive nutrition services in schools		X	X	X	X
Key Result Area 9: Enhanced integration of nutrition within the Water, Sanitation, and Hygiene (WASH) sector.	Expected Outcome KRA 9: Enhanced integration of nutrition within the Water, Sanitation, and Hygiene (WASH) sector.	Strategic objective 9.1 To increase proportion of population with access to improved drinking water sources, basic sanitation services and basic handwashing facilities	Expected Output 9.1 increased proportion of population with access to improved drinking water source, basic sanitation services and basic hand washing facilities	Proposed Strategy 9.1.1: Advocating for WASH policies, guidelines and regulation frameworks to include nutrition sensitive interventions	Adopt/customize national WASH guidelines to integrate nutrition sensitive interventions	hold 3 multi sectoral forum to review, customize and adopt national WASH guidelines to integrate nutrition sensitive interventions			X		
				Proposed Strategy 9.1.2: Behavior	Promote utilization of appropriate water	conduct 200 barazas to promote use of		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
				Change Communication and Social Mobilization for integrated WASH and nutrition programming	treatment methods within households and institutions	appropriate water treatment methods within households					
						Support health care workers to visit 400 institutions to promote appropriate water treatment methods		X	X	X	X
					Promote the use of sanitation facility structures to factor in the needs of vulnerable groups such as children, PWDs and the elderly in nutrition programs	Hold a multisectoral meeting to promote re-designing and adoption of sanitary facility structures appropriate for vulnerable groups such as children, PWDs and the elderly in nutrition programs			X		
					Advocate for social inclusivity and diversity in the design and operation of water supply infrastructure with consideration to the vulnerable groups such as children, women, PWDS and the elderly.	Hold a multisectoral meeting to promote social inclusivity and diversity in the design and operation of water supply infrastructure with consideration to the vulnerable groups such as children, women, PWDs and the elderly				X	
					Promote availability and use of basic hand washing facilities at critical points of use (kitchen, toilet etc.)	conduct 200 barazas to promote the provision and use of adequate basic hand washing facilities at critical points of use in households		X	X	X	X
						Support health care workers to visit 800 institutions(health facilities,schools and tertiary institutions) to promote appropriate use of basic hand washing facilities	X	X	X	X	X
					1. Support development/review and dissemination of ACSM materials for integrated WASH and nutrition programming.	Print and distribute 50,000 IEC materials for integrated WASH and nutrition programming	X	X	X	X	X



Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
				Proposed Strategy: 9.1.3: Partnerships and collaborations to scale up water access for nutrition sensitive interventions	joint work plan meetings for implementation of WASH and nutrition programs	Develop 5 joint annual work plans for implementation of WASH and nutrition programs	X	X	X	X	X
						Conduct 14- quarterly monitoring meetings to review implementation of the joint work plan	X	X	X	X	X
				Proposed Strategy 9.1.4: Capacity building for integrated WASH and nutrition programming	Promotion and dissemination of innovations around improved and sustainable WASH technologies.	Identify and document 5 Innovations that improve sustainable WASH technologies at Maarifa Centre	X	X	X	X	X
						Showcase 5 innovations during commemoration of world health days (World Toilet Day, Global Hand washing day, World Water day)	X	X	X	X	X
				Proposed Strategy 9.2.4: Advocate for safe and appropriate management of excreta at household, and institutions including disposal of children's stool	Promote safe and appropriate management of waste including appropriate disposal of children's stool in villages and urban areas	Advocate through community dialogue (7560) days, safe management of waste at household level	X	X	X	X	X
Key Result Area 10: Nutrition integrated across Social Protection programmes.	Nutrition mainstreamed within social protection policies, strategies and interventions.	To enhance access to nutritious food among the beneficiaries of School Feeding Program	Nutritional status of learners improved through School feeding program	Community involvement	Identification of beneficiary schools by communities	Hold Sensitization meetings to 10,000 community members on school health nutrition		X	X	X	X
				Government and Donor Partnerships	Advocate for the Daily Provision of Nutritious Meals for primary and secondary schools	Sensitize 60 policy makers on school meals assistance		X	X	X	X
					Improvement of kitchens and storage facilities in schools	Advocate for improved kitchens and storage facilities for 208 schools		X	X	X	X
					Capacity Building for School Management	Hold 20 meetings to Sensitize 180 BOMs and		X			X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						School Principals on Nutrition education each per ward					
		To improve knowledge and skills on nutrition among the targeted households for Food assistance program	Nutritional status of vulnerable households improved through Food assistance program	Partnership with national government on feeding program	Identify vulnerable households (e.g., low-income families, pregnant/lactating women, children under five, elderly, disabled individuals)	Hold 8 biannual engagement meetings with national government and partners for food assistances		X	X	X	X
				Targeted Food Distribution	Income generating activities	Conduct vulnerability assessments and mapping to identify 5000 beneficiary households		X	X	X	X
				Agricultural Support and Livelihood Diversification	Community Sensitization Forums	Train 5000 households in income-generating activities to reduce dependency on food aid		X	X	X	X
		To enhance access to nutritious food among the beneficiaries of Cash Transfer Programs	Increased Community Nutrition Awareness and Engagement among targeted households for Cash Transfer Program	Nutrition Awareness Creation		Conduct sensitization forums to raise awareness about proper nutrition, focusing on targeted 5,000 households for Cash Transfer Program		X	X	X	X
					Distribution of Nutritional Educational Materials	print and distribute 3000 materials such as brochures, posters		X		X	
				Multisectoral collaboration and partnerships	Collaborate with MOH and relevant Stakeholders	Organize 5 quarterly meetings with MOH and stakeholders		X	X	X	X
				Facilitate Community groups(SHG & CBOs) for nutrition support	Use existing community groups to provide peer support and share best practices	Sensitize 2000 community groups to provide peer support and share best practices	X	X	X	X	X
				Engage social development committees in promoting nutrition	sensitize social development committees in promoting nutrition	Train 200 social development committees on nutrition education	X	X	X	X	X
Key Results Area 11: Enhanced Sectoral and Multisectoral Nutrition Governance - Planning, Legal, Regulatory	Expected Outcome 11: Improved governance, financing, coordination , partnerships	Strategic Objective 11.2: To strengthen policy,planning, legal and regulatory frameworks for nutrition	Expected Output 11.3: Nutrition prioritized in key strategic planning processes and documents	Plan and prioritize nutrition in key sector policies, strategies, guidelines in county plans (CIDP, CHSSP, CNAP, ADP, AWP etc)	Capacity building of county planners and nutrition stakeholders on integrating nutrition into sectoral strategies and planning documents	Conduct training workshops for 40 county planners and nutrition stakeholders on integrating nutrition into sectoral strategies and planning documents	X	X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
Framework, Financing, Coordination, Partnerships, Advocacy, Communication and Community Engagement	and community participation in Multisectoral nutrition programmes										
					Review and update sectoral Annual Work Plans (AWPs) and County Integrated Development Plans (CIDPs) to integrate nutrition-sensitive interventions.	Hold 5 AWP and CIDP review meetings	X	X	X	X	X
					Facilitate intersectoral dialogue on nutrition during the preparation of county development plans, strategies, and documents	Hold 5 annual dialogue meetings on nutrition during the preparation of county development plans, strategies, and documents	X	X	X	X	X
					Facilitate exchange programs or study visits for county staff and partners to learn from best practices in other regions on multi sectoral nutrition planning.	Support exchange program for 5 county staff on nutrition planning	X	X	X	X	X
						Conduct 10 study visits on nutrition planning		X	X	X	X
			Expected Output 11.4: The policy and legal environment for nutrition strengthened and streamlined	Strengthen legal and regulatory framework for nutrition	Support the roll out and dissemination of relevant nutrition acts and regulations	Conduct 40 sensitization meetings for key stakeholders at the county level to enhance their understanding of nutrition acts and regulations	X	X	X	X	X
		Strategic Objective 11.3: To strengthen sectoral and multi sectoral coordination	Expected Output 11.5: Nutrition sectoral and multi sectoral coordination strengthened	Establish a directory of partnerships that can be leveraged for enhanced coordination.	Identify and map partners in a directory of partnerships	Hold annual multi sectoral partners meeting for enhanced coordination.		X	X	X	X
						Organize 20 quarterly meetings for CNTF and nutrition TWGs		X	X	X	X
						Organize annual inter-sectoral learning forums		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
				Collaboration and partnership	Establish Nutrition Focal Points in each Department in all relevant county departments to ensure seamless coordination and accountability in integrating nutrition actions into sectoral policies, plans, and programs.	Train 10 nutrition focal points persons on Nutrition coordination and integration		X			
			Enhanced collaboration and resource allocation for nutrition sensitive agrifood systems	Increase Investments and resource mobilisation through public-private partnerships in nutrition sensitive agrifood systems	Strengthen coordination platforms for PPP engagement and resource mobilisation on nutrition sensitive Agri-food systems	Hold annual multi sectoral forums to enhance public private partnership and resource mobilisation		X	X	X	X
		Strategic Objective 11.4: To strengthen budgeting and financing for nutrition across sectors at all levels	Expected Output 11.6: Nutrition financing increased	Advocacy	Advocate for increased resource allocation for nutrition actions at different levels and sectors ensuring that at least 5% is directed toward nutrition programs..	Hold annual briefing sessions with county assembly members, particularly those in charge of budget and finance committees		X	X	X	X
						Hold joint annual budgeting sessions between key sectors (health, education, agriculture, and social protection).		X	X	X	X
					Conduct capacity-building workshops on nutrition budgeting, costing, and financial tracking.	Train 60 county officials, planners, and finance officers on nutrition budgeting, costing, and financial tracking.		X			X
		Strategic Objective 11.5: To scale up and sustain sectoral and multisectoral nutrition Advocacy, communication and community engagement at all levels and across sectors	Expected Output 11.7: High level evidence for advocacy generated	Evidence generation	Create and utilize investment cases to demonstrate the return on investment in nutrition (Cost templates for nutrition actions, budget briefs)	Develop 3 investment cases for nutrition			X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Hold 3 dissemination meetings on the investment cases			X	X	X
			Expected Output 11.8: Multisectoral nutrition advocacy sustained and scaled up across sectors and at all levels	Advocacy	Enhance harmonised advocacy, communication and social mobilisation for nutrition	Print 4000 advocacy materials for dissemination of nutrition research findings		X	X	X	X
					Work with media outlets (local radio, TV, newspapers) to disseminate nutrition messages.	Develop 4 compelling narratives and success stories related to nutrition.		X	X	X	X
						Hold 8 broadcast sessions on nutrition education		X	X	X	X
				Gender mainstreaming	Enhance male engagement in nutrition through the Department of Gender, Kokwoboi forums. (mens forums).	Mapping of 80 male nutrition champions who model and personify gender equitable norms related to family engagement in nutrition.		X	X	X	X
						Sensitize 80 male nutrition champions on nutrition through the Department of Gender, Mens' forums (kokwoboi).		X		X	
						Hold 8 radio talk shows on gender responsive nutrition discussion forums involving male nutrition champions		X	X	X	X
						Conduct 4 gender analysis surveys on the nutrition		X	X	X	X
					Engage women, men, and other influencers in community-based activities to reflect on and challenge intra household dynamics and vulnerabilities that impact household food and labor distribution.	Sensitize 130 HCW on mainstreaming gender in nutrition intervention.		X	X		
						Sensitize 1260 CHPs on mainstreaming gender in nutrition intervention.		X	X	X	

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Sensitize 203 community leaders on mainstreaming gender in nutrition intervention.		X		X	
						Sensitize 100 FBOs on mainstreaming gender in nutrition intervention.		X	X	X	X
						Hold 8 radio talks to model more equitable family and gender roles and pass nutrition messages.		X	X	X	X
					Create awareness on gender mainstreaming in nutrition	Develop ,print and disseminate 1000 copies on gender responsive IEC materials on nutrition		X			X
						Hold biannual dialogues on shifting gender roles with community influencers		X	X	X	X
						Identify 80 supportive leaders to communicate approval for equitable family engagement across gender and age in nutrition services and activities		X	X	X	X
						Conduct 40 gender responsive nutritional education in all special schools		X	X	X	X
				Disability mainstreaming	Use of theatre and songs to pass gender transformative nutrition messages.	Sensitize 10 special schools on gender transformative nutrition		X	X	X	X
						Sponsor 80 local theatre groups and traditional dancers to formulate and perform gender responsive nutrition content		X	X	X	X
						Hold annual nutrition themed festival held in special schools		X	X	X	X
Key Result Area 12 : Strengthened multisectoral Nutrition	Multisectoral research in nutrition strengthened	Strategic Objective 12.1: Strengthen sectoral and multisectoral	Output 12.1. Multisectoral and Nutrition sector plans monitored	Monitor and Evaluate implementation of CNAP and M&E	Review and update M&E plan	Develop M&E plan for CNAP		X			

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
Information, M&E systems, research and Knowledge management.	leading to evidence-based decision-making that effectively informs policy and programming	nutrition information, monitoring and Evaluation systems, learning and knowledge management		framework for nutrition sector .							
						Sensitize 200 HCW on M&E plan		X			
					Review progress of AWP to track implementation of nutrition interventions	Hold quarterly meetings to review AWP implementation on nutrition interventions	X	X	X	X	X
					Monitor and review of CNAP 2023 -2028 Midterm, and End Term	Conduct County CNAP mid term review meetings			X		
						Conduct annual CNAP review		X	X	X	X
						Conduct County CNAP end term review meetings					X
			Expected Output 12.2.High-quality nutrition information is generated and used for evidence-based decision-making.	Enhance Capacity Building on MEAL and knowledge management	Assess the existing capacity for monitoring and evaluation (M&E) related to nutrition.	Conduct M&E capacity needs assessment		X			
						Train 300 health care staff on nutrition data management and information use		X	X	X	
				Enhance Data quality	Conduct nutrition data clinics and nutrition indicator deep dive	Conduct county quarterly Nutrition data review meeting		X	X	X	X
						Conduct sub county quarterly Nutrition data review meeting		X	X	X	X
						Hold county nutrition annual performance review meetings		X	X	X	X
						Hold sub-county nutrition annual performance review meetings		X	X	X	X
						Conduct quarterly Nutrition targeted support supervision		X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Conduct Quarterly Nutrition DQA		X	X	X	X
					Adoption of innovations and technologies to increase efficiency and quality of nutrition data	Develop electronic Nutrition DQA tools		X			
			Enhanced access to and use of nutrition information for programming, learning and decision making	Timely generation, dissemination and utilization of Nutrition information	Review multisectoral nutrition scorecard to monitor CNAP Indicators	Train 200 staff to utilize the county Nutrition Scorecard to monitor key indicators Quarterly		X	X	X	X
					Conduct nutrition situation analysis, generate information and disseminate to all levels for planning and response	Upload 14 nutrition reports and bulletins in the county website		X	X	X	X
						Monthly uploading of nutrition data	X	X	X	X	X
					Ensure standardized and effective tools for assessing nutrition-related factors.	Print, distribute MoH Nutrition registers (MOH 511,510, 704, 407, 409, 410A, 410B, 368,204A) (130 copies each)		X			X
						Print, distribute MoH Nutrition Summary forms (MOH 713, 710,711, 734) 130 copies each		X		X	
						Print, distribute MoH Nutrition Summary forms (MOH 713, 710,711, 734) (130 copies each)		X			X
						Print and distribute 10,000 mother child booklets (MOH 216)		X		X	
					Procure data collection tools i.e Desktops, laptops, tablets and phones	Procure 25 laptops for data entry and analysis		X	X		
						Procure 50 tablets		X	X		
						Procure 4 Starlink modules		X			
					Review/Developments of guidelines & tools on nutrition	Develop 5 county specific tools to collect nutrition data (WIFAS, GMP adolescents)		X			
	Outcome: Multisectoral	Strategic Objective 12.2: To strengthen	Research in nutrition strengthened through	Development of research guidelines	standardize multisectoral nutrition research.	Develop 2 nutrition research protocol		X		X	



Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
	research in nutrition strengthened leading to evidence-based decision-making that effectively informs policy and programming	sectoral and multisectoral research in Nutrition for evidence-based decision making to inform policy and programming.	the development of guidelines,								
						Develop a sectoral and multisectoral research in nutrition guideline		X		X	
			Improved implementation of evidence-based Programs	Advocacy for Research Uptake and Financing	Advocacy campaigns for increased uptake of research findings in policy and program development and for increased investment in nutrition research.	Sensitize 40 health staff on research policy and guidelines			X		
			Knowledge and skills of research in nutrition increased among stakeholders	Knowledge Management and Learning	Capacity building of stakeholders in areas such as research design, data analysis, gender mainstreaming, knowledge translation, systematic reviews, and grant writing.	Train 40 stakeholders on research skills and methods and proposal writing			X		
					Knowledge-sharing initiatives through key learning events such as research conferences, webinars, and dissemination of policy briefs and best practices.	Attend 10 conferences, symposiums and webinars	X	X	X	X	X
						Upload 8 research findings to county website repository		X	X	X	X
						Train 30 C/SCHMT to access and use nutrition county repositories		X		X	
					Conduct research to uncover key issues and barriers	Conduct 2 county specific nutrition survey (School meal survey)		X		X	
			Agricultural research and academic	Proposed strategy Monitoring,	Collaborate with agricultural research and	support analysis and dissemination of research			X		

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
			institutions engaged for research on nutrient dense foods including biofortified foods.	evaluation, research and development	academic institutions for research on diverse crops, livestock and fisheries focusing on nutritional benefits and suitability for local conditions.	findings on nutrient dense local crops identified (African indigenous vegetables {terere, managu, saga, kunde, pumpkin leaves}, orange flesh sweet potatoes & high iron beans)					
						support analysis and dissemination of research findings on nutrient dense animal foods identified (goat milk, meat, eggs, fish)			X		
KRA 14: Strengthen Supply Chain Management for Nutrition Health products and Technologies (HPTs),		Strategic Objective 14.1: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Output 1: Increased government financing, for Nutrition Health products and Technologies (HPTs)	Strategy: Advocate for increased financing, access and availability of Nutrition Health products and Technologies (HPTs)	Conduct Quantification and forecasting of nutrition HPT	Conduct biennial quantification and forecasting of nutrition HPT for the period		X			X
						Conduct quarterly supervision and monitoring on utilization of nutrition HPT		X	X	X	X
		Strategic Objective 14.3: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Output 14.3: Strategic partnerships enhanced for best warehousing and storage practices of Nutrition Health products and Technologies (HPTs)		Advocate for strategic partnerships to enhance counties capacity on best warehousing and storage practices of Nutrition Health products and Technologies (HPTs).	Partition 4 existing pharmacy stores to accommodate nutrition commodities		X	X	X	X
		Strategic Objective 14.4: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Output 14.4: Strengthened Nutrition Health products and Technologies (HPTs) coordination structures at National and county level.	Strategy: Optimize coordination for Nutrition Health products and Technologies (HPTs) security and accountability	Establish Nutrition Commodity Security Sub Committee	prepare TOR of operation and terms of reference		X			
						Hold monthly committee meetings	X	X	X	X	X
		Strategic Objective 14.5: Strengthen integrated supply	Output 5	Strategy: Leverage on technology and innovations to	integration of nutrition health product and	Sensitize healthcare workers on the kobotool		X			

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
		chain management system for Nutrition Health products and Technologies (HPTs).		strengthen Nutrition supply chain management, end to end visibility, traceability and accountability.	technologies on weekly KOBOTOOL						
					Strengthen reporting on KHIS/LMIS system.	Train staff on LMIS use		X			
		Strategic Objective: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Output 14:8: Electronic proof of deliveries (ePOD) for last mile accountability implemented		Interventions/Activities: Scale up the use of electronic proof of deliveries (ePOD) for last mile accountability.	Training of health care workers on ePOD		X			
		Strategic Objective 14.9: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Output 14.9: Food safety and quality standards (FSQ) guidelines and SOPs implemented	Strategy: Strengthen mechanisms to monitor quality and quantity of nutrition commodities, equipment and allied tools.	Enforcement of cap 254 food drugs and chemical substance and cap 242 public health Act through regular inspections	Conduct routine inspections of food HPT safety		X	X	X	X
		Strategic Objective 14.12: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Output 14.12: Commodity accounting and Food Safety and Quality (FSQ) checks enhanced		Interventions/Activities: Enhance commodities quantity and quality through commodity accounting and Food Safety and Quality (FSQ) checks	Conduct regular sampling of HPT commodities		X	X	X	X
		Strategic Objective 14.15: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Output 14.15: Trainings and mentorship conducted on Nutrition Health products and Technologies (HPTs) management	Strategy: Capacity strengthening on Nutrition Health products and Technologies (HPTs)	Trainings and mentorship on Nutrition Health products and Technologies (HPTs) management	Train 300 healthcare workers on commodity management		X	X	X	X
		Strategic objective 5.3: To strengthen Response capacity for nutrition sector.	Output 5.6: Supply chain for emergency nutrition commodities strengthened.	Strategy 5.3.1: Strengthen supply chain for emergency nutrition commodities.	Support supply chain management of nutrition commodities in emergencies.	-Prepositioning of emergency commodities -Procurement of anthropometric equipment	X	X	X	X	X
					procure nutrition commodities	Term Formula (0)	X	X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						Procure 150 Preterm Formula	X	X	X	X	X
						Procure 60 Breast Milk fortifier(FM85)	X	X	X	X	X
						procure Corn-Soy Blend 0	X	X	X	X	X
						Micronutrients Powder 0	X	X	X	X	X
						procure 15000 Fortified Blended Food (FBF) Flour, 435 Kcal/100g for adults and adolescents (10-17 years) (Insta Foundation Plus)	X	X	X	X	X
						procure 13000 Fortified Blended Food (FBF) Flour, 450 Kcal/100g for pregnant women and postpartum mothers(insta advantage)	X	X	X	X	X
						procure 13000 Fortified Blended Food (FBF) Flour, 415 Kcal/100g for children aged 6 months to 9 years(insta first food)	X	X	X	X	X
						procure 25000 Ready to use supplementary feed (RUSF) paste, 500Kcal/92g (eg plumpy Nut 2700*7	X	X	X	X	X
						procure 20000 Vitamin A 200 000 IU (60mgRE) Capsules (28*500)	X	X	X	X	X
						procure 30000 Vitamin A 100 000 IU (30mgRE) Capsules (24*100)	X	X	X	X	X
						Vitamin A 50 000 IU (3mgRE) Capsules therapeutic 0	X	X	X	X	X
						procure 350 F-75 Therapeutic diet (216)	X	X	X	X	X
						procure 300 F-100 Therapeutic diet (180)	X	X	X	X	X
						270000 IFAS (27*1000)	X	X	X	X	X
						procure 1M WIFAS for adolescent girls (40,000*24 tablets per year)	X	X	X	X	X
						procure Disease specific formula (Renal) 0	X	X	X	X	X

Key Result Area	Expected Outcome	Strategic Objective	Expected Outputs	Proposed Strategy	Proposed Intervention/ Activity	Sub Activities	Year 1	Year 2	Year 3	Year 4	Year 5
						procure Hydrolysed formula 0	X	X	X	X	X
						procure Calorically dense formula 0	X	X	X	X	X
						procure High protein formula 0	X	X	X	X	X
						procure Enteral Nutrition formulas 0	X	X	X	X	X
					Procure anthropometric equipment	procure 138 Infant weighing scale	X	X	X	X	X
						procure 138 Adult weighing scale (combo)	X	X	X	X	X
						procure 138 Children Height/Length board	X	X	X	X	X
						procure 138 Adult height board	X	X	X	X	X
						procure 800 Adult MUAC tape	X	X	X	X	X
						procure 2000 Children MUAC tape	X	X	X	X	X
						procure 800 BMI wheels	X	X	X	X	X

## ANNEX 2: CNAP Indicators and Targets

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
Key Results Area 1: Maternal, Newborn, Infant and Young Child (MIYCN) nutritional well-being enhanced.	Expected Outcome for KRA1: Improved care practices and services for enhanced maternal, newborn, infant, and young child nutrition.	Strategic Objective 1.1: Improve maternal nutrition practices	Number of meetings held to review and adopt maternal related guidelines in line with the international standards, guidelines on maternal developed	Output Indicators	#	Program reports	5	Quarterly	0	2022/23	program report	4	1	0	0	0	The documents will be reviewed in year 1 and 2 to guide the CNAP implementation
			Number of maternal nutrition related guidelines dissemination meetings conducted at the county and sub county level	Output Indicators	#	Program reports	5	Annually	0	2022/23	program report	5	0	0	0	0	
			Number of CMEs conducted to disseminate developed guidelines to HCWs and CHPs	Output Indicators	#	Program reports	7800	Monthly	0	2022/23	program report	1560	1560	1560	1560	1560	130 facilities each doing 1 CME per month * 12 months *5years
			Number of MIYCN key messages translated to Kiswahili language for use in the health forums	Output Indicators	#	Program reports	8	Yearly	0	2022/23	program report	8	0	0	0	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of fliers and pamphlets printed	Input Indicators	#	Program reports	25000	Yearly	0	2022/23	program report	5000	5000	5000	5000	5000	
			Number of fliers distributed	Input Indicators	#	Program reports	25000	Yearly	0	2022/23	program report	5000	5000	5000	5000	5000	
			Number of TOTs trained on MIYCN initiatives	Output Indicators	#	Program reports	25	Once	0	2022/23	program report	25	0	0	0	0	
			Number of copies of training materials printed	Output Indicators	#	Program reports	150	Once	0	2022/23	program report	150	0	0	0	0	
			Number of TOTs trained on BFHI	Output Indicators	#	Program reports	25	Once	0	2022/23	program report	25	0	0	0	0	
			Number of TOTs trained on vitamin A and deworming	Output Indicators	#	Program reports	25	Once	6	2022/23	program report	25	0	0	0	0	
			Number of TOTs trained on IFAS	Output Indicators	#	Program reports	25	Once	5	2016/17	program report	25	0	0	0	0	
			Number of TOTs trained on MNPs	Output Indicators	#	Program reports	25	Once	5	2018/19	0	25	0	0	0	0	
			Number of HCWs trained on MIYCN initiatives	Output Indicators	#	Program reports	300	Yearly	210	2022/23	0	100	100	100	0	0	
			Number of HCWs trained on BFHI and kangaroo care	Output Indicators	#	Program reports	150	Yearly	0	2022/23	program report	100	50	0	0	0	
			Number of HCWs and support staff sensitized on BFHI	Output Indicators	#	Program reports	600	Yearly	0	2022/23	program report	200	200	200	0	0	
			Number of kangaroo units established and equipped	Output Indicators	#	Program reports	7	Yearly	3	2022/23	program report	3	4	0	0	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number BFHI committees established at the health facility	Output Indicators	#	Program reports	7	Yearly	0	2022/23	program report	3	4	0	0	0	
			Number of CMEs conducted on BFHI	Output Indicators	#	Program reports	360	Yearly	0	2022/23	program report	72	72	72	72	72	12 hospitals do 6 CMEs per year
			number of advocacy meeting conducted	Output Indicators	#	Program reports	1	Annually	1	23/24	program report	0	1	0			
			number of HCW Trained on BMS ACT	Output Indicators	#	Program reports	300	Once	30	23/23	program report	0	100	100	100	0	
			Number of CHPs trained on MIYCN initiatives (VAS+D, IFAS and MNPs)	Output Indicators	#	Program reports	500	Yearly	0	2022/23	program report	300	100	100	0	0	
			Number of CHPs trained on BFCI	Output Indicators	#	Program reports	560	Yearly	0	2022/23	program report	300	100	100	0	0	
			Number of community mother support groups incorporating both genders established	Output Indicators	#	Program reports	70	Yearly	0	2022/23	program report	35	35	0	0	0	
			Number of mother to mother support groups established	Output Indicators	%	Program reports	350	Once	0	2022/23	program report	160	280	350	0	0	
			Proportion of MTM support groups having monthly meetings	Output Indicators	#	Program reports	100%	Monthly	63%	2022/23	program report	65%	70%	80%	90%	100%	The number of groups at baseline is 160. This progressively increases to 350



Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of FTF support groups formed	Output Indicators	#	Program reports	70	Once	0	2022/23	program report	0	30	20	20	0	
			Proportion of FTF support groups having monthly meetings	Output Indicators	%	Program reports	100%	Monthly	0	2022/23	program report	0	20%	40%	60%	80%	
			Number of CHP meetings conducted in 126 CUs	Output Indicators	#	Program reports	126	Monthly	0	2022/23	program report	1512	1512	1512	1512	1512	
			Number of CHP review meetings conducted on BFCI in 126 CUs	Output Indicators	#	Program reports	20	Quarterly	0	2022/23	program report	4	4	4	4	4	
			Number of support supervisions conducted to MTM support groups	Output Indicators	#	Program reports	20	Quarterly	0	2022/23	Program reports	4	4	4	4	4	
			Number of food demonstration activities conducted on dietary diversity for FTF support groups	Output Indicators	#	Program reports	70	Quarterly	0	2022/23	Program reports	0	20	20	30	0	
			Number of food demonstration activities conducted on dietary diversity for MTM support groups	Output Indicators	#	Program reports	350	once	0	2022/23	Program reports	50	100	100	100	0	
			Number of food demonstration activities conducted on dietary	Output Indicators	#	Program reports	280	once	0	2022/23	Program reports	50	100	130	0	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			diversity for care groups														
			Number of CHC committees sensitized on BFCI targeting both genders	Output Indicators	#	Program reports	126	once	0	2022/23	Program reports	0	50	45	31	0	
			Number of community leaders sensitized on BFCI targeting both genders	Output Indicators	#	Program reports	2800	once	0	2022/23	Program reports	0	1000	1000	800	0	
			Number of BFCI committees established in the community	Output Indicators	#	Program reports	70	yearly	0	2022/23	Program reports	70	0	0	0	0	
			Number of CHC committee on BFCI established	Output Indicators	#	Program reports		once	0	2022/23	Program reports	126	0	0	0	0	
			Number of BFHI assessments conducted	Output Indicators	#	Program reports	12	Biannually	0	2022/23	Program reports	0	4	4	4	0	
			Number of cBFCI assessments conducted for 70 CUs	Output Indicators	#	Program reports	70	Annually	0	2022/23	Program reports	0	30	20	20	0	
			Number of BFHI external assessments conducted at the facility level	Output Indicators	#	Program reports	6	Once	0	2022/23	Program reports	0	0	0	6	0	
			Number of OJT/Mentorships conducted on MIYCN	Output Indicators	#	Program reports	20	Quarterly	0	2022/23	Program reports	4	4	4	4	4	
			Number of support supervisions	Output Indicators	#	Program reports	20	Quarterly	0	2022/23	Program reports	4	4	4	4	4	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			conducted to the on MIYCN														
			Number of HCWs trained on care group model	Output Indicators	#	Program reports	200	Once	90	2022/23	Program reports	0	120	80	0	0	
			Number of CHPs trained on care group model	Output Indicators	#	Program reports	560	Yearly	50	2023/24	Program reports	0	350	200	0	0	
			Number of monthly CHP meetings conducted	Output Indicators	#	Program reports	3360	Monthly	0	2022/23	Program reports	672	672	672	672	672	
			Number of care groups formed in 56 CU	Output Indicators	#	Program reports	280	Once	50	2022/23	Program reports	50	130	100	0	0	
			Number of Quarterly support supervisions conducted to the care groups	Output Indicators	#	Program reports	20	quarterly	0	2022/23	Program reports	4	4	4	4	4	
			Number of review meetings conducted for the care groups	Output Indicators	#	Program reports	20	quarterly	0	2022/23	Program reports	4	4	4	4	4	
			Number of nutrition assessment and counselling for pregnant women conducted	Output Indicators	#	KHIS: MOH 405, 711	18,939	Monthly	13,160	2022/23	KHIS	18,939	18939	19,538	20,249	21,650	
			Number of pregnant and lactating women reached with information on dietary diversity, healthy eating and meal frequency	Output Indicators	#	KHIS: MOH 405, 711	18,939	Monthly	13,160	2022/23	KHIS	18,939	18,939	19,538	20,249	21650	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			among PLWs undertaken in health facilities														
			Number of nutrition education and counselling sessions conducted in 350 MTM support groups	Output Indicators	#	Program reports	350	quarterly	0	2022/23	Program reports	0	100	100	100	50	
			Number of nutrition education and counseling sessions conducted in 280 care groups	Output Indicators	#	Program reports	280	quarterly	0	2022/23	Program reports	0	100	100	80	0	
			Proportion of pregnant women supplemented with IFAS	Output Indicators	%	KHIS	100%	Monthly	70%	2022/23	KHIS	70%	80%	90%	95%	100%	
			Number of HCWs sensitized on IFAS	Output Indicators	#	Program reports	400	Monthly	0	2022/23	Program reports	0	200	100	100	0	
			Number of HCWs trained on IFAS	Outcome Indicators	#	Program reports	500	Monthly	0	2022/23	Program reports	0	200	100	100	100	
			Number of CHPs sensitized on IFAS	Output Indicators	#	Program reports	1260	Monthly	0	2022/23	Program reports	0	315	315	315	315	
			No. of vulnerable pregnant and lactating mothers mapped	Output Indicators	#	Program reports			0	2022/23	Program reports						
			Number of support groups formed for women in	Output Indicators	#	Program reports	20	Yearly	0	2022/23	Program reports	0	10	5	5	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			vulnerable circumstances														
			Number of demonstration kitchen gardens established in health facilities	Outcome Indicators	#	Program reports	20	Yearly	0	2022/23	Program reports	0	10	5	5	0	
		Strategic objective 1.2: To improve IYCF practices	Number of policies, standards, and legal guidelines aligned to international standards reviewed and adapted	Output Indicators	#	Program reports	2	Yearly	0	2022/23	Program reports	2	0	0	0	0	
			Number of policy dissemination meetings held	Output Indicators	#	Program reports	5	Yearly	0	2022/23	Program reports	5	0	0	0	0	
			Number of HCWs trained on WHO growth monitoring and promotion standards	Output Indicators	#	Program reports	150	Biannually	0	2022/23	Program reports	0	50	50	50	0	
			Number of facilities that have conducted mentorship on growth monitoring to the staff	Output Indicators	#	Program reports	130	Quarterly	0	2022/23	Program reports	0	50	40	40	0	
			Number of HCWs who have been taken through CMEs on growth monitoring and promotion standards	Output Indicators	#	Program reports	130	Quarterly	0	2022/23	Program reports	0	50	40	40	0	
			Number of facilities that have conducted nutrition education and	Output Indicators	#	Program reports	130	Quarterly	0	2022/23	Program reports	0	50	40	40	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			counseling on IYCF														
			Number of CUs that have conducted nutrition education and counseling on IYCF	Output Indicators	#	Program reports	126	Quarterly	0	2022/23	Program reports	0	40	50	36	0	
			Number of CHMT and SCHMT members sensitized on the importance of growth monitoring and promotion standards	Output Indicators	#	Program reports	75	Quarterly	0	2022/23	Program reports	0	40	35	0	0	
			Number of HCWs trained on VAS+D	Output Indicators	#	Program reports	200	Biannually	5	2023/24	Program reports	0	100	100	0	0	
			Number of ECD teachers trained on VAS+D	Output Indicators	#	Program reports	552	Quarterly	0		Program reports	0	100	200	200	52	
			Proportion of children 6-59 months supplemented with Vitamin A	Output Indicators	#	Program reports	100%	Biannually	80%	2023/24	KHIS	80%	85%	95%	100%	100%	
		Strategic objective 1.3: To promote MIYCN Social Behaviour Change at all levels	number of world breastfeeding weeks commemorated	Output Indicators	#	Program reports	5	Annually	1	22/23	Program reports	1	1	1	1	1	
			number of world prematurity days commemorated	Output Indicators		Program reports	5	Annually	0	22/23	Program reports	0	1	1	1	1	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			number of world food days commemorated	Output Indicators		Program reports	5	Annually	0	22/23	Program reports	0	0	1	1	1	
			Number of public barazas conducted on maternal nutrition, early initiation of breastfeeding, EBF and BMS act	Output Indicators	#	Program report	2000	Yearly	140	22/23	Program reports		500	500	500	500	
			number of electronic MIYCN messages developed	Output Indicators	#	Program report	40	Once	0	22/23	Program reports	0	10	10	10	10	
			Number of radio sessions conducted on MIYCN	Output Indicators	#	program report	8	annually	1	22/23	program reports	0	2	2	2	2	
			Number of digital screens in public places displaying pre-programmed MIYCN messages	Output Indicators	#	Program reports	4	Annually	0	22/23	program reports	0	1	1	1	1	
			Number of SBC package on MIYCN and MN copies printed and disseminated	Output Indicators	#	Program reports	2500	Annually	140	22/23	program reports	0	1000	1000	500	0	
			Number of targeted community groups reached with MIYCN messages that target the barriers to breastfeeding	Output Indicators	#	Program reports	630	Annually	130	22/23	program reports	630	630	630	630	630	
			Number of advocacy meetings held	Output Indicators	#	Program reports	8	Biannually		22/23	program reports	0	2	2	2	2	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			with key stakeholders to establish breastfeeding spaces at work place														
			Number of hospitals with established breastfeeding spaces	Output Indicators	#	Program reports	7			22/23	program reports	0	1	2	2	2	
			Number of breastfeeding spaces established in the markets	Output Indicators	#	Program reports	4			22/23	program reports	0	1	1	1	1	
			Number of retailers sensitized on BMS Act	Output Indicators	#	Program reports	100	Annually	0	22/23	program reports	0	25	25	25	25	
		Strategic objective 1.5: To strengthen sectoral and multisectoral collaboration, partnership and coordination towards improved MIYCN practices	Number of multi-sectoral meetings held to advocate for integration of MIYCN activities into agriculture, education, social protection trade and water	Output Indicators	#	Program reports	10	Biannually		2022/23	program reports	2	2	2	2	2	
			Number of complementary feeding recipes developed	Output Indicators	#	Program reports	10	Once	0	2022/23	program reports	0	0	10	0	0	
			number of health care workers sensitized of the complementary recipe book	Output Indicators	#	Program reports	250	Annually	0	2022/23	program reports	0	100	100	50	0	
			number of food demonstration sessions held to disseminate	Output Indicators	#	Program reports	500	Annually	0	2022/23	program reports	0	100	200	100	100	



Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			complementary recipe book														
			Number of complementary feeding equipment procured	Output Indicators	#	Program reports					0						
			Number multi-sectoral meetings held to advocate for MIYCN activities	Output Indicators	#	Program reports	10	Biannually	0	22/23	program reports	2	2	2	2	2	
			Number of TWG meetings held	Output Indicators	#	Program reports	20	Quarterly	4	22/23	program reports	4	4	4	4	4	
Key Result Area 2: Improved nutritional well-being of older children, adolescents, adults, and older persons.	Expected Outcome for KRA 2: Increase awareness and adoption of healthy dietary practices and uptake of nutrition services by older children, adolescents, adults and older persons.	Strategic Objective 2.1: To improve nutritional status for older children & adolescents.	Number of review workshops held for customisation of policies and guidelines	Output Indicators	#	Activity Report	1	Once	0	2023	program reports	0	1	0	0	0	
			Number of county dissemination workshops held on policies and guidelines held	Output Indicators	#	Activity Report	1	Once	0	2023	program reports	0	1	0	0	0	county management teams from MOH, MOE, MOA sectors (30 pax)
			Number of sub county dissemination	Output Indicators	#	Activity report	4	Once	0	2023	program reports	0	4	0	0	0	20 pax per sub county and 5 from

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			workshops held on policies and guidelines of healthy eating and physical activity														the county(85 pax
			Number of Dissemination and sensitization meetings held for guidelines on nutrition and well being of older children and adolescents	Output Indicators	#	Activity report	30	monthly	0	2023	program reports	0	17	13	0	0	Two members of the school management committee per school to be sensitized. Forty members per class for training. The trainings are held separately per sub county.
			Number of dissemination meetings held for School Gardening Guidelines to school management teams	Output Indicators	#	Activity report	30	monthly	0	2023	program reports	0	17	13	0	0	All the sensitized school committees to establish and develop school gardens
			Number of sensitization meetings held with school management teams and health workers on School Health and nutrition Service delivery Package	Output Indicators		Activity report	38	monthly	0	2023	program reports	0	9	10	10	9	Two members of the school management committee per school to be sensitized. The meetings will be held separately per sub county.
			Number of health facilities and schools mapped on	Output Indicators	#	Mapped schools and	1	once	0	2023	program reports	0	1	0	0	0	Each school to be mapped to a health facility with

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			capacity of healthcare workers and teachers on nutrition and well being of older children and adolescents			Health facilities											identified teachers to be capacity built by health staff on nutrition and well being of children.
			Number of sensitization meetings held for community leaders, religious leaders, school head teachers on nutrition and well being of Older children and adolescent	Output Indicators	#	Sensitisation report	18	Quarterly	0	2023	program reports	0	5	5	5	3	Community meetings to be held at ward level involving representatives of religious organizations, chiefs and head of institutions.
			Number of Health Care workers and Teachers trained on nutrition and well being of older children and adolescents	Output Indicators	#	Training report	23	Quarterly	0	2023	program reports	0	6	6	6	5	Teachers and health workers to be trained.
			Number of teachers and school cateresses trained on school menu guide and school gardening guide	Output Indicators	#	Training report	31	Quarterly	0	2023	program reports	0	7	8	8	7	One teacher and cateress or cook per school to be trained.
			Number of teachers trained on school health and nutrition service delivery package	Output Indicators	#	Training report	16	Quarterly	0	2023	program reports	0	4	4	4	4	Teachers to be trained on nutrition service delivery package.

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of community dialogue days held on nutrition and well being of older children and adolescents	Output Indicators	#	Activity report	126	monthly	0	2023	program reports	0	1512	1512	1512	1512	community dialogue days to be carried in all community units.
			Number of support supervision visits held in schools ,health facilities and community Units	Process Indicators	#	Supervision report	296	Quarterly	0	2023	program reports	0	74	74	74	74	296 days for support supervision to all schools, all health facilities and all community units.
			Number of OJT held on nutrition and well being for older children and adolescents in schools and health facilities	Output Indicators	#	Activity report	762	Quarterly	0	2023	program reports	0	191	191	190	190	Conduct OJT in all schools and health facilities in the county.
			Number of CMEs conducted in health facilities on nutrition for older children and adolescence	Output Indicators	#	CME report	8220	Monthly	0	2023	program reports	0	2055	2055	2055	2055	Conduct CME's in all health facilities in the county.
			Percentage of schools and health facilities where reports are collected on activities for older children and adolescents	Process Indicators	%	reports received	90%	Quarterly	0	2023	program reports	0%	60%	70%	80%	90%	Quarterly reports from 90% of schools on nutrition of older children and adolescent learners
			Number of adolescent boys and girls reached with nutrition	Output Indicators	#	KHIS	100,000	Monthly	0	2023	KHIS	0	25000	25000	25000	25000	Carry out counselling of adolescent boys and girls in primary

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			education and counselling at health facilities, schools, community units														and secondary schools, health facilities and at community units
			Number of Vegetable gardens demonstrations established at schools	Output Indicators	#	Activity Reports	300	Bi-annually	0	2023	program reports	0	75	75	75	75	vegetable gardens for demonstration to be established at school, health facilities and community units.
			Number of cooking demonstrations conducted at health facilities, schools, community units	Output Indicators	#	Activity Reports	800	Monthly	0	2023	program reports	0	200	200	200	200	Health cooking demonstrations to be carried at school, health facility, community and household level.
			Number of peer to peer education sessions held for adolescents at school and community units	Output Indicators	#	Activity Reports	500	Monthly	0	2023	program reports	0	100	200	100	100	Peer to peer education sessions to be held for adolescents at school and community level. MOH 407 to capture data
			Number of community outreaches held for growth monitoring for older children and adolescents	Output Indicators	#	Activity Reports	1260	Biannual	0	2023	program reports	0	315	315	315	315	Community outreaches to monitor growth for older children and adolescents. Each community unit will do

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
																	two outreaches per year. (126x2x5)
			Number of Radio sessions held to provide knowledge on nutrition for older children and adolescents	Output Indicators	#	Activity Reports	45	Thrice per year	0	2023	program reports	0	11	12	11	11	Popular local radio stations to be engaged to provide knowledge on nutrition for older children adolescent and their influencers. (Targeting 300,000)
			Number of older children and adolescent and their influencers reached with nutrition messages	Output Indicators	#	Activity Reports	300000	Thrice per year	0	2023	program reports	0	75000	75000	75000	75000	Nutrition messages disseminated to older children and adolescent.
			Number of youth groups (Boys and Girls) sensitized on IGAs, Agri-nutrition and WASH	Output Indicators	#	Activity report	40	Annually	0	2023	program reports	0	10	10	10	10	40 Youth groups to be trained on IGAs, Agri-nutrition and wash
			Number of health days to promote nutrition and physical activity held.	Output Indicators	#	Activity report	20	Annually	0	2023	program reports	0	5	5	5	5	5 Health days to promote nutrition.
			Number of learners sensitised on importance of Health eating and physical activity	Output Indicators	#	Activity report	100000	Annually	0	2023	program reports	0	25000	25000	25000	25000	Learners (both boys and girls for primary and secondary) to be sensitised on importance of health eating

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
																	and physical activities by capacity build teachers
			Number of healthcare workers, school management stakeholders and community units sensitized on Micronutrient supplementation for adolescents	Output Indicators	#	Activity report	1500	Annually	0	2023	program reports	0	375	375	375	375	Two members of school management committee. Train 500 School stakeholders, health care workers and community units on micronutrient s.
			Percentage of health facility/schools submitting reports on supplementation of adolescent girls	Process Indicators	%	Activity report	90%	Quarterly	0	2023	program reports	0	156	156	156	156	M&E reports on supplementation of adolescent girls at school and health facilities
			Number of girls supplemented with WIFAS	Process Indicators	#	Program report	45000	Weekly	0	2023	program reports	0	11250	11250	11250	11250	Support adolescent girls with WIFAS
			Number of support supervision and mentorship activities held for micronutrient supplementation of adolescent girls	Process Indicators	#	Activity report	20	Bi annual	0	2023	program reports	0	5	5	5	5	Support supervision and mentorship for micronutrient of adolescent
			Number of all relevant stakeholders mapped for proper coordination	Output Indicators	#	Activity report	1	Once	0	2023	program reports	0	1				Map all relevant stakeholders

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			and engagement														
			Number of sectoral and multi-sectoral stakeholders meetings held	Processes Indicators	#	Activity report	16	Once	0	2023	program reports	0	1	0	0	0	Terms of Reference to guide regulation of stakeholders engagement.
			Number of County learning forums held for nutrition and well being for older children and adolescents	Output Indicators	#	Activity report	1	Annually	0	2023	program reports	0	1	0	0	0	County learning forum for nutrition and well being for older children and adolescents.
		Strategic Objective 2.2: To improve nutrition status among the Adults and older persons	Number of review workshop for customisation of policies and guidelines on Nutrition and well being of adults and Older persons held	Output Indicators	#	Activity report	1	Once	0	2023	program reports	0	1	0	0	0	Review workshops to customise policies and guidelines on nutrition and well being of adults and older persons
			Number of dissemination workshops on policies and guidelines on nutrition and well being of adults and older persons held to county health management teams	Output Indicators	#	Activity report	1	Once	0	2023	program reports	0	4	0	0	0	Dissemination workshops for policies and guidelines on nutrition and well being of adults and older persons at county level.
			Number of dissemination workshops on policies and guidelines on nutrition and well being of adults and older	Output Indicators	#	Activity report	4	Once	0	2023	program reports	0	1	1	1	1	Dissemination workshops for policies and guidelines on nutrition and well being of adults and



Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			persons held to sub-county management teams														older persons at sub-county level.
			Number of health care workers sensitized on healthy diets, lifestyles and physical activity guidelines	Output Indicators	#	Activity report	380	Annually	0	2023	program reports	0	280	50	50	0	Sensitization workshop for two health care workers per health facility.
			Number of community health promoters sensitized on Healthy diets, lifestyles and physical activity guidelines	Output Indicators	#	Activity Reports	1260	Annually	0	2023	program reports	0	315	315	315	315	Sensitization workshop for community health promoters on healthy diets, lifestyles and physical activity guidelines.
			Number of multisectoral platforms formed to support nutrition for adults and older persons	Process Indicators	#	Activity report	5	Once	0	2023	program reports	0	5	0	0	0	Five Multisectoral platforms comprising line sectors formed to support nutrition for adults and older persons.
			Number of quarterly technical working group meetings held for nutrition for adults and older persons	Output Indicators	#	Activity reports	16	Quarterly	0	2023	program reports	0	4	4	4	4	Quarterly TWG meetings for nutrition of adults and older persons.
			Number of meetings held to map sports centres	Process Indicators	#	Activity reports	1	Once	0	2023	program reports	0	1				Mapping of all sports centres in the county.

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of sports day held to promote nutrition and physical activity for adults and older persons	Output Indicators	#	Activity reports	4	Annually	0	2023	program reports	0	1	1	1	1	Annual sports day which promotes nutrition and physical activity for adults and older persons.
			Number of CHPs sensitised on community based Behaviour change on Health diets and physical activity for adults and older persons	Output Indicators	#	Activity Reports	1260	Quarterly	0	2023	program reports	0	315	315	315	315	Workshop to sensitize CHPs on community based behaviour change on health diets and physical activity for adults and older persons
			Number of Technical institutions sensitised on community based Behaviour change on Health diets and physical activity for adults.	Output Indicators	#	Activity	4	Once	0	2023	program reports	0	0	4	0	0	Sensitize technical institutions on community based behaviour change on health diets and physical activities for adults.
			Number of community sports days held	Output Indicators	#	Activity reports	4	Annually	0	2023	program reports	0	1	1	1	1	Annual community sports day
			Number of high level sensitization meetings held for policymakers on sports nutrition	Output Indicators	#	Activity Reports	4	Annually	0	2023	program reports	0	1	1	1	1	High level sensitization meetings for policy makers on sports nutrition
			Number of sports nutrition training packages	Output Indicators	#	Activity reports	1	Once	0	2023	program reports	0		1			organize Monthly sports

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			developed at county level														
			Number of Health Care Workers sensitized on healthy diets,lifestyles and physical activity guidelines	Output Indicators	#	Activity report	380	Annually	0	2023	program reports	0	280	50	50	0	Mapping of all training centres
			Number of athletes sensitised on nutrition for sports	Output Indicators	#	Activity report	500	Annually	0	2023	program reports	0	100	200	100	100	Sensitization of athletes on nutrition for sports
			Number of athletes screened to promote sports nutrition.	Output Indicators	#	Activity report	500	Annually	0	2023	program reports	0	100	200	100	100	Sensitization meetings for athletes and community members
			Number of nutrition advocacy meetings held with key stakeholders in sports	Output Indicators		Activity report	8	Bi-annually	0	2023	program reports	0	2	2	2	2	Advocacy meetings with key stakeholders in sports
			Number of annual sports day held to promote networking and collaboration among stakeholders	Output Indicators	#	Activity report	1	Annually	0	2023	program reports	0	1	1	1	1	Annual sports day to promote networking and collaboration among stakeholders.
Key Result Area 3: Enhanced Industrial Fortification for Prevention and control of micronutrien	Increased awareness , availability and adoption of industriall y fortified	Strategic Objective 3.1: Scale up regulatory monitoring of adequately for tified foods	number of integrated regulatory inspections conducted	Output Indicators	#	program report	4	quarterly		2022	program reports	prog ram reports	prog ram reports	4	4	4	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
Food deficiencies.	foods in EMC																
			No of county quality assurance teams established	Output Indicators	#	program report	1	Once		2022	Program reports	0	1	0	0	0	
			No of meetings held by the county quality assurance teams	Output Indicators	#	program report	4	quarterly		2022	Program reports	0	4	4	4	4	
			No of advocacy meetings held for establishment and equipping laboratory	Output Indicators	#	program report	2	twice	0	2022	Program reports	0	2	0	0	0	
			No of salt monitoring iodization done	Output Indicators	#	survey	2	Triennial	98	2021	survey reports	0	1	0	0	1	
			Proportion of households using iodised salt	Output Indicators	%	survey	100	triennial	98	2022	Program reports			100			
							3	annually	0	2022	survey reports	0	0	1	1	1	
		Strategic Objective 3.2.: Increase consumption of adequately fortified foods	number of traders sensitized on food fortification	Input Indicators	#	program reports	1000	annually	0	2022	program reports	0	1000	1000	1000	1000	
			No of IEC materials Printed and distributed	Input Indicators	#	program reports	50,000	annually	0	2022	program reports	10000	10000	10000	10000	10000	
		Strategic Objective 3.3: Enhance Knowledge Management Systems for Food Fortification Programs	Number of Public Health Officers and enforcement trained on food fortification	Output Indicators	#	program reports	200	Once	40	2021	program report	0	0	200	0	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			No of CHPs trained on food fortification	Output Indicators	#	program reports	1260	Once		2023	program report	0	0	1260	0	0	
Key Result Area 4: Enhanced clinical nutrition and dietetics services across all levels of health care.	Expected outcome 4. Enhanced and expanded clinical nutrition and dietetics services for the prevention, control and management of diseases.	Strategic Objective 4.1: To strengthen hospital inpatient feeding	Number of national guidelines adopted and printed	Output Indicators	#	S13, Bin Cards and program me report	150	once	0	2023	None	0	100	0	0	0	
			Number of health staff sensitized on inpatient feeding	Output Indicators	#	Activity Reports and Database	120	Twice in 5 years	0	2023	None	0	60		60	0	
			Number of kitchen staff sensitized on inpatient feeding	Output Indicators	#	Activity Reports and Database	100	Twice in 5 years	0	2023	None	0	50		50	0	
			Number of hospital kitchens upgraded and fully equipped to modern status	Output Indicators	#	County inventory	4	Annually	0	2023	None	0	1	1	1	1	
			Development of a standardized inpatient menu	Output Indicators	#	program reports	1	Twice in 5 years	0	2023	None	0	1	0	0	0	
			Number of financial meetings held per facility	Output Indicators	#	Activity Reports and Database	5	Annually	0	2023	None		5	0	0	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
		Strategic Objective 4.2: To scale up clinical nutrition services.	Number of clinical guidelines and protocols customised and printed	Input Indicators	#	S13 Bincards and programme report	150	once	0	2023	None	0	150	0	0	0	
			number of Printed developed SOPs	Output Indicators	#	S13 Bincards and programme report	150	Once	0	2023	None	0	150	0	0	0	
			Number of HCW trained on nutrition in TB	Output Indicators	#	Activity Reports and Database	300	yearly	0	2023	None	0	70	70	70	90	
			Number of HCW trained on nutrition in HIV	Output Indicators	#	Activity Reports and Database	300	yearly	0	2023	None	0	70	70	70	90	
			Number of HCW on nutrition in diabetes	Output Indicators	#	Activity Reports and Database	300	yearly	0	2023	None	0	70	70	70	90	
			Number of HCW trained on nutrition in other NCDs (oncology and cardiovascular)	Output Indicators	#	Activity Reports and Database	300	yearly	0	2023	None	0	70	70	70	90	
			Number of HCWs trained on nutrition assessment, counselling and support (NACS)	Output Indicators	#	Activity Reports and Database	300	Annually	0	2023	None	0	75	75	75	75	
			Number of media talks held on clinical nutrition	Output Indicators	#	Activity Reports and Database	8	biannual	0	2023	None	0	2	2	2	2	
			Number of health education talks on clinical nutrition	Output Indicators	#	Activity Reports and Database	480	annually	0	2023	None	0	120	120	120	120	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of events held to commemorate national days to mark	Output Indicators	#	Activity Reports and Database	16	annually	0	2023	None	0	4	4	4	4	
			Number of dialogue days conducted	Output Indicators	#	KHIS	1968	quarterly	0	2023	None	0	492	492	492	492	
			Number of support groups formed	Output Indicators	#	Activity Reports and Database	36	annually	0	2023	None	0	9	9	9	9	
			Number of clinical nutritionists employed	Output Indicators	#	HR Public Service	10	Biennial	0	2023	None	0	5		5	0	
			Number of CHPs sensitized	Output Indicators	#	Activity Reports and Database	1260	Biennial	0	2023	None	0	630	630	0	0	
			Number of referrals reported at Health Facilities	Output Indicators	#	eCHIS	1260	monthly	0	2023	None	0	30240	30240	30240	30240	
		Strategic objective: 4.3: To strengthen the clinical nutrition supply chain.	Number of HCW disseminated on enteral and parenteral nutrition therapy guidelines	Output Indicators	#	activity report and database	200	Biannual	0	2023	None	0	100	100	0	0	
		Strategic objective 4.4: To strengthen the Integrated Management of Malnutrition (IMAM) program	Number of IMAM Guidelines customized and printed and distributed	Output Indicators	#	S13 Bincards and programme report	50	once	0	2023	None	0	50	0	0	0	
			Number of HCWs trained on IMAM	Output Indicators	#	activity report and database	300	yearly	0	2023	None	0	75	75	75	75	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of CHPs sensitized on IMAM	Output Indicators	#	activity report and database	1260		0	2023	None	0	0	0	0	0	
			Number of ToTs trained on PD-HEARTH	Output Indicators	#	activity report and database	30	once	0	2023	None	0	30	0	0	0	
			Number of HCWs trained on PD-HEARTH	Output Indicators	#	activity report and database	40	once	0	2023	None	0	40	0	0	0	
			Number of CHPs trained on PD-HEARTH	Output Indicators	#	activity report and database	200	once	0	2023	None	0	200	0	0	0	
			Number of bi-annual rapid assessments	Output Indicators	#	Assessment report	8	biannual	0	2023	None	0	2	2	2	2	
			Number of Mapped Hotspots for PD-HEARTH implementation	Output Indicators	#	Activity Report	40	Once	0	2023	None	0	0	0	0	0	
			Number of HEARTH sessions conducted	Output Indicators	#	Activity Report	40	Annually	0	2023	None	0	10	10	10	10	
			Number of OTP and SFP centres established	Output Indicators	#	county report	16	once	0	2023	None	0	0	16	0	0	
			Number of Stabilization centres fully equipped and operationalized	Output Indicators	#	county report	4	biannual	0	2023	None	0	2	0	2	0	
		Strategic objective 4.5: To scale up monitoring and evaluation in clinical nutrition.	M&E plan developed	Process Indicators		program report	1	once	0	2023	None	0	1	0	0	0	
			Number of Support Supervisions and Data	Output Indicators	#	activity report and database	16	quarterly	0	2023	None	0	4	4	4	4	



Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Quality Audits conducted														
Key Result Area 5: Managing malnutrition in emergencies, Resilience Building /Climate Change/Response to Emergencies.		Strategic Objective 5.1: To strengthen coordination, partnership, advocacy and policy for integrated preparedness, response and recovery initiatives.	Number of meetings by the nutrition emergency sub-committee held	Output Indicators	#	program report	16	quarterly	0	2023	None	0	4	4	4	4	
			Contingency plan developed	Process Indicators		activity report and database	1	once in 5 years	0	2023	None	0	1	0	0	0	
			Number of dissemination meetings held on nutrition emergency preparedness	Output Indicators	#	activity report and database	1	Annually	0	2023	None	0	1	0	0	0	
			Number of coordination meetings at county and sub-county level held	Output Indicators	#	activity report and database	16	quarterly	0	2023	None	0	4	4	4	4	
			Number of updated matrix of stakeholders	Output Indicators	#	activity report and database	4	annually	0	2023	None	0	1	1	1	1	
			TOR developed	Input Indicators		activity report and database	1	annually	0	2023	None	0	1	1	1	1	
		././	Number of sensitization meetings held	Output Indicators	#	activity report and database	5	once in 5 years	0	2023	None	0	1	0	0	0	
			Number of MIYCN-E reporting tools printed	Output Indicators	#	S13 , bincards and program me report	1260	once in 5 years	0	2023	None	0	1260	0	0	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of updated MIYCN-E Guidelines printed	Output Indicators	#	s13 bincards AND program report	150	once in 5 years	0	2023	None	0	150	0	0	0	
			Number of dissemination meeting held	Output Indicators	#	activity report and database	84	biannual	0	2023	None	0	42	0	0	42	
			Number of meetings held	Output Indicators	#	activity report and database	20	annually	0	2023	None	0	5	5	5	5	
			Number of meetings held	Output Indicators	#	activity report and database	12	biannual	0	2023	None	0	3	3	3	3	
			Resources allocated	Process Indicators		emc health budget paper	4	annually	0	2023	None	0	1	1	1	1	
		Strategic objective 5.2: To strengthen preparedness capacity for nutrition sector	Number of SOPs printed	Output Indicators	#	s13 bincards and program report	100	once in 5 years	0	2023	None	0	100	0	0	0	
			Number of HCWs trained on MIYCN-E	Output Indicators	#	activity report and database	70	biannual	0	2023	None	0	35	0	35	0	
			Number of CHPs trained on MIYCN-E	Output Indicators	#	activity report and database	1260	biannual	0	2023	None	0	630	630	0	0	
			Number of community leaders trained to undertake response functions	Output Indicators	#	activity report and database	60	twice in 5 years	0	2023	None	0	30	30	0	0	
			Number of active response committees	Output Indicators	#	activity report and database	20	once	0	2023	None	0	20	0	0	0	
			Number of emergency response drills conducted	Output Indicators	#	activity report and database	20	biannual	0	2023	None	0	10	10	0	0	
		Strategic objective 5.4: To strengthen	Number of nutrition education	Output Indicators	#	activity report and database	350	quarterly	0	2023	None	0	100	100	100	50	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
		recovery and resilience interventions.	sessions integrating climate change messages														
			An updated stakeholder matrix developed	Output Indicators	#	Activity Reports and Database	1	once	0	2023	None	0	1	0	0	0	
			Number of people sensitized on the referral mechanism system	Output Indicators	#	activity report and database	80	once	0	2023	None	0	80	0	0	0	
			Action plan developed	Processes Indicators	#	Activity report and database	1	once	0	2023	None	0	0	1	0	0	
Key Result Area 6: Enhanced integration of nutrition into agriculture, livestock and fisheries sectors; (increased year-round availability, access and utilisation of diverse safe nutrient dense foods for the entire population)	<b>Increased production, access, and utilization of diverse, safe, nutrient-dense foods at the household level.</b>	Strategic Objective 6.1 To increase sustainable production and productivity of diverse safe nutrient dense foods	No. of action plans developed	Output Indicators	#	program report	50	once	0	2022	program report	0	0	50	0	0	
			Number of chps sensitized on nutrition sensitive agriculture	Output Indicators	#	program report	1260	once	0	2022	program report	0	0	1260	0	0	
			number of agriculture service providers sensitized on	Output Indicators	#	program report	500	annually	0	2022	program report	0	100	200	200	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			nutrition sensitive agriculture														
			No of farmers groups sensitized	Output Indicators	#	program report	1000	annually	0	2022	program report	0	350	350	300	0	
			Number of stakeholder sensitization meetings held	Output Indicators	#	program report	1	0		2022	program report	0	0	0	0	0	
			No. of agri nutrition desks established	Output Indicators	#	program reports	4	Once	0	2022	Program reports	0	0	4	0	0	
			No of demos established for nutrient dense foods- kitchen gardens, OFSP, High Iron Rich beans	Output Indicators	#	program reports	20	annually	0	0	program reports	0	4	6	6	4	
			No of vines distributed, no of groups/hh supported	Output Indicators	#	program reports	100,000	annually	2500	2022	program reports	0	2500	2500	2500	2500	
			Tonnes of seed distributed	Output Indicators	#	program reports	100	annually	5	2022	program reports	0	20	30	30	20	
			No of improved livestock breeds supplied( cattle, sheep, goats and chicken etc)	Output Indicators	#	program reports	500	annually	0	2022	program reports	0	100	150	150	100	
			No of improved fish breeds supplied(fingerlings)	Output Indicators	#	program reports	250,000	annually	10000	2022	program reports	0	6000	7000	7000	5000	
			No of fish ponds or dams stocked	Output Indicators	#	program reports	30	annually	2	2022	program reports	0	7	8	7	7	
			number of youth and women groups sensitized on nutrition	Output Indicators	#	Departmental Reports	400	Annually	0	2022	program report	0	100	100	100	100	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			sensitive agriculture														
			number of kitchen gardens established	Output Indicators	#	Departmental Reports	400	Annually	0	2022	program report	0	100	100	100	100	
		Strategic Objective 6.2: To increase access to nutrient dense foods for improved nutrition	Number of public barazas held on nutrition sensitive value addition	Output Indicators	#	program report	200	annually	0	2022	program report	0	50	50	50	50	
			number of aggregation centres established	Output Indicators	#	program report	20	annually	0	2022	program report	0	5	5	5	5	
			number of annual stakeholder meetings held	Output Indicators	#	program report	5	annually	0	2022	program report	1	1	1	1	1	
		Strategic Objective 6.3: To increase utilization of nutrient dense food to all population groups	No of Public Barazas held	Output Indicators	#	program report	200	annually	0	2022	program report	0	50	50	50	50	
			number of IEC Materials distributed	Input Indicators	#	program report	10000	once	0	2022	program report	0	2500	2500	2500	2500	
			number of food demonstrations conducted	Output Indicators	#	program report	500	Annually	20	2022	program report	100	100	100	100	100	
			No of Public Barazas held	Output Indicators	#	program report	200	Annually	0	2022	program report	0	50	50	50	50	
			No of recipe books developed	Output Indicators	#	program report	1	once	0	2022	program report	0	0	1	0	0	
Key Result Area 8: Enhanced integration of nutrition in	Enhanced nutrition interventions within	Strategic objectives 8.1: To strengthen the school food environment	Number of review workshop to customise a school-based	Output Indicators	#	program report	1	Once	0	2023	None	0	50	0	0	0	Review workshop for 50 people from MOE and MOH at

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
the education sector.	education sector	for improved access and learning outcomes.	nutrition package (School health policy, Schools menu guide, Reference manual on food nutrition for teachers, school gardening guidelines, healthy diets and lifestyles, Menstrual Hygiene Mgt)														the county and sub county
			Number of TOTs trained on school based nutrition package	Output Indicators	#	program report	30	Once	0	2023	None	0	25	0	0	0	25 ToTs to be trained
			Number of School managers reached	Output Indicators	#	program report	1250	Once	0	2023	None	0	1250	0	0	0	Training of 2 Members of BoM per school on nutrition packages. Ensure that the training materials are printed or available
			Number of school health coordinators sensitized on policies, strategies and guidelines (Tuckshop guidelines, Teacher reference manual, School menu guides, School health policy)	Output Indicators	#	program report	25	Once	0	2023	None	0	25	0	0	0	25 persons including QASOs, school health coordinators and nutritionist to be sensitised.

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of county education management teams reached	Output Indicators	#	program report	50	Biennial	0	2023	None	0	0	50	0	0	Advocacy meeting of 50 members which will comprise County and Sub county MOE and MOH staff together with KESSHA and KEPSHA
			Number of school health coordinators reached	Output Indicators	#	program report	50	Biennial	0	2023	None	0	0	50	0	0	Advocacy meeting for school health coordinators and health teachers, ward PHO.
			Number of ward level leaders reached	Output Indicators	#	Program report	50	Biennial	0	2023	None	0	50	0	50	0	Ward level leaders
			Number of county executive and county assembly committee members reached	Output Indicators	#	program report	50	Biennial	0	2023	None	0	50	0	50	0	Advocacy meeting for county assembly committees on health, education and CEC health.
			Number of assessment meetings held	Output Indicators	#	program report	10	Once	0	2023	None	0	10	0	0	0	Map all partners working with schools on school nutrition.
			Number of schools assessed to establish number of learners in the county	Output Indicators	#	program report	625	Once	625	2022	MOE Statistical Book, 2022	0	0	0	0	0	Map all school on school nutrition
			Number of County Nutrition Technical	Output Indicators	#	program report	1	Once	0	2023	None	0	0	1	0	0	Establish school nutrition TWG

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Working Group established														
			Number of quarterly CNTF meetings held to review comprehensive health and nutrition services within educational settings	Output Indicators	#	program report	4	Annually	0	2023	None	4	4	4	4	4	20 quarterly TWG meetings
			Number of schools assessed to identify Infrastructure gaps in food storage and safety	Output Indicators	#	program report	300	Twice	0	2023	None	0	150	150	0	0	Assess 300 school to identify infrastructure gap in food storage and safety in year two and three
			Number of school managements sensitised on improving infrastructure in schools to improve food storage and safety	Output Indicators	#	program report	300	Twice	0	2023	None	0	150	150	0	0	Sensitize 300 school management committee on food storage and safety in year two and three
			Number of quarterly infrastructural coordination meetings held with all partners in schools to improve food storage and safety	Output Indicators	#	program report	4	Annually	0	2023	None	0	4	4	4	4	20 Quarterly infrastructural coordination meetings with partners.
			Number of assessment meetings held	Output Indicators	#	program report	20	Once	0	2023	None	0	0	20	0	0	Map all partners working with schools on school nutrition.



Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of school with food production projects established	Output Indicators	#	program report	400	Annually	0	2023	None	0	100	100	100	100	50 agriculture officers to support the establishment of 400 food production schools.
			Number of school community dialogue days held to sensitize stakeholders on nutritional value of local foods	Output Indicators	#	program report	50	Annually	0	2023	None	0	12	12	13	13	2 cluster dialogues per zone per year to sensitize school communities on the nutritional value of local foods..
			Number of school monitoring visits held to track the provision of local nutritious foods in schools	Output Indicators	#	program report	300	annually	0	2023	None	0	75	75	75	75	Visit schools to track the provision of local nutritious foods in schools.
		Strategic Objective 8.2: To improve access to comprehensive health and nutrition services within educational settings.	Number of dissemination meetings of policies, strategies, guidelines and packages held on nutrition in schools to school management - VAS, Deworming, HPV, WIFAS, NE, Health talks, Menstrual, Wash,	Output Indicators	#	program report	1250	Annually	0	2023	None	0	312	313	313	312	Conduct dissemination of policies on nutrition in schools to school management
			Number of school managers sensitized on	Output Indicators	#	program report	300	once	0	2023	None	0	300	0	0	0	Sensitize 300 school management committee on

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			comprehensive nutrition in schools														comprehensive nutrition in schools
			Number of teachers trained on comprehensive nutrition services that meets dietary needs for learners	Output Indicators	#	program report	625	Once	0	2023	None	0	625	0	0	125	Training 625 teachers on comprehensive nutrition services
			Number of food and nutrition clubs established in schools including 4kClubs and School demonstration gardens	Output Indicators	#	program report	200	Annually	0	2023	None	0	50	50	50	50	Establish 200 food and nutrition clubs in all schools (4K clubs)and school demonstration gardens
			Number of biannual supportive supervision and mentorship conducted on comprehensive nutrition services in schools	Output Indicators	#	program	8	Biannually	0	2023	None	0	2	2	2	2	Biannual supportive supervision and mentorship on comprehensive nutrition services in schools
Key Result Area 9: Enhanced integration of nutrition within the Water, Sanitation, and Hygiene (WASH) sector.	Expected Outcome KRA 9: Enhanced integration of nutrition within the Water, Sanitation, and Hygiene (WASH) sector.	Strategic objective 9.1 To increase proportion of population with access to improved drinking water sources, basic sanitation services and basic handwashing facilities	number of multisectoral forums done to review, customize and adopt WASH guidelines to integrate nutrition sentive interventions	Process Indicators	#	Program Reports	3	Once	0	2022	Program Reports	0	0	2	0	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			No of WASH guidelines that intergrate nutrition sensitive interventions developed	Output Indicators	#	Program report	1	Once	0	2022	Program Reports						
			No of barazas held to Promote use of appropriate water treatment methods within households	Output Indicators	#	program reports	200	annually	0	2022	program reports	0	50	50	50	50	
			Number of institutions visited to promote appropriate water treatment methods	Output Indicators	#	program reports	400	quarterly	0	2022	program reports	0	100	100	100	100	
			No. of multisectoral meetings held to promote re-designing and adoption of sanitary facility structures appropriate for vulnerable groups such as children, PWDs and the elderly in nutrition programs	Process Indicators	#	program reports	2	once	0	2022	program reports	0	0	2	0	0	
			number of designs developed and adopted for sanitary facility structures	Output Indicators	#	program report	1	once	0	2022	program report	0	0	1	0	0	
			No. of multisectoral meetings held to promote social	Process Indicators	#	program report	3	once	0	2022	program report	0	0	0	3	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			inclusivity and diversity in the design and operation of water supply infrastructure with consideration for vulnerable groups such as children, PWDs and the elderly in nutrition programs														
			number of designs developed and adopted for sanitary facility structures	Output Indicators	#	program report	1	once	0	2022	program report	0	0	0	1	0	
			No of Barazas conducted promote the provision and use of adequate basic hand washing facilities at critical points of use in households	Processes Indicators	#	program report	200	annually	0	2022	program reports	0	50	50	50	50	
			Hand Washing Coverage	Outcome Indicators	%	program report	80	Monthly	51	2022	KHIS	60	65	70	75	80	
			No of Institutions (Schools and Health facilities) visited	Processes Indicators	#	program report	800	quarterly	350	2022	Program Reports	400	450	500	550	600	
			proportion of institutions with basic hand washing facilities	Outcome Indicators	%	program report	50	quarterly	50	2022	Program Reports	50	60	65	70	75	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			number of WASH IEC materials printed and distributed	Output Indicators	#	program reports	50,000	annually	2,500	2022	Program Reports	10,000	10,000	10,000	10,000	10,000	
			Number of joint work plans developed for implementation of WASH and nutrition programs	Output Indicators	#	program reports	5	annually	1	2022	Program Reports	1	1	1	1	1	
			number of Quarterly joint monitoring meetings held to review implementation of the joint work plan	Output Indicators	#	program reports	14	quarterly	2	2022	Program Reports	0	2	4	4	4	
			Number of innovations documented at maarifa centre	Output Indicators	#	program reports	5	annually	0	2022	Program Reports	1	1	1	1	1	
			No of innovations showcased during world health days	Output Indicators	#	program reports	5	annually	0	2022	Program Reports	1	1	1	1	1	
			No of dialogue days held	Output Indicators	#	KHIS	7,560	Monthly	0	2022	Program Reports	1,512	1,512	1,512	1,512	1,512	
Key Result Area 10: Nutrition integrated across Social Protection programmes.	Nutrition mainstreamed within social protection policies, strategies and interventions.	To enhance access to nutritious food among the beneficiaries of School Feeding Program	Number of community members sensitized on school health nutrition	Output Indicators	#	Program Report	10000	Annual	0	22/23	Program reports	0	2500	2500	2500	2500	
			Number of policy makers sensitized	Output Indicators	#	Program Report	5	Annual	0	22/23	Program reports	0	60	60	60	60	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of kitchens and storage facilities improved	Output Indicators	#	Program Report	52	Annual	0	22/23	Program reports	0	52	52	52	52	
			Number of BOMS sensitized	Output Indicators	#	Program Report	180	biennial	0	22/23	program reports	0	180	0	0	180	
		To improve knowledge and skills on nutrition among the targeted households for Food assistance program	Number of engagement meetings held	Output Indicators	#	Program Report	8		0	22/23	program reports	0	2	2	2	2	
			Number of vulnerable households identified	Output Indicators	#	Program Report	5000	Annually	0	22/23	program reports	0	1250	1250	1250	1250	
			Number of household trained on IGAs	Output Indicators	#	Program Report	5000	Annually	0	22/23	program reports	0	1250	1250	1250	1250	
		To enhance access to nutritious food among the beneficiaries of Cash Transfer Programs	Number of households receiving cash transfer reached with nutrition messages	Output Indicators	#	Program Report	5000	Annually	0	22/23	program reports	0	1250	1250	1250	1250	
			Number of brochures and posters printed	Input Indicators	#	Program Report	3000	biennial	0	22/23	program reports	0	1500	0	1500	0	
			Number of stakeholders meetings held	Output Indicators	#	Program Report	5	annually	0	22/23	program reports	0	1	1	1	1	
			Number of community groups sensitized	Output Indicators	#	Program Report	2000	biannual	0	22/23	program reports	400	400	400	400	400	
			Number of social development	Output Indicators	#	Program Report	200	biannual	0	22/23	program reports	40	40	40	40	40	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			committees trained														
Key Results Area 11: Enhanced Sectoral and Multisectoral Nutrition Governance - Planning, Legal, Regulatory Framework, Financing, Coordination, Partnerships, Advocacy, Communication and Community Engagement	Expected Outcome KRA 11: Improved governance, financing, coordination, partnerships and community participation in multisectoral nutrition programmes	Strategic Objective 11.2: To strengthen policy, planning, legal and regulatory frameworks for nutrition	Number of county staff trained on planning	Output Indicators	#	Program Report	40	annually	0	22/23	program reports	40	40	40	40	40	
			Number of AWP review meetings done	Processes Indicators	#	Program Report	5	annually	1	22/23	Departmental report	1	1	1	1	1	
			Number of dialogue meetings held on nutrition inclusion in county plans	Output Indicators	#	Program Report	5	annually	0	22/23	Departmental report	1	1	1	1	1	
			Number of staff attending exchange programs	Input Indicators	#	Program Report	5	annually	0	22/23	Departmental report	5	5	5	5	5	
			Number of study visits conducted	Input Indicators	#	Program Report	10		0	22/23	Departmental report	0	3	3	2	2	
			Number of stakeholders sensitized on nutrition acts and regulations	Output Indicators	#	Program Report	40	annually	0	22/23	Departmental report	40	40	40	40	40	
		Strategic Objective 11.3: To strengthen	Number of mutisectoral	Output Indicators	#	Program Report	4	annually	0	22/23	Departmental report	0	1	1	1	1	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
		sectoral and multisectoral co-ordination	partners meetings held														
			Number of TWGs held on NTF	Output Indicators	#	program report	20	quarterly	0	22/23	program report	0	5	5	5	5	
			Number of inter-sectoral learning forums organized	Output Indicators	#	program report	4	annually	0	22/23	program report	0	1	1	1	1	
			Number of nutrition focal persons trained on nutrition intergration	Output Indicators	#	program report	10	annually	0	22/23	program report	0	10	0	0	0	
			Number of multisectoral forums held	Output Indicators	#	program report	4	annually	0	22/23	program report	0	1	1	1	1	
		Strategic Objective 11.4: To strengthen budgeting and financing for nutrition across sectors at all levels	Number of briefing sessions held	Output Indicators	#	program report	4	annually	0	22/23	program report	0	1	1	1	1	
			Number of joint budgeting sessions held	Output Indicators	#	program report	1	annually	0	22/23	program report	0	1	1	1	1	
			Number of county officials trained	Output Indicators	#	program report	60	biennial	0	22/23	program report	0	30	0	0	30	
		Strategic Objective 11.5: To scale up and sustain sectoral and multisectoral nutrition Advocacy, communication and community engagement at all levels and across sectors	Number of investment cases developed	Output Indicators	#	program report	3	annually	0	22/23	program report	0	0	1	1	1	



Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of dissemination meetings held	Output Indicators	#	program report	3	annually	0	22/23	program report	0	0	1	1	1	
			Number of advocacy materials printed	Input Indicators	#	program report	4,000	annually	0	22/23	program report	0	1000	1000	1000	1000	
			Number of narratives and success stories developed	Output Indicators	#	program report	4	annually	0	22/23	program report	0	1	1	1	1	
			Number of broadcast sessions on nutrition education held	Output Indicators	#	program report	8	annually	0	22/23	program report	0	2	2	2	2	
			Number of male champions identified	Output Indicators	#	program report	80	annually	0	22/23	program report	0	20	20	20	20	
			Number of male champions trained on gender sensitive nutrition	Output Indicators	#	program report	80	biennially	0	22/23	program report	0	20	0	20	0	
			Number of radio shows held on gender nutrition held and	Output Indicators	#	program report	8	biennially	0	22/23	program report	0	2	2	2	2	
			Number of gender analysis surveys done on nutrition	Output Indicators	#	program report	4	annually	0	22/23	program report	0	1	1	1	1	
			Number of HCW sensitized on gender mainstreaming	Output Indicators	#	program report	130	annually	0	22/23	program report	0	65	65	0	0	
			Number of CHPs sensitized on	Output Indicators	#	program report	1260	annually	0	22/23	program report	0	420	420	420	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			gender mainstreaming														
			Number of community leaders sensitized on gender mainstreaming	Output Indicators	#	program report	203	biennial	0	22/23	program report	0	203	0	203	0	
			Number of FBOs Sensitized on gender mainstreaming	Output Indicators	#	program report	100	biennial	0	22/23	program report	0	25	25	25	25	
			Number of radio talk shows held to model equitable family and gender roles and pass nutrition messages	Output Indicators	#	program report	8	biennial	0	22/23	program report	0	2	2	2	2	
			Number of gender responsive IEC materials printed	Input Indicators	#	program report	1000	biennial	0	22/23	program report	0	1000	0	0	1000	
			Number of dialogues held on shifting gender roles	Output Indicators	#	program report	8	biennial	0	22/23	program report	0	2	2	2	2	
			Number of supportive leaders identified	Output Indicators	#	program report	80	annually	0	22/23	program report	0	20	20	20	20	
			Number of nutrition education sessions held in special schools	Output Indicators	#	program report	40	annually	0	22/23	program report	0	10	10	10	10	
			Number of special schools sensitized on gender transformative nutrition	Output Indicators	#	program report	10	annually	0	22/23	program report	0	10	10	10	10	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of groups sponsored	Output Indicators	#	program report	80	annually	0	22/23	program report	0	20	20	20	20	
			Number of nutrition themed festival held in special schools	Outcome Indicators	#	program report	4	annually	0	22/23	program report	0	1	1	1	1	
Key Result Area 12 : Strengthened multisectoral Nutrition Information, M&E systems, research and Knowledge management.	Multisectoral research in nutrition strengthened leading to evidence-based decision-making that effectively informs policy and programming	Strategic Objective 12.1: Strengthen sectoral and multisectoral nutrition information, monitoring and Evaluation systems, learning and knowledge management	Number of M & E plans developed	Output Indicators	#	program report	1	once	0	22/23	program report	0	1	0	0	0	
			Number of HCW sensitized on M&E plan	Output Indicators	#	program report	200	once	0	22/23	program report	0	200	0	0	0	
			Number of AWP review meetings done	Processes Indicators	#	Departmental report	5	annually	1	22/23	departmental report	1	1	1	1	1	
			Number of CNAP mid term review done	Processes Indicators	#	program report	1	once	0	22/23	program report	0	0	1	0	0	
			Number of CNAP review meetings done	Processes Indicators	#	program report	4	annually	0	22/23	program report	0	1	1	1	1	
			Number of CNAP end term review meetings done	Processes Indicators	#	program report	1	once	1	22/23	program report	0	0	0	0	1	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of assessments done	Output Indicators	#	program report	1	once	0	22/23	program report	0	1	0	0	0	
			Number of staff trained on nutrition data management and use	Output Indicators	#	program report	300	annually	0	22/23	program report	0	100	100	100	0	
			Number of county nutrition data reviews done	Processes Indicators	#	program report	14	Quarterly	0	22/23	program report	0	2	4	4	4	
			Number of sub-county nutrition data reviews done	Processes Indicators	#	program report	56	Quarterly	0	22/23	program report	0	8	16	16	16	
			Number of County performance review meetings held	Processes Indicators	#	program report	4	annually	0	22/23	program report	0	1	1	1	1	
			Number of sub county nutrition review meetings done	Processes Indicators	#	program report	16	annually	0	22/23	program report	0	4	4	4	4	
			Number of nutrition targeted support supervision done	Processes Indicators	#	program report	56	Quarterly	0	22/23	program report	0	8	16	16	16	
			Number of nutrition DQA done	Processes Indicators	#	program report	56	Quarterly	0	22/23	program report	0	8	16	16	16	
			Number of electronic nutrition DQA tools developed	Output Indicators	#	program report	1	annually	0	22/23	program report	0	1	0	0	0	
			Number of staff train on nutrition scorecard	Output Indicators	#	program report	200	annually	0	22/23	program report	0	50	50	50	50	
			Number of reports and	Output Indicators	#	program report	14	Quarterly	0	22/23	program report	0	2	4	4	4	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			bulletins uploaded														
			Timely reporting rate MOH 711	Processes Indicators	%	KHIS	100	Monthly	91	22/23	Program report	90	92	94	96	100	
			Timely reporting rate MOH 734	Processes Indicators	%	KHIS	100	Monthly	11	22/23	Program report	24	0	0	0	0	
			Reporting rate 713	Processes Indicators	%	KHIS	100	Monthly	2.3	22/23	Program report	2.3	0	0	0	0	
			Number of registers printed and distributed	Input Indicators	#	Program Reports	1,170	Biennial	600	22/23	Program report	0	600	0	0	600	
			Number of summary forms printed and distributed	Input Indicators	#	Program Reports	520	Biennial	0	22/23	Program report	0	260	0	260	0	
			Number of nutrition tools printed and distributed	Input Indicators	#	Program Reports	260	Biennial	30	22/23	Program report	0	130	0	0	130	
			Number of nutrition tools printed and distributed	Input Indicators	#	Program Reports	10,000	Biennial	0	22/23	Program report	0	5000	0	5000	0	
			Number of laptops procured	Input Indicators	#	Program Reports	25	Once	0	22/23	Program report	0	15	10	0	0	
			Number of tablets procured	Input Indicators	#	Program Reports	50	Once	0	22/23	program report	0	30	20	0	0	
			Number of starlink modules procured	Input Indicators	#	Program Reports	4	Once	0	22/23	program report	0	4	0	0	0	
			Number of county nutrition tools developed	Input Indicators	#	Program Reports	5	Once	0	22/23	program report	0	5	0	0	0	
	Outcome: Multisectoral	Strategic Objective 12.2: To strengthen	Number of research	Output Indicators	#	Program Reports	2	Biennial	0	22/23	program report	0	1	0	1	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
	research in nutrition strengthened leading to evidence-based decision-making that effectively informs policy and programming	sectoral and multisectoral research in Nutrition for evidence-based decision making to inform policy and programming.	protocols developed														
			Number of guidelines developed	Output Indicators	#	Program Reports	2	Biennial	0	22/23	program report	0	1	0	1	0	
			Number of staff sensitized on research policy and guidelines	Output Indicators	#	Program Reports	40	once	0	22/23	program report	0	0	40	0	0	
			Number of stakeholders trained on research skills	Output Indicators	#	program report	40	once	0	22/23	program report	0	0	40	0	0	
			Number of staff attending conference	Output Indicators	#	program report	10	annually	1	22/23	program report	1	1	1	1	1	
			Number of research findings uploaded into county website repository	Output Indicators	#	program report	8	biannual	0	22/23	program report	0	2	2	2	2	
			Number of C/SCHMT trained	Output Indicators	#	program report	30	Biennial	0	22/23	program report	0	30	0	30	0	
			Number of surveys done	Output Indicators	#	program report	2	Biennial	1	23/24	program report	0	1	0	1	0	
			Number of local crops research	Output Indicators	#	program report	1	once	0	22/23	program report	0	0	1	0	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			findings disseminated														
			Number of local livestock research findings disseminated	Output Indicators	#	program report	1	once	0	22/23	program report	0	0	1	0	0	
KRA 14: Strengthen Supply Chain Management for Nutrition Health products and Technologies (HPTs),		Strategic Objective 14.1: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Number of quantification and forecasting done	Output Indicators	#	program report	2	every 2 years	0	22/23	program report	0	1	0	0	1	
			number of supervision conducted	Output Indicators	#	supervision report	16	quarterly	0	22/23	program report	0	4	4	4	4	
		Strategic Objective 14.3: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Number of partitioned stores to accommodate nutrition stores	Output Indicators	#	program report	4	annually	0	22/23	program report	0	1	1	1	1	
		Strategic Objective 14.4: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Number of TORs printed and disseminated	Output Indicators	#	s13 and bincards	200	once in five years	0	22/23	program report	0	200	0	0	0	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			Number of committee meetings held	Output Indicators	#	minutes of meetings											
		Strategic Objective 14.5: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Numbers of Healthworkers sensitized on kobotool	Output Indicators	#	activity report and database	150	once in five years	0	22/23	program report	0	150	0	0	0	
			Number of staff trained on LMIS	Output Indicators	#	activity report and database	150	once in five years	0	22/23	program report	0	150	0	0	0	
		Strategic Objective: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Number of healthcare workers trained on ePOD	Output Indicators	#	activity report and database	150	once in the period	0	22/23	program report	0	150	0	0	0	
		Strategic Objective 14.9: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Number of inspections conducted	Output Indicators	#	technical reports	20	quarterly	0	22/23	program report	0	4	4	4	4	
		Strategic Objective 14.12: Strengthen integrated	Number of samples collected for analysis	Outcome Indicators	#	public health laboratory	20	every 6 months	0	22/23	program report	0	4	4	4	4	



Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
		supply chain management system for Nutrition Health products and Technologies (HPTs).															
		Strategic Objective 14.15: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	Number of HCWs trained on commodity management	Output Indicators	#	activity report and database	300	yearly	0	22/23	program report	0	70	70	70	90	
		Strategic objective 5.3: To strengthen Response capacity for nutrition sector.	Nutrition HPT and anthropometric equipment procured	Input Indicators	#	S-13, bin cards and program report	150	Annually	0	22/23	program report	0	150	0	0	0	
			number of term formula procured	Output Indicators	#	S-13, bin cards and program report	0	Annually	0	22/23	program report	0	0	0	0	0	
			No of pre term formula procured	Output Indicators	#	S-13, bin cards and program report	150	quarterly	48	2021	icrh forecasting tool	0	40	40	40	30	
			number of breastmilk fortifier procured	Output Indicators	#	S-13, bin cards and program report	60	quarterly	0	2021	program report	0	15	15	15	15	
			number of corn soy blend procured	Output Indicators	#	S-13, bin cards and program report	50	quarterly	0	2021	program report	0	15	15	15	5	
			number of MNPs procured	Output Indicators	#	S-13, bin cards and	40000	quarterly	0	2022	program report	0	1000	1000	1000	1000	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
						program report											
			number of FBF 435 procured (10-17 year)	Output Indicators	#	S-13, bin cards and program report	15000	quarterly	0	2022	program report	0	6000	3000	3000	3000	
			number of FBF 435 procured (for pregnant women)	Outcome Indicators	#	S-13, bin cards and program report	13000	quarterly	0	2022	program report	0	4000	3000	3000	3000	
			number of FBF 415 procured	Output Indicators	#	S-13, bin cards and program report	13000	quarterly	0	2022	program report	0	4000	3000	3000	3000	
			number of RUSF procured	Output Indicators	#	S-13, bin cards and program report	25000	quarterly	0	2022	program report	0	6000	7000	6000	6000	
			number of vit A 200000 procured	Output Indicators	#	S-13, bin cards and program report	20000	quarterly	0	2022	program report	4000	4000	4000	4000	4000	
			number of vit A 100000 procured	Output Indicators	#	S-13, bin cards and program report	30000	quarterly	0	2022	program report	6000	6000	6000	6000	6000	
			number of vit A 50000 procured	Output Indicators	#	S-13, bin cards and program report	10000	quarterly	0	2022	program report	2000	2000	2000	2000	2000	
			number of F-75 procured	Output Indicators	#	S-13, bin cards and program report	350	quarterly	0	2022	program report	0	100	100	100	50	
			number of F-100 procured	Output Indicators	#	S-13, bin cards and program report	300	quarterly	0	2022	program report	0	100	100	100	0	
			number of IFAS procured	Output Indicators	#	S-13, bin cards and program report	27000	quarterly	0	2022	program report	3000	6000	6000	6000	6000	
			number of WIFAS procured	Output Indicators	#	S-13, bin cards and program report	1,000,000	quarterly	200,000	2022	program report	250,000	250,000	250,000	250,000	250,000	

Key Result Area	Expected Outcome	Strategic Objective	Key performance indicators	Type of Indicator	% or #	Source of Data	Target	Periodicity	baseline data	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	Notes/Remarks
			number of IWS procured	Output Indicators	#	S-13, bin cards and program report	150	Bi annually	40	2022	program report	0	150	0	0	0	
			number of AWS procured	Output Indicators	#	S-13, bin cards and program report	150	Bi annually	40	2022	program report	0	0	150	0	0	
			Number of children height/length board	Output Indicators	#	S-13, bin cards and program report	150	Bi annually	30	2022	program report	0	0	150	0	0	
			number of Adult height board	Output Indicators	#	S-13, bin cards and program report	150	Bi annually	10	2022	program report	0	0	150	0	0	
			number of adult MUAC tape	Output Indicators	#	S-13, bin cards and program report	2000	Bi annually	200	2022	program report	0	0	2,000	0	0	
			number of children MUAC tape	Output Indicators	#	S-13, bin cards and program report	2000	Bi annually	250	2022	program report	0	0	2,000	0	0	
			number of BMI wheels procured	Output Indicators	#	S-13, bin cards and program report	150	Bi annually	20	2022	program report	0	0	150	0	0	

Costing Annex table 1:

Key Result Areas	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Key Result Area 1: Maternal, Newborn, Infant and Young Child (MIYCN) nutritional well-being enhanced.</b>	50.3	77.4	53.9	37.4	30.7	249.7
Strategic Objective 1.1: Improve maternal nutrition practices	42.8	58.9	31.8	17.7	13.1	164.3
Strategic Objective 1.2: To improve IYCF practices	5.6	15.1	16.8	15.8	13.4	66.8
Strategic Objective 1.3: To promote MIYCN Social Behaviour Change at all levels	1.9	3.3	4.4	4.0	4.1	17.7
Strategic Objective 1.4: To strengthen sectoral and multisectoral collaboration, partnership and coordination towards improved MIYCN practices	-	0.1	0.9	-	-	0.9
<b>Key Result Area 2: Improved nutritional well-being of older children, adolescents, adults, and older persons.</b>	57.8	60.2	67.9	41.3	38.0	265.1
Strategic Objective 2.1: To improve nutritional status for older children & adolescents.	53.6	51.4	59.0	32.3	32.9	229.2
Strategic Objective 2.2: To improve nutrition status among the Adults and older persons	4.2	8.8	8.9	9.0	5.1	35.9
<b>Key Result Area 3: Enhanced Industrial Fortification for Prevention and control of micronutrient deficiencies.</b>	4.4	7.0	11.5	4.3	5.2	32.4
Strategic Objective 3.1: Scale up regulatory monitoring of adequately fortified foods	1.4	3.5	3.1	3.2	4.1	15.2
Strategic Objective 3.3: Enhance Knowledge Management Systems for Food Fortification Programs	2.1	2.5	7.4	-	-	12.0
Strategic Objective 3.2: Increase consumption of adequately fortified foods	0.9	1.0	1.0	1.1	1.2	5.2
<b>Key Result Area 4: Enhanced clinical nutrition and dietetics services across all levels of health care.</b>	23.1	43.2	25.2	22.6	22.0	136.1
Strategic Objective 4.1: To strengthen hospital inpatient feeding	1.2	2.5	-	1.7	-	5.4
Strategic Objective 4.2: To scale up clinical nutrition services.	10.2	11.9	12.3	11.7	12.3	58.5
Strategic Objective 4.4: To strengthen the Integrated Management of Malnutrition (IMAM) program	5.6	10.1	9.9	7.9	8.4	41.8
Strategic Objective 4.5: To scale up monitoring and evaluation in clinical nutrition.	6.1	16.9	1.2	1.2	1.3	26.7
Strategic Objective 4.3: To strengthen clinical nutrition supply chain.	-	1.8	1.9	-	-	3.7
<b>Key Result Area 5: Managing malnutrition in emergencies, Resilience Building /Climate Change/Response to Emergencies.</b>	5.4	7.0	0.7	0.7	0.8	14.6
Strategic Objective 5.1: To strengthen coordination, partnership, advocacy and policy for integrated preparedness, response and recovery initiatives.	2.5	0.8	0.5	0.5	0.6	4.9
Strategic Objective 5.2: To strengthen preparedness capacity for nutrition sector	3.0	6.2	0.2	0.2	0.2	9.7
Strategic Objective 5.3: To strengthen recovery and resilience interventions.	-	-	-	-	-	-
<b>Key Result Area 6: Enhanced integration of nutrition into agriculture, livestock and fisheries sectors; (increased year-round availability, access and utilisation of diverse safe nutrient dense foods for the entire population)</b>	19.7	24.2	33.7	29.1	29.1	135.8
Strategic Objective 6.2: To increase utilization of nutrient dense food to all population groups	0.0	0.2	0.2	0.2	0.2	0.7
Strategic Objective 6.1: To increase sustainable production and productivity of diverse safe nutrient dense foods	19.7	24.1	33.6	28.9	28.9	135.1
<b>Key Result Area 8: Enhanced integration of nutrition in the education sector.</b>	18.0	16.3	6.2	4.2	7.9	52.6
Strategic Objective 8.2: To improve access to comprehensive health and nutrition services within educational settings.	-	9.0	1.2	1.1	4.5	15.8
Strategic objective 8.1: To strengthen the school food environment for improved access and learning outcomes.	18.0	7.2	5.0	3.1	3.4	36.8

Key Result Areas	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Key Result Area 9: Enhanced integration of nutrition within the Water, Sanitation, and Hygiene (WASH) sector.</b>	<b>21.1</b>	<b>22.6</b>	<b>25.1</b>	<b>25.4</b>	<b>26.7</b>	<b>120.9</b>
Strategic objective 9.1: To increase proportion of population with access to improved drinking water sources, basic sanitation services and basic handwashing facilities	21.1	22.6	25.1	25.4	26.7	120.9
<b>Key Result Area 10: Nutrition integrated across Social Protection programmes.</b>	<b>0.2</b>	<b>0.5</b>	<b>1.7</b>	<b>0.4</b>	<b>0.4</b>	<b>3.2</b>
Strategic Objective 10.1: To enhance access to nutritious food among the beneficiaries of School Feeding Program	0.1	0.3	1.5	0.2	0.2	2.2
Strategic Objective 10.2: To improve knowledge and skills on nutrition among the targeted households for Food assistance program	0.1	0.1	0.1	0.1	0.1	0.5
Strategic Objective 10.3: To enhance access to nutritious food among the beneficiaries of Cash Transfer Programs	0.0	0.1	0.1	0.1	0.1	0.5
<b>Key Result Area 11: Enhanced Sectoral and Multisectoral Nutrition Governance -Planning, Legal, Regulatory Framework, Financing, Coordination, Partnerships, Advocacy, Communication and Community Engagement</b>	<b>14.0</b>	<b>27.6</b>	<b>18.2</b>	<b>13.1</b>	<b>6.9</b>	<b>79.8</b>
Strategic Objective 11.2: To strengthen policy, planning, legal and regulatory frameworks for nutrition	0.5	5.2	2.0	0.8	0.6	9.1
Strategic Objective 11.3: To strengthen sectoral and multisectoral co-ordination	1.3	2.0	2.0	2.1	2.2	9.6
Strategic Objective 11.4: To strengthen budgeting and financing for nutrition across sectors at all levels	0.4	0.5	0.5	0.5	0.5	2.4
Strategic Objective 11.5: To scale up and sustain sectoral and multisectoral nutrition Advocacy, communication and community engagement at all levels and across sectors	11.8	19.9	13.7	9.7	3.6	58.7
<b>Key Result Area 12 : Strengthened multisectoral Nutrition Information, M&amp;E systems, research and Knowledge management.</b>	<b>23.5</b>	<b>26.8</b>	<b>33.2</b>	<b>19.6</b>	<b>24.2</b>	<b>127.4</b>
Strategic Objective 12.1: Strengthen sectoral and multisectoral nutrition information, monitoring and Evaluation systems, learning and knowledge management	18.4	20.4	23.9	12.1	22.9	97.8
Strategic Objective 12.2: To strengthen sectoral and multisectoral research in Nutrition for evidence-based decision making to inform policy and programming.	5.1	6.4	9.3	7.5	1.3	29.7
<b>Key Result Area 14: Strengthen Supply Chain Management for Nutrition Health products and Technologies (HPTs),</b>	<b>15.1</b>	<b>29.6</b>	<b>14.4</b>	<b>15.3</b>	<b>16.1</b>	<b>90.5</b>
Strategic Objective 14.1: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	4.8	10.5	3.0	3.2	3.5	25.0
Strategic Objective 14.2: Strengthen integrated supply chain management system for Nutrition Health products and Technologies (HPTs).	10.3	19.2	11.4	12.0	12.7	65.5
<b>Grand Total</b>	<b>252.7</b>	<b>342.4</b>	<b>291.8</b>	<b>213.4</b>	<b>208.0</b>	<b>1,308.2</b>

