



HUMANITARIAN- DEVELOPMENT NEXUS

Nutrition programming and policy in Kenya

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Summary points

The 2011 drought affecting large parts of Kenya, particularly the 23 Arid and semi-Arid Land (ASAL) counties was characterised as late, poorly coordinated, with low levels of government investment and leadership, little attention to drought resilience building and both acute malnutrition and child mortality were high. The ongoing 2016/17 drought has witnessed progress in how Kenya's systems are now orientated to reduce risk and to respond more quickly and effectively to crisis. A number of factors have contributed to this and, taken together, have enabled a considerable degree of strengthened humanitarian and development linkages.

Specifically, the following enabling factors have been identified:

1. **National economic growth** (Kenya is now classified as a lower middle-income country-LMIC)
2. **Strong government leadership** for the crisis response with humanitarian partners providing gap filling rather than first line response and development partners investments aligned with national risk reduction priorities (see EDE below).
3. **Devolution** of government since 2012. In a context of fully devolved government, the role of local government has provided a freedom to directly manage budgets and determine county level priorities.
4. The elaboration and initial implementation of the **Ending Drought Emergency (EDE) framework** to achieve greater sectoral and humanitarian-development system linkages.
5. **Strengthened health systems** and establishment of a surge capacity model for the early treatment of wasting
6. **Establishing scalable social protection** systems for the most vulnerable (including the Hunger Safety Net Programme-HSNP)

Kenya's economy is growing, it has a 2030 development vision to reach MIC status and is a country with important experiences in shifting from a 'business as usual' emergency response model to a country in which the humanitarian system architecture has largely been overtaken by greater government investment in resilience building, social protection programmes for a number of vulnerable groups and early response systems. There is an ambitious HDN framework (EDE) to which development partners are closely aligned.

Sub-nationally, devolved county structures are a critical enabler to ensure pre-crisis planning, early response and response based on community felt needs. This responsibility has resulted in strengthened local capacity which obviates the need to wait for a national response or for humanitarian partners to access external funding. Counties often don't yet have agreed multi-sectoral collective outcomes and not all prioritise risk reduction and/or, ensure adequate use of early response contingency funds.

The necessary architecture for HDN is akin to the enablers required for nutrition specific and nutrition sensitive scale up though at a higher level (EDE enshrined in law) and with a multi-faceted lens and with objectives linked directly to development/economic targets

as well as to mitigation (read prevention), early response (read mass screening to prevent death from SAM etc), surge systems (read treatment).

In Kenya, nutrition is still not adequately positioned to be at the table to influence the shape of high level frameworks, the design of SPPs, CTs, resilience programming or in advocating for the nutritionally vulnerable to be targeted whether at the individual, household or geographical level. Nutrition in terms of the HDN in Kenya, is largely limited to implementation of nutrition specific interventions i.e. response built on strengthened government systems though HINI and IMAM are not yet resourced to be at full scale. This is evidenced by the high levels of acute malnutrition in the current ASAL crisis.

The declaration of an emergency brings in more human and financial resources for nutrition surge activities, but typically, these are not sustained by the subsequent sectoral/development efforts in terms of sustaining and building the level of scale needed for nutrition specific activities. However, whether nutrition specific (for Kenya HINI) investments build resilience is debateable though HINI has a (undefined/non-evidenced) role in Kenya's progress vis a vis some of the WHA targets.

There is a general tension between the levels of nutrition specific and sensitive investments in Kenya which in turn reflects an unresolved divide –despite progress– between the humanitarian and development sectors and this plays out in terms of the differing/competing objectives, design considerations which often ignore nutrition and in terms of widely differing target or focal populations. Current levels of investment for the nutrition sensitive sectors in the ASALs can't reach levels of coverage and geographical convergence needed to see a population level impact on nutrition.

Nutrition in Kenya is not yet an influencer or driver of change though this is not because of a lack of effort on the part of the nutrition sector. This is a key risk for nutrition generally and in the context of a rapidly evolving HDN agenda as well as the growth in cash related and social protection programming, (country and global). Because nutrition in Kenya is marginalised, HDN, SPP and CT related objectives at best view nutrition as an outcome indicator (Kenya-EDE=stunting) as opposed to being a key design and targeting consideration.

Nutrition is being left behind in the HDN discourse and this should be one area which global nutrition leadership/influence needs to do more about; if one hoped for outcome of HDN is a lowering of the incidence and prevalence of child wasting and stunting i.e. preventing the related mortality and morbidity risk undernutrition poses, then even greater efforts are needed to get nutrition expertise at the table of the HDN 'movers and shakers' at global and country level. In countries like Kenya, a higher-level forum which can influence other sectors across humanitarian and development approaches (such as the HSNP) is needed. The SUN Movement has not yet given rise to a MSP to gain nutrition leverage and visibility.

Background

This case study is based on a short visit to Kenya to study progress made around the humanitarian and development nexus (HDN). This work was undertaken using a nutrition specific and sensitive programming and policy lens and includes a brief case example of Wajir county. Kenya's HDN experience will be one of several case studies undertaken by ENN in Fragile and Conflict Affected States (FCAS) over the next 12-18 months and the Kenya findings will be fed into the SUN Movement Global Gathering session on humanitarian and development linkages in November 2017.

Among the 10 commitments set out in the Grand Bargain that were articulated during the World Humanitarian Summit in Istanbul in 2016, was 'the need to strengthen linkages between humanitarian and development programming'. The consensus around this has grown with the realisation that the vast majority of humanitarian programmes (an estimated 70-80%) take place in contexts where emergencies are protracted (often up to 8 years or more) and that in these contexts, short-term humanitarian programming is not appropriate. Taking up this mantle, the UN Office for Coordinating Humanitarian Affairs (OCHA) developed the New Way of Working (NWW) framework which is predicated on four pillars; joined up analysis of acute and long-term needs, joint humanitarian and development partner planning with collective outcomes, joint leadership and coordination building on opportunities and comparative advantage and, financing modalities to support collective outcomes.

ENN sees a need to articulate specifically what this might mean for nutrition programming in FCAS and what institutional architecture would need to be in place to make this happen. At a global and intra-agency level, change is already taking place. Organisations like WFP that have worked in humanitarian programming for decades are shifting their programming from short term emergency response plans (mainly EMOPS and PRROs) to a country strategy model with longer term financing windows of 3-5 years and the inclusion of childhood stunting reduction as a declared goal. The Global Nutrition Cluster (GNC) is turning its attention to an integrated model of programming whereby integration is not just promoted between the clusters/sectors but also with longer-term government and civil society structures and capacity strengthening. ENNs aim is to capture HDN related experiences in the coming years and to disseminate examples of what is working and disseminate these widely. This Kenya case study is the start of this process and was selected because it has made progress in forging greater linkages.

Kenya

There have been a number of key policy, financing and programming developments in Kenya in the six-year period between the two successive drought emergencies in 2011 and in 2016/17 which are the focus of this case study and described below.

High Impact Nutrition Interventions and Surge

Kenya's success in being on track (according to the 2014 DHS) to meet many of the World Health Assembly (WHA) targets is attributed to its success in scaling up high impact nutrition interventions (HINI), the national nutrition policy focus over the past 10 years. The integrated management of acute malnutrition (IMAM), which is a key element of HINI has been increasingly integrated into the health system with support from numerous development partners in the form of capacity strengthening, provision of foods and medicines and logistical support. In addition, a surge model which allows for the scale up of treatment has been built up in a number of ASAL counties in

response to crises. Surge capacity is built on health systems strengthening whereby health centre staff monitor the number of cases of acute malnutrition and on the basis of health centre specific thresholds, escalate the need for further human and food (RUTF/RUSF) resources to sub-county and county level. This support also allows for community screening, case finding and further referrals to health centres for treatment. Funding for surge comes from county budgets, NDMA administered drought contingency funding (DCF) and support from INGOs working in specific counties. However, although IMAM is embedded in the health system, the remaining challenge is implementing the community health strategy which is not well funded or implemented at scale.

Social protection programmes

Over the past few years, GoK has established a number of social protection programmes (SPPs). One of these, the Hunger Safety Net Programme (HSNP) has been established in four northern ASAL counties and provides a cash transfer (CT) for up to half a million people. The HSNP is 65% GoK funded with the expectation that it will eventually be fully government funded. A key element of the HSNP is that it has a drought contingency component whereby a further crisis risk group are included in the programme (so called Group 2 beneficiaries). Funding for this scale up comes from the DCF administered by the NDMA. As with the IMAM surge model described above, this surge takes an existing programme and flexes and finances it to reach newly vulnerable population groups exposed to crisis.

There is also a safety net programme for the elderly, another for the severely disabled and another for orphans and vulnerable children funded and implemented by GoK. In addition, WFP have been implementing an asset creation CT programme and are working with GoK to standardise registration across the various social protection programmes in Kenya. A new Secretariat was established in 2016 to coordinate SPPs and a bill, currently in draft form will set out clearly the roles and mandate of the Secretariat including the promotion of complementarity and harmonised SPPs. The Secretariat is working to integrate nutrition considerations and design elements into the SPPs with the support of a number of partners.

Resilience programming

Resilience programming has become a major component of Kenya's National Mid-Term Development Plan (MTDP) and most recently, is identified as a key pillar of the EDE (see below) framework. In the EDE, resilience is articulated as a means to minimise the risks associated with drought and is predicated on a strengthening of systems that allow earlier responses to threats before a full-scale emergency arises. Risk management has largely replaced the need for more traditional humanitarian response in Kenya. Resilience building in the ASALs is mostly concerned with diversification of livelihoods and risk anticipation. There has been considerable development partner investment in resilience and more recently, county level investments. The USAID and EC have been major investors in multi-sector resilience programming and USAID has a detailed resilience framework for Kenya. Much of this investment has been in rural and agricultural development (value chain projects, drought insurance schemes, livestock disease surveillance, crisis modifier components, etc). Agencies like WFP have also supported resilience building through initiatives like the cash for asset building programme implemented in 13 out of the 23 ASAL counties. Resilience programming is increasingly being channelled through NDMA. County investment include boreholes, contingency funds for livestock offtake during drought, etc. However, as Kenya has achieved sufficient economic growth to graduate to LMIC status, it is becoming increasingly difficult to access resilience building funding from traditional DPs although the country's new economic status does open up the prospect of more funding from partners like the World Bank.

GoK has also been a significant participant in buying risk or insurance products as a way of off-setting risk associated with drought and acute emergency events.

An important question for many stakeholders during the 2016/17 drought is: why have there been such high rates of acute malnutrition in some of these counties given that there has been so much more investment in resilience building – particularly in ASAL counties? One observation around resilience thinking and programming is that nutrition considerations have barely penetrated resilience frameworks, programme design and guidance in Kenya and furthermore, that there hasn't been a critical mass of programme implementation in terms of the levels of integration or geographical convergence to reduce the child population level increases in undernutrition being reported.

Ending Drought Emergencies-the role of the NDMA

The NDMA was established in 2015 with a 10-year vision that drought would no longer lead to an emergency. NDMA is effectively the secretariat for the roll out of the EDE and is located in the MODP. It straddles humanitarian and development programming and is devolved to the 23 ASAL counties. Historically, the ASAL counties have been left behind in terms of investment and development infrastructure. Shock sensitive social protection is the centre piece of the framework and it calls for investment in six development pillars. Nutrition is seen as a cross-cutting concern and as part of human capital development. Stunting is one of the key indicators for monitoring the progress of the EDE. It is prioritised over wasting as an outcome measure on the basis that stunting prevalence does not fluctuate as much. The EDE is increasingly being integrated into the MTDP although it is recognised that considerable investment is needed to fully operationalise the framework. NDMA produces a drought bulletin every month as well as convening a multi-sector team to undertake rapid short and long-term rain assessments. Following the emergency declaration by GoK in early 2017, the NDMA and OCHA issued a joint appeal for additional resources.

The place of nutrition and its influence on resilience and other programmes

Within government, the mandate for nutrition policy development, planning and coordination resides within the nutrition unit in the MoH. In spite of the excellent work done by the unit over many years (roll out of HINI, scale up and integration of IMAM), the somewhat marginalised position of the nutrition unit within government has meant that it has been very difficult for nutrition to engage as fully as it would have wished with other sectors. It has not therefore, been possible for the nutrition unit to convene a multi-sector nutrition platform (MSNP) which should allow for coordination of nutrition specific and sensitive programming. Nutrition is generally not well articulated within other sectoral plans and particularly so when it comes to crisis response. Arguably, during emergency response, sectors can become even more focussed on rapid sector specific delivery and related indicators and are less likely to orientate their interventions based on nutrition criteria or objectives.

This situation also reflects a widely held view that nutrition is seen to some extent by the GoK as the responsibility of humanitarian and development partners. It has also been argued by some that the surge model for HINI/IMAM crowds out attention to nutrition sensitive programming and discussion about the prevention of wasting and stunting leading to an over-focus on treatment and the products which underpin these programmes.

This is not to say that the nutrition unit has not made substantial progress in engagement with other sectors. For example, the nutrition unit has formed a technical working group (TWG) whereby staff from the ministries of agriculture (MoA) and WASH and devolution (social protection), come

together and explore potential linkages. This TWG is convened by the MoA and has high level ministry representation. However, it is unlikely that a formal or high level MSNP can be formed until the long-awaited Food and Nutrition Bill is approved by GoK, and in turn, allow for much greater leverage and traction with other ministries.

There is no question that nutrition considerations can influence other sectors. This has most recently been seen in the work of Save the Children on Cost of Diets (CoD) in relation to the amounts of cash transferred as part of the HSNP. The conclusions from this analysis is that the cash amounts are insufficient to provide adequate food for more than 5 days a month for an average family of 7 and this may help explain why the rates of acute malnutrition have been so high in the ASAL HNSP counties. This work is now being used to strengthen advocacy for an increased amount of cash transfer as part of the HSNP – especially in times of drought when food prices significantly increase and household food sharing is at its highest point.

Response to the 2016/17 drought in Kenya

There is a widely held view (though no formal documentation at the time of writing) that the 2016/17 drought response in Kenya was considerably better than the 2011 drought response for a number of important reasons;

i) The response started earlier and was more appropriate

The fact of devolution and a more embedded early warning and surge capacity made a difference. Counties were able to start responding earlier using existing contingency funding and without awaiting a government declaration of a state of emergency (which eventually came in February 2017) and subsequent flash appeal. Responses in the worst affected ASAL counties varied in speed and amounts but started as early as July 2016 escalating by November 2016 following failure of the long rains. The county level expenditure on early response was enabled through a drought contingency fund (NDMA resourced).

The surge model which is one form of shock responsive systems strengthening, enables health centre-based monitoring of the number of cases of acute malnutrition and on reaching a threshold, rapidly request sub-county and county support for additional resources and outreach. This was implemented in all drought affected counties. While there were many challenges reportedly faced with the surge programme (see below), it did allow for increased staffing and capacity building, mass screening and access to buffer stocks of therapeutic foods (often held at sub-country level).

The HSNP also had a scalable component for an additional 250,000 drought affected people (Group 2 beneficiaries) which was implemented by November 2016. In addition, the NDMA implemented early warning bulletin which classifies areas on the basis of different coloured 'flags' helped counties access and target additional resources – in particular for livestock feeds and disease control, livestock off-take and water provision (trucked and bore hole rehabilitation). There was a common view that the types of intervention implemented by county governments or development partners were more appropriate than in the past as communities were involved in prioritisation and counties were closer to the source of this information than central government could be.

ii) There was high GAM but lower mortality

Nutrition surveys in June and July 2017 showed some ASAL counties with rates of acute malnutrition (GAM) more than twice the emergency threshold. Parts of Turkana and Marsabit counties appear to have had the highest rates. It has been argued (anecdotally) that despite these high levels of GAM,

under-five mortality rates have been relatively low (unlike 2011). A number of explanations have been put forward for this; a) the IMAM surge and treatment has prevented a lot of SAM cases (an estimated 296, 645 cases of MAM and 72,623 cases of SAM were reported in the December 2017 flash appeal) and ii) that people's resilience to food insecurity was greater in the ASALs this time round. It is asserted that programmes like the HSNP have smoothed food consumption patterns (DFID pers comm).

iii) The response was county and central government driven and built on existing systems

The GoK allocated nearly USD\$124 million in the first two phases of its response to the drought with a further USD\$60 million pledged between July -December 2017. An additional 11 billion Kenyan Shillings (KSH) were disbursed between Feb and April 2017 and NDMA approved KSH209 million for drought affected counties since the start of financial year with HSNP funds reaching 42,000 HH in Wajir, Marsabit and Turkana and an additional 20,000 in Turkana – Group two recipients. In Wajir, DCF funds have been used to resettle livestock, implement vaccination and conflict resolution. All disbursements of contingency funds have been made by county and sub-county administrations. For comparisons purposes, the revised September- December 2017 flash appeal was USD\$106,000. Unlike 2011, there has been very little food distribution in counties apart from WFP's supplementary feeding programmes (BSFP) although some development partners (e.g. KRC) have implemented small scale feeding programmes. County autonomy and control over resources meant that NGOs like KRC found it easier to work and plan with local government

iv) External funding used to plug gaps and was strongly coordinated by government.

UN-OCHA had virtually closed down in Kenya when the 2016/17 drought hit. This was partly a reflection of 10 consecutive good rains but also, the ability of GoK to provide emergency response. IASC Clusters were no longer functioning although UN lead agencies were providing support for sectors to coordinate. This undoubtedly meant a more challenging environment in which to implement a flash appeal and in 2017, OCHA brought in three additional staff to support the appeal process. The surprising and alarming rates of GAM in the ASALs were used by the UN Resident Coordinator to push for resources and attention to nutrition.

The Flash Appeal had a strong focus on food and nutrition. 1.9 million people were said to be in need of life saving interventions. The Appeal was launched in March 2017 and revised in September and was initially for 23 counties. After the long rain assessment, the priority focussed on 11 counties with high food insecurity and poor nutrition indicators.

The flash appeal resources went largely to the UN agencies who in many instances, subcontracted to INGOs in counties. The SMART surveys in June/July found coverage of SAM treatment in spite of scale up of IMAM was still only 40-50%. UN/INGO's therefore carried out mass screening and employed new staff to support MoH IMAM roll out using mobile clinics. Funding was also used for RUTF and associated medical supplies as part of the expanded HINI package. Agencies employed other means to increase coverage, e.g. integrating treatment with BSFP and employing both MUAC and WHZ for screening.

INGOs were also using humanitarian resources for cash crisis programming (not linked to HSNP or other government Social protection programmes), water harvesting and livestock programme support. Most of this work however, was done in collaboration with county coordination mechanisms so that development partners were able to support county response as well as fill identified gaps.

It is notable that OCHA appealed for commitment to coordinate cash actors in country but that OCHA partner use of cash was not well monitored. Some partners were unsure how to disperse cash transfers through the government implemented social protection systems.

Like OCHA, other international agencies had also moved away from humanitarian programming in Kenya, e.g. WFP were reluctant to implement a general food distribution and eventually 'compromised' through implementation of a BSFP linked to the targeted SFP. In any event, the BSFP was underfunded.

Challenges for HDN in Kenya

In spite of Kenya's substantial progress towards a significantly integrated humanitarian and development capacity, there are many challenges ahead that will need to be addressed.

Food versus cash

After many decades of reliance on humanitarian food aid as the main modus operandi in the crisis prone northern ASAL counties (general rations and targeted SFPs), the capacity and willingness of international agencies to deliver these programmes (notably WFP) had declined at the time of the 2016 drought. WFP had transitioned from a service delivery role to capacity strengthening in the past few years. Therefore, when it became apparent that the combination of resilience programming investment, HINI/IMAM surge capacity and the expanded HSNP were not sufficient to prevent very high levels of GAM in some counties, both government and development partners began advocating for food aid. Although WFP were able to mount BSFPs, there were pipeline problems. Counties and some NGOs like KRC and SC implemented small scale feeding programmes, but arguably, this was too little too late given levels of GAM reported. A question therefore arises as to whether Kenya (government and DPs) has perhaps moved away too quickly from a capacity to deliver food aid for crisis prone counties and how this capacity can be maintained as the country consolidates its LMIC status and ASAL counties in particular, progresses further towards greater resilience and risk reduction and development? The transition away from food aid to social protection and cash in particular both for risk reduction and multi-purpose drought response also raises issues. Other key questions are whether current levels of CTS can expect to protect households with young children from becoming malnourished, what level of transfer is required when rates of GAM are high and how the apparent need for much higher CTs to meet a household's food basket needs are managed against the backdrop of Government concerns to avoid creating cash/social protection dependency.

Sustaining humanitarian gains/community outreach

The IMAM surge programme in Kenya is in many ways an ideal type of programme for resource poor and vulnerable populations in drought-risk counties. However, at a recent workshop (Machakos October 2017) which reviewed the overall 'surge programme' experience for 2016/17, many challenges were noted. These included the ongoing strikes by health centre level nurses, poorly coordinated mass screening in some counties and lack of resources.

However, a more significant and fundamental challenge has been how to sustain the community mobilisation and outreach achieved as part of the 'surge' process. Many health centres reached GAM case thresholds and triggered scale up which included mass screening, increased referrals, additional staff and capacity building. However, there is no mechanism or planning to sustain the increased coverage resulting from this surge. Given that SAM coverage in Kenya is low (a recent

survey by SC in Turkana estimated 40-50% in 'normal times') this appears to be a lost opportunity and speaks directly to the principles around HDN, i.e. how can the humanitarian response be leveraged to add value to, and strengthen existing systems and how can the development system capitalise on this progress, sustain and grow it?

Related questions for decision makers and programme planners are; why limit the mass screening of children under five to periodic emergency response interventions? and, how can this activity be incorporated into GoK budgets to allow for reliable and continuous screening of children who may need treatment? It appears that some counties, e.g. Marsabit, have managed to make some progress on this but face challenges around resource prioritisation (personal comm)

Devolution, resource allocation and accountability

Devolution has clearly been a critical enabler of Kenya's EDE framework and goals. It has allowed earlier and arguably more targeted and appropriate interventions based on community identified needs. This has been supported by development partners like Concern Worldwide that have introduced approaches like 'community conversations' where communities are facilitated to articulate their priorities.

However, there are challenges which have been described anecdotally. These include the counties knowing what measures to take and when to take them as well as a general lack of clarity about what preparedness looks like at county level; greater local interference with resource allocation decisions and less transparency around allocations. An often heard 'complaint' has been that processes for reporting county level expenditure back to federal level are weak so that it is increasingly difficult to map spend by sector and specifically on nutrition. At a time when international and national efforts to better track nutrition specific and sensitive spend are increasing, this is an important consideration. As implied above, the amount or degree of transparency in county level spending is uneven though, there are views based both on hard data (levels of GAM, number of boreholes, number of livestock vaccinated etc.) and anecdotal observations about which counties have performed better with regard to identifying and responding to vulnerability and need.

Nutrition sensitive programming

The limited traction that nutrition has in relation to other potentially nutrition sensitive sectors is a widely held concern in Kenya. As discussed above, this in part reflects the location of the nutrition unit in central government. While various initiatives are ongoing to strengthen the linkages between nutrition and other sectors, it is unlikely that significant progress can be made until the passing of the Nutrition and Food Security Bill (which will lead to formation of a food and nutrition secretariat) and/or an elevation of the nutrition unit within government and thereby, the SUN Focal Point position. The formation of a multi-stakeholder platform (MSP) will also be necessary. The marginalisation of nutrition at county level may be even more pronounced but this is difficult to judge without further analysis.

What is clear is that the marginal position of nutrition in overall development governance in Kenya has costs. The example of the HSNP and Save the Children's work on cost of diets is an excellent example of this. The findings of this work should be able to significantly influence decisions about cash transfer amounts but as yet there has been no traction of the quite startling findings of the COD work. It is also clear that nutrition has barely penetrated resilience thinking, planning and programming in Kenya resulting in many lost opportunities for these programmes to address nutrition more explicitly. There are of course numerous initiatives to enhance the nutrition

sensitivity of programmes in Kenya but much of this is taking place on a small scale through the work and support of DPs. For example, work is ongoing in Kitui trying to integrate nutrition and WASH via CHWs as well as assessing the impact of linking HINI to social protection. In Kalifi, World Vision are linking SAM treatment programmes to livelihoods diversification programming. ACF cash programming targets children discharged from IMAM to prevent relapse. ACF are also working on HSNP iteration 3 with NDMA and DFID to strengthen HINI linkages with the HSNP.

Whilst there is a growing level of nutrition awareness in, for example the MoA, the agriculture sectors drought responses did not include nutrition considerations which are viewed as 'life-saving'. Rather, activities (livestock feed and health, fisheries etc.) focussed on food and livelihood based outcomes. This experience highlights the current disconnect between understanding nutrition risk and the need to mitigate nutrition risk (rather than only life-saving) and the 'lens' through which other sectors view risk and mitigation/response. The large and dominant sectors including agriculture, fisheries and crops are not routinely exposed to the 'human face' of their policies and programmes so for example, data on food consumption, dietary diversity or kcal intake let alone trends in key anthropometric indicators. It is therefore unsurprising that even with the levels of pre-planning and early response seen in some of the ASALS, the main sectors continued with their normal ways of working and indeed, have different target areas and population groups. Real progress in linking and leveraging sectors to reduce all forms of risk –including nutrition risk- rely on strong government leadership in non-emergency/stable times and with the backing of DPs to embed nutrition in long and short-term responses. This needs the high-level MSP, currently missing in Kenya's architecture.

FAO are working to introduce nutrition sensitivity into a range of agriculture, livestock and fisheries programming. The EU are also working with government to integrate nutrition indicators into the monitoring of other sectors (NIPN). It is likely though that significant progress in regard to nutrition sensitive programming at scale cannot be made without recourse to changes in governance structures.

Whether these important but somewhat disparate and relatively small-scale efforts to integrate nutrition concerns into other sectoral programmes will help provide a more coherent and evidenced narrative for nutrition is probably dependant on the right level of coordinated dialogue, with the right people and, at the right/influencing level. Kenya does not currently have these features in place though the signs are that this may improve to enable nutrition to get a foot in the door.

Resilience programming and risk reduction

One of the difficult questions for GoK and the DPs to answer during the 2016/17 drought has been 'why the resilience' programming carried out in the ASAL counties between 2011-16 has not resulted in lower GAM rates this time round? This is a difficult question to answer definitively. The view of many is that GAM rates are high in those counties where it was not possible to protect livestock sufficiently so that young children consumed less milk. It is also possible that those counties that did considerably better with regard to GAM, e.g. Wajir which had comparatively low (16%) GAM, had managed to build more resilience and limit livestock losses through a variety of interventions or, at least compensate for them through livestock destocking programmes. Wajir has also managed to build more than 150 boreholes pre-crisis-essential for livestock and household use.

However, it is also possible that the relatively low scale of resilience focussed programming and it's limited or non-existent focus on nutrition resilience concerns has meant that a great deal more work needs to be done ahead of the next shock/drought to better protect nutritional status. It is also

unclear how well resilience programming is being coordinated although NDMA is making great efforts to strengthen coordination. There is a view that NDMA will need to be positioned higher in the government in order to be more effective – particularly with regard to convening and influencing other ministries. This has an interesting parallel with nutrition and speaks to the governance challenges facing any sector or concern which relies on a number of sectors to achieve wider outcomes. Another cited problem with NDMA is that communication between sub-counties is weak while local politics can be counter to effective coordination.

Furthermore, low coverage of programmes like the HSNP and IMAM pre-scale up will also have been a factor in the high GAM rates seen in counties like Turkana and Marsabit. Key considerations for the HSNP are whether it can be extended to other at-risk counties and the need for a harmonised targeting approach (register) which would allow DPs to step in and extend coverage. The SP Secretariat is also considering how to build in more crisis funding which allows scale up to more beneficiaries and/or cash amounts for the HSNP and other government implemented SP programmes. A challenge for the humanitarian system actors is to think more about systems and instruments around social protection while development system actors needs to think about contingency funds and working more closely with humanitarian partners. The World Bank is focussing on the need for adaptive social protection programming and for a forum to bring social protection humanitarian and development actors together.

There are initiatives currently ongoing to help provide more robust answers to this resilience related question in Kenya. USAID co-location resilience work is of interest here. After the 2011 drought, USAID wanted a greater 'sustainability effect' of humanitarian funding and came up with idea of co-located funding. This meant co-locating funding from its many funding windows, e.g. Food for Peace, PEPFAR, OFDA, DRR, conflict funding, climate, WASH, etc. Co-location effectively means geographic and multi-programme targeting which are mapped. There are now 9 counties of which five have much greater (co-located) USAID investment. A baseline survey was carried out in all nine counties in 2013 with an end line survey scheduled for 2018. This study will measure the collective impact of all programmes including that of development partners working in the co-location areas. This will allow USAID to compare intense 'co-location' counties versus non-intense counties. A mid-term study has already found a 12% poverty reduction impact in the 'intense' counties as well a 22% improvement in dietary diversity. Interestingly, anthropometric indicators (wasting and stunting) showed either no improvement or an (non-significant) increase.

Large areas of vulnerability in a LMIC status country

One of the explanations for how Kenya has managed to move towards more joined up HDL programming has been its economic progress and increase capacity since 2011. This has allowed GoK to build, strengthen and finance the drought response without much recourse to external partners. The down side of this economic success and graduation to LMIC status has been the increasingly difficult donor funding environment. There is an interesting conundrum here. Kenya at an aggregate level is indeed a LMIC but many of the 23 ASAL counties are extremely resource poor with very low per capita incomes and are prone to crises. They make up roughly 35% of the overall population. There is therefore a question around how suitable funding arrangements through government and DPs donors can be maintained for these vulnerable counties at a time when DPs are prioritising other countries in the region who are low income status and experience widespread crisis.

EDE and stunting

The EDE framework is an important development in Kenya and provides a clear vision for protecting against the consequences of future droughts. It is virtually a 'manifesto' for HDN though it does not encompass all sectors for example health. However, the way in which nutrition impact for this response framework is to be measured, i.e. through rates of stunting, may be a missed opportunity. Given the inter-relationship between wasting and stunting i.e. that wasting can represent a risk factor for stunting and vice versa and, that wasting and stunting need to be prevented in both crises and stable settings, the goal of wasting reduction should be as clearly defined as that of stunting reduction in the EDE framework.

Kenya's system strengthening and resilience approach- will some areas need longer-term welfare?

Clearly, Kenya is moving in the right direction in terms of reducing the consequences and causes of cyclical drought. It has built health and social protection systems which can be scaled up in drought, it is investing in resilience programming, it has an increasingly effective early warning capacity and has a form of governance which brings together more closely the identification of the needs of those most affected by crisis to those who are in a position to act appropriately (devolved government). While the challenges ahead to strengthen this approach are many and various, there is one challenge and narrative which hasn't been acknowledged in this report. It is that there may be certain population groups for whom there is no realistic prospect of sustained resilience to drought and graduation to a status where drought no longer carries risk. While technology improvements may increase productivity significantly, some stakeholder estimate that at least 30-40% of the ASAL population will never graduate to self-sufficiency. These highly vulnerable populations may therefore continue to need 'welfare support' in a way that is no different to welfare dependence of a very poor minority in middle and high-income countries except in the ASAP context, there are large numbers of highly vulnerable wasted and stunted children for whom, much greater attention to nutrition risk reduction is needed. There is also an argument that too much investment or focus on ASAL counties prevents the building of 'national' resilience through investment in high productivity areas.

Wajir case example

A small number of key informants were interviewed from Wajir County to provide an understanding of their sub-national context. These included representatives from MDMA and NGOs. Wajir County was selected because it was viewed as having intervened and invested early on in the drought.

Coordination for nutrition in Wajir is overseen by the county level Minister of Health. The County Director of Health (CDH) works under the Minister while the County Nutrition Coordinator (CNC) works under the CDH. Most nutrition agencies partner with the CNC and CDH. Wajir has 38 nutritionists and 300 nurses trained in nutrition and outreach is well supported by the country budget.

The June 2017 SMART survey in Wajir recorded a GAM prevalence of 16.9 % with 3.8% SAM which is a considerable improvement from previous years and in particular, following the 2011 drought. It is widely believed that resilience building activities (most notably WASH including the provision of over 100 boreholes) and early response to the drought has played a big part in this.

NDMA started to intervene in July 2016 through the provision of water conservation, livestock feed, emergency livestock offtake and support for mass training for health and nutrition programme outreach. Between Nov 2016 and July 2017, NDMA spent KSH 326 million in Wajir on cash transfers

and scale up of the HSNP to 16000 Tier 2 households in 'hot spot' areas. Unlike 2011, there was very little food distribution in Wajir although the county government did do some on a small scale. Looking to the future, MDMA believe greater investment is needed in resilience building, in preparedness planning and in even greater devolution to empower communities to engage in their own development.

Save the Children has been doing advocacy work in Wajir to increase the county budget for nutrition specific programming and at the time of speaking, a specific line had been included of KSH 5 million.

The county integrated development plan (CIDP) sets out the process of drought response clearly and is predicated on building resilience of communities. Drought response therefore includes water development, support for livelihoods and livestock and maximising milk production and marketability as well as infrastructure support. Devolution has allowed devolved funding for resilience building (150 boreholes and more than 20 larger water reservoirs as well as better staffed health facilities). Control over funding has meant more community identified priority led expenditure.

Three key components of success of the drought response have been; coordination of stakeholders, good planning and involvement of the community though one observation shared was that there was still room for improvement in areas like food distribution and mass screening.

Save the Children have been one of the two main NGOs working with Wajir County Government on nutrition related programming. There have been three pillars to their work; Health systems strengthening, building community resilience (drought resistant livelihoods, kitchen gardens, behaviour change and communication), and advocacy to build capacity and adopt innovations and high impact programmes.

Following the November 2016 rain failure, Save began responding to the drought in Jan 2017. Access to water was the biggest threat so water trucking to schools and health facilities and expanded water storage facilities was undertaken. They also supported 82 outreach screenings and intervened with RUTF and RUSF as well as drug supplies. In addition, they supported supply logistics and established robust coordination with NDMA and the country steering committee. Save also support decentralised training of health workers to do IMAM and equipped sub-county stabilisation centres.

The other large NGO in WaJir is the Kenya Red Cross (KRC) who implemented a large-scale destocking programme with MoA and helped get RUTF to hubs for outreach to health facilities. KRC met with the country teams to review the plans and helped sensitise health workers on IYCF and active case finding. KRC also attended coordination meetings to identify gaps in need and prevent duplication of activities.

Front cover image: WFP/ Diego Fernandez