The European Union's Civil Society and Local Authorities Thematic Programme

Siaya Maternal and Child Nutrition *Nawiri* Project

CSO-LA/2015/368-296

ANNUAL INTERIM NARRATIVE REPORT

REPORTING PERIOD

1st MAY 2016 TO 30TH APRIL 2017

Project funded by the European Union

WITH FUNDING FROM AUSTRIAN DEVELOPMENT COOPERATION

Project implemented by CARE, FHOK and KMET

ANNEX VI

INTERIM NARRATIVE REPORT

- This report must be completed and signed by the Contact person of the Coordinator.
- The information provided below must correspond to the financial information that appears in the financial report.
- Please complete the report using a typewriter or computer **(*you can find this form at the following address <Specify>).***
- Please expand the paragraphs as necessary.
- ***Please refer to the Special Conditions of your grant contract and send one copy of the report to each address mentioned.***
- The Contracting Authority will reject any incomplete or badly completed reports.
- The answer to all questions must cover the reporting period as specified in point 1.6.

Table of Contents

List of acronyms used in the report

ANC	Antenatal Care
ARV	Anti-retroviral
CARE	Cooperative for Assistance and Relief Everywhere
CAUT	CARE Austria
CBO	Community Based Organization
CHA	Community Health Assistant
CHMT	County Health Management Committee
CHVs	Community Health Volunteers
CHW	Community Health Workers
CME	Continuous Medical Education
CNAP	Country Nutrition Action Plan
CQI	Continuous Quality Improvement
CsC	Community Scorecard
CSO	Civil Society Organisation
CU	Community Unit
DDIU	Data Demand and Information Use
DHIS	District Health Information System
DQA	Data Quality Audit
ECD	Early Childhood Development
EPI	Expanded Programme on Immunization
EU	European Union
FBF	Fortified Blended Flours
FGD	Focus Group Discussion
FHOK	Family Health Options Kenya
FP	Family Planning
FM	Frequency Modulation
HCW	Health Care Workers
HiNi	High Impact Nutrition Interventions
HIV	Human Immunodeficiency Virus
KCDI	Kenya Curriculum Development Institute
KII	Key Informant Interview
KIFHP	Kisumu Integrated Family Health Project
KMET	Kisumu Medical and Education Trust

KMTC	Kenya Medical Training College
M&E	Monitoring and Evaluation
MCA	Member of County Assembly
MCH	Maternal and Child Health
MIYCN	Maternal, Infant and Young Child Nutrition
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
MOH	Medical Officers Health
MoU	Memorandum of Understanding
MUAC	Mid-Upper Arm Circumference
NGOs	Non-Governmental Organizations
PET	Participatory Edutainment Theatre
RHC	Reproductive Health Coordinators
RUTF	Ready to Use Therapeutic Feeds
SAA	Social Analysis and Action
SCHMT	Sub County Health Management Team
SMOH	Sub-County Medical Officer of Health
SOP	Standard Operating Procedure
SUN	Scaling Up Nutrition
TA	Technical Assistant
ToT	Training of Trainers
TWG	Technical Working Group
U5	Children under 5
WRA	Women of Reproductive Age

1. Description

1.1. Name of Coordinator of the Grant contract: **CARE Austria**

1.2. Name and title of the Contact Person: **Claire Laurent, Programme Officer**

1.3. Name of Beneficiary(ies) and affiliated entity(ies) in the Action: **Family Health Options Kenya (FHOK) and Kisumu Medical and Education Trust (KMET)**

1.4. Title of the Action: **Siaya Maternal and Child Nutrition *Nawiri* Project**

1.5. Contract Number: **CSO-LA/2015/368-296**

1.6. Start date and end date of the reporting period: **1st May 2016 to 30th April 2017**

1.7. Target country(ies) or region(s): **Kenya, Siaya County - Gem, Bondo and Rarieda Sub Counties**

1.8. Final beneficiaries &/or target groups[1] (if different) (including numbers of women and men): **94,435 children under 5 years (U5), 127,065 women of reproductive age (WRA), 42,000 adolescent girls and 20,000 men in the Siaya county**

1.9. Country(ies) in which the activities take place (if different from 1.7): N/A

In a snapshot the project has reached the numbers indicated in the table below[2]:

			KMET			**FHOK**			**CARE**			**Total**
Beneficiary	**3 Year Target**	**Yr 1 Target**	**Qr 2**	**Qr 3**	**Qr 4**	**Qr 2**	**Qr 3**	**Qr 4**	**Qr 2**	**Qr 3**	**Qr 4**	**Year 1 Result**
U5s	94435	31478	0	0	0	175	0	1549	0	0	0	**1724**
WRA	127,065	42355	560	770	784	248	0	1938	0	9083	8934	**22317**
Adolescent girls	42,000	14000	0	0	51	0	0	677	0	0	0	**728**
Men	20000	6667	0	0	0	0	0	833	0	2664	3120	**6617**

[1] "Target groups" are the groups/entities who will be directly positively affected by the project at the Project Purpose level, and "final beneficiaries" are those who will benefit from the project in the long term at the level of the society or sector at large.

[2] Due to the delay of community outreaches activities, mainly affected by the nurses and doctors' strike, the targets reached in year one are lower than previously planned. CARE, FHOK and KHMET are confident that they will be able to reach out to a higher number of beneficiaries in YR2 and YR3.

2. Assessment of implementation of Action activities

2.1 Executive Summary of the Action

CARE and its consortium partners, KMET and FHOK implement Maternal, Infant and Young Child Nutrition (MIYCN), Nawiri Project in Siaya County. The project's overall objective is to contribute to improving MIYCN, including nutrition of women of reproductive age. Specifically, the project intends to increase the capacity and commitment of Civil Society Organisations (CSOs) and state health actors to provide and facilitate access to coordinated, complementary, quality MIYCN services in the three sub-counties Bondo, Rarieda and Gem.

During the reporting period, CARE, FHOK and KMET endeavoured to fast track on pending activities to cover up for the lost time after the project launch. The project team jointly planned and carried out activities with changes as dictated by circumstances such as the nurses and doctors' strike from December 2016 to March 2017, as well as the political climate following political party primaries on run up to the national elections in August 2017. The project has endeavoured to foster partnership for sustainability through collaboration with Siaya county Ministry of Health (MoH) health workers, other line ministries, national nutrition unit and other development partners.

Specific Objective 1: To increase the capacity and commitment of CSOs and state health actors to provide and facilitate access to coordinated, complementary, quality maternal, infant and young child nutrition services in Siaya County

SO 1. Indicator 1: Number of Sub Counties with functional nutrition coordination in place, executing their mandates at all levels

Baseline value: 0

Target Value: **3**

Level of Achievement: The project operates in 3 sub Counties, Bondo, Rarieda and Gem. The Nawiri project facilitated the constitution of the sub county and county Nutrition Technical Working Groups (TWGs) (Malezi Bora TWGs); a coordination forum that is tasked with overseeing the planning, implementation and monitoring of nutrition actions within the county. On this front, the project has collaborated with the EU sister project at Amref to ensure all sub counties in Siaya have the TWGs established. The project has also supported

formation of an advocacy TWG at the county level and supported activation and operationalization of research committee at county level. Through the leadership of the county government, the partners Amref Stawisha and CARE Nawiri have supported the functioning of the Country Nutrition Action Plan (CNAP) TWG that has been the manpower behind the production of the Nutrition Standard Operating Procedures (SOPs), CNAP, Male Involvement Module and MIYCN Investment strategy. The project planned to carry out an inter-agency coordination review meeting within the reporting period but has been postponed due to competing tasks. The forum will be convened in June 2017.

SO 1. "Indicator 2": Number of nutrition implementing agencies in Siaya County integrating their nutrition priorities into county plans

Baseline value: 4

Target value: 10

Level of Achievement: According to the baseline survey report, MAP international, Amref Health Africa and its consortia, Kenya Red Cross, APHIA plus and Nawiri Consortia were mapped as the county recognized nutrition implementing agencies. The Nawiri Project team has focussed on establishing and maintaining an inter-sectoral nutrition agency forum to include all partners that are implementing both nutrition specific and nutrition sensitive activities. The Nawiri has mapped out and built capacity of 10 CSOs who are currently engaged in behaviour change for nutrition at the community level. The interest of the team is the sustainability of all gains for MIYCN realized during the Nawiri project lifetime.

The stakeholder interagency forum brought on board key partners implementing nutrition specific and nutrition sensitive activities within Siaya County. These included Amref Stawisha, UNICEF, Kenya Red Cross Society, Map International, key line ministries (MoE, MoA and Fisheries). Community Based Organizations (CBO) mapped by Nawiri (10 CSOs) and Rafiki wa Maendeleo group were also invited.

2.2 Results and Activities:

Inception Phase Activities:

Activity 0.1: Project launch event: A project launch was organised under CARE's leadership and executed on 26th May 2016. It focussed on increasing both project and donor

visibility amongst leaders and communities in Siaya County. The Governor, His excellence Cornel Rasanga county political leaders, maternal and child nutrition ambassadors, other implementing agencies, communities and media were invited to the occasion that ground for advocacy, presenting the project to communities, commencement of awareness raising, as well as communicating key project objectives and expected results to communities and leaders. **(Annex 1)**

Activity 0.2: Baseline survey: The baseline survey for Nawiri project was conducted from 4th to 10th of September 2016 in Bondo, Rarieda and Gem sub counties. The baseline survey‘s aim was to help establish the current health indicators on maternal and child nutrition and nutrition status of women of reproductive age from where the project will build on to in delivering the intended objectives and creating a meaningful impact to the targeted populations of Gem, Rarieda and Bondo sub county. The project engaged the services of an independent consultant who was tasked to deliver the objectives of the survey. 20 enumerators were also hired through a competitive process and engaged to support the consultant in this process. However, two turned down their offers citing various reasons. Due to extensiveness of the project area of coverage, more drivers were required for ease of movement during the implementation. Two drivers were therefore sourced from other projects within CARE and facilitated to support the survey. The report was disseminated in November 2016. The study mainly concludes i.a. that there is a lack of knowledge among political leaders, as well as among the Siaya community in general, on the importance of maternal and child health. Hence, the study recommended to support training and sensitization on maternal and nutrition issues and to address the infrastructural and resource limitations in data reporting - which the project intends to achieve. The baseline values have been analysed and incorporated into the logframe of the project. **(Annex 2)**

Expected Result 1 – "Advocacy for political commitment" - Political commitment and good nutrition governance in the Siaya County are strengthened and vulnerable groups are integrated in decision-making processes

This component focuses on engaging political actors in a dialogue on MIYCN and leveraging their action for increasing resource allocation that prioritises MIYCN and changing negative social norms that discriminate malnourished and vulnerable men, women, boys and girls.

Indicator 1: Number of county assembly members and executive leaders reached with advocacy for nutrition-specific and nutrition sensitive messaging

Baseline value: 0

Target value: 113

Level of Achievement: The Nawiri project has finalized formative work necessary to engage these leaders. The MIYCN resource gap analysis to augment the Nawiri Baseline findings has been completed, giving valuable information and data to the level of investment in MIYCN within the county. The team developed an investment strategy plan following the findings and is translating these findings into advocacy and policy briefs to target political leaders. There was some political disruption of this process due to party primaries in preparation for the August national elections – something that has modified both availability and interest of political leaders within the County, but the program had foreseen these risk and scheduled major dissemination forums for political leaders after the August elections, in order to reach out to the new elected leaders.

Indicator 2: Proportion increase in county budgetary allocation for MIYCN services

Baseline value: 0.08%

Target value: 0.5%

Level of Achievement: The project identified and sensitized 60 Community Health Volunteers (CHVs) from the 3 Sub Counties on how to voice MIYCN needs for budget allocation. Sensitized CHVs advocated for nutrition budgetary allocation in 2017/2018 Siaya County budget during public budget hearing sessions held from 20th-24th March 2017 in close collaboration with Department of Public Service and Governance of Siaya County. The project will continue to follow up on the budget making processes for inclusion of nutrition

budget in subsequent County annual budgets (mobilization report annexed). There has been engagements with the County Executive over budgetary increment with perceived willingness of county actors to increase budgetary allocations towards nutrition as was already done in the 2015/2016 budgets after the increase in allocation from 1million to 3million in the 2016/17 budget. The project team sees potential for improvement in leveraging on a multi sectoral approach since other departments such as agriculture, social services and education are also advocating for an increase in their nutrition budget. There is however need to monitor budget utilization to ensure that the allocated resources are spent on MIYCN.

Indicator 3: Costed County Nutrition Strategic Plan and County Nutrition Action Plan (CNAP) developed and implemented.

Baseline value: 0

Target value: 1

Level of Achievement: The Draft CNAP has been developed and is under review by the Nutrition Unit. The County Nutrition Coordinator convened the initial CNAP development meeting in December 2016, drawing partners including the Nawiri and Amref EU supported project (Stawisha). This meeting developed the draft Zero 2018 - 2022 CNAP. The Nawiri project and the Stawisha project then worked closely with the County Nutrition Coordinator (taking lead) in the initiation of a 17 member TWG which has representation of 4 MoH nutritionists, 1 Kenya Medical Training College (KMTC) nutritionist, 1 Agriculture, 1 social services, 1 education, 6 Amref, and 3 Nawiri. This TWG met in December 2016 and further improved the draft zero to a draft CNAP document. Follow up sessions were carried out in January and February 2017 followed by the ratification of the draft by the County Health Management Committee (CHMT). The draft was then subjected for review and view gathering by all relevant nutrition stakeholders through a meeting attended by 34 members including the County health management team, sub county & county nutritionists, social services, a ministry of Agriculture (home economics, livestock and fisheries) representative, CBOs, and other partners (NGOs). The meeting was officiated by the Siaya County Nutrition Coordinator. This draft is currently under review by the national nutrition unit, after which it will be finally edited and printed. In line with CNAP, the project plans to develop and print the MIYCN Charter. **(Annex 3a & 3b**)

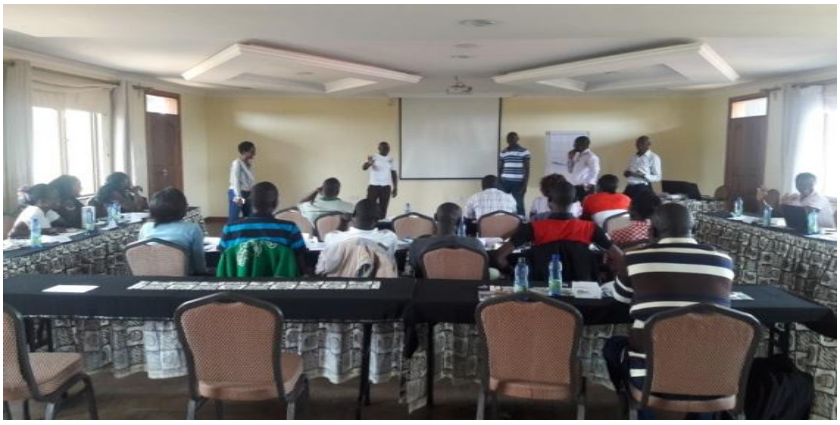
Activities for Expected Result 1

Activity 1.1: Increase knowledge and understanding among County Executive and County Assembly Members on MIYCN needs, gaps and their roles in positive transformation

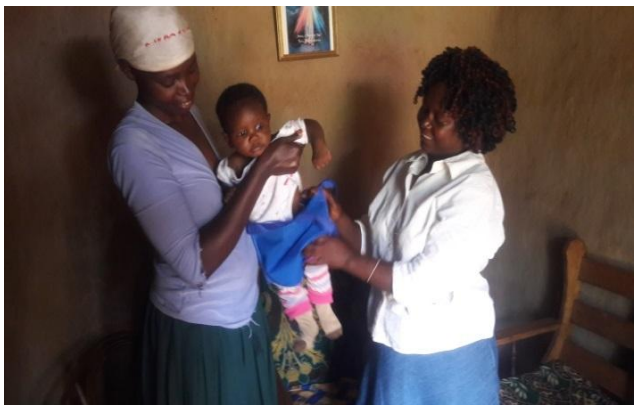
Within the reporting period, the project team carried out an inception meeting. This meeting was planned for 12th July 2016 but had to be moved by one week to allow the project team to attend the EU meeting in Naivasha together with the county team. The project team carried out an inception meeting on 19th July 2016 in Bondo Sub County. The meeting agenda was structured for completion within one day. Even though the plan was to reach the County Executive and County Assembly members, the project brought together 31 participants: 28 MoH partners, among them the county Deputy Director of Health, County and sub county Nutritionists, Reproductive Health Coordinators (RHCs) and Sub county Medical Officers Health (MOH), and 4 Implementing partner staff. The plans for the later team are still as explained in the R1 indicator 1 level of achievement section. This meeting was necessary to enable the project team to roll out activities. The agenda of the meeting was the following:

1. Overview of the nutrition situation in the 3 sub counties as a build-up activity to the Baseline survey
2. Dissemination of Nawiri project scope to the key stakeholders - project scope and activities schedule.
3. Joint planning with the county teams on inception activities- Facility and Civil Society Organisation (CSO) mapping.

Presentations were made by the sub county nutrition officers giving details on the population coverage, number of facilities, services offered, achievements, challenges and plans to mitigate the challenges. The county nutritionist also gave his overview of the situation in the entire county. The project manager introduced Nawiri project and gave the project scope and its overview. The plenary session saw discussions on areas of synergy and partnerships between facility and projects that included but are not limited to nutrition commodity supply, strengthening nutrition capacity among care givers and volunteers, promoting Continuous Quality Improvement (CQI) through structured Continuous Medical Education (CME), bridging nutrition reporting gaps and the necessitating to form a strong and vibrant nutrition TWGs. The meeting provided opportunity for joint planning for preliminary activities of facility and CSO mapping**.**



A training session during enumerator training-baseline survey



Community Health Volunteer performing anthropometric assessment

Activity 1.2: Conduct a resource gap analysis and foster County level investment in MIYCN

The Nawiri team contracted a consultant to carry out a MIYCN resource gap analysis that took place between 7th and 12th November 2016. The review of the Siaya county multi sectoral nutrition architecture focused on linkages in agriculture, education, social services, trade and other relevant line ministries.The target group included the county nutrition coordinator, County Health Records officer, Community Health Strategy focal person as well as Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) covering Sub county high volume facilities, sub county nutritionist, women in reproductive age, men and CHVs.

- The objectives of the MIYCN gap analysis included: Establish human resource capacity
- Food availability, access and affordability
- Establish food quality/micronutrients
- Review nutrition budgeting gap
- Support the County government in the development of a cost included MIYCN strategy and investment strategy

The dissemination of the gap analysis report and the investment plan was done on 6th February 2017 during a county health management team workshop that was supported by Amref Stawisha Project. They had supported the forum for CNAP dissemination to CHMT and during the CNAP TWG it was agreed that in the same forum, Nawiri would have the consultant disseminate the 2 reports. It is from these 2 reports (resource gap analysis and investment plan) that the advocacy TWG is expected to pre-package advocacy briefs which will eventually be used for advocating to political leaders later in year 2. The pre-packaging of the briefs will be spear headed by the county nutritionists and the 2 managers from Nawiri and Stawisha (EU supported- Amref and Matibabu project). After the 3 will have developed the briefs, they will be shared with the advocacy TWG for review and ratification before Nawiri prints them for use. The development of the briefs was agreed upon as an entire county partner's activity and therefore could not be conducted within Nawiri timelines only. (**Annex 4a & 4b**)

Activity 1.3: **Development and signing of the County level MIYCN Charter**

The MIYCN Charter execution is pegged on the completion of CNAP, resource gap analysis and investment plan where the challenges in nutrition implementation within the county will be documented and shared with the political and county leadership for effective targeting and commitment to take action. The process has been slowed down by the postponement of the planned advocacy forum with political leaders, due to the difficult political atmosphere at the time. The project plans to execute this in September 2017 when a new set of elected leaders will have resumed office and taken up their roles.

Activity 1.4: Integration of nutrition initiatives in Early Childhood Development (ECD) and schools curricula

CARE carried out an inception meeting with the County ECD Director to discuss how Nawiri will support the integration of nutrition in schools curricula. During the meeting, CARE realized that such an initiative was new and had never been implemented before. The director suggested that a TWG be formed at the county level so that Nawiri can support the carrying out of the meeting. The initiative was initially planned to be carried out at a national level with KCDI but since ECD was devolved to the county, it was prudent to have such a forum at the county level. The Nawiri team feels this is an important initiative since the goal of the project is to improve the nutrition status of children. This decision provides a verifiable avenue to reach the neediest of these children. It is therefore the request of the team for the budget to be reassessed to allow the convening of the conception meetings and redesign the strategy to target the children in ECD directly with high impact low cost interventions such as growth monitoring, vitamin A supplementation, deworming and so on.

Activity 1.5: Enhance maternal and child nutrition governance at County level

An advocacy TWG planning meeting was held at Siaya Referral Hospital on 18th October 2016. The participants were drawn from the Ministry of Agriculture, Nawiri, AMREF, the Kenya Red Cross Society, Reproductive Health and Expanded Programme on Immunization (EPI) Unit. The agenda was to develop a TOR for the Advocacy TWG, budgetary allocation, comparison of data with other counties, delegation of duty and subsequent plans. The team, through the coordination of the County nutritionist, plans to intensify on these meetings that are to culminate into advocacy forums with the political class at county level. **(Annex 5)**

Activity 1.6: Enhance accountability through the Community scorecard strategy

A training of 5 days on Community scorecard (CsC) for health service providers was carried out from 3rd to 7th October 2016 at Royal City hotel in Kisumu, reaching 41 participants. The training was scheduled to reach 60 participants, however, the deficits in the number was informed by the training SOP which requires only a class of 30 participants. Since the consultant was a staff from CARE UK, with other competing tasks, it was agreed that he would train an extra 10 to maximize his presence. The intensity of the training required a residential training, hence the 41 participants were put in a hotel on half board and paid dinner and incidentals together with the conference package. Transport was reimbursed to the MoH

staff only. This consumed 85% of the allocated budget. During annual planning, there will be discussions on how to realign the 15% to support other deficits within the result area. The CsC training aimed at building the capacity of project and MoH staff on the community scorecard approach to enable them to implement it within their respective health facilities and communities. Various training methods were used namely demonstrations, Power Point Presentations, group discussions, question and answer sessions including field visits in a pilot Site at Rabuor Health centre in Kisumu county, where the training took place. After the training, the facilitators were expected to spearhead the scoring process at the community, facility, Sub County and county levels. This process was planned to begin in November 2016, however, it was postponed to January due to other competing tasks from the county health staff.

In January 2017, the Score Card process began with the community level dialogue sessions. At this level, 10 mothers were recruited from the already formed Mother to Mother support groups from each of the 21 Nawiri Link facilities making an audience of 210 mothers (service users). These mothers were to be the users during the scorecard process. They were expected to score the services provided to them at the household level by those that influence their nutrition and that of their children. They were therefore requested to invite their spouses, mothers or mothers-in-law to be the interviewees in this process. The main objective of the scoring process was to help identify barriers and motivators of maternal and child nutrition in the household. Moreover, the process was expected to assist mothers in identifying the challenges they are facing and how to ensure that their support systems, i.e. spouses, mothers or mothers-in-law, to stay by their side. From the action points generated during the interface, it was evident that most of the challenges the women are facing at the household level were not obvious challenges to the spouses. Nevertheless, after this process the spouses were willing to adjust in order to support the mothers in the maternal period.

The second level was facility level scorecard. This was conducted in the entire month of February 2017. At this level, the mothers recruited at the community level scorecard were to score the health facilities where they access maternal and child health and nutrition care. The providers in this case were the health care service providers from 21 Nawiri linked facilities together with the community health volunteers. 2 facilitators took charge of all the 3 levels i.e. user phase, provider phase and the interphase. At this level issues hindering smooth service delivery were aired by the mothers and then shared with the health care providers. Action

points were set during the interphase which will be reviewed after 3 months to give time for change to occur.

Upon implementation of both community and facility level scorecard sessions, the Nawiri team and the mothers came to the conclusion that in order to ensure the quality of the exchange with the different stakeholders, it was necessary to extend the periods of the session. Therefore, the latter will take place on a bi-annual basis, instead of on a quarterly basis. The sub county and county level scores were to happen in April 2017 after community and facility level scores. However, this did not occur due to other competing tasks both from the project and the county. This is therefore slated for May 2017. **(Annex 6)**

Expected Result 2: "Capacity Building" - CSOs and state actors have greater capacity (including human capacity) and improved skills and systems to respond to MIYCN needs in Siaya County

This result area is tailored to focus on improving the technical and management capacity of CSOs and state health actors to provide quality MIYCN services.

Indicator 1: Number of health workers trained on relevant nutrition guidelines and SOPs.

Baseline value: 5[3]

Target value: 35

Level of achievement: Nutrition reporting guidelines training has been carried out for facility in charge and sub county health records and information officers reaching out to 23 male and 13 female (total 36). The County CNAP TWG has been supported by the project to develop nutrition SOPs that have been reviewed nationally awaiting dissemination concurrently with CNAP.

Indicator 2: Number of health workers and CHV workers trained on MIYCN.

Baseline value: 5[4]

Target value: 35 health workers, 1054 CHVs

Level of Achievement: MIYCN Training of Trainers (ToTs) training was done reaching 38 participants (21 female and 17 male) drawn from Nawiri supported facilities and nutritionists. Orientation of CHVs and Community Health Assistants (CHAs) on use of guidelines on

[3] Please refer to the justification in the logframe.
[4] Please refer to the justification in the logframe

community based maternal, infant and young child nutrition interventions was carried out in October 2016. The CHAs were incorporated into the orientation since they supervise the CHVs. Hence it was prudent to have them understand the scope of work and the supervision needs.

Indicator 3: Proportion of health facilities experiencing no stock outs of essential nutrition commodities in past 3 months.

Baseline value[5]: **50%**

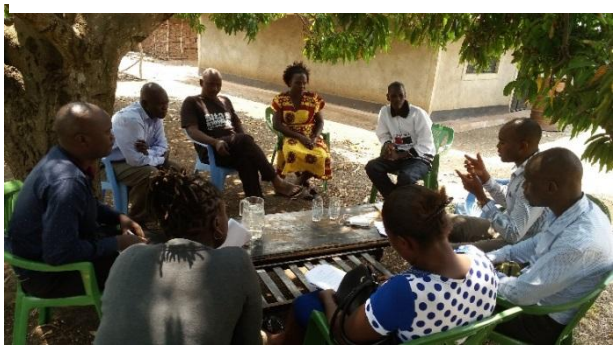
Target value: 80%

Level of achievement: The project is on track and it is expected that pending activities will be implemented upon successful budget revision scheduled for end of Year 1.

Results and Activities

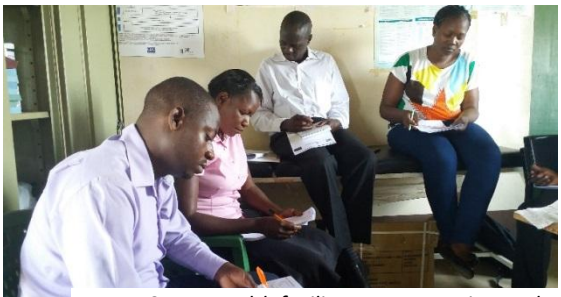
Activity 2.1: Assess the capacities of 10 CBOs and the County health authorities in implementing MIYCN actions

CARE in collaboration with MoH in Siaya, FHOK and KMET carried out a capacity mapping and assessment of 10 CBOs and 21 health facilities in various wards of Rarieda, Bondo and Gem Sub- Counties on MIYCN between 26th July and 10th August 2016. The assessments included interviews of key personnel as well as review of CBO and health facility systems.



Project team participating in CBO capacity assessment in Rarieda

Specifically, assessments of health facilities focused on: human resources; infrastructure including requisite basic equipment for provision of nutrition services; integrated services; nutrition specific services; partnerships in nutrition and other related services; and data



Count Health facility assessment in Bondo

[5] There has been a mistake in the value given in the summary baseline report. However, the correct value (50%) can be found in the complete baseline report.

management. Assessment of health CBOs focused on: due registration with the government of Kenya and county authorities; experience and capacities in MIYCN and theatre activities; and partnerships. Capacity gaps identified from this assessment will be addressed through follow-up trainings, mentorship and support supervision.

The exercise ended with a debrief meeting and follow up updates to the County Health Management Team on the facilities and CSOs selected. The project has made official communication the selected teams to fully participant in the project activities. **(Annex 7)**

Activity 2.2: **Support 10 CSOs and the County authorities to develop a costed County Nutrition Strategic Plan**

The costed County Nutrition Strategic Plan has been developed. The document is part of the CNAP which is under national review. Please see further detail above at R1 indicator 3.

Activity 2.3: **Build the capacities of health workers and Community Health Volunteers on MIYCN**

The Training of Trainers (TOTs) cascaded knowledge, attitudes and practices on optimal nutrition to healthcare providers. The trainers were empowered to conduct mentorship sessions and support healthcare providers across facilities to competently roll out project activities. This strategic issue will contribute to scaling up and improving nutrition practices across Siaya County. The training was a residential workshop for 6 days where participants reported on 4th September and checked out on 10th September 2016, the final day of the training. The opening ceremony was opened by Deputy Director Health, Dr. Oliech and closed by the MOH Bondo Sub County Hospital, Mr. Charles Mbeya. The facilitators were sourced from the nutrition department where the lead was the Siaya nutrition Coordinator, supported by the 3 sub county nutritionists. Two facilitators trained 28 Health Care Workers from Gem, Bondo and Rarieda Sub counties Health Facilities. 4 Nawiri Program Officers were also in attendance. At the end of the training, the participants carried out field practice on counselling and supporting mothers, following the WHO/UNICEF recommended feeding practices for their infants and young children from birth up to 24 months of age and to counsel and support HIV infected mothers to choose and carry out an appropriate feeding method for the first 2 years of life. **(Annex 8)**

CHV Orientation on MIYCN: The orientation was undertaken between 28th September and 14th October 2016 in the three sub–counties of Bondo, Rarieda and Gem by the support of the previously trained TOTs within the project. Community health volunteers were oriented on nutrition service delivery based on the prevailing guidelines in order to empower them with the right knowledge, attitude and skills necessary for delivering quality nutrition services. Through the help of project team, the various sub county community focal person, community health assistant and the training of trainees (TOTs), the total number of CHVs oriented were 1,212. Initially, the project had targeted to sensitize all 2,148 CHVs in Siaya County but the project was funded to be implemented in 3 sub counties instead of the 6. The CHAs were incorporated into the orientation since they supervise the CHVs. Hence it was prudent to have them understand the scope of work and the supervision needs.

Activity 2.4: **Improve the coordination of MIYCN actions within Siaya County**

During the year an inter-agency and inter-sectoral meeting brought on board 34 participants drawn from county line ministries that have a link to nutrition, representation of County health management team, sub county & county nutritionists, social services, Community Based Organizations, and other partners (NGOs). This was co-funded by *Nawiri* KMET and Stawisha (Amref &Matibabu), who covered transport and conference costs consecutively. The meeting was officiated by the Siaya County Nutrition Coordinator. It provided opportunities for synergy, project progress and establishment of alternative approaches for implementing planned activities. (**Annex 9**)

Activity 2.5 Enhance the supply of MIYCN commodities

FHOK member of the consortium purchased equipment and MIYCN commodities which included MUAC Tapes, pediatric weighing scales, height boards, PA systems and tents for use during outreaches. The commodities were handed over to the county health team and distributed to 21 health facilities (distribution list annexed). MIYCN commodities have contributed to improved access to quality nutrition services in target health facilities and outreaches as evidenced by increased service statistics in quarter 4 of the project.

The organization did not procure nutritional supplements as planned due to budgetary limitations. Following consultation with the County and sub county teams on the nutritional supplement needs, we realized allocated budget could only procure very few items which was not cost effective. There is need to increase the budgetary allocation for supplements to enable FHOK procure selected supplements and benefit from economies of scale. It is expected that

during the budget revision exercise at the end of year 1, the budget will be revised accordingly.

The County Chief Officer, Dorothy Owino, County Nutrition Coordinator , Oscar Kambona, County Deputy HRIO, Matthew, Care Regional Officer in Charge, Job Wasonga, Nawiri Project Manager, Lilian Kong'ani, FHOK project Officer, Ndenga Indagala during the anthropometric equipment/ Vit A launch

Activity 2.6: **Adopt a mobile phone platform (Jamii Smart Initiative e-Health solutions) for registration of clients and dissemination of information on MIYCN**

Procurement of 27 tablets was done in October 2016. The project design planned to procure 10 phones, but the project mapped out 21 facilities in which MIYCN data is being collected and reported upon. The team therefore resolved to purchase 21 tablets for each facility and extra 6 for supervisors that include the 3 sub county nutritionists, 3 sub county health records officers and 1 county health records officer. Plans for training did not materialize as cross learning the Kisumu Integrated Family Health Project (KIFHP) project indicated that there were hiccups on hosting of the online platform. However the Nawiri team has worked on following up with a partner with a working platform-Save the Children UK and is in the process of planning a sensitization meeting to facilitate the implementation takes off.

Expected Result 3: "Sensitisation and mobilisation" - Targeted communities are informed and empowered to demand, access and utilise quality maternal and child nutrition services

This result area focuses on empowering men and women, boys and girls to demand access and utilize quality MIYCN services bearing in mind that political commitment and capacity to provide quality MIYCN services alone are not sufficient to reduce malnutrition. Men and women, boys and girls will be supported to hold authorities accountable and actively claim their rights to these services. The result indicators are:

Indicator 1: Percentage increase of pregnant women who take iron-folic acid supplements during pregnancy.

Baseline value: **55.5%**

Target value: 80%

Level of achievement: Percent increment achieved will be measured during the midterm evaluation and reported in the next annual narrative report.

Indicator 2: Percentage increase of children under 6 months who are breastfed exclusively.

Baseline value: 37.5%

Target value: 50%

Level of achievement: Percent increment achieved will be measured during the midterm evaluation and reported in the next annual narrative report.

Indicator 3: Percentage increase of children aged 6-59 months receiving Vitamin A supplementation twice a year.

Baseline value: 36.45%

Target value: 80%

Level of achievement: Percent increment achieved will be measured during the midterm evaluation and reported in the next annual narrative report.

Indicator 4: Percentage increase of children under 5 years with diarrhoea who are treated with zinc supplements.

Baseline value: **13.06%**

Target value: 100%

Level of achievement: Percent increment achieved will be measured during the midterm evaluation and reported in the next annual narrative report.

Indicator 5: Percentage increase of male and female final beneficiaries being able to name at least three benefits of healthy nutrition practices.

Baseline value: 46.92%

Target value: 80%

Level of achievement: Percent increment achieved will be measured during the midterm evaluation and reported in the next annual narrative report.

Indicator 6: Proportion of final beneficiaries expressing positive change in gender attitudes for MIYCN

Baseline Value: **55.6%**

Target value: 80%

Level of achievement: Proportion increment achieved will be measured during the midterm evaluation and reported in the next annual narrative report.

Activities for Result 3

Activity 3.1: **Inform and empower communities on MIYCN status, needs, rights and responsibilities**

The Malezi Bora/Mother to Mother support group formation has reached 110 out of 187 groups with a membership of 2,165. Completion of formation has not been realized as planned due to high expectation of financial gain to mothers during inception of some groups. In the wake of this expectation, the facilitators were sensitized to explain to mothers the benefits of the groups to themselves rather than the short term financial benefit. In some instances, strategies had to be changed like in Rarieda Sub County where instead of focusing on each Mother to Mother support group per CU, focus has been to form them within all facilities.. The session content as facilitated by the CHVs included advantages of exclusive breastfeeding, immediate breast attachment after birth, nutrition/balanced diet and nutrition in pregnancy using session guide. Each Mother to Mother support groups meets at least once or twice a month. Quarterly supervisions are yet to begin. The CHVs are also involved in doing referrals from the community and receiving referrals from the health facility to the support groups. These groups are involved during mobilization of community and both in reach and outreach. Children who require rehabilitation after suffering from severe malnutrition are referred back to Mother to Mother groups upon discharge from the hospital or clinic. In order for the Mother to Mother support groups to work with each of the 90 CUs more closely, the 110 groups mentioned above will be merged into 90 groups for Year 2 and 3 of the project.

The Mother to Mother groups are beneficial to mother considering the positive feedback of Health Care Workers (HCWs), mothers and the children of the participants as evidenced by the story gathering session by the CARE Austria (CAUT) team in April 2017. However, there have been challenges in optimal reaping of the advantages of these groups. The project design

assumed sustainability based on the mere sharing of information among the mothers. in the course of implementation. The project team noted that the mobilization for the meeting, formation and reviews are done by CHVs under supervision of CHAs, yet there is no allocation to facilitate this. Moreover, since the mothers participate in some sessions the need for a graduation was also identified - which is not budgeted for. The team feels there is need for budget review to cater for CHV s and CHAs mobilization and facilitation allowance, training and engagement of mentor mothers, graduation ceremony plans and token to graduants.

Conduct Interactive radio talk shows on Maternal and Child Nutrition

FHOK engaged a local FM radio station (Radio NamLolwe) with wide listenership to air interactive radio talk shows on selected topics in nutrition. Discussions were aired in local language and facilitators were nutritionists drawn from Consortium partners as well as the County health government. Content for interactive shows was jointly developed and reviewed by the County Nutritionist before it could be aired to ensure that it was in line with updated national guidelines on MIYCN. Radio interactive shows were conducted on a quarterly basis with the first show aired in December 2016 and subsequent talk shows in March 2017. The delay in the take of of the sessions was occasioned by low budget against the radio station quotes hence the reduction of the number of quarter targets. A total of 8 shows (4 shows each month) were aired during the reporting period. The discussed topics included: the importance of vitamin A and the role of men/husbands for good maternal nutrition. The project hopes for an improvement in seeking for nutrition services at facility, outreach level as well as an improvement in nutrition outcomes for children as a result of the teaching. The assessment will be done during the end line survey.

Activity 3.2: Accelerate Integrated Nutrition Services at health facility and community level

Twenty seven (27) CME sessions have been conducted reaching 505 health care workers. The project late take off accounts for the deficit as well as continuous staffing changes. In December 2016, the county faced a nation-wide HCW strike (in December for nurses, from December to March 2017 for doctors) which paralyzed the activities' progress, further complicating the achievement on this activity. The project has instituted acceleration for catch up purposes in quarter 4 and will continue to catch up with the deficit.

FHOK carried out integrated community outreaches during Malezi bora week from 7-11th November 2016 and World Iodine Day celebrated in January 2017. A total of 1,539 beneficiaries (Children-244, adolescent girls-175, WRA-528 and men-169) accessed nutrition services during the national and international celebration events. At facility level, nutrition rapid result initiative outreaches were conducted in 21 health facilities in Rarieda, Bondo and Gem Sub Counties. Outreach and in-reached activities were planned in close collaboration with facility in charge, facility nutritionists, community focal persons and CHVs. Monthly work plans were developed for each facility and CHVs mobilized clients during outreach and in-reach days to ensure high turnout of clients during planned events. Integrated services included nutrition education, nutrition assessment, FP, nutrition counselling, immunization for U5s, Vitamin A and Fortified Blended Flours (FBFs) / Ready to Use Therapeutic Feeds (RUTFs) supplementation and deworming. Beneficiaries who assessed the services during integrated outreach were as follows: children-1,505, adolescents-632, WRA- 1,590 and men-723.

Activity 3.3: Challenge social and gender norms that influence negative nutritional practices

A Social Analysis and Action (SAA) nutrition module development was done 19th and 20th September 2016 bringing on board 8 participants. A CARE trained facilitator supported the project staff together with nutritionists from MoH to develop a nutrition module that would eventually be incorporated into the main SAA training manual. Upon completion, the KIFHP trained SAA facilitator reviewed and gave their input before the module was ready for use in training. 30 active members of the 10 mapped CSOs were recruited for the main training which was done in October at Bondo town. The training was done by a CARE trained facilitator for 5 days including a field visit to one of the CSOs close by, where the trained facilitators had an opportunity to test their acquired skills. From the training, targets were then set based on the work plan and the available budget. Each CSO using the 3 trained facilitators were to identify community members in their catchment area whom they would target with change messages. At end of year one, 671 dialogue sessions were organized in total, reaching out to 23,801 people (5,784 male and 18,017 female). As the sessions continued, the need to conduct quarterly review meetings with the facilitators to help discuss challenges and opportunities was identified. This was however, not budgeted for and would therefore be a necessary incorporation during budget review. The dialogue sessions are scheduled to go on

monthly under the mentorship of Sub county nutritionists. One of the CSOs mapped to support Nawiri requested to withdraw from the contract due to competing tasks. After their withdrawal, the remaining 2 CSOs were mandated to support all the 39 sessions between them beginning January 2017. **(Annex 10)**

The dialogue sessions on negative social norms that have an impact on nutrition were envisioned to be done by the trained CSO members who double up as CHVs, since there were no extra funds to train CHVs on SAA. The integration of this was to begin in February and did not happen because some of the CSOs did not have trained facilitators who were also CHVs. This has however been resolved by having the trained CHVs mentoring their colleagues and supporting their sessions for some time. This activity will therefore begin in year 2 and will be integrated into the outreaches conducted by FHOK.

At the end of the first year, CSOs were scheduled for an inter-county learning exchange. Since the team has only been active since November 2016, it was decided that this exchange would be delayed until the team could gather enough experiences from the implementation process that would be meaningful to share. This will therefore be done towards the end of quarter 5.

Activity 3.4: Increase male engagement and support for maternal and child nutrition

A Training Module for engaging men and boys in MIYCN process started in January 2017 followed up with 3 meetings. The final draft has been submitted for review by the TWG members and County and adoption in June 2017. Once development is completed it will be followed immediately by training CSOs on usage, who will then train male champions. This activity shall be reported in year 2. Plans for completion of the module is still underway.

Expected Result 4: " Evidence building" - Evidence on effective nutrition-sensitive and nutrition-specific actions is built, discussed and disseminated

Result area 4 aimed at supporting CSOs and the health sectors to collect and report on nutrition data in national systems as well as strengthen nutrition Data Demand and Information Use (DDIU) through active sharing of good practices to inform advocacy and policy formulation. The indicators are:

Indicator 1: Proportion of health facilities with source documents data matching health facility summary sheet data.

Baseline Value: 66.7%

Target Value: 100%

Level of achievement: Percent increment achieved will be measured during the midterm evaluation and reported in the next annual narrative report.

Indicator 2: Proportion of health facilities with source documents data matching DHIS2 data.

Baseline Value: 66.7%

Target Value: 100%

Level of achievement: Percent increment achieved will be measured during the midterm evaluation and reported in the next annual narrative report. During the semi-annual Data Quality Audit (DQA), progress was shown on verifiability of source documents with data on District health Information System (DHIS). However, there is still need to continue mentoring and on job training of those collecting the information.

Indicator 3: Proportion of county health facilities timely reporting nutrition data.

Baseline value: 74.1%

Target Value: 90%

Level of Achievement: During the semi-annual DQA, it was noted that most CHVs were reporting on the nutrition indicators on the chalk board. This is expected to continue with the presence of mentors supported by KMET and the community health assistants within the units.

Indicator 4: Proportion of Community Units timely reporting nutrition data.

Baseline value: 74.1%

Target value: 90%

Level of achievement: Percent increment achieved will be measured during the midterm evaluation and reported in the next annual narrative report.

Indicator 5: Number and type of good practices and research results documented and disseminated for evidence-based advocacy.

Baseline value: The number could not be quantified at baseline level. Three types of documents were identified: information brochures, evaluation reports and nutritional surveys.
Target value: 8 (incl. 1 MSC booklet, best practice publication, studies, research abstracts)

Level of Achievement: The team has supported the county in activation of the research committee. All officers are on course compiling best practices and human interest stories.

Activities for Result 4

Activity 4.1: **Set up a coordination structure for generating evidence of nutrition interventions in Siaya County**

Nawiri was expected within year one to competitively procure the services of technical assistance in research to support the county research committee. During the last quarter, the county identified a focal person for research who convened the research inception meeting with all partners interested in research within the county. During this meeting, among other things, the need for a technical advisor on research was discussed by the team and it was resolved that most of the partners with interest in research within the county had vast experience in the field and therefore there would be no need to outsource. However, for collaboration purposes, Nawiri would be called upon to logistically support the technical assistance process when need arises. Since the research committee formed would not be exclusively for nutrition, it would also be prudent to ensure the Technical Assistant (TA) has capacity on nutrition research and if not, there would still be a need to hire a nutrition research TA.

The project proposed support of the 8 member research committee in quarter 4 but a 21 member meeting was held in collaboration with county and World Vision Kenya. The membership of the meeting was comprised of: Chief Officer Health, Deputy County Director Health, Coordinator Research & Quality Assurance officer, KMTC Siaya, 5 CHMT, Medical supertendant; Siaya Referral Hospital, CDC Kenya malaria, CDC TB, KEMRI, World Vision, AMREF, Siaya KMTC and Nawiri staff. The members agreed upon a 13 member research committee. The first committee meeting will be in May 2017.

The inception meeting deliberated on plans for a first annual scientific conference for Siaya to be held in March/April 2018. A secretariat will be created to manage the preparations and set

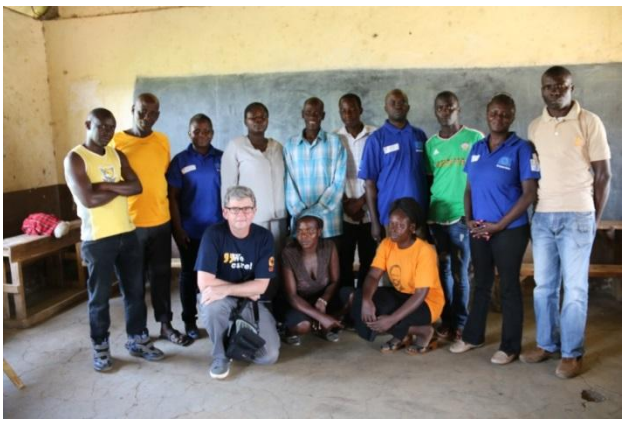
dates. A Sub-committee meeting responsible for organizing and sourcing for funds for an Annual Scientific Conference is to be held in April 2018. **(Annex 11)**

Activity 4.2: Documenting, publishing and disseminating outcomes of MIYCN interventions for learning

This activity was augmented by a visit from the communications director of CARE Austria on a fact finding mission that intended to form a baseline for future visibility outputs on the project. The team visited a Mother to Mother support group session in Bondo, a PET group that incorporates SAA approach for behaviour change communication and a facility with high numbers of teenage mothers. The director took videos and carried out interviews for purposes of website which is to be created for KIFHP and Nawiri Projects.

During the quarter, Nawiri team participated into the Scaling Up Nutrition (SUN) symposium spearheaded by the academia wing of SUN. The EU partners were invited. Nawiri together with KIFHP showcased the strategies and activities envisioned for their projects. The forum was a very useful avenue for networking and also learning and the team received certificates of attendance.

In December 2016 and April 2017, the CAUT team visited the project sites to capture human interest stories and project activities. The team comprised of the CAUT Communications director, TV and radio journalists and a blogger. Stories identified included the life of a teenage mother in a rural village, use of Participatory Edutainment Theatre (PET) to pass nutrition messages and the effect of community level score card on a family where visible changes have been documented.



The CAUT Communication Director, Thomas Haunschmid, with CHVs and Project team

In February 2017, a meeting to discuss referral was held at CARE offices in Siaya. This meeting drew staff from the Ministry of Agriculture, both at county and sub county levels. The county home economics coordinator together with the sub county agriculture extension officers were in attendance. Staffs from the CSOs working with Nawiri were also invited together with the county and sub county health management teams. The main aim of the meeting was to discuss how to improve referral systems to and from health facilities and map out the existing potential referral sites. The biggest challenge discussed was the lack of referral forms to be used by CHVs and also lack of awareness on where else to refer besides the health facility. It was therefore agreed that the sub county agriculture teams generate a list of all CBOs, NGOs and groups working in nutrition sensitive and specific areas which were to be shared with Nawiri for compilation and onward sharing with the sub county community health services focal persons. The focal persons were also to sensitize the CHVs on this list and when to refer for what service. The list has since been shared and is annexed with the meeting report**. (Annex 12)**

Activity 4.3: Improved monitoring and evaluation, accountability and learning systems at county health facilities and community

In the first year of implementation, it was expected that the project conducts 3 joint support supervision sessions with the county health management team. However due to late onset of activities and presence of other partner support, the project only supported 2 of these sessions. On 10-14th October 2016, CARE supported the implementation of joint support supervision to the project sites. The activity brought together members of CHMT (10) and Sub County Health Management Teams (SCHMT) (6), Chief officer and County director. During the supervision, the issues assessed ranged from maternal and child health and nutrition, commodity management, reporting and governance. The allocated funding was surpassed since at the point of budgeting, the assumption was that other partners would chip in, but during the implementation, it was realized that the county carries out 10 day support supervision per quarter for the whole county and rotates the support among partners. Since the project location is in half the county, the number of days was reduced to 5 to only cover Bondo, Gem and Rarieda. The second joint support supervision was conducted in February 2017 which also brought together CHMT and SCHMT together with facility staff. From the report shared by the county health team (**Annex 13a & 13b**), it was evident that there are areas that still needed support such as quality data collection and reporting, staffing of the

nutrition department and provision of food supplements. Nawiri had trained 21 facility staff n quality nutrition data reporting and during the semi-annual data quality audit; all the 3 sub counties reported progress in collection and completion of data. There were a few facilities that still required mentorship which will be conducted by the sub county nutritionists together with the sub county health information lead**. (Annex 14)**

Activity 4.4: Document processes on MIYCN referral systems including CSOs and state services

The project has also been conducting quarterly project review meeting supported by the Nairobi team. There have been 3 meetings this year and in these meetings discussions have been held on improving partner collaboration, ensuring quality execution of activities and timely reporting. Emphasis has also been made on the need for support from parent organization management to ensure timely funds disbursement, review of reports by individual organizations before submission to the project manager. Moreover there have also been discussions on how the officers can complement each other during implementation in order to achieve the best results.

During Malezi Bora week in November 2016, the county requested the project to support supervision of activities planned for. KMET facilitated 9 CHMT and 6 SCHMT members to carry out support supervision to monitor Malezi bora outreaches, Rapid Result Initiative for nutrition services within the community and facilities as well as monitor proper report.

The project initiated the process of developing a county SOP document which would be used to guide all partners and county health staff on how to implement nutrition activities within Siaya County. In the preparation stages, it was discovered that the national government had a similar document that the county could tailor to suit its needs. It was also agreed during the county nutrition action plan development meeting that the CNAP TWG would still be the team to develop the county SOP. The team met in Bondo in December 2016 where the national document was reviewed and areas that required customization identified. The team then was divided into groups that reviewed the various areas of interest. After the group work, the team jointly reviewed the draft zero and agreed to send to the county nutritionist for further input from the national team. The final draft is now ready for proof reading and dissemination. The dissemination will be done together with the CNAP document.

2.3 Revised Log frame:

The revised logframe can be found below. To better demonstrate what the project intends to achieve, CARE and its partners selected the most significant targets and baseline values. These changes, however, do not affect the purpose of the Action.

No contracts (works, supplies, services) above €60 000 were awarded for the implementation of the action during the reporting period.

LOGICAL FRAMEWORK FOR THE SIAYA MATERNAL, INFANT AND YOUNG CHILD NUTRITION *NAWIRI* PROJECT						
	Intervention logic	**Objectively verifiable indicators of achievement**	**Baseline**	**Target**	**Sources and means of verification**	**Assumptions**
Overall objectives	O1 – To contribute to improving maternal, infant and young child nutrition, including nutrition of women of reproductive age, in the Siaya County, Kenya.	Indicator 1: Percent reduction of micronutrient deficiencies (Vitamin A, Iron, Iodine and Zinc) among children under 5 years and women of reproductive age (15-49 years)	Vit A 63.55% IFAS 44.5% Exclusive breastfeeding <6months: 62,5% Zinc: 86,94%	Vit A 20% IFAS 20% Exclusive breastfeeding <6months: 60% Zinc: 100%	Kenya Demographic and Health Survey, Multiple Indicator Cluster Surveys, District Health Information System (DHIS)	
		Indicator 2: Percent reduction in stunting, wasting and underweight among	Under 6 months (MAM) Wasting- 11.9% Underweight- 10.4% Stunting- 12.7%	Under 6 months (MAM) Wasting- 5.95% Underweight- 5.2% Stunting- 6.35%		

		children under 5 years.	6-59months (MAM) Wasting- 10.5% Underweight- 20.3% Stunting- 29.7%	6-59months (MAM) Wasting- 7.35% Underweight- 14.2% Stunting- 20.79%		
		Indicator 3: Percent reduction in acute malnutrition (SAM and MAM) among women of reproductive age (15-49 years).	Wasting 1.7%	Wasting 1%		
Specific Objective	SO 1 – To increase the capacity and commitment of CSOs and state health actors to provide and facilitate access to coordinated, complementary, quality maternal, infant and young child nutrition services in Siaya County.	Indicator 1: Number ~~Proportion~~ of Sub Counties with functional nutrition coordination in place, executing their mandates at all levels	0[6]	3	County Nutrition Reports Project evaluation reports (baseline, midterm and endline)	National health strategies and policies are being effectively implemented 2017 national elections are held without violence and do not disrupt implementation in any significant way Coordination between state
		Indicators 2: ~~Proportion~~ Number of nutrition implementing agencies in Siaya County integrating their nutrition priorities into county	4	10		

[6] The baseline does not provide adequate data to measure this indicator. CARE therefore decided to start with a baseline of 0 and foresees that all 3 sub-counties will execute their mandate with regards to nutrition coordination by the end of the project.

		plans				and non-state health actors in the field of nutrition is not impeded by external political issues
Expected results	ER1 – "Advocacy for political commitment" – Political commitment and good nutrition governance in the Siaya County are strengthened and vulnerable groups are integrated in decision-making processes.	Indicator 1: Number ~~Proportions~~ of county assembly members and executive leaders reached with advocacy for nutrition-specific and nutrition sensitive messaging.	0 County Assembly Members[7]	37 County Assembly Member 68 executive political leaders 7 Members of the National Assembly 1 Senator[8]	County reports, project evaluation reports (baseline survey, mid-term evaluation, final evaluation), County annual operating plans and budgets.	Political commitments on MIYCN are respected, implemented and do not face continuity challenges after the 2017 national election
		Indicator 2: Proportion increase in county budgetary allocation for MIYCN services.	0.08% [9]	0.5%		
		Indicator 3: Costed County Nutrition Strategic Plan developed and Nutrition Action Plan implemented.	0	1		

[7] The baseline study consulted County Assembly Members only.
[8] The targets given here are representative for the entire Siaya County and will be achieved in cooperation with Amref.
[9] This value was extracted from the County Integrated Development Plan 2013-2017 (CIDP) of Siaya county.

	ER2 – "Capacity-building" – CSOs and state actors have a greater capacity (including human capacity) and improved skills and systems to respond to maternal and child nutrition needs in the Siaya County	Indicator 1: Number of health workers ~~and CHVs~~[10] trained on relevant nutrition guidelines and SOPs	5 health workers trained on SOPs and MIYCN [11]	35 health workers trained on SOPs	Health facility records, DHIS, County health reports, interviews, project evaluation reports, Kenya Demographic and Health Survey, project evaluation reports (CAP survey, baseline survey, midterm evaluation, final evaluation)	CSO and state health actors are willing to improve their professional skills and attitudes
		Indicator 2: ~~Proportion~~ Number of health workers and CHVs workers trained on MIYCN.	5 health workers trained on SOPs and MIYCN[12]	35 health workers trained on MIYCN 1054 CHVs trained on MIYCN		
		Indicator 3: Proportion of health facilities experiencing no stock outs of essential nutrition commodities in past 3 months.	50%	80%		
	ER3 – "Sensitisation and mobilisation" – Targeted communities are informed and	Indicator 1: Percentage increase of pregnant women who take iron-folic acid supplements during pregnancy.	55.5%	80%	Health facility records, DHIS, County health reports, interviews, project	Benefits of MIYCN can be demonstrated and targeted communities are

[10] CHVs are generally not trained on nutrition guidelines and SOPs, therefore CARE decided to remove the CHVs for this indicator.
[11] The data collected in the baseline derives from interviews with only 12 health workers and no CHVs. Therefore, CARE considers that the numbers given in the baseline are not representative of the number of health workers and CHVs trained in the 3 sub counties Gem, Bondo and Rarienda, and should be treated with caution.
[12] See footnote 6.

	empowered to demand, access and utilize quality maternal and child nutrition services.				evaluation reports, Kenya Demographic and Health Survey, project evaluation reports.	willing to apply them
		Indicator 2: Percentage increase of children under 6 months who are breastfed exclusively.	37.5%	50%		
		Indicator 3: Percentage increase of children aged 6-59 months receiving Vitamin A supplementation twice a year.	36.45%	80%		
		Indicator 4: Percentage increase of children under 5 years with diarrhoea who are treated with zinc supplements.	13.06%	100%		

		Indicator 5: Percentage increase of male and female final beneficiaries being able to name at least three benefits of healthy nutrition practices.	46.92%	80%		
		Indicator 6: Proportion of final beneficiaries expressing the positive change in gender attitudes for MIYCN.	55.6%	80%		
	ER4 – "Evidence-building" – Evidence on effective nutrition sensitive and nutrition-specific actions is built, discussed and disseminated.	Indicator 1: Proportion of county health facilities with source documents data matching health facility summary sheet data.	66.7%	100%	Siaya County Data Quality Audit Report Project reports Publications	
		Indicator 2: Proportion of county health facilities with source documents data matching DHIS2 data.	66.7%	100%		

		Indicator 3: Proportion of county health facilities timely reporting nutrition data.	74.1%	90%		
		Indicator 4: Proportion of Community Units timely reporting nutrition data.	74.1%	90%		
		Indicator 5: Number and type of good practices and research results documented moreover, disseminated for evidence-based advocacy	Information brochure Evaluation reports Nutritional survey [13]	1 MSC booklet 1 best practice publication 3 studies 3 research abstracts		
Activities	**Inception phase** 0.1. Project launch event 0.2. Baseline survey			**Means**		**Costs in Euro**

[13] The data collected in the baseline study only looked at the types of materials, and not the numbers.

	Activities for ER1 1.1. Increase knowledge and understanding among County Executive and County Assembly Members on MIYCN needs, gaps and their roles in positive transformation 1.2. Conduct a resource gap analysis and foster County level investment in MIYCN 1.3. Development and signing of the County level MIYCN charter 1.4. Integration of nutrition initiatives in Early Childhood Development (ECD) and schools curricula 1.5. Enhance MIYCN governance at County level 1.6. Enhance accountability through the Community Scorecard strategy	1. Human resources 2. Travel 3. Equipment 4. Local office 5. Other costs 6. Other 7. Subtotal direct eligible costs 8. Contingency reserve 9. Total direct eligible costs 10. Administrative costs 11. Total eligible costs 12. Taxes 13. Total accepted costs	~~400,172~~ 406,425 ~~16,500~~ 18,760 ~~4,527~~ 5,115 ~~51,576~~ 59,009 ~~115,985~~ 128,413 ~~408,126~~ 379,163 **996,885** **0** **996,885** **69,782** **1,066,667** **0** **1,066,667**
	Activities for ER2 2.1. Assess the capacities of 10 CBOs and the County health authorities in implementing MIYCN actions 2.2. Support 10 CSOs and the County health authorities to develop a costed County Nutrition Strategic Plan 2.3. Build the capacities of health workers and Community Health Volunteers (CHVs) on MIYCN 2.4. Improve the coordination of MIYCN actions within Siaya County 2.5. Enhance the supply of MIYCN commodities 2.6. Adopt a mobile phone platform (Jamii Smart initiative) for registration of clients and dissemination of information on MIYCN		
	Activities for ER3 3.1. Inform and empower communities on MIYCN status, needs, rights and responsibilities 3.2. Accelerate Integrated Nutrition Services at health facility and community level 3.3 Challenge social and gender norms that influence negative nutritional practices 3.4. Increase male engagement and support for maternal and child nutrition		

	Activities for ER4 4.1. Set up a coordination structure for generating evidence of nutrition interventions in Siaya County 4.2. Documenting, publishing and disseminating outcomes of MIYCN interventions for learning 4.3. Improved monitoring and evaluation, accountability and learning systems at county health facilities and community 4.4. Document processes on MIYCN referral systems including CSOs and state services		

2.4 Updated Action plan:

This plan will cover the financial period between the interim report and the next report.

CARE
KMET
FHOK

Year 2: 1st May 2017 – 30th April 2018	May.17	Jun.17	Jul.17	Aug.17	Sep.17	Okt.17	Nov.17	Dec.17	Jan.18	Feb.18	Mar.18	Apr.18
5.1.1 Printing of County MIYCN action plan												
5.1.2 Printing of advocacy briefs, policy Briefs and most significant change stories												
5.1.3 Printing of MIYCN charter												
6.1 R1 – Strengthened political commitment and good nutrition governance in Siaya County that integrates vulnerable groups in decision making processes.												
6.1.1 Increase knowledge and understanding among County Executive and County Assembly Members on MIYCN needs, gaps and their roles in positive transformation.												
6.1.1.1 Inception meetings with the Executive, the County Assembly Representatives												
6.1.1.2 Advocacy Forums with county executive and county assembly on nutrition supportive policies												

6.1.2 Conduct a resource gap analysis and foster country level investment in MIYCN												
6.1.2.1 Sensitization of 60 CHVs to voice MIYCN needs during county budget public hearing forums												
6.1.2.2 Attendance of County budget public hearings by CHVs												
6.1.2.3 Integration of nutrition initiatives in Early Childhood Development (ECD) and schools curricula												
6.1.3 Enhance maternal and child nutrition governance at county level:												
6.1.3.1 Establishment of a county MIYCN advocacy working group												
6.1.3.2 Special annual advocacy forums with Members of Parliament(National assembly and the Senate) from the County for enhanced prioritization of maternal and child nutrition.												
6.1.4 Enhance accountability through the Community scorecard strategy:												
6.1.4.1 Political leaders-led show-case events on nutritional best practices held within communities												
6.1.4.2 Score Card Strategy training												
6.1.4.3 County and Sub-County level score card dialogues												
6.1.4.4 Community level score card dialogues												
6.1.4.5 Facility level score card dialogues												
6.2 R2: CSOs and state actors have greater capacity(including human capacity) and improved skills and systems to respond to maternal and child nutrition needs in Siaya County												

6.2.1 Procure Maternal and Child nutrition related equipment, supplies and consumables												
6.2.1.1 MUAC tapes												
6.2.1.2 Peadiatric wighing scales												
6.2.1.3 Height boards												
6.2.1.4 Assorted Suppliments												
6.2.2 Facilities smart phones for Jamii Smart												
6.2.3 Capacity mapping of 10 CSOs and county health authorities												
6.2.4 Train and refresh maternal and child nutrition TOTs												
6.2.5 Support monthly Continuous Medical Education sessions at five health facilities in the county												
6.2.6 Establish and operationalize mentorship teams on maternal, infant and young child nutrition services.												
6.2.7 Annual inter-county learning and exchange visits for CSOs and State actors												
6.2.8 Support county level Maternal and Child Nutrition inter-agency coordination forum, inter-sectoral collaboration forum and Technical Working Group												
6.2.9 Quarterly County level performance review meeting												
6.2.10 Training of four health workers from ten facilities on the Jamii Smart Application												
6.2.11 Roll out of Jamii smart application												

6.3 RA 3: Targeted communities are aware and empowered and are demanding, accessing and utilizing quality maternal and child nutrition services												
6.3.1 Conduct integrated campaigns and outreaches in selected communities recording higher incidences of moderate and severe malnutrition												
6.3.1.1 Purchase of branded tents												
6.3.1.2 Purchase of chairs												
6.3.1.3 Mobilization PA												
6.3.2 Develop county nutrition action plan on education and demonstrations for MIYCN (For all levels and support implementation												
6.3.3 Conduct 66 community education and demonstration sessions on MIYCN												
6.3.4 Campaigns and outreaches conducted on MIYCN												
6.3.5 Conduct Interactive radio talk shows on maternal and child nutrition												
6.3.6 Participatory education theatre sessions on locally available foods.												
6.3.7 Facilitate formation and sustaining of 90 Malezi Bora (mother to mother) support groups to promote healthy nutritional practices and growth monitoring												
6.3.8 Three sub-county and county Malezi Bora TWG formed, functioning and mainstreamed within the nutrition TWG												
6.3.9 Conduct community dialogue and demonstration days on maternal and child nutrition												

6.3.10 Orientate CHVs on use of guidelines on community based maternal, infant and young child nutrition interventions												
6.3.11 Conduct 5 day week long integrated campaigns and outreaches in selected communities recording higher incidences of moderate and severe malnutrition (before and after commemorated national and international nutrition days)												
6.3.12 Integrated services at health facility												
6.3.13 Exchange visits between CHVs and health teams within the County												
6.3.14 Conduct four integrated nutrition sensitization to accelerate nutrition education and services (screening, referals, community rehabilitation demonstration/education sessions) during the commemorated national and international Ú5s/weeks (including the Malezi Bora week, World breastfeeding day, National nutrition day, World Iodine Day (Undertaken annually).												
6.3.15 Review meetings with CHVs and refresher sessions on MIYCN												
6.3.16 SAA manual module for nutrition developed, pretested and used to facilitate training of TOTs												
6.3.17 Training of trainers on Social Analysis and Action (SAA) methodology												
6.3.18 Two refresher trainings on SAA for community based CSO facilitators conducted reaching to 65 people.												
6.3.19 Conduct 1980 community dialogue sessions to challenge negative social norms and cultural practices on maternal and child nutrition conducted by CHVs												

6.3.20 4290 social change dialogue sessions conducted by CSOs												
6.3.21 Train 26 CSO staff on male involvement												
6.3.22 Identify and train male and couple champions in Maternal and Child Nutrition												
6.3.23 215 CHVs sensitized on integrated MIYCN to support nutrition action days (annually)												
6.4 RA 4: Building evidence on effective actions through generation of robust and sustainable information systems, building evidence on effectiveness of specific nutrition actions and providing technical expertise to build capacities relating to all of the above												
6.4.1 Support establishment and convening of a Nutrition learning, evidence and research coordinating committee at County level.												
6.4.2 15 Research and evidence coordination committee meetings												
6.4.3 Knowledge sharing and dissemination forum												
6.4.4 Quarterly Joint supervisions for CHMT												
6.4.5 Training health care workers on quality nutrition reporting												
6.4.6 Quarterly project review meetings												
6.4.7 Annual Project Planning and Learning Forum												
6.4.8 Documentation and sharing of best practices and innovations												
6.4.9 Documented processes for referal systems on maternal and child nutrition by CSOs and linked with												

healthcare servise points												
6.4.10 Development of clear guidelines and SOPs												
6.4.11 Undertaking quarterly health facility data quality and performance reviews												
6.4.12 Semi annual Maternal and Child nutrition data quality audits at health facility and community levels												
6.4.13 Develop a Training Module for Engaging men and boys in MIYCN												

3 Beneficiaries/affiliated entities and other Cooperation

3.1 How do you assess the relationship between the Beneficiaries/affiliated entities of this grant contract (i.e. those having signed the mandate for the Coordinator or the affiliated entity statement)? Please provide specific information for each Beneficiary/affiliated entity.

CARE has collaborative partners in this action, namely Family Health Options Kenya (FHOK) and Kisumu Medical and Education Trust (KMET). The organizations have signed formal contracts and fully participated in the activities of the project. For ease of coordination and consolidation of functions, the partners share office space and develop joint work plans making functioning and sharing of logistical resources easy. In terms of activity implementation, there is team support to ensure that all areas are covered and running smoothly. All the officers are conversant with all the project activities regardless of which consortium member is the lead.

CARE, FHOK and KMET have established a satisfactory working relationship as evidenced by the team members' synergy at the field and seamless planning and execution of project activities. From the onset of the project, the team leader established areas of synergy for all the team as each team has defined deliverables. The project team also shares a vehicle hence have established a proper planning and use of the vehicle resource by mostly travelling to one site together and each person executing their agenda on that site. To ease the reporting burden and support each other in report compilation, the project officers from the different beneficiaries have scheduled days when they spare time to compile reports, share amongst themselves for review before forwarding to the Project Manager.

3.2 How would you assess the relationship between your organisation and State authorities in the Action countries? How has this relationship affected the Action?

So far, the relationship with county and county government where the action is taking place is remarkable. We have continually carried out joint planning and execution of project activities. This will be maintained throughout the project.

All the work within the county is spearheaded by the sub county nutritionist and the community health services focal persons. This happens after an approval has been provided by the county director of health through the county nutritionist. All activities have to be pre-planned together with the county staff before any approval is sorted out.

3.3 Where applicable, describe your relationship with any other organisations involved in implementing the Action

Siaya county was allocated two partners to implement the Maternal and Child Nutriton project funded by European Union. To leverage on this, the Nawiri project team have struck a rapport with Amref Health Africa, an NGO handling half of the Siaya county in a similar grant. In order to ensure that work and impact is felt equally for the project, the two teams have had meetings within the year to tease out areas of synergy that includes Development of County Nutrition Plan, Development of MIYCN SOPs, printing of MIYCN Charter, advocacy for political commitment and integration of nutrition in ECD. For the key activities that cut across, the two teams have resolved to carry them out jointly having already jointly supported setting up of MIYCN TWG, Advocacy TWG and begun development of County Nutrition action plan. To reinforce the relationship, the team have maintained a healthy communication, updates, comparison of progress and support of each other to deliver on the projects mandate

3.4 Where applicable, outline any links and synergies you have developed with other actions.

The Nawiri Project through the support of KMET, a consortium partner, has a close working relationship with "Vitamin angels" who provides Vitamin A and dewormers. Through this the county government was able to receive vitamin A as per the request they issued and this was distributed to all the 6 sub counties. Data concerning usage shall be availed in the subsequent months based on tally sheets (**Annex 15a & 15b**).

CARE is working hand in hand with Amref Health Africa, also an EU grant recipient for nutrition in Siaya, on development of Siaya County Nutrition Plan as well as in planning advocacy forums for political commitment. In January 2017, GIZ in collaboration with Welt Hunger, recognized Nawiri project as a potential partner and invited the team for a meeting to discuss sweet potato production as a strategy to eliminate hunger within Siaya county. The meeting was attended by other food production partners together with lead farmers in sweet potato vine production and value addition. The main aim was to update farmers on availability of the vines which are produced by GIZ in collaboration with the ministry and also for them to understand the role of Welt Hunger which is mainly to develop and support farmer groups/cooperatives for collective marketing. Nawiri benefited from this as a linking avenue for final beneficiaries interested in this kind of production and as a source of educating the community on ways of eliminating hunger.

3.5 If your organisation has received previous EU grants in view of strengthening the same target group, in how far has this Action been able to build upon/complement the previous one(s)? (List all previous relevant EU grants).

So far, the project is leveraging on the lessons learnt from the Kisumu Integrated Family Health Project (KIFHP) which is an EU grant with similar target population but different setting. The project team have been instrumental in guiding and offering mentorship to this project team in terms of EU regulations and requirements.

4.0 Visibility

How is the visibility of the EU contribution being ensured in the Action?

The EU, Austrian Development Cooperation (ADA) and partner logos have been prominently displayed during project launch as well as inception meeting. The implementing partners have made it a habit beginning of every meeting with introduction and acknowledgment of EU as the donor of the project. The project has also ensured that all the 21 health facilities where the project is implemented have been branded with the project emblem that indicates the donors; EU as the major one, all the collaborating partners and the project title and theme. This has been branded strategically where all final beneficiaries can see and appreciate. The project has also produced shirts and t-shirts for project staff that will be worn every time there is a partner meeting and on specific days within the week. There are also some that will be shared out to the county health counterparts. CSOs have also requested that they be provided with visibility materials so that as they conduct SAA, they are able to be identified as those supported by EU to champion change.

The European Commission may wish to publicise the results of Actions. Do you have any objection to this report being published on the EuropeAid website? If so, please state your objections here.

No

Name of the contact person for the Action:

Claire Laurent

Signature: 

Location: Vienna

Date report due: 30th June 2017 / extension until 14th July 2017 (approved on 30th June 2017)

Date report sent: 7th July 2017