



A Community Health Worker (CHW) administering Vitamin A supplement to a young child as a key nutrition requirement. Afya Jijini encourages CHWs to participate in major nutrition and other health-related advocacy events, such as Vitamin A supplementation (VAS) and de-worming campaigns

## NUTRITION TECHNICAL BRIEF

### *Afya Jijini's* technical approach to strengthening nutrition services within Nairobi City County

USAID's *Afya Jijini* program aims to improve access to and quality of health services in Nairobi City County (NCC). The program strengthens county-level institutional capacity to manage health services, including nutrition, as a central strategy for health care improvement. Managed by IMA World Health (IMA), *Afya Jijini* is a five-year contract implemented in collaboration with local sub-contractors: the Christian Health Association of Kenya (CHAK), Mission for Essential Drugs and Supplies (MEDS), and the National Organization of Peer Educators (NOPE).

### **DATES OF IMPLEMENTATION**

September 1, 2015 – August 31, 2020

## BACKGROUND

Malnutrition in Nairobi's children and pregnant women contributes to a litany of adverse health outcomes, including premature death and impaired cognitive development. Specifically, it contributes to increased incidence, severity, and case fatality of common childhood infections in children.<sup>1</sup> Kenya has made great strides in tackling malnutrition in recent years, reducing the overall stunting rate from 35% to 26% nationally.<sup>2</sup> Challenges remain despite these efforts. While overall acute malnutrition is low nationally, rates can reach up to 14% in certain regions due to rampant and cyclical food insecurity and drought.<sup>3</sup> Generally, there are significant disparities in stunting and other nutrition indicators among children of mothers with little or no education and in different wealth quintiles.

Nairobi has a dense population, particularly in the informal urban settlements where *Afya Jijini* is implemented. It also features widespread urban poverty and mobile populations. These factors contribute to especially poor nutrition indicators, despite the apparent comparative abundance of resources. A 2017 SMART survey (a survey that measures nutrition development transitions) of Nairobi found stunting rates of 26.1%, exceeding the majority of other Kenyan counties at that time. Nearly 8% of children were wasted, with the highest concentration of malnourished children in Kamukunji and Dagoretti informal settlements.<sup>4</sup>

There are a number of behavioral, economic, socio-cultural, and structural drivers of poor nutrition in Nairobi. The pervasive urban informal settlements, where up to 60 percent of residents are estimated to live, foster poor sanitation and hygiene, contributing to environmental enteropathy and limiting positive infant and young child feeding (IYCF) practices. In addition, Nairobi's settlement communities are diverse, requiring different SBC approaches than in more homogenous rural or peri-urban areas. The mobility of Nairobi's populations also contributes to high integrated management of acute malnutrition (IMAM) defaulter rates for malnourished clients. At the same time, Nairobi is beginning to see a nutrition transition, with an obesity rate of up to 26.2% among adults in urban informal settlements, contributing to increased risks of diabetes, hypertension, and cancers.<sup>5</sup>

## IMPLEMENTATION SITES

*Afya Jijini* works across all 10 health sub-counties of Nairobi, providing direct nutrition technical assistance (TA) and support to 189 IMAM sites, 29 HIV comprehensive care clinics (CCCs), 67 maternities, and their community catchment areas. Trained community health volunteers (CHVs) carry out community nutrition outreach activities like active case finding (ACF) of acute malnutrition and by visiting early childhood development centers (ECDs).

<sup>1</sup> *Walson, J. and Berkley, J. The Impact of Malnutrition on Childhood Infections. Current Opinion in Infect. Disease, April 2018.*

<sup>2</sup> *USAID/Kenya and East Africa. Kenya: Nutrition Profile. 2015.*

<sup>3</sup> *USAID Kenya. Nutrition Profile. February 2018.*

<sup>4</sup> *NCC and Concern Worldwide. Nutrition Survey Conducted in the Slums of Nairobi County (SMART Survey), May 2017.*

<sup>5</sup> *Haregu, TN et al. BMI and Wealth Index: Positively Correlated Indicators of Health and Wealth Inequalities in Nairobi Slums. Global Health, Epidemiology and Genomics, June 2018.*

## TECHNICAL APPROACHES

The *Afya Jijini* team works closely with NCC to scale-up a package of 11 high-impact nutrition-specific interventions (HINIs), in line with the National Nutrition Action Plan (NNAP) 2012-2017 and the National Maternal, Infant, and Young Child (MIYCN) Policy (2019).<sup>6</sup> The project works at each level of the health system – from community to county – to increase the quality and saturation of the HINIs. At county and sub-county level, *Afya Jijini* focuses on increasing multi-sectoral coordination to advance nutrition objectives across Nairobi’s many stakeholders. At facility level, *Afya Jijini* improves quality and deploys preventive and rehabilitative nutrition health services. The project focuses on ACF in the most vulnerable urban informal settlements, where many cases of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) are not detected until too late for effective recovery. Throughout, *Afya Jijini* works in close partnership with NCC and public and private stakeholders to strengthen local ownership and the sustainability of nutrition interventions as part of the Journey to Self-Reliance (J2SR).

### COMMUNITY LEVEL NUTRITION SERVICES

**CHVs:** To accelerate implementation of HINI at community levels, *Afya Jijini* collaborates with sub-counties to strengthen the capacity of nutrition-focused CHVs. These community cadres conduct quarterly household visits in assigned hotspots, providing targeted social and behavioral change (SBC) messages on household HINI behaviors, conduct growth monitoring and promotion (GMP) and mid-upper arm circumference (MUAC) screening of children, and refer clients for SAM and MAM treatment at health facilities. The CHVs also participate in major nutrition and other health-related advocacy events, such as Vitamin A supplementation (VAS) and de-worming campaigns. Malezi Bora child health weeks are semi-annual child health community mobilization events that provide child health screening, information, and services such as immunization. *Afya Jijini* has introduced new CHV-led “community conversations” on nutrition where communities discuss beliefs and practices around MIYCN, such as pervasive beliefs that a mother’s milk alone isn’t enough to feed a baby. Leveraging the platform, CHVs also conduct GMP during the conversations and refer clients for outpatient therapy (OTP) or more intensive treatment if indicated.

**ECD centers:** *Afya Jijini* targets informal and formal ECD centers and daycares within informal settlements as a strategic entry point for nutrition services for children under 5. Most caretakers in informal settlements are unable to attend government health facilities during work-week daytime hours due to their need engage in paid work. As a result, the children miss nutrition and other health services. Informal and formal daycares and ECD centers are an ideal nutrition education and service provision point, as they feature large concentrations of young children. *Afya Jijini* implements ECD nutrition programming in six sub-counties, reaching more than 240,000 children annually with nutrition services. Trained CHVs conduct quarterly GMP and MUAC screening at the ECD centers and referrals; deliver VAS and de-wormers; and provide health education and handwashing demonstrations and stations to ECD/daycare caretakers. The model has proven successful in increasing coverage of select HINI activities and increasing early detection of acute malnutrition cases.

<sup>6</sup> 1. Promotion of good infant and young child nutrition and hygiene practices; 2. Vitamin A supplementation; 3. Therapeutic zinc supplementation with ORS; 4. Multiple micronutrient powders for children; 5. Deworming; 6. Iron-folic acid supplementation; 7. Iron fortification of staple foods; 8. Salt iodization; 9. Public provision of complementary food for the prevention of moderate acute malnutrition; 10. Treatment of severe acute malnutrition; and 11. Management of moderate acute malnutrition.

## **FACILITY-LEVEL NUTRITION SERVICES**

*Afya Jijini* works with sub-counties to scale-up and implement quality facility-level HINI interventions aimed at preventing under-nutrition and rehabilitating malnourished clients. The project provides technical assistance (TA) to 189 IMAM sites and 29 HIV CCCs, focusing on the MIYCN package for pregnant women and children under 5. To do this, *Afya Jijini* provides targeted training and on-the-job mentorship in new nutrition technical guidelines, such as the new national MIYCN policy, and areas that require further reinforcement in nutrition. As a result, each target health facility now offers routine GMP, VAS, and deworming for all children under 5. Sites work closely to implement maternal nutrition best practices, including counseling pregnant women on their own dietary diversity, iron and folate supplementation (IFAS), and counseling on IYCF. *Afya Jijini* works in CCCs as well to strengthen nutrition assessment and counseling services for people living with HIV (PLHIV), a priority population at risk for malnutrition. All PLHIV are now monitored for their weight, MUAC result, and body mass index (BMI) at each visit, and underweight clients receive prescription food. *Afya Jijini* coaching helped improve BMI documentation for PLHIV at each visit from 65% to 95%, resulting in improved clinical monitoring.

The project works with sub-county public health managers to ensure that health facilities possess the nutrition reporting tools, job aids, and policy guidelines to enable them to deliver quality services. Through supportive supervision, *Afya Jijini* also works with sites to improve the completion, timeliness, and accuracy of nutrition data, which historically has faced challenges. In antenatal care (ANC), for example, IFAS and nutrition counseling are frequently left blank on registers, even if they are provided to the client. Work improvement teams now monitor monthly nutrition reporting in ANC registers and implement targeted coaching or small change ideas when there are gaps. Sub-counties are also identifying new opportunities to integrate nutrition services more effectively into various facility departments in ways that save time for provider and client.

**IMAM:** *Afya Jijini* scaled up IMAM services from 90 to 189 facilities through assessment, training, and supportive supervision, in concert with the NCC. These OTP sites now feature qualified staff and tools to address the nutritional needs of a range of children. *Afya Jijini* also worked with the sub-counties to source the associated IMAM anthropometric tools and nutrition commodities at sites, including redistributing them strategically to match demand. The project also worked with three sites with high patient loads to launch SAM stabilization centers, enabling quality in-patient treatment of complicated SAM cases.

## **COUNTY AND SUB-COUNTY HEALTH SYSTEM STRENGTHENING**

*Afya Jijini* strengthens key elements of the county and sub-county health system in Nairobi to improve HINI provision and sustain those gains as part of the J2SR and HSS. At a leadership and governance level, the project has helped dramatically improve nutrition coordination, especially at the sub-county level where there is frequent staff turnover. When it began, there were no county or sub-county nutrition coordination forums, or a county nutrition action plan to guide multi-sectoral collaboration. *Afya Jijini* worked with the county to strengthen these fora and planning/policy documents, including an urban nutrition strategy and developing the first County Nutrition Action Plan (CNAP 2013-2017). These efforts resulted in increased ability to plan and manage effectively the limited financial and human resources for nutrition, and they are instrumental in helping NCC and Kenya more broadly on the J2SR.

The project also helps the county improve its nutrition monitoring and evaluation, which has been a historical challenge at health facilities. It helped the county and other implementers conduct the 2017 Nairobi SMART Survey, which was instrumental in detailing the nutrition landscape and helping the county refine its nutrition strategies. Project quality improvement TA teams have worked closely with sites to improve their documentation of BMI and nutritional status for PLHIV clients in relevant blue card reporting tools to improve clinical outcomes for HIV clients. *Afya Jijini* also works with county and sub-county managers to improve the supply chain for nutrition commodities (VAS, deworming medication, and IFAS).

## RESULTS

To date, *Afya Jijini* has achieved the following nutrition results:

- Reached 336,786 pregnant women and 843,236 children under 5 since October 2016 with nutrition interventions that will reduce morbidity and mortality.<sup>7</sup>
- Identified and treated 4,227 children with SAM and 18,836 children with MAM at project-supported health facilities.
- Improved the NCC's ability to monitor underweight children via DHIS2. The number of underweight children has reduced annually since the project's inception.
- Improved overall multi-sectoral nutrition coordination and technical oversight through the establishment of the first County Technical Nutrition Forum and sub-county nutrition forums.
- Helped develop Nairobi's first-ever County NNAP, enabling the county to operationalize the national nutrition strategy. NCC now collaborates with implementing partners to plan, budget, implement, and report on concrete nutrition activities.
- Collaborated with multi-sectoral partners to enhance nutrition implementation, including implementing a county SMART survey to refine county nutrition approaches and with ECD projects to scale the integration of nutrition screening.
- *J2SR*: Strengthened the technical and managerial capacity of critical local health actors on nutrition implementation, including local Kenyan sub-contractors on the *Afya Jijini* program, local small sub-grantees working in informal settlements, and the NCC itself.

## LESSONS LEARNED

*Afya Jijini* remains committed to learning and improving its impact in urban nutrition services. In the past four years, the project has identified a number of challenges and corresponding nutrition lessons learned, including:

- The importance of strengthening multi-sectoral collaboration to capture financial, human, and other resources across sectors accurately. This results in reduced duplication of efforts and improved synergy in a resource-constrained environment.
- The need for increased advocacy for nutrition issues within the overall NCC annual work planning and budgeting process. The majority of expenditures cover human resources, leaving little left for nutrition development efforts.
- Recruiting more nutritionists with specialized expertise at the facility, sub-county, and county level can improve the effectiveness of nutrition planning, implementation, and reporting. Nurses and

<sup>7</sup> Including IFAS and MIYCAN counseling for pregnant women during ANC and VAS and de-worming for children.

clinical officers are often over-burdened with many other demands, reducing their attention to nutrition issues.

- Innovative community screening and service delivery efforts, such as the project’s ECD approach, can reach more vulnerable children in a practical and low-cost manner before they are seriously malnourished.
- While Nairobi’s underweight prevalence is not alarming, the absolute caseload may require new strategies and deployment criteria to address emergency nutrition issues in an urban setting.
- Focusing on the socio-cultural barriers in health seeking behavior in urban slums will have impact in reducing stunting and other forms of malnutrition.

## CONTACT US

### MISSION

USAID Kenya and East Africa  
PO Box 629, Village Market  
Nairobi, Kenya  
Phone +254-20-862-2000  
Email [tsimiyu@usaid.gov](mailto:tsimiyu@usaid.gov)

### IMPLEMENTING PARTNER

IMA World Health  
1730 M Street, NW, Suite 1100  
Washington, DC  
Phone +1 202-888-6200  
Email [danwendo@imaworldhealth.org](mailto:danwendo@imaworldhealth.org)



*This technical overview is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).*