

**FACTORS INFLUENCING IMPLEMENTATION OF NUTRITION PROGRAMMES
BY DONOR FUNDED NON GOVERNMENTAL ORGANIZATIONS IN WAJIR
COUNTY, KENYA.**

BY

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DECLARATION

This research project report is my original work and has not been presented for any award in any other university

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L50/76904/2009

This research project report has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

This research work is dedicated to my family; my mum, brother, sister and my fiancée Emiliana. I would not have done it without you.

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LIST OF ABBREVIATIONS AND ACRONYMS

ASAI	Arid and Semi-Arid Lands
ALDEF	Arid Lands Development Focus
BASICS	Basic Support for Institutionalizing Child Survival
BINP	Bangladesh Integrated Nutrition Project
CERF	Central Emergency Response Fund
CSD	Committee on Surplus Disposal
DNO	District Nutrition Officers
FNPU	Food and Nutrition Planning Unit
ICCFN	Inter-Ministerial Committee on food and Nutrition
IGC	International Grains Council
IMAM	Integrated Management of Acute Malnutrition
IYCN	Infant and Young Child Nutrition
MUAC	Mid Upper Arm Circumference
NGO	Non Governmental Organization
NHANES	National Health and Nutrition Examination Survey
OTP	Outpatient Therapeutic Programme
RSMP	Regular School Meals Programme
SFP	Supplementary Feeding Programme
SMART	Standardized Monitoring and assessment of Relief and Transitions
SPSS	Statistical Packages for Social Sciences)
TAFAD	Trans-Atlantic Food Aid Dialogue
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development.
WHO	World Health Organization

ABSTRACT

The purpose of this study was to investigate the factors influencing Non-Governmental Organizations' implementation of nutrition programmes in Wajir County, Kenya. Four research questions were formulated to guide the researcher in carrying out the study. Literature reviewed focused on NGO's donor funding by International organizations, the role of the United Nation's Central Emergency Response Fund (CERF) determinants of malnutrition globally, in Africa and the situation in Kenya.

The study focused on the factors that influence NGO's implementation of nutrition programmes which include the extent of donor funding, prolonged drought, distribution of resources and socio-cultural factors. The study will be descriptive. The target population for the study was all the NGO's operating in the County, making it a census survey. In each organization, judgmental sampling was used to select respondents based on their knowledge and operational awareness of implementing nutrition operations at the grass roots. A total of fifteen nutrition managers and 55 nutrition officers from the 5 NGO's were selected, making a total of 70 respondents. Data was collected using questionnaires.

From the study, it was found that , implementation of nutrition programmes was influenced by a variety of factors ranging from infrastructure development and staffing levels to gender issues and cultural beliefs. Community perceptions on sustainable development, food security and general community development. It was found that the determinants of malnutrition in Wajir are associated with the primary and most direct causes of malnutrition, namely food insecurity, poor health conditions and insufficient access to good health care services, and inappropriate maternal and infant feeding practices.

Recommendations made from the study included; use of available resources to implement livelihood programs and sustainable agricultural practices, infrastructure development and increasing literacy levels in the community. Strategic interventions that were recommended in light of the findings included; Entrenching the human rights to food approach, particularly for women and children, in the constitution.

Strengthening the Kenya National Commission for Human Rights to advocate for the enforcement of the right to food.

Sensitizing communities to discard retrogressive cultural practices with regard to access to food

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The global food security crisis endangers the lives of millions of people, particularly the world's poorest who live in countries already suffering from acute and chronic malnutrition. Multiple factors are behind the crisis, including: rapidly increasing energy prices, lack of agricultural sector investment, rapidly rising demand for food arising from economic growth and higher incomes, trade distorting subsidies, recurrent bad weather and environmental degradation, subsidized production of bio-fuels that substitute food production and imposition of export restrictions leading to hoarding and panic buying (WHO, 2010).

Bangladesh was the first country to have formally taken NGOs as an official partner for undertaking nutrition improvement activities, from programme design, implementation through to monitoring and evaluation. In the programme implementation, the strategy adopted by Bangladesh Integrated Nutrition Project (BINP) was to provide a unique model of government-NGO partnership in the field of nutrition (Bangladesh Integrated Nutrition Project, 1999).

In the US, National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States, and to track changes over time. Findings from the survey are used to determine the prevalence of major diseases and risk factors for diseases. Information is used to assess nutritional status and its association with health promotion and disease prevention (Schleicher R.L. et al).

In the UK, the National Diet and Nutrition Surveys (NDNS) are a series of government-funded surveys of food intake, nutrient intake and nutritional status of the British population (adults aged 16 to 64), undertaken to support nutritional policy and risk assessment. (National Diet and Nutrition Survey , 2009). In the UK, Individual markers of nutritional status and anthropometry are common in explaining nutritional outcomes.

Typically, in India, the socio cultural milieu does not allow girls and women to realize their potential and in some communities, the girl child even faces problems of survival. In the home, food, nutrition and health security are inadequate because of the

attitudes and practices depriving girls and women of the right to adequate food, nutrition and health care (Visaria and Visaria, 1985).

In Nigeria, although a wide range of stakeholders are involved in the implementation and coordination of nutrition-related activities at various levels, there are strong indications of a long absence of leadership in the field of infant and young child feeding programs. The Federal Capital Territory Authority (FCTA) coordinates all state activities, but there are no indications of functional multisectoral structures for nutrition coordination at the area councils (USAID, 2012).

BASICS (Basic Support for Institutionalizing Child Survival) is a global project to assist developing Countries in reducing infant and child mortality through the implementation of proven health interventions. BASICS is funded by the U.S. Agency for International Development. In Malawi, the BASICS Project was launched in October 2007 with the purpose of improving child health services through development and implementation of high impact interventions in order to reduce morbidity and mortality among children aged less than five years. (BASICS/USAID 2009).

The Egyptian food security has been adversely affected by the countrywide unrest. The UN Food and Agriculture Organization Food Price Index in January 2012 exceeded the peak of the 2007-2008 food price crisis. Egypt has been at the epicenter of recent unrest in the Middle East. With more than 40% of the population living on less than 2\$ a day, volatility of food prices can easily contribute to instability and unrest on the streets. (Geerlings, 2012)

The implementation of nutrition programmes in Kenya is based on common nutritional objectives. The broad objectives include improving food security, reducing prevalence of malnutrition, improving agricultural and farming practices, and eradicating nutrition related diseases. The more specific objectives include single nutritional activities like the promotion of exclusive breastfeeding and delivery of vitamin A supplements (UNICEF, 2010).

In Kenya, FAO (2008) reports that an estimated 3.5 million people require emergency food assistance and an additional 850,000 children enrolled in the School Feeding Program in recent months. High levels of child malnutrition in Kenya and other developing countries contribute to mortality and have long-term consequences for children's cognitive development and earnings in adulthood. Recent impact

evaluations show that many interventions have had an impact on children's anthropometric outcomes (height, weight, and birth weight), but there is no simple answer to the question "what works?" to address the problem. Similar interventions have widely differing results in various settings, owing to local context, the causes and severity of malnutrition, and the capacity for program implementation (World Bank, 2010).

1.2 Statement of the problem

Under nutrition can be traced to insufficient food supply, inadequate access to food, insufficient purchasing power, inappropriate demand patterns (due to taste, tradition, perceptions), inequitable distribution of food within countries, inequitable allocation to individuals within families, and/or poor utilization of food.

The problem also lies in the perspective from which aid donors view malnutrition. The case of Wajir is a chronic one and not acute as viewed by donors. The kind of food assistance offered is that of emergency relief instead of livelihood programs that would ensure food security. Failure to analyze carefully the problem which is chronic leads to recurrent food insecurity no matter how much aid donors are willing to offer.

The study sought to critically examine the factors influencing implementation of nutrition programmes by Non-Governmental Organizations in Wajir County. The research particularly considered the problems and challenges faced by NGOs in the implementation of nutrition programmes especially severe and acute malnutrition in children under five years.

1.3 Purpose of study

The purpose of this study was to establish factors influencing NGOs implementation of nutrition programmes in Wajir County.

1.4 Objectives of the study

This study was guided by the following objectives:

- i. To assess the extent to which donor funding for Non Governmental Organizations has affected the implementation of nutrition programmes
- ii. To assess the extent to which prolonged drought has affected the implementation of donor funded nutrition programmes.
- iii. To investigate the extent to which socio cultural factors have affected the implementation of donor funded nutrition programmes by Non Governmental Organizations in Wajir County.
- iv. To determine how inequitable distribution of resources has affected implementation of nutrition programmes by Non Governmental Organizations in Wajir County.

1.5 Research questions

The study will seek to answer the following research questions:

- i. To what extent does donor funding affect implementation of nutrition programmes by Non Governmental Organizations in Wajir County?
- ii. How does prolonged drought affect Non Governmental Organisations interventions in the implementation of nutrition programmes in Wajir County?
- iii. To what extent do social cultural factors influence the implementation of nutrition programmes by Non Governmental Organizations in Wajir County?
- iv. To what extent has inequitable distribution of resources affected the implementation of nutrition programmes by Non Governmental Organizations in Wajir County?

1.6 Significance of the study

Maslow's hierarchy of needs lists physiological needs as the first to be met before we can consider other human needs. This study is of vital importance as it aims to address the most basic of human needs which is food and nutrition. Without adequate nutrition a country's development is at stake as a hungry nation cannot work. It was hoped that the study would be important to the people of Wajir, NGOs implementing nutrition programmes, the county of Wajir and the government of Kenya.

It was hoped that the relevance and impact of the study would be enhanced by collecting data on service delivery, demand-side behavioural outcomes, and implementation processes to better understand the causal chain and what part of the chain is weak.

It was hoped, that the results of the study would lead to a better understanding the distribution of impacts, particularly among the poor, and to better document the costs and effectiveness of interventions. The pathway connecting public policy to nutrition outcomes is long and complex.

These complex pathways and the numerous actors involved in implementing interventions point to a few important considerations in reviewing the literature on what works in reducing malnutrition. Because of the different local contexts in which interventions are implemented, the role of service providers and households in determining outcomes, and the lengthy results chain, the results of government nutrition programs as implemented in the field conditions of developing countries are likely to be quite different from results of randomized trials of discrete interventions in a controlled setting. (World Bank, 2010)

The study hoped to benefit the above named parties in various ways; the people of Wajir would understand ways to better increase food security, implementing NGOs would have better their Monitoring and Evaluation strategy while Government would be able to better allocate resources to address recurrent malnutrition and poor health.

1.7 Limitations of the study

The county of Wajir is expansive and has poor road infrastructure. The county also has prevalent insecurity due to the Al shabab militia. Boarding and lodging facilities are not available in most areas of the county. To some extent, language barrier was expected in the extreme interiors of the county. These challenges were overcome by use of careful planning and allocating adequate time for data collection due to travel logistics. Every available opportunity to collect data was utilized so that data was attained from all regions of the county. The language barrier was addressed by use of translators conversant in local dialects.

1.8 Delimitation of the study

The study was carried out in Wajir due to the recurrent nutrition crisis in the County. Most nutrition evaluations had been carried out by external parties but locally little had been done to assess the factors influencing implementation of nutrition programmes and their impact on outcomes. The nutrition evaluations carried out previously had focused on results achieved by particular NGOs in their programs. The study sought to analyze and compare several NGOs implementing programs in Wajir. The study was carried out in Wajir where most NGOs implementing nutrition programmes are deep rooted with operational programmes already running. An adequate sample of NGOs was available for the study. UNICEF which has programmes in many other countries liaises with other nutrition NGOs in Wajir so the study had the chance for comparative analysis.

Wajir represents well the marginalized regions of Kenya thus the study findings would be applicable to many other marginalized communities.

1.9 Assumptions of the study

The implementation strategies of NGOs chosen for the study closely matched the strategies of all the NGOs operating in Wajir County.

The sample of NGOs chosen for the study was representative of other NGOs operating in the country.

1.10 Definition of significant terms used in the study

Donor Funding referred to food aid, food assistance, direct or indirect resource or cash input, technical and logistical aid to alleviate malnutrition in the County of Wajir by local and international NGOs.

Social Cultural Factors are all factors relating to people's way of life and how this way of living affects their nutrition value systems. These included their traditions, norms and shared beliefs.

Prolonged drought referred to continued lack of rainfall, less than 280 mm per season with no viable alternatives like irrigation scheme facilities.

Inequitable distribution of resources referred to unequal or skewed allocation of available resources and its effect on the nutrition system. The resources include: infrastructure development, education, human resource and direct cash interventions in emergency situations.

Nutrition programmes- refer to all programmes implemented and overseen by NGOs with the support of donors to increase food availability in Wajir County.

Implementing NGOs refer to all Non Governmental Organisations with operational nutrition programmes in Wajir County.

Implementing partners referred to all liaisons, and Nongovernmental, internal and external, private or public working with the government in facilitating nutrition programmes in Wajir County.

Nutritional interventions- were programmes based on nutritional assessment and need and include Integrated Management of Acute Malnutrition (IMAM), Infant and Young Child Nutrition (IYCN), Micronutrient Supplementation etc.

1.11 Organization of the study

The study was organized into five chapters.

Chapter one contains the introduction including the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions of the study, assumptions of the study, limitations of the study, delimitations of the study and definition of significance terms.

Chapter two represents the relevant literature review of the study on the factors that influence implementation of nutrition programmes by NGOs, a conceptual framework and a summary.

Chapter three consists of a detailed description of the research methodology that will be used in the study. This includes research design, target population, sample size and sampling techniques, research instrument, instrument validity and reliability, data collection procedures and data analysis techniques.

Chapter four represents the data analysis and discussion of the research findings while chapter five consists of the summary of the findings, conclusions and recommendations

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This literature review was done after considering the global concept of nutrition, the food situation in Africa and the concept of nutrition programmes in Kenya. The themes used for literature review include; Donor Funding and Implementation of Nutrition programmes, Prolonged Drought and implementation of Nutrition programmes by Non Governmental Organizations and Social Cultural Factors and Implementation of Nutrition Programmes by Non Governmental Organizations.

2.1.1 Global Concept of Nutrition

Food is a human right and indigenous people everywhere want to protect their heritage and the health of their culturally determined foods. They are concerned about the potential loss of both food species and the knowledge about how to use them. They worry that the loss of elders in the natural cycle of life may mean that knowledge about indigenous foods will not be passed on to the generations that follow. This raises anxieties about the demise of cultural and traditional knowledge associated with their foods and lifestyles. Indigenous people want to preserve their ecosystems that for so long have provided a healthy environment for animals, plants and people (Kuhnlein,2009).

A number of countries have recently revised their constitutions or passed new legal frameworks to give greater effect to the right to food. Since the mid-1990s, new constitutions, including bills of rights, have been adopted in a slew of countries in Central and Eastern Europe, Africa, Latin America and, more recently Asia. In India, for example, in addition to passing the Food Security Act in 2010, the government has adopted a number of policy innovations based on the right to food, including acts on universal school meals, employment, social security for the informal sector and the right to information, which, combined, can lead to better food security outcomes. People and citizenry organizations can demand that governments respect, protect and fulfill appropriate access to, and acceptable quality of, food (Bonnerjee and Koehler, 2010)

2.1.2 Implementation of nutrition programmes by NGOs in Bangladesh

According to the Bangladesh integrated nutrition programme case study. The Bangladesh Integrated Nutrition Programme (BINP) started in 1995 and the expected completion date for the pilot stage was 2001 (Bangladesh National Nutrition Council, 1997).

Based on mid-term review, the following achievements were noted: 92 percent of children now covered by the growth monitoring programme, 90 percent of village committees participate in decision-making, the number of underweight infants decreased by 30 percent, severe malnutrition (using MUAC with cut-offs of < 11.0 cm for 0-12 months and < 12.5 cm for the 13-24 months) fell from above 20 percent to around 3 percent in just two years (95-97) (World bank, 1999).

Information from BINP national staff showed 90 percent coverage for iron and vitamin A supplementation and for the delivery of IEC messages. It also showed that weight gain during pregnancy increased from an average of 4 kg to 7 kg. The determinants of malnutrition in Bangladesh are associated with the primary and most direct causes of malnutrition, namely food insecurity, poor health conditions and insufficient access to good health care services, and inappropriate maternal and infant feeding practices. From 1992 to 1994, the average daily per capita dietary energy supply was 1,950 kcal. Compared with FAO's average requirement of 2,310 kcal, the supply represents a 15 percent shortfall. About 15 percent of rural households are consuming fewer than 1,600 kcal per capita per day while 10 percent consume between 1,600-1,800 kcal (Bangladesh integrated nutrition project, 1999)

NGOs play a major role in the Bangladesh Integrated Nutrition Project. Originally, it was envisioned to have two modalities for implementing BINP. The first model is Government of Bangladesh (GoB) led and NGO-assisted. Here, the GoB relies on its own management structure to run programme activities with the Family Planning Officer as the lead person. The partner NGO provides assistance in the areas of community mobilization, training and technical supervision of field personnel, logistics for preparation, packaging and distribution of food supplements as well as quality control. The second model is NGO led and GoB assisted. Districts, under this scheme, were contracted out to NGOs for the management and implementation of all

community-based nutrition activities. As such, full responsibility is assumed by the NGO. These responsibilities would include training of the various field personnel, community mobilization, procurement, preparation, packaging and delivery of food supplements, procurement of equipment and supplies, quality control, supervision and monitoring. Whenever necessary, they are able to make use of government infrastructure and established service delivery systems. Of the two models, the GoB led and NGO assisted was eventually phased out and all districts were placed under the charge of NGOs. The lack of manpower and incentives on the part of GoB workers constrained GoB's implementation of the programme. For the first phase, Bangladesh Rural Advancement Committee (BRAC) was chosen as the partner NGO. The partnership was formalized through the signing of a Memorandum of Agreement. (Bangladesh National Nutrition Council, 1997).

For geographical coverage, initially six districts were selected as pilot areas. These were Gabtoli, Banaripara, Mohammedpur, Shahrasti, Faridpur, Sadar and Rajnagar. Based on the baseline survey conducted by Bangladesh Rural Advancement Committee (BRAC), a total population of 1,235,576 was reached by the programme, in 1,218 villages in over 55 unions. In 1998, BINP expanded in phases until all 60 districts were covered. This represents 15 percent of the country's total population. World Bank (1999) reports note marked reductions in malnutrition. Using MUAC as the indicator, the prevalence of severe malnutrition fell from 13 percent to 2 percent in the project areas. The number of underweight infants also decreased by as much as 30 percent.

The BINP was said to be patterned on an improved version of the Tamil Nadu Integrated Programme and was the first attempt of the GoB to develop a comprehensive and coordinated national inter-sectoral programme for addressing malnutrition. With an offer of funding up to US\$ 59.8 million from the World Bank (i.e. donor-driven), "the GoB welcomed the opportunity to undertake a national nutrition programme". It should be made clear, however, that prior to the World Bank offer, there was already widespread recognition of the gravity of the malnutrition problem and its debilitating consequences. Unfortunately, the GoB was not financially able to underwrite a large scale nutrition programme. The support to BINP was augmented by UNICEF.

2.1.3 Link between Nutrition and Cancer in Germany

In Germany, the link between nutrition and cancer is evident. Around 340,000 people a year are diagnosed with cancer. Around 210,000 die as a consequence of the disease. Thus cancer is the second greatest killer, after heart and circulatory diseases. About a third of all cancer cases, experts believe, are due to poor eating habits . In their 2008 report the German Nutrition Society (Deutsche Gesellschaft für Ernährung, DGE) investigated the risk relationship between dietary factors and malignant tumors in various organs. The report is based on a systematic analysis of the available scientific literature, taking into account the design and quality of the studies. The level of reliability of the evidence for increased risk, reduced risk or no effect is designated as "convincing", "probable", "possible" or "insufficient." (Deutsche Gesellschaft für Ernährung e.V. 2009. www.dge.de)

2.2 The food situation in Africa

East Africa is currently experiencing a major humanitarian crisis due to drought. More than 12 million people need emergency relief. Britain is providing lifesaving aid for over two million people across Ethiopia, Kenya and Somalia and the UK is now calling on more countries to follow its lead and step up their help for the crisis. Across the region, UK aid is delivering; Food aid for 1.36 million Ethiopians facing starvation, plus shelter, water and medical help for 100,000 people in the Dolo Ado refugee camps. Help for 500,000 Somalis including food rations, treatment for malnourished children and farming supplies to help people grow food. Support for 300,000 Kenyans with treatment for malnourished children and mothers. In addition, UK Aid is helping 130,000 refugees in the Dadaab refugee camp with safe water, food and basic healthcare (DfID, 2012).

The United Nations estimates that this is the most severe food security challenge in Africa for 20 years. The extent of the crisis is daunting and the figures are so enormous that it is easy to forget that each number is a human life."The UN appeals are still underfunded by almost \$1bn (£600m). Britain and Australia urge the rest of the world to join them to work to prevent this humanitarian disaster turning into a catastrophe". (UK Aid, 2012).

In Southern Africa, FAO reports that high levels of domestic food prices continue to negatively affect an estimated 8.7 million people in the region, including 5.1 million people in Zimbabwe; 353,000 individuals in Lesotho; and 239,000 people in Swaziland. According to FAO, the number of food insecure people in the region increased by nearly one-third between the 2007/2008 and 2008/2009 market year (FAO, 2010).

2.3 The Concept of nutrition programmes in Kenya

The nutrition situation in Kenya has not improved in the past 20 years with one out of three children being undernourished. The period from birth to two years is the "critical window" for the promotion of optimal growth, health and development. It is difficult to reverse the effects of malnutrition on stunting and micronutrient deficiencies on brain development. Even with optimum Breastfeeding children will become stunted if they do not receive sufficient quantities of quality complementary foods after six months of age (Jones, 2003).

In Kenya, complimentary feeding practices are largely sub-optimal. Rates of malnutrition peak during childhood with consequences that persist throughout life. Poor complimentary feeding practices in the country result from inadequate knowledge, heavy maternal workload, and household food insecurity. Micronutrient deficiencies are highly prevalent in Kenya, particularly at crucial stages of the life cycle when needs for specific minerals and vitamins are high. (UNICEF-Kenya, 2010).

There is consensus among nutrition information users in Kenya that there is need to improve methods of collecting and disseminating nutritional data. This would in turn help improve planning and decision making in programming. Presently, data comes from various sources with different objectives, collected using different methodologies. Since 2003, the Ministry of State Planning and National Development and Vision 2030 through the Food and Nutrition Planning Unit (FNPU) and the Inter-Ministerial Committee on food and Nutrition (ICCFN) have attempted to develop a nutrition information system as a key strategy for nutrition Policy.

Moreover, methodological weakness in individual Information systems has impacted negatively on the existing nutrition information systems. Stakeholders such as the

Ministry of Public Health and Sanitation and United Nations Children’s Fund (UNICEF) have made concerted efforts to standardize methods of collection, analysis and interpretation of nutrition data for the whole country. There is need therefore, to reinvent the wheel and link such initiatives with international efforts towards this realization. The Methodology developed by the Inter agency initiative on Standardized Monitoring and assessment of Relief and Transitions (SMART) was adopted and modified for use as the standard Kenyan guideline. The Kenyan Guidelines do not incorporate the Food security component in the SMART guidelines but focuses mainly on nutrition and mortality components (Guidelines for Nutrition and Mortality Assessments’ in Kenya, 2008).

Impact evaluations of World Bank–supported programs, which are generally large-scale, complex interventions in low-capacity settings, show equally variable results. The findings confirm that it should not be assumed that an intervention found effective in a randomized medical setting will have the same effects when implemented under field conditions. However, there are robust experimental and quasi-experimental methods for assessing impact under the difficult circumstances often found in field settings. (World Bank, 2010)

One of the best indicators available for measuring the progress of development and quality of life is the nutritional status of children. But malnutrition should be recognized as a function as well as indicator of mal development; it must be interpreted solely as a health problem but viewed in the total context of the development process. (FAO, 2009)

2.4 Donor Funding and Implementation of Nutrition programmes

The international community is increasingly adopting the term “food assistance in preference to or instead of “food aid. The Chair’s summary of the G8 development ministers April 2010 meeting states “Ministers believe in a Food Aid Convention for the 21st Century that focuses on providing appropriate and effective food assistance to vulnerable populations.

This practice raises the question in the absence of an agreed definition of what exactly is meant by food assistance. The definition proposed by the Trans-Atlantic Food Aid Dialogue (TAFAD) group of NGOs – food assistance includes any direct food or food procurement transfer to food insecure individuals or households for the purpose of

increasing the quality and/or quantity of food consumed. This definition includes both transfers in the form of food and cash intended to improve *directly* food consumption of by food insecure individuals. It would not include commodity aid intended as a financial transfer (programme budgetary support or monetization) or agricultural inputs. (USAID,2011)

The international institutional arrangements for regulating and organizing food aid have been inherited from an era in which food aid was around 25% of all Official Development Assistance (ODA) and a large share of global trade in cereals and a few other commodities. Presently food aid accounts for only about 3% of ODA and a smaller proportion of global food commodity trade. Food aid is however, significant for a relatively small number of least developed countries and accounts for some 30% of all humanitarian aid. (Clay and Stokke, 2000; FAO, 2006; Harvey and others, 2010)

Food aid was overwhelming supplied until the mid 1990s as direct transfers from the donor country, that is, in-kind tied commodity aid. From the outset this commodity aid was recognized as a potential source of trade distorting competition, not only amongst donors but also with other exporters (e.g. Argentina of cereals and New Zealand of dairy products). The FAO located Sub-Committee on Surplus Disposal (CSD), which is under the Committee on Commodity Problems established in 1954, was intended to minimise such distorting practices. (FAO, 1980)

The Convention was then negotiated as a stand-alone international agreement in 1967 lodged with the International Grains Council (IGC) that acts as secretariat. Under the Convention, signatories are legally committed to provide minimum amounts of food aid to eligible countries expressed in terms of Wheat Equivalent Metric Tonnes (WEMT). Historically the principal objective of the Convention was to provide a safety net protecting recipient countries against a potential downward spiral.

The UN's Central Emergency Response Fund (CERF) was created with the important promise of addressing long-term problems in humanitarian relief – the availability of funds in fast-onset emergencies, and the lack of funding for “forgotten emergencies”. At the time of the creation of the CERF, many NGOs were enthusiastic about the concept but warned that the fact that only UN agencies have direct access to the CERF would prove to be a major barrier to its stated goals. Save the Children, an

NGO implementing nutrition programmes in Kenya has had experiences that indicate it is time to allow NGO's direct access as well.

Save the Children's original concerns were based on the fact that NGOs do not have direct access to the CERF. As it is widely acknowledged that NGOs deliver over 50% of direct humanitarian relief (some argue up to 80%)i this is more than an oversight – it is a fundamental flaw. Because NGOs cannot directly access CERF funds, they must wait for the primary recipients, UN agencies, to process proposals and sub-grant agreements before they can take meaningful action themselves. CERF plays a crucial role in funding “forgotten crises”: for example, the CERF is the single biggest donor in Central African Republic. But Save the Children's experience this past year suggests that the system on the whole is clumsy and inefficient. People on the ground, suffering without access to humanitarian relief, deserve better.

Save the Children is not alone in raising concerns about NGO access to the CERF. Other NGOs and donors themselves have asked for data and information about how the fund is getting distributed and questioned the efficiency of the current set-up. It is worth noting that the CERF secretariat itself has not been held to account from the beginning to document how CERF funds have been distributed to NGOs, including the timeliness and efficiency of the distributions all the way down to the field level. Save the Children raises these concerns in the constructive spirit maximizing the impact of humanitarian reform. Save the children believes that unless NGOs with proven competency gain direct access to the CERF, it will remain deeply flawed, and the fund will never reach its potential to save lives on a wide scale.

Before the Central Emergency Response Fund was launched, the UN's Consolidated Appeals for humanitarian assistance tended to be under-funded. At the same time, the sluggish and often disappointing response to flash appeals forced the UN to rethink the way it raised cash for fast-onset emergencies. The CERF, launched in March 2006, is divided into two parts: a grant-making fund and a loan facility. The grant-making fund again has two components, one to provide rapid funding for new emergencies and one to bolster under-funded crises. Though there is no limit to the amount a UN agency can borrow from the loan facility, the UN has capped total CERF funding for any one emergency at \$30 million.

Though the CERF currently represents just a small percentage of overall humanitarian funding – approximately 4% – it is likely to grow. Donors have made it clear that they

will increasingly depend on mechanisms like the CERF to administer additional funds without increasing their own civil service head count.

In January 2007, the UN openly acknowledged that it is “important to harness the unique capability and speed of NGOs”. It recognizes that UN agencies rely heavily on NGOs as implementing partners in the field, and that building trust and solid working relationships is a pre-requisite for timely and effective humanitarian assistance. Though the UN has invited NGOs to weigh in on how CERF funding should be spent, in the UN’s own words, NGOs still feel “left out”.

When it comes to tracking funds, the UN itself does not require its own agencies to keep track of CERF funds which are “passed through” to NGOs. The UN’s own reporting and accounting structures are not designed to allow for an assessment of statistics on NGO funding. In October 2006, the UN published a discussion paper on the role of NGOs as CERF implementing partners, but it simply lists the number of NGOs which received CERF funds. Some of the UN agencies’ own funding matrices posted on the CERF website list the names of NGOs which have received funds and, in some cases, the dollar amount of money passed through, but the information is too patchy to be analysed. Unfortunately, the UN has no plans to require agencies to present a clearer picture of passed-through funding.

Until now, the onus has been on individual NGOs to try to connect the dots. Oxfam International is compiling research for a report on CERF’s impact based on the field experience of NGOs, which should be published in March 2007. It is a strange set-up when the responsibility for monitoring UN progress against stated goals falls to NGOs who elect to take up the issue, not with the secretariat tasked with administering the fund. The UN does not require its agencies to report the exact amount of CERF funding “passed through” to NGOs, how quickly the money is disbursed or how effectively it is used, but we can assess how pooled funding mechanisms similar to the CERF affect NGOs by looking at other evidence from the field.

In theory the UN has asked NGOs to participate in assessing humanitarian needs and planning how CERF and Common Funds should be distributed. In particular, they can play a role in helping to prioritize projects for CERF funding by helping Humanitarian Coordinators identify life-saving needs. In practice, however, NGOs often feel they have little control. Though the UN has confirmed its commitment to enhance cooperation with NGOs, it needs to take NGO concerns seriously or it risks

losing them as implementing partners. In Ivory Coast, for example, NGOs staged a rebellion of sorts, as they refused to sit on the humanitarian country team board charged with allocating CERF funds. Later NGOs refused to apply for CERF funding on the basis that they did not have direct access to funds. (IFPRI, 2008)

2.5 Prolonged Drought and implementation of Nutrition programmes by NGOs.

Food is one of the most basic human needs, and people are entitled to adequate food that is sufficient, safe, nutritious and culturally acceptable. The right to food was first recognized in 1948 in Article 25 of the universal Declaration of Human Rights. Since then, it has been repeatedly recognized by other international instruments, including Article 11 of the International Covenant on Economic, social and Cultural Rights (1976), Article 12 of the Convention on the elimination of all forms of discrimination against women (1979), and Articles 24 and 27 of the Convention on the Rights of the Child (1989). In September 2000, 189 states further expressed their commitment to the eradication of hunger and poverty by endorsing the Millennium declaration, which was translated into eight time-bound, measurable goals to be reached by 2015, known as the MDGs. (UNICEF SOCIAL AND ECONOMIC POLICY WORKING PAPER, 2012)

Wajir County has continuously benefited from GOK/WFP food assistance since 2000. The highest caseload of 303,000 beneficiaries was in September 2009 to February 2010 while the lowest, 74,800 beneficiaries was in the period September 2005 to February 2006. The highest caseload also coincided with the first phase of the Protracted Relief and Recovery Operation (PRRO) program. The caseload from 2005 (last thirteen phases) varied and depended on food security situation. The current phase is targeting 172,700 beneficiaries implemented through general food distribution. Other food assistance programmes supported by GOK/WFP are Regular School Meals Programme (RSMP), Supplementary Feeding Programme (SFP) protection ration, and Outpatient Therapeutic Programme (OTP) by UNICEF. The regular school meals programme (RSMP) is supported by MOE/WFP and covers 91 public primary schools with a caseload of 46,000 pupils (27,600 boys and 18,400 girls). The Supplementary Feeding Programme implemented in partnership with

Islamic Relief of Kenya and Save the Children UK has a caseload of 10,235 while Protection ration has 2,160 beneficiaries (Short Rains Assessment Report, 2012).

The 2010 Long Rains Assessment classified the county as Borderline Food Insecure with high risk of falling into Acute Food and Livelihood Crisis in agro pastoral livelihood zone and at moderate risk in pastoral cattle, camel and all species livelihood zone. The 2010 short rains performed poorly and did not support adequate regeneration of pasture and browse, recharge of water and crop production. Consequently, pasture and browse condition has deteriorated from fair to poor, over 90 percent of temporal water sources have dried up and purchasing power of the agro pastoralist and pastoralists has been eroded. Indicators on livestock production, crop production water and market performance continue to paint a deteriorating trend and worsening situation. Consequently the larger district has moved to Acute Food and Livelihood Crisis, on alert except Diff, Sebule and parts of Habaswein which has moved to borderline food insecure with a high risk of worsening The main factors affecting food security in the County are poor performance of rainfall, poor infrastructure network and the long distance to the main livestock markets and poor terms of trade. (Long Rains Assessment Report, 2010).

2.6 Social Cultural Factors and Implementation of Nutrition Programmes

Nutrition problems are deeply ingrained in people's way of life, and fundamental changes need to take place before any lasting impact can be seen. Therefore, the priority of any nutrition project should be to develop the community's own resource persons, people with skills and expertise who can assist other community members in support of good nutrition. (AMREF, 1986)

Global problems in food and nutrition including the political, social and cultural factors underlying malnutrition in different contexts. Assessment of nutritional status, maternal infant and child feeding habits, nutrition knowledge, food intake and household food security as a basis for culturally appropriate nutrition intervention programs. Micronutrients and development issues. Of primary interest is the development, implementation and assessment of cost-effective, evidence based means of addressing malnutrition among young children, adolescents and reproductive-age women, and improving pregnancy outcomes (Mayer, 2011)

Greater focus is needed on global problems in nutrition and food security; analysis of the political, social and cultural complexities of food habits and malnutrition in various cultures around the world as well as the relationships between diet and disease in both the developed and developing world. Nutritional education courses in Africa which are regionally specific with attention to food availability, related nutrient deficiencies, as well as the cultural and socioeconomic factors that impact on food security in Africa are vital. (Mayer, 2011)

Emergencies are often characterized by a high prevalence of acute malnutrition and micronutrient deficiency diseases, which in turn lead to increased risk of death among the affected population and in particular among vulnerable groups. Women, girls, boys and men face different risks in relation to a deterioration in their nutritional status in emergency contexts. These different vulnerabilities are related both to their differing nutritional requirements and to socio-cultural factors related to gender. Good nutrition programming must take due account of gender issues at all stages of the project cycle — from participatory assessment and analysis through to surveillance, implementation of interventions, monitoring and evaluation. (Minimum Standards in Food Security, Nutrition and Food Aid, 2004)

In crisis situations where food is in short supply, women and girls are more likely to reduce their food intake as a coping strategy in favor of other household members. This can contribute to under-nutrition among women and girls. Because of social traditions men and boys may be favored and fed better than women and girls. Women may face constraints in accessing humanitarian services, including food, as a result of insecurity, cultural discrimination and limited mobility. Women, especially those who are pregnant or lactating, may be disproportionately affected by under-nutrition due to their increased physiological requirements. Teenage pregnancy can lead to poor health and nutritional status for both the baby and the mother. While remaining the main caretakers of children and other dependents within a household, women take on additional activities to support household food security especially in situations where male heads of households are absent. This often leads to disruption in infant and young child feeding practices and reduced caring capacities. (WHO, 2010)

2.7 Conceptual framework

The study looked at the factors that influence the implementation of nutrition programmes. The factors were: extent of donor funding, effect of prolonged drought, distribution of available resources and social cultural factors.

Most NGOs operate at sub-optimal levels which may be due to one or all of the above factors. Donor funding directly affects implementing NGOs and their partners, Prolonged drought hinders the capability of the local communities to achieve sustainable development, inequitable distribution of resources, leads to marginalization of the affected communities, while social cultural factors may lead to the said communities being change resistant. All the said factors are of major concern for any NGO implementing nutrition programmes as success of the said programmes will ultimately depend on some or all the said factors.

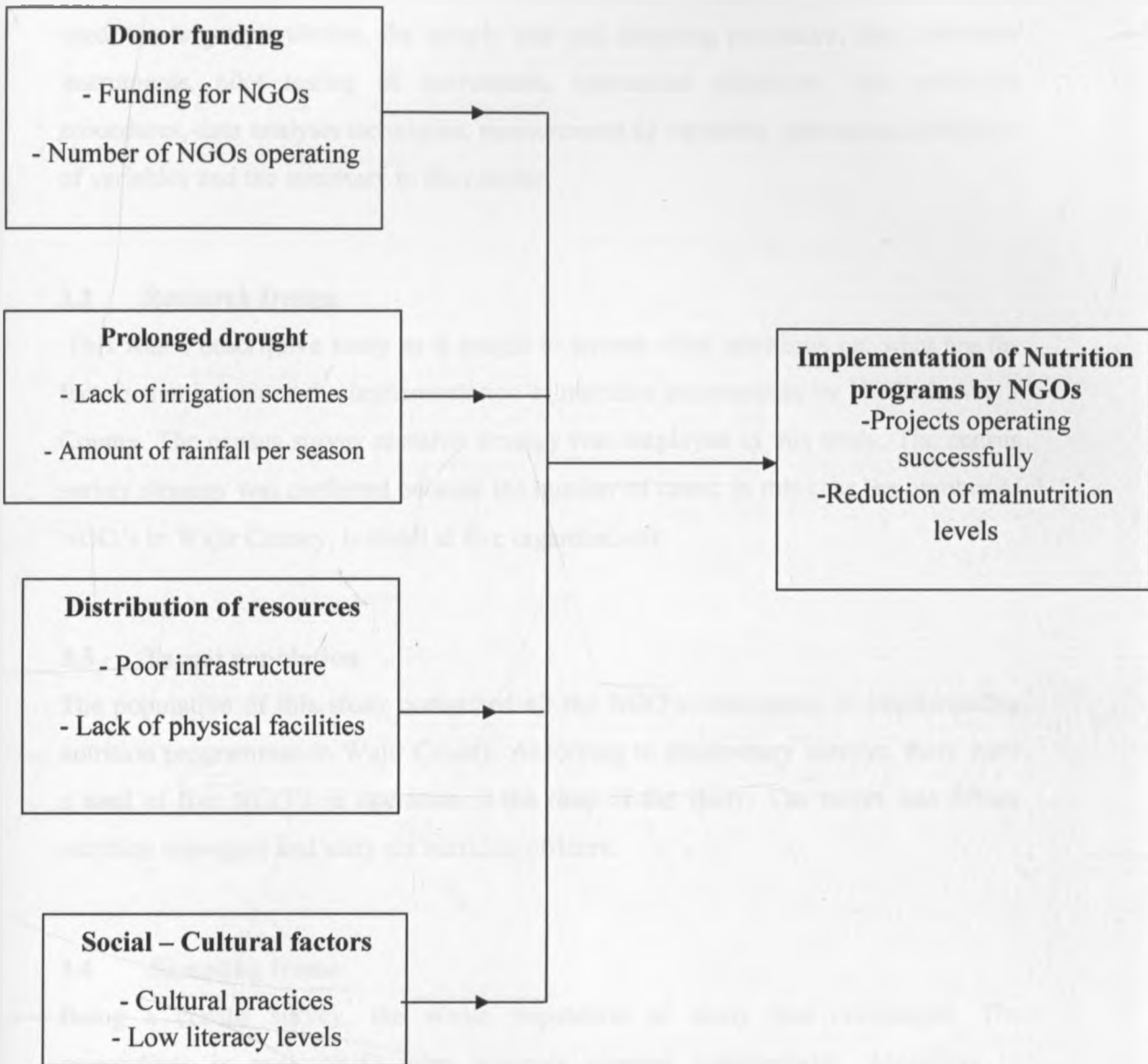
The factors are themselves influenced by intervening variables like Government policy on nutrition which directly affects implementation of nutrition programmes, attitude of the recipient communities towards foreign intervention and also infrastructure like roads network and communication network which to large extent affect implementation initiatives. These intervening variables are beyond the control of the implementing NGOs.

Moderating variables like nutrition staff training, community needs and community health policy are to be considered. Nutrition staff training is important as it changes the skills and attitude of the community making implantation of programmes easier. The needs of the local community must be considered so that the immediate community does not develop the wrong attitude towards the nutrition programme. The community may feel that there are more vital issues at hand hence the feeling that the implementing NGO is wasting valuable resources on what the community feels is unnecessary. Community health policy propagated through the health centres may dictate certain nutrition measures that the implementing NGO may not necessarily agree with. There may be need for compromise if the planned programme is to be implemented successfully.

Figure 1.0 Conceptual Framework

Independent Variables

Dependent Variable



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines how the research was conducted. It presents the research design used, the target population, the sample size and sampling procedure, data collection instruments, pilot testing of instruments, instrument validation, data collection procedures, data analysis techniques, measurement of variables, operational definition of variables and the summary to the chapter.

3.2 Research Design

This was a descriptive study as it sought to answer what questions i.e. what are the factors that influence the implementation of nutrition programmes by NGOs in Wajir County. The census survey research strategy was employed in this study. The census survey strategy was preferred because the number of cases, in this case the number of NGO's in Wajir County, is small at five organizations.

3.3 Target population

The population of this study comprised all the NGO's conducting or implementing nutrition programmes in Wajir County. According to preliminary surveys, there were a total of five NGO's in operation at the time of the study. The target was fifteen nutrition managers and sixty six nutrition officers.

3.4 Sampling frame

Being a census survey, the whole population of study was considered. The respondents in each NGO were however selected judgmentally. According to Saunders, Lewis and Thornhill (2007), judgmental sampling enables the researcher to select cases that will best enable him/her answer their research question(s) and meet their objectives. The respondents were purposively selected managers in the 5 NGOs within the County. They comprised three nutrition managers in each organization and 66 nutrition officers, making a total of 81 respondents. The nutrition managers and

nutrition officers were chosen because they are the operating officers of their respective organizations. It is the nutrition manager who oversees the implementation of nutrition programmes at the grassroots while the nutrition officer is the point man for the organization at the various distribution sites served by the respective NGOs. Consequently, nutrition officers are expected to be well versed with day to day operational tasks and challenges involved in implementing a nutrition programme, while the manager is aware of not only operational specifics, but the administration requirements and challenges of these operations. Being a study on the operational aspects of nutrition programmes, the 2 personnel were considered to be adequately informed. The respondents were informed about the intended study through a personal visit.

3.5 Data collection

The research data was collected using questionnaires. Gay (1976) maintains that questionnaires give respondents freedom to express their views or opinions and also make suggestions. It is also anonymous. Kiess and Bloomquist (1985) observed that, a questionnaire offers considerable advantages in its administration: it can be used for large numbers of population simultaneously and also provide the investigation with an easy accumulation of data. Both qualitative and quantitative data was collected. Research permits were obtained from the National Council for science and technology.

The questionnaires were administered to the Nutrition manager, and 2 Nutrition Officers in each of the 5 NGOs. They were hand delivered to the respondents. The questionnaires contained both closed and open ended questions. In open ended questions the respondents were given room to explain their answers in detail. Closed ended questions were be refined using Likert scale type questions as well as ‘ Yes’ or ‘No’ answer type of questions. Two kinds of questionnaires were administered, one type for the Nutrition manager and the other for the Nutrition officers. The questionnaires hoped to collect information on what workers in implementing NGOs face on the ground. Completed questionnaires were collected directly from the respondents. This enabled the researcher to clarify any issues that were not clear to the respondents. The time period for returning the questionnaires was set at two weeks

from the time of disbursement. This duration was subject to extension where necessary in order to enhance the response rate.

3.5.1 Pilot Testing and validating data collection instrument

For each of the questionnaires used, a pilot test was carried out in one of the NGOs chosen from the target population. The pilot test revealed weaknesses and sources of ambiguity, which were adequately addressed before the actual study.

Validity is the best available approximation to the truth or the falsity of a given inference, proposition or conclusion (Cook and Campbell, 1979). It is the strength of the conclusions, inferences and propositions made. The researcher tested the validity by pre-testing the instrument in one selected NGO. The selection was based on the availability of staff members and nutrition heads of the NGO and the ease of accessibility. The pre-test enabled the researcher avoid ambiguity and provide for rectification and adjustments to the study. After assessment, recommendations and adjustments, the pre-test instrument was used to come up with the final instruments.

3.5.2 Instrument Reliability

Reliability is the consistency of a measurement or the degree to which an instrument measure the same way each time it is used under the same conditions with the same subjects. It is the repeatability of a measurement. A measure is reliable if a person's score on the same test given twice is similar. Reliability is usually estimated. Mugenda and Mugenda (2003) define reliability as a measure to which an instrument yields consistent results or data after repeated trials. The pilot test conducted was used to enhance reliability of the instruments. The split-half technique (Thorndike, R. L. & Hagen, E. P. 1977) was be used to test for reliability. Responses were divided using odd numbers for one set and even numbers for the other set. The aim was to assess the clarity of the questionnaire items. The researcher critically assessed the consistency of the responses to make judgment on their reliability. Responses were then scored using Pearson's moment product correlation coefficient formula:

$$\text{Reliability on overall test} = \frac{2 \times \text{reliability for half test}}{1 + \text{reliability for half test}}$$

3.6 Data Analysis techniques

Analysis was done to establish relationships between variables. The completed questionnaires were edited for completeness and thoroughness. Descriptive statistics was used to summarize the data so that constructs of the data and their relations could be made. The descriptive statistics used to present quantitative data included frequency tables with sample size, maximum and minimum values, averages and measures of variation of the data about the average. The research mainly used measures of central tendency (averages) and measures of dispersion.

The qualitative data was analyzed using a word processing package. Common themes were identified by looking at patterns in the data. Generalizations from the themes were made about the implementation of nutrition programmes by NGOs. The generalizations were compared with what is already known about implementation of nutrition programmes and theory and written up in the discussion section. Data classification was done using SPSS (Statistical Packages for Social Sciences) computer software.

3.7 Measurement of Variables

The variables under investigation were the independent variable 'the sum of factors influencing implementation of nutrition programmes' and the dependent variable, 'implementation of nutrition programmes in Wajir County'.

Table 3.0 Measurement of variable

Variable	Indicators	Measure of indicators	Measurement scale	Tools of analysis	Specific statistic	Type of analysis
Independent Variable: Factors influencing implementation of nutrition programmes						
Extent of donor funding	-Evidence of donor funded NGOs.	-Amount of funds allocated per NGO.	Nominal	Proportions	Percentages	Descriptive statistics
	-utilization of allocated funds	-Number of health centres in nutrition programmes	Nominal	Proportions	Percentages	Descriptive statistics

Effect of prolonged drought.	-Presence of locally grown products.	Number of irrigation schemes.	-Nominal	Proportions	Percentages	Descriptive statistics
	-Department of Arid Lands data loggers.	-Number of mm of rainfall per season.	-Nominal	Proportions	Percentages	Descriptive statistics
Distribution of resources.	-NGO staff access to community health distribution centres.	-Number of hours staff spend to reach distribution centres.	-Ordinal	Proportions	Percentages	Descriptive statistics
	-Community access to nutritional supplies	% of mothers and children receiving nutritional supplies	Nominal	Proportions	Percentages	Descriptive statistics

Social cultural factors.	Social cultural factors. -Nutritional supply use by locals accessing health centres.	-Frequency of visits to the supplying centres. -Number of mothers who like or dislike using the nutrition supplies	Nominal	proportions	Percentages	Descriptive statistics
Dependent Variable: Nutrition Programmes implementation.						
Nutrition Programmes funding for NGOs	-Use of funds in implementation of supplementary feeding programmes.	-Number of NGOs utilizing funds for supplementary feeding programmes.	Nominal	Proportions	Percentages	Descriptive statistics

	-NGOs using funds to create alternatives to food aid leading to sustainable development	-% of NGOs using part of funds to create sustainable development	Nominal	Proportions	Percentages	
Necessary nutrition education for the community.	-Use of effective training methods that are culturally acceptable.	Number of NGOs with operational nutritional training programmes.				
	NGO staff members experienced in training marginalized communities on nutrition education.	-% of NGO staff members with experience in nutrition education				

Effective and efficient use of nutrition supplies.	-NGOs with nutrition Monitoring and Evaluation specialists.	-Number of NGOs with M and E specialists.				
	-NGOs with Project Management Information Systems (PMIS).	-% of NGOs utilizing modern Project Management Information Systems				

	Evidence of reduced malnutrition cases amongst target population.	% of target population showing improvement from acute malnutrition to normal growth in the last one year.				
Use of irrigation schemes in agriculture	-NGOs partnering to implement sustainable farming through use of irrigation schemes or other means.	-Number of NGOs in partnerships to implement sustainable through use of irrigation schemes or other means.				

	-Food production capacity of implemented programmes using irrigation schemes or other means.	-Number of metric tonnes of food produced annually by each of the programmes				
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3.8 Operational Definition of variables

Donor aid refers to any form of intervention aimed at nutrition programmes, direct or indirect, technical, logistical or monetary in the implementation of nutrition programmes.

Nutritional supplies refer to aid given in the form of mineral supplements which include Vitamin A, folic acid, Iron, dewormers and other mineral supplements.

Supplementary feeding programmes refer to nutrition programmes that involve distribution of the highly nutritious Corn Soya Blend, a mix recommended for moderate and acute malnutrition cases.

3.9 Summary of Chapter Three

The chapter dealt with the research design, which outlined how the research was done. It also dealt with the population involved in the study, methods of data collection and analysis. The determination of validity and reliability of the study was accounted for and the same applied to ways of measuring the independent and dependent variables.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter details the findings of the study and discussions with respect to the objectives of the study. The aim of study was to investigate the factors influencing Non-Governmental Organizations' implementation of nutrition programmes in Wajir County, Kenya. The results are presented in order of objectives i.e. to establish the extent to which donor funding as an aspect of Non Governmental Organizations' activities influence implementation of nutrition programmes in Wajir County, to assess how prolonged drought as an aspect of Non Governmental Organisations interventions influence implementation of nutrition programmes, to investigate the extent to which social cultural factors as an aspect Non Governmental Organizations' activities influence implementation of nutrition programmes and to determine the level at which inequitable distribution of resources as an aspect of Non Governmental Organizations' activities influence implementation of nutrition programmes in Wajir County.

4.2 Questionnaire Return Rate

The response rate is expressed as the return rate calculated as a percentage of the total number of questionnaires that the researcher gave out. Out of the total 81 questionnaires the researcher administered, only 66 were fully returned. The response rate was therefore 81%. This percentages is fairly representative. Mugenda and Mugenda (1999) stipulate that a response rate of 50% is adequate for analysis and reporting. A response rate of 81% is therefore good and adequate rate to base conclusions

The total number of nutrition managers sampled for the study was 15, while that for nutrition officers was 66. 15 Nutrition managers' questionnaires were found to have been fully and correctly filled, and 55 for the nutrition officers. This represented a questionnaires return rate of 15(100%) for the nutrition managers' and 55(83%) for the nutrition officers.

Table 4.1 Questionnaire Return Rate

Category	Frequency	percentage	Cumulative frequency
Nutrition managers	15	13.5	13.5
Nutrition officers	66	67.9	81.1
Unreturned	15	18.5	100
Total	81	100	100

N= 66 Source; research data (2012)

Section A. Nutrition Managers

4.3 Demographic Data of Nutrition managers

This section analyses the key characteristics of the respondents and is intended to establish certain attributes like gender, Years of experience. Frequency tables and percentages are extensively used. Graphs and pie charts are used to illustrate the data as given below.

The gender of the respondents was important to this study because the researcher wanted to have a clear picture about the manner of respondents that he was dealing with. The respondents were therefore requested to indicate what their gender was. The findings of the research study were summarized and presented as indicated in table 4.1.

Table 4.2 Distribution of Nutrition managers by Gender

Gender	Frequency	percentage	Cumulative frequency
Male	7	74	74
Female	4	26	100
Total	15	100	

N=15; Source; research data (2012)

From the research findings it was very clear that that there were more male than female respondents. There were a total of 7(74%) male respondents while there was one 4(26%) female respondent. The findings revealed that the majority of the nutrition managers working for the selected NGOs are male. The predominant Islamic community elders felt more at ease liaising with male nutrition managers.

4.4 Years of experience working with nutrition NGOs

The respondents were required to indicate the duration in years that they had been working with the NGOs. This was relevant to the study because the researcher was keen on getting information from respondents who had worked with the NGOs for sufficiently long enough to be able to report authoritatively about the issues under investigation. The findings were summarized and presented as shown in table 4.2.

Table 4.3 Years of experience working with nutrition NGOs

Age bracket	Frequency	Percentage
0-2	2	13.33
3-5	3	20
6+	10	66.66
Total	5	100

N=55; Source; Research data (2012)

According to table 4.3 above 2 (13.33%) had worked for less than two years, while the remainder (20%) had worked for two years while the majority 10(66.66%). This study considered the years worked as sufficient in exposing the respondents to all areas of operation of the nutrition programs and therefore well placed to provide reliable information about the feeding programs carried out by their respective Non Governmental Organizations.

4.5 Number of donors offering aid for nutrition programmes

This study set to find out the Number of donors offering aid for their nutrition programmes. The respondents were required to indicate if they had more than one donor supporting their nutrition programmes. This was important to the study because the challenges and enormous financial implications involved in financing feeding programs require a combined effort of more than one donor for effectiveness and success. The findings were summarized and tabulated as shown in table 4.4 below

Table 4.4 Number of donors offering aid for nutrition programmes

Agency	Donors	Percent	Cum freq
ALDEF	4	8	8
ISLAMIC RELIEF	11	22	30
SAVE UK	10	20	50
UNICEF	22	44	94
WASDA	3	6	100
Total	50	100	

N= 55; Source: Research data (2012)

According to table 4.4, the NGO with the highest number of donors financing their feeding projects financing their feeding projects was UNICEF with 22(44%) donors followed by ISLAMIC RELIEF with 11(22%). The findings indicate that SAVE THE CHILDREN, UK had 10(20%) donors financing their feeding projects while ALDEF had 4(8%) and the least was WASDA with only 3(6) donors financing their feeding projects. From the findings of the research study, the researcher observed that the general trend was to have more than one donor to cushion them against the risk of failing to adequately meet the financial challenges faced in the feeding projects.

4.6 Number of districts in donor funded nutrition programmes

This study set to find out the number of districts in donor funded nutrition programme. The nutrition managers were required to indicate the number of districts included in their donor funded nutrition programmes. The number of districts that the NGOs operated in was important to this study. This was so because the research sought to know the level of operations and the extent to which feeding was a necessity. The findings were tabulated as shown in table 4.5

Table 4.5 Number of districts in donor funded programmes

Number of districts	Frequency	Percent	Cumulative frequency
1	1	20	20
3	2	40	60
4	2	40	100
Total	4	100	

N=55; Source: Research data (2012)

From the study findings most of the NGOs operated in more than one district an indication of the serious nature of malnutrition and famine in the region. 2(40%) of the respondents reported that they were operating in four districts while one 1(20%) respondent reported that they worked in one district. Another 40% indicated that they operate in 4 districts. There was only one respondent who reported that their NGO was working in only one district. A clear majority of the respondents in the research study 4(80%) indicated that they operated in more than one district. The findings therefore clearly indicated that most of the NGOs offering nutrition programmes had large scale operations as they operated in more than one district.

4.7 Number of community centers receiving nutritional supplies from NGOs

This study set to find out the number of community centers that the NGOs were serving with nutritional supplies. This was necessary because the researcher was interested in knowing if there were significant differences in the levels of operations of the NGOs involved in the study. These findings were important as they would form a basis of advising donors and policy makers on how to improve service delivery in nutritional programmes.

Table 4.6 Number of community centers served by the NGOs

Agency	Number	Percent	Cum freq
ALDEF	2	6	6
ISLAMIC RELIEF	4	12	18
SAVE UK	12	36	54
UNICEF	14	42	97
WASDA	1	3	100
Total	33	100	

N=55; Source: Research data (2012)

According to table 4.6, the NGO with the highest number of number of community centers who the NGOs were financing their feeding projects was UNICEF with 14(42%) community centers followed by SAVE THE CHILDREN, UK who had 12(36%) and ISLAMIC RELIEF with 4 (12%). The findings indicate that ALDEF had 2(6%) in their feeding projects while WASDA had 1(3%) community centers. This was a probable indicator that most NGOs provided nutritional supplies to a relatively high number of community centers in the County. This also indicated that the level of operations among most NGOs was quite high.

4.8 Amount in metric Tonnes issued in the last three months

This study set to find out the Amount in metric Tonnes issued in the last three months Amount in metric Tonnes issued in the last three months. Managers were required to indicate the approximate amount in metric Tonnes of the nutrition supplies provided to beneficiaries in the last three months as per the time of research. The amount of tonnes of nutritional supplies that the NGOs supplied was important to this study since the amount supplied would be used as an indicator of the scale of operations.

Table 4.7 Number of metric Tonnes of nutritional supplies issued

Number of Tonnes	Frequency	Percent	Cumulative percent
1-5	0	0.00	0.00
5-10	4	26	26.00
10-15	8	53.33	79.33
16-20	3	20	100
Total	15	100	

N=55; Source: Research data (2012)

The findings revealed that majority of the respondents (53.33%) indicated that they supplied had supplied between ten and fifteen tones. Three NGOs 3(20%) were found to have supplied more than sixteen tones of nutrition supplement while 4(26%) supplied between 5 to 10 tonnes. This indicated that the majority of the NGOs had a relatively high level of operational scale in terms of the amount on nutritional supplements disbursed to beneficiaries.

4.9 Number of staff members directly involved in programme implementation

This study set to find out the number of staff members directly involved in programme implementation. The nutrition managers from each of the four Non Governmental Organisations were requested to indicate the number of nutrition staff members in their organizations as per the item in the questionnaire and the findings are as represented in table 4.8.

Table 4.8 Number of staff members working for the NGOs

Agency	Staff number	Percent	Cum freq
ALDEF	4	8	8
ISLAMIC RELIEF	3	6	14
SAVE UK	14	29	43
UNICEF	24	50	94
WASDA	3	6	100
Total	49	100	

N=55; Source: Research data (2012)

According to table 4.8, the NGO with the highest number of Number of staff members working for the NGOs feeding projects was UNICEF with 24(50%) followed by SAVE THE CHILDREN, UK who had 14%). ISLAMIC RELIEF had 3 (6%). The findings indicate that ALDEF had 4(8%) while WASDA had 3(6%) community centers. This a probable indicator that most NGOs provided nutritional supplies to a relatively high number of community centers in the County. These findings indicate that some NGOs had their members overworked since they operated in more than one district with limited staff and this affected their operational effectiveness.

4.10 Factors Influencing Implementation of nutrition Programmes

Opinions of nutrition managers about the factors that influence the implementation of nutrition programmes by NGOs were sought. The research study sought to find out from the respondents what they considered to be the most important factors that influence the implementation of the nutrition programmes. A Likert scale was used to help the researcher determine the extent to which each of the indicators chosen affected the implementation. This is as shown by Table 4.9

Table 4.9 Factors Influencing Implementation of nutrition Programmes

Variable	Most likely	Likely	rarely	Not at all
Prolonged drought	39(71%)	6(11%)	5(09%)	5(09%)
Inequitable distribution of resources	35(64%)	19(35%)	2(01%)	00
Cultural beliefs	03(05%)	(08)15%	25(45%)	35%
Lack of donor funding	27(50%)	19(35%)	8(15%)	00

According to Table 4.9, Prolonged drought was the most likely Factor in Influencing Implementation of nutrition Programmes (70%) followed by Inequitable distribution of resources (60%) Lack of donor funding was also likely to influence Implementation of nutrition Programmes (50%) while Cultural beliefs were least likely (45%) to affect the implementation programmes

4.11 Ways of improving implementation of implementation of nutrition programmes

This study set to establish Ways of improving implementation of implementation of nutrition programmes. Subsequently the Nutrition managers were required to suggest ways of improving the implementation of nutrition programmes by NGOs operating in Wajir County. The researcher was interested in knowing from the respondents ways in which the implementation of nutrition Programmes could be improved. A Likert scale was used to enable the researcher determine the relative strength of each of the factors. The attributes used were strongly agree, agree, undecided and disagree with associated numerical values being 1, 2, 3, and 4 respectively.

Table 4.10 Ways of improving implementation of nutrition programmes by NGOs

Ways of improving	1	2	3	4
Build storage facilities for donated supplies	3	1	4	7
Encourage Use of indigenous food	1	2	6	6
Facilitate Building of Dams	8	3	1	3
Employ more nutrition support staff	11	1	3	1
Request more donor funding	9	2	3	1
Educate local community on nutrition	10	3	1	1

N=55; Source: Research data (2012)

The research findings clearly revealed that the biggest challenge to successful implementation of the feeding programmes was the education and awareness level of the local community. Educating the local community had a score of 10 which was considered as the most critical to the success of implementation compared to funding, employing more staff, building more dams or use of indigenous food. The rating for the building of storage and the use of indigenous food was 1 meaning that the respondents were doubtful if these indicators would improve the feeding programmes if employed. The findings however revealed that employing more staff and requesting for more funding would significantly improve the implementation as the overall rating

was found to be 11. The score obtained indicated that respondents did agree that these were important factors to address if implementation of programs was to be improved.

Section B. Nutrition Officers

4.12 Demographic data for Nutrition Officers

Similar to the case of Nutrition managers' demographic data, frequencies and percentages were used to gather the relevant demographic details about the nutrition officers who participated in the study and completed the questionnaires.

4.12.1 Distribution of Nutrition officers by gender.

The nutrition officers were asked to indicate their gender as per the item in the nutrition officers' questionnaire. The following data was gathered.

Table 4.11 Distribution of nutrition officers by gender

Gender	Frequency	Percentage (%)	Cumulative Percentage
Male	39	71	71
Female	16	29	100
Total	55	100	

N=55; Source: Research data (2012)

The findings revealed that 39(71%) of nutrition officers were male as compared to 16(29%) who were female. This indicated that most NGOs felt that men would be able to cope better with the harsh conditions prevalent in the County.

4.13 Years of experience working with nutrition NGOs

The nutrition officers were requested to indicate the duration they had worked with NGOs implementing nutrition programmes by ticking the number of years as per the questionnaire item.

Table 4.12 Years of experience working with nutrition NGOs

Years	Frequency	Percentage	Cumulative percentage
0-2	30	54.54	54.54
3-5	17	30.9	85.44
6-10	8	14.54	100
Total	55	100.0	

N=55; Source: Research data (2012)

The highest proportion of nutrition managers had stayed in their current station for less than 3 years (54.54%). This was followed by those who had worked between 3-5 years at 30.9%. The least representation was those who had worked between 6-10 years at 14.54%. The findings revealed that a good proportion of respondents had worked for the NGOs for periods long enough and therefore acquired the experience necessary for effectiveness. It is safe to conclude that these respondents are adequately aware of the operations of their NGO's and so their responses are reliable.

4.14 Average number of hours of participation per week in nutrition activities

The average number of participation hours in nutrition activities by nutrition officers directly involved in implementation of nutrition programmes was sought as per the questionnaire item.

Table 4.13 Number of participation hours in nutrition activities by nutrition officers

Participants	Frequency	Percentage	Cumulative percentage
0-5	11	20	20
6-10	22	40	60
11-15	10	18	79
Above 15	12	21	100.0
Total	55	100.0	

N=55; Source: Research data (2012)

The number of nutrition officers working on an average of between 0-5 hours was represented by 20%, between 6-10 was 40%, between 11-15 was 18%, while those working above 15 hours per week were the majority at 21%. The findings revealed that majority of the staff were allocated adequate time to enable them implement the nutrition programme adequately

4.15 Factors influencing NGO's implementation of nutrition programmes

Opinions of nutrition officers about the factors that influence the implementation of nutrition programmes by NGOs were sought.

4.15.1 Nutrition officers' opinions on factors influencing implementation of nutrition programmes

The researcher wanted to know from the respondents what their opinions were on factors that affect implementation of programmes. This was important to the study because the researcher was interested in knowing the factors that respondents deemed to be the most important in the success of implementation of nutrition programmes.

Table 4.14 Nutrition officers' opinions on factors influencing implementation of nutrition programmes

Variable	Frequency	position	rank
Illiteracy	54	1	1
Disinterest in nutrition education by community	39	2	4
Lack of support from the community	33	3	6
Distance from distribution centers	20	4	7
Logistical and technical difficulties	17	5	8
Lack of supplies from donor agencies	43	6	2
Lack of support from local authorities	36	7	5
Lack of storage facilities	40	8	3

N=55; Source: Research data (2012)

The findings as shown in table 4.12 revealed that majority of the respondents strongly agreed that illiteracy was the most critical factor that affected the implementation of nutritional programmes ranked 1st . Factors that the respondents considered as of least importance in the success of the nutrition programmes included lack of storage and the local authorities which registered ranks 5 and 8 respectively as shown in table 4.12. The findings from the study revealed that disinterest by the community to a great extent affected the implementation of nutrition since this factor showed a ranking of 4 in the table.

4.16 Ranking on resource availability

The respondents were requested to rank their Non Governmental Organizations' resources in terms of them being excess, adequate, inadequate and not available, as per the questionnaire aspect in order for the research to determine whether they have any influence on the implementation of nutrition programmes by the NGO.

Table 4.15 Ranking on resource availability

Rating	Frequency	Percent	Cumulative percentage
In Excess	11	20	20
Adequate	34	62	82
Inadequate	6	11	93.8
Not available	4	7.2	100.0
Total	55	100	

N=55 Source: Research data (2012)

In rating the resource availability, the highest proportion of respondents, (62%) deemed the resources adequate to effectively implement nutrition programmes in the County. This was followed by 20% of respondents who felt the resources were inadequate. 7.2% of responses rated the resources as not available while another 10% felt they were in excess. The research findings revealed that majority of respondents were of the opinion that resources availed to NGOs were enough to effectively implement nutrition programmes in Wajir County.

4.17 Frequency tables on the nutrition officers' opinions on the ranking of facilities

Nutrition officer's opinions on the ranking of facilities were sought. The ranking was in terms of the facilities being in excess, adequate and inadequate.

4.17.1 Job training

The opinions of nutrition officers on the availability of job training facilities were sought. The availability rating was in its being in excess, adequate and inadequate. The findings are presented in tables 4.15 – 4.21

Table 4.16 Availability of job training services

Rating	Frequency	Percentage	Cumulative percent
In excess	9	16	16
Adequate	20	36	52
Inadequate	26	48	100
Total	55	100.0	

N=55; Source: Research data (2012)

The researcher' interest was in finding out the extent to which NGOs offer On the Job training to their staff members. The findings revealed that half of the respondents felt their organizations offered inadequate training to staff. Less than half of respondents (36%) felt that NGOs offered adequate training while 35% felt that the training was in excess. It was evident that inadequate training was a major factor affecting the implementation of nutrition programmes by NGOs.

4.17.2 Offices for nutrition staff members

The rating on availability of offices for nutrition staff as provided by Non Governmental Organizations was made based on opinions of nutrition officers as per the questionnaire item. The findings were tabulated.

Table 4.17 Availability of offices for nutrition staff

Rating	Frequency	Percentage	Cumulative percent
Adequate	36	66	66
Inadequate	14	24	90
Not available	5	10	100
Total	55	100.0	

N=55; Source: Research data (2012)

The researchers' interest was in finding out how adequate the staff offices were in accommodating NGO staff working in the County. The research findings revealed that majority of respondents (66%) felt that the offices were adequate while 24% felt the offices were inadequate. 10% responded that offices were not available for nutrition staff implementing nutrition programmes in Wajir County. The findings revealed that office facilities were generally adequate for staff in the County.

4.17.3 Availability and adequacy of transportation trucks

Nutrition officers were requested to comment on the availability of trucks facilitating the transport of nutrition supplies as per the questionnaire item. The findings are shown in table 4.17 below.

Table 4.18 Availability of transport trucks

Rating	Frequency	Percent	Cumulative percent
Adequate	38	69	69
Inadequate	12	22	90
Not available	5	10	100.0
Total	55	100.0	

N=55; Source: Research data 2012

The researcher wanted to know how adequate and available transportation trucks were for transporting the nutritional supplies to distribution centers. The findings revealed that the majority of the respondents (69%) were satisfied that transport was adequate.

Respondents who reported that the transport was not adequate were (22%). A minority (10%) indicated that transportation trucks were not available. What was evident from the findings was that transport trucks were not always available and if they were sometimes they were not adequate.

4.17.4 Lodging facilities

Nutrition officer’s opinions on the availability of lodging facilities were sought as per the questionnaire item. Nutrition officers were requested to rate the availability of the facility as being adequate, inadequate or not available.

Table 4.19 Availability of lodging facilities

Rating	Frequency	Percent	Cumulative percent
Adequate	5	10	10
Inadequate	45	80	90
Not available	5	10	100.0
Total	55	100.0	

N=55; Source: Research data (2012)

The researcher was interested in knowing if the respondents were satisfied with the adequacy of lodging and boarding facilities. This was necessary and important to the study because of the hostile nature of the field working conditions. The findings revealed that accommodation was one the most serious challenges facing staff in performance since 80% of the respondents indicated that accommodation was either inadequate or not available.

4.17.5 Security of staff

Rating on the availability of security for nutrition staff was done by seeking opinions of nutrition staff and indicating on the questionnaire whether it was adequate, inadequate or not available.

Table 4.20 Availability of security for staff

Rating	Frequency	Percent	Cumulative percent
Adequate	20	36	36
Inadequate	30	54	90
Not available	5	10	100.0
Total	55	100.0	

N=55; Source: Research data (2012)

The researcher's interest on staff security was to know if nutrition staff members felt safe while implementing nutrition programmes in the County. This would give an indication of their effectiveness in the running of NGO programmes. From the respondents' opinions, 54% felt that security was inadequate or not available, while only 36% responded that it was adequate. The research findings revealed that security was of major concern to nutrition officers.

4.17.6 Field allowance

Field allowance availability was rated as being adequate or inadequate. Opinions of nutrition officers were sought as per the questionnaire item. The findings were tabulated as shown below.

Table 4.21 Availability of field allowances

Rating	Frequency	Percent	Cumulative percent
Adequate	10	18	18
Inadequate	45	78	100.0
Total	55	100	

N=55; Source: Research data (2012)

The researcher was interested in the field allowances of the nutrition officers in order to find out the level of motivation in nutrition staff in carrying out field activities. This was necessary given the regional hardship associated with the County. The field allowance rating revealed that nutrition officers' opinions on field allowances adequacy was 78% for respondents who thought it was inadequate and 18% who felt

that the allowance was adequate. This clearly indicated that a large percentage of nutrition staff felt that NGOs did not give enough allowances for field activities

4.17.7 Stores / Warehouses for food

The researcher sought nutrition officers' opinions pertaining to the availability of stores or warehouses for food and nutritional supplies. The officers were asked to rate the availability as adequate, inadequate or not available. The findings are shown in table 4.21

Table 4.22 Availability of warehouses for food

Rating	Frequency	Percent	Cumulative frequency
Adequate	19	35	40
Inadequate	31	55	90
Not available	5	10	100.0
Total	55	100.0	

N=55; Source: Research data (2012)

The findings revealed the majority of the respondents 31(55%) were not satisfied with the available stores while 19(35%) were satisfied with the adequacy of warehouses and the minority 5(10%) reported that the warehouses were not available. The findings indicated that in some cases the stores were available while in others the storage facilities were inadequate or unavailable.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the study, key highlights and the conclusions made from the research findings. It explains the findings and makes recommendations that are related to the problem studied. Finally, the chapter suggests several lines of research that will contribute to making the research's endeavor more meaningful and relevant.

5.2 Summary of the findings

This section summarizes the findings of the study based on the research objectives.

Wajir County has a high prevalence of Global acute malnutrition and recurrent food insecurity. Several Non Governmental Organizations, both local and international implement nutrition programmes and food security operations. However, despite continued increase in donor funding, the food situation has remained dire. The apparent inadequacy of common explanations on the little success in implementation of sustainable nutrition programmes was the motivation of this study. The study sought to establish the factors that influence the implementation of nutrition programmes by Non Governmental Organizations in Wajir County.

The research findings revealed that in a nutshell, implementation of nutrition programmes was influenced by a variety of factors ranging from infrastructure development and staffing levels to gender issues and cultural beliefs. Community perceptions on sustainable development, food security and general community development also influence the implementation of nutrition programmes. It was found that the determinants of malnutrition in Wajir are associated with the primary and most direct causes of malnutrition, namely food insecurity, poor health conditions and insufficient access to good health care services, and inappropriate maternal and infant feeding practices. This closely matched the causes of malnutrition in Bangladesh from previous research (World Bank, 1999).

Geographical and environmental conditions all affect the implementation processes and delivery of services to the County by the government, private sector and by the

Non Governmental Organizations. The County receives very little rainfall and is classified as a semi-arid area. Lack of dams and irrigation schemes in the County affects food production leading to continual dependence on donor agencies and Non Governmental Organizations.

Lack of infrastructure to spur economic growth and development affects operation of nutrition programmes, since the need for donated supplies becomes recurrent. This includes; motorable roads, hospitals, schools, tertiary institutions and warehouses for nutritional supplies. This leads to a crippling of the transport system, lack of well trained human resource to man the available facilities and lack of emergency medical interventions.

The research found that early warning systems and pre-emptive measures to avert drought and famine were inadequate and ill equipped to ensure sustainable implementation of nutrition of nutrition programmes. Intervention measures to curb malnutrition in children under five years of age were tightly stretched due to lack of community centers and the vastness of the County.

5.3 Discussion of the Findings

This section discusses the findings of the study based on the research objectives. This study assessed the factors that influence the implementation of nutrition programmes by Non Governmental Organizations in Wajir County. The study sought to establish how the various factors influenced the implementation of nutrition programmes.

According to this study donor funding was found to be adequate as illustrated by the number of donor funded NGOs and districts in donor funded programmes. The findings also showed that the number of community centers receiving nutritional supplies was high in all districts in the County. It was also found that most NGOs had more than one donor to cushion them against the financial challenges and risks associated with the implementation of large scale nutrition feeding projects.

The research found that prolonged drought as a factor affected implementation of nutrition programmes to a large extent. Lack of rainfall to sustain arable farming and other profitable agricultural activities greatly affected the County's ability to sustain its nutrition needs. NGOs operating programmes aimed at ensuring sustainable food farming through small scale agriculture have to set up large scale operations in order to have constant water supply systems before the programme can take off. This leads to a problem in funding as most of the resources are used up in borehole drilling, building dams and water supply systems.

The Socio-cultural factors influence on implementation of nutrition programmes was considered in this research. It emerged that cultural beliefs to a large extent affected implementation of nutrition programmes. The community's perceptions on certain foods, role of women as providers and that of men as family heads greatly affects the County's ability to sustain its nutrition requirements. Women are generally burdened with most tasks while men take a laid back approach when it comes to menial tasks and general provision at the family level.

The belief that women should shoulder the burden takes away the collective responsibility that would be key to enhancing food security. An approximate 20% of the County's households consume less than 1800 Kcal per day which closely matches a study by FAO (1999). Community liaison meetings to discuss food and nutrition requirements with NGOs have few men in attendance due to the belief that matters nutrition is the preserve of women.

Inequitable distribution of resources as a factor influencing implementation of nutrition programmes was considered in this research. The findings revealed that it was a major factor in the implementation of nutrition programmes. Government allocations from annual budgets have not favored the County for a long time. This has led to a lapse in developing the County's hospitals, roads, schools and the general business enterprise. This in turn affects NGOs implementation of nutrition programmes as all supplies even the most basic have to be transported over long distances escalating the operations cost. Donor funded NGOs have to source additional funding to ensure that the facilities that should be government funded are

running. This leaves little for the actual implementation of nutrition programmes which affects their ability to effectively curb the malnutrition levels. Districts in the County that are able to access facilities using MUAC as an indicator of malnutrition show a reduced prevalence of malnutrition by up to 10 % which closely matches a study in the Government of Bangladesh (World Bank, 1999)

5.4 Conclusions

Based on the findings of the study, several conclusions were drawn. It was noted that prolonged drought, socio cultural beliefs and inequitable distribution of resources had the highest influence on the implementation of nutrition programmes by Non Governmental Organizations. This was associated with increased operations costs, logistical and technical difficulties and inability to implement sustainable countermeasures. Despite all this, the general agreement was that donor funding was adequate to implement sustainable nutrition programmes. However the funds should be focused to target facilitation of interventions that would lead to self dependence amongst the communities in terms agriculture.

Most nutrition managers felt that Government-NGO partnerships would be critical in facilitating implementation of the programmes. A majority of nutrition officers felt that more resources were focused on remunerating the top management of various NGOs than on the actual implementation.

It was noted that the prevalence of malnutrition and food insecurity could be curbed by adequate nutrition education, building dams and irrigation schemes and infrastructure development to spur economic growth in the County.

5.5 Recommendations

From the findings of the study the following recommendations were suggested:

1. The Non Governmental Organizations implementing nutrition programmes need to focus on ensuring the local communities ability to produce food instead of giving imported nutrition supplies. The monies used in ensuring these supplies get to the beneficiaries could be used to support small scale farming and livestock keeping ensuring the communities in the County are self

reliant. The research found that donor funding was adequate only that its focus was in ensuring donated supplies reach the County.

2. Stronger NGO-Government and NGO-NGO liaisons and partnerships should be forged to avoid replicating of programmes. This would ensure each NGO concentrates on a specific programme making implementation more effective as many NGOs run many programmes that are run by Nutrition education and awareness should be given priority by all parties involved in order to improve on healthy feeding habits.
3. Implementing NGOs should educate the community on good nutrition instead of just doling out supplies. The socio-cultural milieu frowns upon consumption of some foods that are nutritious. The Socio- cultural factor was found to greatly affect implementation of nutrition programmes. Cultural, social and political factors play a key role in food production, distribution, storage and consumption. Culture was found to influence intra-household food access. It is therefore important to mainstream cultural, social and political considerations in the food security and nutrition strategies and activities with particular attention to vulnerable groups (for example, women and children).

Strategic interventions that would be recommended in light of the findings include;

- Entrench the human rights to food approach, particularly for women and children, in the constitution.
 - Strengthen the Kenya National Commission for Human Rights to advocate for the enforcement of the right to food.
 - Sensitize communities to discard retrogressive cultural practices with regard to access to food.
4. NGOs should strengthen the communities' strong areas like livestock keeping. Building abattoirs would ensure the local economy improves which would in turn improve the nutrition standards.

5. Early warning systems to forecast weather patterns and predict probability and severity of drought should be put in place so that pre-emptive measures can be instituted to mitigate the resulting effects.

5.6 Areas for further studies

This study concentrated on the factors that influence the implementation of nutrition programmes by Non Governmental Organizations, the research suggests that the following areas of study should be addressed.

1. The success of nutrition programmes in other arid and semi-arid Counties in Kenya.
2. Factors influencing Non Governmental Organizations distribution of nutrition resources in Wajir County.
3. Challenges facing Non Governmental Organizations in the implementation of nutrition programmes.s

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APPENDICES

APPENDIX A: Letter of introduction to nutrition officers

Lemmy Mwenda Ibrahim
University of Nairobi
Department of Extra-mural studies
P.O Box 92
Kikuyu

Dear Sir/Madam,

RE: A STUDY ON THE FACTORS THAT INFLUENCE IMPLEMENTATION OF NUTRITION PROGRAMMES IN WAJIR COUNTY

I am a postgraduate student in the University of Nairobi, pursuing a Master of Arts in Project Planning and Management, carrying out research on the issue mentioned above.

It's my humble request that you assist me by filling in the questionnaire as correctly and honestly as possible. Be assured that your identity and answers will be treated with UTMOST CONFIDENTIALITY and the information given shall be strictly used for the purpose of this study.

I take this opportunity to thank you for your willingness to participate in this important exercise in advance.

Yours Sincerely,

Lemmy Mwenda Ibrahim

APPENDIX B: Letter of introduction to the nutrition managers

Lemmy Mwenda Ibrahim
University of Nairobi
Department of Extra-mural studies
P.O box 92
Kikuyu

Dear Sir/Madam,

RE: A STUDY ON THE FACTORS THAT INFLUENCE IMPLEMENTATION OF NUTRITION PROGRAMMES IN WAJIR COUNTY

I am a postgraduate student in the University of Nairobi, pursuing a Master of Arts in Project Planning and Management; I am conducting a research on the above mentioned issue.

I am hereby seeking your permission to interview you and part of the staff in your organization. The questionnaires are designed for this research proposal only; therefore the responses shall be absolutely confidential.

Thank You in advance.

Yours Sincerely,

Lemmy Mwenda Ibrahim

11. From the MUAC (Mid Upper Arm Circumference) indicator records kindly indicate the total number of children under five years who are malnourished.

Year	2010	2012
moderate malnutrition		
Acute malnutrition		
Total		

12. a) Are the acute malnutrition rates above or below the Global Acute Malnutrition (GAM) rates set by WHO

b) Give reasons for answer in 3.a) above

13. The following are some of the reasons contributing to cases of malnutrition. Give your opinion by ticking the appropriate column in the table below.

	Reasons	Most likely	Likely	Rarely	Not at all
1	Lack of donor funding				
2	Prolonged drought				
3	Inequitable distribution of resources				
4	Cultural beliefs				
5	Poor infrastructure				

SECTION C: Ways of improving implementation of nutrition programmes

14. a) To improve on implementation Non Governmental Organizations should do the following:-

	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
Request for more donor funding					
Educate the local community on nutrition					
Facilitate building of dams irrigation schemes					
Employ more nutrition support staff					
Encourage use of indigenous foods					
Build more storage facilities for donated supplies					

c) What else should the NGOs do?

APPENDIX D: Nutrition Officer's questionnaire

This questionnaire seeks to gather information on the factors that influence implementation of nutrition programmes by Non Governmental Organizations in Wajir County, Kenya. The main purpose of the questionnaire is to solicit information connected to implementation of nutrition programmes by NGOs. Please spare some time and respond to all the questions. The responses you give will be treated with the highest confidentiality.

SECTION A: Demographic information

1. Indicate your organization.....
 2. Position(s)/
responsibility.....
 3. Number of years working with NGOs implementing nutrition programmes
 - a) 0-2 years [] b) 3-5 years [] c) 6-10 years []
 - d) 11-15 [] e) 16-20 years [] f) 21-25Years[] g) 26-30 years []
 - h) 30+ years []
- Gender Male [] Female []

SECTION B: Factors influencing NGO's implementation of nutrition programmes

4. a) Please list the nutrition programmes you have implemented in the last 12 months
 - i.
 - ii.
 - iii.
- b).Please indicate by ticking one of the boxes the average number of hours of participation per week for the activities in (a) above.
 - a) 0-5 hours [] b) 6-10 hours c) 11-15 hours d) Over 15 hours

On average, how many nutrition programmes do you implement in a period of three months?

.....

4. The following are some of the factors that may influence your success in implementation of nutrition programmes. Give your opinion by ticking the appropriate column in the table below

	Reasons	Mostly affects	Likely	Rarely	Not at all
1	Lack of nutritional supplies from donor agencies				
2	Lack of support by local community				
3	Disinterest in nutrition education by the community				
4	Illiteracy levels				
5	Lack of support by local authorities				
6	Logistical and technical difficulties				
7	Lack of storage facilities for nutrition supplies				
8	Distance of community centers from storage facilities				

5. How would you rate the availability of the following types of resources in your organization?

Facility	In excess	Adequate	Inadequate	Not available
On the job training for staff members				
Offices for nutrition staff members				
Transport trucks or vans for nutrition				

supplies				
Boarding and lodging facilities staff				
Security for staff and nutrition supplies				
Field allowances				
Stores/Warehouses for nutritional supplies				

5.) Please list four factors that may prevent successful implementation of nutrition programmes.

- a).....
- b).....
- c).....
- d).....

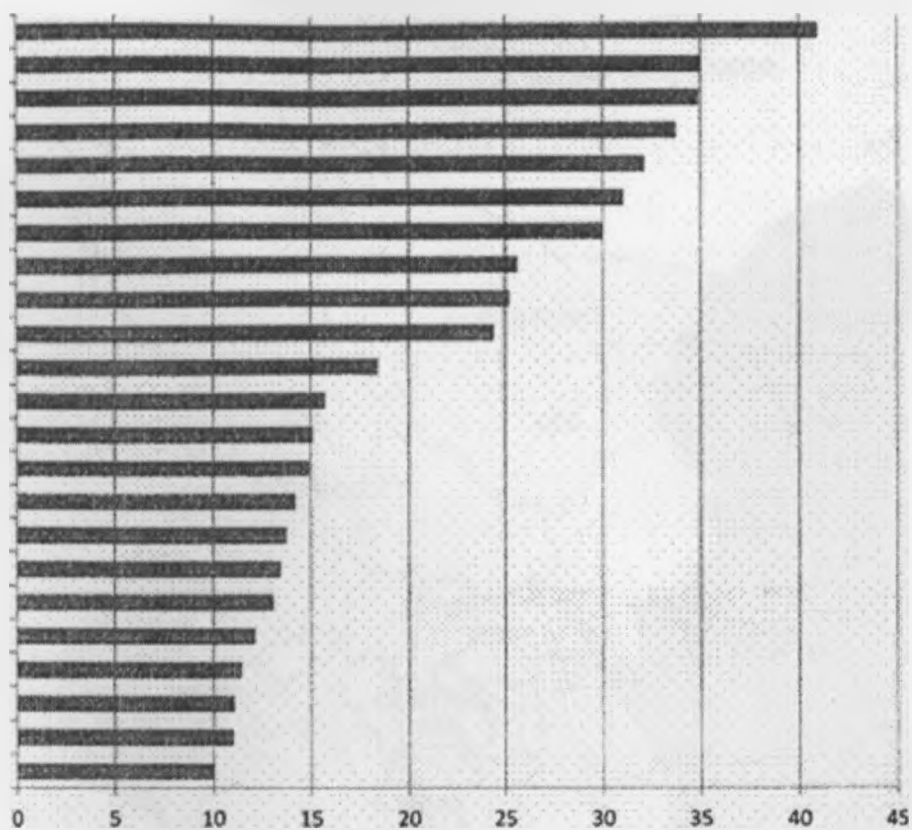
6.) May you suggest four factors that would promote better implementation of nutrition programmes in your organization?

- a).....
- b).....
- c).....
- d).....

Thank you for investing your time in this interview.

APPENDIX E: Food price index changes

Figure 2.1. Local Food Price Index Changes in Selected Countries, May to Nov. 2010
(or latest available)(in percentage points)



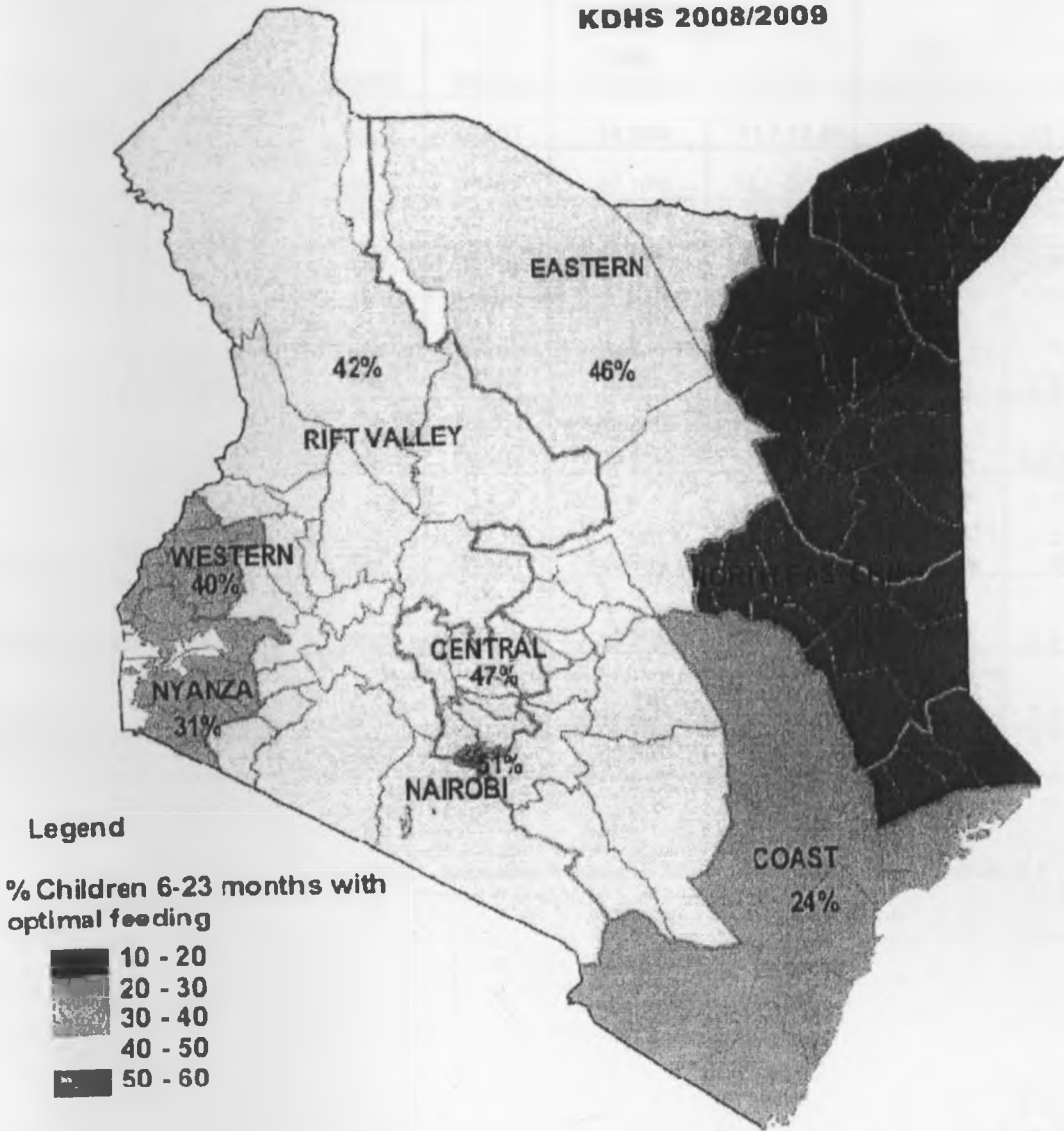
Belarus Mozambique Tajikistan Honduras Afghanistan El Salvador Argentina
Nicaragua India Bangladesh South Africa Bolivia Sri Lanka Kyrgyzstan Pakistan
Rwanda Azerbaijan Madagascar Burundi Armenia Kenya Thailand DRC

Source: FAO (2010)

**APPENDIX F: Optimal Complementary Feeding of Children Age 6-23 Months –
KDHS 2008/2009**

Proportion of Children 6-23 months Receiving Optimal Feeding

KDHS 2008/2009



Kenya

APPENDIX G: Nutritional Surveys

The table "Below summarises the findings of the latest nutritional surveys conducted in the country in 2010.

Nutritional Survey Results 2010									
					WHO, 2006				
	Districts	Organizations	Months	Method	GAM (z-scores)	95% CI	SAM (z-scores)	95% CI	CHANGE AS COMPARED TO 2009
1	Turkana North West	Samaritan Purse	May	SMART	14.70%	11.7-18.4%	1.6%	0.9 - 3.0%	Reduction in GAM
2	Turkana North East	Oxfam	May	SMART	17.10%	14.1 -20.5%	3.8%	2.4 - 5.9%	Reduction in GAM
3	Turkana South	World Vision, Oxfam	May	SMART	12.40%	9.7-15.7%	0.9%	0.4-1.9%	Reduction in GAM
4	Turkana Central	Merlin, Oxfam	May	SMART	16.30%	13.0-20.1%	2.0%	0.9-4.1%	Reduction in GAM
5	West Pokot	Samaritan Purse	May	SMART	16.50%	13.9-19.1%	3.40%	2.2-4.7%	No significant change in GAM and SAM
6	Mandera West	SCUK	April	SMART	28.50%	23.7-33.7%	9.50%	6.7-13.3%	Significant increase in SAM rate
7	Mandera Central	SCUK	May	SMART	23.60%	23.1 - 29.4%	4.20%	3.0 - 5.4 95%	No significant change in GAM and SAM
8	Wajir South	SCUK	April	SMART	23.20%	19.1-27.8%	4.60%	3.3- 6.4%	No significant change in GAM and SAM
9	Wajir East	SCUK	April	SMART	17.20%	14.7-20.1%	3.40%	2.1-5.5%	Significant reduction in GAM rate
10	Marsabit/Laisamis	FHK	June	SMART	13.40%	10.3-17.1%	1.30%	0.7-2.5%	Significant reduction in