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ORIGINAL RESEARCH

Utilization of one health 'Kimormor' Multi-Sectoral Outreaches for enhanced Nutrition Interventions in Migratory Pastoral Communities of Turkana County, Kenya.

Timanoi C1, Mwanja M1, Arasio A1

¹Amref-USAID Imarisha Jamii Project

¹Corresponding Author Email: catherine.koviah@imarishajamii.org

Background: According to the Integrated Phase Classification for acute malnutrition, Turkana County was ranked at critical phase (15-30% GAM rates of 27%, or 'critical phase' and Integrated Phase Classification 3 as food security insecure or 'crisis phase (SMART Survey Jan 2023). Turkana County SMART Nutrition surveys 2018-2022 indicated increased stunting rates from 17.4% in 2018 to 21.9% in 2022, while in Jan 2023 the rates reduced to 21.6% due to the increased nutrition surveillance and response by various partners. Amidst the climate change crisis posed by drought and flush floods, a multi-sectoral approach in addressing maternal, child health and nutrition gaps is critical for better health outcomes for more than 50% of the population which is pastoral. This paper highlights the utilization of Kimormor Multisector Outreaches to respond to the unique needs of migratory pastoral communities in Loima Sub County, Turkana County.

USAID Imarisha Jamii Intervention

- To enhance health care seeking for migratory populations, Amref Health Africa in Kenya implemented the Kimormor One Health Approach.
- This co-created model encompasses a multisectoral approaches on maternal and child health (MNCH) outcomes.
- Through Kimormor, human and animal health is delivered to pastoral communities.
- Multi-Sectoral Interventions are integrated into the Mobile Outreaches which follow the communities in their mapped migratory routes and waterpoints.

Results: Through the Kimormor one health integrated outreach for one site out of 5 sites, 184 children and 40 Pregnant and lactating women (PLW) were screened for malnutrition out of these 10 and 96 children were severely malnourished and moderately malnourished respectively.25 PLWIDs were malnourished and enrolled into supplementary feeding Program (SFP).

129 children got dewormed, and 136 (under 5yrs) received Vitamin A supplementation. 16 children were fully Immunized.174 adults were able to be registered for National ID's and NHIF membership. A total of 4196 Shoats were dewormed and vaccinated against PPR disease.

Conclusion

- Implementation of *Kimormor* One health Outreach contributed to uptake of nutrition services like Vitamin A supplementation, deworming, continuous growth monitoring and screening for malnutrition.
- Other Multi-sector servivices which would otherwise have not been achieved in a static approach include animal health, NHIF enrollment, and maternal and child health aervices
- Partnership and resource pooling among different sectors were effectively achieved which made implementation of the initiative possible.

Recommendation

 There is need to scale up an innovative kimormor one-health approach for migratory populations in other sub counties.