

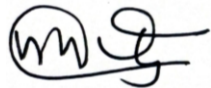
**KNDI CHIEF EXECUTIVE OFFICER'S REPORT**

**PRESENTED AT**

**THE 3<sup>RD</sup> ANNUAL GENERAL MEETING**

**ON**

**17<sup>TH</sup> DECEMBER 2019**

A handwritten signature in black ink, appearing to read 'D. Okeyo', enclosed within a circular scribble.

**Dr. David Omondi Okeyo**

## **1.0 INTRODUCTION**

### **1.1 Mandate**

An Act of Parliament to provide for the training, registration and licensing of nutritionists and dieticians; to provide for the regulation of the standards, and practice of the profession; to ensure their effective participation in matters relating to nutrition and dietetics, and for connected purposes [Act No. 18 of 2007, L.N. 130/2008.]

### **1.2 Operational Legal Tools**

1. Nutritionists and Dieticians Act, 18, 2007
2. Nutritionists and Dieticians Institutes-Amendments in Health Laws (Amendment) Act 2019.

### **1.3 Vision statement**

An innovative regulatory Institute in the provision of nutrition and dietetics services recognized internationally.

### **1.4 Mission statement**

To provide for regulation in training, licensing, registration, accreditation and other best practices in the field of nutrition and dietetics in Kenya.

### **1.3 Policy tools approved by the Council to guide operations**

1. Training standards
2. Core-curricula for Nutrition and Dietetics at Certificate, Diploma and Degree levels.
3. Students Indexing guidelines.
4. Internship guidelines
5. Continuing Professional Development (CPD) guidelines.
6. Code of ethics for nutrition and dietetics professionals
7. Communication policy document.
8. Examination Policy.
9. Standard Operating Procedures for various business processes.
10. Ethical review guidelines for research in nutritional sciences
11. Financial policy manuals
12. Human resource policy
13. Training Institutional inspection checklist
14. Value chain inspection checklist for food industries
15. Remuneration policy
16. Audit charter

17.Human Resource Policy

18.Staff establishment

## **2.0 CORE BUSINESS PROCESSES**

- i. Student indexing
- ii. Professional registration and licensing
- iii. Training institutional inspection and accreditation
- iv. Food industry value chain inspection and certification
- v. Internship programme
- vi. Research and publications
- vii. Continuing Professional Development

## **3.0 STRATEGIC PLAN (JUNE 2015 – JULY 2020)**

Under this Year's 2015 – 2020 Strategic Plan, KNNDI chose to focus on three areas from which key strategic results will be achieved, as identified in the years 2012 – 2014 strategic plan. The 2015 – 2020 Plan's actions are therefore designed to respond to the challenges that the ended 2012 – 2014 Plan identified; and to systematically harvest from the lessons learnt under that Plan, with the overall aim of making the Institute more efficient, effective and with great impact for the Kenyan Population. The set Key Result Areas for KNNDI in 2015 to 2019 are: -

- To fully operationalise the Nutritionists and Dieticians Act No.18 of 2007 (the KNNDI Act).
- To advance KNNDI's Organisational Development (OD).
- To Generate Resources for the Institute's operations.

### **3.1 Strategic Objectives**

**In the Years 2015-2020 KNNDI intended to achieve five strategic objectives as follows:**

1. To establish a capacity building framework for skills, competencies, and empowerment for nutrition and dietetics professionals.
2. To establish a Centre of Excellence in research coordination and innovation in nutrition and dietetics.
3. To establish the resource mobilization and investment framework for sustainable KNNDI functions.
4. To strengthen the KNNDI Secretariat for effective policy formulation, monitoring and evaluation, law enforcement, and inspectorate.
5. To develop a Communication and Advocacy Strategy within Corporate Affairs and Communication Strategy (CAC).

### **3.2 Statement of strategic intent of Management by order of the KNDI**

In carrying out our duties, KNDI intends to maximize its efforts towards contributing effectively and efficiently to the achievement of the long-term national development agenda as entrenched in the Kenya vision 2030 and short-term government agenda in the Big-four agenda for the President of the Republic of Kenya to be achieved in 2022. This will be done while still maintaining the priorities of KNDI within its statutory mandate.

The specific objectives and result areas within this performance contracting period were.

Table 1. Key Result Areas

Strategic Objectives	Strategic Results
<b>1. To establish a capacity building framework for: skills, competencies, and empowerment for nutrition and dietetics professionals.</b>	<ul style="list-style-type: none"> <li>• Inspection, accreditation and licensing of training institutions accomplished every quarter of the year</li> <li>• Bi-annual professional examinations conducted efficiently and effectively.</li> <li>• Internship programmes for graduates rolled out to strengthen health systems.</li> <li>• CPD programs for professionals rolled out as per the CPD guidelines.</li> </ul>
<b>2. To establish a Centre of Excellence in research coordination and innovation in nutrition and dietetics</b>	<ul style="list-style-type: none"> <li>• A system of research and innovation in N&amp;D within the Institute established</li> </ul>
<b>3. To establish the resource mobilization and investment framework for sustainable KNDI functions.</b>	<ul style="list-style-type: none"> <li>• Grant proposals written and submitted to funders</li> <li>• Database for eligible potential Funders built and utilized</li> <li>• Partnership networks for human resource established.</li> <li>• Reserve fund and resource mobilization policies operationalized</li> <li>• Corporate affairs and communication unit for PPP established</li> <li>• Total quality management system established.</li> </ul>
<b>4. To strengthen KNDI Secretariat for effective policy formulation, monitoring and evaluation, law enforcement and inspectorate.</b>	<ul style="list-style-type: none"> <li>• A functional and well-coordinated Secretariat with clear terms of reference (TORs), equipment, infrastructure and work plans.</li> </ul>
<b>5. To develop a communication and advocacy strategy.</b>	<ul style="list-style-type: none"> <li>• A communication and advocacy framework in place.</li> </ul>

### **3.3 Specific Key Achievements**

#### ***3.3.1 Workforce Strengthening***

The profession of Nutrition and Dietetics in Kenya is now taking shape as KNDI Council continues to implement its mandate. Currently, the Institute has in register 11000 members and 6000 indexed students are still pursuing nutrition and dietetics at Certificate, Diploma and Degree levels. These professionals can now join the health and health sensitive workforce and other sectors which require nutrition services. The professionals who are now being licensed will majorly fill the human resource gap in the health sector and are considered as qualified health care professionals. Out of the 11000 professionals trained in nutrition and dietetics who are in register, only 20 percent have been absorbed in both Public and Private sector to deliver services.

#### ***3.3.2 Online Services***

KNDI has made good progress to institute and/ or implement online services for the following service areas;

- i. Comprehensive user-friendly website for the main KNDI domain.
- ii. A manuscript platform for the Journal of Nutrition and Dietetics.
- iii. Internship web application for preceptor and faculty assessment.
- iv. Finance web application for M-pesa transactions.
- v. Customer relations management system to record day to day activities.
- vi. Bulk SMS and web-link communications to professionals.
- vii. Retention web application interface.
- viii. System links for database sharing

#### ***3.3.3 KNDI UHC Questions***

UHC is one of the Big-Four and KNDI also subscribes to it. Our scientific estimations still remain to inform government of Kenya that over 70 percent of health care problems that burden the curative services have their route from poor nutrition, poor dietary habits and negative lifestyle related circumstances. **Many questions are still asked in the current focus of UHC:** *What is better, to pool resources and spend more money on curative component and health products supply chain as a way to achieve UHC or to spend more resources in primary health care?* This means the drivers of UHC must redefine UHC beyond the NHIF as a social care coverage. Our submission is that UHC definition must be understood at household level or in boardrooms. Why receive free medical cover from a facility without adequate critical expertise to deliver care? Which services do we receive? Are the drivers of this agenda on behalf of government giving a serious thought about costliness to include nutrition services under Medicare cover? Is it not a high

risk to incline the thought towards pooling monetary resources by scaling up NHIF which could be another corruption bait? Have we put strong systems of control and monitoring of performance that is more transparent and accountable? On this matter we need to stop boardroom meetings and use local community systems to embrace promotive health, otherwise achieving UHC will still be a pipe dream. **In an attempt to re-focus KNDI towards the Big-Four agenda particularly UHC and Food and Nutrition Pillar, KNDI has planned to review her strategic plan for July 2020-June 2025 to focus on the scaling up Preventive aspect of UHC and revamping food and nutrition supplement regulation for ethical use.**

### **Achievements**

- i. KNDI has waived private practice fee for all the professionals who were licensed between as from the year 2015.
- ii. KNDI has also lowered the private fee for the professionals who were registered and licensed before 2015.
- iii. KNDI has consistently placed at et least over 500 interns in 47 health facilities covering almost all the 47 counties to strengthen quality of services while building their competences
- iv. In the new amendments of cap 253B within the Health Laws (Amendment) 2019, KNDI has lowered the private practice qualifications to include diploma level as long as there is evidence of at least 2 years work expense under a qualified experienced professional.

### **3.3.4 Employment**

- a) A recent survey of Nutrition Jobs that have been advertised and recruited since 2015 to date indicate that the County government has engaged a total of 500 nutritionists while national public service and hospitals have engaged 450 nutritionists in technical training institutions.
- b) KNDI has continued to license professionals to strengthen human resource for health workforce. KNDI has continuously appealed to Council of Governors and County Service Boards to engage degree, diploma and certificate holders as per the recommended norms and standards backed up by RRI and patient safety study (KapSe).
- c) KNDI has also continuously informed the general public, potential employers including NGOs (who are partners in Nutrition specific and sensitive Service delivery) that Nutrition and Dietetics services are not transferable as currently perceived.
- d) KNDI has taken this opportunity to advise all policy makers that we risk effective treatment in Chronic Conditions such as HIV and NCDs if the nutritionists and dieticians are left out in the value chain of treatment.

- e) In the next financial year, KNDI will focus on putting the intended Health Service Commission to ensure that nutritionist and dieticians are employed to match the norms and standards to ensure quality service delivery.

### **3.4 Other Achievements**

#### ***3.4.1 Strategic Management***

KNDI management has continued to build internal control systems by ensuring various guidelines are utilized effectively through efficient staff organogram and financial control mechanisms. This is evidence through, through evolution of organogram as reflected in staff establishment, financial audit reports for 2010-2019, operational roadmap detailing successes and achievement of the core council functions and annual work plan and operational activity work plans for various sectional units.

#### ***3.4.2 Operationalization of Management***

The office of the CEO has made remarkable attempt to operationalize management systems by: -

- Setting up basic and effective human resource for different sectional units to increase efficiency through a growing organogram sensitive to the needs of the clients.
- Ensuring each sectional unit understand the core functions and execute the mandate to the expectation of clients and stakeholder.
- Ensuring constant communications and awareness creation of the matters of professional codes of ethics and KNDI law through media activities and IT communications.

#### ***3.4.3 Stakeholder Linkages and Collaboration***

KND has continued to enter into linkages and collaborate with stakeholders on various important matters for visibility. Some of the engagements are as follows:

- Communicating with various stakeholders on new initiatives through website, conferences and media.
- Engaging in Joint professional regulation and inspections along with other boards and Council.
- Participating in giving direction on best approaches on sensitive issues with potential conflicts with KNDI's core mandate.
- Representing KNDI in international forums including international society for behavioral nutrition and physical activity in Canada, UHC forum for health Ministers and CEOs in South Africa, Development of Nutrition Model Curricula for pre-and in-service within ECSA Health Community.

- Ensuring KNDI law is protected and properly implemented through systems.
- Reaching out for Key Speakers from International community to educate KNDI fraternity. Inviting two key note speakers from New Zealand, one renown key note speaker from Japan and one guest from Finland to KNDI Conference for purposes of education publicity.
- Collaborating with Nutrition Academy and by extension Nutrition Association of Kenya on ONLINE Continuing Professional Development (CPD) programme in Clinical Nutrition.

#### **4.0 CONCLUSION**

**A recent internal audit spearheaded by principal external auditors from National Treasury on behalf of MOH estimated the achievement of the strategic plan objectives at 90%. (*Section 5.1-e National Treasury Audit Report, 2019*). Management is glad that the Council has taken note and together with management shall embark on new strategic plans to push the instate forward. It is equally evidence that nutrition and dietetics in current recognized by government within the Big Four Agenda for the president of the republic of Kenya.**