

Ingredients of Success:

COUNTRY CASE STUDIES ON NUTRITION GOVERNANCE

Background

Former United Nations (UN) Secretary General Ban Ki-moon said, “Nutrition is both a maker and marker of development” – that improved nutrition serves as a cornerstone for improving health, education and empowerment.¹ Over the decades, there’s been a shift towards multi-sectoral nutrition programming and notable progress in reducing malnutrition, yet the world is not on track to meet any of the seven globally accepted nutrition targets.² Increasingly converging and frequent crises like climate change, conflict and economic downturn are driving higher levels of acute food insecurity and malnutrition while needs outpace available resources, threatening progress made over the years.

Achieving improved nutrition outcomes by 2030 requires a collective effort between international, national and local nutrition actors. The U.S. Agency for International Development (USAID) has emphasized that to meet globally accepted nutrition targets, all global and local stakeholders must act “with countries taking the lead on improving their own nutrition status.”³ However, as noted in Catholic Relief Services’ (CRS) 2021 analysis, *Accelerating Nutrition Governance: Recipe for Success*, there are various barriers to countries taking the lead – from national governments struggling with competing priorities, poor coordination between national and sub-national levels, limited institutional capacity for nutrition programming, or insufficient data to adapt programming to rapidly changing contexts.⁴

CRS undertook two country case studies – [Kenya](#) and [Rwanda](#) – to elevate examples of country-owned and -led efforts to reduce the burden of malnutrition, providing deeper contextual analysis that builds on its previous report.⁵ Both countries have made laudable progress since 2000 - for example, stunting has reduced from 41 percent to 26 percent of children under 5 in Kenya, and from 48 percent to 33 percent in Rwanda.⁶ These two countries also offer varying contexts – Kenya has persistent levels of wasting, especially in the arid and semi-arid lands (ASALS) of Kenya, which recently suffered an historic, multi-year drought.⁷ Wasting is not as significant of an issue in Rwanda; instead, stunting rates have stalled among poor, rural households and prevalence of stunting remains higher than in neighboring countries with similar socioeconomic levels, like Uganda and Tanzania. Yet, despite these contextual differences, the two countries provide similar successes and challenges related to nutrition governance. Together, these case studies’ findings offer areas that both practitioners and donors can pursue to improve nutrition governance and accelerate progress towards improving nutrition outcomes.

¹ SUN Movement, “Linking nutrition and the SDGs,” <https://scalingupnutrition.org/resources/nutrition-info/nutrition-action/linking-nutrition-and-sdgs>

² FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2024 – Financing to end hunger, food insecurity and malnutrition in all its forms* (Rome, 2024), <https://doi.org/10.4060/cd1254en>

³ USAID, “Nourishing Lives & Building the Future: The History of Nutrition at USAID” (USAID, June 2019), https://www.usaid.gov/sites/default/files/2022-05/HON_Report_web_pages-508-Final.pdf

⁴ CRS. *Recipe for Success: Accelerating Nutrition Governance*. October 2021. <https://www.crs.org/get-involved/advocate-poor/public-policy/policy-research-recipe-success-accelerating-nutrition>

⁵ While both Kenya and Rwanda are dealing with the simultaneous burden of undernutrition and overnutrition, these case studies focus on undernutrition.

⁶ UNICEF, WHO, World Bank “Joint child Malnutrition Estimates (JME),” Accessed July 31, 2024, <https://data.worldbank.org/indicator/SH.STA.STNT.ZS>

⁷ FEWS NET, “Kenya - Food Security Outlook, June 2023 – January 2024,” Accessed August 16, 2024, <https://fews.net/east-africa/kenya/food-security-outlook/june-2023>.

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Why Nutrition Governance?

Since 2008, there have been several seminal publications on effective nutrition interventions that have helped spur increasing investments and attention to malnutrition – publications like the 2008 and 2013 *Lancet* series on Maternal and Child Undernutrition. Understanding what works and raising the profile of malnutrition are certainly important to reduce the burden of malnutrition – but those efforts will only go so far without a supportive enabling environment and coherent policies, processes and frameworks for nutrition.⁸ Further, CRS affirms that efforts to reduce malnutrition must be locally-led and -owned, as those closest to these challenges are artisans of their own development. Supporting local leadership of these issues upholds the dignity and agency of those most vulnerable to malnutrition, as well as those fighting it. Finally, local leadership of these issues is critical for effective and sustainable progress on malnutrition. As such, CRS believes that strengthening nutrition governance is critical for both accelerating local leadership and ownership of nutrition issues, as well as accelerating progress towards improving nutrition outcomes.

For this brief, we use the following definition for nutrition governance: the network of actors whose primary, designated function is to improve nutrition outcomes through processes and mechanisms for convening, agenda setting, decision-making (including norm-setting), implementation, and accountability.⁹ That network of actors can include private or public sector nutrition actors, civil society organizations and international non-governmental organizations.

Methodology

Desk reviews of the country context and existing nutrition governance frameworks, policies, etc. were conducted, and open-ended interviews were held with nutrition actors and stakeholders from subnational to national levels. All interviews were non-attributional. Information collected from these interviews were then analyzed for key themes following the same four categories from CRS’ 2021 analysis (commitment, coordination, capacity, and monitoring, evaluation and learning). This learning brief summarizes common findings¹⁰ of two country-specific reports that were led and written by [local consultants](#).

TABLE 1: COUNTRY-SPECIFIC METHODOLOGY

	Kenya	Rwanda
Location	One arid / semi-arid land county (Isiolo), one non-ASAL county (Machakos)	One rural (Rwamagana) and one urban district (Kicukiro)
Key Informant Interviews (KIIs)	25 (14 county level, 11 national level), held June to November 2023	14 (5 district or sector level, 9 national level), held May to September 2023
Government focal points	Advocacy, Communication and Social Mobilization Technical Working Group	Nutrition Technical Working Group

⁸ Stuart Gillespie, Lawrence Haddad, Venkatesh Mannar, Purnima Menon, Nicolas Nisbet, Maternal and Child Nutrition Study Group, “The politics of reducing malnutrition: building commitment and accelerating progress,” *Lancet* 382, no. 9391 (2013):552-569

⁹ Sharon Friel et al., “Global Governance for Nutrition and the Role of UNSCN,” 2017, <https://www.unscn.org/uploads/web/news/GovernPaper-EN-WEB-pdf>.

¹⁰ Although this brief identifies common findings, it is important to note that a limitation of both country case studies was that the findings were not generalizable, given the wide-ranging contexts within both countries.

Findings

As with CRS' 2021 analysis, for the purposes of this brief, findings are organized by these categories:

- **Commitment:** e.g., nutrition acknowledged as a policy priority; private, public sector, or civil society organizations (CSOs) supportive of nutrition; nutrition as a budget line item; nutrition champions at community, district, or national levels; etc.
- **Capacity:** e.g., strengthening the technical capacity of nutrition actors or strengthening institutional capacity, such as leadership, management, or programming capabilities.
- **Coordination:** e.g., collaboration, cross-sectoral information sharing, partnerships, linkages, etc. as it relates to nutrition policies and programs.
- **Monitoring, evaluation, accountability, and learning (MEAL)*:** people, processes, structures and resources that work together as an interconnecting whole to identify, generate, manage and analyze project data and feedback to inform management decisions, improve program quality, and meet stakeholder information needs.

Commitment

Decentralized nutrition coordination bodies enabled awareness, ownership and commitment to nutrition issues

Respondents in Kenya and Rwanda identified multiple existing policies, strategies, frameworks, etc. relevant for addressing nutrition issues in-country; some specific to nutrition (e.g., Kenya Nutrition Action Plan) or others integrated with nutrition (e.g., Rwanda National Strategy for Transformation). For both countries, these existing documents were noted as key enablers for commitment to nutrition. However, many respondents felt nutrition was the responsibility of the Ministry of Health or that awareness of these policies outside of health sectors was very low. Therefore, **a feeling of shared commitment to nutrition across sectors was not as envisaged in the various strategic action plans that apply a multi-sectoral approach and promote cross-sectoral collaboration. Nevertheless, both countries' decentralized nutrition coordination structures – where they exist¹¹ – have been identified as key enablers for increasing awareness, ownership and commitment to nutrition issues at a sub-national level.** These include the county and sub-county multi-sectoral nutrition platforms (MSP-N) and county and sub-county nutrition technical forums (C/SCNTF) in Kenya and the District Plans to Eliminate Malnutrition (DPEM) and their lower level counterparts (Sector, Cell and Village Plans) in Rwanda.

Both countries also expressed that **national governments allocated insufficient resources – funding as well as staffing – for nutrition activities.** However, respondents in both countries noted incremental increases in resources because of advocacy. In Kenya, specifically, respondents stated that advocacy efforts through the Scaling Up Nutrition (SUN) Civil Society Alliance and the MSP-N, as well as nutrition capacity assessments, led to incremental increases in resources for nutrition. Several counties saw increases in budget allocations for nutrition and increased staffing for nutritionists. In Isiolo County, respondents felt that the county-level MSP-N enabled increased resources for nutrition. In the financial year 2021/2022, Isiolo separated the nutrition line budget from the general health services budget line and increased nutrition funding from KES 70 million (CIDP 2018-2022) to KES 1.57 billion (CIDP 2023-2027). Similarly, nutrition staffing increased to 26 in 2023 from 3 in 2017.

We have around 18 counties where we've seen an incremental increase of nutrition financing. This is based on our nutrition advocacy efforts, and in terms of domestic finance mobilization efforts. - Key informant, Kenya

Respondents also elevated external financing for nutrition. In Kenya, many nutrition activities are dependent on partner funding, especially acute malnutrition treatment, support to MSP-N and technical training. In Rwanda, respondents noted the need for better tracking of resources to optimize budget allocation and to ensure that partners' priorities align with local priorities. **Both countries emphasized the need for financial tracking tools to improve budget allocation and resource mobilization, as well as prioritization.**

¹¹ Not all counties in Kenya have established MSP-Ns

Coordination

Both countries have national and subnational coordinating bodies for nutrition – the National Nutrition Coordination Committee under the Ministry of Health in Kenya and the National Child Development Agency in Rwanda. Kenya and Rwanda’s **decentralized nutrition coordination structures – MSP-Ns, C/SCNTFs and DPEMs, respectively – help coordinate multisectoral nutrition approaches and help enable sub-national decision-making related to nutrition issues specific to the local context.** In Kenya, the MSP-Ns were highlighted as providing a platform for consolidation and dissemination of data for sound decision making and providing harmony and accountability among the various nutrition stakeholders. In Rwanda, respondents felt the DPEMs and their lower-level counterparts guided implementation, accountability and meeting local needs. **However, both countries noted insufficient budgets for these structures as well as reliance on development partners.** For example, in Kenya it was expressed that “multi-sectoral coordination is more successful in counties where partners have supported the initiative.”

While these coordination structures bring together nutrition-specific (e.g., health) and nutrition-sensitive (e.g., education, social protection, agriculture, etc.) actors, as noted under the Commitment section, many felt that nutrition was a “health sector affair” with no clear roles and responsibilities for those in nutrition-sensitive sectors. Further, **some of the nutrition-sensitive sectors’ policies do not align well with nutrition policies that support interventions, creating a lack of harmonization and inhibiting coordination among nutrition interventions.**

“Multisector coordination still has a long way to go. We have laid the foundation for it, and we are driving towards the goals, but still, it is challenging... [for example] at sector level, social development officers in charge of social protection and agronomic activities do not understand how they can work with those in charge of health to improve nutrition.” - Key informant, Rwanda

Capacity

Kenya and Rwanda both noted existing capacity gaps across nutrition-specific and nutrition-sensitive sectors, mostly around human capital and systems or institutional capacities. Professional development opportunities, especially for nutritionists, are limited and government funding for trainings is often constrained, again leading to reliance on partner funding, which may also be erratic. Both countries felt strongly that additional **capacity strengthening efforts should be geared towards their respective decentralized nutrition coordination structures, with a focus on:**

- **the importance of systems strengthening across nutrition-specific and nutrition-sensitive sectors, especially health systems strengthening;**
- **the role of nutrition in nutrition-sensitive sectors;**
- **resource mobilization;**
- **data management and analysis; and**
- **advocacy and leadership.**

Finally, Kenya and Rwanda also noted that **high staff turnover was an inhibitor for nutrition technical capacity, calling for needed consistent capacity building opportunities at regular intervals.**

MEAL

Timely, reliable data are crucial for informed nutrition program design and decision-making. Both countries had respondents that identified **some nutrition-relevant data were not being captured in health information systems.** For example, there is no system in place to track nutrition-related data from nutrition-sensitive sectors in Kenya, and children growth data from Village Nutrition Schools in Rwanda were not captured in the Health Management Information System at the time of the interviews. Overall, respondents in Kenya felt that their health management information system for the Ministry of Health is well-structured and robust. In Rwanda, respondents noted challenges with evolving Management Information Systems platforms and interoperability.

Both countries have also utilized some sort of accountability mechanism. In Kenya, respondents referenced the work of USAID Advancing Nutrition and county government partners in Kitui, Kakamega, and Kisumu counties to develop and execute MSN scorecards and financial tracking tools.¹² Respondents noted that **these efforts strengthened multi-sectoral coordination, capacity, as well as advocacy for nutrition issues.** The Government of Rwanda has several accountability tools, including scorecards, to monitor the quality and delivery of programs. Rwanda’s accountability tools help facilitate informed decision-making and timely actions to promote child well-being. A few of these tools include:

- an early childhood development (ECD) scorecard to assess quality of ECD service delivery and satisfaction of participants, measuring nutrition, health, WASH, parent education and social protection, school readiness, child protection and inclusiveness;
- a DPEM scorecard to track advancement of nutrition, WASH and ECD initiatives;
- Imihigo, also known as annual performance contracts, which outline clear and measurable targets, including for nutrition; and
- Nutrition Command Posts at national and sector levels to allow for real-time monitoring and evaluation of Rwanda’s accelerated two-year plan to reduce stunting, with weekly evaluations to enable timely adjustments to achieve nutrition targets.

Summary and Recommendations

In these two country contexts, advocacy has emerged as a critical tool for increasing commitment and attention to as well as ownership of nutrition issues. Nutrition advocacy is not solely the responsibility of one person or one sector; rather, it is a collective responsibility to accelerate commitments and ensure progress. Further, decentralized nutrition coordination mechanisms are successful when they have sufficient resources and capacity. However, insufficient resources are being allocated for nutrition by the respective governments and there was a perceived reliance on partner funding. In the context of Kenya, a frequent challenge noted by respondents were the impacts of extreme weather (drought or floods), exacerbated by climate change, and insecurity. Therefore, the Government of Kenya often must divert resources to deal with emergencies. Financing for nutrition was an issue explored in the most recent State of Food Security and Nutrition in the World report, which found that 63 percent of the low- and middle-income countries (LMICs) analyzed have limited or moderate ability to access financing. The prevalence of undernourishment is much higher in LMICs (23.1 percent) compared to countries with moderate (10.4 percent) or high (6.9 percent) ability to access financing.¹³ Many LMICs face structural limitations and inequities related to accessing finance, and many must look to development and humanitarian aid donors that have their own priorities and agendas. Governments will not be able to devote additional resources to their own development priorities, like nutrition, without easing the burden of these financial structural limitations and inequities.

To strengthen nutrition governance and progress towards achieving improved nutrition outcomes, governments, donors and implementers should:

- **Continue to elevate nutrition as a global, national and subnational policy priority with dedicated targets and accountability for progress.**
- **Develop a joint multi-sectoral strategy (such as a Common Results and Accountability Framework) for effective engagement of different sectors of government and the multiple non-governmental actors who have the capacity to influence nutrition.**
- **Enhance sensitization of common multi-sectoral nutrition indicators for clearer understanding.**
- **Strengthen the capacity of subnational nutrition coordination bodies with a focus on:**
 - **the importance of systems strengthening;**
 - **understanding of stakeholder’s mandates in the coordination mechanisms;**
 - **the role of nutrition in nutrition-sensitive sectors;**

¹² USAID Advancing Nutrition. 2023. USAID Advancing Nutrition Kenya Final Report Fiscal Years 2020–2023. Arlington, VA: USAID Advancing Nutrition. https://www.advancingnutrition.org/sites/default/files/2023-12/usaaid-an-kenya_final_report.pdf

¹³ FAO et al, *The State of Food Security and Nutrition in the World 2024 – Financing to end hunger, food insecurity and malnutrition in all its forms*, 2024

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- **resource mobilization, with increased use of tools like financial tracking tools;**
- **data management and analysis; and**
- **advocacy and local leadership.**
- **Provide consistent training opportunities for nutrition actors, especially nutritionists and community health workers, with funding built in to programs and initiatives.**
- **Explore financing opportunities outlined in the SOFI 2024 report that are feasible and relevant to the country's context.**
- **Anchor multi-sectoral platforms at a higher office of influence.**

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