

NUTRITION GOVERNANCE COUNTRY CASE STUDY: KENYA

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Prepared for Catholic Relief Services by
Prof. Sophie Ochola (PhD)
Independent Consultant

LIST OF ACRYONYMS AND ABBREVIATIONS

ACSM	Advocacy Communication and Social Mobilization
BFCI	Baby Friendly Community Initiative
CBOs	Community-based Organizations
CHP	Community Health Promoter
CIDP	Country Integrated Development Plan
CNAPs	County Nutrition Action Plans
CNCs	County Nutrition Coordinators
CRS	Catholic Relief Services
CSO	Civil Society Organizations
ECD	Early Childhood Development
GAM	Global Acute Malnutrition
HK	Helen Keller
IMAM	Integrated Management of Acute Malnutrition
IP	Implementing Partner
JSI	Research & Training Institute, Inc
KDHS	Kenya Demographic Health Survey
KII	Key informant interviews
KNAP	Kenya Nutrition Action Plan
MEAL	Monitoring, Evaluation, Accountability and Learning
MIYCN	Maternal Infant and Young Child Nutrition
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH	Ministry of Health
MOH-DND	Ministry of Health-Division of Nutrition and Dietetics
MOUs	Memorandum of Understanding
MSN	Multi-Sectoral Nutrition
MSN-P	Multisectoral Nutrition Programming
NGO	Non-Governmental Organizations
NI	Nutritional International
NICC	Nutrition Inter-Agency Coordinating Committee
NNAP	National Nutrition Action Plans
NNCC	National Nutrition Coordination Committee
PREG	Partnership for Resilience Economic Growth
SUN	Scaling Up Nutrition
SUN-CSA	SUN-Civil Society Alliance
TOR	Terms of Reference
TWG	Technical Working Group
USAID	United States Agency for International Development
VAS	Vitamin A Supplementation

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Operational definitions of terms

- **Commitment:** e.g., nutrition acknowledged as a policy priority, private, public sector, or civil society supportive of nutrition; nutrition as a budget line item; budgetary allocation from domestic resources, nutrition champions at different levels; etc.
- **Capacity:** e.g., strengthening the institutional or technical capacity of nutrition actors.
- **Coordination:** e.g., collaboration, cross-sectoral information sharing, partnerships, linkages, etc. as it relates to nutrition-specific/-sensitive policies (including from relevant sectors like agriculture, education, social protection, WASH) and programs.
- **Monitoring, evaluation, accountability, and learning (MEAL):** e.g., use of data and feedback to inform decisions, improve quality, and meet information needs.

Background information

Introduction

This report summarizes the findings of the nutrition governance case study in Kenya. The report focuses on the four components of nutrition governance namely: commitment to supporting nutrition interventions by different actors across the nutrition space (from national to subnational, government, donors, implementing partners, private sector etc.); capacity strengthening of institutional systems and technical capacity of nutrition actors; coordination of nutrition interventions and collaborations across nutrition-specific and nutrition-sensitive sectors, and, finally Monitoring, Evaluation, Accountability, and Learnings (MEAL) to inform decisions, and meet information needs in nutrition programming.

Goal

The Nutrition sector in Kenya has put substantial efforts in having effective nutrition governance structures and strategies in place. Despite the progress made, Kenya faces several challenges in nutrition governance, including limited funding, weak multi-sectoral coordination mechanisms at the subnational level, inadequate capacity, and uneven implementation of policies. This case study was a review of the existing system, frameworks, and structures in place to oversee and manage nutrition-related policies, programs, and interventions in the country that will help build a case in understanding locally led nutrition programming to recommit addressing all forms of malnutrition more sustainably in Kenya.

Objectives

The specific objectives were to:

- To investigate the enablers, barriers, and opportunities to locally led nutrition programming.
- To investigate the implementation of Kenya Nutrition Governance Frameworks.
- To understand challenges to and devolution of nutrition programming in the context of the current global food crisis and in the face of ongoing shocks and stressors (climate change-related weather variability, economic downturn, etc.) in the country; and
- To provide key recommendations that will guide to renew commitment to addressing all forms of malnutrition more sustainably and towards achieving global nutrition targets by 2030.

Methodology

The review was conducted through qualitative data collection methods complemented with desk and literature review. The assessment comprised of stakeholder consultations and desk review of relevant documents. Stakeholder consultations were between the consultant, Ministry of Health (MOH) Division of Nutrition and Dietetics (DND) Program Officers, and Catholic Relief Services (CRS) focal persons to discuss the requirement of the assignment and agree on the scope of the work. The methodology for the review was validated by the Advocacy, Communication and Social Mobilization (ACSM) of the MOH-DND. The consultations also included selection of the two counties where the data collection was to take place. Additionally, the stakeholders to be interviewed from the line Ministries of Health, Agriculture, Labor/social protection and Education as well as Implementing Partners, Development Partners, donors, UN and other relevant government departments and sectors was conducted during these consultations. Data was collected through Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs).

Sampling: The review was conducted in two counties; Isiolo was purposively selected to represent counties where Nawiri project is being implemented. CRS is implementing Nawiri in Isiolo County in partnership with the government and other organizations. Nawiri implements systems strengthening interventions which is relevant

for this case study. The second County, Machakos, was also purposively selected to represent non-Nawiri and non-ASAL (arid, semi-arid land) Counties.

Desk and literature review: A desk review was conducted to provide a foundation upon which to build subsequent steps in the review. The findings provided information on achievements, gaps, best practices, lessons learnt, strengths, weaknesses and implementation framework for Nutrition Governance in Kenya. In addition, the desk review facilitated identification of key recommendations on how to renew commitment to addressing all forms of malnutrition sustainably.

Sampling of KII and FGD participants: Mapping of participants at the National, County and Sub County levels was carried out in consultation with the MOH-DND, County Nutrition Coordinators (CNCs), CRS officials and the relevant implementing partners (IPs).

Data collection tools: These were developed for each category of respondents and validated by ACSM Technical Working Group of the MOH-DND.

Data Management and Analysis: A data analysis template was developed based on the major aspects guiding the review of nutrition governance as stipulated in the Terms of Reference (ToR) for this assignment. The first stage in the analysis was to group the data into the four categories describing governance: Commitment, Capacity, Coordination and MEAL. These categories were sub-divided to incorporate issues such as policy and strategy availability and implementation, budget allocation, implementation status, enablers, strengths, weaknesses, challenges, and recommendations for way forward, etc. Information collected was analyzed and incorporated into the data collection template from which content analysis involving the detailed exploration for common themes was conducted. The themes were predetermined in line with the objectives and scope of the review.

Ethical Considerations: All ethical considerations were adhered to; all participants gave consent before start of interviews or FGDs. They were informed about privacy and breach of confidentiality and other ethical issues.

Study Limitations: The case study only covered two counties in Kenya, thus data from this study is specific to Isiolo and Machakos counties; the findings may not be generalized to other counties but may give an idea on the status of nutrition governance.

FINDINGS

Commitment

Awareness of nutrition issues

As a whole, commitment to nutrition is improving within Kenya, albeit slowly. Overall, the level of awareness is low for most of the stakeholders. Awareness on nutrition issues is high among the workforce in nutrition-specific sectors and relatively low the nutrition-sensitive sectors. The stakeholders in the nutrition-sensitive sector do not clearly understand their roles and what they need to do to achieve good nutrition outcomes. The only exception is the Ministry of Agriculture (MOA) and to a lesser extent Ministry of Education (MOE). In contrast, awareness of nutrition issues is high in nutrition-sensitive sectors in counties where the Multi-Sectoral Nutrition Program (MSN-P) coordination is vibrant, for example, in Isiolo, where the coordination is supported by a partner.

The level of awareness on nutrition issues, at national, sub-county and community depends to a large extent on the presence and agenda of partners who are the major funders of nutrition programs. Awareness of nutrition issues among policy makers, members of parliament, county council assemblies, and ministers at both national and county levels is low. In recent times, the involvement of Scaling Up Nutrition – Civil Society Alliance (SUN-CSA), with the legislators/parliamentarians to advocate for nutrition agenda progressively should create more awareness and interest through such engagements. Awareness on nutrition among donors and private sector is dependent on their areas of interest.

Kenya's nutrition-relevant policies and action plans

Kenya has several policies, strategies and action plans to guide nutrition-related interventions. The policies, strategies, guidance and action plans are regularly reviewed and updated to make them relevant to the changing circumstances, for example, during the COVID-19 pandemic. Some of the policies and guidelines include Kenya Food Security and Nutrition Policy of 2011, School Feeding Programme, Early Child Development (ECD) policy, Material Infant and Young Child Nutrition (MIYCN) Guidelines, Vitamin A policy, Iron and Folate Supplementation (IFAS) policy, Integrated Management of Acute Malnutrition (IMAM) guidelines, Nutrition and HIV and AIDS policy, Kenya Nutrition Action Plan, etc. The MOH and other relevant Ministries from national and county governments, implementing partners and development partners are involved in the creation of these policies and guidelines. UNICEF has provided a lot of support both technical and financial in the development of nutrition policies and guidelines. Some of the national plans and strategies are domesticated/contextualized at the County level for example County Nutrition Action Plans (CNAPs) and this process is usually funded by partners. Most of the respondents, especially those from non-health sectors, did not know of these policies. The implementing partners also support the development of the policies, strategies and guidelines.

Ministries' and counties' nutrition priorities

At the national level, nutrition priorities involve scaling up nutrition programs with the overall goal of reducing malnutrition through preventive and promotive interventions. The specific priorities include: Baby Friendly Hospital Initiative (BFHI); Promotion of Healthy Diets; Physical Activity Programs; Promoting Fortification at to scale; as well as IMAM programs for children under five (to include those less than 6 months of age) and for pregnant and lactating women. Clinical nutrition, particularly in the context of non-communicable diseases e.g., hypertension, diabetes, cardiovascular diseases etc.; nutrition in emergencies especially in the ASAL counties; MIYCN; and monitoring and evaluation to track progress of interventions. These interventions are to be implemented via MSN coordination.

There were variations in nutrition priorities at county level; in Isiolo, an ASAL county, health system strengthening approach to accelerating service delivery to improve child and maternal nutrition is a priority. The partners support and provide technical assistance in capacity building for the nutrition workforce to enable them deliver quality services. In addition, is the collection of monitoring data used for decision making to improve services. The country also uses the MSN coordination for the planning and implementation of programmes; that is, looking at nutrition holistically. In Machakos, a non-ASAL county, nutrition interventions are based on the national nutrition priorities which are contextualized to the county. The nutrition priorities are addressed by the government, development and implementing partners e.g., UNICEF provides therapeutic food supplements and Helen Keller (HK) International conduct Vitamin A supplementation and deworming of children under-five. The nutrition programs are mainly donor-funded using different funding strategies. Nutritional International (NI) uses the matching model, whereby they come to an agreement with the counties they work that whatever amount the government allocates to nutrition, NI provides an equivalent amount, and the allocation is restricted to nutritional activities. This was reported to have worked well.

Major enablers to political will or action on nutrition

Devolution, availability and implementation of nutrition policies and frameworks are major enablers to commitment to supporting nutrition interventions. With devolution, counties prioritize nutrition issues and their implementation. The nutritionists have good opportunity to engage closely with policy makers and influence their decisions. This was mentioned in both Isiolo and Machakos counties but with greater success in Isiolo, probably because of the ongoing Nawiri project. Additional enablers include: evidence-based programming; increasing awareness to nutrition issues among high-level decision makers (e.g., parliamentarians) through efforts by the SUN-CSA; improved multi-sectoral coordination and awareness that nutrition outcomes are dependent on many sectors, especially in counties where partners have supported capacity strengthening on this aspect; increased budgetary allocation by the government to nutrition activities especially at county level, though this is far from being adequate; the presence of nutrition champions in some counties e.g., Kisumu and Kakamega; and increased advocacy for funding for nutrition activities and employment of nutritionists using the findings of nutrition capacity assessments conducted in the counties e.g., Kitui and Marsabit.

Constraints to political goodwill to nutrition issues

Respondents noted poor linkages between national and county coordination platforms; inadequate resources for nutrition, likely because of under-representation of nutritionists at the national dialogue where resources are distributed; understaffing of nutritionists; inadequate nutrition awareness and competence, particularly in nutrition-sensitive sectors; and political transitions because of new governments interferes with consistency of programs and priorities. Additionally, there were county-context barriers - in Isiolo County, poverty, drought and pastoralism interfere with the uptake of interventions. In Machakos, scarce presence of implementing partners against a background of low government commitment to nutrition constrains political goodwill.

Nonetheless, there was an increase in budgetary allocation in some counties. In Isiolo County, for example, there was no allocation for nutrition in 2018. In 2021, KES18 million and in 2023, KES30 million was allocated to nutrition, respectively. Allocation of funds, however, does not mean this money reached the nutrition department even if the budget was included in the County Integrated Development Plan (CIDP) as in the case of Isiolo County. A few other county governments (Marsabit and Kitui) were reported to have increased budgetary allocation to nutrition due to the advocacy using the findings of Nutrition Capacity Assessments conducted in the counties.

The role of other organizations or structures towards improving commitment to nutrition

SUN-CSA networks has been involved in advocacy for implementation of projects in a coordinated manner, holding government accountable by enhancing public awareness on services available and accessible to the public; rallying parliament to prioritize nutrition, engaging high media coverage advocacy on nutrition services, financial tracking of programs, supporting UN lobbies for development and revision of capacity development frameworks and other financial and nutrition policies and guidelines. SUN-CSA is actively rallying parliament to prioritize nutrition but the outcome of this has yet to be realized. SUN-CSA works with the government through the Council of Governors but unfortunately nutritionists do not usually attend these meetings.

Non-governmental organizations (NGOs), civil society organizations (CSOs) and community-based organizations (CBOs,) to a large extent, finance nutrition interventions at a community level. Donors have now streamlined the level of support that goes to nutrition. Some of the funds go directly to government, and some to NGOs/CSOs. Many nutrition-related programs are funded by U.S. Agency for International Development (USAID). UNICEF has taken a clear systems approach ensuring that nutrition is embedded in the health systems, food systems, child protection as well as implementation of urban programming and work around adolescent nutrition and promotion

of healthy food choices. World Food Programme (WFP) and Food and Agricultural Organization (FAO) are supporting both nutrition specific and nutrition sensitive programs such as school meals and WASH among other programs. Implementing partners are supporting county governments through the provision of technical capacity and funding of nutrition program activities including evaluation and review of various government strategies and programs.

Opportunities for moving nutrition commitment forward were varied across national and county levels

- Representation of nutritionists in high level meetings e.g., Council of Governors, who are the decision makers; and County Health Team and Kenya Council of Strategic Governance meetings to boost awareness and commitment;
- nutrition sector to investigate the possibility of domiciling nutrition issues in a political office (e.g., deputy president's office) and Community Health Services/Community Health Promoters (CHPs) to promote preventive and promotive health care budget;
- nutrition sector to lobby for financial tracking, this will require training on budgeting and linking and lobbying with Members of County Assemblies (MCAs) to support nutrition budgeting;
- capacity building of nutritionists on leadership and governance;
- joint resource mobilization;
- increased sensitization and advocacy efforts particularly enhanced contribution by SUN-CSA at the national and with the County Leadership in high level meetings hosted in the County;
- improved MSN-P coordination and collaboration and make effort to bring in the private sector in a visible manner. The partners should support this as part of the strategy to achieve the objectives of their programs;
- MOH, with other line ministries, to develop structures to support nutrition activities both technically and financially (e.g., for activities like trainings and updates on guidelines);
- nutrition Champions from high-level offices (e.g., Offices of the first lady, Cabinet Secretaries, Minister or a high-level technical person);
- simplifying nutrition communication to suit different target audience, such as avoiding use of nutrition technical terms with non-nutritionists. Work with the regional economic blocs to determine nutrition priorities and together, identify strategies that support nutrition interventions in key regions.

Coordination

Nutrition coordination mechanisms

The MOH is mandated to coordinate and oversee the implementation of national and country nutrition policies in collaboration with line Ministries implementing nutrition-sensitive interventions (e.g., MOH-Public Health, MOA, MOE, Ministry of Labour); development and implementing partners; and other stakeholders (e.g., SUN Network, USAID Mission). *"The MOH Partnership and Coordination Framework which articulates Kenya health sector coordination and health sector partnership, is used for this purpose."*

The primary coordinating body for nutrition at the national level is the Nutrition Interagency Coordinating Committee (NICC), the highest decision-making body on nutrition issues. Below the NICC is the Nutrition Technical Working Forum (NTWF) in which the Nutrition Technical Working Groups (NTWGs) for each of the nutrition programs (e.g., MIYCN, IFAS, etc.) are represented. These forums act as the MSN-P since it has multi-sectoral representation. The involvement of ministries in the implementation of national and county policies through MSP-N has enabled, to some extent, joint planning, implementation, monitoring, and evaluation, of nutrition programs. This is critical to avoid duplication of programs since all stakeholders engage in the activities of the coordination committees.

The coordination mechanisms are from national to county level where concerned departments take up responsibilities to cascade to the sub-counties and then to the communities through CHPs. Overall, coordination that included multi-sectoral nutrition programming is better at the national level compared to the county level. Partners fund most of the coordination activities e.g., in Isiolo Nawiri is involved in cost sharing of activities. Multi-sectoral coordination is more successful in counties where partners have supported the initiative.

Coordinating nutrition programs at the county

Nutrition programs are designed and implemented by MOH in collaboration with civil society, NGOs, INGOs, private sector. For example, in Isiolo, the Nawiri project is implemented by a consortium of partners. USAID co-creates programs it funds with the government, and thus the funder is involved in the establishment of nutrition priority. The [Partnership for Resilience and Economic Growth](#) (PREG) coordinates all implementing partners funded by USAID in a county where each organization is represented to avoid duplication of efforts. In Machakos, there is no functional MSN-P forum, but on ad hoc basis depending on the need. The SUN Network engages with MOH through NICC and General Assembly Meetings where SUN rallies Government to support nutrition. The SUN-Networks also engage with development partners whereby UNICEF support SUN's CSA coordination, WFP support SUN's business networks while FAO supports SUN's academia to develop and review pre-service training curriculum to make them nutrition-sensitive. The USAID Mission, through PREG and [Momentum Country and Global Leadership](#), coordinates all humanitarian assistance programs funded by USAID and holds monthly update meetings with the NICC.

Successes related to coordination of nutrition activities

- High-quality technical assistance/capacity building for health systems strengthening;
- Multisectoral planning, budgeting, and prioritization of nutrition at county level, but this happens, in a majority of cases, where there is partner support for this strategy;
- Coordination has created a forum for advocacy for political leadership and commitment;
- Mobilization for additional funds for nutrition, and joint program monitoring; accountability, and transparency;
- Harmony between the government and partners and enhanced accountability of actions by different organizations;
- Over the years the UN and IPs have successfully put functional systems in place. This has allowed preparation and response to emergencies without overburdening the government;
- Provides a platform for sound decision making on programs given the evidence from IPs well-coordinated assessments and central consolidation and dissemination of data for sound decision-making;
- The ability to work holistically in a humanitarian crisis has been strengthened, for example, the improved cash flow has enabled quick response to emergencies by quickly deploying staff to respond to emergencies; and
- Increased learning through the coordination of nutrition specific and sensitive interventions.

Challenges related to the coordination of nutrition

- Limited representation of nutrition workforce at the high-level forums or committees where key nutrition related decisions are made;
- a disconnect in coordination structures which is only strong at the national level affect implementation of policies at the county and lower levels where implementation takes place;
- competing government priorities affect implementation of other programs for example, whenever there is an emergency, all other programs are put on hold because all resources are channeled to emergencies;

- the government focal person for coordinating SUN networks is not head of DND so DND agenda is not adequately represented;
- some nutrition-sensitive sectors do not align with nutrition policies and it is unclear who is accountable for this – for example, should it be the MOH?
- the multisectoral governance for nutrition is weak and nutrition agenda is mainly a health sector affair. Who is to drive the agenda in the nutrition-sensitive sector?
- the participation in multisectoral coordination is influenced by interest e.g., attendance of NICC and NITWG meetings is influenced by interest of stakeholders;
- inadequate budgetary allocation for nutrition - CNCs cannot coordinate meetings without funding. The government signs MOUs for funding but it does not meet its bargain, this affects programme implementation; and
- lack of coherence in the policies that support nutrition interventions. Thus, sector policies are not harmonized/do not speak to each other, therefore making coordination of nutrition interventions difficult.

Capacity

Key capacity gaps in nutrition

Capacity gaps exist across nutrition-specific and nutrition-sensitive sectors mostly in terms of human capital and systems or institutional capacities. There is low staff establishment against recommended staffing norms. Mechanisms for nutrition staff professional development exist but are not optimally implemented. Most of the capacity development initiatives are supported by partners. Leadership, advocacy, resource mobilization skills, data management and analysis are key capacity gaps mentioned in the review of the KNCDF 2014-2019. Limited capacity to implement diversified programs and limited ability to attract resources/funding. Low partner support for nutrition staff training unlike other sectors.

The system for capacity building and strengthening is in place and mostly the UN, and to a lesser extent implementing partners, offer both technical and financial support to the government to co-create policies, guidelines and packages for implementing nutrition interventions.

Successes in capacity strengthening for nutrition

- Technical capacity strengthening for health systems strengthening;
- improved multi-sectoral planning and implementation of programs in the counties where MSN-P is taking place;
- increased budget allocation and prioritization of nutrition issues at county level; and
- mobilization of funds for nutrition, and joint program monitoring, accountability, and transparency.

Challenges to nutrition capacity strengthening

These include limited resources, limited workforce, and inadequate technical competence for the training of nutrition-sensitive workforce. Another challenge is inadequate understanding of the role of nutrition in the attainment and maintenance of good health and developmental agenda. Community Nutrition technical module is outdated. High staff turnover because of transfers therefore training needs to be planned for new staff every now and then.

Opportunities for strengthening nutrition capacity strengthening

Strengthening of multisectoral platforms –lessons can be learnt from where this has been a success, like in the

case of Kakamega, Kisumu, and Kitui counties where a partner provided support for capacity building. Training on systems strengthening and on nutrition-sensitive sectors e.g., ECD teachers to understand the role of school feeding and hygiene on health and nutrition outcomes.

Engagement with community health promoters on nutrition activities

The CHPs are the main channel for the delivery of services at the community, and particularly, where health facilities are not easily accessible. Ministries and organizations engage with CHPs by strengthening the incorporation of nutrition technical information in CHP training modules and supporting their training on these modules. The CHPs are provided with job aids and materials for CHPs, to deliver service to the households. The partners support other community engagements, for example, dialogue and action days for nutrition and supporting participation of CHPs in community health days.

Monitoring Evaluation Accountability and Learning (MEAL)

Targets and indicators

Overall, the targets and indicators are adequate to measure progress of nutrition interventions. The targets are based on World Health Assembly (WHA), Sustainable Development Goals (SDGs) and Global Nutrition Report Targets. The indicators are adequate for nutrition specific programs although there is a gap in the reporting of some community-based indicators not included in the information management systems. Secondly, there is a gap on indicators for nutrition –sensitive sector. The MOH has a robust and well-structured health information management system (Kenya Health Information System [KHIS] compared to other line ministries such as Ministry of Agriculture (MOA), Ministry of Education (MOE), Ministry of Labour and Social Protection. Most respondents in nutrition-specific sectors were aware of the indicators for programs such as IMAM, IFAS, VAS, WASH and HIV nutrition related indicators.

Accountability for achieving progress towards addressing nutrition priorities

There were varied opinions about this – some felt that all stakeholders involved with nutrition programs at the national and county levels are accountable. Others believed accountability rests with the MOH-DND, while others felt that accountability is the responsibility of implementing partners. Some partners have departments of MEAL that deal with these issues internally while program evaluation is conducted by external consultants.

Activities conducted as part of the monitoring and evaluation of nutrition programs

Some of the activities conducted as part of the M&E both at the national and county levels include: annual surveys; strengthening routine reporting systems; nutrition surveillance; operational research some thorough digitized nutrition monitoring and data collection systems.

The monitoring of nutrition programs is conducted jointly by the IPs and MOH through monthly data review meetings and support supervision conducted by the county nutrition forums supported by partners. The report of the review meetings is shared with Nutrition Technical Working Groups at the National levels. The community level data is submitted to the health facilities and entered in the KHIS for onward transmission to the sub-county, then to the county and subsequently to the national level. The data is collected using standard data collection forms and reporting tools (developed by MOH together with stakeholders) capturing both facility and community-based data. The data in KHIS which is accessible to stakeholders upon request from the MOH who is the custodian of the nutrition databases. The data collected by partners are aligned to the MOH's KHIS indicators and therefore strengthen the databases. Other databases are the SCORE CARD for nutrition indicators and the capacity assessment SCORE CARD, containing information collected from county capacity assessments. Other Ministries such as MOE use ECIMES and NMIS which captures data of school going children while the

MOA and MOH uses the data from National Disaster Management Authority (NDMA) alongside other data sources for early warning systems and emergency responses. The nutrition related multi-sectoral data is mostly collected through SMART surveys, the majority of the surveys by partners at the county level while the KDHS conducted at the national level with support from development partners. There is a multi-sectoral score card with indicators and during multi-sectoral forums the partners update indicators as way of sharing data.

Systems to track nutrition outcomes from the various stakeholders

Most of the nutrition data is tracked through the MOH KHIS and other systems but additional monthly surveillance data from sentinel sites is tracked through the National Disaster Management Authority (NDMA), which is accessible through the organization's website. Other nutrition-related data, Early Warning System data is accessible from their website. The other line ministries, IPs and UN bodies do not generate their own nutrition data. There is no system in place to track nutrition-related data from the nutrition-sensitive sector. Quarterly review meetings are held to discuss learnings and come up with way forward. Data clinics are conducted for an in-depth analysis and synthesis of the data.

Utilization of generated data on nutrition

The generated data from the data bases is shared with stakeholders through existing stakeholder platforms and through their social media websites. This data is used to inform program priorities and way forward at all levels of service delivery. At the community, engagement with the members is effective in empowering communities to make informed choices in the utilization of services and participation in community-based activities. Nawiri has embraced locally trained community facilitators (e.g., CHPs) and uses the platform to inform the community of their nutrition priorities.

Recommendations

- **Commitment:** Commitment to nutrition related issues can be improved through structured nutrition advocacy and resource mobilization; harnessing of the parliamentary caucus by the SUN Movement both at national and county levels; engaging nutrition champions at a high-level decision-making office such as the office of the Deputy President, Ministries and having nutrition representation at high level program coordination forums both at the national and county levels.
- **Coordination:** Nutrition sector to improve the linkage between the national and county coordination platforms. In terms of multi-sectoral coordination, there should be clear Terms of Reference for various coordination forums, with clear accountability mechanism that are continuously communicated to the members. Strengthen multi-sectoral coordination platforms by providing capacity building on coordination at the county level. The structure is already in place, but the stakeholders lack the knowledge on how it can be effectively operationalised and tracked. This can be improved from the lessons learnt in those counties where multisectoral coordination was successful (Isiolo, Kakamega, Kisumu, and Kitui).
- **Capacity:** There is need for capacity development to fill the identified nutrition gaps around: coordination, particularly for multi-sectoral implementation of nutrition programmes at the Country; human capital and systems or institutional capacities for nutrition-specific and nutrition-sensitive sectors; leadership, advocacy, resource mobilization skills and monitoring and evaluation of programs and systems. This will provide capacity for nutritionists to advocate for their program needs at high level offices and mobilize for resources. The capacity development should be conducted for the workforce in both nutrition-specific and nutrition-sensitive sectors.

- **MEAL:** The KHIS database should be improved to contain data for all the necessary nutrition indicators inclusive community nutrition data. Community engagement in the dissemination of data should be strengthened to enhance knowledge sharing, utilization and learning. Nutrition-sensitive indicators should also be included the nutrition database. A structured system for accountability for addressing the projects' nutrition priorities should be put in place. This process should be spearheaded by the MOH.
- **Resources:** Budget allocation for nutrition activities by the government should be increased. This will require advocacy and lobbying for funds with the high level decision making offices. Nutritionists should attend meetings in such offices e.g., at the national level, meetings where budget allocation is discussed and County Assembly meetings where key decisions are made. The SUN-networks should intentionally engage more with the parliamentarians and engage with the Members of County Assemblies (MCAs) to advocate for and lobby for increased funding for nutrition activities.
- **Donors:** To improve nutrition governance in Kenya, donors should fund capacity development for nutrition coordination of nutrition activities with all stakeholders (local partners, sectors and other donors) with a special focus on multi-sectoral coordination; and creation and promotion for accountability for nutrition programming.

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