



REPORT ON MAPPING OF SECTORAL AND MULTI - SECTORAL COORDINATION MECHANISMS FOR NUTRITION AT NATIONAL LEVEL

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Abbreviations and Acronyms

ACSM	Advocacy Communication and Social Mobilization
BMS	Breast Milk Substitute
CSA	Civil Society Alliance
DND	Division of Nutrition and Dietetics
ENAC	Emergency Nutrition Advisory Committee
FNSP IF	Food and Nutrition Security Policy Implementation Framework
FNSP	Food and Nutrition Security Policy
KNAP	Kenya Nutrition Action Plan
KNBS	Kenya National Bureau of Statistics
M&E	Monitoring and Evaluation
MIYCN	Maternal Infant and Young Child Feeding
MoH	Ministry of Health
MSN	Multi-Sectoral Nutrition
NCD	Non Communicable Diseases
NDMA	National Drought Management Authority
NIPFN	National Information Platform for Food and Nutrition
NITWG	Nutrition Information Technical Working Group
NTF	Nutrition Technical Forum
SUN	Scaling Up Nutrition
ToR	Terms of Reference
TWG	Technical Working Group
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene

Executive summary

Background

Decreasing the burden of malnutrition requires multi-sectoral collaboration between stakeholders with a common nutrition outcome. Proper nutrition coordination facilitates program planning, optimal utilization of resources and ultimately contributes to improved nutrition outcomes. Kenya Nutrition Action Plan (KNAP) key result area fifteen, aims to strengthen sectoral and multi-sectoral nutrition governance including coordination and legal/regulatory framework. The ability to monitor, evaluate and strengthen multi sectoral coordination remains critical due to renewed focus on ending malnutrition. The mapping exercise on sectoral and multi-sectoral coordination mechanisms was to establish and document capacities, gaps and opportunities for strengthening MSN coordination.

Methodology

The mapping exercise was conducted between July to September, 2022. The study employed a cross-sectional study design to collect data on sectoral and multi-sectoral experiences and perspectives on the existing coordination mechanisms. The assessment approach comprised of desk reviews and primary data collection through key informant interviews with the national departments/ divisions of health, agriculture, social protection, gender, education, WASH, KNBS, NDMA and nutrition partners. .

Findings

The mapping exercise sought to establish the presence and functionality of coordination mechanisms, bottlenecks, motivators and capacity gaps to effective sectoral and multi-sectoral coordination. The findings are as follows;

1) Presence of sectoral and multi-sectoral coordination mechanisms

All programs within the Ministry of health, Division of Nutrition and Dietetics have established Technical Working Groups (TWGs). In addition, the nutrition sensitive sectors of agriculture, education, water; social protection and planning have also established coordination mechanisms. Furthermore, there is a Nutrition Technical Forum (NTF) which brings together the technical leads from the government ministries, departments and agencies, development and implementing partners and Nutrition Inter-agency Coordination Committee (NICC), the top organ in nutrition coordination, which convenes heads of ministries, departments and agencies from nutrition specific and sensitive sectors.

2) Functionality of coordination mechanisms

Functionality of the coordination mechanisms for nutrition is at varied levels (nascent, establishing, consolidating and sustaining) with most having terms of reference, meetings schedules, clear communication channels, membership defined with no repository for the meeting minutes. There is evidence of government-led coordination with the conveners/ secretariat for all coordinating mechanisms being government officers and chaired by implementing partners. The mapping exercise identified a lack of ToR for the NICC and clinical nutrition technical working groups. Nutrition-sensitive sectors have program based coordination mechanisms with clear ToRs

3) Motivators and Bottlenecks for effective coordination

The motivators for effective coordination include established coordination mechanisms, availability of policy documents to guide coordination, presence of partners, virtual meetings and political good will to support coordination. The bottlenecks identified are inadequate human resource for nutrition affecting consistency in attendance to other line sectors /departments coordination meetings, lack of anchoring of MSN mechanisms at a higher office of influence, too many coordination mechanisms leading to poor participation, no mid- term review of the progress of the implementation of the FNSP- IF (2017-2022) and KNAP, limited information sharing among the coordination mechanisms, over reliance on donor support for nutrition programming, and inadequate participation of the private sector In addition, linkage between the national and county levels is adhoc and with no clear or systematic guide on how often the two levels should meet.

4) Capacity gaps for effective sectoral and multi-sectoral nutrition coordination mechanisms

The capacity gaps that hinder effective coordination include low understanding of stakeholder's mandates in the coordination mechanisms due to inadequate sensitization and unclear understanding of MSN common indicators.

Conclusion

Kenya has a strong policy environment for nutrition. Although several sectoral and multi-sectoral coordination mechanisms exist, others are yet to be established. The coordination mechanisms have varied degrees of functionality with majority having ToRs. Effective coordination has been positively influenced by the presence of coordination mechanisms, availability of policy documents, presence of partners, virtual meetings and political good will. However, effective coordination has been hindered by inadequate human resource, lack of anchoring of MSN mechanisms at a higher office of influence, too many coordination mechanisms, no mid- term review of the progress of the implementation of the FNSP- IF (2017-2022) and KNAP, limited information sharing among the coordination mechanisms, over reliance on donor support, adhoc linkages between national and county levels and inadequate private sector participation. Multi-sectoral coordination can be strengthened by enhancing consistency in participation of the division of nutrition and dietetics program officers to the assigned nutrition sensitive coordination mechanisms, placing multi-sectoral nutrition coordination platforms at a higher office of influence, ensuring the coordination mechanisms proposed in policy documents are established, sensitization of stakeholders on their mandates and advocating for coordination resources from the government to minimize over-reliance on donors while ensuring monitoring, evaluation, accountability and learning is enhanced.

Recommendations

To improve sectoral and multi-sectoral nutrition coordination, there is need to;

- Review the FNSP-IF and KNAP on lessons learnt while identifying implementation gaps and agreeing on the need for further establishment or merging of coordination mechanisms to inform the next generation

- Anchor MSN coordination at a higher level of national government e.g. the Presidential Advisory and Strategy Unit (PASU) to ensure adherence to meetings and resource allocation for MSN actions.
- Review and update the existing ToRs for coordination mechanisms
- Establish a repository for all the meeting minutes and work-plans for ease of access.
- Enhance consistency in participation of the division of nutrition and dietetics program officers to the assigned nutrition sensitive coordination mechanisms.
- Utilize virtual meeting technology for coordination meetings to minimize time wastage and allow proper use of resources.
- Strengthen linkages and coordination between the national and county levels for policy and programs updates to ensure harmonized implementation of actions.
- Develop a joint MSN coordination framework at national level to guide structured implementation of actions, monitor and evaluate agreed upon indicators and targets.

1.0 Introduction

1.1 Background and Context

Kenya is experiencing a triple burden of malnutrition characterized by the coexistence of under-nutrition as manifested by stunting, wasting, underweight, low birth weight; micro-nutrient deficiencies; and over-nutrition as evidenced by increasing overweight, obesity and diet related non-communicable diseases such as diabetes, cancers among others. All the three forms of malnutrition occur within individuals, households and populations throughout the life course. Addressing all forms of malnutrition at the three levels of causation (immediate, underlying and basic) concurrently, increases the effectiveness and efficiency of investments of time, energy and resources to improve nutrition. The Lancet series reviewed progress towards improving maternal and child health and recognized that tackling under-nutrition requires scaling up proven nutrition-specific interventions alongside strengthening nutrition-sensitive interventions spanning a variety of sectors¹. According the series, Nutrition-specific interventions implemented with a wide coverage (i.e. above 90%) can only resolve 20% of the burden of chronic under-nutrition. The rest can only be achieved through nutrition-sensitive interventions ².

The Conceptual Framework of malnutrition³, and the 2013 Lancet Series on Maternal and Child Nutrition ², presents a positive pathway specifying the contribution of nutrition specific and sensitive interventions required to achieve optimal nutrition or the lack therefore resulting in malnutrition. The framework stresses the multifaceted enabling, underlying and immediate determinants for successful nutrition and ultimately health, human development and growth, educational performance, and economic productivity outcomes. Decreasing malnutrition requires coordination and collaboration from multiple sectors. The combined power of high level political commitment and a supportive policy environment across sectors are key ingredients in improving nutrition.

Kenya has a favourable nutrition policy environment with key policies and strategic plans linked to nutrition in health and other line ministries in place. The multi sectoral Kenya Nutrition Action Plan (KNAP)⁴ has given clear guidance on sector-wide partnership and collaboration. It also promotes stronger institutional coherence and linkages between sectors, at national and county levels. Coordination in Kenya has its roots in nutrition emergencies and is credited to be a key enabler of success in programming. It allows various stakeholders to see where they fit into the larger system and helps clarify roles and contributions of partners. Moreover, nutrition-sensitive programs can serve as delivery platforms for some nutrition-specific interventions potentially increasing their scale, coverage and effectiveness⁵.

Despite the success and progress, a lot more needs to be done to sustain the gains and strengthen the coordination and collaborations at national level. In Kenya and other countries, unclear coordination and collaboration across sectors has been cited as one of several reasons why multi -sectoral nutrition efforts fail to gain momentum⁶. Coordinating agencies meant to serve multiple functions have limited value to ending malnutrition due to their inability to maintain continued political commitment and lack of joint work-planning, attainable through optimal multi-actor coordination and leadership. The ability to monitor coordination efforts and processes remain critical due to renewed focus on multi sectoral actions and collaboration. The Ministry of Health-

Division of Nutrition and Dietetics (MoH-DND) with support from USAID Advancing Nutrition therefore prioritized and commissioned a mapping exercise to assess sectoral and multi-sectoral coordination mechanisms.

1.2 Objectives

The main aim of the mapping exercise was to assess the existing coordination mechanisms across the nutrition-specific and -sensitive sectors at the national level. Specifically, the exercise sought to;

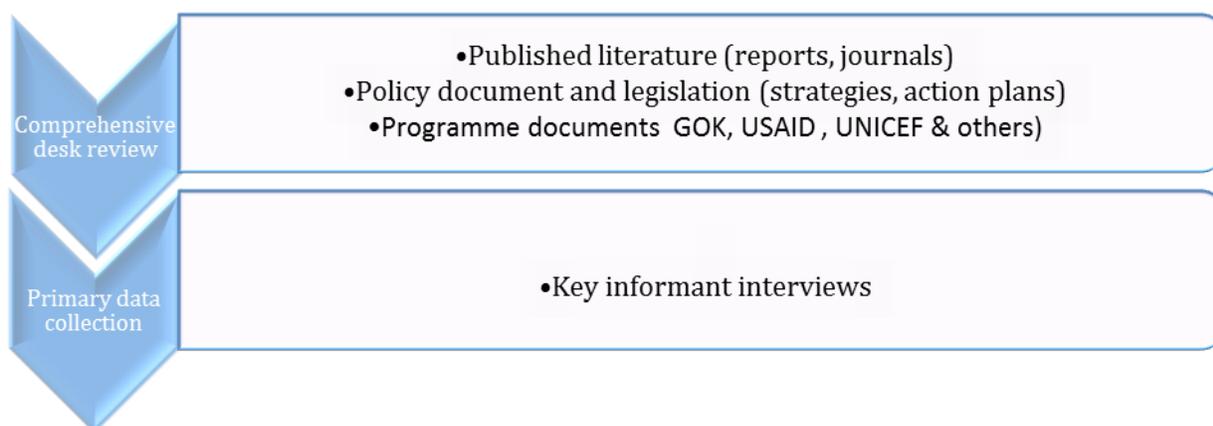
1. Establish the presence of the coordination mechanisms in nutrition specific and sensitive sectors at national level.
2. Assess the functionality of the coordination mechanisms (membership processes, terms of reference, frequency of meetings, work plans and documentation in terms of minutes and action plans among others) at national level.
3. Assess the bottlenecks and motivators for effective coordination and sustainability of the coordination mechanisms at national level.
4. Assess the capacity gaps of the coordination mechanisms and stakeholders at national level.
5. Provide recommendations on strengthening the coordination mechanisms including addressing capacity gaps at national level.

2.0 Methodology

2.1 Approach of the Mapping exercise

National Multi-sectoral Nutrition Secretariat was formed with the leadership of the division of nutrition and dietetics to spearhead the mapping exercise. They provided guidance regarding the methodology. The mapping exercise was conducted at the national level between July and September, 2022 and employed a cross sectional study design to gather sectoral and multi - sectoral experiences, perspectives and views on the existing coordination mechanisms. The assessment approach comprised of comprehensive desk reviews and primary data collection through key informant interviews with the departments/ divisions at the national ministries of health, agriculture, social protection, gender, education, WASH, KNBS, NDMA and nutrition partners. Figure 1 below shows the approach for the mapping of existing sectoral and multi-sectoral coordination mechanisms.

Figure 1: Approach for mapping of existing sectoral and multi - sectoral coordination mechanisms



2.1.1. Desk review

A scoping and mapping tool was developed to aid in identification of the documents to be reviewed and to provide guidance on the standards that define establishment and functionality of coordination mechanisms. The desk review involved the examination of existing policy documents, studies and program reports from the national level. The review provided information on the existence and description of the coordination mechanisms, membership and processes of coordination. A total of 23 policy documents from both nutrition specific and sensitive sectors were reviewed. The desk review findings assisted in identification of the coordination mechanisms that are captured in the policy documents, those already formed and/or to be established and gaps in guidance on formation and processes of the coordination mechanisms. A comprehensive list of the documents reviewed is in annex 1 while the results have been integrated into the findings of the mapping exercise.

2.1.2. Primary data collection

The key informants for the mapping exercise were heads of department/ divisions and secretariats and/or chairs of the coordination mechanisms within the various sectors. The consultant developed key informant interview guides in consultation with the division of nutrition and dietetics and members of the secretariat. Different KII guides were developed targeting various groups (MoH DND, health, committee chairs, agriculture, water, education, gender, social protection, National Drought Management Authority (NDMA), Scaling Up Nutrition (SUN) Networks, and Kenya National Bureau of Statistics (KNBS) to collect relevant and suitable data (Table 1). Forty-five key informants were then purposively sampled as participants (38 Females, 7 Males). All Interviews were conducted virtually in English and audio recorded. The study team comprised of a lead consultant supported by two associate consultants all who are public health nutritionists. The lead consultant was in charge of the overall execution of the mapping exercise.

Table 1: Overview of departments targeted and sample size

Ministry	Department	Sample size
Health	Director of Nutrition and Dietetics	1
	Division of Nutrition and Dietetics (Program Managers)	8
	Nutrition Partners* (Chairs of TWGs**, alliances*** and committees****)	11
	Division of Community Health Services	1

	Division of Vaccines and Immunizations	1
	Division of Adolescent and School Health	1
	Division of Neonatal and Child Health	1
	Division of Maternal and Reproduction Health	1
	Division of Non Communicable Diseases	1
	NASCOP	1
	Division of Environmental Health	1
	TB	1
Ministry of Agriculture, Livestock, fisheries and cooperatives	Agri -Nutrition	1
	Crops and Livestock	1
	Fisheries	1
Education	School health, meals and nutrition	1
Ministry of Public Service, Gender, Senior Citizens Affairs, and Special Programs	Social protection	1
	Children Services	1
Water	Irrigation	1
Scaling up Nutrition Networks	SUN- Focal Person	1
	SUN- Academia	1
	SUN- CSA	2
	SUN Business	1
NDMA	UNICEF	1
KNBS/NIPFN	Program staff	2
Nutrition Cluster Coordination	UNICEF	1
Total		45

* - World Vision, UNICEF, Kenya Red Cross Society, ACF, Kenyatta University, Jomo Kenyatta University of Agriculture and Technology, KEMRI

** - TWGs include MIYCN, Capacity, Research in Nutrition, Healthy diets, Nutrition Information, Advocacy Communication and Social Mobilization, Micro-nutrients deficiency and control, Emergency Nutrition, Clinical Nutrition.

*** - Kenya Food Fortification Alliance

**** - Nutrition Inter-agency Coordination Committee

2.2. Data analysis

The qualitative data underwent in-depth processing and analysis. All audio recordings were transcribed verbatim and the quality of the transcript checked against the audio recording by the consultant. Initial qualitative data coding framework was developed based on the key informant interview guides. Subsequently, consensus on code usage, code definitions and structure were used to refine the codebook after reviewing a sub set of the transcripts by the consultant. The data was analyzed using in-depth thematic analysis. Review of findings was conducted through revisiting the data and research questions per objective, as part of internal validation of findings, before interpretation of the overarching lessons and recommendations. To ensure confidentiality, codes were used to maintain anonymity of the respondents. All audio recorded interviews were safely stored in password protected devices. A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was used to determine the motivators and bottlenecks to effective sectoral and multi-sectoral coordination mechanisms.

2.3. Emerging themes

The mapping assessment findings were synthesized into themes which were in line with the objectives and the scope of the mapping exercise. The themes include presence of sectoral and multi-sectoral coordination mechanisms, functionality of nutrition coordination mechanisms, motivators and bottlenecks to effective sectoral and multi-sectoral coordination, capacity gaps for sectoral and multi-sectoral nutrition coordination mechanisms

3. 0. Findings

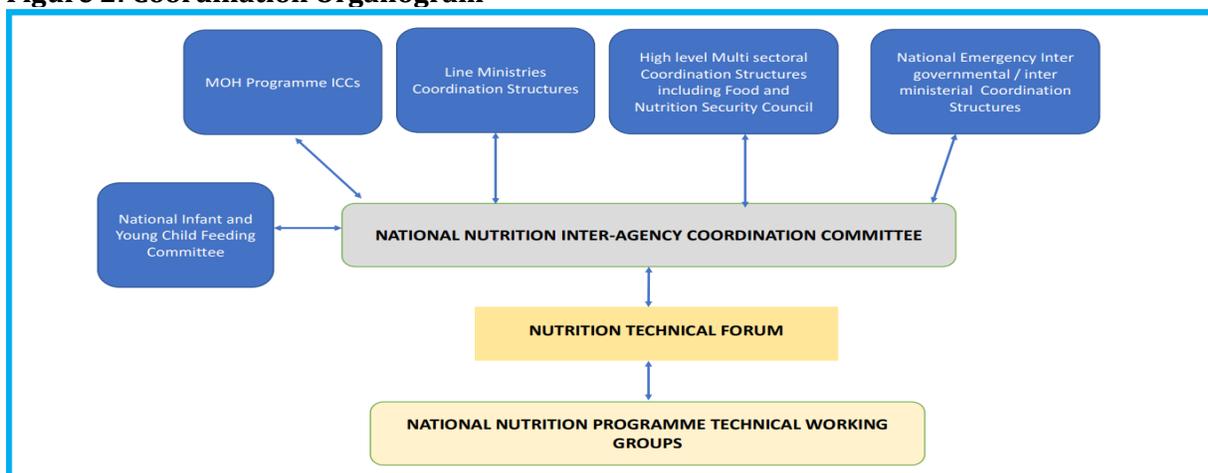
3.1 Presence of Sectoral and Multi- Sectoral coordination mechanisms

All the programs in the division of nutrition and dietetics have a TWG and they include; Maternal Infant and Young Child Nutrition (MIYCN), Emergency Nutrition Advisory Committee (ENAC), Clinical Nutrition, Healthy Diets & Lifestyle, Advocacy Communication and Social Mobilization (ACSM), Capacity Development, Micro-nutrient Deficiency Prevention and Control, Research in Nutrition, Nutrition Information, National Committee on Infant and Young Child Feeding, Kenya National Food Fortification Alliance and BMS Monitoring and Enforcement Committee. There is also the existence of a Nutrition Technical Forum (NTF) which brings together the technical leads from the government ministries, departments and agencies, development and implementing partners and Nutrition Inter-agency Coordination Committee (NICC) which is the top organ advisory committee for nutrition and convenes heads from ministries, departments and agencies from nutrition specific and sensitive sectors. The coordination organogram is presented in figure 2

“Now from the Technical Working Group, the next level we have the Nutrition Technical Forum, and this brings together the technical leads of nutrition in the government ministries, departments and agencies and also development and implementing partners”. MOH, Nutrition

“The top organ in nutrition coordination is what we call the nutrition inter-agency coordinating committee, and just as that term depicts, it is inter-agency because it has the government, it has the partners, including also the academia and research and that acts as an advisory structure in terms of the nutrition coordination and is responsible for also looking at harmonization of the way programs are implemented”. Coordination Committee Chair - MoH Nutrition

Figure 2: Coordination Organogram



Source KNAP 2018-2022

Scaling up Nutrition (SUN) is a country led movement to end malnutrition in all its forms, supported by organizations and individuals through collective action to ensure every child, adolescent, mother and family can realize their right to food and nutrition, reach their full potential and shape sustainable and prosperous societies. It is established with six networks namely; Government, United Nations [UN], Civil Society Alliance [CSA], Donor, Business, Academia and Research.

Out of the nine key informant interviews conducted with Ministry of health departments, all had coordination mechanisms as follows; Neonatal and Child-Health (Newborn TWG, case management at health facility level TWG and Integrated Community Case Management TWGs), Non Communicable Diseases (NCD Interagency Coordinating Committee), National AIDS and STI Control Programme (NAS COP) (Committee of experts for nutrition in HIV), Food Safety (National Food Safety Coordination Committee), Adolescents and School Health (Adolescent health TWG), Community Health, Vaccines and Immunizations, Reproductive and Maternal Health.

Out of the 11 KIIs conducted with nutrition sensitive sectors, all had coordination mechanisms which include; Nutrition linkages TWG and multi-stakeholder platform for climate smart agriculture by the MoALFC ; inter-ministerial committee for school meals and the school health technical working group by MoE; Nutrition Improvement through Cash and Health Education (NICHE) Technical Advisory Committee, Kenya Social and Economic Inclusion Project (KSEIP) implementation committee by Ministry of Public Service, Gender, Senior Citizens Affairs, and Special Programs; and ,WASH stakeholders forum by Ministry of Water; Kenya Food Security Steering Group, National Information Platform for Food and Nutrition (NIPFN) Policy Advisory Committee, and National Steering committee by the Kenya National Bureau of Statistics (KNBS) by the Ministry of Planning and Devolution.

“DND participates in inter-ministerial committee for school meals, the adolescent health technical working group, school health technical working group and food and nutrition linkages technical working group.” MoH Nutrition

“Within the Ministry of Health, we actually embrace sectoral engagement, so we are members of TWG like in the Reproductive maternal health... Child Health , Adolescent & School Health, community Health Strategy, NCD ICC which is also a top organ for coordination of NCD intervention in the ministry. Now outside ministry, we are working closely with the Ministry of Public Service, Gender, Senior citizens affairs and Special Programs, specifically Directorate of Children Services where we are members of the nutrition technical advisory committee under Nutrition Improvement through Cash and Health Education. Going across the ministry of Education also they have a multi...an interagency coordinating committee for school meals and we are also members”. MOH, Nutrition

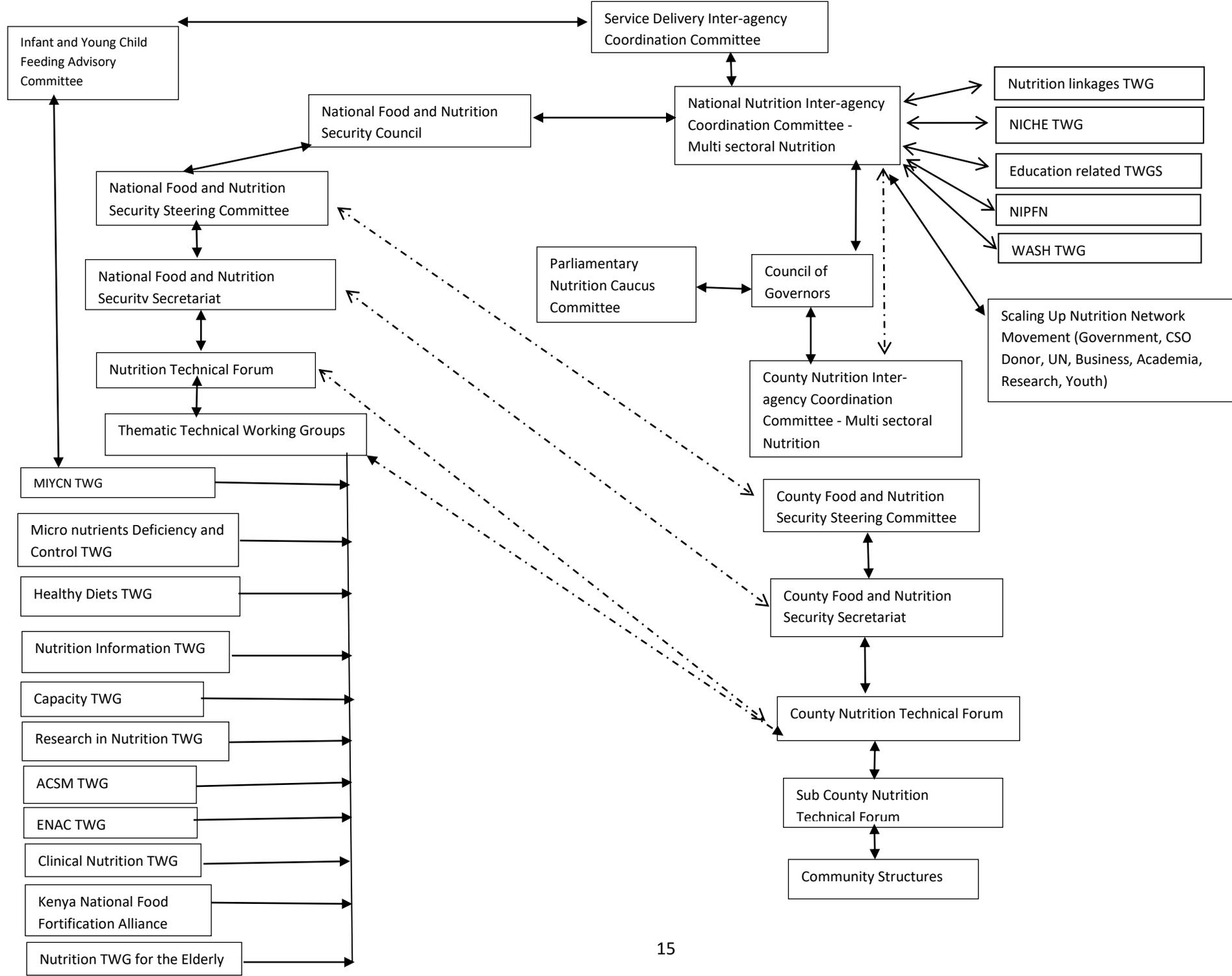
However, from the coordination mechanisms captured in the desk review, some of the coordination mechanisms have not been established such as: national food and nutrition security council, national food and nutrition security steering committee and the agri- nutrition secretariat as proposed in the National Food and Nutrition Security Policy Implementation Framework (FNSP) IF 7. The KNAP also proposed the formation of the National Inter-ministerial Monitoring and Enforcement Committee (NIMEC), technical working group on health and nutrition for older

persons, the coordination mechanisms for engagement in nutrition legal and regulatory processes which are yet to be established ⁴.

Proposed Sectoral and Multi Sectoral Coordination Structure for Nutrition

Figure 3 presents the proposed sectoral and multi sectoral coordination structure for nutrition. It shows the proposed linkages between various nutrition specific and sensitive coordination mechanisms including the SUN movement.

Figure 3: The proposed sectoral and multi sectoral coordination structure for nutrition



3.2 Functionality of nutrition specific coordination mechanisms

The functionality of the existing coordination mechanisms is at varied levels. Almost all the coordination mechanisms within the Division of Nutrition and Dietetics have a ToR (which includes the membership, chair, secretariat, frequency of meetings and a work plan) except NICC and the clinical nutrition TWG. For these coordination mechanisms, the meeting minutes are available in electronic copy without an on-line repository while the follow up of actions are done through a review of previous minutes during the subsequent meeting by the members of the TWG present. Development of a workplan is done within the program areas in collaboration with implementing partners and consolidated to form the MoH -DND annual workplan. Majority of the coordinating mechanisms have weak to minimal linkages with the counties demonstrated by lack of clear pathways on how the national and counties should interact and feedback each other. The non-functional coordination mechanism is the clinical nutrition.

Table 3 below presents the coordinating mechanism, membership, frequency of meetings, chair and secretariat for each of the coordination mechanism, and availability of a work plan.

Table 3: Nutrition Program Coordination Mechanisms within the Division of Nutrition and Dietetics

Coordinating Mechanism	Membership	Frequency of Meetings	Chair and Secretariat	Work Plan
Nutrition Inter-agency Coordination Committee	Key ministries, departments and agencies with a function on food and nutrition (Agriculture, education, social protection) KNBS, research institutions, all SUN networks, donors and major development partners (UNICEF, EU, USAID, WHO, WFP, JICA)	Quarterly but meetings are also held more frequently based on need.	Chair is head of family health while secretariat is director for nutrition and dietetics	No Work plan but activities are within the AWP
Nutrition Technical Forum	Representatives of all the nutrition TWGs, other nutrition sensitive sectors (social protection, education, agriculture, water) KNBS, NDMA	Bi-monthly	Chair and secretariat are from the MoH DND	No workplan but the activities are captured within the AWP
MIYCN TWG	MIYCN implementing stakeholders, other divisions within the MoH, academia, semi-autonomous government agencies such as KHN, KMTC, NASCOP, UN and the donor community, development partners, private sector and implementing partners	Monthly- Every last Tuesday of the month	Chair is on rotational basis Secretariat is program manager- MIYCN	The MIYCN AWP feeds into the DND work plan with inputs from partners.
ENAC	UN partners, implementing partners, MOH DND, ASAL counties	Monthly- Every last Wednesday of the month Smaller meetings held based on emergency	Chair is on rotational basis Secretariat is program manager- Nutrition in emergencies	Work plan developed during the annual work plan process for the MoH DND. Process starts from the counties to national
NITWG	Drawn from nutrition specific and sensitive sectors	Monthly- every last Thursday of the month	Chair is on rotational basis Secretariat is program manager Nutrition Information	M & E work plan available co-developed with NITWG members.
Research in Nutrition TWG	Members drawn mainly from academia, training and research institutions. Other members include implementing partners, UN Agencies and independent consultants	Monthly- every second Tuesday of every month	Chair is on rotational basis Secretariat is program manager research in nutrition	Work plan available. Informed by KNAP specific key result areas.

Capacity TWG	Implementing partners, UN Agencies, academia, and other line ministries	Monthly- every last Tuesday of the month	Chair is on rotational basis Secretariat is program manager- capacity	Work plan available. Informed by KNAP specific key result areas.
Advocacy Communication and Social Mobilization TWG	Membership well defined within the ToR.	Monthly- every third Thursday of the month.	Chair is on rotational basis Secretariat is program manager ACSM	Work plan available and developed in collaboration with partners
Micro-nutrients Deficiency Prevention and Control TWG	Academia, the referral hospitals, partners and Ministry of Education	Monthly- every first Wednesday of every month	Chair is on rotational basis Secretariat is program manager- Micro-nutrients Deficiency Prevention and Control program	Work plan available and derived from the annual MoH DND work plans with guidance from the KNAP.
Healthy Diets TWG	Nutrition stakeholders , representation from NCD and M&E department, UN bodies, academia, development partners, private sector, KNH, other MoH programs such as school health, adolescent health, line Ministries such as education and agriculture	Monthly	Chair is on rotational basis Secretariat is program manager- healthy diets program	Work plan available and derived from the annual MoH DND work plans with guidance from the KNAP.
Kenya National Food Fortification Alliance	Kenya Bureau of Standards, Division of food safety , KEMRI, industries(maize milling industry, the salt industry and fat and edible oil industry), county governments, Kenya association of manufacturers and consumer lobby groups, development partners and premix suppliers	Quarterly	Chair is on rotational basis Secretariat is program manager-	Work plans are guided by the strategic plan 2018-2028 to formulate the overall MoH D&D workplan

3.3 Functionality of nutrition sensitive coordination mechanisms

The functionality of the nutrition sensitive coordination mechanisms is at varied levels with all having a ToR. The frequency of meetings is based on what is stipulated in the ToR and differs from monthly to quarterly meetings while membership is inclusive of other sectors (health, agriculture, social protection, water, education, gender). The Division of Nutrition and Dietetics is a member of nutrition sensitive coordination mechanisms (Food safety steering committee, Division of Reproductive and Maternal health, Neonatal and child health, Adolescent and school health, NCD inter-agency coordinating committee, Community health, PMTCT TWG, Newborn TWG, Case management at health facility level (TWG), Integrated Community Case Management TWG, Monitoring and Evaluation, Committee of experts for nutrition in HIV, Food and nutrition linkages TWG, Inter-ministerial steering committee for school meals, School health TWG, NICHE technical working group, NICHE technical advisory committee, NIPFN Policy Advisory Committee, NIPFN National steering committee and Kenya food security steering group. However there is inconsistent meeting attendance and representation by nutrition officers within the Division of Nutrition and Dietetics in almost all the above TWGs apart from food and nutrition linkages TWG.

Other coordination mechanism

SUN Movement

Kenya joined the SUN movement in September, 2012 and has since set up six (6) networks namely: (Government, United Nations (UN), Civil Society Alliance (CSA), Business (SBN) and Academia) with the government taking lead. SUN in Kenya has united people in a collective effort to improve Nutrition. Out of the six networks, only four (SUN CSA, SUN Academia, and Research, SUN Business and SUN Government) participated in the KIIs. The chairs of the various SUN networks in Kenya are SUN-Civil Society Alliance (CSA) - Nutrition International, SUN Donor- JICA, SUN UN - UNICEF, SUN academia and research- Kenya Medical Research Institute (KEMRI), SUN Business- Global Alliance for Improved Nutrition (GAIN) with the SUN Government focal person from the Division of Health Promotion. Work-plans and ToRs are available for the SUN CSA, academia and research and SUN business networks. The SUN CSA draws its members from implementing partners and meets quarterly. SUN academia and research has membership from research institutions, academic institutions and the private sector and meets bi-monthly while the SUN business network draws its membership from businesses (large, micro, small and/or medium enterprises and meet bi-annually. Kenya is unique in that the SUN government focal person is not the head of nutrition hence the question on the extent of their mandate.

3.3 Bottlenecks and motivators for effective sectoral and multi-sectoral nutrition coordination

A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was used to determine the motivators and bottlenecks to effective sectoral and multi-sectoral coordination mechanisms.

The motivators for effective coordination identified include:

- Several TWGs and committees are already established within the different sectors. These are spearheaded by the government.

“Leadership is spearheaded by the government, the Nutrition program manager takes the key lead regardless of who is chair and I think that has been working very well because that ownership by the government and that drive by the government has made this coordination very strong and effective. So for me, that is what has made it work. The government is at the center of everything”. Nutrition Partner

- Availability of partner support for the coordination mechanisms and implementation of activities as stipulated within the KNAP.
- Several policy documents are available which guide coordination and linkages - FNSP, KNAP, ANIS, Health Act 2017, BMS Act, 2012, Intergovernmental Relations Act (No 2 of 2012) etc.
- Stakeholders collectively own implementation results (SMART survey, MIYCN KAP)
- Stakeholders (organizations/ ministries/ departments / divisions) are able to leverage on each other’s resources, activities and platforms including diversified skills and technical capacities.

“One of the main strength is the different players in that committee. When we work with a multi sectoral approach, we are able to do much, than when we operate alone. The strengths is the multi sectoral players in the committee. Everyone is able to bring in the expertise that will have a positive impact on any program.” Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programs - Children Services

- Fixed meeting dates including adoption of virtual meetings have increased participation

“The fixed meeting dates have enabled consistent participation. Earlier on when we used to have dates changing depending on availability, we kind of ended up not having consistent attendees and you know when people are not consistent every time is like you are starting afresh, from scratch. So I think a consistent meeting date is strength and as a result I would say the participation has remained quite technical.” Nutrition Partner

“Our meetings are held monthly. We have our meetings every last Thursday of the month. And the members are all like partner organizations that are implementing nutrition, that have also interest in information. Because you see not all partners will volunteer to join. So the partner organization is the chair and co-chair and the government is the secretariat.” Nutrition Partner

“COVID-19 came in as a blessing and we said we would be doing meetings even if it’s not physically we can do them virtually”. MoH

- The Scaling Up Nutrition (SUN) movement which has different networks within the country have components of advocacy for multi sectoral coordination

“On advocating, our main advocacy campaign is to raise awareness that is focused on the impact of malnutrition, policy engagements as well as the network primarily undertaking capacity building of civil society organizations and other stakeholders to align their intervention with the national policies, strategies plans for nutrition” SUN

Bottlenecks hindering coordination that were identified include:

- Lack of anchoring of MSN mechanisms at a higher office of influence

“If the coordination frameworks as stipulated in KNAP requires 11 sectors to sit and address their components, then the Ministry of Health has no mandate to call Agriculture, education, WASH, gender, social protection to act because that’s not their mandate. The increased involvement of a range of stakeholders in Nutrition and recognition of nutrition as a multisectoral issues then comes the recognition of coordination of nutrition to be in an office where they can convene all the 11 sectors and they have power and mandate to do that”. SUN

“Because then the convening power of health for those other sectors (agriculture, education etc.) maybe a challenge. So for me, the ideal would be an office that is higher and has convening power for all those sectors.” Nutrition Partner

“Mmmh one thing would be to strengthen the membership. And having the coordination structures housed at the highest level of our leadership. And sometimes maybe even having some of these coordination structures report, if we had coordination from the highest office, maybe the office of the president, office of the deputy president, office of the cabinet secretary, so that when we have that overall arching national coordination, then these now can strengthen technical, technical TWG’s with respective line ministries or line divisions. So I think just having that overarching national coordination at the highest level of leadership.” MOH

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- Lack of clarity on how to operationalization of the MSN mechanism at the national level.

“What is multisectoral nutrition coordination? What does it mean, there is no critical mass or people who understand that, no structures on how to inform them.” MOA

- No mid- term review of the progress of the implementation of the FNSP- IF (2017-2022) thus follow up on the process of formation of proposed coordination structure was incomplete.
- Over reliance on donor support for nutrition programming and coordination forums and implementation thus reducing sustainability upon partner exit.
- Some TWGs experience skewed resources, partnership and membership as a result of funding priorities and programs by organizations
- Conflicting priorities and too many coordination mechanism leading to poor participation during the TWG meeting or delegation of meetings to persons with inadequate capacity and decision making mandates. In addition, there is lack of consistency in sending representation from organizations for meetings leading to poor follow-up of actions.

“An organization will send one person to represent them today, and then send another person next time to represent them. That lacks consistency and one may not really follow up what has been going on.” MOH

“Let me tell you competing tasks, people are very busy so getting adequate time to meet has been a challenge.” MOH

“We have quite several coordination structures, so if we can find a way of streamlining those so that we really have just the few”. Nutrition Partner

- Inadequate human resource for nutrition at the national level which affect the representation of nutrition in various coordination fora. As a result, there is either lack of consistency or no attendance at all by officers assigned to specific coordination meetings within the nutrition sensitive sectors from the MoH DND

"Inadequate staffing at nutrition division -makes it very difficult for consistence in attending meetings and giving direction when it comes to nutrition issue and having different persons struggling to understand where the other person left". MOH

- Organizational individualism as each member champions the interest of their own organization instead of the common goal for the coordination mechanisms.
- Inadequate participation of stakeholders from the private sector.
- Lack of joint multi sectoral resource mobilization strategy

"Nutrition programs are still planned and implemented by separate institutions and so this coordination issue leads to a planning and budgeting challenge and it's also leads to implementation challenge and a monitoring challenge." SUN

- Lack of review meetings to monitor the implementation of the coordination mechanisms work plans

" We don't have review meetings, we only meet and discuss the agenda, however I know we have always proposed to have let's say like joint ...joint review missions where now we are also having the members either from NICC or NTF also interacting with the counties. That has not been actualized and probably moving on, that is something that ...that probably may need to have more focus." MOH

"I do not think there is any form of monitoring that has been established." MOH

3.4 Capacity gaps for sectoral and multi-sectoral nutrition coordination mechanisms

Key informants from the mapping of sectoral and multi sectoral coordination mechanisms identified capacity gaps that hinder effective coordination. These include:

- Within the different coordination mechanisms, there is low understanding of stakeholder's mandates due to inadequate sensitization.
- Lack of clarity on how to operationalization of the MSN at national level

"Limited capacity gaps where stakeholders are not clear on why the need for multisectoral coordination mechanisms." Nutrition partner

- Inadequate specialties in clinical nutrition

"So when you look at the capacity in terms of preventive or public health nutrition, I think there we are doing okay, however, in terms of clinical nutrition, you find that we are lacking in terms of Key specialty courses." MOH

- Unclear understanding of MSN common indicators – Line ministries lack clear understanding on their contribution to nutrition outcomes despite implementing nutrition sensitive interventions.

"In other sectors you find that many people are not aware of what nutrition entails. So there is need for them to be sensitized on the importance of why we need to coordinate as other sectors and why they are on board. So there is a need for that sensitization from other sectorsso that they are in light of what their contribution will be when it becomes to nutrition agenda" Secretariat - MOH

4.0 Discussion

The review of various sector documents such as the FNSP-IF, KNAP, BMS implementation framework among others^{4,7-10} revealed the existence of coordination mechanisms. The KIIs confirmed existence of some of the coordination mechanisms within the nutrition specific and sensitive sectors. The MoH-DND coordination mechanisms are program based with two overarching mechanisms i.e., NTF and NICC. Similarly, the nutrition sensitive sectors have established program - based coordination mechanisms and nutrition is a member.

However, from the KIIs, it emerged that some of the proposed coordination mechanisms in the sector documents were non-existent including; national food and nutrition security council, national food and nutrition security steering committee, agri nutrition secretariat {FNSP}, National Inter Ministerial Monitoring and Enforcement Committee {BMS implementation framework}, technical working groups on health and nutrition of elder persons and the coordination mechanisms for engagement in nutrition legal and regulatory processes {KNAP}. There was neither a mid-term review of the FNSP- IF 2017-2022 nor monitoring of the implementation matrix, resulting in a missed opportunity to monitor progress and implement based on gaps identified which would include establishment of proposed coordination mechanisms.

Both nutrition specific and sensitive coordination mechanisms in existence have varied degrees of functionality. Some of the functionality aspects included; meetings which were held either monthly or quarterly, membership which was representative of relevant stakeholders and departments and availability of ToRs of which two of the coordination mechanisms (NICC and clinical nutrition TWG) did not have. There is need for strengthening sectoral and multi-sectoral coordination mechanisms due to their varied levels of functionality¹¹.

The motivators of effective coordination as identified have enabled improvement of nutrition programming as a result of having a platform where stakeholders can progressively discuss and agree on programmatic issues, collate resources, avoid duplication and strengthen technical capacity of members. The bottlenecks and the capacity gaps identified hinder effective coordination, thus, retrogressing the progress made. Therefore, understanding and addressing the bottlenecks and capacity gaps is key to enhancing effective coordination.

5.0 Conclusion

Kenya has a strong policy environment for nutrition. Although several sectoral and multi-sectoral coordination mechanisms exist, others are yet to be established. The coordination mechanisms have varied degrees of functionality with majority having ToRs. Effective coordination has been positively influenced by the presence of coordination mechanisms, availability of policy documents, presence of partners, virtual meetings and political good will. However, effective coordination has been hindered by inadequate human resource, lack of anchoring of MSN mechanisms at a higher office of influence, too many coordination mechanisms, no mid- term review of the progress of the implementation of the FNSP- IF (2017-2022) and KNAP, limited information sharing among the coordination mechanisms, over reliance on donor support, adhoc linkages between national and county levels and inadequate private sector participation. Multi-sectoral coordination can be

strengthened by enhancing consistency in participation of the division of nutrition and dietetics program officers to the assigned nutrition sensitive coordination mechanisms, placing multi-sectoral nutrition coordination platforms at a higher office of influence, ensuring the coordination mechanisms proposed in policy documents are established, sensitization of stakeholders on their mandates and advocating for coordination resources from the government to minimize over-reliance on donors while ensuring monitoring, evaluation, accountability and learning is enhanced.

6.0 Recommendations

In response to the gaps identified, the following are key recommendations for sectoral and multi sectoral nutrition coordination mechanism per each theme;

Capacity dimension	Key recommendation
Establish the presence of the coordination structures in nutrition specific and sensitive sectors at national level	<ul style="list-style-type: none"> ● Review the FNSP-IF and KNAP on lessons learnt while identifying implementation gaps and agreeing on the need for further establishment or merging of coordination mechanisms to inform the next generation.. ● Convene a multi sectoral team to review and clearly define a functional MSN coordination structure for nutrition ● Institutionalize the agreed upon coordination structure by embedding it on a policy document to make it legal
Assess and describe the functionality of the coordination mechanisms (membership, terms of reference, frequency of meetings, work plans and documentation in terms of minutes and action plans among others) at national level.	<ul style="list-style-type: none"> ● Anchor coordination at a at a higher level nationally e.g. the Presidential Advisory and Strategy Unit (PASU) ● Finalize the existing draft ToR for NICC ● Establish a repository for all the meeting minutes, work-plans for ease of access ● Monitor and evaluate implementation of TWG workplan bi-annually ● Review and update the existing ToRs for coordination mechanisms ● Strengthen the clinical nutrition TWG
Assess the bottlenecks and motivators for effective coordination and sustainability of the coordination mechanisms at national level.	<ul style="list-style-type: none"> ● Enhance consistency in participation of the division of nutrition and dietetics program officers to the assigned nutrition sensitive coordination mechanisms ● Utilize virtual technology as an opportunity for coordination meetings ● Strengthen linkages and coordination between the national and county levels for policy and programs updates to ensure harmonized implementation of actions. ● Conduct high level strategic advocacy for MSN to resource mobilize for human and financial resources from the government
Assess the capacity gaps of the coordination mechanisms and stakeholders at national level.	<ul style="list-style-type: none"> ● Develop a national joint MSN coordination framework ● Sensitize nutrition-specific and -sensitive sectors on the MSN coordination framework including emphasizing their roles and responsibilities and how they contribute to nutrition outcomes. ● Build capacity of multi-sectoral nutrition sectors on MSN strategies and interventions to ensure multi sectoral nutrition actions are implemented

7.0 Limitations

Given that this is a qualitative study, the findings may not be generalized as the sample is not representative. Some of the key informants were not available for interviews including SUN donor and SUN UN networks, department of gender and Ministry of Education. The findings therefore do not include their inputs.

8.0 Annex

Annex 1: Desk review documents

SECTOR/ PROJECT	DOCUMENT TITLE
Overarching Documents	National food and nutrition security policy (2012)
	National Food and Nutrition Security Policy Implementation framework (FNISP) IF (2017-2022)
Health Sector	Kenya Nutrition Action Plan (2018-2022)
	Kitui County Nutrition Action Plan (2019-2022)
	Kisumu County Nutrition Action Plan (2021-2023)
	Kakamega County Nutrition Action Plan (2018-2022)
	National Framework for Implementation of Breast Milk Substitutes (Regulation and Control) Act, 2012 (2020-2025)
	Implementation Framework for Securing a Breastfeeding Friendly Environment at Workplaces, (2020-2024)
Agriculture Sector	Kenya Agri-Nutrition Implementation Strategy (2020 - 2025)
	Ministry Of Agriculture, Livestock, Fisheries and Co-Operatives Strategic Plan (2018 - 2020)
	Food Safety Policy 2021 (Draft)
Education Sector	Kenya School Health Policy, second edition, (2018)
	The national early childhood policy development framework (2006)
	National school meals and nutrition strategy (2017-2022)
	National pre-primary education policy standard guidelines (2018)
Labour and Social Protection Sector	Ministry Of Labour and Social Protection Strategic Plan 2018-2022
	Kenya Social Protection Monitoring and Evaluation Framework (2018-2022)
Water Sector	Ministry of Water strategy plan (2018-2022)
Projects and Program Reports	USAID Multi-sectoral nutrition strategy (2014-2025)
	USAID Advancing Nutrition Kenya Concept Paper
	Validated SUN Strategy Kenya (2021-2026)
	Preparatory Survey for The Initiative for Food and Nutrition Security in Africa (IFNA): Harnessing Multi-sectoral Synergies for Nutrition Improvement-Final Report. JICA 2018
	Multi-Sectoral Nutrition Global Learning & Evidence Exchange East and Southern Africa (2016)

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