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# **REPORT ON MAPPING OF SECTORAL AND MULTI - SECTORAL COORDINATION MECHANISMS FOR NUTRITION IN KISUMU COUNTY**

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## Abbreviations and Acronyms

<b>CIDP</b>	County Integrated Development Plan
<b>CNAP</b>	County Nutrition Action Plan
<b>CNC</b>	County Nutrition Coordinator
<b>CNTF</b>	County Nutrition Technical Forum
<b>FLAG</b>	Food Liaison Advisory group
<b>FNSP-IF</b>	Food and Nutrition Security Policy Implementation Framework
<b>GOK</b>	Government of Kenya
<b>HIV</b>	Human Immuno-Deficiency Virus
<b>K-CNAP</b>	Kisumu County Nutrition Action Plan
<b>KNAP</b>	Kenya Nutrition Action Plan
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOALFC</b>	Ministry of Agriculture, Livestock, Fisheries and Cooperatives
<b>MOE</b>	Ministry of Education
<b>MOH DND</b>	Ministry of Health, Division of Nutrition and Dietetics
<b>MoH</b>	Ministry of Health
<b>MOPSGSCA</b>	Ministry of Public Service, Gender, Senior Citizens Affairs and Special programs
<b>MOW</b>	Ministry of Water
<b>MSN</b>	Multisectoral Nutrition
<b>NDMA</b>	National Drought Management Authority
<b>NGO</b>	Non-Governmental Organization
<b>RMCAH</b>	Reproductive Maternal Child Adolescent Health
<b>ROCA</b>	Rapid Organizational Capacity Assessment
<b>SWOT</b>	Strengths, Weaknesses, Opportunities and Threats
<b>TOR</b>	Terms of Reference
<b>TWG</b>	Technical Working Group
<b>UNICEF</b>	United Nations Children’s Fund
<b>USAID</b>	United States of America International Development
<b>WASH</b>	Water, Sanitation and Hygiene

## **Executive summary**

### **Background**

Kenya is experiencing a triple burden of malnutrition (co-exist as under-nutrition, micro-nutrient deficiencies, overweight and obesity) and decreasing this burden requires multi-sectoral coordination. Nutrition coordination in Kenya enables program planning, optimal utilization of resources and ultimately contributes to improved nutrition. A study conducted in Uganda and Nepal showed that unclear coordination and collaboration across sectors was one of several reasons why multi-sectoral nutrition efforts failed to gain momentum in the past (Levinson, Balarajan, and Marini 2013). Ending malnutrition and hunger requires multi - sectoral actors to work together to establish powerful partnerships that change the global landscape at all levels. At the national level, the Kenya Nutrition Action Plan guides sector wide partnership and collaboration.

In Kisumu County, the county Nutrition Action Plan prioritizes mainstreaming nutrition in policies and strategies within the health sector while encompassing multisectoral collaboration, coordination and partnerships as key strategies. The Ministry of health, Division of Nutrition and Dietetics commissioned a mapping exercise to assess sectoral and multi-sectoral nutrition (MSN) coordination mechanisms. The aim was to establish and document capacities, gaps and opportunities for strengthening MSN coordination in nutrition.

## **Methods**

The mapping exercise was conducted in the county between July to September, 2022 and employed a cross-sectional study design to collate sectoral and multi-sectoral experiences and perspectives on the existing coordination mechanisms. The assessment approach comprised of comprehensive desk reviews and primary data collection through multi stakeholder key informant interviews. Interviews were conducted with key resource persons (directors and program coordinators) from the county departments of health, agriculture, social protection, gender, education and WASH. In order to analyze the findings of the assessment, themes were identified through a deductive approach along the following streams; 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.

## **Findings**

### **1. Presence of sectoral and multi-sectoral coordination mechanisms**

The coordination mechanisms in existence for nutrition include; the county nutrition technical forum, Multi sectoral nutrition coordination mechanism, while the coordination mechanisms in other sectors include; Kisumu County food liaison advisory group, Economic inclusion multi-sectoral committee, Kisumu County WASH network forum, County Agricultural Sector Coordination Committee, and Kisumu county stakeholder's forum.

### **2. Functionality of nutrition coordination mechanisms**

The functionality of the coordination mechanisms are at different levels. The county nutrition technical forum mainly comprised of stakeholders in health sector but is currently dormant due to lack of financial support. The MSN coordination mechanism is established and draws its members from various county departments and partners. Although it has no linkages with the national, the MSN has been cascaded to the sub-counties. Some of the proposed coordination mechanisms in the departments of health, and education were non-existent such as; the County Inter Ministerial Monitoring and Enforcement (CIMEC) committee, the school health committee at county, sub-county, ward level and school, and ward agricultural committee. There is engagement with the academia in the coordination platforms.

### **3. Motivators and Bottlenecks to effective MSN coordination**

SWOT analysis was used to identify motivators and bottlenecks of effective coordination. The motivators for effective coordination included presence of MSN members with different technical skills thus contributing to acquisition of knowledge, established sectoral and multi-sectoral coordination mechanisms, county-led leadership in coordination platforms, joint work planning by stakeholders, jointly identified MSN priorities, and presence of partners who co-finance coordination meetings. Some of the bottlenecks to effective coordination are, overreliance on partners for financial support, limited understanding of the nutrition specific and sensitive policy among stakeholders, minimal information sharing among coordination mechanisms and inadequate resource allocation by the county government for coordination. In addition, there is limited private sector participation in nutrition coordination and lack of private sector engagement strategy.

### **4. Capacity gaps for effective sectoral and multi-sectoral nutrition coordination mechanisms**

Although some participants reported that there was adequate capacity due to the professional mix, almost half of the nutrition sensitive partners mentioned inadequate knowledge and skills in nutrition as a major capacity gap attributed to inadequate or lack of updates.

### **Conclusion**

Kisumu County has a good policy environment for nutrition. There are a number of sectoral and multisectoral coordination mechanisms within the county. However, some aspects of coordination are affected for the proposed coordination mechanisms that are yet to be established i.e., CIMEC, ward agricultural committee, the school health committee at county, sub-county, ward level and school. In addition, nutrition sensitive partners mentioned inadequate knowledge to support nutrition implementation. The existing coordination mechanisms have varied degrees of functionality majorly hindered by the bottlenecks identified.

### **Recommendations**

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

- Advocate for establishment of other coordination mechanisms in agriculture and education as outlined in the National Food and Nutrition Security Policy Implementation Framework (FNISP) IF (2017-2022) and School Health Policy

Implementation Framework (2018) to enhance multi-sectoral actions within nutrition specific and sensitive sectors.

- Enhance and streamline MSN as the overall overarching coordination structure at the county for food and nutrition with linkages to the other sectoral and multi sectoral technical working groups and committees.
- Map and incorporate all the relevant stakeholders in the various coordination mechanisms.
- Conduct high level advocacy with county government, targeting key decision makers to resource mobilize for multi sectoral actions.
- Anchor the MSN within the county legal framework to allow for funding from the county government to enhance sustainability.
- Adopt the national multi-sectoral scorecard for tracking of multi sectoral performance
- Utilize virtual technology as an opportunity for coordination meetings to minimize time wastage and allow proper use of resources.

## 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 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 nutrition policy environment in Kenya is highly favourable with various nutrition-specific and sensitive policies developed with implementation on-going at county level.

The Lancet series reviewed progress towards improving maternal and child health recognized that tackling under-nutrition requires scaling up proven nutrition-specific interventions alongside strengthening nutrition-sensitive interventions spanning a variety of sectors (Ruel et al., 2013). 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 (Bhutta et al., 2013).

The Conceptual Framework of malnutrition, (UNICEF, 2021) and the 2013 Lancet Series on Maternal and Child Nutrition (Bhutta et al., 2013), presents a positive pathway with interventions required to achieve optimal nutrition. 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 highly favourable nutrition policy environment with key policies and strategic plans linked to nutrition in health and other line ministries. Kenya Nutrition Action Plan (KNAP) (MoH- Kenya, 2018) gives clear guidance on sector-wide partnership and collaboration. It also promotes stronger institutional coherence and linkages between sectors, at national and county levels. The Kisumu County Nutrition Action Plan (K- CNAP) prioritizes mainstreaming nutrition in policies, strategies within the health sector. The CNAP encompasses multisectoral collaboration with coordination and partnerships as key strategies to enhance programming across the sectors (Department of Health, 2021). To sufficiently respond to multisectoral nutrition needs, it is critical to have coordination across the nutrition sensitive and specific sectors to enhance commitment, responsibility, ownership, monitoring and sharing results from the collaboration. Proper coordination will also facilitate effective program planning, optimize utilization of resources and ultimately, contribute significantly towards improved nutrition outcomes. Coordination allows various stakeholders to see where they fit in the larger system and helps clarify roles and contributions of partners (Garrett & Natalicchio, 2011). Moreover, nutrition-sensitive programs can serve as delivery platforms for nutrition-specific interventions potentially increasing their scale, coverage and effectiveness.



Despite the success and progress, a study conducted in Uganda and Nepal showed that unclear coordination and collaboration across sectors was one of several reasons why multi-sectoral nutrition efforts failed to gain momentum in the past (Levinson, Balarajan, and Marini 2013). 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 prioritized and commissioned a mapping exercise to assess sectoral and multi-sectoral coordination mechanisms at county level.

## **1.2 Objectives**

The main aim of the mapping exercise was to assess the existing coordination platforms across the nutrition specific and sensitive sectors to inform alignment of MSN in Kisumu County. Specifically, the exercise sought to;

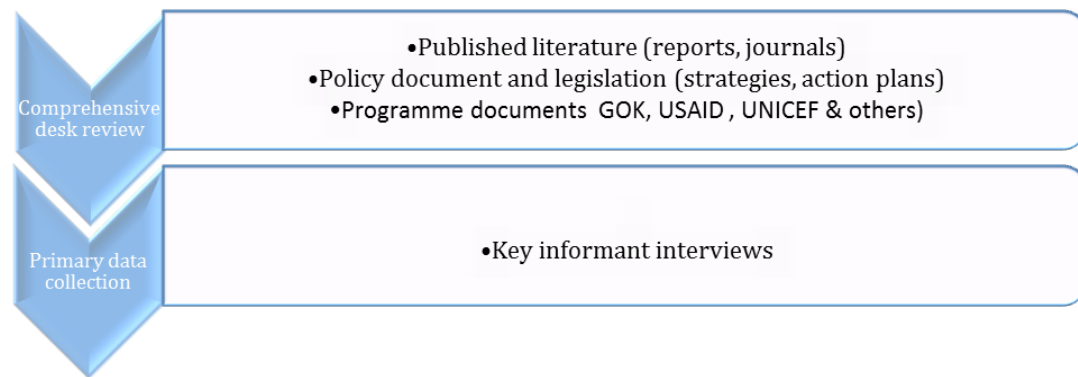
1. Establish the presence of the coordination mechanisms in nutrition specific and sensitive sectors in Kisumu County.
2. Assess and describe the functionality of the coordination mechanisms (membership processes, terms of reference, frequency of meetings, work plans and documentation in terms of minutes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

## **2.0 Methodology**

### **2.1 Mapping of sectoral and multi - sectoral approach**

The mapping exercise was conducted between July to September, 2022 and employed a cross sectional study design to gather rich sectoral and multi-sectoral experiences, perspectives and views on the exiting coordination mechanisms. The assessment approach comprised of comprehensive desk reviews and primary data collection through multi-stakeholder key informant interviews with the county departments of health, agriculture, social protection, gender, education and WASH. 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 mechanism**



### 2.1.1. Comprehensive desk review

A scoping and mapping tool to aid in identification of the documents to be reviewed and to provide guidance on the standards that define functionality of coordination mechanisms was developed. The comprehensive desk review involved the examination of existing policy documents, studies and program documents from the national and county levels. The review provided information on the existence and description of the coordination structures, 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 mentioned coordination mechanisms 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 National Multi-sectoral Nutrition Secretariat was formed with the leadership of the division of nutrition and dietetics to spearhead the mapping exercise and provided guidance regarding the sampling criteria. Those sampled were secretariats, chairs and/or heads of department within the various sectors. The key informant interview guides were developed in English in consultation with the division of nutrition and dietetics and USAID Advancing Nutrition. Different KII guides were developed targeting various groups (health, committee chairs, agriculture, water, education, gender, and social protection, to collect relevant and suitable data (Table 1). Fifteen key informants were then purposively sampled as mapping participants (9 Females, 6 Males). Interviews were conducted both face-to-face and virtually in English and audio recorded. COVID-19 containment measures were observed for the face-face interviews. The lead consultant was in charge of the overall execution of the mapping exercise.

Table 1: Sample respondents reached against the proposed sample size

County	Department	Proposed sample size	Respondents reached
Kisumu	County	1	0
	Health	7	4
	Agriculture	5	3
	Livestock	1	1
	Fisheries	1	1
	Education	6	2
	Social protection	1	2
	Gender	1	1
	Water	1	1
	NDMA	1	0
<b>Total</b>	<b>10</b>	<b>25</b>	<b>15</b>

## 2.2. Data analysis and ranking mapping aspect levels

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 against the audio recording by the consultant. Initial qualitative data coding framework was developed deductively 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 were 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.

The findings were ranked with a view to establish the status of the mapping aspects under each objective. To reflect these varying degrees, each mapping aspect is scored ordinally (1-4) as shown in the subsequent tables.

**Table 2: Mapping scoring matrix**

Score	Mapping level description	Colour code	Interpretation
1	Low	Red	Nascent *
2	Medium	Yellow	Establishing <sup>#</sup>
3	High	Light green	Consolidating <sup>≠</sup>
4	Very high	Dark green	Sustaining <sup>§</sup>

\* - Red means nascent

# -Yellow means establishing

≠ - Light green means consolidating

§ - Dark green means sustaining

### 3.0 Findings

The findings of this assessment are shown in a table for each of the mapping aspects followed by textual explanations which highlight mapping status, main gaps and recommendations. These mapping markers provide useful reference points for opportunities for leveraging on inter-actor synergies across multiple partners and actor network. They also provide a feasible objective and sound framework for prioritizing actionable mapping recommendations.

#### 3.1 Presence of Sectoral and Multi Sectoral Coordination Mechanisms

The coordination mechanisms in Kisumu County include; Multisectoral Nutrition (MSN) forum, Food Liaison Advisory group (FLAG), County Agricultural Sector Coordination Committee (CASCOC), Kisumu County WASH network forum, Environment network forum and Economic inclusion multi sectoral committee (Social Protection). The coordination mechanisms for nutrition are the county nutrition technical forum and the multi sectoral nutrition working group. Other coordination mechanisms within the health sector are established along program lines e.g. Reproductive Maternal Child and Adolescent Health (RMCAH) health care products and technologies, HIV and Tuberculosis management. In addition, the county has the Kisumu County stakeholders' forum.

*"We have coordination mechanism, .... what we call WASH stakeholders, anybody doing anything within water space and sanitation, then hygiene...eh, all those partners we come up, we coordinate together by doing what we call WASH network forum which we work with." MOW*

*"We generally form the programs alongside, like it is majorly like a, along programs like we have the nutrition TWG and nutrition stakeholder forum, we have RMNCH, TWG RMNCH stakeholder forum." MOH*

However, although the County Inter Ministerial Monitoring and Enforcement (CIMEC) committee had been proposed, it was non-existent (MoH- Kenya, 2021). In addition, the school health committee at county, sub-county, ward level and school (MoE-Kenya, 2018) and ward agricultural committee were also non-existent.

**Table 3: Sectoral and multi-sectoral coordination mechanism**

Mapping aspect	Score	Gap
Sectoral and multi-sectoral coordination mechanisms	2	Coordination structures proposed by policy documents are not all in existence at county level including; Inter Ministerial Monitoring and Enforcement (CIMEC) committee, county school health committee, sub-county school health committee, ward school health committee and school health committee (MoE-Kenya, 2018)  Some county policy documents have not outlined coordination structures. County Nutrition technical working group dormant

## 3.2 Functionality of nutrition coordination mechanisms (CNTF and MSN)

Functionality of coordination mechanisms examined the following elements – existence of terms of reference, a membership, work-plan, schedule of meetings, minutes and action plans.

### 3.2.1 Multi - Sectoral Nutrition Working Group

There is a county multi-sectoral nutrition steering committee (advisory) and technical secretariat within the MSN working group. The MSN coordination mechanism brings together different sectors including departments of; education, agriculture, social protection, academia and trade alongside Civil Society Organizations (CSO) and Non-governmental organizations (NGOs). The county is also in the process of incorporating additional sectors and departments in the working group. Currently, the MSN working group has a draft Terms of Reference (TORs) with quarterly meetings. Although the ToR documents that MSN is co-chaired between agriculture and health, from the key informant interviews the meetings are chaired by agriculture with health as the secretariat. This has greatly increased ownership with the MSN not being perceived as a health agenda.

Despite the MSN working group having no linkages with national level, it is replicated at sub-county level with some sub-counties having finalized their TORs. Linkage with the sub-county MSN is through the sub-county nutrition coordinators as secretariats of the MSN. It is expected that the sub-counties will share their reports and feedback to the county during the quarterly multisectoral meeting. Some stakeholders felt that coordination should be in a higher office to ensure commitment to meetings, high level political support as well as resource allocation.

The coordination mechanism is semi-functional with a 58% rating based on the scoring developed. The gaps identified from the respondents of the KIIs can be found in Table 4 below.

**Table 4: Functionality of MSN coordination mechanism**

Mapping aspect	Score	Gap
Membership	3	Some relevant departments including the private sector are yet to be included Different people attending meetings so there is no continuity Those delegated to attend, have no authority to make decisions
Availability of ToR	3	TORs are still draft
Chair and Secretariat	3	Need to clarify the chair and secretary for each committee /TWG
Frequency of meetings	3	Quarterly Funding is donor/partner dependent
Documentation	1	No repository
Work plan availability	2	Joint work plan available but needs to be more integrated
Action points from meetings actioned and	2	No structured way of follow up

acted upon		
Communication channels	3	
Linkages	1	No linkages with the national

*“The other members we have, at the county we have the representation from different departments. We have health, we have education, we have agriculture, social protection. We also have trade.” MOH*

*“What we have active is the MSF that is being coordinated under the leadership of health and the chair is in agriculture, secretary is in health at county and at the sub county level.” MOH*

### 3.2.2 County Nutrition Technical Working Group

The county nutrition technical forum is health driven with membership from nutrition, nursing, public health, WASH, health promotion, community health, pharmacy /commodity, agriculture and partners. The forum had a TOR with the county nutritionist as the chair and meetings were held quarterly. There was no work-plan specific to the TWG but activities would be implemented based on the annual work plan for the department. However due to unavailability of funding, it became inactive with the last meeting held at the height of the pandemic. The technical working group has no linkages with national level.

The county nutrition technical working group is nonfunctional with a score of 39% based on the gaps highlighted in the table 5 below and as elucidated in the following quotes;

**Table 5: Functionality of CNTF coordination mechanism**

Mapping aspect	Score	Gap
Membership	3	Had members from health and agriculture but other members within health and partners need to be incorporated
Availability of ToR	1	ToR was reported to have been there but not available
Availability of chair and secretariat	2	Chair and secretariat was both within health and specifically nutrition. Another department in health should be appointed as chair/secretariat for enhanced ownership
Frequency of meetings	1	Meetings redundant due to inadequate/lack funding No financial support from the government
Documentation	1	No clear repository
Work plan availability	1	No work plan available
Communication channels	3	Used to invite members for meetings via email
Follow up on action points	1	Some actions were acted upon while others are not
Linkages	2	There was no coordinated linkages with the national level

*"We used to have the ..... county nutrition technical working group. What I would say one, it was more of health driven and most of the time it was dependent on availability of resources from partner." MOH*

*"The meetings should be consistent; we have had so many committees where you meet once a year. When a donor comes, the committee resurrects again." MOALFC*

*"... it has to do a lot with the financial, yeah the financial bit. Because you cannot coordinate if you don't have finances." MOPSGSCA*

### **3.2.3 Other multi- sectoral coordination mechanisms**

#### **Kisumu County Health Stakeholder's Forum**

The health stakeholders' forum meets quarterly with membership dependent on the agenda for the day but also includes implementing partners and some leaders or gatekeepers. It is chaired by the county executive committee member for health and the secretary is the director of health.

#### **Kisumu County WASH Network Forum**

The members include; non-state actors, non-governmental organizations, state actors (ministry of education [at national and county], health, water, environment, climate change and natural resources, department of gender, water service providers (i.e. KIWASCO), agencies spearheading the un-devolved parts of water services provision (i.e., water resource authority- WARA) and CBOs involved in sanitation marketing. It is domiciled and chaired by the department of water with the department of health being the co-chair. The secretariat is drawn from the NGO and usually alternates due to NGOs dynamics. Meetings are held quarterly. Although it draws its members from various sectors including health, nutrition is not represented as a member.

#### **Food Liaison Advisory group (FLAG)**

FLAG is a multi-stakeholder consultative committee of food actors in Kisumu County with the objective of strengthening the food systems. It was established with support from Food and Agriculture Organization (FAO) and meetings are held quarterly. Though they work closely with the county government, they represent private and community non state actors. Members are drawn from CSOs, academia, other departments not only from agriculture but also trade, health, education, environment, private sector, non-state actors, institutions e.g. KEFRI, development partners like IFAD, ADSP, including the religious. The meetings are chaired by the private sector with government as secretariat.

#### **County Agricultural Sector Coordination Committee (CASCOM)**

The county agricultural sector coordination committee (CASCOM) is a mirror of Joint Agricultural Sector Coordination Committee (JASCOM) at the national level. The CASCOM Bill, whose aim is to coordinate the sectors and stakeholders within the agriculture sector, is at cabinet level and yet to pass through the county assembly. Other coordination mechanisms are project dependent.

#### **Economic Inclusion Multisectoral Committee**

The membership includes; social protection, health, nutrition, agriculture, trade,, education, Ministry of Interior, and partners. The committee is chaired by the director of social protection with meetings held quarterly. However, the meetings are also



dependent on availability of resources. A stakeholder had this to say in regards to participation of nutrition in the committee;

*“...but of course nutrition cuts almost everywhere in health. And so if you wanted nutrition to be in every stakeholder’s forum, for example, then they would be in all of them and all the TWG’s. So you might lose. In as much as they cut across, they can be players in those ones, but they also needs to have a forum of their own”* MOH

### **3.3 Strengths, Weaknesses, Opportunities and Threats - Motivators and Bottlenecks for effective sectoral and multisectoral nutrition coordination**

The Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was used to synthesize information on the bottlenecks and motivators to effective sectoral and multi-sectoral coordination mechanisms.

#### **The motivators for effective coordination identified include;**

- There is broad representation from various sectors with different technical professions and experiences including academia, which contributes to acquisition of knowledge during the coordination meetings.

*“We are able to pull resources in terms of finance, resources in terms of skills, we are coming in with different skills, we are coming in with different resources and therefore we are able to learn from each other and be able to improve on service delivery. Now we are speaking one language. We are all motivated towards achieving that goal, and that really works.”* MOPSGSCA

- The available coordination mechanisms provide a platform that promotes synergy, collaboration, hold accountable discussions, share performance, and lessons learnt.
- Sharing of leadership between government departments enhances ownership and team work
- Political goodwill with the current environment being very conducive

*“One, is the political goodwill. The champions we have, one of them is the first lady. So first lady is a champion of nutrition in the county and even the region that is the Nyanza region. So that political goodwill can be tapped to make us implement multi-sectoral approach well.”* MOE

- Presence of partners who fund coordination mechanisms.

*“Then we have a lot of partners, both state and non-state actors who are willing to be part of the team. And nutrition is at least being given a lot of recognition. People have come to a level where they now understand for any development to take place, you need nutrition. .... unlike before when people didn’t know and understand what is nutrition.”* MOPSGSCA
- Presence of a trained nutrition champion within the different line departments.
- Equity in representation from all sub counties.
- Presence of a policy document at county level where coordination can be anchored upon.
- County-led leadership in coordination platforms.
- Joint work planning by partners.



**A number of bottlenecks hindering coordination were identified including;**

- Partnership transition (major partners exit with new local partners coming up) resulted in adhoc meetings as organizations exit.
- Inconsistent meetings attendance due to competing activities, with delegation resulting in lack of continuity and follow up, and delayed decision making.

*"... in some conversations you want some key stakeholders to be part of the conversation and then you know they send people who cannot make decisions to the conversations. So you know if I was targeting to have the chief officer in the conversation and then he fails to show up but is represented by a junior officer, it makes the conversation non-committal. Decision making becomes harder." MOALFC*

*"Financial resources has been the main issue because it's not easy to draw budgets from institutions, because until they have made a plan to factor such an activity within the annual budget." MOALFC*

- Reduced partner funding and over-reliance on partners for support for coordination meetings.
- Inadequate financial resource allocation for nutrition in other sectors.

*"... it has to do a lot with the financial, yeah the financial bit. Because you cannot coordinate if you don't have finances." MOPSGSCA*

*"You know everything is done with money, when you want to call people for some dialogue, we must have some funds. It must be funded from wherever source, whether it's from the government or from other organization of interest, it must be funded, that is when it will succeed" MOALFC*

- Inadequate involvement of private sector as partners
- Shortage of staff due to staff transition in most departments including health, agriculture, livestock.
- Intermittent involvement of departments especially for sectoral meetings

*"When we did the guidance, they called us to Kakamega for a week to help with the drafting of some parts, they went quiet. We didn't even know they were launching but you see we were so interested to know what is happening. Just because our ECD was launching the same day, you see we were so interested but we were left outside. And now when you are left outside you are not interested anymore." MOPSGSCA*

- Minimal information sharing among coordination mechanisms
- Inadequate resource allocation by the county government for coordination.

### **3.4 Capacity gaps for sectoral and multi sectoral nutrition coordination mechanisms**

The mapping of sectoral and multi sectoral coordination structures identified capacity gaps that hinder effective coordination. Almost half the participants mentioned inadequate knowledge and skills in nutrition as a major capacity gap. Some stakeholders from nutrition sensitive departments attributed the inadequate capacity to lack of updates as elucidated in the following quotes;

*“...“some of us did nutrition way back. We only know the ones we over thirty years ago or over twenty years ago. So sometimes I think there should be maybe an interval of capacity building depending on which program comes up” MOPSGSCA*

*“Sometimes some people kind of get scared when they hear nutrition, because they feel they are not very well equipped to be part of the team.” MOPSGSCA*

In contrast, one quarter of the stakeholders interviewed commented that the MSN has adequate knowledge and skills due to representation from various departments as depicted in the quote;

*“The ones I have been part of, have no gaps. Because you see at the end of the day, people working in the county government will know who they need to do certain things. It's just that sometimes (they) turn a blind eye. .... the coordinators know who they need to approach and how to execute.” MOPSGSCA*

Other capacity gaps as identified by stakeholders include; inadequate skills on knowledge management and program based budgeting, inadequate human resource, and lack of monitoring & evaluation as a result of no multi-stakeholder nutrition review meetings.

#### **4.0 Discussion**

Various coordination mechanisms are stipulated within the different sectors. At County level, the Kisumu County Nutrition Action Plan (Department of Health, 2021) demonstrates the county's commitment to nutrition outlines strategies for multi-sectoral nutrition programming. It articulates collaboration with departments of agriculture for food security, social protection as well as with education through coordination and partnerships. Furthermore, the CNAP and the Kisumu County Integrated Development Plan (2018 – 2022) outline investments and expected outcomes for nutrition (County Government of Kisumu, 2018; Department of Health, 2021).

Although the CNAP proposes multi-sectoral collaboration, it was domiciled and signed by the health department, demonstrating minimal ownership among other nutrition sensitive sectors. Consequently, departments implementing nutrition sensitive and nutrition specific interventions, signed a commitment to having the Kisumu County Nutrition Action Plan (CNAP) 2021 – 2023 as a common guiding document. This increased ownership by the departments of agriculture, Livestock, Fisheries and Irrigation, Education, ICT and Human Capacity Development in addition to health. While the CNAP acknowledges the need for multi sectoral collaboration and coordination, it does not clearly outline any specific coordination mechanisms to be established or strengthened (Department of Health, 2021).

Kisumu County established the multi-sectoral nutrition working group as one of the coordination mechanisms. The MSN forum developed a joint plan for implementation of county priorities for the financial year 2022-2023 which incorporates the departments of health, education, social protection and agriculture. (MSN - Kisumu, 2022). However, there is need for increased commitment by the various departments to further strengthen multi-sectoral coordination linkages (USAID - Advancing Nutrition, 2022).

Inadequate funding for multi-sectoral coordination and lack of multi-sectoral M&E framework are some of the challenges faced in multi-sectoral nutrition programming (FANTA, 2016). Inadequate funding was a hindrance in holding coordination meetings which rendered the county nutrition TWG inactive. Monitoring and Evaluation gaps were also highlighted in this mapping exercise where there was parallel monitoring of indicators in the different sectors. In addition, there was lack of bi-annual review of the K-CNAP at the county level to assess the extent of implementation. In light of this, there is need to adopt the national multi sectoral score card for review and tracking of multi sectoral performance.

The County Nutrition TWG is a sectoral coordination mechanism for the nutrition specific sector while MSN coordinates nutrition sensitive interventions. It would be important to ensure continuity of County Nutrition TWG to coordinate nutrition specific issues with linkages to MSN. Although there was no SUN chapter during data collection, during report writing, it emerged that plans for launching the SUN chapter in the county was underway.

Knowledge and skills gaps from the key informant interviews were similar to those highlighted in the land-scale analysis conducted in six counties in Kenya. (USAID, Advancing Nutrition, 2021). Therefore, there is need to build capacity of nutrition sensitive sectors on nutrition actions (FANTA, 2016).

## 5.0 Conclusion

Kisumu County has a good policy environment for nutrition. There are a number of sectoral and multisectoral coordination mechanisms within the county. However, some aspects of coordination are affected for the proposed coordination mechanisms that are yet to be established i.e., CIMEC, ward agricultural committee, the school health committee at county, sub-county, ward level and school. In addition, nutrition sensitive partners mentioned inadequate knowledge to support nutrition implementation. The existing coordination mechanisms have varied degrees of functionality majorly hindered by the bottlenecks identified.

## 6.0 Recommendations

In response to the gaps identified, the following are key recommendations for sectoral and multisectoral coordination mechanism per each objective;

Objective	Recommendation
Establish the presence of coordination mechanisms in nutrition specific and sensitive sectors in Kisumu County	<ul style="list-style-type: none"> <li>• Advocate for establishment of other coordination mechanisms in agriculture and education as outlined in the National Food and Nutrition Security Policy Implementation Framework (FNISP) IF (2017-2022) and School Health Policy Implementation Framework (2018)</li> <li>• Enhance and streamline MSN as the overall overarching coordination structure at the county for food and nutrition with linkages to the other sectoral and multi sectoral technical working groups and committees.</li> <li>• Launch the SUN chapter to support nutrition advocacy at county level to enhance resource allocation</li> </ul>

Assess and describe 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) in Kisumu county.	<ul style="list-style-type: none"> <li>• Map and incorporate all the relevant stakeholders in the various coordination mechanisms.</li> <li>• Update and finalize the terms of reference for MSN with clear county linkages with other coordination mechanisms, secretariat, and duration of office bearers.</li> <li>• Foster adequate documentation to ensure repository for institutional memory</li> <li>• Adopt and seek guidance on the membership and mandate of the county nutrition TWG from the national including strengthening linkages between national and county mechanisms.</li> <li>• Develop an annual work-plan for the county nutrition TWG coordination mechanism with activities distributed within each of the 4 quarters of the financial year.</li> </ul>
Assess the bottlenecks and motivators for effective coordination and sustainability of the coordination mechanisms in Kisumu County.	<ul style="list-style-type: none"> <li>• Conduct high level advocacy with county government, targeting key decision makers to resource mobilize for multi sectoral actions</li> <li>• Anchor the MSN within the county policies such as the CNAP and CIDP to allow for funding from the county government to enhance sustainability.</li> <li>• Utilize virtual technology as an opportunity to sustain coordination meetings.</li> <li>• Ensure consistent and continued involvement of stakeholders once they have been engaged and buy in has been obtained</li> </ul>
Assess the capacity gaps of the coordination mechanisms and stakeholders in Kisumu County.	<ul style="list-style-type: none"> <li>• Adopt the national multi sectoral score card for tracking of multi sectoral performance</li> <li>• Enhance M&amp;E system from all sectors to have data that can inform monitoring of nutrition sensitive indicators</li> <li>• Conduct a multi sectoral nutrition capacity assessment targeting other sectors where the assessment was not conducted such as water, social protection and education to further understand the implementation of multi sectoral interventions</li> <li>• Provide continuous nutrition updates to stakeholders</li> <li>• Conduct continuous capacity building of stakeholders on multisectoral nutrition interventions</li> </ul>

## Annex 1: Desk Review Documents

SECTOR/ PROJECT	DOCUMENT TITLE
Overarching Documents	National food and nutrition security policy (2012)
	Multi-sectoral national food and nutrition security policy implementation framework (FNSP) 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	School Health Policy Implementation Framework (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
	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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