



REPORT ON MAPPING OF SECTORAL AND MULTI - SECTORAL COORDINATION MECHANISMS FOR NUTRITION IN KAKAMEGA COUNTY

NOVEMBER, 2022

Table of Contents

| | |
|--|----|
| Table of Contents | 2 |
| Acknowledgement | 3 |
| Abbreviations and Acronyms | 4 |
| Executive summary | 5 |
| 1.0 Introduction | 8 |
| 1.1 Background and Context..... | 8 |
| 1.2 Objectives..... | 9 |
| 2.0 Methodology | 9 |
| 2.1 Mapping of sectoral and multi - sectoral approach..... | 9 |
| 2.1.1. Comprehensive desk review | 10 |
| 2.1.2. Primary data collection | 10 |
| 2.2. Data analysis and ranking mapping aspect levels..... | 11 |
| 3.0 Findings | 12 |
| 3.1 Coordination Mechanisms | 12 |
| 3.1.1 Sectoral and Multi Sectoral Coordination Mechanisms | 12 |
| 3.2 Functionality of nutrition coordination mechanisms (CNTF and MSN) | 13 |
| 3.2.1 Multi - Sectoral Nutrition Mechanism | 13 |
| 3.2.2 County Nutrition Technical Forum..... | 14 |
| 3.3. Other multi- sectoral coordination mechanisms | 15 |
| 3.4. Strengths, Weaknesses, Opportunities and Threats - Bottlenecks and motivators to effective sectoral and multi-sectoral nutrition coordination | 15 |
| 3.5 Capacity gaps for sectoral and multi-sectoral nutrition coordination mechanisms..... | 19 |
| 4.0 Discussion | 20 |
| 5.0 Conclusion | 20 |
| 6.0 Recommendations | 21 |
| 8.0 Annex | 22 |
| References | 23 |

Acknowledgement

Kakamega County Multisectoral Nutrition platform secretariat extends its appreciation to numerous stakeholders and individuals who were involved in this mapping exercise of food and nutrition coordination mechanism at the county level.

We extend our gratitude to Margaret Oyugi, County Nutrition Coordinator, and Catherine Moraira, County Technical Coordinator, USAID Advancing Nutrition, for overseeing and coordinating the exercise at the county level with the Consultant and National technical officers supporting the exercise. We thank the county technical officers and stakeholders from the departments of health, agriculture, social protection, education, water and gender for the insightful perspectives they provided in this mapping exercise.

At the national level, we extend our special appreciation to the Ministry of Health (MOH)/Division of Nutrition and Dietetics who provided the technical guidance to the operationalization of the mapping exercise. We are particularly grateful for the Mapping taskforce constituted by DND that comprised of nutrition specific and sensitive departments and stakeholders. Notably led by; Veronica Kirogo (Head-DND), Leila Akinyi (Deputy-Head), Njeri Kabaji (MOALFC), Baraka Some (MOALFC), Victoria Mwenda (UNICEF and National Coordinator MSN), Harrison Ng'ang'a (Ministry of Social Protection), Beatrice Ouko (Ministry of Education) and the USAID Advancing Nutrition team - Peter Milo, Joyce Nyaboga and Catherine Wamuyu.

We extend our appreciation to USAID Advancing Nutrition for the financial and technical support towards undertaking the mapping exercise that provides key recommendation for strengthening the food and nutrition coordination structures. We thank Clementina Ngina-Lead Consultant, and team of experts Brenda Ahoya and Constance Gathi who led the mapping exercise at the county and national level.

As it is not possible to mention all parties involved, we extend our appreciation to each and every person who made this exercise possible and for those that will walk the journey of implementing the recommendations of the findings.

Abbreviations and Acronyms

| | |
|----------------|---|
| ANIS | Agri-Nutrition Implementation Strategy |
| CIDP | County Integrated Development Plan |
| CIMEC | County Inter-Ministerial Monitoring and Enforcement |
| CNAP | County Nutrition Action Plan |
| CNC | County Nutrition Coordinator |
| CNTF | County Nutrition Technical Forum |
| ECD | Early Childhood Development |
| FNSP | Food and Nutrition Security Policy |
| FNSP IF | Multi-Sectoral National Food and Nutrition Security Policy Implementation Framework |
| HIV | Human Immuno-Deficiency Virus |
| KCNAP | Kakamega County Nutrition Action Plan |
| KNAP | Kenya Nutrition Action Plan |
| MCA | Member of County Assembly |
| M&E | Monitoring and Evaluation |
| MoH | Ministry of Health |
| MOALFC | Ministry of Agriculture, Livestock, Fisheries and Cooperatives |
| MSN | Multi-Sectoral Nutrition |
| RMCAH | Reproductive Maternal Child Adolescent Health |
| STC-FN | Stakeholder Technical Committees for Food and Nutrition |
| SWOT | Strengths Weakness Opportunities and Threats |
| TB | Tuberculosis |
| TOR | Terms of Reference |

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 is a key enabler of success in program planning, optimal utilization of resources and ultimately contributing to improved nutrition. Subsequently, multi-sectoral nutrition coordination requires multiple stakeholders to collaborate, implement, and monitor jointly interventions/approaches that address malnutrition. 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.

Kakamega County nutrition action plan acknowledges that the causes of malnutrition are complex and inter-connected; therefore rely on different sectors to work together in a coherent and coordinated approach. As a result, 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 between July and 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, education and WASH. In order to analyse 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

In Kakamega County, there are two nutrition coordination mechanisms: county nutrition technical forum and a multi-sectoral nutrition platform that integrates nutrition sensitive sectors (agriculture, education, WASH, children services, private sector, academia and economic planning). Some of the coordination structures/committees proposed by policy documents were not found at county level, such as the Stakeholder Technical Committees for Food and Nutrition (STC-FN), Inter Ministerial Monitoring and Enforcement (CIMEC) committee and the school health committees among others. Although the county Scaling Up Nutrition (SUN) chapter had not been formed at the time of data collection, during the finalization of the report, the county established its SUN chapter

with members drawn from local CBO' and CSO's, international NGO's and academia with an aim of spearheading nutrition advocacy within the county.

2. Functionality of nutrition coordination

The functionality of the nutrition coordination mechanisms is deficient demonstrated by poor documentation of minutes, poor follow-up of action points, lack and /or incomplete terms of reference to guide coordination as well as absence of workplan for the County Nutrition Technical Forum (CNTF). There was presence of MSN workplan which had been co-jointly developed by the secretariat. The nutrition department's participation in other nutrition sensitive sectoral coordination mechanisms is on a need basis hence remains weak apart from the agriculture sector.

3. Motivators and bottlenecks to effective sectoral and multi-sectoral coordination mechanisms

The motivators for effective coordination include the presence of a county nutrition action plan and policy documents, established coordination mechanisms -CNTF and MSN platforms, joint MSN workplan among the various sectors and partners. Similarly, Some of the bottlenecks to effective coordination included overreliance on donor funding for implementation of MSN activities, inconsistent attendance of CNTF and MSN meetings by members, and absence of specific joint stakeholders review meetings to evaluate the implementation of planned activities for both CNTF and MSN.

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

The capacity gaps identified included an in-depth understanding the conceptual framework of malnutrition and how its translates to sector participation in the MSN platform coupled with lack of clear understanding on roles and responsibilities of each department in multi-sectoral nutrition coordination forum

Conclusions

There is progress in MSN coordination as a platform for joint work planning and resource mobilization among the sectors. MSN also aims to deliver integrated packages to communities with clear understanding of each sector contribution. The sectors and sector leads are often very busy with other competing priorities, so collaboration needs to be seen as a priority and not an add-on activity to other tasks. Documentation of the status of coordinating mechanisms is weak and regularization and training in documentation of meetings, activities, and functionality is sorely needed. Additionally, sharing of experiences on multisectoral nutrition would provide a practical forum for discussing best practices, successes, challenges and opportunities among counties.

Recommendations

In response to the gaps identified, the following are some of the key recommendations for sectoral and multisectoral nutrition coordination mechanisms;

- Enhance and streamline MSN as the overarching coordination structure in the county for food and nutrition with linkages to the other sectoral and multi sectoral technical working groups and committees.
- Finalize, disseminate and fully operationalize the terms of reference for MSN and CNTF with clear county linkages with other coordination mechanisms, set frequency of meetings, identified chair and secretariat, established duration of office bearers, and a mandate for MSN coordination mechanisms.
- Develop, implement, monitor and evaluate the interventions/activities in the annual workplan for MSN & CNTF coordination mechanisms
- Anchor MSN & CNTF within the county policies, CIDP and in the CNAP to allow for funding from the county government that will enhance sustainability.
- Advocate for the inclusion of nutrition department as part of all relevant sector and county level coordination mechanisms.
- Advocate for budgetary allocation for nutrition coordination (CNTF & MSN) from the county government for sustainability
- Conduct a multisectoral nutrition capacity assessment for Kakamega county to further understand the systemic, organizational, technical and community capacity issues
- Sensitize stakeholders on the conceptual framework of malnutrition and the roles of each sector in addressing the causes of malnutrition to address the question of why MSN?
- Develop bi-annual briefs focused on innovative policy information geared to high level policy that could help maintain the force for MSN mechanism`
- Initiate multisectoral learning and review workshop to allow shared reflection and learning to inform shared joint planning and linkages
- Advocate for joint monitoring and accountability through field visits and reviews

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 & child health and 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) gave clear guidance on sector-wide partnership and collaboration. It also promotes stronger institutional coherence and linkages between sectors, at national and county levels. Kakamega County nutrition action plan acknowledges that the causes of malnutrition are complex and inter-connected therefore rely on different sectors to work together in a coherent and coordinated approach. It is envisioned that the implementation of the county nutrition action plan will contribute towards attainment of local goals therefore ensuring a vibrant and healthy county. Additionally, achieve effective and sustainable food and nutrition security leading to improved nutrition and health related outcomes

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 also allows various partners to see where they fit in the larger system and helps clarify roles and contributions of partners (Garrett and

Natalicchio, 2011). Therefore, Multi-sectoral nutrition (MSN) programming requires multiple stakeholders across sectors to coordinate and collaborate to design, implement, and monitor jointly to address malnutrition. 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 therefore 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 mechanisms across the nutrition specific and sensitive sectors to inform alignment of MSN in Kakamega County. Specifically, the exercise sought to;

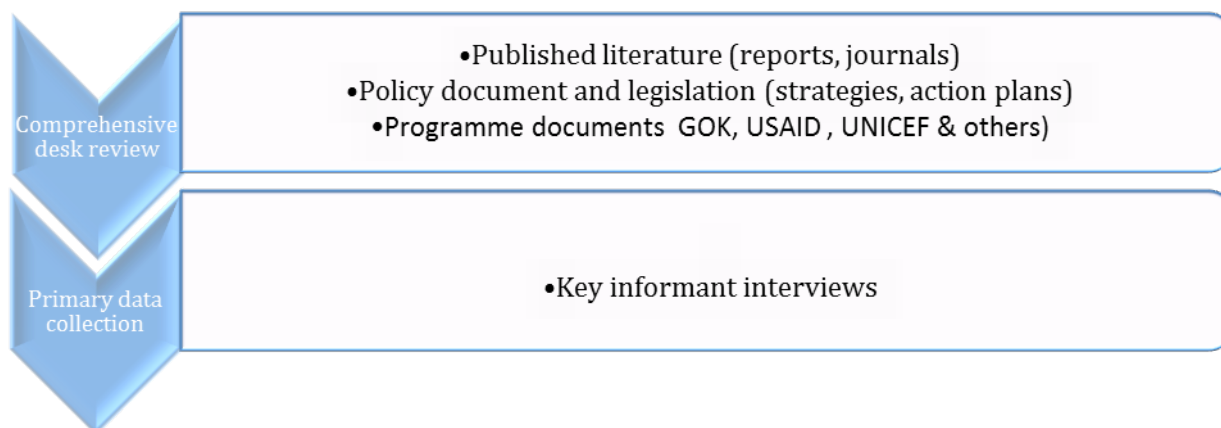
1. Establish the presence of the coordination mechanisms in nutrition specific and sensitive sectors in Kakamega County.
2. Assess and describe the functionality of the coordination mechanism (terms of reference, frequency of meetings, stakeholder inventory, work plans and documentation in terms of minutes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

2.0 Methodology

2.1 Mapping of sectoral and multi - sectoral approach

The mapping exercise was conducted between July and September, 2022 and employed a cross sectional study design to gather rich sectoral and multi - sectoral experiences, perspectives and views on the exiting coordination structures. 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-(Agrinutriton, crops/livestock), social protection, education and water. 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

The consultant developed 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. 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, processes of coordination and levels. 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

County Multi-sectoral Nutrition Secretariat with leadership from the county nutrition coordinator provided guidance on the sampling criteria. Those sampled were secretariats, chairs and/or heads of department within the various sectors. The consultant developed key informant interview guides in English in consultation with the division of nutrition and dietetics and USAID Advancing Nutrition. Eleven key informants were then purposively sampled comprising respondents drawn from the county departments of health, social protection, education, water, gender, public health, and agriculture as mapping participants (5 Females, 6 Males). All 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: Overview of departments targeted and sample size

| County | Department | Proposed sample size | Respondents reached |
|----------|------------------|----------------------|---------------------|
| Kakamega | County secretary | 1 | 0 |
| | Health | 5 | 4 |
| | Agriculture- | 1 | 1 |

| Agrinutriton | | | |
|-------------------|----------|-----------|-----------|
| Crops/Livestock | 1 | | 1 |
| Education | 6 | | 2 |
| Social protection | 1 | | 1 |
| Gender | 1 | | 1 |
| Water | 1 | | 1 |
| Total | 8 | 17 | 11 |

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. 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 recommendation. 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 # |
| 3 | High | Light green | Consolidating † |
| 4 | Very high | Dark green | Sustaining § |

* - 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 Coordination Mechanisms

3.1.1 Sectoral and Multi Sectoral Coordination Mechanisms

In Kakamega County, there is a MSN forum with a steering committee, a MSN secretariat and agri-nutrition technical working group. Within the health sector, there are several technical working groups and committees including the County Nutrition Technical Forum (CNTF), health stakeholders forum, Tuberculosis, HIV, Malaria, non-communicable disease, Topical and neglected disease and Reproductive Maternal Child & Adolescent Health (RMCAH), health products and technologies, research & M&E among others. There was presence of a WASH forum coordinated within the department of water though not proposed as a coordination mechanism in the Ministry of Water strategy plan (2018-2022). Despite lacking coordination structures at county level, the department of social services holds unstructured and adhoc engagements at the sub county and ward levels with the nutritionists

“We have a CNTF and we have the MSN, then we have the nutrition technical forums in the sub-county”.
MOH

*“At the ministry of health level, we have RAMNCAH TWG, health stakeholder’s forum, health products and technologies TWG, M&E research TWG, topical diseases TWG”*MOH

“We have what we call agrinutriton coordination working group” MOA

However, some of the coordination mechanisms had not been established such as the county school health committee, sub-county school health committee, ward school health committee and school health committee (MoE-Kenya, 2018). The County Inter Ministerial Monitoring and Enforcement (CIMEC) committee (MoH- Kenya, 2021) was also non-existent. In addition, the county food and nutrition security steering committee, county food and nutrition secretariat, stakeholder’s technical committee, and the agri - nutrition secretariat (MoALF-Kenya, 2017) had not been established.

Table 3: Sectoral and multi-sectoral coordination mechanism

| Mapping aspect | Score | Gap |
|---|-------|---|
| Sectoral and multi-sectoral coordination mechanisms | 2 | The coordination structures/committees proposed within the policy documents that were not in existence at county level includes; Stakeholder Technical Committees for Food and Nutrition (STC-FN), 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) |

3.2 Functionality of nutrition coordination mechanisms (CNTF and MSN)

3.2.1 Multi - Sectoral Nutrition Mechanism

At the time of data collection, the multi - sectoral nutrition platform comprised of an oversight committee members drawn from five departments namely; health, agriculture, social protection, water and education. The oversight committee was sensitized to the goal and objectives of the MSN platform. However, the oversight committee functions were not clearly defined since the MSN ToR had not been finalized. There was no chair or secretary of the committee with undefined frequency of meetings. After the oversight committee was sensitized, they subsequently nominated representatives from each of the five (5) departments referred to as sector leads to spearhead the work of the MSN. The sector leads then constituted an MSN secretariat comprised of the county nutrition coordinator, agri-nutrition coordinator, water officer, social protection officer and an ECD coordinator. Other members of the MSN platform include development partners and civil society organizations working in the area of food and nutrition. Other co-opted members include the deputy county commissioner and sub-county ward administrators at the two levels respectively. One of the challenges in the formation of the MSN that was highlighted was the delay in joining the forum by the water and the social service sector lead persons as well as lack of sensitization to the goals and objectives of the platform including their roles.

“So the directors nominated for us what we refer to as the sector leads that in the particular sector will spearhead the work of that sector in the multi-sectoral platform. So we have 5 sector leads. In health it is led by nutrition coordinator, in agriculture we have the coordinator of agri-nutrition, water we have the county water officer, in social protection we have the social protection officers and in education we have one of the ECD coordinators. Now, these sector leads form the secretariat.” MOH

“...in the full, you know now there is the MSN committee, the secretariat and MSN full stakeholder meeting”.
MOALFC

The MSN platform had a draft TOR near completion while the chairing of the meetings of the coordination platform was reported to be done by either the department of health or agriculture. However, majority of the respondents felt that coordination of MSN needs to happen at a higher level. While others felt that health has the mandate to coordinate the MSN since it's the only department with several technical experts in nutrition, the communication for the meeting should be from the county secretary as explained in the following quotes:

“Coordination should be done by the office of the governor. This is a new concept and you know the executive has to own it.” MoH

“So my biggest fear is that if health was to take a back seat would our MSN collapse? That is always a question in my head.” MOALFC

The frequency of MSN meetings was not documented; hence meetings were called on need based approach. Communication of meetings was done mostly through Whatsapp and/or telephone calls and at times followed by an invitation letter from the CNC. The key gap identified was the timeliness of communication as reported by some respondents who described it as being “impromptu”. The recognition of other competing activities within different sectors may affect

attendance of some members due to late communication. At the sub-county level, the same is replicated and the forum is referred to as sub-county MSN platform. There is no linkage between the national and county in regards to MSN platform as no such coordination mechanism exist at the national level. Though there is a joint workplan for the MSN, according to the key informant interviews, the process of developing the workplan was not jointly done. Each sector developed their own work plans separately which was later merged into one document.

The near final draft MSN ToR has clearly provided for a coordination office to be embedded in the department of health, various coordination mechanisms at county and sub-county levels, functions and membership of the various committees and technical working groups, their main tasks, schedule of meetings for the committees and TWG, and the financing of MSN. (*See annex 2*). However, the TOR needs to be finalized, disseminated and adopted within the forum.

The MSN coordination mechanism is semi-functional. 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 | Lack of inclusion of other departments within health sector and the county department of finance and economic planning |
| Availability of ToR | 3 | ToR available |
| Availability of joint workplan | 3 | Joint work plan available |
| Chair and Secretariat | 3 | The chair is rotational while the secretariat is department of health |
| Frequency of meetings | 2 | Monthly or on need basis |
| Joint workplan availability | 3 | Process for the development of the workplan not all inclusive- Ministry of Finance and economic planning not involved |
| Follow up on action points | 2 | Some actions are acted upon while others are not |
| Communication channels | 2 | Communication is done through the office of the director, department of health, late communication majorly through Whatsapp and /or telephone calls particularly for sector leads. |
| Linkages | 1 | No linkages with the national level. |

3.2.2 County Nutrition Technical Forum

The CNTF is comprised of sub-county nutritionists, other health units within the larger health department and nutrition implementing partners. Although it operates without a term of reference, there is an oral agreement on holding meetings on a quarterly basis or whenever a need arises. It's chaired by the director of health while the secretariat is the County Nutrition Coordinator (CNC). Although the director of health is deemed to be the chair of the meeting, the role is delegated to the CNC who then appoints someone else to support with the secretariat duties. The CNTF has no

workplan to guide its activities while communication for the meeting is done by the secretary, CNC, through email and a follow-up message via Whatsapp to its members. The coordination of CNTF is non-functional with a score of 33% due to the gaps (Table 5)

Table 5: Functionality of CNTF coordination mechanism

| Mapping aspect | Score | Gap |
|---------------------------------------|-------|--|
| Membership | 2 | No clarity on the membership |
| Availability of ToR | 1 | No ToR available for the CNTF |
| Availability of chair and secretariat | 2 | Lack of clarity on the chairperson and secretariat for the CNTF and how long they should hold the position |
| Frequency of meetings | 2 | Irregular meetings due to competing activities or inadequate financial support |
| Documentation | 1 | No minutes repository |
| Workplan availability | 1 | No workplan available |
| Communication channels | 2 | untimely communication. |
| Follow up on action points | 2 | Some actions are acted upon while others are not |
| Linkages | 2 | No coordinated linkages with the national level |

3.3. Other multi- sectoral coordination mechanisms

The other multi-sectoral coordination mechanisms include: Health stakeholders forum, Reproductive Maternal Child & Adolescent Health (RHAMCAH), Health Products and Technologies (HPT), research & M&E, WASH, community strategy, child health, County Agricultural Sector Steering Committee (CASSCOM), Agrinutriton TWG among others. The nutrition department may or may not be invited to other technical working groups and committees that exist within the county. The only forum that nutrition is consistently invited is the health stakeholder’s forum and the agrinutrition technical working group coordinated within the department of agrinutriton. The WASH forum did not have nutrition participating in their forum however since they were invited to be part of MSN, they reported to have understood how they can link with nutrition hence in cooperating them within the forum.

3.4. Strengths, Weaknesses, Opportunities and Threats - Bottlenecks and motivators to effective sectoral and multi-sectoral 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;

- ✚ Presence of a county nutrition action plan to guide multi-sectoral approaches
“We have county nutrition action plan though it’s ending this year with a chapter on multisectoral coordination” MoH

- ✚ Presence of nutrition coordination mechanisms - CNTF and MSN platforms
“We have a CNTF and we have the MSN, then we have the nutrition technical forums in the sub-county” MOH

- ✚ Availability of county level employees from different sectors with different skill sets and knowledge towards achieving the goal and objectives of the coordination platforms hence creation of synergies among different sectors

“The different sectors bring in the different skills, different knowledge, things that when put together work for the good of our objective, of achieving our objective” Stakeholder.” MOH

“When we have such forums, we are able to tap in to each other’s strengths or create synergies.” MOH

- ✚ Different county departments with nutrition integrated into their mandate which means more likely to get results quicker as different sectors contributing towards the same goal

“the entry point for promotion of nutrition by the ministry amongst the communities in that we reach out to farmers and especially farmer groups in the form of mostly women groups, savings group and even other farmers groups to train them on food preparation, to train them on good nutrition, that is, the need to have diverse, to eat diverse diets, I mean diverse foods because those various foods provide various nutrients for healthy lives of the people. So in so doing, we train on meal preparation, the different recipes form the local foods that people grow here. We also train on food preservation and we train on meal planning. And all that appertains to the good feeding, good eating habits by the people so that they have healthy lives”. “We have ministries which have mandates, which have a responsibility geared towards improving nutrition and they have been working although uncoordinated” MOALFC

- ✚ Pooled partner and sector resources to support MSN activities

“The biggest opportunity that we have is the availability of partners willing to support this. Literally every activity, every partner is talking about multi-sectoralism.” MOH

- ✚ Willing and supportive county leadership

“The good thing is that we got our County Executive Committee member and our chief buy into this and, they’ve been very very supportive about it” MOH.

“We also have goodwill of leadership in the county. In Kakamega, I think the goodwill is there to accept or to support initiatives of importance as nutrition is to the county,” MOALFC

- ✚ Technical support from implementing partners including capacity building initiatives such as nutrition champions trainings across different sectors

“Partners that support us with finance and they also support us with their technical people that we work witheither at county and sub-county level, they have made my work easier and I feel it’s a plus to myself” WASH

“And of course we have really a wonderful partner who is passionate also about multi-sectoralism. And I’m even seeing this now cascading down not just to nutrition but even the other departments in health”. MOH

- ✚ Availability of joint work plan for MSN activities

"I think in the past it has not been clear or even when we'll be meeting but recently when we started working together we developed a work plan and agreed on the target. So with that you can at one point assess how much is being achieved in terms of the activities planned there." MOALFC

The bottlenecks hindering effective coordination identified include;

- ✚ Overreliance on donor funding for implementation of MSN activities

"If we could get resources allocated to each ministry, then the functions of MSN can go beyond what we are having right now because the county will be supporting it. Right now we are depending on partners to support this. If our partners pull out before we establish those sustainability structures then we are likely to collapse. So the best way to do this is to leverage in on the head to allocate resources to each ministry for the purpose of nutrition, MOH

"You know multi-sectoral coordination cannot be partner supported eternally and the county, depending on leadership must allocate resources to support the multi-sectoral coordination" MOALFC

- ✚ Lack of consistency in attending CNTF and MSN meetings by members

- ✚ Inadequate financial and human resources by county government to support CNTF and MSN activities up to ward level-health sector

"Some ministries have very few staff actually so sometimes you find that participating in planned joint activities can be a bottleneck, even when jointly planned because issues continue coming up every day," MOALFC

"We are few, staff shortage, we are very few, since devolution our department has not employed, most of the activities will slow down because of staff" MOALFC

- ✚ Negative energies/perception, of your work and resources being taken up by another department or sector leading to Lack of support from some county officers

"This is mine and you want me to work with this person, we are going to share resources, the resources are few then you want me to share with this other person" MOH

- ✚ County annual work plan not co-created with the partners. *"Officers tend to work with what the partners have in their work plans.*

"The county developed its annual work plan but it's not co-created with the partners so we have no way of merging. The partners usually have their own work plans. You know we are supposed to do this co-creation, we co-create with the counties but most of the time you find partners coming up with their own work plans." MOH

"Rarely do they go back to look at what is in their work plan- the assumption is that whatever is in the partners' work plan has been factored in the work plan." MOH

- ✚ Exhaustion/ fatigue due to coordination of department workplan as well as partner workplan

"You'll find most of these officers are getting exhausted because they are trying to coordinate activities from the partners, they also have their own activities in their annual work plan. Creating those synergies at times causes exhaustion really" MOH.

- ✚ Ineffective mode of communication and impromptu communication of meetings.

"Communication I mean, like our department was brought on board while other departments had gone a stage further just because of communication. And personally, I know I haven't attended a number of meetings just because of impromptu communication. You are informed that same day or a day before." MOW

- ✚ Weak linkage between the county and National level
- ✚ Delayed and/or lack of response on action point as agreed upon during meetings
- ✚ Lack of specific joint stakeholders review meeting to monitor and evaluate the implementation of planned activities both CNTF and MSN coordination mechanisms

"We plan to be having multi-sectoral nutrition review meetings. But we have not carried out any to specifically review our achievements to date since we started" MOA

"But in terms of actual monitoring to actually assess, it has not yet done it." MOA

- ✚ No mid-term evaluation of CNAP implementation
- ✚ Misunderstanding of roles and responsibilities of each sector threatens the cohesion of the platform.

"Sometimes a sector really does not understand their role quite clearly and uh, so it looks like a burden to be with you. You know, every time you want we do this, every time you want we do this you know, that also misunderstanding threatens the cohesion of the platform." MOALFC

- ✚ Insufficient consultation in the identification of nutrition champions

"...the current system addresses the program and also how the champions are identified to me is also very important. Because you choose the wrong champions they also have their own interests especially during this time of politics. If these champions are carrying their own activities and incorporating nutrition issues, I foresee the champions depending on how the champions have been identified, they may slowly backtrack and may slowly leave the program. The way maybe they were identified, maybe their expectations. You see when you are identified then you come, you are supposed to be given the expectations before identifying. But when you identify and then you give them the terms of reference then some may like it, some may not." MOW

- ✚ Leadership change hence need for continuous sensitization on multisectoral actions

"Like leadership changes, sometimes officers in charge of..... can be changed and whoever comes, you know especially the if you have less willing leaders to listen to nutrition promotion issues then multi-sectoral coordination for nutrition will not be as strong." MOA

"In government you will always have these changes, the one coordinating is changing, changing. Like in our case we had a new so like bringing them, sensitizing them." MOH

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

The capacity gaps for sectoral and multi-sectoral coordination mechanisms identified includes lack of in-depth understanding of the conceptual framework for malnutrition by stakeholders from all sectors and how each sector can contribute towards addressing the causes of malnutrition.

“There is need to impart knowledge to all stakeholders to have harmonized information in regards to multisectoral interventions and coordination” MOALFC

Some of the participants mentioned that it will be important to be trained and updated on new information at program level. There was inadequate understanding of roles and responsibilities of each sector within the MSN coordination mechanism and how they provide synergy with each other.

“I came into office I just found myself in the multi-sectoral, you know. I had little understanding of what this is.....I know the same applies to the other sector leads that I am working with” MOH

The KCNAP had no key result area on nutrition integration in multisectoral sectors, hence no common results and accountability framework with other sectors. In addition, nutrition had not been mainstreamed in line sectors work plans.

“The understanding or the ability to do joint work planning is a capacity gap. Another capacity gap is issues of M&E. Have a joint nutrition M&E tool so that information can be shared. Even the information sharing itself” MOALFC

There are no joint multi-sectoral supportive supervision and learning visits done at sub-county level as well as no review meetings to assess the progress and/or achievements made to date.

“Am not aware of any monitoring and evaluation done or any multisectoral review meeting held”. MOE

“There’s no functional monitoring or review meeting happening for MSN interventions” MOH

Table 6: Capacity gaps for sectoral and multi-sectoral nutrition coordination mechanisms

| Mapping aspect | Score | Gap |
|--|--------------|--|
| Capacity gaps for sectoral coordination | 2 | Lack of nutrition representation in some of the sectoral coordination forums such as TB, WASH among others to articulate nutrition related issues Lack of a focal persons from nutrition to attend sectoral coordination forums in a consistence manner |
| Capacity gaps of multisectoral stakeholders | 2 | In-depth understanding the conceptual framework of malnutrition and how its translates to sector participation in the MSN platform |
| Capacity gaps of multi-sectoral nutrition stakeholders | 2 | Lack of clear understanding on roles and responsibilities of each department in multi-sectoral nutrition coordination forum |

4.0 Discussion

There are several coordination mechanisms that have been stipulated within the different sectors. Kakamega County Nutrition Action Plan, 2018-2022 recognizes that the causes of malnutrition are multi-sectoral in nature and therefore require a broad range of actors; several in implementation of nutrition programs. Therefore, proper and well-coordinated mechanisms are needed to avoid duplication of activities and to maximize existing synergies. To hence sustainability of MSN and CNTF, there's need to anchor MSN & CNTF coordination mechanisms within the county policies, CIDP and in the CNAP to allow for funding from the county government. Although the KCNAP proposes multi-sectoral collaboration, it is domiciled and signed by the health department, resulting in minimal ownership by the other nutrition sensitive sectors who were not involved during its development. While the KCNAP acknowledges the need for sectoral and multi-sectoral coordination, leadership, governance and partnership, it does not clearly outline any specific coordination mechanisms to be established.

Kakamega County has established the multi sectoral nutrition platform as one of the coordination mechanisms that brings together nutrition sensitive and specific sectors with a near final terms of reference with six county departments being signatories (Economic planning and investment, health, natural resources and climate change, education, social service, sports, water, environment, culture, agriculture). The MSN platform has so far developed a joint work plan for implementation of county priorities for the financial year 2022-2023 (MSN - Kakamega, 2022). However, there is need for increased commitment by the various departments to further strengthen multi-sectoral coordination linkages and ensure continued integration of nutrition interventions during joint work planning by MSN sectors (USAID - Advancing Nutrition, 2022). The county nutrition technical forum is domiciled in the department of health and focuses on nutrition specific interventions. It would be vital to develop a clear TOR for CNTF, work plan as well as drawn clear linkages to MSN.

The functionality of MSN can further be improved by ensuring finalization, dissemination and operationalization of the terms of reference with clear county linkages with other coordination mechanisms at the county and national level while CNTF can be strengthened by developing a TOR and an annual workplan with a clear monitoring and evaluation framework. Similarly, it's important to address the identified bottlenecks as well as the capacity challenges/gaps to enhance the coordination mechanisms.

5.0 Conclusion

There is progress in MSN coordination as a platform for joint work planning and resource mobilization among the sectors. MSN also aims to deliver integrated packages to communities with a clear understanding of each sector contribution. The sectors and sector leads are often very busy with other competing priorities, so collaboration needs to be seen as a priority and not an add-on activity to other tasks. Documentation of the status of coordinating mechanisms is weak and regularization and training in documentation of meetings, activities, and functionality is sorely needed. Additionally, sharing of experiences on multisectoral nutrition would provide a practical forum for discussing best practices, successes, challenges and opportunities among counties.

6.0 Recommendations

To strengthen and sustain nutrition coordination mechanisms across the coordination aspects assessed, the following recommendations are proposed;

| Capacity dimension | Key recommendation |
|--|--|
| Presence of sectoral and multisectoral coordination mechanisms | <ul style="list-style-type: none"> 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. Advocate for the establishment of coordination mechanisms as stipulated within the various policy document such as school health implementation framework, BMS Act IF . Anchor MSN & CNTF within the county policies, CIDP and in the CNAP to allow for funding from the county government which will enhance sustainability. |
| Functionality of nutrition coordination mechanisms-MSN & CNTF | <ul style="list-style-type: none"> Finalize, disseminate and fully operationalize the terms of reference for MSN with clear county linkages with other coordination mechanisms, frequency of meetings, chair and secretariat, duration of office bearers, and the mandate for the various MSN coordination mechanism. Develop, disseminate and fully operationalize the terms of reference for CNTF Develop, implement, monitor and evaluate the interventions/activities in the annual workplan for MSN & CNTF coordination mechanisms Foster adequate documentation of MSN & CNTF meeting minutes, follow-up actions and establish repository for institutional memory Anchor MSN & CNTF within the county laws, CIDP and in the CNAP to allow for funding from the county government which will enhance sustainability. Define how linkages between the national and county can be enhanced |
| Functionality of nutrition coordination mechanisms-Nutrition sensitive sectors | <ul style="list-style-type: none"> Due to shortage of staff and competing priorities, the county coordinators should appoint specific people to attend sectoral meetings to enhance consistency Advocate for the inclusion of nutrition as a participant in all relevant sector and county level coordination mechanisms. |
| Bottlenecks and motivators for effective sectoral and multisectoral nutrition coordination | <ul style="list-style-type: none"> Advocate for budgetary allocation for nutrition coordination (CNTF & MSN) from the county government for sustainability Participation of all sectors in development of the next generation CNAP and co-creation of annual workplan Strengthen linkages at all levels (National, county and sub-county) Develop a common results and accountability framework for MSN interventions Develop and disseminate a nutrition resource mobilization strategy and plan for the county Develop an advocacy, communication and social mobilization strategy for multisectoral nutrition actions for Kakamega county Strengthen joint monitoring and evaluation of interventions Utilize hybrid technology as an opportunity for CNTF and MSN meetings |

| | |
|---|--|
| Capacity gaps for sectoral and multi-sectoral nutrition coordination mechanisms | <ul style="list-style-type: none"> • Sensitize stakeholders on the conceptual framework of malnutrition and the roles of each sector in addressing the causes of malnutrition to address the question of why MSN? • Develop joint monitoring, evaluation, accountability and learning frameworks for MSN actions • Develop bi-annual briefs focused on innovative policy information geared to high level policy that could help maintain the force for MSN mechanism • Conduct a multisectoral learning and review workshop to allow shared reflection and learning to inform joint planning and linkages • Evaluate the lessons learnt, key challenges and offer clear recommendations in the implementation of the CNAP-2018-2022 prior to the development of the next generation • Advocate for joint supportive supervisory visits through field visits and review of implementation progress of MSN interventions. |
|---|--|

8.0 Annex

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) |

Annex 2: Draft MSN ToR



Final Ver. 1
_Kakamega_MSN_Cor

References

1. Bhutta ZA, Das JK, Rizvi A, Gaffey MF, Walker N, Horton S, Webb P, Lartey A, Black RE; Lancet Nutrition Interventions Review Group, the Maternal and Child Nutrition Study Group. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *Lancet*. 2013 Aug 3;382(9890):452-477. doi: 10.1016/S0140-6736(13)60996-4. Epub 2013 Jun 6. Erratum in: *Lancet*. 2013 Aug 3;382(9890):396. PMID: 23746776.
2. Garrett, James, ed.; Natalicchio, Marcela, ed. 2011. Working multisectorally in nutrition: Principles, practices, and case studies. IFPRI Research Monograph. Washington, D.C.: International Food Policy Research Institute (IFPRI).
<http://dx.doi.org/10.2499/9780896291812>
3. Kenya Nutrition Action Plan (KNAP) 2018-2022
4. Kakamega County Nutrition Action Plan (KCNAP) 2018-2022
5. Multi-sectoral national food and nutrition security policy implementation framework, 2017-2022
6. Ruel MT, Alderman H, and the Maternal and Child Nutrition Study Group. (2013). Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? *The Lancet* 382(9891):506-506
7. School Health Policy Implementation Framework, 2018
8. UNICEF Conceptual Framework on the Determinants of Maternal and Child Nutrition, 2020
9. USAID - Advancing Nutrition. (2021). USAID Advancing Nutrition Kenya Concept Paper.
10. USAID - Advancing Nutrition. (2022). Kakamega County Rapid Organizational Capacity Assessment Findings.