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USAID Advancing Nutrition

Kenya Endline Assessment Report



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About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

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We wish you a wonderful experience reading the achievements, lesson learned, and recommendations from this project.

Acronyms

ANIS	Agri-nutrition Implementation Strategy
AWP	Annual Operations Work Plan
CANIS	County Agri-nutrition Implementation Strategy
CEC	County Executive Committee
CIDP	County Investment and Development Plan
CNAP	County Nutrition Action Plan
CSO	civil society organization
DND	Division of Nutrition and Dietetics
FGD	focus group discussions
FTT	financial tracking tool
FY	fiscal year
KII	key informant interviews
KNAP	Kenya Nutrition Action Plan
LOP	life of project
MMUST	Masinde Muliro University of Science and Technology
MOALD	Ministry of Agriculture, Livestock and Development
MOE	Ministry of Education
MOH	Ministry of Health
M&E	monitoring & evaluation
PBB	program-based budgeting
ROCA	Rapid Organizational Capacity Assessment
SUN	Scaling Up Nutrition
TA	technical assistance
USAID	United States Agency for International Development
USG	U.S. Government

Background

1.1 About the Program

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners, including Save the Children. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development. USAID Advancing Nutrition's work in Kenya supports the Government of Kenya's multi-sectoral nutrition agenda at the national level and provide support and guidance to implementation at the county level in Kakamega, Kisumu, and Kitui.

1.2 Project Objectives

The overall goal of the project was to support capacity strengthening efforts for local organizations, amplification of the voices of the vulnerable at county and national levels, and capacity strengthening of stakeholders to advocate for improved nutrition for the most vulnerable. The specific objectives included the following:

1. Improved multi-sectoral nutrition resource allocation at the county level
2. Improved planning for nutrition at the county level
3. Improved functioning of government-led multi-sectoral nutrition coordination platforms at the national and county levels.

Purpose of the Assessment

2.1 Assessment Objectives

The purpose of the endline evaluation was to establish the contributions, lessons learned, and key next steps of the Kenya project with regards to multi-sectoral nutrition. The project assessed progress against the objectives that the project was designed to achieve through a qualitative approach that included program staff, project partners and stakeholders, and other relevant state and non-state actors. The assessment was conducted in the project focus counties of Kisumu, Kakamega, and Kitui, and findings are expected to inform exit and sustainability discussions with relevant institutions.

The specific objectives of the assessment included the following:

1. To establish if the intended outcomes and outputs were achieved and to what extent
2. To assess the effectiveness and appropriateness of the project partnership strategy of a joint work plan with the national government and the counties, based on the USAID approach of co-creation, co-implementation, and co-monitoring
3. To assess whether project interventions were effective or not, and to assess contributing factors
4. To document lessons learned and good practices that can be deduced from the program and scaled for future interventions.

2.2 Assessment Questions

The assessment process sought to answer the following key questions based on the Organization for Economic Cooperation and Development's Development Assistance Committee criteria for evaluations:

- **Relevance**
 - How did the project interventions align with county and national government multi-sectoral nutrition priorities?
 - To what extent did the project design and implementation contribute toward addressing the root causes of malnutrition?
 - How satisfied were the partners with the project interventions and deliverables?
- **Effectiveness and Efficiency**
 - Were the stated project outcomes or outputs achieved?
 - To what extent did the project contribute to improving planning, coordination, advocacy, and resource mobilization for nutrition at the county level?
 - How efficient were USAID Advancing Nutrition implementation strategies in achieving the project outcomes?
 - What factors contributed to effectiveness of the multi-sectoral nutrition implementation strategies?
- **Stakeholder Participation and Accountability**
 - How were the project stakeholders and partners involved in the project design and implementation?
 - What opportunities for partner capacity strengthening were mainstreamed in the project?
 - How has the USAID Advancing Nutrition Kenya partnership strategy of a joint work plan with the national government and the counties of Kakamega, Kisumu, and Kitui—based on the USAID approach of co-creation, co-implementation and co-monitoring—been effective?
- **Sustainability**
 - What strategies were put in place by the project to ensure sustainability of outcomes and benefits upon project exit?
 - To what extent were the multi-sectoral nutrition approaches consistent?
 - To what extent are the multi-sectoral nutrition approaches owned by county and national governments?
 - What factors require attention to improve prospects of sustainability and ownership of such interventions in the future?
- **Impact**
 - To what extent has the program contributed to improved functioning of government-led multi-sectoral nutrition coordination platforms at the national and county levels?
 - To what extent has the program improved county and national government systems for sustained funding for nutrition interventions?
 - What were the outstanding lessons and good practices from the project?

Methodology

3.1 Assessment Design

The evaluation employed a qualitative approach to data collection, which purposively targeted respondents for focus group discussions (FGDs) and key informant interviews (KIIs). The project also conducted a desk review, which included review and reanalysis of previously collected quantitative data from the self-administered Rapid Organizational Capacity Assessments (ROCA) by county departments of health and agriculture, as well as data from Organizational Capacity Assessments (OCA) conducted for local organizations in the three counties. The project also extracted budget data from the county budgets (annual operations work plans [AWPs], annual development plans [ADPs], and county investment and development plans [CIDPs]) and from data reported for analysis under the previous project.

3.2 Sampling and Respondent Selection

The project employed purposive sampling in selecting respondents and guided identification of the most relevant respondents in this exercise during the inception meeting. The respondents for KIIs included 4 at the national level, 25 at the county level, and 2 USAID staff, whereas 3 groups of nutrition champions were identified for FGDs. See annex I for details.

3.3 Research Team Selection, Training, and Data Collection

With the help of Save the Children, the project selected four qualitative facilitators and five note-takers with previous experience in data collection, giving priority to locals from the counties where the project was implemented. Each county was assigned one facilitator and one note-taker. One note-taker supported the consultant with interviews at the national level. The project trained the research team in Nakuru because this was a central point for the three counties. For two days, the research team received training on interviewing techniques, tools for data collection, note-taking, and sample selection procedures. Role-play was part of training, followed by a mock pre-test. At the end of each session, the project obtained feedback from trainees to inform corrections to the guides. Data collection, which took eight days, and transcription, which took five days, were completed in August 2023.

3.4 Data Entry, Quality Control, and Analysis

The project transcribed data from the FGDs and KIIs into notes and summaries according to each objective and sub-thematic areas. Verbatim quotations were also extracted to justify and augment key findings. The project aggregated data from the self-administered ROCA, OCA, and budget analyses, and carried out trends analyses to establish change over time. The findings, including from ROCA, were presented by county.

3.5 Approvals

The project received approvals for this endline assessment from County Executive Committee members of multi-sectoral nutrition departments and directors from MOH/DND and the MOALD/Agri-nutrition Unit in the three counties. The assessors obtained informed verbal consent from all respondents before they participated, including recording of interviews. The project informed participants that they were free to end the interview at any time. To protect confidentiality, records contained no names or other personal identifiers. The project also took care not to raise expectations that the participants or their families or communities would receive material benefits, such as money, as a result of their participation.

Findings

4.1 Achievements of Outputs and Outcomes

4.1.1 Outputs Achievement

The project tracked six output indicators within the two years of implementation. Of these, the project achieved its targets for five indicators. One indicator related to supervision visits underperformed, as summarized in table 4.1 below.

Table 4.1. Output Indicator Performance during the Life of Project (LOP)

Indicator	LOP Targets	Achieved	% Achievement	Remarks
Number of organizations supported in planning, assessment, or design of nutrition programs or strategies. Source: USAID Advancing Nutrition Global PMP Indicator IR 2.5.35	14	14	100%	
Number of evidence-sharing events hosted by USAID Advancing Nutrition, by type (webinar, workshop, expert consultations, etc.) Source: USAID Advancing Nutrition Global PMP Indicator IR 3.3.45	44	59	134%	
Number of individuals receiving nutrition-related professional training through U.S. Government-supported programs, disaggregated by sex. Source: MSNS M&L IR 2.3; HL.9-4 USAID Advancing Nutrition Global PMP Indicator IR 2.1.25.	360	490	136%	Extra trainees reached due to savings from training in fiscal year (FY) 2022
Number of documents developed/revised with support from USAID Advancing Nutrition, by IRs and sub-IRs and type. Source: USAID Advancing Nutrition Global PMP indicator IR3.3.44	4	4	100%	
Number of supervision visits supported by USAID Advancing Nutrition (custom)	18	15	83%	
Number of individuals participating in USG food security programs,	2,100	2,800	133%	

Indicator	LOP Targets	Achieved	% Achievement	Remarks
disaggregated by sex. [IM-level]. Source: FTFMS E.G.3.2. USAID Advancing Nutrition Global PMP Indicator IR 1.16.				

4.1.1 Outcomes Achievement

The project was responsible for tracking four outcome indicators over the life of the project. The project achieved one of the four indicator targets as shown in the table below.

Table 4.2. Outcome Indicator Performance during the Life of Project

Indicator	LOP Targets	Achieved	% Achievement
Average percentage point change in score between pre- and post-tests of participants of trainings. Source: USAID Advancing Nutrition Global PMP Indicator IR 2.1.59	20%	17%	86%
Average percentage post-test score compared with 80% benchmark score. Source: USAID Advancing Nutrition Global PMP Indicator IR 2.1.60	80%	87%	109%
Proportion of training participants who improved from pre- to post-test results. Source: USAID Advancing Nutrition Global PMP Indicator IR 2.1.61	80%	64%	80%
Proportion of training participants \geq 80% on the post-test result. Source: USAID Advancing Nutrition Global PMP Indicator IR 2.1.62	80%	50%	63%

4.2 Effectiveness and Appropriateness of USAID Co-creation, Co-implementation, and Co-monitoring Approach

In FY2021, USAID Advancing Nutrition was involved in a yearlong co-creation process with each of the three counties and the national government. They created action plans that aligned with the three objectives of the project and worked collaboratively to identify the activities for which USAID Advancing Nutrition was positioned to provide technical support. Co-creation was seen as a unique process as USAID Advancing Nutrition project staff sat at the table with county government and national ministries, and relevant partners, with absolutely no preconceived ideas, allowing the interventions to be co-designed.

“We invested a lot of time between ourselves, USAID Advancing Nutrition, the government of Kenya to co-create the project. It was not common that a partner, funded by USAID, would go to the table, with the Ministry, with a clean slate. In many programs there would always be something someone is trying to push, but this co-creation was well accepted, because it basically came with nothing on the table.” [KII, USAID]

This was confirmed by the national Ministry of Health.

“Co-creation gave the division of nutrition ownership in terms of what activities were being implemented, then because the activities we agreed upon were the activities in our strategic plan, what we call the Kenya Nutrition Action Plan, then it became easier because USAID Advancing Nutrition is just coming in to support us, especially the area that was weak, which had already been identified during our evaluation of the past Nutrition Action Plan.” [KII, National MOH/DND]

This same view was confirmed by a person from the Ministry of Agriculture, who said:

“The partnership was good in the sense that, they did not come to tell us what they wanted to do, they asked us, “What do you want us to do?” [KII, National MOALD]

We have had a good co-creation where each has their role well spelled out and each knows what to do and when. [KII, National MOALD]

During the interviews, the county leadership all applauded the co-creation process. It provided an opportunity for them to decide on priority nutrition interventions for their counties. Kakamega and Kisumu County MOALD prioritized development of an agri-nutrition strategy during co-creation and were happy that, by end of the project, the strategy documents were completed and approved. Kitui County also confirmed that they prioritized review of the county nutrition action plan, which the project supported.

“Every department has a story about the project as they were all involved. There was involvement of the community as well, during co-creation.” [KII, MOH, Kitui County]

“Success of multi-sectoral nutrition was due to consultation, co-creation, sitting down and saying this is our concept, it is going to work like this, but then listening and finding out who and how to be able to do it.” [KII, MOH, Kisumu County]

The project also worked closely with all three counties and the national government to co-implement and co-monitor the priority action plans. Multi-sectoral nutrition coordination meetings provided a platform for reviewing and tracking implementation of the priority nutrition action plans.

4.3 Effectiveness of USAID Advancing Nutrition’s Strategies and Contributing Factors

4.3.1 Organizational Capacity Assessments

The landscape and bottleneck analysis of multi-sectoral nutrition highlighted gaps in civil society organizations’ (CSO) engagement to advance nutrition, including lack of an up-to-date stakeholder inventory with details of CSOs engaged in nutrition-specific and -sensitive interventions and lack of a network for CSOs for coordination and learning. To strengthen civil society engagement to better harness the voices of communities, the project identified 10 CSOs with active nutrition-sensitive and -specific programs in the three counties, conducted a capacity needs assessment to understand coordination and advocacy capacities, and worked with the CSOs to address the identified gaps. Of the 10 CSOs, five were selected for OCA to address specific questions in organizational capacities for governance, organizational management, project management, human resource management, and financial management. The assessment identified the weakest functional areas, and supported the county

departments and staff to develop an action plan to address them. The CSOs found OCA to be a useful exercise, as reported by some participants during interviews:

“The capacity assessment was an eye opener for us since we identified where we needed adjustment and capacity building from our side.” [KII, CSO Representative, Kakamega County]

“We are better because now we understand who we are from an external perspective. If you questioned me, I would say I have everything with me! I can even manage USAID funding. However, when we went through the OCA, we realized that we need a lot of capacity building, especially on budgeting.” [KII, CSO Representative, Kitui County]

In order to understand the capacity strengths and gaps for the county government ministries, USAID Advancing Nutrition facilitated the ROCA for multi-sectoral nutrition, which was adapted from the USAID NuPITA¹ OCA tool. The ROCA was a participatory self-assessment by the county departments of health and agriculture, with scores based on consensus by the teams and evidence required in the form of documentation. County documentation collected during the pre-assessment document gathering phase was used as evidence for scoring. The departments conducted two assessments, one at the baseline in February 2022 and one at the endline in June 2023. The domains showing the greatest change in Kitui were leadership and governance structures, supervision, and leadership commitment. In Kisumu, it was budgeting and budget tracking followed by coordination structures, then budget advocacy and resource mobilization that showed the greatest change over time. In Kakamega, partnership followed by communication, and budgeting and budget tracking had the greatest amount of change, as shown in the summary table below. Annex I shows the detailed report for each ROCA.

Table 1. Summary ROCA Assessments for the Counties

Functional Areas	Domains	Kakamega			Kisumu			Kitui		
		Baseline	Endline	Change	Baseline	Endline	Change	Baseline	Endline	Change
Leadership and governance	Leadership commitment	50%	75%	50%	50%	75%	50%	25%	100%	300%
	Policy/plans	36%	55%	52.8%	45%	64%	42.2%	18%	64%	255.6%
	Organizational structures	100%	100%	0%	100%	100%	0%	0%	100%	-
	Supervision	67%	67%	0%	50%	83%	66%	0%	83%	-
	Communication	25%	50%	100%	75%	75%	0%	50%	50%	0%
Financing	Budgeting and budget tracking	46%	92%	100%	15%	62%	313.3%	31%	100%	222.6%
	Budget advocacy and resource mobilization	50%	67%	34%	33%	50%	51.5%	50%	50%	0%
Workforce	Staffing	71%	57%	-19.7%	43%	57%	32.6%	43%	86%	100%
	Capacity building	40%	60%	50%	60%	60%	0%	20%	0%	-100%
Evidence-based decision-making	Monitoring & evaluation (M&E) support structure,	50%	75%	50%	50%	75%	50%	50%	75%	50%

¹ The New Partners Initiative Technical Assistance

	targets, and indicators									
	Information management	45%	55%	22.2%	64%	64%	0%	45%	73%	62.2%
	Reporting	80%	100%	25%	80%	80%	0%	80%	80%	0%
	Learning	50%	50%	0%	50%	50%	0%	33%	50%	51.5%
Partnership and coordination	Partnership	33%	78%	136.4%	78%	89%	14.1%	33%	67%	103.0%
	Coordination structures	64%	82%	28.1%	55%	91%	65.5%	27%	82%	203.7%
Overall Score		53%	71%	34%	58%	70%	20.7%	35%	63%	80%

Source: County ROCA reports

4.3.2 Multi-sectoral Nutrition Advocacy

To strengthen advocacy for multi-sectoral nutrition, the project supported various interventions. Some of the key ones included training nutrition champions in different sectors and conducting training-of-trainers; supporting multi-sectoral nutrition technical committees in undertaking supportive supervision for the nutrition champions; issuing the champions with key messages to guide them in advocacy work in their sector. The advocacy focused on establishing more breastfeeding spaces in markets, increasing the supply of farm inputs and seeds to farmers and communities to enhance food productivity, and increasing budgetary allocation for nutrition activities and employment of more nutritionists. These efforts led to the establishment of breastfeeding spaces in Ahero and Kibuye markets, Kisumu County. Also, the trained nutrition champions, especially community health volunteers, played a significant role in referring pregnant mothers to health facilities and conducted demonstrations of appropriate nutrition behavior, such as exclusive breastfeeding. These views were confirmed during the FGDs with nutrition champions, who reported that they became nutrition ambassadors and conducted education sessions in villages, schools, hospitals, training institutions, and churches. Some became role models by establishing their own kitchen gardens and keeping chicken so their neighbors could learn from them. Some participants responded with the following comments:

“My role as a champion is to preach about nutrition, to train farmers about nutritious foods and plants which are available in our communities. I also train women on how to plant vegetables and dry them as an incoming generating activity.” [FGD Participant, Kitui County]

“I was a community health promoter when I was trained and this blended well with my champion role because we educate, empower, and mobilize the community.” [FGD Participant, Kakamega County]

“My role was to champion for positive behavior change regarding nutrition, especially in mothers who are either expectant or have children below 2 years. I have built relationships with hospitals, [sic] especially private hospitals, that they would invite me just after someone has delivered to educate the mothers.” [FGD Participant, Kisumu County]

To further strengthen advocacy skills and enhance the nutrition agenda, the project trained staff from local TV and radio stations, print media content creators, and social media influencers. They were then linked with nutrition champions at the community level to enhance advocacy efforts. The project also partnered with the county Chambers of Commerce to sensitize 25 private early childhood development school owners in Kisumu to MOH guidelines on growth monitoring and school menu guidelines.

The project worked with CSOs and strengthened their capacity in nutrition advocacy by training participants from the education, health, agriculture, and social protection sectors, as well as CSOs on the Kenya Nutrition Scorecard, which led to the implementation of the multi-sectoral nutrition scorecard to monitor key county nutrition action plan (CNAP) indicators, among others.

The project further collaborated with CSOs and other USAID-funded programs to train nutrition champions. The project linked the Kisumu County Scaling up Nutrition (SUN) Business Chapter to the County Department of Trade, which sensitized 31 small and medium-sized enterprises to business registrations and licensing, an area that nutrition and food value chains struggled with.

To sustain these efforts, the project provided technical assistance (TA) to the counties to customize the Agri-nutrition Implementation Strategy (ANIS) into the County ANIS (CANIS) to increase advocacy and accountability for multi-sectoral nutrition. The project also supported the MOH/DND and stakeholders to finalize the development of the new Advocacy, Communication, and Social Mobilization strategy (2022–2027) by facilitating two workshops and a consultancy.

4.3.3 Multi-sectoral Nutrition Resource Mobilization

With support from USAID Advancing Nutrition, the nutrition-specific and nutrition-sensitive departments of the county governments of Kakamega, Kitui, and Kisumu developed the subnational multi-sectoral nutrition financial tracking tool (FTT). With the aim of enhancing accountability and advocating for increased financial allocation for nutrition, county governments and partners used the FTT to track the allocated budget for their location against the expenditure on a quarterly basis. The tool supported the users in managing county resources dedicated for nutrition to achieve the intended development goal. One respondent in charge of planning in Kitui had this to say:

“The FTT came at the opportune moment because then we were not aware of what resources we had in the county for addressing nutrition, despite not knowing where the entire envelope we were not also aware to which extent have we absorbed the funds! FTT made this possible and even showed us the sources, and which sectors are driving nutrition interventions in the County.”
[KII, MOH, Kitui County]

On the other hand, the subnational multi-sectoral nutrition scorecard involved both the national and county government departments. The nutrition scorecard is a managerial tool designed to trigger and drive sustained nutrition action toward the attainment of nutrition commitments and impacts. A nutrition scorecard report indicates the status, condition, or success of the needed actions in a more visual form than the traditional text-rich reports. In a multi-sectoral nutrition approach, the scorecard indicators cover various nutrition interventions across the key relevant sectors. The project further supported the three counties in undertaking quarterly multi-sectoral nutrition financial tracking and performance reviews of their nutrition programs using the multi-sectoral nutrition scorecards. These findings led the county multi-sectoral nutrition leadership to prioritize county funding and implementation of the pending activities that contributed to delayed indicator progress. The county teams found the scorecard very useful as was stated by one respondent in charge of records in Kisumu County:

“The score card helped us track the priority indicators for the departments. In the ministry of agriculture, it addressed the issue of lack of any standard tool for reporting. The ministry has no systems like in health, so they depend on scorecard to report on performance contract. It has enabled them to monitor their progress.” [KII, MOH, Kisumu County]

During the interview, a respondent from the Ministry of Agriculture reported that the capacity building from USAID Advancing Nutrition was not in vain as they were able to write a concept note on resource

allocation to the national Treasury and were allocated KES 33 million for agri-nutrition. Counties mobilized multi-sectoral nutrition resources at different levels by sector.

In Kitui, the county budget allocation trends for nutrition-specific interventions in the health department showed a varied trend: FY2023/2024 – KES 4.37 million, FY2021/2022 – KES 2.2 million, FY 2020/2021 – KES 1.5 million, FY2019/2020 – KES 1.8 million, and FY2018/2019 – KES 4.3 million. With the establishment of the agri-nutrition unit in the agriculture department, KES 6.5 million was allocated to the unit in FY2023/2024.

In Kisumu, the county realized a dedicated budget allocation for nutrition-specific interventions amounting to KES 1.5 million and 6.5 million for agri-nutrition in FY2022/2023. The county also set aside funds for multi-sectoral nutrition coordination to ensure that forums will continue to be held after the project closes.

In Kakamega, through the county integrated development plan (CIDP 2022–2027), KES 60 million/USD 600,000 was allocated toward school feeding programs, and deworming and vitamin A supplementation. In the annual development plan (ADP 2023–2024), the financial allocation for health activities with nutrition in the county Department of Health and Sanitation grew from KES 80 million to KES 200 million. The county also benefitted from allocation to nutrition-sensitive initiatives by the water sector, which increased to KES 5,055 million in CIDP 2023–2027 from KES 806 million in CIDP 2018–2022.

With better skills in advocacy and resource mobilization from the training on program-based budgeting (PBB) facilitated by USAID Advancing Nutrition, the MOH influenced the medium-term planning by including multi-sectoral nutrition activities. The MOALD and MOH/DND convinced the planners and budgeting officers at the Treasury to include nutrition-sensitive agriculture, while DND has included nutrition in the Family Health and Strategic Public Health program flagship project. The PBB training included 26 participants from MOALD and MOH/DND, covering planning and budget cycle, integrated financial management systems, budget tracking, and reviews as required by the Kenya Public Finance Management Act 2012.

Respondents from the national ministries of agriculture and health had this to say:

“As a unit, we were able to work better! I'll give an example, before we used to do workplans and that's it, then comes the next year, we do another work plan, but now with joint planning we were able to sit back and reflect on our performance.” [KII, MOALD, Nairobi]

“USAID Advancing Nutrition co-funded an advocacy workshop, for sensitization of the planning team, finance, from agriculture sector to push for nutrition inclusion both in the Medium term expenditure framework (MTEF) and the medium-term plan which we also did successfully, so I can say those advocacy efforts—from agriculture side and health side—have really helped us to be on the table in terms of budgetary allocation and I know moving on, once you get some funding in the budgetary process, it becomes easier to push for increment in that budget.” [KII, MOH/DND, Nairobi]

4.3.4 Multi-sectoral Nutrition Planning and Coordination

Strengthening multi-sectoral nutrition planning and coordination was a critical pillar of the USAID Advancing Nutrition project. To achieve this, the project facilitated the establishment of county multi-sectoral nutrition coordination platforms steered by a county-led secretariat, as well as the county and sub-county multi-sectoral nutrition coordination forums in the three counties. During their regular meetings, these forums brought together the education, agriculture, health, and social protection sectors, with a steering committee consisting of technical and leadership members and partners, including CSOs and academia. Specifically, in Kitui County, the project supported the establishment of an

agri-nutrition unit and deployed nine home economics officers to coordinate agri-nutrition at the county and sub-county levels. In Kisumu and Kakamega, the project supported establishment of a SUN Civil Society Alliance and county chapters composed of local CSOs. The coordination structures led to increased coordination between the multi-sectoral nutrition departments through joint work planning and reviews. Creation of the SUN Civil Society Alliance also increased CSO participation in multi-sectoral nutrition coordination meetings. The forums provided a platform for multi-sectoral nutrition sector performance review of the nutrition indicators and budgets using the scorecard and FTT, as well as reviewing capacity strengthening plans and tracking their progress. Both national and county governments acknowledged that multi-sectoral nutrition coordination was a great initiative that helped consolidate the gains in nutrition interventions. One respondent at the national level said:

“Before, we were doing work planning separately, so there would be duplication and fear that others are doing each other’s work. Coordination was very good as we are now work planning together.” [KII, MOALD, Nairobi]

This finding was also consistent with what the county leadership felt. One respondent said:

“Before, we were working in silos; we didn’t realize that there are nutrition budgets across many departments, but when we came together, it helped us a lot as we pull resources together and then we have one sense of unity, and voice to really talk about multi-sectoral nutrition with a lot of authority now.” [KII, MOALD, Kakamega County]

Resource mobilization for multi-sectoral nutrition coordination bore fruit as was confirmed by the County executive committee member (CECM) Health:

“We have already set aside KES 11 million for coordinating these multi-sectoral meetings, both at the county and sub-county levels so that the meetings continue to occur, and the outputs become part of our annual work plans and activities that are funded by government.” [KII, MOH, Kisumu County]

To strengthen multi-sectoral nutrition planning, the project supported finalization of CANIS customization in each of the three counties, as well as facilitating development of CNAP roadmaps. In partnership with UNICEF, the project supported MOH/DND and MOALD/agri-nutrition units to review their ADPs 2022–2023 and develop their AWP 2023–2024. At the county level, the project provided TA to Kakamega, Kisumu, and Kitui to develop, validate, and disseminate their county investment cases, policy briefs, and infographics in the multi-sectoral nutrition forums. The project supported development of a joint multi-sectoral nutrition supervision checklist and supported joint multi-sectoral nutrition supervision visits in all the counties. The project also provided TA and financial support during the development of CIDPs and medium-term plan IV to the county and national MOH/DND and MOALD agri-nutrition department. The project engaged with the USAID HP+ project and the national Department of Planning at MOH/DND to adapt the PBB training package for multi-sectoral nutrition programming. The package was used to train multi-sectoral nutrition sector staff and local CSOs in Kitui and Kakamega counties. As a result, the multi-sectoral nutrition departments developed joint PBBs and AWP. Strengthening multi-sectoral nutrition planning was recognized as an important strategy to ensure future resources for multi-sectoral nutrition activities. One respondent said:

“We had planned for multi-sectoral nutrition activities and included these in the CIDP. Fortunately for us, I will say the CIDP has already been approved and signed by the governor, so we are assured that we have finances allocated for multi-sectoral nutrition.” [KII, MOH, Kakamega County]

4.3.5 Nutrition Policy and Curricula Review

To ensure that multi-sectoral nutrition interventions are anchored in government policies and strategies, the project supported various activities toward this. At the national level, the project influenced the review of Kenya Nutrition Capacity Development Framework in a multi-sectoral approach, as well as the review and development of the Advocacy, Communication, and Social Mobilization Strategy through the Capacity Technical Working Group. In partnership with MOH/DND and the Ministry of Agriculture, Livestock, Fisheries and Cooperatives, the project provided technical and financial support to the Ministry of Education (MOE), Kenya Institute of Curriculum Development to review its science curriculum content for grades 10–12 to incorporate updated content in nutrition, health, agriculture, and physical education.

At the county level, the project supported development of multi-sectoral nutrition county investment cases and policy briefs; and finalized, disseminated, launched, and printed three CANIS for Kakamega, Kisumu, and Kitui. The project supported the county department of social services to review and publish the Children’s Policy. The project is also developed a seven-session multi-sectoral nutrition champion curriculum, which was used to train the nutrition champions. In Kisumu, the project supported an engagement workshop with 21 private-sector school owners that resulted in commitments to scale up nutrition in early childhood development by establishing kitchen gardens, reviewing menus to align with the national schools’ menu guide, and purchasing growth and monitoring equipment for nutrition. Lastly, the project facilitated dissemination of key nutrition policy and strategy documents, i.e., CANIS, nutrition-sensitive agriculture curricula, the Kenya Nutrition Action Plan (KNAP), and the Food Nutrition and Security Policy in all three counties.

At the academic institutions, the project supported six blended workshops for curriculum review for Masinde Muliro University of Science and Technology (MMUST) and Maseno University to include nutrition-sensitive agriculture units in their degree programs. The workshops brought together key players in agriculture and nutrition education in Kenya, such as county technical departments of health and agriculture; schools of public health, nutrition science, medical laboratory, health education; schools of agriculture; and UN agencies including the Food and Agricultural Organization and the World Food Programme. As a result, Maseno University developed a degree course named BSc. Food and Nutrition Security and MMUST, BSc. Nutrition Sensitive Agriculture.

During an interview with MMUST, a respondent confirmed that they had aligned the existing program into a nutrition-sensitive agriculture program. Then they developed another curriculum, Bachelor of Science in Nutrition-sensitive Agriculture and Food Systems, which is awaiting senate approval. At the time of the interview, the university was still working on short courses that would allow graduates to upgrade their skills on nutrition-sensitive agriculture. The process was completed within six months. The multi-sectoral nutrition approach was an eye opener to the institution. The respondent said:

“In the process of attending multi-sectoral nutrition sessions, we realized that there is a gap in pre-service training. The graduates we are churning out want to meet the patient in the hospital. We thought that the graduate we need is one who understands that malnutrition is a process, and it starts in the village, not at the hospital.” [KII, MMUST, Kakamega County]

The importance of the multi-sectoral nutrition approach to curriculum development was confirmed by a respondent from Maseno University who had this to say during the interview:

“They had the multi-sectoral nutrition platform, so already the stakeholders we needed were there! That is a very key thing, which could have taken us much longer time to be able to achieve, so, they actually enabled us to complete the course/program development within a very short space of time.” [KII, Maseno University, Kisumu]

4.3.6 Factors Contributing to Success

During the assessment, the following were identified as factors that contributed to the success of the program.

- The co-creation process allowed all partners at the table to contribute to the multi-sectoral nutrition design and implementation, ensuring ownership and support.
- Increased knowledge about nutrition made it a priority, and the conversation about nutrition found a permanent space in the agenda during leadership meetings.
- Creating awareness among the leaders and increasing advocacy activities led to higher levels of funding for nutrition from governments and partners.
- The introduction of the multi-sectoral nutrition FTT and scorecard helped the nutrition program in terms of budgetary accountability and allocation.
- Having County Executive Committee members as chairs of multi-sectoral nutrition ensured that all technical staff with responsibilities for nutrition were active, provided appropriate feedback to MSN leadership. Additionally, the leaders (county policy makers) provided their support and ensured staff performed their roles.
- Routine meetings created joint expectations that in turn enabled people to talk and learn ways of doing things, which improved teamwork.
- The staff from USAID Advancing Nutrition were seen as team players and worked as though they were part of the government staff.
- Visibility through participation in forums that brought counties together made counties compete with each other in strengthening their approaches toward achieving multi-sectoral nutrition outcomes.
- Capacity building of the nutrition staff increased their understanding of the multi-sectoral nutrition approach, their roles, and the importance of involving all partners.
- Political support by working with first ladies and CECs made it easy for the program to gain traction within a short time.
- Good planning and coordination of multi-sectoral nutrition activities ensured quick results.
- Strong resource mobilization strategies made it possible to realize increased investment in multi-sectoral nutrition.

4.4 Lessons Learned and Good Practices for Scale-up

Some of the key lessons and good practices identified during implementation included the following:

- County leadership support is critical for sustainability of multi-sector nutrition programs.
- Increased appreciation of sector-specific nutrition goals are key in budgetary allocation and deployment of staff.
- There are varied staff capacities within the various sectors for implementation of nutrition mandates, and therefore multi-sectoral nutrition implementation strategies should be cognizant of this.
- The multi-sectoral nutrition technical team is an important structure for driving multi-sectoral nutrition coordination.

- Leveraging resources from other partners is critical in ensuring continued support for multi-sectoral nutrition interventions.
- Clarity of roles by multi-sectoral nutrition sectors enhances ownership and accountability within the multi-sectoral nutrition platform.
- Embedding multi-sectoral nutrition activities in the AWP is a strategy for sustainability and accountability.
- The multi-sectoral nutrition platform makes for a better coordinated approach to realize objectives and improve outcomes.
- Partnership agreements between county and partners are important as they make it possible to streamline partner support to county needs and avoid duplicating activities.
- Involving the Directorate of Communication played a role in making people aware of what multi-sectoral nutrition is about.

4.5 Implementation Gaps

- The implementation timeline of two years was seen to be inadequate for consolidating any significant system changes. The partners had just begun to understand multi-sectoral nutrition and its benefits when the project closed.
- The project identified and trained nutrition champions from the ministries. However, there was a feeling that there was not additional support beyond the training to optimize their roles.
- The project did well in addressing the systemic multi-sectoral nutrition challenges at the county and national levels. However, there was a feeling that the “so what” question was not answered.
- Sustainability of multi-sectoral nutrition forums was not well achieved in Kitui and Kakamega Counties. It was clear from the respondents that the forums would not continue if funding from USAID Advancing Nutrition stopped, unless another partner stepped in. This was attributed to leadership changes, technical staff transitioning, and redeployment to other sectors.
- The multi-sectoral nutrition secretariat, especially in Kitui County, relied heavily on USAID Advancing Nutrition staff to coordinate the forums from invitations to documenting and storing meeting minutes. The secretariats did not seem to have any final meeting minutes. This was said to be caused by leadership changes that happened twice within the two years.
- The nutrition champions were created outside the government structures and therefore sustaining their services beyond the project would be a problem as the government did not seem to recognize them.

4.6 Multi-sectoral Nutrition Priorities in Future

Respondents identified the following areas that would require more attention in the future to improve multi-sectoral nutrition outcomes:

- Advocacy focusing on the County Assembly to ensure sustained financing for multi-sectoral nutrition.
- Working closely with national planning and Treasury to ensure adequate budgeting and financing for multi-sectoral nutrition interventions.
- Developing a web-based FTT and scorecard to make it accessible

- There are few nutrition-sensitive agriculture data at the national level since agriculture is devolved to the counties and no strong reporting system exists, such as within the MOH. Strengthening reporting to support national access to timely comprehensive data on multi-sectoral nutrition is a priority for the future.
- Development of KNAP is a priority as the current one is coming to an end. Supporting the counties to develop their CNAPs will also be a priority after KNAP.
- Need to bring on board nutrition-sensitive agriculture CSOs. Most partners brought on board were seen to be mainly nutrition-specific partners (Ministry of Health).
- Reactivation of the Nutrition Interagency Coordination Committee to bring all nutrition-sensitive and -specific partners at the national level to the table. The Food and Nutrition Technical Working Group has no strong mandate or power to strengthen nutrition planning.
- Anchoring multi-sectoral nutrition in a specific department to ensure someone is responsible and also to make it easy to mobilize resources for coordination. At the moment, no one is responsible, and therefore without donor funding, multi-sectoral nutrition coordination will not continue.

Conclusions and Recommendations

5.1 Conclusions

- The project achieved five of six output indicators and one of four short-term outcome-level indicators.
- The ROCA was quite effective in the identification of strengths and weaknesses that require action to strengthen multi-sectoral nutrition coordination. Most of the domains showed positive change as a result of actions taken by multi-sectoral nutrition partners.
- The organizational capacity assessment was helpful in assessing the effectiveness of the CSOs' organizational systems (operational plans, financial policies, management systems, monitoring and evaluation, and human resources) and providing recommendations for improvement. USAID Advancing Nutrition engaged a consultant to provide technical assistance to five CSOs that were actively engaged in nutrition-sensitive and -specific programming to strengthen their organizational systems, such as finance, human resources, and procurement to enhance their donor readiness. However, it was difficult to tell what changed as the second round OCA was not done.
- Creation of nutrition champions had the benefits of ensuring that nutrition interventions go beyond the national and county system levels to the community. However, they were outside the government structures and sustaining them would be a problem.
- Advocacy for multi-sectoral nutrition resource allocation was found to be effective in sensitizing leadership and challenging them to allocate resources for multi-sectoral nutrition in some counties and sectors. In other departments and sectors, not much funding for multi-sectoral nutrition was mobilized.
- The multi-sectoral nutrition FTT and scorecard were found to be effective for accountability, tracking expenditures, and for mobilizing resources for multi-sectoral nutrition as the nutrition teams were empowered with data and could therefore justify a need for resources.

- Multi-sectoral nutrition planning and coordination was also found to be effective in bringing partners to the table to plan, track progress in a coordinated manner, and mobilize additional resources from non-state partners. However, there is a need to strengthen sustainability of the secretariats and forums to ensure continuity of benefits.
- Lastly, the project was well coordinated and successfully implemented. This was associated with well-coordinated co-creation, co-implementation, and co-monitoring approaches applied by the project to ensure that all critical partners were at the table, with defined roles and responsibilities and clarity of direction.

5.2 Recommendations

- The use of the self-administered ROCA to inform development of capacity strengthening plans for government departments was a good practice that should be maintained for all future multi-sectoral nutrition programs. Programs could consider including an external assessment to verify the self-reported scores before the endline self-assessment to ensure a standardized approach to the scoring.
- For an effective OCA process, adequate time for capacity strengthening interventions and a final endline OCA is important to measuring organizational growth of CSOs.
- Future multi-sectoral nutrition programs should consider prioritizing sustainability of their structures and forums so benefits are sustained beyond the life of the program.
- A comprehensive co-creation process is great but there is a need to provide adequate time for co-creation, so it does not interfere with the funded implementation period. The one year required for co-creation should lead into an implementation period greater than two years to be cost-effective.
- Future multi-sectoral nutrition programs should consider responding to household-level nutrition-related impact indicators to have a complete spectrum of the outcomes of such programs in order to answer the “so what” question.
- There is a need to consider developing an online or web-based multi-sectoral nutrition FTT and scorecard for improved data quality, easy access to data, and data safety and security.
- Consider the duration of a project. The program had two years of implementation; a longer period would have yielded more results.
- Future advocacy strategies at the county level should consider a focus on County Assemblies to ensure sustained financing for multi-sectoral nutrition.

Annex I Detailed County Rapid Organizational Capacity Assessment Reports

CAPACITY STRENGTHENING FOR MULTI-SECTORAL NUTRITION SECTORS: LESSONS FROM KAKAMEGA COUNTY

June 2023

Background

The Government of Kenya identified nutrition as a multi-sectoral concern as articulated in the Food and Nutrition Security Policy (2012) and the Kenya Nutrition Action Plan (2018–2012). To sufficiently address multi-sectoral nutrition needs, governance is a critical ingredient.

USAID Advancing Nutrition is the Agency’s flagship multi-sectoral nutrition (MSN) project, led by JSI Research & Training Institute, Inc., and a diverse group of experienced partners, including Save the Children. The project’s multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. USAID Advancing Nutrition supports capacity strengthening efforts for local organizations, amplification of the voices of the vulnerable at county and national levels, and capacity strengthening of stakeholders to advocate for improved nutrition for the most vulnerable.

Kakamega County departments of health and agriculture, with support from USAID Advancing Nutrition, conducted a baseline ROCA in December 2021 to determine the systems and skills available to implement multi-sectoral nutrition interventions. Following the baseline assessment, a capacity strengthening plan was co-created and jointly implemented. An endline ROCA was conducted in June 2023 to determine the improvements in capacity and inform transition discussions.

Methodology

The ROCA for the multi-sectoral nutrition system applied the standard OCA tool. This was a self-assessment by the departments of health and agriculture, largely participatory and with scores based on consensus by the teams. A joint consensus session between the department of health and agriculture teams informed the consolidated score. *Each assessment item is scored on a scale of 0 to 4.* County documentation collected during the pre-assessment document gathering was used as evidence for scoring. Different Likert scale was used to score depending on the statement. For instance: yes completely, yes partly, not at all; strongly agree, strongly disagree, disagree, strongly disagree; and yes approved, yes draft, and not at all.

The multi-sectoral nutrition ROCA tool was broken down into five components:

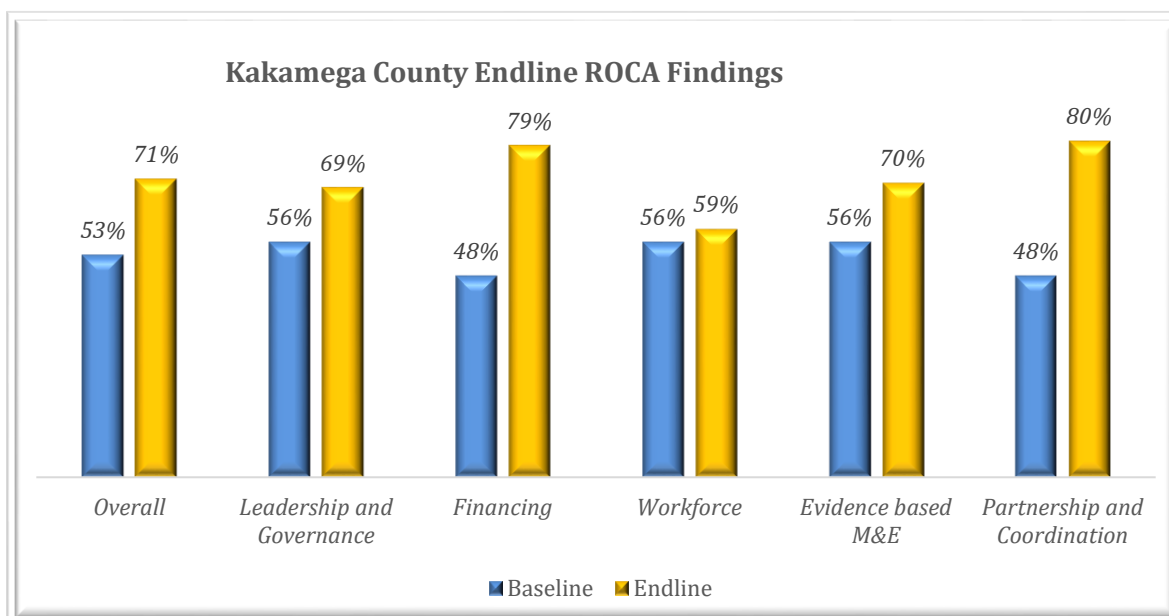
- Leadership and Governance
- Finance
- Workforce
- Evidence-based M&E
- Coordination and Partnerships

Each component is further sub-divided into domains that categorize the statements into thematic areas. Each domain has a series of questions with predefined lists for responses.

Findings

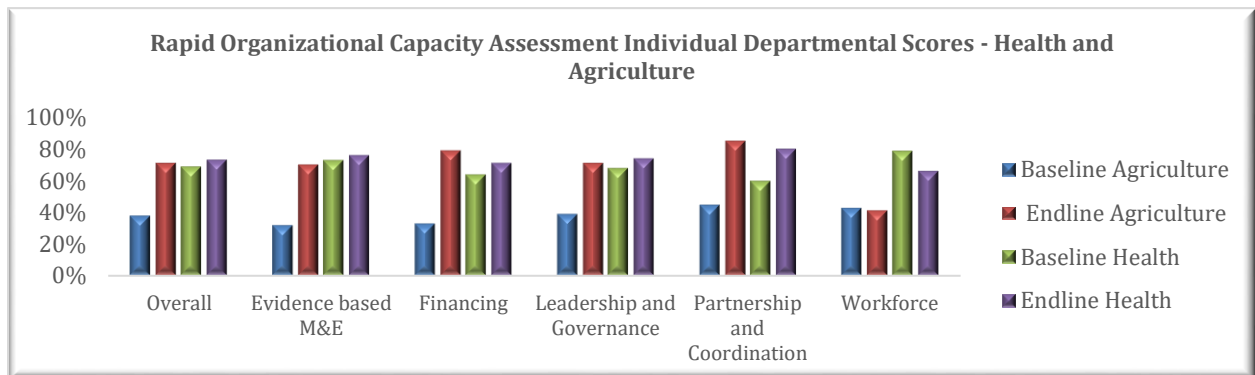
Overall, the multi-sectoral nutrition capacity score improved from 53 to 71 percent as per the county consolidated scores. At endline, partnership and coordination had the highest capacity score at 80 percent. The workforce domain had the lowest score at 59 percent. The most improved domain was leadership and governance from 48 percent at baseline to 80 percent at endline (figure 1; Kakamega endline ROCA).

Figure 1: Kakamega Endline ROCA



The scores per departments are shown in Figure 2 below (Kakamega ROCA individual departmental score). The Department of Agriculture has the highest improvement score from 38 percent to 71 percent. This improvement is attributed to a better understanding by the department of their score in agri-nutrition, development of a strategic framework—County Agri-nutrition Strategy—and increased prioritization of agri-nutrition in the annual work plans and budgets. The CANIS development increased awareness of agri-nutrition activities among the leaders and other technical officers, including the finance staff. The county has recognized the role of agri-nutrition because of the advocacy on agri-nutrition.

Figure 2: Kakamega ROCA individual department score



Leadership and Governance Domain

The leadership and governance domain aims to ensure that strategic legal and policy frameworks such as the CIDP, CNAP, and AWP exist, prioritize nutrition, and are operationalized. County leaders prioritize nutrition and agri-nutrition, and effective coordination and oversight, regulation, advocacy, and strategic planning. The capacity score for leadership and governance improved to 71 percent as per the endline assessment, from a baseline of 53 percent. Some of the notable achievements documented are: development of the County Agri-nutrition Strategy 2023–2027, finalization and dissemination of the CNAP 2019–2021, and a draft Advocacy, Communications, and Social Mobilization Strategy. There is increasing evidence of leadership support for multi-sectoral nutrition as evidenced in the CIDP 2023–2027, the Governors’ Manifesto, AWP, and budget. In the CIDP 2023–2027, Kakamega County allocated for the first time KES 60 million in CIDP for a school feeding program, traditionally funded by partners; increased allocation for nutrition from KES 80 million to KES 200 million, and 10 million for kitchen gardening demonstrations. Further, 60 nutrition champions drawn from community, policy, and political levels were appointed, sensitized, and provided with advocacy messages to support their role. The gaps include the need to enhance engagement with members of the County Assembly, enact a policy or law on multi-sectoral nutrition implementation, enhance regular tracing of policies, and streamline multi-sectoral nutrition supervision and tracking of findings.

Financing

The financing domain is concerned with the planning and mobilization of funds necessary to cover the nutrition requirements, including allocation and expenditure reviews. This domain assesses the extent to which nutrition/agri-nutrition is included in the financial resource commitments, allocations, and expenditures in the county. The capacity score improved from 48 to 79 percent. Figure 3,

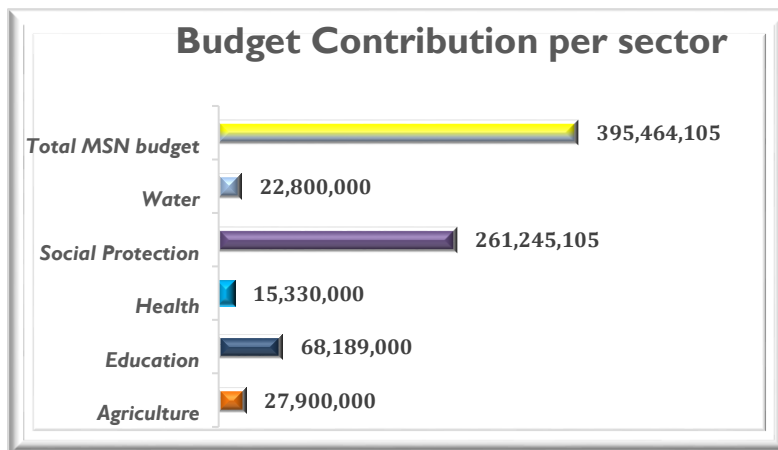


Figure 3: Kakamega Budget contribution per sector

illustrates Allocations by MSN sectors in Kakamega. A budget tracking tool that was lacking at baseline has been developed and is in use to track budget expenditures for nutrition.

Workforce

An effective workforce is comprised of highly skilled professionals with the correct mix of education, training, and skills to design, implement, and monitor nutrition and agri-nutrition interventions. At endline, the capacity score dropped to 56 percent from a score of 59 percent at baseline. Some of the improvements included extensive capacity building sessions on multi-sectoral nutrition, a database for staff trained in various multi-sectoral nutrition capacity building packages, and nutrition-specific and -sensitive staffing requirements clearly outlined in the staffing plans. The major gaps included inadequate staff for nutrition.

Evidence-based Monitoring & Evaluation

This domain assessed the existence of a common M&E framework to guide and standardize M&E for nutrition interventions and outcomes, including data management systems, targets and indicators for nutrition, learning, and data demand and use. At endline, the capacity score improved from 59 percent to 70 percent. This was attributed to a better understanding of the capacity statements at endline. The strengths included capacity strengthening on the use of the nutrition scorecard, clarity on nutrition-sensitive indicators for tracking, development and quarterly tracking of the nutrition-specific and -sensitive scorecard, use of the county websites and communication office to disseminate multi-sectoral nutrition information, and performance review sessions. The gaps included weak data collection system for agri-nutrition, lack of a database/repository for agri-nutrition data, and irregular learning sessions.

Partnership and Coordination

Coordination and networking consist of formal and functional structures for coordination of multi-sectoral nutrition, county-led leadership for coordination of multi-sectoral nutrition, an up-to-date stakeholder inventory and availability of organizational networks for civil society and business networks for advancing nutrition. The capacity score for partnership and coordination had the highest score at endline: 80 percent compared to 48 percent at baseline. Notable improvements at endline included establishment of a multi-sectoral nutrition platform guided by an approved terms of reference, with a

government-led secretariat drawn from various multi-sectoral nutrition sectors including health, education, agriculture, water, and social protection. The multi-sectoral nutrition platform has representatives from sector leadership, civil society, academia, and the private sector. The Department of Agriculture established the first technical working group to improve coordination and clearly understand the importance of collaboration with the Department of Health and other stakeholders. A mapping of multi-sectoral nutrition actors was conducted and an inventory is in place. A SUN civil society alliance exists. The areas for improvement include establishing and strengthening the SUN business network and civil society alliances, enacting a policy or law to institutionalize the multi-sectoral nutrition platform, and enhancing public-private partnerships.

Lessons Learned

- County ownership and leadership is critical for the success of multi-sectoral nutrition, and continued engagement is critical. The multi-sectoral nutrition technical secretariat is an important structure to drive multi-sectoral nutrition coordination.
- Leverage resources from other partners because there is clarity and need to continue multi-sectoral nutrition activities. Clarity of roles by multi-sectoral nutrition sectors enhances ownership and accountability within the multi-sectoral nutrition platform.
- Embedding multi-sectoral nutrition activities into the AWP is a strategy for sustainability and accountability.
- The scorecard and financial tracking tool gives a true picture of the achievements since we developed the joint multi-sectoral nutrition action plans and coordination among members of the secretariat.

Recommendations

- Enact a policy to institutionalize the multi-sectoral nutrition coordination platforms for sustainability.
- Increase advocacy for resource allocation for nutrition-sensitive and -specific activities and track the budget allocation.
- Enrich resource mobilization to support multi-sectoral nutrition activities of partners and county government.
- Identify online platforms to host the multi-sectoral nutrition tools and documents for accessibility.

Resource Materials

Kakamega County Annual Development Plans

Kakamega County Annual Work Plans

Kakamega County Integrated Development Plan

CAPACITY STRENGTHENING FOR MULTI-SECTORAL NUTRITION SECTORS: LESSONS FROM KISUMU COUNTY

June 2023

Background

The Government of Kenya identified nutrition as a multi-sectoral concern as articulated in the Food and Nutrition Security Policy (2012) and the Kenya Nutrition Action Plan (2018–2012). To sufficiently address multi-sectoral nutrition needs, governance is a critical ingredient.

USAID Advancing Nutrition is the Agency’s flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc., and a diverse group of experienced partners, including Save the Children. The project’s multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. USAID Advancing Nutrition supports capacity strengthening efforts for local organizations, amplification of the voices of the vulnerable at county and national levels, and capacity strengthening of stakeholders to advocate for improved nutrition for the most vulnerable.

Kisumu County departments of health and agriculture with support from USAID Advancing Nutrition conducted a baseline assessment in December 2021 to determine the systems and skills available to implement multi-sectoral nutrition interventions. Following the baseline assessment, a capacity strengthening plan was co-created and jointly implemented. In June 2023, an endline assessment was conducted to determine the improvements in capacity and inform transition discussions.

Methodology

The ROCA for multi-sectoral nutrition systems applied the standard OCA tool. This was a largely participatory self-assessment by the department of health and agriculture, and scores were based on consensus by the teams. Each assessment item is scored on a scale of 0 to 4. County documentation collected during the pre-assessment document gathering was used as evidence for scoring. Different Likert scale was used to score depending on the statement. For instance, yes completely, yes partly, not at all; strongly agree, strongly disagree, disagree, strongly disagree; and yes approved, yes draft, and not at all.

The multi-sectoral nutrition ROCA tool was broken down into five components:

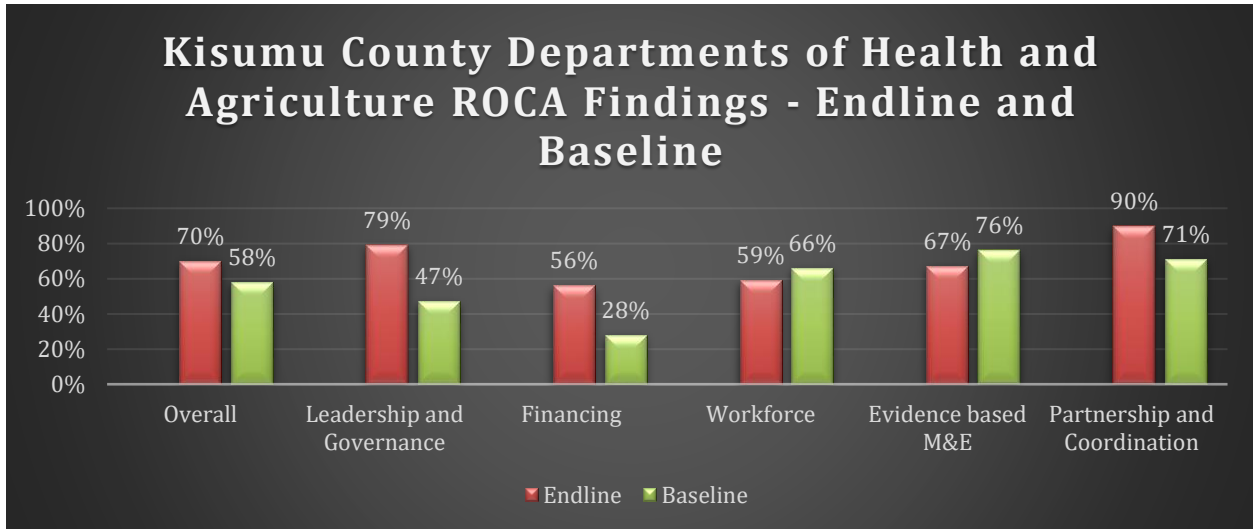
- Leadership and Governance
- Finance
- Workforce
- Evidence-based M&E
- Coordination and Partnerships

Each component is further sub-divided into domains that categorize the statements into thematic areas. Each domain has a series of questions with predefined lists for responses.

Findings

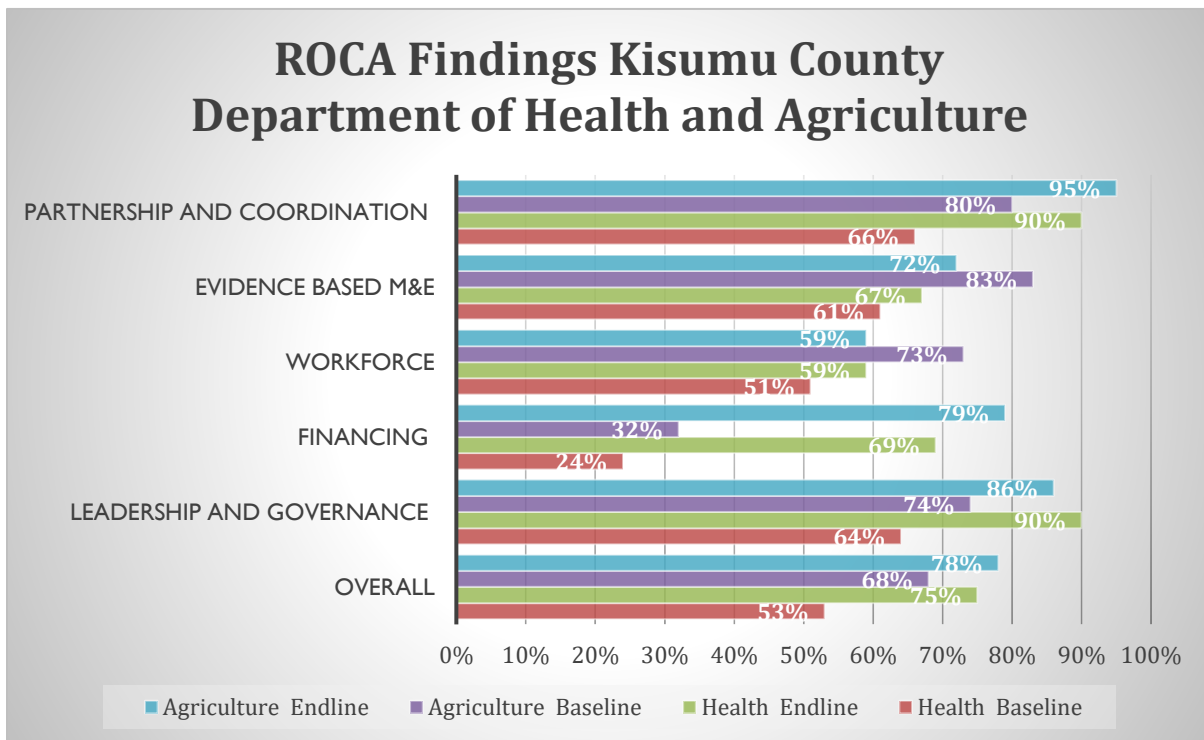
Overall, the multi-sectoral nutrition capacity score improved from 58 to 70 percent. At endline, partnership and coordination had the highest capacity score at 90 percent. The financing domain had the lowest score at 56 percent. The most improved domain was leadership and governance from 47 to 79 percent (figure 4: Kisumu combined ROCA).

Figure 4: Kisumu Combined ROCA



The scores per department are shown in Figure 5 (Kisumu Departmental ROCA) below:

Figure 5: Kisumu Departmental ROCA



Leadership and Governance Domain

This domain aims to ensure that strategic legal and policy frameworks such as the CIDP, CNAP, and AWP exist, prioritize nutrition, and are operationalized. County leaders prioritize nutrition and agri-nutrition, and effective coordination and oversight, regulation, advocacy, and strategic planning. The capacity score for leadership and governance improved to 79 percent as per the endline assessment from a baseline of 47 percent. Some of the notable achievements were development of the County Agri-nutrition Strategy 2023–2027, finalization and dissemination of the CNAP 2019–2021, and a draft Advocacy, Communications, and Social Mobilization Strategy. There is increasing evidence of leadership support for multi-sectoral nutrition as evidenced in the CIDP 2023–2027, the Governors Manifesto, and AWP and budget. In the CIDP 2023–2027, multi-sectoral nutrition coordination activities are included with KES 11 million for multi-sectoral nutrition coordination and legal/regulatory frameworks under the Department of Health, while the Department of Agriculture proposed to recruit nine agri-nutrition officers in the first year (FY2022/2023) of the CIDP to enhance agri-nutrition services. Further, 45 nutrition champions drawn from community, policy, and political levels were appointed, sensitized, and provided with advocacy messages to support their role. The gaps included the need to enhance engagement with members of the County Assembly, enact a policy or law on multi-sectoral nutrition implementation, enhance regular tracing of policies, and streamline multi-sectoral nutrition supervision and tracking of findings.

Financing

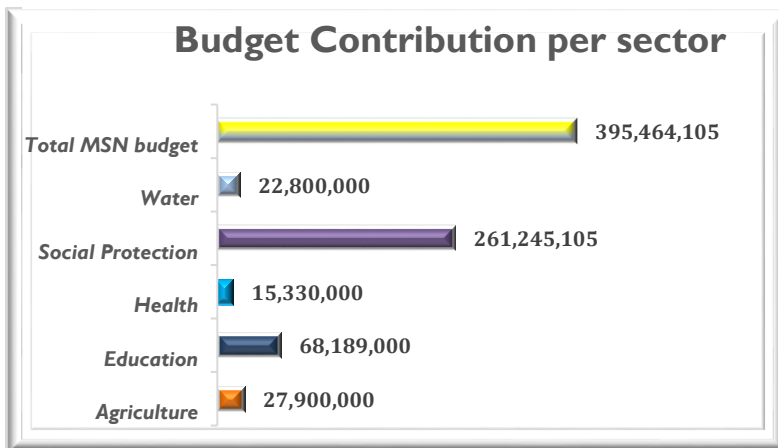
The financing domain is concerned with the planning and mobilization of funds necessary to cover nutrition requirements, including allocation and expenditure reviews. Figure 6 provided MSN allocation by sector in FY2022/23. This domain assesses the extent to which nutrition/agri-nutrition is included in the financial resource commitments, allocations, and expenditures in

the county. The capacity score improved from 59 to 66 percent. The improvements included dedicated budget allocation for nutrition-specific activities amounting to KES 1.5 million and 6.5 million for agri-nutrition in FY2022/2023. Further, a budget tracking tool that was lacking at baseline was developed and is used to track budget expenditures for nutrition.

Workforce

An effective workforce is comprised of highly skilled professionals with the correct mix of education, training, and skills to design, implement, and monitor nutrition and agri-nutrition interventions. At endline, the capacity score dropped to 59 percent from a score of 73 percent at baseline. This was attributed to a better understanding of the workforce needs for agri-nutrition at the endline phase. Some of the improvements included approval to recruit nine agri-nutrition officers to be deployed at county and sub-county levels by July 2023, extensive capacity building sessions on multi-sectoral

Figure 6: Kisumu MSN contributions per sector



nutrition, a database for staff trained in various multi-sectoral nutrition capacity building packages, and nutrition-specific and -sensitive staffing requirements clearly outlined in the staffing plans. The major gaps include inadequate staff for nutrition.

Evidence-based Monitoring & Evaluation

This domain assessed the existence of a common M&E framework to guide and standardize M&E for nutrition interventions and outcomes including data management systems, targets and indicators for nutrition, learning, and data demand and use. At endline, the capacity score dropped to 67 from 76 percent at baseline. This was attributed to a better understanding of the capacity statements at the endline. The strengths included capacity strengthening on the use of the nutrition scorecard, clarity on nutrition-sensitive indicators for tracking, development and quarterly tracking of the multi-sectoral nutrition scorecard, use of the county websites and communication office to disseminate multi-sectoral nutrition information, and performance review sessions. The gaps included a weak data collection system for agri-nutrition, lack of a database/repository for agri-nutrition data, and irregular learning sessions.

Partnership and Coordination

Coordination and networking consist of formal and functional structures for coordination of multi-sectoral nutrition, county-led leadership for coordination of multi-sectoral nutrition, an up-to-date stakeholder inventory, and availability of organizational networks for civil society and business networks for advancing nutrition. The capacity score for partnership and coordination had the highest score at endline—90 percent compared to 71 percent at baseline. Notable improvements at endline included establishment of a multi-sectoral nutrition platform guided by an approved terms of reference, with a government-led secretariat drawn from various multi-sectoral nutrition sectors, including health, education, agriculture, water, and social protection. The multi-sectoral nutrition platform has representatives from sector leadership, civil society, academia, and the private sector. A mapping for multi-sectoral nutrition actors was conducted and an inventory is in place. A SUN business network and civil society alliance exist. The areas of improvement include strengthening the SUN business network and civil society alliance, enacting a policy or law to institutionalize the multi-sectoral nutrition platform, and enhancing public-private partnerships.

Lessons Learned

- County ownership and leadership is critical for the success of multi-sectoral nutrition and should be backed with clear roles and accountability for each sector.
- The multi-sectoral nutrition platform makes it easier for a coordinated approach to realize the set objectives and thus improve outcomes.
- Partnership agreements between the county and partners are important as they make it possible to streamline partner support of county needs and avoid duplicating activities.

Recommendations

- Enact a policy to institutionalize the multi-sectoral nutrition coordination platforms for sustainability.

- Increase advocacy for resource allocation for nutrition-sensitive and -specific activities and track the budget allocation.
- Strengthen the SUN business network and enhance private-sector investment in nutrition.
- Institute a platform where dissemination of nutrition/agri-nutrition lessons and best practices are uploaded and can be accessed.

Resource Materials

Kisumu County Annual Development Plans

Kisumu County Annual Work Plans

Kisumu County Integrated Development Plan

CAPACITY STRENGTHENING FOR MULTI-SECTORAL NUTRITION SECTORS: LESSONS FROM KITUI COUNTY

June 2023

Background

The Government of Kenya identified nutrition as a multi-sectoral concern as articulated in the Food and Nutrition Security Policy (2012) and the Kenya Nutrition Action Plan (2018–2012). To sufficiently address multi-sectoral nutrition needs, governance is a critical ingredient.

USAID Advancing Nutrition is the Agency’s flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc., and a diverse group of experienced partners, including Save the Children. The project’s multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. USAID Advancing The activity supports capacity strengthening efforts for local organizations, amplification of the voices of the vulnerable at county and national levels, and capacity strengthening of stakeholders to advocate for improved nutrition for the most vulnerable.

Kitui County departments of health and agriculture, with support from USAID Advancing Nutrition, conducted a baseline assessment in February 2022 to determine the systems and skills available to implement multi-sectoral nutrition interventions. Following the baseline assessment, a capacity strengthening plan was co-created and jointly implemented. In June 2023, an endline assessment was conducted to determine the improvements in capacity and inform transition discussions.

Methodology

The ROCA for multi-sectoral nutrition applied an adapted OCA tool. This was a largely participatory self-assessment by the department of health and agriculture and scores were based on consensus by the teams. Each assessment item is scored on a scale of 0 to 4. County documentation collected during the pre-assessment document gathering was used as evidence for scoring. Different Likert scale was used to score depending on the statement. For instance: yes completely, yes partly, not at all; strongly agree, agree, disagree, strongly disagree; and yes approved, yes draft, and not at all.

The multi-sectoral nutrition ROCA tool was broken down into five components:

- Leadership and Governance
- Finance
- Workforce
- Evidence-based M&E
- Coordination and Partnerships

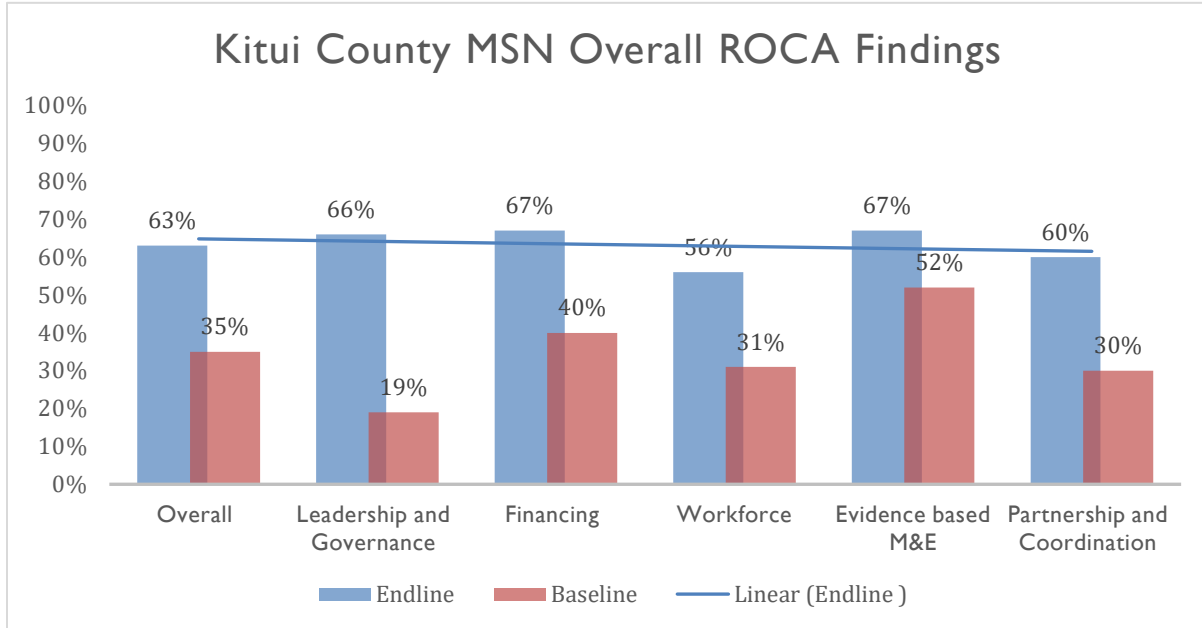
Each component is further sub-divided into domains that categorize the statements into thematic areas. Each domain has a series of questions with predefined lists for responses.

Findings

Overall, the multi-sectoral nutrition capacity score improved from 35 to 63 percent as per the ROCA. The capacity score for the Department of Health increased from 54 percent at baseline to 72 percent at endline, while agriculture improved from 18 to 68 percent. At endline, the evidence-based M&E and

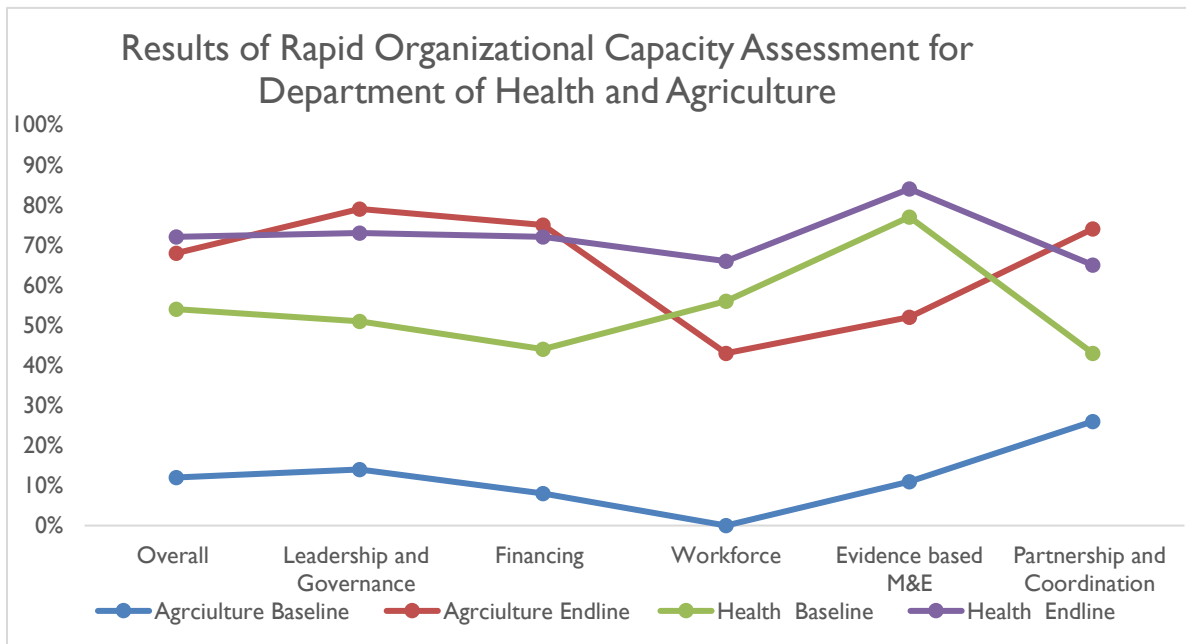
financing domains scored highest at 67 percent, while the workforce scored lowest at 56 percent. The leadership and governance domain had the highest capacity change from 19 to 66 percent. Figure 7(Kitui Combined ROCA) below shows the scores per domain at baseline and endline.

Figure 7: Kitui combined ROCA for MSN departments



The specific departmental capacity scores for health and agriculture are shown in Figure 8 below:

Figure 8: Kitui individual Departmental ROCA



Leadership and Governance Domain

This domain is concerned with ensuring that strategic legal and policy frameworks such as the CIDP, CNAP, AWP, exist, prioritize nutrition, and are operationalized. County leaders prioritized nutrition and agri-nutrition policy development and implementation, and effective systems for coordination and oversight across sectors, regulation, advocacy, and strategic planning. The capacity score for leadership and governance improved to 66 percent at endline from a baseline of 19 percent. Some of the notable achievements were development and availability of policy documents to guide multi-sectoral nutrition: County Agri-nutrition Strategy 2023–2027, end-term review of the CNAP 2018–2022, and a draft Advocacy, Communications, and Social Mobilization Strategy. There is increasing evidence of leadership support for multi-sectoral nutrition as evidenced in the CIDP 2023–2027 and AWP and budgets. The Ministry of Health has various nutrition flagship projects in the CIDP (2023-27) including a nutrition survey; enhanced multi-sectoral nutrition coordination; *malezi bora*; integrated nutrition outreach; training of health care workers on maternal, infant, and young child nutrition; baby friendly hospital initiative (BFHI), baby friendly community initiative (BFCl), integrated management of acute malnutrition and nutrition management of non-communicable diseases; procurement of nutrition commodities and nutrition assessment equipment; and commemoration of nutrition health days and weeks. In agriculture, some of the projects included in CIDP (2023-27) include production of nutrient-dense vegetables, production of bio-fortified foods, and use of diverse locally-produced foods and processing, storage, and preservation of nutrient-dense vegetable and fruits. The department of health and agriculture organizational structures have defined structures for nutrition and agri-nutrition and staff deployed up to the sub-county level, addressing the gap at baseline where the agri-nutrition function was not defined. Further, 45 nutrition champions drawn from the community and technical staff were appointed, sensitized, and provided with advocacy messages to support their role. The gaps included the need to enhance engagement with members of the County Assembly, enact a policy or law on multi-sectoral nutrition implementation, lack of a nutrition champion at the policy and political level, limited tracking of policies to streamline multi-sectoral nutrition supervision and tracking of findings.

Financing

The financing domain is concerned with the planning and mobilization of funds necessary to cover nutrition requirements, including allocation and expenditure reviews. The finance domain capacity score improved from 40 to 67

percent. Figure 9 shows MSN budget allocation by sector in 2022/23. A budget tracking tool that was lacking at baseline was developed and is used to track budget expenditures for nutrition. While there are budget commitments for nutrition programs in various policy documents such as CNAP, AWP, CIDPs, the challenge is funding the priorities for implementation and delayed

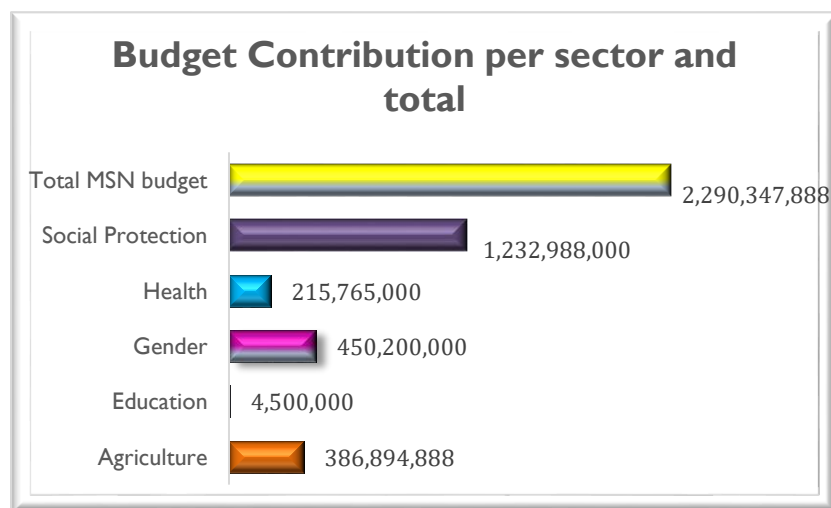


Figure 9; Kitui MSN allocation by sector

disbursements as per allocation. The joint work planning sessions by the nutrition-specific sectors enhanced collaboration during the implementation. The county budget allocation trends for nutrition-specific interventions in the health department show a varied trend: FY2023/2024 – KES 4.37 million, FY2021/2022 – KES 2.2 million, FY2020/2021 – KES 1.5 million, FY2019/2020 – KES 1.8 million, and FY2018/2019 – KES 4.3 million. With the establishment of the agri-nutrition unit in the agriculture department, KES 6.5 million was allocated to the unit in FY2023/2024. A mechanism for submission of financial and non-financial reports to the County Assembly exists, although no advocacy sessions focused on nutrition have been organized. While some capacity in development of policy briefs exists, this was noted as an area for further support and update.

Workforce

An effective workforce is comprised of highly skilled professionals with the correct mix of education, training, and skills to design, implement, and monitor nutrition and agri-nutrition interventions. At the endline, the capacity score improved 56 percent from a score of 31 percent at baseline. The key achievement was the deployment of nine agri-nutrition officers to the unit; the unit and staff were not in place at baseline. The deployment of the nine officers followed the dissemination of the baseline assessment findings to the leadership and subsequent advocacy efforts. The Department of Health has 59 nutrition officers with 18 of them recruited in the last two years. The gaps included workforce gaps to cover service needs, lack of an updated database for staff trained in multi-sectoral nutrition, and no recent training needs assessment conducted.

Evidence-based Monitoring & Evaluation

This domain assessed the existence of a common M&E framework to guide and standardize M&E for nutrition interventions and outcomes, including data management systems, targets and indicators for nutrition, learning and data demand and use. At endline, the capacity score improved to 67 percent from 52 percent at baseline. The strengths included capacity strengthening support for using the nutrition scorecard, clarity on nutrition-sensitive indicators for tracking, development, and quarterly tracking of the multi-sectoral nutrition scorecard, and existence of various platforms for learning, though some of the sessions are ad hoc. Performance reviews are undertaken but highly dependent on partner support. The gaps included a weak data collection system for agri-nutrition, lack of database/repository for agri-nutrition data, and irregular learning sessions.

Partnership and Coordination

Coordination and networking consist of formal and functional structures for coordination of multi-sectoral nutrition, county-led leadership for coordination of multi-sectoral nutrition, and an up-to-date stakeholder inventory. Civil society and businesses are involved in nutrition matters, however, there is a lack of established networks for civil society and business networks for advancing nutrition. The capacity score for partnership and coordination improved to 60 percent at endline compared to 30 percent at baseline. Notable improvements at endline included establishment of a multi-sectoral nutrition platform guided by an approved terms of reference, with a government-led secretariat drawn from various multi-sectoral nutrition sectors including health, education, agriculture, gender, water, and social protection. A mapping of multi-sectoral nutrition actors was conducted and an inventory is in place. A SUN business network and civil society alliance exists. Areas of improvement included strengthening the SUN business network and civil society alliance, enacting a policy or law to institutionalize the multi-sectoral nutrition

platform, and enhancing public-private partnerships.

Lessons Learned

- County leadership support is critical for sustainability of multi-sectoral nutrition programs.
- Increased appreciation of sector-specific nutrition goals are key in budgetary allocation and deployment of staff.
- Varied staff capacities exist within the various sectors for implementation of nutrition mandates and multi-sectoral nutrition implementation strategies should be cognizant of this.

Recommendations

- Enact a policy to institutionalize the multi-sectoral nutrition coordination platform for sustainability.
- Establish and strengthen the SUN business network and enhance private-sector investment in nutrition.
- Structure and include a learning agenda for multi-sectoral nutrition within the various coordination and learning platforms.
- Prioritize engagement with members of the County Assembly on advancing nutrition and budgetary requirements.
- Advocate for budget disbursement for nutrition-specific and -sensitive programs to enhance their implementation.

Resource Materials

Kitui County Annual Development Plans

Kitui County Annual Work Plans

Kitui Draft County Integrated Development Plan

Annex 2. Planned Interviews by Level and Interview Guide

#	Method	Level	Guide	Identified Respondents	Number
1	KII	National	National KII Guide	<ul style="list-style-type: none"> - MOH/DND – 2 - MOALD - 2 	4
		County	County Government KII Guide	<p>Kisumu:</p> <ul style="list-style-type: none"> - CEC MOH - CEC Agriculture - County MOH Nutrition coordinator - County agri-nutrition coordinator - County planner/economist <p>Kakamega:</p> <ul style="list-style-type: none"> - CEC MOH - CEC Agriculture - County MOH Nutrition coordinator - County agri-nutrition coordinator - County planner/economist <p>Kitui:</p> <ul style="list-style-type: none"> - CEC MOH - Chief Officer (CO) Agriculture - CEC Education - County asst. director Ministry of Education(MOE) - County planner/economist - County nutrition coordinator (CNC) - County agri-nutrition coordinator - Multi-sectoral nutrition secretariat representatives (one per county) 	21
		Mixed	USAID KII Guide	<ul style="list-style-type: none"> - USAID – health, Population and Nutrition office and Office of Economic Growth 	2
			Partners KII Guide	<ul style="list-style-type: none"> - CSO representatives (one per county) - Business network representatives (Kisumu) 	4
2	FGD	Community	FGD Guide	<ul style="list-style-type: none"> - Group of nutrition champions (8–12) 	3

Annex 3. Interview Guides

USAID Advancing Nutrition – End-term Evaluation KII Guides

Tool# KIIG001: KII Guide – National-level MOH/DND and MOA

Location: _____ Date: ____ / ____ / _____

Facilitators (names): _____

Instructions

- *Introduce yourself and administer consent form.*
 - *Ensure right participation.*
1. What is your role in the ministry and how long have you held it?
 2. How would you describe your partnership with the USAID Advancing Nutrition program? Why do you say so?
 3. What was this partnership expected to address? To what extent have these been addressed? Provide more details for each area [*multi-sector planning for nutrition, nutrition mainstreaming in sectoral programs, resource mobilization and allocation, multi-sectoral nutrition coordination*]
 4. Multi-sectoral Nutrition Resource Allocation:
 - a) How did the support from USAID Advancing Nutrition project help in advocating for nutrition resource mobilization and allocation at the national level? *Identify key activities supported by the project*
 - b) What change have you noted over time because of this advocacy? Any budget data showing change? *Obtain any documents with this evidence*
 - c) What led to this level of success (contributing factors)?
 - d) What else needs to be done to optimize multi-sectoral nutrition resource allocation?
 5. Multi-sectoral Nutrition Coordination:
 - a) What support did you receive from USAID Advancing Nutrition to facilitate multi-sectoral nutrition coordination?
 - b) What issues or challenges have you been facing that this support addressed?
 - c) What observable change in multi-sectoral nutrition coordination have you seen that is a result of partnership with USAID Advancing Nutrition program?
 - d) What more needs to be done to further strengthen the planning and coordination?
 - e) What mechanisms have the department put in place to ensure continuity of multi-sectoral nutrition coordination beyond the life of the USAID Advancing Nutrition program?
 6. Anything else you would like to share about the partnership with USAID Advancing Nutrition?

USAID Advancing Nutrition – End-term Evaluation

Tool# KIIG002: KII Guide – USAID

Location: _____ Date: ____ / ____ / ____

Facilitators (names): _____

Instructions

- *Introduce yourself and administer consent form.*
 - *Ensure right participation.*
1. What is your role and how long have you held it?
 2. What nutrition-related challenges/issues was the USAID Advancing Nutrition project designed to address in Kenya at the national level and in the counties?
 3. In your opinion, to what extent has the USAID Advancing Nutrition project contributed in addressing these challenges/issues? Probe extent of achievement of the following, and any gaps:
 - *Improved multi-sectoral nutrition resource allocation at the county level.*
 - *Improved planning for nutrition at the county level*
 - *Improved functioning of government-led multi-sectoral nutrition coordination platforms at the national and county levels*
 4. What other successes do you associate with the USAID Advancing Nutrition project?
 5. In your opinion, what did the USAID Advancing Nutrition project not address adequately as per the project design? *Probe on multi-sectoral nutrition resource allocation, multi-sectoral nutrition coordination, nutrition planning*
 6. What challenges did you have working in partnership with the USAID Advancing Nutrition project?
 7. What should they have done differently if they had another chance to implement a similar project and why? (What lessons learned could inform the future?)
 - a. Implementation structures and scope
 - b. Design and deployment of the interventions: co-creation, co-implementation, and co-monitoring
 - c. Partnership involvement/arrangements: nutrition-sensitive and -specific partners, state, non-state
 - d. Sustainability strategy
 8. What do you recommend to be done to improve multi-sectoral nutrition implementation in the country to improve nutrition outcomes.

Anything else you would like to share?

USAID Advancing Nutrition – End-term Evaluation

Tool# KIIG003: KII Guide – County Executive – MOH, MOA, and MOE

Location: _____ Date: ____ / ____ / _____

Facilitators (names): _____

Instructions

- *Introduce yourself and administer consent form.*
- *Ensure right participation.*

1. What is your role in the county and how long have you held it?
2. How would you describe your partnership with the USAID Advancing Nutrition program? *Probe: Why do you say so?*
3. What was this partnership expected to address? To what extent have these been addressed?
4. Multi-sectoral Nutrition Resource Allocation:
 - a) How did the support from the USAID Advancing Nutrition project help in advocating for nutrition resource mobilization and allocation in your department/county? *Identify key activities supported by the project*
 - b) What change have you noted over time because of this advocacy? Any budget/planning data showing change? *Obtain any documents with this evidence*
 - c) What led to this level of success (contributing factors)?
 - d) What else needs to be done to optimize multi-sectoral nutrition resource allocation?
5. Multi-sectoral Nutrition Coordination:
 - a) What support did you receive from the USAID Advancing Nutrition to facilitate multi-sectoral nutrition coordination?
 - b) What challenges/issues have you been facing that this support addressed?
 - c) What observable change in multi-sectoral nutrition coordination have you seen that is a result of partnership with the USAID Advancing Nutrition program?
 - d) What more needs to be done to further strengthen the planning and coordination?
 - e) What mechanisms have the county put in place to ensure continuity of multi-sectoral nutrition coordination beyond the life of the USAID Advancing Nutrition program?
6. Multi-sectoral Nutrition FTT:
 - a) What challenge/issue was the multi-sectoral nutrition Financial Tracking Tool developed to address?
 - b) In your opinion, to what extent has the tool been able to address the challenge/issue?
 - c) What policy/county/national laws anchors use of this tool? What mechanisms are in place to ensure continued use of this tool beyond the life of the USAID Advancing Nutrition program?
 - d) How useful is this tool looking into the future of nutrition programs?
7. Anything else you would like to share about the partnership with USAID Advancing Nutrition?

USAID Advancing Nutrition – End-term Evaluation

Tool# KIIG004: KII Guide – County Technical Staff – MOH, MOA, and MOE

Location: _____ Date: ____ / ____ / _____

Facilitators (names): _____

Instructions

- *Introduce yourself and administer consent form.*
 - *Ensure right participation.*
1. What is your role in the county and how long have you held it?
 2. How would you describe your partnership with the USAID Advancing Nutrition program? Why do you say so?
 3. What was this partnership expected to address? To what extent have these been addressed? Provide more details for each area [*multi-sectoral planning for nutrition, nutrition mainstreaming in sectoral programs, resource mobilization and allocation, multi-sectoral nutrition coordination*]
 4. In your opinion, what did the USAID Advancing Nutrition project not address adequately as per the project design? *Probe on multi-sectoral nutrition resource allocation, multi-sectoral nutrition coordination, nutrition planning.*
 5. What challenges did you have working in partnership with the USAID Advancing Nutrition project?
 6. What should they have done differently if they had another chance to implement a similar project and why? (What lessons learned could inform the future?)
 - a. Implementation structures and scope
 - b. Design and deployment of the interventions: co-creation, co-implementation, and co-monitoring
 - c. Partnership involvement/arrangements: nutrition-sensitive and -specific partners, state, non-state
 - d. Sustainability strategy
 7. What other successes do you associate with the USAID Advancing Nutrition project?

Multi-sectoral Nutrition Resource Allocation:

 - a) How did the support from the USAID Advancing Nutrition project help in advocating for nutrition resource mobilization and allocation at the county level? *Identify key activities supported by the project*
 - b) What change have you noted over time because of this advocacy? Any specific examples including budget data? *Obtain any documents with this evidence*
 - c) What hurdles/barriers/obstacles did you have to surmount/deal with to achieve these results? How did this partnership contribute to the solutions to these barriers?
 - d) What were the contributing factors for this level of success?
 - e) What would you do differently if you had another chance to do this intervention? What lessons did you learn?
 - f) What else needs to be done to optimize multi-sectoral nutrition resource allocation?

8. Multi-sectoral Nutrition Coordination:
 - a) What support did you receive from USAID Advancing Nutrition to facilitate multi-sectoral nutrition coordination?
 - b) What challenges/issues have you been facing that this support addressed?
 - c) What observable change in multi-sectoral nutrition coordination have you seen that is a result of partnership with the USAID Advancing Nutrition program?
 - d) What more needs to be done to further strengthen the planning and coordination?
 - e) What mechanisms have been put in place to ensure continuity of your functions including coordination beyond the life of the USAID Advancing Nutrition program?

9. Multi-sectoral Nutrition FTT and the scorecard:
 - a) What challenge/issue was the multi-sectoral nutrition Financial Tracking Tool and the scorecard developed to address? Please share the situation before that necessitated this intervention
 - b) To what extent has the tool been able to address the challenge/issue? *Obtain as much details as possible, aligning to the challenges/issues above*
 - c) What policy/county/national laws anchors use of this tool? What mechanisms are in place to ensure continued use of this tool beyond the life of the USAID Advancing Nutrition program?
 - d) How useful is this tool looking into the future of nutrition programs? What else needs to be done to make it better, user friendly, and more efficient?

10. Rapid Organizational Capacity Assessment
Did you participate in the self-administered Rapid Organizational Capacity Assessment? If YES, proceed, else SKIP to Q11
 - a) What was the purpose of conducting the self-administered Rapid Organizational Capacity Assessment? What was expected out of the process?
 - b) How many times did you conduct this ROCA? Could you please provide specific periods? [Month and Year]
 - c) What have you achieved as a result of the ROCA?
 - d) What was the weakness of the self-assessment and how should it be improved in the future?
 - e) What lessons did you learn during the process? If you were to do this again, what would you do differently?

11. Anything else you would like to share about the partnership with USAID Advancing Nutrition?

USAID Advancing Nutrition – End-term Evaluation

Tool# KIIG005: KII Guide – Non-state Partners, CSOs, Business Networks

Location: _____ Date: ____ / ____ / _____

Facilitators (names): _____

Instructions

- *Introduce yourself and administer consent form.*
 - *Ensure right participation.*
1. What is your role and how long have you held it?
 2. What was the purpose of the partnership with USAID Advancing Nutrition? What challenge/issue were you addressing in this partnership?
 3. How useful was the partnership? What direct and indirect support did you receive from the USAID Advancing Nutrition program?
 4. What were you able to address? What results/successes can you attribute to this partnership with USAID Advancing Nutrition?
 5. In your opinion, what worked well in this partnership?
 6. What did not work well in the partnership that needs to be addressed in future?
 7. What challenges did you encounter during the partnership?
 8. What should have been done differently or better to achieve the intended results?
 9. What gaps still exist that you would like addressed in the future?

Organization Capacity Assessment Tool

For CSO's that were assessed using the OCA tool, ask the following in addition, else SKIP to Q10

- a) When was OCA conducted for your organization? How many times was it led by USAID Advancing Nutrition?
 - b) How important was OCA to your organization? What priorities were identified during the initial assessment?
 - c) What capacity building interventions have been put in place since OCA was done? Who supported the interventions?
 - d) How would you describe your capacity now compared to before OCA? What aspects have been strengthened the most? Any specific examples? What aspects have been strengthened the least? Why?
 - e) What would you recommend to make the OCA process better?
10. What else would you like to share with us?

USAID Advancing Nutrition – End-term Evaluation

Tool# KIIG006: KII Guide – Academic Institutions – Maseno and Masinde Muliro Universities

Location: _____ Date: ____ / ____ / ____

Facilitators (names): _____

Instructions

- *Introduce yourself and administer consent form.*
 - *Ensure right participation.*
1. What is your role and how long have you held it?
 2. What was the purpose of the partnership with USAID Advancing Nutrition? What challenge/issue were you to address in this partnership?
 3. How useful was the partnership? What direct and indirect support did you receive from the USAID Advancing Nutrition program?
 4. What were you able to address? What results have you seen so far as a result of this partnership?
 5. Has any course been rolled out yet? (if not mentioned earlier). If YES, how successful is the program? Any statistics?
 6. In your opinion, what worked well in this partnership?
 7. What did not work well in the partnership?
 8. What challenges did you encounter during the partnership?
 9. What should have been done differently or better to achieve the intended results?
 10. What gaps still exist that you would like addressed in future?
 11. What else would you like to share with us?

USAID Advancing Nutrition – End-term Evaluation

Tool# KIIG007: KII Guide – Multi-sectoral Nutrition Secretariat Representatives

Location: _____ Date: ____ / ____ / _____

Facilitators (names): _____

Instructions

- *Introduce yourself and administer consent form.*
- *Ensure right participation.*

- 1. What is your role in the county and how long have you held it?**
2. What are your functions as a secretariat?
3. When was this secretariat established? Who constitute the secretariat (members)? Who chairs the secretariat? Do you have any terms of reference? Please share a copy
4. What support have you received from USAID Advancing Nutrition?
5. What challenges/issues has this support addressed? What observable change have you seen since you started the partnership with the USAID Advancing Nutrition program?
6. How often do you meet? When was the last meeting? Do you have minutes of the last meeting? Could you please share?
7. What challenges have you been facing as a secretariat? How have these been addressed? What has not been addressed?
8. What more needs to be done to further strengthen the secretariat?
9. What mechanisms have been put in place to ensure continuity of your functions including coordination beyond the life of the USAID Advancing Nutrition program?
10. What else would you like to share with us?

**USAID Advancing Nutrition – End-term Evaluation
FGD Guide**

Tool# FGDG001: – Multi-sectoral Nutrition Champions

Location: _____ Date: ____ / ____ / ____

Facilitators (names): _____

Instructions

- *Introduce yourself and administer consent form.*
 - *Ensure right participation.*
-
1. What are your roles as champions? What activities have you conducted after the training?
 2. What support did you receive from the USAID Advancing Nutrition program to facilitate your roles?
 3. What challenges/issues were you supposed to address as champions? What change can you say you have seen in your communities as a result of what you have done?
 4. What challenges did you encounter while playing your roles as champions?
 5. What should have been done differently or more to optimize your performance for better results?
 6. What gaps still exist in the community as far as nutrition is concerned that future nutrition programs should address?
 7. How do you intend to carry on with your roles after the end of the program?
 8. What else would you like to share with us that I have not asked?



USAID
FROM THE AMERICAN PEOPLE

USAID ADVANCING NUTRITION

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