Multi-sector programming at the sub-national level:

A case study in Homa Bay and Makueni counties in Kenya
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Acronyms

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<tr>
<td>AMREF</td>
<td>Africa Medical Research Foundation</td>
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<tr>
<td>ASAL</td>
<td>Arid and Semi-arid Lands</td>
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<td>AVCD</td>
<td>Accelerated Value Chain Development</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>CHMT</td>
<td>County Health Management Team</td>
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<td>CIDP</td>
<td>County Integrated Development Plan</td>
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<td>CIP</td>
<td>Centro Internacional de la Papa / International Potato Center</td>
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<td>CNC</td>
<td>County Nutrition Coordinator</td>
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<td>CSG</td>
<td>County Steering Group</td>
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<td>DfID</td>
<td>Department for International Development</td>
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<td>DTC</td>
<td>Drought-Tolerant Crops</td>
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<td>ECD</td>
<td>Early Childhood Development Centre</td>
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<td>GFD</td>
<td>General Food Distribution</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>ICRISAT</td>
<td>International Crops Research Institute for the Semi-Arid Tropics</td>
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<td>ILRI</td>
<td>International Livestock Research Institute</td>
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<td>KDHS</td>
<td>Kenya Demographic and Health Survey</td>
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<td>KFNSIF</td>
<td>Kenya Food and Nutrition Implementation Framework</td>
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<td>KII</td>
<td>Key informant interview</td>
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<td>KNNAP</td>
<td>Kenya National Nutrition Action Plan</td>
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<td>LMIC</td>
<td>Lower Middle Income Countries</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MoA/ MoALF</td>
<td>Ministry of Agriculture, Livestock and Fisheries</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MUAC</td>
<td>Middle Upper Arm Circumference</td>
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<td>World Health Assembly</td>
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1 At county level the MoH is referred to as the Department of Health, DoH to distinguish between the ministry but at the 2 different levels. For the purposes of this write up and for uniform terminology term MoH will be used.
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This case study is part of work carried out by ENN to document nutrition-sensitive and multi-sector programme experiences in several countries, with a focus on the sub-national level. It is done as part of ENN’s work under the Technical Assistance for Nutrition (TAN) programme, funded by the UK Department for International Development (DFID) to support the Scaling Up Nutrition (SUN) Movement in its second phase (2016-2020). For practitioners and policymakers working in nutrition, there is limited documentation available on how nutrition-sensitive and multi-sectoral programmes are being implemented and supported by existing institutional architecture at a national and sub-national level in high burden countries. To date, this has been particularly limited at the sub-national level. ENN’s primary objective for this work is not to analyse drivers of change leading to new approaches to nutrition programming, but rather to construct ‘case studies’ with detailed descriptions of implementation. The focus is on how sectors are working together to roll out programmes and how new programme approaches fit within existing institutional architecture. By documenting the experience of different sector stakeholders involved in multi-sectoral nutrition programming at sub-national and implementation levels, important lessons can be learned to help shape future approaches and practice.

Currently, Kenya has several national-level coordination platforms that have elements of multi-sector and multi-stakeholder engagement, including SUN networks, county steering groups, and nutrition...
inter-agency coordination committees. Work is currently ongoing to establish a government-led coordination structure that brings different sectors together to align work relating to nutrition. At the time of documentation, such arrangements are being elaborated, including the establishment of the proposed National Food and Nutrition Security Steering Council as well as the County Food and Nutrition Security Steering Committees. The case study describes the implementation of one large-scale, nutrition-sensitive programme in Kenya in two counties and how current government-led activities and structures enable and interact with this. It describes a partner-led, nutrition-sensitive intervention, the United States Agency for International Development (USAID)-funded Accelerated Value Chain Development (AVCD) programme, being carried out in 21 out of 47 counties in Kenya and explores lessons from its implementation, including opportunities and challenges.

This study was compiled with information collected from a series of semi-structured key informant interviews (KIIs) at national and sub-national levels. This included 14 national-level interviews with stakeholders from the Ministry of Health, Ministry of Agriculture Livestock and Fisheries and the AVCD implementing organisations. At sub-national level, interviews were conducted with 27 stakeholders based in Homa Bay from the western region of Kenya and Makueni from east Kenya. Interviews were conducted over a three-week period between August and September 2017.

The period of documentation was carried out at the end of 2017 during an election period marked by changes in government appointments at national and county levels. It was also a period of change for two critical national strategies and plans: the Kenya Food and Nutrition Security Implementation Framework, which was being finalised and adopted, and the Kenya National Nutrition Action Plan 2012-2017 (KNNAP), which are under review. This means it is an important time of transition for the nutrition agenda in the Kenya context.

This is one of 3 country case studies produced in this series and accompanied by a synthesis paper that draws out emerging themes and lessons from the three country examples.

### Outline

This work is divided into five sections. Section 1 provides a broad nutrition context for the country and the focus counties of this work. It also outlines the details of the AVCD programme. Section 2 describes the current institutional architecture for nutrition at national level and within the two focus counties and discusses the anticipated changes to that architecture. Section 3 describes the programmatic experiences of the AVCD programme, including what nutrition-sensitive, multi-sector activities are being carried out and the underpinning coordination and governance. Section 4 examines key areas of learning emerging from this work, organised under several thematic headings. Section 5 sets out conclusions and highlights what this case example tells us about the nature of multi-sector programme implementation in nutrition.

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### Box 1 Making programmes nutrition-sensitive

For the sake of simplicity, we have categorised five types of programmes or adaptations that can render an intervention increasingly sensitive to nutrition:

i) Multiple sectors converge on nutritionally vulnerable households or demographic groups to offer programmes services; e.g. targeting of services to first 1,000 days households.

ii) Multiple sectors converge at the level of village or commune believed to be vulnerable to undernutrition; e.g. agriculture and health workers use the same list of target beneficiaries to deliver complementary agriculture and nutrition inputs within the same village commune.

iii) Nutrition messaging is incorporated into the work and activities of other sectors; e.g. education curricula changes to include nutrition components, nutrition behaviour-change communication (BCC) within a social protection programme.

iv) Nutrition-sensitive sectors change or add inputs into programmes; e.g. replacing poultry with milk-producing animals, introducing seeds for fortified crops, changes in hardware.

v) Nutrition-specific platforms utilised to introduce nutrition-sensitive messaging from other sectors; e.g. food and personal hygiene, need for dietary diversity, etc.
The nutrition landscape in Kenya

Kenya has a national population of around 50 million people. Among this population is significant economic, geographic and ethnic variation. The country is on the equator and is bordered by Uganda, South Sudan, Ethiopia, Somalia, the Indian Ocean and Tanzania. The equator delineates the nation’s ecological zones with the less arable arid and semi-arid lands (ASAL) to the north and coastal areas, fertile arable areas to the west, and grasslands to the south of the country. In 2014 Kenya was classified as a low and Lower Middle Income Country (LMIC). Poverty-rate reduction in Kenya is slow, with a slight decline from 46% in 2006 to below 40% in 2012. Kenya’s population is young, with over 50% under the age of 25 years.

Kenya has significantly made progress in reducing malnutrition. In 2015, it was on track to meet all the World Health Assembly (WHA) targets for nutrition. According to the Kenya Demographic and Health Surveys (KDHS), under-five stunting was at 26% in 2014 compared to 35.3% in 2008, and under-five wasting was at 4% in 2014 compared to 6.7% in 2008. While overall improvements were seen in national figures on nutrition status in Kenya, significant variations remain between counties in patterns and causes of malnutrition, as well as level of investment in nutrition. Reductions in stunting have generally been associated with: an increase in the mother’s education; increased birth-spacing intervals; improved body mass index (BMI) status of the mother; an increase in the child’s birth weight; an increase in household wealth quintile; and increasing urbanisation. These correlations have largely been deduced through analysis of national demographic and health survey data.

National plans and institutional architecture

Kenya aspires to attain the status of an upper middle-income economy by 2030. This is spelled out in Kenya’s Vision 2030 and supported by the revised constitution.

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6 Kenya Demographic Health Survey (2003); (2008) and (2014)
7 Kenya Demographic Health Survey (2003); (2008) and (2014)
The Kenya Food and Nutrition Security Policy (KFNSP) is a framework that recognises the need for multi-sector action to eradicate hunger and improve nutrition. It describes how inter-sector action for reducing malnutrition is linked to Vision 2030 and the revised constitution. The Kenya National Nutrition Action Plan (KNNAP) 2012-2017 is the document that outlines the contribution of nutrition to the KFNSP. Despite the inclusion and mention of other government sectors such as agriculture and education and their role in the KNNAP, it is by and large nutrition-specific, with the MoH the key delivery agency. The KNNAP is currently undergoing revision with discussions ongoing about the next iteration, which have included discussions on how nutrition-sensitive programming and multi-sector approaches can be included in the next plan.

Another important factor in the changing nutrition architecture in Kenya is the adoption of a new, devolved form of government through a constitutional change in 2010, which has changed the way in which programmes in many sectors, including those relating to nutrition and health, are funded and implemented. Devolution has created new opportunities within government sectors, but also challenges around programme coherence.

The current KNNAP (2012-2017) was launched and adopted by a wide range of stakeholders at the same event where Kenya signed up to the Scaling Up Nutrition (SUN) Movement. Following the launch of the KNNAP at national level, several county versions were developed and adopted by these sub-national level governments.

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### Box 2 The Accelerated Value Chain Development (AVCD) programme

The USAID-funded AVCD programme commenced in October 2015 led by the International Livestock Research Institute (ILRI) and implemented through International Potato Center (CIP) and International Crops Research Institute for the Semi-Arid Tropics (ICRISAT). The primary goal of the Feed the Future-AVCD programme is “to sustainably reduce poverty and hunger”, focusing on four value chains: livestock, dairy, staple and root crops. It targets a total of 326,000 beneficiaries in 21 counties.

Following The Lancet 2013 series on nutrition-sensitive interventions, USAID developed a Multi-Sectoral Nutrition Strategy 2014-2025 and mainstreamed gender, youth and nutrition into the Feed the Future-supported initiatives of its implementing agencies. USAID's agenda has added to many of these interventions: a) scale (e.g. number of villages and communities reached); b) intentionality in leveraging joint partnerships for nutrition; and c) increased identification of research gaps and evidence to demonstrate impact (or lack of it) for agrinutrition. Initiatives like USAID/Feed the Future-funded AVCD are considered by USAID to be useful for facilitating multi-stakeholder collaboration, with the potential for important lesson learning for future programming and planning by partners and governments.

This programme was selected for focus in this work by ENN as it was present in the two target counties, Homa Bay and Makueni, and due to the opportunities it offered for learning about nutrition-sensitive/multi-sector programming. Further, it has extensive national coverage (i.e. almost half the counties in Kenya) and involves significant sub-national engagement with different sectors at the county level. In Makueni the focus was on the drought tolerant crops (DTC) programme implemented by ICRISAT and in Homa Bay the Orange-Fleshed Sweet Potato (OFSP) programme implemented by CIP. Both ICRISAT and CIP had experience within those counties prior to AVCD and were thus building on technical understanding derived from previous programmes and existing partnerships with government.

AVCD’s programmatic aim is to impact nutrition through the following nutrition-sensitive pathways: a) agricultural production; b) women’s empowerment; c) increase in income. Classification of activities based on the Compendium of Actions For Nutrition are in Annex 5. It is anticipated that the nutrition component will be leveraged from increased agriculture production. The intended nutrition impact is a 20% stunting reduction by 2025 in line with WHA targets.

The AVCD implementing partners are working through government structures at county/sub-county level. At implementation level, the programme has sought to work with the same beneficiaries for both agriculture and nutrition components. At national level, the MoH and the MoALF were consulted on the programme’s design and intended outcomes, but arrangements for programme implementation were brokered at county level.

According to the categories devised for this work outlining different types of multi-sector/nutrition-sensitive programme adaptations (Box 1; for more details see the case study synthesis), AVCD can be described as having components several types of programme/programme adaptations described above.
Homa Bay

Homa Bay county is located in the western region of Kenya and is one of the counties located in former Nyanza province. It borders Lake Victoria, which is a major source of livelihood. It has a population of around 1.2 million, accounting for approximately 2.4% of the national population. It is divided into eight sub-counties.

Under-five stunting is 18.7% in Homa Bay (compared to 26% nationally) and under-five wasting rates are 2.3% (compared to 4% nationally). These better-than-national average figures could relate to lower poverty rates and high female literacy, however, it is clear that there are many factors contributing to nutrition vulnerability, including the highest rate of HIV in the country. In the 2016/17 financial year, the county health budget for Homa Bay was 27% of the budget, while the nutrition budget was 0.05% of the health budget.

Makueni

Makueni lies in the ASAL regions of east Kenya. It is prone to frequent droughts, which has negatively affected agriculture, the county’s main economic activity. Makueni has a population of 989,050, accounting for approximately 2% of the Kenyan population and is divided into six sub-counties.

Under-five stunting in Makueni is 25.1% (compared to 26% nationally) and under-five wasting is 2.1% (compared to 4% nationally). The county poverty rate is 64.3%, higher than the national average of 40%, and there is a low dietary diversity and meal frequency for children aged 6-23 months, with minimum acceptable diet for this age group only 21.5%. The main source of income is agriculture, accounting for 78% of household income, followed by wage employment, which accounts for 10%.

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9 County Government of Homa Bay
10 County Government of Homa Bay
11 The better-than-national-average figures could be due to a literacy rate of 93.8% among women between 15 and 49 years of age and an overall reduction in absolute poverty rate from 58% in 2005/6 to 44.1% in 2011. However, other country data shows considerable room for improvement in key indicators, i.e. low dietary diversity and meal frequency among children aged 6-23 months with a minimum acceptable diet of 25.7% for breastfed children and 24.5% for non-breastfed children; the highest HIV prevalence in the country at 26%; and the second-highest national diarrhoea rate (23.5%). See also KDHS 2014.
13 Climate Risk Profile Series. The Ministry of Agriculture, Livestock and Fisheries (MoALF), Nairobi, Kenya.
18 KDHS 2008, 2014
Nutrition programming and coordination in Kenya

National-to-county coordination structures

In 2010 Kenya adopted a new constitution that led to the transfer of political and economic powers from the national level to 47 counties. Counties are semi-autonomous, meaning they select political leaders, possess autonomy to allocate and spend county budgets, and run the day-to-day business of government sectors. The national-county relationship is one of interdependence as resources are allocated from a national budget. County budgets are based on a formula that allocates resources to regions based on poverty rates and population size. The national government also develops policies, guidelines and standards and oversees adherence to them.

Enshrined in the Health Act 2017, the government sector with the official mandate for implementing nutrition is the Ministry of Health (MoH). This mandate is primarily executed through the Nutrition and Dietetics Unit (NDU) within the division of family health. The NDU is therefore at the third level of the institutional hierarchy of the MoH. At the time of documentation the Head of the NDU was also the appointed SUN Government Focal Point and chair of the Nutrition Interagency Coordinating Committee (NICC). The NICC is a coordination structure for nutrition-specific interventions that involve UN, civil society, academia, and government. The government ministries include Ministry of Agriculture, Livestock and Fisheries (MoALF); Ministry of Health MoH; Ministry of Education (MoE); Ministry of Devolution and Planning; Ministry of Water (MoW); Ministry of East Africa, Labour and Social Security. It passes key decisions related to nutrition-specific activities; e.g. adoption of new or revised guidelines.

The MoALF houses a home economics section which has been rebranded as agrinutrition to augment the focus on the link between nutrition and agriculture.

19 These were the names of the ministries as of September 2017, the time of documentation. The ministries may be renamed.
Discussions are currently ongoing to identify key nutrition indicators and programmes that different ministries can engage in going forward. In order to operationalise the KFNSP that was passed in 2012, the Kenya Food and Nutrition Security Implementation Framework (KFNSIF) has been developed and finalised. It is this framework that would bring other sectors under the food and nutrition security umbrella. Its official adoption by key ministries at national and county levels was under discussion as of the end of 2017. The proposed structure is a National Food and Nutrition Security Steering Council as well as County Food and Nutrition Security Steering committees. The ‘higher’ umbrella structure for bringing the county and national structures together is the office of the vice president.

Box 3  Proposed new multi-sector structures for Kenya

Discussions are currently ongoing to identify key nutrition indicators and programmes that different ministries can engage in going forward. In order to operationalise the KFNSP that was passed in 2012, the Kenya Food and Nutrition Security Implementation Framework (KFNSIF) has been developed and finalised. It is this framework that would bring other sectors under the food and nutrition security umbrella. Its official adoption by key ministries at national and county levels was under discussion as of the end of 2017. The proposed structure is a National Food and Nutrition Security Steering Council as well as County Food and Nutrition Security Steering committees. The ‘higher’ umbrella structure for bringing the county and national structures together is the office of the vice president.

a. Division of responsibility between county and national level in service provision

Service provision is a county mandate comprising: 1) human resource management; i.e. hiring, redeployment and disciplinary action; and 2) financial management; i.e. preparing budgets, budget allocation, spending and accounting and service provision.

The national level has multiple functions, including: regulation of health and nutrition human resources (e.g. licensing or withdrawal of licensure due to malpractice or lack of qualification); developing policies, standards and guidelines; and disseminating guidelines and communicating changes. The national and county levels engage in both a ‘push and pull’ when it comes to guidance and policy/programme development. The relevant stakeholders in the counties can approach and consult the national level for direction and guidance, while the national level provides technical and policy direction based on need (e.g. when there are recent changes and updates).

b. Nutrition coordination at county level

Governance for nutrition

At county level both the MoH and MoALF possess nutrition departments and in some counties21 there is a School Health, Nutrition and Meals Programme within the MoE. The MoALF executes nutrition functions through the Agrinutrition Department (formerly the Home Economics Department). In some counties, staff in the home economics/agrinutrition departments have been deployed to offer other agriculture services, thus weakening the department’s visibility and nutrition functions.

There is currently no over-arching government structure that coordinates nutrition functions across these and other ministries. Despite this, many nutrition-sensitive or multi-sector programmes have been implemented, which must negotiate sector relationships at national and county level in implementation. The AVCD programme described in this paper is one example of a partner-led, nutrition-sensitive programme that aims to impact nutrition through inclusion of nutrition components at community level in an agricultural programme. This programme is implemented in partnership with the MoH, MoALF and MoE.

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20 Agriculture, Livestock, Fisheries – Departments; Public Health and Sanitation (now Health); Education; Devolution and Planning – (NDMA and Special programmes); Water; Social Protection (Labour).

21 About 26 counties have a School Health and Nutrition Meals Programme. It falls under the national government; i.e. it is not devolved.
Within the MoH at county level, the nutrition department shares equal ranking with other health departments in terms of institutional position; i.e. it is neither lower nor higher. However, it does not possess autonomy over budgetary allocation. Since nutrition is a department within the MoH, the overall authority resides with the County Executive Committee member for Health, who is a political appointee in charge of the Health sector. Administratively, the MoH possesses equal hierarchical powers to other government ministries.

**Nutrition coordination**

The Nutrition Department of MoH participates in nutrition-specific and nutrition-sensitive coordination forums. These forums are formal in that they possess terms of reference but are not constituted through legal frameworks. There is therefore no binding mechanism for engagement between the MoH and other sectors.

c. Role in programme implementation from national to community level

The national-level role in implementation includes communication and sensitising county actors to standards and guidelines.

The role of county level implementation is communicating technical information to staff, hiring and supervising staff, providing tools of service and facilitating movement, etc.

At the community level implementation involves staff from different ministries. From the MoH, nutritionists, nurses, community health extension workers and community health assistants provide nutrition services to community members. These services include monitoring nutrition status and issuing supplements or providing nutrition education messages. From the MoALF, home economists provide nutrition services such as cooking demonstrations at community level, nutrition education messaging and training on food preservation. Many other activities related to improving nutrition outcomes are implemented by other government sectors but are not well described or categorised within the existing structures of those ministries. Articulating the contribution of those ministries for a nutrition outcome may be part of the next phase of the KNNAP or the KFSNIF.

**Box 4 Nutrition coordination at the sub-county level**

At sub-county level there is a sub-county health management team (SCHMT) in the MoH that fulfils a managerial and coordination role between health facility staff and the CHMT. The team is in charge of technical execution of programmes and provides oversight of staff within its regions. The CHMT liaises with the sub-counties to roll out services at county level. The CHMT determines and derives their county budgets, performance indicators and programmatic progress on work at sub-county level.

Both Makueni and Homa Bay counties have sub-county coordination structures. In Homa Bay, six of the eight sub-counties have regular nutrition coordination meetings between the sub-county nutrition officer and nutrition staff. This is an MoH forum held on a monthly basis where sub-county progress is discussed. The meeting minutes are shared with the CNC. The sub-county nutrition officer highlights and escalates issues that require the CNC’s attention.

In Makueni, the County Steering Group (CSG) is a multi-sector coordination forum with sub-structures at sub-county level. The sub-county forum meets frequently. Nutrition is central to the work of the forum in providing, analysing and interpreting critical health and nutrition data such as MUAC trends at sentinel sites, malnutrition admission trends from health facilities and morbidity trends and their impact on nutrition.
Homa Bay and Makueni are distinct in terms of nutrition needs. Nationally, Homa Bay has the highest HIV prevalence\(^2\) and the second-highest incidence of diarrhoea.\(^3\) Both conditions skew malnutrition management towards a health-related focus. Homa Bay has a favourable climate that is conducive to agriculture. This means that there is opportunity for improved agricultural activities and, by extension, opportunities to embed agrinutrition actions.

Makueni is an ASAL county which is prone to poor rainfall and droughts. It also has a high poverty rate. These conditions lead to a greater emphasis on interventions that strengthen emergency preparedness and livelihoods; e.g. improved methods of farming.

The combination of programmes present in these different counties are a reflection of their different nutrition needs and opportunities. (For more information about other programmes implemented in these counties, see Annex 5).

**Nutrition sensitivity within the two Focus Value Chains of AVCD**

The key components included in the AVCD programme to make agriculture value chains more nutrition-sensitive are:

(i) Behaviour change communication (BCC) messages (including cooking demonstrations);

(ii) bio-fortification technologies to improve the nutrient content;

(iii) nutrition-oriented targeting of beneficiaries who receive agricultural commodities (in some of its value chains);

(iv) women’s empowerment – identifying and addressing the issues that bar women from participating in value-chain activities; and

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\(^2\) Ministry of Health (2016). Kenya HIV County Profiles

\(^3\) Kenya Demographic and Health Survey 2014
(v) access to markets – combining the produce of smallholder farmers to increase their purchasing power and ensuring linkage to markets.

Targeting specifically in OFSP-AVCD is of the ‘first 1,000 days’ households (i.e. women who are pregnant, lactating women and women with children under two years of age) also means these agriculture programmes can have greater nutritional impacts.

**Makueni**

In Makueni, the AVCD programme focusses on the drought-tolerant crops (DTC) value chain working with the MoH\(^2\), the MoALF and the MoE. The primary targets are farmers. The lead ministry is the MoALF, which selects the farmers, while the MoH utilises the MoALF beneficiary list to carry out household visits through Community Health Assistants/Volunteers. The MoE uses the same beneficiary list to identify parents whose children are enrolled in Early Childhood Development Centres (ECDs) to carry out cooking demonstration using foods grown under the DTC value chain.

In Makueni, DTC is covering two sub-counties; 8,580 households had been reached by the end of 2016 out of the targeted 11,713 planned by end of 2017. Some of the changes as a result of the nutrition-sensitive engagements of the DTC value-chain programme include:

i) DTC farmers receive nutrition messages (from the sub-county nutritionist, the community health extension workers, and the community health assistants and volunteer), in addition to agricultural commodities and services, including cooking demonstrations on preparation of those crops;

ii) Integrated and increased engagement between government officials of the Ministries of Health, Education and Agriculture, with a common pool of farmers and members of their household; and

iii) Stakeholders from public and private institutions that offer meals: schools, hotels, orphanages etc., are receiving demonstrations on how to prepare drought-tolerant crops that are locally available, affordable and nutritious.

**Homa Bay**

In Homa Bay, the OFSP value chain project is implemented by MoH and MoALF. MoH takes the lead in identifying beneficiaries, although enrolment is influenced by nutrition criteria and households with pregnant and lactating mothers with children less than two years of age are targeted. The CNC and SCNO carry out trainings on nutrition BCC messages to staff at sub-county level. The Community Health Extension worker (CHEW) carries out trainings of community health volunteers (CHVs), who then carry out two trainings per month (over four months) at household and community level. This amounts to eight lessons in four months. The OFSP vine dissemination is then carried out for those who have completed the training. The MoALF supports these clients with agricultural-related inputs and information about growing the sweet potato vines.

Implementation hierarchy of DTC programme (based on discussions with the three ministries)

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\(^2\) At county level, the government sector that provides health services is referred to as the Department of Health to distinguish county from national level. For purposes of this documentation, it is referred to as MoH. The same refers to the other government sectors such as Education, Agriculture, etc.
The OFSP programme in Homa Bay is covering three sub-counties. In Homa Bay, 5,806 households had been reached out by end of 2016 out of the targeted 12,095 planned by end of 2017. Some of the changes as a result of the programme include:

i) Increased frequency and enhanced content of BCC messaging at health-facility level (twice-monthly messages, over a four-month period) to MoH facilities for pregnant and lactating women;

ii) Nutrition-oriented targeting of pregnant and lactating mothers who are the primary beneficiaries of agriculture commodities and services (this has increased convergence between agriculture and health sectors at community level);

iii) A focus on marketing for OFSP in financial years 2017-18 with a view to impact women’s empowerment through derived income; and

iv) Community dialogue on women’s access to land.

Monitoring and Evaluation (M&E)

AVCD implementing agencies are leading on M&E with a common database for the four values chains. The key nutrition indicators being tracked are:

- Dietary diversity among women of reproductive age;
- Quantities of products created within value chains stored at home for household use;
- Number of people trained on the nutrition benefits of value chain commodities, agrinutrition, nutrition in the first 1,000 days of life, diversified household food access, and hygiene and sanitation practices;
- Number of children under two years of age reached with nutrition interventions through their mothers/caregivers.

Implementation realities and challenges

Programme perceptions of county-level and implementation staff

In both counties, MoH staff conceptualised the AVCD programme as a community strategy and conceive their role as one of ensuring that community engagement structures are functioning.

Agrinutrition/Home Economics staff felt here has been an emphasis on food security over nutrition security by the MoALF historically and that projects such as AVCD were bridging a gap by addressing both. In both counties, AVCD implementing partners played a catalytic role in engaging government agencies they were affiliated to (MoH, MoE and MoALF) and created opportunities for inter-sector discussions.

Coordination

Coordination was deemed important for information-sharing to understand the activities of other sectors and planning of community-level activities. There seemed to be some frustration in maintaining momentum in these without clear, long-term collaboration goals or a common framework for results. Some senior managers at county level suggested legal frameworks would be useful in setting out how to approach long-term collaboration. Stakeholders at managerial level agreed that accountability for multi-sector engagement would require convening by a neutral actor with sufficient authority for upwards accountability.

Programming

Decisions on inter-sector collaboration were taken opportunistically where there was perception of a
‘win-win’ outcome for the sectors concerned. This form of need-based partnership was already taking place prior to the AVCD programme; e.g. Ministries of Water, and Health partnering in water and sanitation issues, and the Ministry of Health and Agriculture partnering for agricultural shows, but these collaborations are seen as being short-term rather than established. Sector mandates limited sustained and deepened engagement, which was seen as requiring legal approaches to define clear government-led structures.

**New ways of working**
One of the key changes highlighted by key informants was the ‘venue’ for frontline services provision leading to a broadening of target beneficiaries; e.g. where nutritionist/public health officer accompanied agriculture extension workers to a field-farmer training (venue shift), an opportunity was provided to sensitise farmers (broader audience) on nutrition messages. Similarly, agriculture officers could use the opportunities created through MoH’s community strategy (venue shift) to disseminate agriculture messages; e.g. soil preparation to increase yields and enhance pest control, etc. In these specific cases, frontline officers aligned plans to carry out joint activities.

**Key challenges in programme implementation**
Several key challenges emerged through the conversations with county-level stakeholders and implementing staff. It was clear that the institutional arrangements supported by AVCD were not fully able to support the intended programme outcomes. Some key challenges identified were:

- **Sectoral mandates:** Inter-sector engagement is limited to what can be done within existing sector mandates. This led to challenges in synchronising activities across sectors, leading to inefficiencies (e.g. not layering inter-sector messages when interacting with a given population leading to missed opportunities). Further, separate sector budgets make government allocation to multi-sector programmes a challenge as sector budgets have a sector-specific allocation formula.
- **Lack of a legal framework to guide coordination:** Despite the existence of frameworks that support some level of inter-sector engagement (e.g. County Integrated Development Plans, which are administrative in nature, and the Food and Nutrition Security Policy, which is programmatic in nature), these are not binding and do not enable formal accountability. The lack of well articulated structures for multi-sector engagement creates a lack of clarity around who takes ownership and lead of a given activity and makes maintaining consistent representation from the required ministries/sectors during planning and implementation of joint programmes difficult.
- **Different capacities and ways of working:** Implementing agencies highlighted challenges associated with aligning with the different government agencies’ capacities. One frequently cited example was the difficulty of managing different working styles that arise from a wide range of staff across different sectors.
- **Overburdened frontline workers:** stakeholders shared their concern over the burden placed upon CHVs who play a crucial role in linking to communities and vulnerable households to services and programmes like AVCD. Often these individuals are asked to take on multiple tasks and responsibilities, sometimes for multiple projects, and as implementation becomes more complex and multi-sectoral, to incorporate additional components and messages into their work. Enthusiasm over the course of such a multi-year project was said to decrease among CHVs over time.
- **Timing:** the complexity of a multi-sectoral intervention like AVCD, which requires an intense period of new relationship building and engagement with multiple sectors at multiple levels to get systems in place. This means that an implementation period of just a few years is very limiting in what a project can achieve. Multi-sectoral programming work was seen as requiring a lot more "lead in time" than other types of nutrition interventions.
Devolution
Following a constitution change in 2010, Kenya’s government was devolved (effective from 2013) to have two arms of government: national and 47 counties.

The government ministries link their technical mandates to Kenya’s Vision 2030 through the County Integrated Development Plans (CIDPs). These are county-level, five-year aspirational plans that aim to culminate in realisation of Vision 2030. All sectors contribute to the CIDP, but in a sector specific manner. The priorities articulated within the CIDP support budget allocation over the five-year period. The execution of the CIDP is sector-specific.

Based on the KIIIs conducted, devolution was regarded as more of an enabler for than a barrier to multi-sector partnership. Without inter-sector structures and strategies from the national level, devolution has enabled ministries to engage based on shared sector needs but within the remit of sector mandates. Reduced need for upwards accountability has reduced the bureaucracy involved with engagement of other sectors. It is also seen as enabling sectors at the county level to have the freedom to make decisions regarding whether and how to engage with another sector. However, there have been adverse effects of devolution, which the sectors are negotiating and adapting to; e.g. stakeholders from the MoALF reported reduced facilitation to move within their regions, thus a decline in provision of agricultural extension services. Multi-sector engagement might offer the opportunity to continue providing agricultural extension services through collaborations using MoH community platforms, although to date these types of arrangement are still piecemeal.

Data
The monitoring of AVCD outputs or outcomes is entirely separate from the government monitoring system. AVCD implementing agencies lead on programme M&E with a common database for the four value chains and key nutrition indicators (see section 3 above). The data collected by AVCD is not likely to
be compatible with the data and information systems of the different ministries involved as it combines indicators relevant to a number of different ministries that are not currently being routinely aggregated at a national level.

The MoH collects monthly health and nutrition data through the County Health Information System 2, an open-source data system which disaggregates data to sub-national level. Demographic and Health Surveys (DHS) as well as the Multiple Indicator Cluster Surveys (MICS) are also conducted every five years, with sub-national level disaggregation. Both MICs and DHS include nutrition indicators.

The nutrition indicators within the MoALF for agrinutrition interventions and within MoE for school health and school meals/feeding programmes are currently not well defined and thus not routinely collected across all counties. Discussions are ongoing to determine the nutrition indicators to track and how to evaluate the nutrition components of these sector interventions.

The delivery platform for nutrition messaging is the Ministry of Health’s community strategy, which has an M&E structure.

Since a government-led common results framework for multi-sector implementation is yet to be rolled out, the M&E processes led by international agencies such as those in the AVCD programme are useful in building programmatic evidence of nutrition-sensitive impact. A government-led process of consolidating evidence and lessons learnt on agrinutrition programming from partner-led processes will be useful to ensure the adoption of well informed, nutrition-sensitive approaches and M&E in future.

Sector-specific progress on nutrition integration

MoALF appears to have made significant progress towards advancing nutrition-sensitive programming, possibly as a result of the Kenya Food and Nutrition Security Policy, which is aligned to the Sustainable Development Goals on ending hunger. In addition, the MoALF has an institutional history of hosting the Home Economics Department, which is a nutrition-oriented department for activities such as cooking demonstrations, food preservation, storage and preparation of food to maximise nutrition availability, etc.

The MoE has also made progress on sensitising its work to nutrition, as demonstrated by the development of a school health policy and the school meals and nutrition strategy. In addition, nutrition topics are included in teachers’ pre-service training, and between 2015 and 2017 nutrition content was included within the reformed national education curriculum. However, nutrition indicators to be monitored and evaluated within these nutrition-sensitive components (reformed education curriculum, school meals and nutrition programme, and the school health programme) are yet to be determined and finalised.

Overall, a sector’s institutional history appears to play a role in ‘softening’ or easing progress towards embracing a multi-sector agenda and way of working. Government ministries that had a history of collaborating with other sectors seemed flexible in executing multi-sector activities even in the absence of an over-arching, government-led, multi-sector platform. For instance, MoH has community-level structures that are supervised by the Public Health Department of the MoH. The Public Health Department has a long history of collaborating with the MoE, the MoW, the MoA,
local government authorities and other sectors on general issues of public health concern. Their engagement on the agrinutrition programme therefore eased the use of community units as a platform for other sectors to engage with community actors.

**Capacity**

Capacity-development within nutrition-sensitive sectors is deemed a prerequisite for attaining coverage of nutrition-sensitive actions and ensuring impactful programming.

The MoALF aims to approach capacity-development for agrinutrition as a cross-cutting agenda within the crops, livestock and fisheries departments of the MoALF, in addition to strengthening the Home Economics Department. This means all staff within these departments would receive agrinutrition training at pre-service and in-service level.

At national level, in-service training would entail developing an agrinutrition strategy and sensitising national-level staff from the different MoALF departments on the same. This would be through the Kenya School of Agriculture. At county level, it would entail a national-to-county communication of the agrinutrition strategy and supporting county actors to mainstream nutrition actions within the three key departments; crops, livestock and fisheries. This would also entail defining nutrition indicators to be monitored within the respective departments.

Pre-service training would entail development of an agrinutrition curriculum. This would require structured engagement between MoALF and MoH with the curriculum developers of tertiary-level agriculture-related institutions.
Lessons learned
The following is a summary of reflections from those implementing and managing the AVCD programme and government stakeholders involved at county level. For more information on the methodology, see the synthesis published with the case study.

- There are opportunities for frontline workers of MoALF, MoH and MoE to converge approaches at the community level. An example is the convergence of agriculture and nutrition/health components and services on a common pool of beneficiaries in the AVCD. For the frontline workers in the MoH, MoALF and MoE, this represents a ‘venue shift’ of the platforms for service delivery.

- Systemic issues (e.g. socio-cultural inequities, market forces) have a strong influence over intended outcomes for this type of multi-sector agrinutrition programme. For instance, with the OFSP value-chain programme, gender-related issues around women’s access to land impacted the scale at which OFSP vines could be grown. This raises questions about how nutrition-sensitive interventions like this can be designed with sufficient flexibility to respond to changing environments (such as market fluctuations) and incorporate components that address issues around gender inequality.

- Many of the current examples of nutrition-sensitive implementation in Kenya are led by partner agencies. Partners therefore are playing an important role in bringing on board the government agencies to which they are respectively affiliated to initiate or strengthen inter-sector discussions. Further, with limited clear or unanimous evidence on the impact of nutrition-sensitive actions on nutrition outcomes, partner agencies can play a role in testing programmatic approaches and building evidence. As a next step, a government-led process of consolidating evidence and lessons learnt would be an important step in enabling the adoption of well informed multi-sector approaches on a larger scale.
• While multi-sector coordination processes occur without a government-led multi-sector structure, sustained engagement will require well defined government-led approaches that are overarching in nature and broad in regional coverage. Such structures would need to address core issues such as a formula for joint funding; a clear process for lateral and vertical accountability; and a framework for joint M&E. In the arid counties (e.g. in Makueni) the existence of well defined, government-embedded national and sub-national structures for drought response has facilitated regular government-led/owned collaboration across sectors. The evidence from this example is that multi-sector structures are crucial for creating an enabling environment for strong multi-sector engagement.

• Devolution is seen by many as an enabler of multi-sector engagement. Devolution has enabled ministries to engage in an opportunistic way based on shared sector needs but within the remit of sectoral mandates.

• Institutional history plays a role in ‘softening’ or easing progress towards a multi-sector agenda. Government ministries with a history of collaborating with other sectors might be more flexible in executing multi-sector activities.

The AVCD programme is likely to phase out in August 2018, with an end-line survey planned in this period. Programmes like AVCD and other Feed the Future-funded projects have an opportunity to consolidate evidence of programmatic learning, experience and evidence of nutrition outcomes that could inform future government multi-sector nutrition programmes.
## Annex 1

### Stakeholders consulted

<table>
<thead>
<tr>
<th>Stakeholder</th>
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<tbody>
<tr>
<td><strong>National level</strong></td>
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<tr>
<td><strong>Donors</strong></td>
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</tr>
<tr>
<td>Mildred Irungu</td>
<td>Project Management Specialist, USAID</td>
</tr>
<tr>
<td>Joseph Oyuga</td>
<td>Programme Management Specialist, USAID</td>
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<td><strong>Government</strong></td>
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<tr>
<td>Jane Wambugu</td>
<td>Head Agrinutrition, MoALF</td>
</tr>
<tr>
<td>Leila Akinyi</td>
<td>Programme Manager – School and Adolescent Nutrition, MoH</td>
</tr>
<tr>
<td><strong>AVCD Implementing Partners</strong></td>
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</tr>
<tr>
<td>Romano Kiome</td>
<td>ILRI Chief of Party</td>
</tr>
<tr>
<td>George Wamwere</td>
<td>ILRI Livestock Value Chain Manager</td>
</tr>
<tr>
<td>Moses Siambi</td>
<td>DTC Value Chain Manager</td>
</tr>
<tr>
<td>Monica Parker</td>
<td>Sweet Potato Value Chain Manager</td>
</tr>
<tr>
<td>Esther Omosa</td>
<td>ILRI AVCD Senior Nutrition Specialist</td>
</tr>
<tr>
<td>Jennifer Adere</td>
<td>ILRI Nutrition Specialist Dairy and Livestock Value Chains</td>
</tr>
<tr>
<td>Muthoni Njiru</td>
<td>ILRI Communications Specialist</td>
</tr>
<tr>
<td>Christine Wangari</td>
<td>DTC Value Chain – Communications Specialist</td>
</tr>
<tr>
<td>Julius Onyango</td>
<td>Social Behaviour Change Communication Research Associate, OFSP</td>
</tr>
<tr>
<td><strong>Researchers/academia</strong></td>
<td></td>
</tr>
<tr>
<td>Maureen Cheserek</td>
<td>Nutrition Research – Egerton and DTC Value Chain</td>
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### Makueni

<table>
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<tr>
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<tbody>
<tr>
<td><strong>County level</strong></td>
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</tr>
<tr>
<td>David Kiliku</td>
<td>Director Ministry of Health – County level</td>
</tr>
<tr>
<td>Ruth Kaloki</td>
<td>County Nutrition Coordinator – County level</td>
</tr>
<tr>
<td><strong>Sub-county and Ward level</strong></td>
<td></td>
</tr>
<tr>
<td>Daniel Musila</td>
<td>Sub-county Agriculture Officer – sub- County level</td>
</tr>
<tr>
<td>Alphonece Kimeu</td>
<td>Community Health Extension Worker MoH – Ward level</td>
</tr>
<tr>
<td>Fransiska King’oo</td>
<td>Sub-county Nutritionist – sub- County level</td>
</tr>
<tr>
<td>Rosemary Kyalo</td>
<td>Agriculture Home Economist – sub- County level</td>
</tr>
<tr>
<td><strong>Community Level</strong></td>
<td></td>
</tr>
<tr>
<td>Esther Wahita</td>
<td>Chef from hotel industry – Community level</td>
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## Homa Bay and Busia

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</tr>
<tr>
<td>Penina Muoki</td>
<td>OFSP Value Chain Manager Kisumu Office</td>
</tr>
<tr>
<td>Gordon Okumu</td>
<td>Director Ministry of Health – Homa Bay</td>
</tr>
<tr>
<td>Tabitha Ogwaye</td>
<td>Director Ministry of Agriculture – Homa Bay</td>
</tr>
<tr>
<td>Martin Omulama</td>
<td>Director Ministry of Water Sanitation – Homa Bay</td>
</tr>
<tr>
<td>Francis Aila</td>
<td>County Nutrition Coordinator – Homa Bay</td>
</tr>
<tr>
<td>Scofffield Manyala</td>
<td>County Quality Assurance and Standards Officer MoE – Homa Bay</td>
</tr>
<tr>
<td>Moses Wamalwa</td>
<td>Agronomist OFSP Value Chain</td>
</tr>
<tr>
<td>Margaret Waka</td>
<td>Community Action for Rural Development CARD</td>
</tr>
<tr>
<td>Dancliff Mbura</td>
<td>International Medical Corps – Programme Manager</td>
</tr>
<tr>
<td><strong>Sub-county and Ward level</strong></td>
<td></td>
</tr>
<tr>
<td>Caleb Omondi</td>
<td>Sub-county Agriculture Officer – Busia</td>
</tr>
<tr>
<td>Linet Mukhongo</td>
<td>Sub-county Nutritionist – Busia</td>
</tr>
<tr>
<td>Ibrahim Buge</td>
<td>Sub-county Agriculture Officer – Homa Bay</td>
</tr>
<tr>
<td>Charles Nyayera</td>
<td>Sub-county Agriculture Officer – Homa Bay</td>
</tr>
<tr>
<td>William Keera</td>
<td>Ward Agriculture Officer – Homa Bay</td>
</tr>
<tr>
<td>Mary Okello</td>
<td>Ward Agriculture Officer – Homa Bay</td>
</tr>
<tr>
<td>Vincent Oyondi</td>
<td>FIPS (NGO) Network Coordinator – Busia</td>
</tr>
<tr>
<td>Victor Otieno</td>
<td>Ward Agricultural Officer – MoALF</td>
</tr>
<tr>
<td>Samuel Otieno</td>
<td>CHEW – MoH ward level</td>
</tr>
<tr>
<td><strong>Community Level</strong></td>
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</tr>
<tr>
<td>Pius Lwande</td>
<td>Community Health Extension Worker – Busia</td>
</tr>
<tr>
<td>Flora Kageha</td>
<td>Community Health Volunteer – Busia</td>
</tr>
<tr>
<td>Ada Atieno</td>
<td>Farmer at the vine multiplication site</td>
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Annex 2

Nutrition coordination structures in Homa Bay and Makueni:

**Homa Bay nutrition coordination structures**

- **The County Health Stakeholder Forum** brings together NGO partners and government sectors with an interest in health: MoA, MoW and MoE. It is in the process of developing formal engagement through a terms of reference between MoH and partners. It entails receiving quarterly updates from NGO partners on their areas of interest and progress on implemented initiatives. It serves as a professional networking forum where stakeholders identify opportunities for collaboration. It meets on a quarterly basis.

- **Nutrition Multi-Stakeholders Platform** is an initiative by the MoH to bring together sectors that impact on nutrition. It was constituted in 2017 and brings together the ministries of water, education, agriculture and East Africa Labour and Social Protection. It engages the directors of the ministries to assign a delegated officer from the ministry. The choice of who represents the different ministries is at the discretion of the director. It seeks to use the Food and Nutrition Security Policy and Strategy in its agenda. The initiative is still at a formative stage.

- **On-job-training coordination meeting** is an MoH forum supported by African Medical Research Foundation (AMREF) constituted by the County Nutrition Coordinator (CNC) and the Sub-County Nutrition Officers (SCNOs), who meet once every month to discuss broader nutrition-specific issues such as tracking sub-county performance for nutrition indicators and programmes, departmental issues and sub-county nutritionist appraisals. It has evolved to function as a nutrition managers’ meeting. The members (CNC and SCNOs) have committed to making it a government-led and owned forum in terms of logistics and agenda.

- **All nutritionists coordination forum** is an MoH forum held twice a year. Achievements and progress of each sub-county are presented. Performance indicators are presented on standard templates. The CNC shares the big picture of nutrition-related county objectives and goals. HR issues are also discussed, including recognition for performance.

- **Sub-county nutrition coordination forum**. At sub-county level, the sub-county nutritionists meet with their nutrition officers. This is a MoH forum held on a monthly basis. They discuss sub-county progress. Six of the eight sub-counties are holding the monthly meetings regularly. The minutes are shared with the CNC.
Makueni nutrition coordination structures

- **County Steering Group (CSG).** Makueni is an ASAL area; thus it has drought response programmes coordinated by the National Drought Management Authority (NDMA). The CSG forum brings together several ministries including, but not limited to the MoW, MoA, MoH, MoE and others to coordinate drought response. The County Governor (highest county authority) and county commissioner are co-chairs. The NDMA is the secretariat of the CSG. Drought-response frameworks are executed at county level with engagement of and communication with the national level. It includes scenario-mapping for different drought categories, sentinel-site monitoring to gauge deterioration levels, contingency planning and disaster response. The CSG engages key departmental heads; e.g. Director for Health. It possesses sub-structures at sub-county level with more frequent forums due to actual implementation (e.g. General Food Distribution (GFD) beneficiaries receive rations at sub-county level). Nutrition is included in this forum in providing, analysing and interpreting critical health and nutrition data, such as MUAC trends from sentinel sites, malnutrition admission trends from health facilities and morbidity trends that impact on nutrition (e.g. diarrhoea).

- **Makueni Health Stakeholders Forum.** This is a formal coordination structure that theoretically meets once a quarter for information-sharing. It has a formal terms of reference and engages other sectors. It was stronger prior to devolution, when it served as a national-to-county structure. It currently meets when there is a major health issue or a health campaign.

- **Nutrition Technical Forum.** This is both a nutrition-specific and nutrition-sensitive forum. It is led by the MoH and the convener is the CNC. Members are stakeholders from the ministries of agriculture, water and education, NDMA, UNICEF, World Food Programme (WFP) and nutrition-sensitive and nutrition-specific partners. The forum is held once a quarter based on availability of funds. Discussions are on nutrition matters such as data/ indicators, drought response, commodities, etc. It has a terms of reference. The co-chair is the Nutrition Support Officer of UNICEF.
Nutrition related programmes in Homa Bay

- Programme on Reducing Maternal and New Born Deaths in Kenya is a reproductive, maternal, newborn child and adolescent health (RMNCAH) programme that runs from 2013 to 2018. It is DFID-funded through UNICEF, which sub-contracted Mannon and Daniels and World Vision to support the MoH. It was present in the eight sub-counties. It did not complete the assignment and had scanty engagement with CHMT. The work done was biased towards reproductive health services.

- AVCD – Orange Fleshed Sweet Potato (OFSP) and Dairy Value Chain is an agrinutrition programme with BCC components for nutrition on diet diversity. It targets farmers. OFSP is implemented by CIP and promotes biofortified OFSP, while the Dairy Value Chain implemented by ILRI promotes increased consumption of milk and diversified diets. It runs from 2016 to 2018, funded by USAID AVCD OFSP. Dairy Value Chain supports the MoH and the MoALF in three sub-counties targeting 15,000 people, and in four sub-counties targeting 10,000 people respectively.

- International Medical Corps, Kenya Red Cross (KRC) and Community Action for Rural Development partnered in a programme with three aims: health systems strengthening, community resilience and advocacy. It ran from February 2016 to October 2017 with funding from the European Union and DFID in one sub-county. The implementing ministry was MoH. The nutrition objective was reduced stunting. It targeted 50,000 people.

- Women Fighting AIDS in Kenya and Deutsche Stiftung Weltbevoelkerung (DSW) is an EU-funded programme with three aims: health systems strengthening, community resilience and advocacy. It runs from June 2016 to September 2018 in three sub-counties. The implementing ministries are MoH and MoE. The nutrition objective is to reduce stunting. The programme targets 100,000 people.

- Scaling Up Sweet Potato through Agriculture and Nutrition (SUSTAIN) is an agrinutrition programme on OFSP that ran from 2012 to 2017 with funding from DFID and USAID. It was implemented by CIP. The implementing ministries were the MoALF and the MoH. The programme was present in one sub-county. The nutrition objective was reduction of vitamin A deficiency.

- Nutrition Health Programme Plus (NHP-Plus) is a USAID-funded programme that supports procurement of nutrition commodities and reporting tools. It is a long-term programme from 2007 to 2019 implemented by FHI 360. Implementing ministry is the MOH in eight sub-counties. Nutrition objective is reduced wasting. The programme targets 200,000 people.

- AMREF supports nutrition management for tuberculosis (TB)-affected clients through on-the-job training. The programme ran from 2016 to 2017 with funding from Global Fund and was implemented by
Multi-sector programming at the sub-national level: A case study in Homa Bay and Makueni Counties in Kenya

AMREF. Implementing ministry was the MOH. It was present in eight sub-counties. The nutrition objective was improved healthcare knowledge in nutrition practice. The programme targeted 1,500 people.

- Baby-Friendly Community Initiative (BFCI) is a programme running from 2017 to 2018 funded by Nutrition International (NI), implemented by KRC. The implementing ministry is the MOH. It is in one sub-county. The nutrition objective is improved breastfeeding practices. The programme targets 7,000 households.

- Médecins Sans Frontières (MSF) France supports one sub-county to implement interventions in HIV and TB. The nutrition objective is to reduce wasting. Targeting 3,000 people. The nutrition objective is systems strengthening. It collaborates with the MoH in procurement of equipment and redistribution of commodities. They also support the inpatient department at the county referral hospital, targeting TB clients and adult wards. They have employed one nutritionist at the county referral hospital.

- Improved Nutrition through Food Security is a programme running from 2016 to 2018. It is funded by DFID, implemented by World Vision. The MoH is the implementing ministry. It is present in two sub-counties. The nutrition objective is improved dietary diversity. The programme targets 5,000 people.

- AIDs Population Health Integrated Assistance (APHIA Plus) was a nutrition in TB, HIV and RMNCAH programme that ran from 2010 to 2017, funded by USAID and implemented by Program for Appropriate Technology in Health (PATH). The implementing ministry was the MoH. It was present in two sub-counties. The nutrition objective was to reduce wasting. It targeted 200,000 people.

- Nutrition in HIV and TB is a programme running from 2011 to 2020 funded by Center for Disease Control (CDC) and implemented by Elizabeth Glacier Paediatric and AID Foundation (EGPAF). The implementing ministry is the MOH. It is present in six sub-counties. The core mandate is HIV care and treatment, while the nutrition objective is reduced wasting. It has supported capacity-development objectives by hiring 15 nutritionists. The programme targets 100,000 people.

- Right start/Anzilisha is a maternal and newborn health programme running from 2016 to March 2020, funded by Nutrition International. The implementing organisations are KRC and Center for Behaviour Change communication. The implementing ministry is the MoH. The nutrition objective is improved nutrition status in the first 1,000 days through improved maternal and child health.

- Kenya Agriculture Value Chains Enterprises targeted the promotion of nutrition-sensitive agriculture. Engagement with the MoH was minimal as entry was targeted at community level.

Nutrition related programmes in Makueni

- Asset Creation and Resilience building among vulnerable households runs from 2015 to June 2018, funded by WFP and implemented by KRC and World Vision under the coordination of the NDMA. The implementing ministries are the MoALF, MoW and MoH and the National Environment Authority. The nutrition objective is reduced stunting through improved livelihoods and improved resilience to shocks.

- AVCD-Drought Tolerant Crops (DTC) is an agrinutrition programme running from September 2015 to August 2018 in two sub-counties. It is funded by USAID and implemented by International Crops Research Institute for Semi-Arid Areas Tropics (ICRISAT). The implementing ministries are the MoALF, MoE and MoALF. The nutrition objective is improved...
dietary diversity. The programme targets 11,240 farmers.

- AVCD – Dairy Value Chain is an agrinutrition programme running from September 2015 to August 2018 in two sub-counties, funded by USAID and implemented by ILRI. The implementing ministries are the MoH and MoALF. The nutrition objective is improved dietary diversity.

- Kenya Integrated Water, Sanitation and Health (KIWASH) is a WASH and nutrition programme in two sub-counties. It aims to improve nutrition through WASH interventions. It is funded by USAID and implemented by KIWASH. The implementing ministry is the MoH.

- Contingency planning for emergency preparedness and nutrition response is a continuous programme operating in six sub-counties. The programme is funded by the EU through NDMA and KRC. Implementing ministries are the MoALF, MoW, MoH and MoE.

- Nutrition in Early Childhood Development Centres is a programme with growth monitoring and promotion, Vitamin A supplementation and deworming in one sub-county. It is an ongoing collaboration between the MoH and MoE. The nutrition objective is improved health and nutrition status of children.

- Nutrition in HIV/TB is a programme targeting improved care for people living with HIV and TB in six sub-counties. It is a continuous programme by Kenya’s National AIDS and STI Control Programme (NASCOP). The implementing ministry is the MoH. The nutrition objective is improved nutrition status of people living with HIV and TB.

- Maternal Child Health and Nutrition Programme (MCNP) is a UNICEF programme running from 2015 to 2018 in six sub-counties. It includes health systems strengthening, advocacy and community resilience. The implementing ministry is the MoH. The nutrition objective is to reduce stunting.

- Right Start/Anzilisha is a maternal and newborn health programme running from 2016 to March 2020 in one sub-county funded by Nutrition International. The implementing organisation is KRC and Center for Behaviour Change communication. The implementing ministry is the MoH. The nutrition objective is improved nutrition status in the first 1,000 days through improved maternal and child health.

- Kenya Agriculture Value Chains Enterprises promoted nutrition-sensitive agriculture. Engagement with the MoH was minimal as entry was targeted at community level.

Other:

- School Health is a national programme that was disseminated in Makueni in 2011 to actors from the MoH, MoALF, MoE and partners, with the MoH as lead. It is present in the six sub-counties and targets all school-going children. The nutrition objectives in the national policy are promoting dietary diversity, addressing micronutrient deficiency, promoting nutrition linkages in HIV, and pregnancy and nutrition education. At county level, engagement in nutrition outcomes and in the broader school-health objectives has been scanty. A committee was formed to oversee the programmes operations but it is currently not vibrant. In Homa Bay School Health has been running from 2012, although certain components were being implemented prior to this. It is funded by government and partners. The implementing ministry is the MoH, which in theory targets all schools. The nutrition objectives in the national policy are promoting dietary diversity, addressing micronutrient deficiency, promoting nutrition linkages in HIV, and pregnancy and nutrition education. In Homa Bay some of the implementing partners are: Nagasaki (one sub-county); Plan (in three sub-counties and 66 schools); CIP (in two sub-counties and 30 schools); IMC/KRC/CARD (in one sub-county and four schools), carrying out growth monitoring, deworming, school meals, handwashing and kitchen gardening.

- The National School Meals and Nutrition programme is a national programme that aims to provide affordable nutritious meals and promote positive learning outcomes, good nutrition and good hygiene practices. It obtains produce locally from smallholder farmers. In Makueni a sensitisation of the programme was carried out in 2012 involving the MoH, MoE, MoALF and partners with MoE in lead. A focal person from MoE runs the programme as one of their MoE roles. The programme is funded by the national government. It is present in four sub-counties targeting 210 schools. The nutrition objectives in the national strategy are promoting dietary diversity and reductions in undernutrition, overweight and micronutrient deficiency. At county level, engagement for nutrition outcomes has been scanty.