# External Progress Assessment of Nutrition International's TAN Project

## Kenya Report

Dr. Timothy Abuya, Dr. Beatrice Kiage and Dr. Tabither Gitau

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## Acknowledgement

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# Executive Summary

Technical Assistance for Nutrition (TAN) is a project within Nutrition International's Nutrition Technical Assistance Mechanism (NTEAM) funded by UK Aid. Through the TAN project, Nutrition International provides technical assistance (TA) to 20 countries who have joined the Scaling Up Nutrition (SUN) Movement and the SUN Movement Secretariat, to help overcome gaps in capacity for the design and delivery of multi-sectoral national nutrition plans, by sourcing and deploying the expertise needed. This is in the context of a global nutritional challenge ranging from undernutrition characterized by stunting, wasting, and deficiencies of essential micronutrients, fetal growth restriction along with sub optimum breastfeeding to obesity or over-consumption of nutrients. In Kenya, there has been slow progress towards reducing malnutrition among children under five years over the last 15 years. Estimates from the 2014 Kenya Demographic and Health Survey (KDHS), show that more than a quarter (26%) of children under five were stunted, 11% were underweight and 4% were wasted. In response to the trends and in line with the global policies, Kenya has developed several policy and programmatic frameworks aimed at addressing nutrition problems. The current nutrition policy framework is anchored on existing Country level policy, global and regional frameworks, including the African Regional Nutrition Strategy 2015–2025, African Union Policy Framework and Plan of Action on Ageing (2002), the World Health Assembly 2025 nutrition targets and the Sustainable Development Goals (SDGs). The national policy framework operationalizes the National Food and Nutrition Security Policy 2012 which informed the National Nutrition Action Plan 2012-2017 and subsequently the Kenya Nutrition Action Plan (KNAP) 2018-2022. The current KNAP 2018-2022 spells out the investments required for Kenya to address malnutrition in all its forms and for all ages and promotes cross-sectoral collaboration to address the social determinants of malnutrition sustainably. It also provides an umbrella framework and guidance to counties in line with the constitutional requirements, which are expected to develop their own County Nutrition Action Plans (CNAP). Both KNAP and CNAP have monitoring and evaluation framework that guide progress towards achievement of the key result areas. However, there has not been any systematic assessment of the progress partly because the development process of CNAPs is at different stages of implementation, hence the rationale for the current assessment.

The history of TAN-TA in Kenya dates to 2015 when a mission to identify TA needs was conducted. TA discussions involving meetings with key stakeholders for consensus building took place in July 2016, where TA needs were identified and prioritized. Top on the list was the support to review the implementation of the 2012-2017 KNAP and facilitate the process of developing the KNAP 2018-2022. The first set of TA known as KEN-01 happened between September 2016 and March 2017. The TA aimed to support a review on the implementation of the 2012-2017 KNAP, which was delivered in December 2017. The TAN project also supported the development of the Kenya Nutrition Action Plan 2018-2022 by providing the Government of Kenya with medium term TA to support the development and finalization of three components: a costing, financial tracking tool, and resource mobilization framework; a monitoring and evaluation (M&E) framework; and a review of the legal and political enabling environment. Known as KEN-02, this TA assignment was delivered from June 6, 2018 – February 28, 2019. A progress assessment was conducted for KEN-02 in March/April 2020, 12 months after the completion of the TA. The current assessment builds on the TA assessment for KEN-01 and KEN-02 including the two assessments completed together with knowledge generation reports. The current assessment examines KEN-03 and KEN-05. In response to a request from the SUN focal person, KEN-03 was designed to develop SUN Private Sector/Business Network (SBN) Strategy and support the initial SBN coordination efforts. This was aimed at maximizing private sector contribution to scaling up nutrition in the country and complement public sector players in realising the KNAP 2018-2022 goals. The TA was provided from November 2018 to February 2020, resulting in the development of the SUN Business Network Kenya Strategy 2019-2023. From June to December 2019, TAN contracted a team of TA providers to support the development of County Nutrition Action Plans in seven counties in alignment with the national plan. The process aimed to support counties translate KNAP 2018-2022 into CNAPs. This was informed by the need to guide implementation of nutrition interventions at sub national level that are context specific, cost them as well as develop results measurement and accountability frameworks to enable county governments to track nutrition progress. TAN has continued this type of support for a second group of five counties (KEN-06), starting in March 2020.

The external progress assessment conducted in 2020-2021 aimed to investigate the extent to which more than one TA assignment in Kenya contributed to outcomes and goals at country level, including one TA assignment that was directly targeting subnational level needs. The assessment endeavored to track the contribution of TA to the desired intermediate outcomes at subnational level, given the specific focus of the KEN-05 TA on supporting counties to develop CNAPs. And for KEN-03, the TA that supported the development of SUN Business strategy, the question included: Whether the TA provided at the national level also contributed to outcomes at the subnational level? Since there are multiple TAs provided, we also aimed to examine how each TA provided complemented or augmented the nutrition landscape. The assessment also sought to examine how these related TA assignments have built upon previous work and whether there is evidence that this ongoing support is contributing towards achieving TAN programme goals. Additionally, we aimed to examine whether multiple TAs have created a sustainable coordination mechanism and implementation process at both national and sub national levels. In terms of the role of knowledge management activities, we aimed to explore any evidence that knowledge products or knowledge management activities performed by the TA providers during the TA contributed to these outcomes. For outcomes that appeared to be under-represented in the 2019-2020 Progress Assessment findings (i.e., inclusion, capacity, and gender equality), we explored whether there are ways to improve our assessment of these outcomes. Finally, since the advent of COVID-19 pandemic, we also explored how stakeholders have been affected by the COVID-19 pandemic in terms of their ability to implement follow-up actions related to the TA provided.

The assessment employed qualitative methods by reviewing secondary data through desk review, and primary data collection through key informant interviews. We later triangulated this with field observations and validated through virtual tools and workshop with TAN beneficiaries at both national and subnational level. Consultations and interviews were conducted with key TAN project staff, NI staff, TA providers, government and implementing agencies, development partners and other relevant stakeholders. Below we present key findings in the context of the two TA assessed using illustrative scores and evidence generated against the result framework that was developed.

TABLE 1: SUMMARY OF EVIDENCE TO SUPPORT LEVEL OF ACHIEVEMENT OF TAN OUTCOMES BY TA

| Outcome | KEN-05 Support counties to develop CNAP | | KEN-03 Support SUN Private Sector Network Strategy & Coordination | |
|---|---|---|---|---|
| | Rating | Evidence Observed | Rating | Evidence Observed |
| **Scale** | | There was evidence that CNAP led to increased involvement of more sectors in the implementation of nutritional interventions at county level and there was also increased county efforts to improve nutrition interventions at county level in terms of coverage and intensity. The pathway towards realizing this outcome was manifest in three ways. First the development of CNAPs is seen as a tangible step towards scaling up nutrition actions across the country, under the guidance of KNAP but very specifically oriented to the implementation level. The second manifestation is increased collaboration among partners in fostering efforts towards implementation of nutritional activities in various counties and finally the CNAP catalyzed the possibility of deploying more nutritionists since it enabled increased recognition of the role of nutritionist as well as keeping nutrition issues prominently at both levels. | | This was moderately achieved with two expected outcomes being increased use of the strategy to implement activities by private sector actors at both national and county levels. There was an attempt to include various stakeholders for the dissemination at different levels who would hopefully then use it to implement activities. Improved private sector participation in implementing nutrition sensitive interventions was to be realized through collaboration amongst sector players through dialogue for merged efforts around nutrition to advance this goal. However, it was clear that the secretariat had to show value for the private sector players to join the network first. Secondly, the TA was expected to contribute to increased membership of SBN at subnational level**. T**here were notable efforts made to include more members who were later engaged in the strategy development. This was well articulated in the tools used for networking with civil society alliance and other private sector players at national level but with limited evidence of increased inclusion of county-level players at the time of this assessment. Once implementation begins, it is plausible that sustaining private sector actors would be key towards ensuring they can implement nutrition activities that synergize each other at both levels. |
| **Coordination** | | This was generally highly achieved but also laid prospects for better coordination at county level. There were enhanced linkages between national KNAP and County CNAPs which increased alignment with the national strategy. At national and county level, there was evidence of different stakeholders working closely together in planning until the launch of CNAPs. Using national level stakeholders who developed the KNAP provided an opportunity to inculcate the aspiration of the KNAP into the CNAP. It was also evident that at the county level, the teams managed to tailor their CNAP to KNAP by adapting various key result areas that were relevant for their contexts to be realized through monitoring framework. There was evidence of increased ability of counties to engage and manage stakeholders that implement nutrition interventions including other sectors**.** The CNAP has also increased harmonisation of county level partners evidenced by aligning their nutritional activities with CNAP. There was also evidence of increased transparent process of engagement and coordination between partners and government. Increased cohesiveness amongst county stakeholders who have taken initiatives to take up roles and own the projects will enhance accountability, trust and ability to implement nutritional activities within the counties | | One outcome assessed was enhanced tracking and reporting of private sector contribution to the nutrition sector's efforts in tackling nutrition. We noted that this was not fully achieved as the period between the launch and the time of assessment, was little for any implementation to happen, largely due to the COVID-19 related challenges. The second outcome was improved linkages between private sector actors with other nutrition stakeholders including county level actors, which was exhibited by inclusion of small and medium business most of whom were part of the 120 actors included. Finally, we assessed the nature of improved partnership between business and nutritional stakeholders such as government, civil society, donors, and UN agencies**.** There was mention that there are opportunities to expand the network beyond the counties and use the existing county regional blocks that will anchor the network in the existing structures for sustainability. Coordination was further achieved through the involvement of stakeholders from different government departments to mainstream issues within nutrition, this improved linkages between private sector actors with other nutrition stakeholders including improving communication, coordination, and partnership between business and nutritional stakeholders such as government, civil society, donors, and UN agencies. Finally, at the secretariat level, coordination was enhanced via shared secretariat roles between development partners such as GAIN and WFP which provides an opportunity for other development partners to come together. The structure of the secretariat supports coordination of various stakeholders and helps anchor the business strategy which created an avenue for SMEs to identify their roles in promoting food and nutrition security and clarify those roles effectively and how they can benefit from |

| Outcome | KEN-05 Support counties to develop CNAP | | KEN-03 Support SUN Private Sector Network Strategy & Coordination | |
|---|---|---|---|---|
| | Rating | Evidence Observed | Rating | Evidence Observed |
| | | | | implementing the SBN strategy. However, the missing link is sustained resources to fund the SBN secretariat and implementation of the strategy. |
| **Quality** | | This was moderately achieved as the foundation towards realizing quality has been laid out through the development of the CNAP. The CNAPs have increased use of a cross-sectoral common results framework and tools or processes to monitor, manage nutritional service delivery. The CNAP provided an opportunity to incorporate indicators of accountability in implementation of various nutrition activities more systematically than before. The fact that most stakeholders engaged now understand the CNAP, might improve quality of nutrition services as well as delivery of interventions defined in the CNAPs. | | Moderately achieved as evidenced by limited implementation of SBN strategy. There was mention of use of a cross-sectoral common results framework, tools, and processes to design nutritional programs by private sector players. The SUN secretariat which took leadership of the development of the SBN strategy, designed a tool for engaging private sector players which was deliberately linked to the larger KNAP results framework. Efforts to develop a results framework within the strategy has improved the ability to include many players and indicate result areas that they might contribute to the strategic pillars. Once private sector players begin to implement, this will help county level stakeholders show their contribution to achievement of the broader nutrition indicators outlined in the strategy. Use of an automated tool will also illustrate investment areas that the private sector focuses on which will make tracking easier. At the enrollment stage, the tool was useful in that once the players were on board, they were linked with similar players to augment their activities and strengths. Through this networking, there were indications of increased efforts by private sector players to help each other. |
| **Effectiveness** | | It was clear that the CNAP has contributed to increased commitment of funds towards implementing interventions outlined in the CNAP. Despite the complexity of financial process, one positive impact observed in the two counties visited was the fact that the CNAP was already attracting funds through innovations such as matching fund which act as catalyst for further funding. The matching funds also provided avenues where counties committed resources for implementing CNAP through an MOU which requires a 50/50 responsibility for generation of resources between the county and Nutrition International in the current financial year. There was evidence of increased use of the costed action plan to identify gaps in funding for nutrition actions and develop more effective resource mobilization efforts, both for domestic and donor funding. The CNAPs was perceived as a tool for resource mobilization, not only from donor community but also from the county level to advocate for resources for nutrition programs. There were reports that CNAP can be used to lobby for resources and attract more partners, even in nutrition sensitive sectors such as agriculture, and those that work directly with community groups and not necessarily through the county government | | This was rated moderately achieved. The SBN strategy expected to contribute to increased resources mobilized to support implementation of the SUN business strategy at national or county level. We explored this from two lenses. One was the issue of sustainability of the SUN business secretariat that will make it easier to increase its ability to implement the strategy via the private sector players. It is important for a country level secretariat to innovate ways of interesting private sector players to remain in the network and to develop ways in which they can subscribe to the network without affecting the profits made by network members. This is a problem that is likely to affect the Kenyan SBN secretariat as they were challenged by ensuring private sector remain engaged in the network. The second lens was the need to ensure effective governance structures for the secretariat will operationalize the network activities without challenging the status quo of their members. This may mean testing different models. |

| Outcome | KEN-05 Support counties to develop CNAP | | KEN-03 Support SUN Private Sector Network Strategy & Coordination | |
|---|---|---|---|---|
| | Rating | Evidence Observed | Rating | Evidence observed |
| **Gender Equality** | | This was least achieved as variability exists in understanding and appreciating the issue of gender. Use of gender lens in programming exist but subtly brought to fore. There was realization of the linkages between for example the need to address underlying causes of teenage pregnancies as part of the action plan to improve nutrition in one county. It was also highlighted that gender issues were being considered even at community level and that there are existing opportunities for embedding gender in service delivery and reporting on it. Incorporating gender equality in on-going projects will be crucial to realize gender equity. This can be integrated in nutrition activities as there was a perception of increased awareness on gender related activities. There were also traces of evidence that the process is building the foundation of how the CNAP was expected to address the gender challenges even beyond tracking indicators using sex-disaggregated data. It is notable that in as much as tracking these indicators may help to illuminate sex differences in intervention coverage, there needs to be more efforts to intentionally inculcate gender related discussion in implementation. The evidence also points to the challenge of a broader systemic issue of low perception of need to address gender issues or collect data that track progress in this area perhaps due to an inherent culture of perceived lack of value of collecting this data. The need for involving gender experts to help Illuminate these issues over time will facilitate a better understanding of how gender can be mainstreamed. Finally, we noted that adoption of gender sensitive intervention in the community is slow but over time this will be enhanced given the fact that different communities have varied views on how gender roles play out. This illustrates the need for continuous capacity building in understanding gender inclusion and sensitivity. The process of inclusion of gender in the CNAP development phase increased visibility of gender lens in programing but it was reported that since gender roles are defined at community level, they are going to be difficult to track. | | There was low achievement with two main areas were of interest explored. First whether the TA led to increased engagement of women-led small and medium sized business as part of the network and two whether it led to an improved enabling business environment especially for women who own businesses that focus on nutrition. The assessment found evidence of intentional efforts to increase engagement of women-led small and medium sized business with the evidence of deliberate efforts to include women-led enterprises in the SBN network and subsequent inclusion in the development of the strategy. Under the outcome of improved enabling business environment especially for women who own businesses that focus on nutrition, there was some highlights of progress towards this outcome as some respondents noted that among SME that are owned by women, the private sector players have begun identifying the challenges of the sector they are in |
| **Inclusion** | | There was low achievement with minimal recognition of the need to bring various vulnerabilities on board. It was also clear that inclusion from a TA process perspective was not largely considered however, inclusion of the different sectors in the CNAP development process helped to bring out specific needs of marginalized, vulnerable populations and as a result, the CNAP was improved in its level of inclusiveness. There was also evidence that the CNAP is an avenue of better coordination for various vulnerabilities in two ways: One was documenting their needs during the development process, and the second was developing nutrition messaging during implementation | | There was low achievement under these theme. Inclusion of marginalized groups was embedded in the TA process, including the consultations that informed the strategy. There were also attempts to focus on small and medium size women led enterprises, and although this was achieved to a greater extent, respondents noted the need to articulate in detail how to address barriers faced by businesses led by people with disabilities or youth-led enterprises |

| Outcome | KEN-05 Support counties to develop CNAP | | KEN-03 Support SUN Private Sector Network Strategy & Coordination | |
|---|---|---|---|---|
| | Rating | Evidence Observed | Rating | Evidence observed |
| | | that targets the vulnerable community. Finally, to realize inclusivity, the county government needs to extend beyond health sector since CNAP presents opportunities for delivering nutrition-related services to vulnerable population through multisectoral programming with accountability in the nutrition sector. | | |
| **Capacity** | | This was moderately achieved and will require time to see the impact of engagement and knowledge translation to programming. However, there was evidence that the county team felt capacitated to design and understand nutrition issues. Outcomes such as increased number of service providers mobilized to deliver nutrition actions or greater level of effort in relevant sectors at subnational level aimed at enabling nutrition results was not realized over the period. However, during the CNAP development phase, the 'learning by doing' approach through workshop and problem-solving skills contributed to improving positively to stakeholder views on nutrition interventions included in the CNAPs. The second outcome of interest was increased commitment by the county to increase the number of frontline workers with nutrition-related tasks in their job description. Again, this was not realized at the county level with only one mention of a county where there were more nutrition officers that were enrolled to support programing. | | It was clear that the process of developing the SBN strategy enabled private sector players to better understand the business environment through the inclusion of various strategic pillars. By enabling them to understand the business environment they are able see how best to navigate that environment potentially increasing their commitment towards improving nutritional issues This can be seen in two ways. First, in some instances, SBN members are slowly appreciating how businesses can play a role in contributing to improved nutrition and two engagement led to a better understanding of the business environment and the challenges that are experienced while setting up such business. The second outcome was increased resources mobilized to support the secretariat, in which there was mention of resources to the tune of almost 100,000 Euros that were mobilized to support the secretariat in the initial stages which went a long way to stabilize activities of the secretariat. |
| **Capability** | | This was moderately achieved as there was enhanced understanding of strategies and interventions suggested in the CNAP by county level actors through trainings resulting to increased knowledge and skills on nutrition. One outcome of interest was the ability of county teams and stakeholders to use the financial tracking tool developed during the TA process. From the synthesis, it was clear that the county teams had increased capability to budget and lobby for resources using the financial tracking tool. Their ability to develop work plans through the CNAPs and see how to mobilize and track resources was notably a big impact among key county teams. CNAPs acted as a guiding framework in ensuring that the key result areas in nutrition are taken care of by sectoral programs. Other areas that there was improvement were proposal writing and knowledge on wider nutritional issues. Increased capacity in developing the CNAP, general thinking enhanced better decision-making process on programs that would yield high impact. In addition, county capacities were enhanced by proper planning and documentation of nutrition interventions by encouraging counties to use costed plans to implement nutrition-related interventions. This also enhanced inclusivity of various players. | | Moderately achieved with evidence of ability of private sector actors to see their roles and ability to influence nutrition landscape. There was increased knowledge among private sector players on implementation of nutrition programs using multisectoral approach as evidenced by various private sector players accepting to be part of the SUN Business Network. Two, their involvement led to improved capability of SMEs to produce and sell products that promote healthy diets, as one stakeholder. The third element under this outcome was the observation that SME have begun to see the value of improved quality of products through engagement in the private sector network products. The second outcome was improved tracking of private sector participation in the SBN at both national and sub national level. From the assessment, it was clear that the global SBN secretariat's efforts to develop a model results framework and tracking tool have been valuable for helping national-level SUN business networks define their goals and how their actions contribute to those goals. |

| | | | | | |
|---|---|---|---|---|---|
| | Low achievement (0-4) | | Moderate Achievement (5-7) | | High Achievement (8-10) |

## Background

Technical Assistance for Nutrition (TAN) is a project within Nutrition International's Nutrition Technical Assistance Mechanism (NTEAM) funded by UK Aid. Through the TAN project, Nutrition International provides technical assistance (TA) to 20 countries who have joined the Scaling Up Nutrition (SUN) Movement and the SUN Movement Secretariat, to help overcome gaps in capacity for the design and delivery of multi-sectoral national nutrition plans, by sourcing and deploying the expertise needed. This is in the context of a global nutritional challenge ranging from undernutrition characterized by stunting, wasting, and deficiencies of essential micronutrients, fetal growth restriction along with sub optimum breastfeeding to obesity or over-consumption of nutrients [1, 2]. Globally, more than 2 billion people lack vitamins and minerals while more than 200 million children are stunted or wasted [3-6]. Among children under 5 years of age, 149 million are stunted, 49.5 million are wasted and 40.1 million are overweight [3-6]. In the African region, the median prevalence of stunting is 31.3% [3-6]. Malnourished children, particularly those with severe acute malnutrition (SAM)- defined as WHZ < −3 or MUAC < 115 millimeters, or the presence of bilateral pitting edema, or both, have a higher risk of death from common childhood illness such as diarrhea, pneumonia, and malaria. Nutrition-related factors contribute to 45% of deaths in under 5 and more than 50% of child deaths after the first month of life [7, 8]. In Kenya, there has been slow progress towards reducing malnutrition among children under five years over the last 15 years. Estimates from the 2014 Kenya Demographic and Health Survey (KDHS), show that more than a quarter (26%) of children under five were stunted, 11% were underweight and 4% were wasted [9].

In response to the trends and in line with the global policies, Kenya has developed several policy and programmatic frameworks aimed at addressing nutrition problems. The current nutrition policy framework is anchored on existing Country level policy, global and regional frameworks, including the African Regional Nutrition Strategy 2015–2025, African Union Policy Framework and Plan of Action on Ageing (2002), the World Health Assembly 2025 nutrition targets and the Sustainable Development Goals (SDGs) [12]. The national policy framework operationalizes the National Food and Nutrition Security Policy 2012 which informed the National Nutrition Action Plan 2012-2017 [13] and subsequently the Kenya Nutrition Action Plan (KNAP) 2018-2022 [12]. The current KNAP 2018-2022 spells out the investments required for Kenya to address malnutrition in all its forms and for all ages and promotes cross-sectoral collaboration to address the social determinants of malnutrition sustainably. It also provides an umbrella framework and guidance to counties in line with the constitutional requirements, which are expected to develop their own County Nutrition Action Plans (CNAP) [12]. Both KNAP and CNAP have monitoring and evaluation frameworks that guide progress towards achievement of the key result areas. However, there has not been any systematic assessment of the progress partly because the development process of CNAPs is at different stages of implementation, hence the rationale for the current assessment.

### Summary of TAN technical assistance history in Kenya

The history of TAN-TA in Kenya dates to 2015 when a mission to identify TA needs was conducted. TA discussions involving meetings with key stakeholders for consensus building took place in July 2016, where TA needs were identified and prioritized. Top on the list was the support to review the implementation of the 2012-2017 KNAP and facilitate the process of developing the KNAP 2018-2022. The first set of TA known as KEN-01 happened between September 2016 and March 2017. The TA aimed to support a review on the implementation of the 2012-2017 KNAP, which was delivered in December 2017. The TAN project also supported the development of the Kenya Nutrition Action Plan 2018-2022 by providing the Government of Kenya with medium term TA to support the development and finalization of three components: a costing, financial tracking tool, and resource mobilization framework; a monitoring and evaluation (M&E) framework; and a review of the legal and political enabling environment. Known as KEN-02, this TA assignment was delivered from June 6, 2018 – February 28, 2019. A progress assessment was conducted for KEN-02 in March/April 2020, 12 months after the completion of the TA.

The current assessment builds on the TA assessment for KEN-01 and KEN-02 including the two assessments completed together with knowledge generation reports (in blue colored boxes in figure1). The current assessment examines KEN-03 and KEN-05 presented in red boxes. In response to a request from the SUN focal person, KEN-03 was designed to develop SUN Private Sector/Business Network (SBN) Strategy and support the initial SBN coordination efforts. This was aimed at maximizing private sector contribution to scaling up nutrition in the country and complement public sector players in realising the KNAP 2018-2022 goals. The TA was provided from November 2018 to February 2020, resulting

in the development of the SUN Business Network Kenya Strategy 2019-2023. From June to December 2019, TAN contracted a team of TA providers to support the development of County Nutrition Action Plans in seven counties in alignment with the national plan. The process aimed to support counties translate KNAP 2018-2022 into CNAPs. This was informed by the need to guide implementation of nutrition interventions at subnational level that are context-specific, cost them as well as develop results measurement and accountability frameworks to enable county governments to track nutrition progress. TAN has continued this type of support for a second group of five counties (KEN-06), starting in March 2020. The ongoing TA is expected to build on the learnings from the previous CNAP development and increase efforts on capacity building, integrate gender, climate change and include people with disability in nutrition programming.

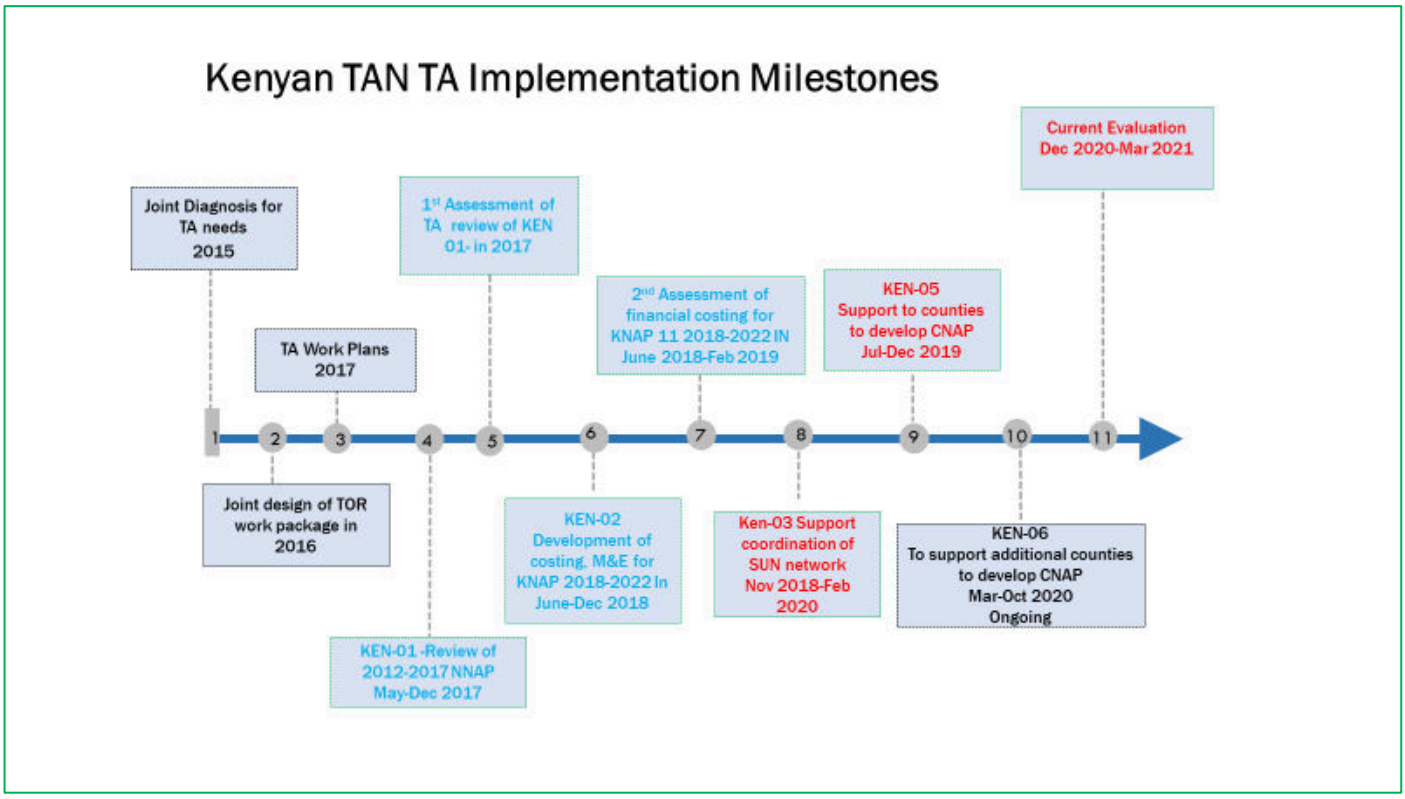



FIGURE 1: OUTLINE OF KEY TA ACTIVITIES IN KENYA

## TAN assessments of TA results

Two rounds of internal assessments have been conducted to assess progress of TA implementation and outcomes. The first was conducted in 2018-2019, which aimed to provide initial markers of progress towards programme level outcomes in four selected TA assignments at country level. These assessments explored the extent to which deliverables were disseminated, adopted, and used to influence practice by key users. The second assessment was conducted in 2019-2020 designed as eight 'Progress Assessments'- assessing the progress towards intermediate outcomes, that is progress made by identified stakeholders in using the TA deliverable(s). It also included reflection on how the quality of the TA product(s) and process contributed to the results expected from TAN. The assessments also sought to identify the limiting and enabling factors associated with these outcomes, and derive lessons learned along with recommendations for how to accelerate progress to full, effective implementation of the TA products. For KEN-01, learnings from the assessments highlighted that progress was made in implementing the objectives with key recommendations being the need for multi sectoral space to further enhance the realization of good nutrition for the population as well as the need to consider cross cutting themes in implementation of the subsequent action plan. For KEN-02, conducted in March/April 2020, 12 months after the completion of the TA, provided evidence that the three components of TAN's TA and the technical inputs provided by the TA providers was successful at raising the quality of the KNAP 2018-2022 compared to the previous strategy 2012-2017. However, there were gaps in integration of gender in the M&E framework.

The external progress assessment conducted in 2020-2021 aimed to investigate the extent to which more than one TA assignment in Kenya contributed to outcomes and goals at country level, including one TA assignment that was directly targeting subnational level needs. The assessment endeavored to track the contribution of TA to the desired intermediate outcomes at subnational level, given the specific focus of the KEN-05 TA on supporting counties to develop CNAPs. And for KEN-03, the TA that supported the development of SUN Business strategy, the question included: Whether the TA provided at the national level also contributed to outcomes at the subnational level? Since there are multiple TAs provided, we also aimed to examine how each TA provided complemented or augmented the nutrition landscape. The assessment also sought to examine how these related TA assignments have built upon previous work and whether there is evidence that this ongoing support is contributing towards achieving TAN programme goals. Additionally, we aimed to examine whether multiple TAs have created a sustainable coordination mechanism and implementation process at both national and sub national levels.

In terms of the role of knowledge management activities, we aimed to explore any evidence that knowledge products or knowledge management activities performed by the TA providers during the TA contributed to these outcomes. For outcomes that appeared to be under-represented in the 2019-2020 Progress Assessment findings (i.e., inclusion, capacity, and gender equality), we explored whether there are ways to improve our assessment of these outcomes. Finally, since the advent of COVID-19 pandemic, we also explored how stakeholders have been affected by the COVID-19 pandemic in terms of their ability to implement follow-up actions related to the TA provided.

### Objectives of the Assessment

1. To assess the extent of the contribution(s) made by the TA support to the program results expected from TAN, which included but not limited to improvements in the scale, coordination, quality, effectiveness, gender equality, inclusivity, capacity building and /or capability in subsequent programming based on the plan to Scale Up Nutrition.
2. To identify factors that are limiting (barriers) or improving (enabling) its successful contribution to expected TAN program results.
3. To develop recommendations for consideration by the SUN Focal Point in Kenya and /or other stakeholders such as private sector, development partners and other local NGO working in the Nutrition space about ways to accelerate progress to full effective implementation of TA products including ways to address any factors on which success likely depends.
4. To derive lessons learned from the experience to date with the TA provided by TAN, and to document, disseminate and translate knowledge from that experience to inform future TA support to SUN.

## Methodology Used

The assessment employed qualitative methods by reviewing secondary data through desk review, and primary data collection through key informant interviews. We later triangulated this with field observations and validated through virtual tools and workshop with TAN beneficiaries at both national and sub regional level. Consultations and interviews were conducted with key TAN project staff, NI staff, TA providers, government and implementing agencies, development partners and other relevant stakeholders.

### Phase 1: Desk Review

Desk review was conducted in two phases for each TA. Phase one entailed an induction of external consultants to the overall approach and then followed by a process of selection of documents relevant for review. This process allowed the development of an inception report by in-country consultants. Phase two, entailed a continuous process of review of documents made available in the initial stages and those provided during field visits and through interactions with various informants which were not necessarily made available during the inception phase (Annex 2A). The desk review contributed to a process of tracking outcomes, understanding the implementation process as well as tracking planned versus actual activities implemented. The process also helped build the results pathway for use in the assessment. The review of documents identified examples of outcomes that were expected following the end of TA, the actions taken post TA and their effects were assessed during the stakeholder interviews factors. (Annex 1 for results pathways).

### Phase 2: Stakeholder interviews and data analysis

Based on the desk review described above and in consultation with Nutrition International country office and national level participants, a list of key informants was developed for interviews. We then updated the key informant guide for the assessment from the desk review. The guide was adapted for each informant based on their role in the TA. The interviews were administered face-to-face or virtually using a semi-structured interview guide. Face to face discussions were organized with subnational actors involved in the TA activities in two of seven counties that benefited from the TAN TA (KEN-05). The two counties were selected to represent two diverse geographies. Key informants were also interviewed for KEN-03 and included TA providers, development partners, SUN focal person and officers from the Ministry of Health division of nutrition. See Annex 2A for a list of stakeholders interviewed.

Careful attention was accorded to data management. Data was processed through initial encoding notes in two forms: 1) encrypting devices, to ensure safety of data and informant identity and specific locations; and 2) indexing devices, which categorize subjects and type of interview. Thereafter data processing and analysis began with field reflections where each field team documented their daily reflections. The field reflections and observational data were analyzed using thematic analysis. Initial annotation of transcripts, field notes and observations were used to develop a coding framework which were refined based on the process of open coding and progressive categorization of issues. Thereafter the process of charting was used to summarize key themes and concepts including references and quotations that were compared across sites and by category of TA for similarities and differences to support identification of key issues in accordance with the assessment objectives.

### Phase 3: Validation of Key Findings

A report describing the background, assessment methodology used, and key findings and recommended actions was drafted and shared with key stakeholders for review and feedback. Using a set of PowerPoint slides that summarize the report's content, we conducted a validation meeting with in-country stakeholders to provide an opportunity for group reflection and discussion on the key findings and recommendations for stakeholder follow-up actions. The validation was conducted virtually with the key actors involved in the TA at both national and sub national levels. A total of 25 stakeholders participated in the meeting.

We also developed an online assessment tool that was circulated to about 50 beneficiaries from national and County level. This was circulated before and after the stakeholder meeting to gauge their perceptions of the TAs and their recommendation for future approaches and actions. The online tool focused on KEN-05 targeting County nutritional focal persons, directors of health in the seven counties, national level stakeholders from the Ministry of Health, SUN secretariat, SUN Business Network and other stakeholders who played a role in the TA process including donors. Documentation of the validation meeting discussions including specific follow-up actions agreed upon by country stakeholders was used to finalize the report. A total of 21 respondents completed the online tool from eight counties including Tharaka Nithi, Uasin Gishu, Elgeyo Marakwet, Nandi, Bomet, Vihiga, Busia and Nairobi. Eleven respondents were County health staff, one from educational sector, nine were from the National MoH offices, UN and other implementing partners in County departments. 19 respondents participated in the development of CNAPs, 15 in its implementation. Details of the findings are presented in Annex 3.

## Summary of Findings

Table 2 provides a visual presentation of the findings by themes assessed for each TA assessed. Overall findings of KEN-05 show that 3 out of 8 themes assessed scored 'moderate achievement' while 3 out 8 scored 'low achievement' with two scoring 'high level achievement'. For KEN-03, the picture varies a bit with none that was graded as highly achieved but 4 out of 8 scored 'moderately achieved' and 4 out of 8 scoring 'low achievement'. The narrative that supports this grading is provided in the next two sections.

TABLE 2: LEVEL OF ACHIEVEMENT BY TA AND OUTCOME

| Outcome | Level of Achievement | |
|---|---|---|
| | KEN-05 | KEN-03 |
| **Scale** | Moderate | Moderate |
| **Coordination** | High | Moderate |
| **Quality** | Moderate | Moderate |
| **Effectiveness** | High | Moderate |
| **Gender Equality** | Low | Low |
| **Inclusion** | Low | Low |
| **Capacity** | Low | Low |
| **Capability** | Moderate | Low |

## Contributions of KEN-05 to TAN Programme Intermediate Outcomes

This section summarizes results of KEN-05 and focuses on the extent to which the CNAP has been implemented and the associated outcomes achieved. At the time of the assessment, it was clear that in all the counties that benefited from KEN-05 TA provided by Nutrition International, they had developed and launched the CNAP. Of the seven counties supported, four of them had entered a Memorandum of Understanding (MoU) with Nutrition International to support implementation through a matching fund.

"*I can confidently say as of today all seven CNAPs have launched. Elgeyo Marakwet County was the last one to launch late last year but all seven have been launched. Of the seven, four are the ones that have existing Memorandum of understanding with Nutritional International. The other three are work in progress but not all of them will be Supported, so it's also an element of asking counties to look for other partners who can support resource mobilization or financing of the CNAP." IDI, program officer*

Countrywide, it was reported that of the 47 counties, 32 counties have already developed their CNAPs, of which only nine have not launched. Due to the delay in implementation of the CNAP in most counties, partly due to the COVID-19 pandemic, this Progress Assessment looked for evidence of steps being taken along the pathway between the end of TA support for developing the CNAP and the desired intermediate outcomes. The following paragraphs describe the evidence of these results in two counties where stakeholder interviews were conducted.

### *Scale of KEN-05*

We examined two intermediate outcomes the first being to what extent the TA led to increased involvement of more sectors in the implementation of nutritional interventions at county level. The pathway toward realising this outcome show that across the two counties examined, the TA process began with engaging key stakeholders in education, agriculture, local NGOs implementing nutrition activities. Their involvement in the development of the CNAP were based on stakeholder's perceived strengths and roles in the nutrition space. This increased the probability of onboarding stakeholders to provide the support needed in the development, launch and potential implementation. Although full implementation had not started at the time of this assessment, continuous involvement of key stakeholders beyond the CNAP development phase will contribute to an increase in mobilization of resources and expansion of nutrition interventions in specialized areas that complement each other, either as government departments or development partners who not only focus on nutrition but other general welfare of the community. Once counties begin to implement the CNAPs fully, the existing engagement will provide an opportunity to identify local programs that provide localized solutions and enable counties to increase coverage of nutritional services under the CNAP. The CNAP was therefore perceived as a nexus of many partners who support nutrition interventions as they implement programmatic activities.

*"One of the things that I saw is that in our County, in terms of issues nutrition, sometimes we touch on agriculture. So, when you bring on board the agriculture people, they can guide people around these issues… maybe we lack the expertise when it comes to nutrition, but this aspect of engaging other departments is important because we get to know what others are doing and we can complement each other" IDI, Busia County*

Results from the validation exercise confirmed that the process of developing the CNAP led to increased involvement of more sectors in the implementation of nutritional interventions at county level with 85% of the respondents strongly agreeing with these findings.

The second intermediate outcome examined was the extent to which there was increased county efforts to improve nutrition interventions coverage and intensity at county level. The pathway towards realizing this outcome was manifest in three ways. First the development of CNAPs is a tangible step towards scaling up nutrition actions across the country, under the guidance of KNAP but very specifically oriented to the implementation level.

*"The fact that counties have planned for nutrition, and come up with a CNAP, and the fact that the National government realized that KNAP could not be implemented without county support, because this is one of the areas where counties have produced their own planning document from the national document, so this is a plus and a very good way forward" IDI TA provider_2*

Two, it was observed that the CNAP catalyzed the possibility of deploying more nutritionists since it enabled increased recognition of the role of nutritionist as well as keeping nutrition issues on the radar more prominently at both national and subnational levels:

*"Okay, I'll say before ….nutritionist we were not considered in employment as such; you would find maybe one or two… but now there is improvement. As I told you we had not gone so far, but there is a point in time I saw they had employed six of them in that CNAP...they were then distributed to other sub-counties that had no nutritionists…so there is that great…" IDI, Makueni County*

The third manifestation is the observation of increased collaboration among partners in fostering efforts towards implementation of nutritional activities in various counties. CNAP, provide a basis upon which partners are now able to implement nutritional activities without duplication of efforts.

### *Quality of KEN-05*

Two key intermediate outcomes for quality were examined. One was the extent to which the CNAPs have increased use of a cross-sectoral common results framework and tools or processes to monitor, manage nutritional service delivery. It was clear that the CNAP design process provided an opportunity to incorporate indicators which act as an accountability tool in implementation of various nutrition activities more systematically than before: *"Yes, we normally extract and prepare a checklist from CNAPs, the indicators to check mostly, we call them the nutrition key indicators" IDI, Makueni County.*

The process of tracking indicators will be managed through existing quarterly meetings between the health sector and other stakeholders where achievements can be shared across various sectors. Use of CNAP as a monitoring tool will help track the progress of activities as well as identify gaps for resource mobilization. Through the process of developing the CNAP, there was also an understanding of the need to integrate nutrition with other sectors and track progress, which if implemented will have an impact on nutrition.

*".. … she knows very well if they do not integrate WASH in nutrition, there's also always malnutrition, with high incidences of diseases, loss of appetite… Malnutrition…so when we go to immunization, obviously immunity goes down…when we go to other sectors disability….malnutrition. So, nutrition cross cuts other sectors, now food, malnutrition, education, lack of knowledge …malnutrition, everybody now is aware". IDI, Makueni County*

*"As a County, through the M&E department, we developed an internal tracking tool because we had intended that we do internal midterm review. Unfortunately, we did the first half of the year we were not able to continue because of lack of finance that interrupted a bit. IDI, Busia County*

The second outcome was the extent in which the development of CNAP and its implementation increased adoption of evidence-based interventions in the implementation of nutritional interventions. There was mention that the CNAP adopted key result areas from the KNAP which is evidence-based and the nutrition interventions were domesticated for the local context. Although the CNAPs are still in the process of being implemented, the pathway towards realizing this result was based on the perception that the CNAP would be used as a guide for better and coordinated programming. The fact that most stakeholders engaged now understand the CNAP, might improve quality of nutrition services as well as delivery of interventions defined in the CNAPs. Two there is a strong monitoring system in place which will enhance accountability and transparency due to ability to track the progress of the activities outlined in the CNAP.

*"Though after launch of the CNAP we were not able to get any time to implement anything for us to get the quality. But I think this is according to me. I think it will be better…. so I think it will guide us better than before, and especially the coordination bit. Because coordination of social protection of programming at the county level and even at the national level has been an issue' IDI, Partner, Makueni County*

*"It also gives the stakeholders a chance to ask what is my role in this plan? For example, school health when the schools are doing their work there are elements of the CNAP such as nutrition and counselling which might not require resources or human resource we have now the teachers, as a human resource. That is something that can be implemented. There is this team that managed to train teachers on things to do with nutrition. So at least the partners looked at that plan and identified their role in relation to the CNAP and saw what they can contribute. They can use their own resources to implement it. The good thing with the plan is as a resource mobilization means any other partner can put in his or her resources. Not necessarily getting resources from the program… but asking what can I do to support the plan. IDI, Busia County*

*"Ah it is high quality because for most of the activities, actually the way we programmed them, when we come to implementation there are very few that we need to change. When we come to the implementation. Majority 95% we are just following the way the CNAP is. So I would say it was a quite a high quality document."*

Overall, the improved quality of programming outcome is likely to be realized once implementation is full optimized due to a high level of cross-sectoral ownership of the CNAP (including its monitoring framework) and perception that the quality of the CNAPs was generally good as it adopted high-impact nutrition interventions that will be domesticated in the local context.

### *Effectiveness of KEN-05*

While examining the TA's potential contribution to effectiveness, three main indicators were used. First, what was the extent to which CNAP has led to increased commitment by the county to increase funding for implementation of nutrition-related interventions outlined in CNAP? On this outcome, it was clear that the CNAP has contributed to increased commitment of funds towards implementing interventions outlined in the CNAP. For example, in Busia, the county had budgeted for interventions outlined in the CNAP in their annual plan; however, the complexity of the budgeting and disbursement process at county level delayed timely release of funds to implement the interventions. In addition, to increased commitment, there are efforts to help counties establish a clear budget line for nutrition programs within the county annual budget, which might help buffer against changes in political leadership. The quotes below illustrate these issues.

*"The fact that NI committed money was a big motivator for the county to put in the amount of money they did. Because the KES 12.5M came about because we are matching 10m that is the additional money that they have put in. Last year they put in 2.3 so for us to match it must be the new funds that will be put into nutrition. They promised to give KES 10m so that we can give them KES 10m' IDI, Busia County*

*"I could say that the fact counties are willing to commit their money in this process already shows effect in terms of their understanding. However, it is still too early to confirm. We have just finished the planning process. Counties are willing to use that to fundraise and mobilize resources. The next step will be when you monitor the implementation, you can tell if you are changing people's perceptions and views on nutrition and that we cannot say now" IDI TA provider_2*

*"Yes. Because even outside of MOUs that they have with NI there are counties that are committing additional resources outside of the MOUs and saying that in the next financial year or this financial year i think there are counties that have already put in resources, to address malnutrition in their specific counties . So it's not entirely NI alone. So now what NI is trying to do in the coming months is to push for legislation of the same, so that then at the county level, regardless of who is in political leadership, Nutrition has a vote head within the budget that would then ensure that nutrition interventions are funded at least bits of it domestically."*

Despite the complexity of financial process, one positive impact that was observed in the two counties visited was the fact that the CNAP was already attracting funds through innovations such as matching fund which act as catalyst for further funding. These were realized after round table discussions (organized by Nutrition International) which became platforms for advocacy, leading to an increasing visibility of nutrition activities for example through inclusion of nutrition interventions in clear budget lines. The matching funds also provided avenues where counties committed resources for implementing CNAP through an MOU which requires a 50/50 responsibility for generation of resources between the county and Nutrition International in the current financial year.

*"That the CNAP is acting very well as a resource mobilization tool but the MOU is going a long way to describe how it's going to be implemented and really, reinforcing the whole thing so that the county government is forced to generate half of the amount to co-finance the document which is very key for us because… I think NI is the first to do that and probably other partners can also borrow that for some of the programs they are supporting so that they can be felt as programs that should be funded by the counties. Counties are having a difficulty with resource constraints and so sometimes prioritization becomes key but also it is difficult. So, sometimes there is the tendency of just thinking salaries should not miss" IDI, Program officer*

"*No of course, so there is the investment case, but also the expectation is that since they are putting budget, yeah, eh, they must develop annual work plans that have nutrition interventions. So a review of the County budget on my own, I have discovered that there are some which majority of them have some budget line on nutrition and have put the money there. Those that did CNAPs and they went through the process of a round table. Now there are also other partners who have supported the CNAP, but I've seen, they did not go through that round table process" IDI, TA Provider*

*"So I mentioned that the counties where CNAP have been launched, they have committed funds, which you can see the budget, like if I, if I can give you an example of Nandi which when you look at the appropriation account for this year 2020/21, you will realize that they have committed resources, specific for nutrition, right? So what I was saying is that all the counties actually, that, the round table have happened, it seemed to have put some money for nutrition, and I think that's a good thing you know, you look at Tharaka Nithi, for instance, you look at Nandi you look at Vihiga, Busia, we see those counties have some resources they have put for nutrition either in line with the with the aspiration of matching the funding that has been provided or with their willingness to fund their program. So that is how I would put it. So, I think as I had highlighted, there is commitment for these, county to structure the funding nutrition. and this has come after the document that is showcasing the investment that is required. And also, there is a document that they can use for advocacy. And I think even the launch itself is an advocacy tool. As the governor is leading the document to check what they are committing the next time you ask for Money, they will remember I launched this document and there was money that was required there. I think because when you advocate for these course, and then you talk to the Chief officers you have done well, but you have done nothing because the decision lies with them, with the executive to be able to make that a reality IDI, TA Provider*

The second indicator was evidence of increased use of the costed action plan to identify gaps in funding for nutrition actions and develop more effective resource mobilization efforts, both for domestic and donor funding. The CNAPs was perceived as a tool for resource mobilization, not only from donor community but also from the county level to advocate for resources for nutrition programs. This, if realized, might enhance sustainability. For example, there were reports that

CNAP can be used to lobby for resources and attract more partners, even in nutrition sensitive sectors such as agriculture, and those that work directly with community groups and not necessarily through the county government.

*"Yes, the fact that we have one document that includes several sectors defined areas of interventions across different sectors in my view is absolutely important. …. and there has been a great emphasis that the counties should use the CNAP to be able to lobby more funding from agriculture, water, education, social protection, and particularly with ECDs. So, it is a key document that could help counties mobilize resources to ensure that most of the areas are addressed. It is also a good document because counties can use it to apply their own resources and not just fundraise from other people. The domestic resources mobilization that we are talking about in the four counties and most likely going to more counties confirmed that counties can actually allocate more funds to nutrition. It's a key document" IDI TA provider_2.*

*"Now that we have this document with us, we can use the same to lobby for funds from the development partners and be able to implement and in the process of implementing, there's always the aspect of sustainability because we know that the development partners will not be with us forever so we can look at it as a way whereby the aspect of sustainability is captured or is included in the implementation process. IDI, Busia County*

Given that some of CNAP activities are being rolled out and are incorporated in the work plans, is an indicator that it is being used to allocate resources from the county and partners despite delays associated with the implementation due to COVID-19 pandemic.

*" I just want to say that we have been doing some activities through other support, which are equally contributing to what's in the CNAP. So it's not entirely true that we have been doing nothing but through other support we have done things that are actually adding value or are adding to what's in the CNAP and even other departments, they do not necessarily use this fund, but using other funding from other donors and departments, they will do activities that are adding to the CNAP. IDI, Busia County*

*" I think probably I may just say that the whole issue of having lost the whole year 2020 is what may have delayed very many things and so as a resource mobilization tool, the only thing we have used to approach are the county government, which is also the county executive and county assembly and so that now they have used it. They have had to allocate those resources based on the document but there's opportunity for it now to really be used to resource mobilize other nutritional partners and the good thing is that there was quite some involvement. In the development of this document, there was quite some involvement of even the other partners to support the nutrition interventions in this county and even in other departments like agriculture." IDI, Busia County*

Other than the fact that CNAP is a document that will guide resource mobilization it was also reported that it will help in tracking resources that are being used towards nutrition. Improved transparency in the use of resources will make it easy to cost for nutrition related activities, enhance advocacy, provide guidance in mobilizing for more resources.

"*We have actually shifted in the way we do things actually; we are aligning ourselves, actually from 2018 we are aligning ourselves with the government programs and government priorities and the government calendars. So, I can say we are ok I cannot cite challenges, because we sit together in those forums, yes. that means you know when we are doing our programing then we align ourselves to achieve what has been ah in the CNAPs and we measure our achievements based on what has been in the...yeah what has been written on the CNAPs" IDI, Development partner*

*"This provides very good guidance, and I can tell you are contributing towards you know what is in the CNAP. So there is that clear guidance that we follow which apart from other administrative costs and everything that the organization incurs but this helps in the programming and that means any organization that is willing to support or contribute then they can make reference to those financial processes". IDI, development partner*

Although several counties had shown commitment to provide funds for implementation of CNAPs, the process would take effect from 2021/22 financial year. However, there were reports of perceived softening of decision makers towards realizing more funds for nutrition as well as increased dedication to funding nutritional activities in the CNAP.

*"But also, the County government was able to mobilize their resources for another that is like NI. When they presented the document like NI, it was like, you really can fund this. And then, if we fund this chunk, we are going to match it with another, from the County government kitty. So, you see, even it is helping the department of health to get more resources from the County for the purpose of nutrition activities. IDI Makueni, Ministry of Education.*

### *Coordination outcomes for KEN-05*

Under this theme there were four key outcomes examined. The first was enhanced linkages between national KNAP and County CNAPs to increase alignment with the national strategy and facilitate contribution to achieving the targets. At national and county level, there was evidence of different stakeholders working closely together in planning until the launch of CNAPs. Using national level stakeholders who developed the KNAP provided an opportunity to inculcate the aspiration of the KNAP into the CNAP. The TA process was largely structured around learning by doing, engaging stakeholders at both national and county level, and ensuring that at both levels they understood how each document speaks to one another.

"*In the CNAP development process one of the things we did was to ensure that there is someone from the National office like MOH who was heavily involved in the development of the national plan who was going with the consultants to the counties to explain to them, one, the KNAP that's the national plan but also how then counties would contribute to the national plan, so it was at the beginning we made it very clear the counties are not developing the CNAP without making reference to the National plan so if you notice there are some counties that have picked almost all the indicators of the KRAs in the national plan , there are some KRAs that have been dropped by different counties based on their context , what they felt is there are priorities for implementation" IDI, program coordinator.*

*"From this point we started with the KNAP, that is our second nutrition plan which is of course aligned to the National Policy security, and after we finished the KNAP the next step was supporting the counties to develop their own nutrition plan by ensuring they are aligned to the National KNAP and as were developing the KNAP and of course we had several engagements with the several partners mobilizing support both technical and financial for the development of the action plan and that is where now nutrition international came and also supported the KNAP development and when they came in, what we normally do is to have a consultative meeting where now the partners now can declare the commitment to support the counties they are working in. I think that was Nyeri because they supported 12 counties. Our role was to ensure that the county nutrition plan is aligned to the national priority but also taking cognizance of the priority at the county level which we were able to. Two of my key officers joined the consultants who had been procured by N.I. in the development of the CNAPS in the twelve counties and therefore the role of the division was to present what is the National priority and guide the counties in sort of identifying their priorities and so that was done, and I had the two officers working hard with the county teams, which there were several workshops and that's where the team would go and assist the counties" IDI, Ministry of Health.*

It was also evident that at the county level, the teams managed to tailor their CNAP to KNAP by adapting various key result areas that were relevant for their contexts to be realized through monitoring framework. Although it was noted that the counties were generally over ambitious in their interventions identified in the CNAP, it was a first start towards creating opportunities for enhancing nutritional interventions that can be implemented over time. Additionally, it was evident that the development of the CNAP provided an opportunity to support monitoring implementation outcomes that would feed into the KNAP and then contribute to the national targets. The linkages between national KNAPs and the CNAPs was observed to increase alignment with the national strategy and facilitate contribution to achieving the targets.

*"So one of the key thing is that in line with the alignment of the constitution and the fact that a healthcare provisions is a devolved function, the team that worked on the national and nutritional action plan understands the aspirations that are included within that document and then it's easy for it to be aligned to what the counties are aspiring to do, and also provide guidance on how county can contribute both to the national and the global targets the country has met. So that improves the likelihood of achieving the, the national aspiration, so to speak" IDI, TA provider*

*"… Counties are expected to develop their county nutrition action plan to anchor them to actually operationalize the national strategy, which is the KNAP. So within that framework what we were supposed to do was to work with the County to come up with their implementation, sorry, with their CNAPs and those CNAPs are expected to be costed and we think there was a need to also include the common result and accountability framework, would use to monitor the results that they will get at the county level both the impact and the output indicators, which are actually expected to speak to the national so that they are seen to contribute to the national targets" IDI_TA provider*

*So, each county came down, took the KNAP and tailor made it to their needs. So, I believe that even though the key result areas are similar, if you go into the details, you will see the details are different because each county has different need in what they want to achieve in terms of implementation of nutrition activities. IDI, TA provider_2*

There was also an indication that the CNAP provided a common reference point for guiding partner and county meetings on nutrition issues. The process also appears to be empowering counties to push back when development partners desire to fund activities that are not in their CNAP. *" So for me what I can say is that this brought out commitment on both sides, that we are supporting nutrition interventions, yes, but we don't want to support it in such a way that whatever we'll have done that's all. We want it in such a way that whatever else that is left is also supported by the county government by resourcing the program and so they can be sure that having done abcd part of the resources are also doing part of any other abcd in the action plan. A shift from previously where a partner could just come and say that I want to do abcd but is not asking about the other part…is somebody doing it? And even as I am supporting, is the county also committed? So, like this arrangement sort of opens up a way for sustainability of this program so that when a partner eventually leaves. But the county has sort of initiated into really putting that program into focus and financing it and if there's goodwill for continuity. IDI, Busia Ministry of Health*

The second outcome indicator is increased ability of counties to engage and manage stakeholders that implement nutrition interventions including other sectors**.** Continuous engagement virtually and physically during the design phase of the CNAPs appeared to improve the understanding of CNAP process and promoted ownership of the product. Inclusion of key stakeholders at the initial stages of CNAP development, to critique the document, led to enhanced acceptability, adoptability, and future sustainability in implementation of nutrition services.

*"Ideally what I would have highlighted is that the involvement of other sectors or line ministries that have been involved in this one is that there was finance and then agriculture education, a WASH social protection in some counties then depending on the uniqueness of the County … they have a strong representation, of the sports, youth and gender ministry" IDI_TA provider*

Engaging partners also encouraged counties to be proactive in using the KNAP to come up with county tailored nutrition action plans that suit specific counties. However, since implementation is not optimal, adequate engagement of stakeholders beyond design could not be assessed but with improved coordination it is possible that it will enhance complementarity. Coordination at county level would nevertheless require identification of avenues and forums to increase collaboration among stakeholders.

*"The coordination we were talking about when we were developing the CNAP it has not yet been put in place, so we need to maybe coordinate more with various stakeholder and other departments so that when they are doing activities, they ensure that they involve other departments" IDI, Busia County*

*" Because I also got to interact a little with the Kenya national Nutrition Action plan, I think it's a good thing though it's quite broad. So, I think every county should have their own because the local circumstances they find themselves in are quite a different yes, like in Makueni I see them, you know, when we meet, they give us some figures about issues to do with stunting, issues to do with malnutrition, you see sometimes we are not doing so well compared to some other counties. so, when we craft our nutrition plans naturally, that will address the core needs. IDI Makueni, Ministry of Education*

*"I can say there is that, but again it depends on the counties and you know some counties are very proactive and they put their foot down on the issues they want addressed maybe case in action is Wajir they know what they want and yes they put forward what they want addressed. ah so in cases where the counties are strong and willing then you find that the flexibility is there. Ah in counties that they are not as active then you find they would just flow with what the has been presented" IDI, Development partner.*

Complementarity was alluded to by the fact that partners had started including activities in the CNAP in their routine programming or engaging other partners who are in the nutrition space. We noted that the TA increased ability to account for ongoing activities by working with an annual work plan to ensure the objectives are met**.** There were reports of initial attempt towards including activities in the CNAP into partners' work plans in one county, an observation that can be enhanced and tracked in the future using the existing CNAP M&E frameworks.

*"So, we have annual work plans. So, in the strategic plan we have the annual work plan. So, we have tried to incorporate ah bits of what is in the CNAP. To ensure at least at the need of the day we are having some milestones in achieving what is in the same" IDI, Partner, Makueni County*

*"They have been planning an activity that is sensitive to the education sector in terms of nutrition. And therefore, they had organized nutrition for adolescent, and they want to push, that information through the ministry of education, to those that are not in schools. So human sources that we need there we have our officers, our teachers, yes, with now the county nutrition action plan, they can identify where are these resources that we can use to pass this information, to make sure that it goes all the way to the children and the parents and school community. IDI Makueni, Ministry of Education*

If planned activities ensure technical expertise is integrated into CNAP programs, then the linkage will be fully realized. However, this will depend on ability to sustain funding for such programs and understanding of key activities in the CNAP that needs to be prioritized since the counties identified a long list of possible intervention areas.

*"To add value there is something that you might need from another party, when we talk about nutrition it is filling but you might require something from agriculture to look at the issues of food production as a long-term solution. Then we look at the issues of social protection …. so, we must link our program to the community so that we reach these people who need our services. … In agriculture there are different sections because we have livestock, agronomy part of it, Fisheries because those are different directorates initially when we started, we saw that the agronomy part is coming, fisheries and livestock, so we incorporated all of them so that the directorate is fully involved, and the environment was part of it. IDI, Busia County*

*"it is a wholesome approach, and I can say that this CNAP has actually approached nutritional issues wholesomely; not just what health can do, but what can also other departments be able to do so that we can be able to see that general nutrition is improved across the board" IDI Busia Ministry of Health*

Involvement of other key stakeholders, while cognizant of their value in implementation process and providing better coordination amongst stakeholders and better use of resources without duplication of services and activities, will yield better results. However, this should include supportive supervision as well as efficient decision-making process and proper definition of roles for ownership.

*"Proper coordination is key because that way they are all able to coordinate the relevant programs in their respective departments, such as Gender, Education and Youth for proper implementation of the project."*

*"We have tried with supportive supervision but probably we need how to find out how to do more, more integration so that it is not seen as a nutrition activity… Yeah. so that everyone comes on board. Because you find CHS on the school who are very active in the day-to-day implementation. But now we can expand further, find the role of the clinical officer, the role of the reproductive health coordinator. Bring them on board and make the program integrated from different sectors. So that is my recommendation." IDI Makueni County medical services*

The third outcome was the extent in which CNAP has increased harmonisation of county level partners evidenced by aligning their nutritional activities with CNAP. There was evidence of increased transparent process of engagement and coordination between partners and government. Increased cohesiveness amongst county stakeholders who have taken initiatives to take up roles and own the projects will also enhance accountability and enhance trust and ability to implement nutritional activities within the counties. *"But NI is very transparent and its coordination with County government is very strong, I can say it everyone is brought on board in the community…so that's support but there is a very strict monitoring check-up by the county government which is good…we also recommend it." IDI, Makueni, County*

### *Gender Equality outcomes for KEN-05*

Under the theme of gender, we explored the pathway towards achieving two main outcomes. First was the operationalization of sex-disaggregated data at county level by including them in data collection tools for tracking gender equity**.** In general gender equity was largely reported to be an issue that has varied understanding but positively perceived by various actors. The operationalization of gender equality was reported at different levels. The first level is at the design stage where there was realization of the linkages between for example the need to address underlying causes of teenage pregnancies as part of the action plan to improve nutrition in one county as a respondent alluded to:

*"I can say that to ensure intervention across all ages and diversities in the communities, having in mind boys, girls, women and men, we know in Busia there are a lot of teenage pregnancies, are some of the factors that affect the nutritional status of the people in the community. This are some of the issues were brought on board and there was the need to interlink these with the departments of gender" IDI, NGO, Busia .*

The second level is actualisation of disaggregated data collection by sex. Since implementation had not been effected, we could not fully address the pathway towards realising this outcome. However, it has been highlighted that gender issues were being considered even at community level and that there are existing opportunities for embedding gender in service delivery and reporting on it. Incorporating gender equality in on-going projects will be crucial to realize gender equity. This can be integrated in nutrition activities as there was a perception of increased awareness on gender related activities.

*"NI has assisted us very much, because now we are going to reach this people in the community and open their eyes…issues on nutrition so that even the issue of gender violence gender-based violence, all those issues we are integrating, collaborating, and trying to address nutrition issues on the same" IDI, Makueni County.*

*"What I know is that the department of gender was also incorporated in the devolvement of this plan and there may be activities to do with gender-based violence and all those in the plan that need to be implemented. Those activities can be implemented because issues of gender sometimes can be cross-cutting and so the department may be having its own activities to implement but also like the department of health has some activities to implement as far as gender-based violence is concerned which are being implemented. I know that just recently, we were able to collaborate with another partner, the East African Community, to set up a GBV room at the outpatient department of the hospital so that the partner supporting came requesting that if there are extra rooms that we could be set aside, and they were able to equip that room and ensure that there is an officer now sitting there to see GBV clients passing through there. For us, which is also a key strategy to solve gender-based issues. You know initially if we were just saying anybody sitting in outpatient could be able to see anybody coming with a gender based issue or something, but once people know there is a specific person, there's a specific staff seeing, then people are directed where they are supposed to go and it makes the efficiency of that service being given and it will improve on data and we have actually seen since it has been set up, there has been quite some improvement on data as far as gender based issues are concerned. I know that there are issues of gender that the department can solve and whatever is financed in the CNAP will be implemented but again we are going out of our way to collaborate with any other person who can be able to support." IDI Busia Ministry of health*

*" …, you can look at CNAPs that were done 2019 even the CNAPs that have been done now there could be a difference in terms of how gender comes out I think there have been improvement in terms of what then would be those specific actions or activities that could be done at the county level that would improve gender outcome and looking at for example resource allocation at the household level will definitely affect food intake for both men and women IDI, Program officer"*

The third level is the extent in which counties understand the role of gender in nutrition by implementing nutrition actions in ways that ensure men and women, boys and girls are included. It was generally perceived that even though many counties appreciate the role of gender in theory, there is still a lot of work that is needed on identifying and addressing the unique gender issues that influence nutrition in the different counties. The challenges faced by counties include few women in leadership positions, low literacy levels among women and restrictive gender norms in each culture.

*"I bet the different counties are unique, we are in the process of getting there but I can say some counties have not really gotten to that place where you can say, ah, you say you have achieved in terms of you know the gender norms. yeah, it is there but you cannot say that you have achieved, you know like gender issues we still need to do a lot of work there." IDI, Development partner*

*"I guess mostly like for example in the leadership. And in this case, we talk about male and female and that is an issue, ah if you talk about you know like literacy levels ah that is another issue. If we talk about the culture. those are some of the challenges that are you know like are still there especially in different counties. You know they are unique, but you allude to the factors that those challenges are not there...they are there" IDI, Development partner.*

Overall, this indicator like many others has not been fully realised. However, there were traces of evidence that the process is building the foundation of how the CNAP was expected to address the gender challenges even beyond tracking indicators using sex-disaggregated data. It is notable that in as much as tracking these indicators may help to illuminate sex differences in intervention coverage, there needs to be more efforts to intentionally inculcate gender related discussion in implementation. The evidence also points to the challenge of a broader systemic issue of low perception of need to address gender issues or collect data that track progress in this area perhaps due to an inherent culture of perceived lack of value of collecting this data. The need for involving gender experts to help Illuminate these issues over time will facilitate a better understanding of how gender can be mainstreamed.

The second indicator we assessed was increased reporting of gender transformative nutritional interventions by government and partners and enhanced inclusion of gender sensitive interventions in the annual work plans being implemented in the context of CNAP**.** It was clear that adoption of gender sensitive intervention in the community is slow but over time this will be enhanced given the fact that different communities have varied views on how gender roles play out. This illustrates the need for continuous capacity building in understanding gender inclusion and sensitivity.

*"Sure, as far as gender is… maybe is concerned, they are learning slowly by slowly, they are coming in slowly by slowly …not fully adopted…. on the way, on the way coming… because now you will find some men have changed, they can assist their wives and also… nutrition also used to be for ladies most of the time….few coming up…because they thought it was all about cooking…it is for ladies…but now as we address and create awareness about what is this all we are talking about…the gender issues are well addressed but not fully because we are still going on". IDI, Makueni County*

*"Nutrition is seen more of a woman/child intervention particularly if you go to the health specific interventions. If you go to water, same thing because clean water results into better health. The problem I have is equating nutrition to women and children. Gender to women and children because sometimes, as I have noted in my previous work, you must look at what gender Is impacted more by interventions we are doing and are most likely to have greater impact. The woman in the nutrition focus will have greater impact because of taking care of family and ensuring proper provision of nutrition issues. However, in some communities we know man plays a major role in terms of ensuring that family resources are allocate adequately. So, in my view, I do not think the gender issue has been defined clearly in terms of which of the two genders would have a greater impact if it's focused on in terms of nutrition. And because currently, the current problems face girls and women particularly under health sector. So, you find the focus is more on women and children. In agriculture sector, its possibly likely that you are going to focus more on the other gender because if we are more about production of food, we know its men who own land, have more resources that women and therefore focus on the male gender then more likely there is an imbalance. but more likely those are the interventions we look at. That means that the issue of gender will need to come out clearly that it is not defined as women. However, because of the current problems that nutrition has in the county the focus is on women as the key gender around intervention" IDI TA provider_2.*

The process of inclusion of gender in the CNAP development phase increased visibility of gender lens in programing but it was reported that since gender roles are defined at community level, they are going to be difficult to track.

*"Yeah. They are and when you look at the county, there are other issues coming out strongly and whichever activity we will do will focus on gender, how many males participated, how many females participated so it's something that is encouraged…On what he's said the social protections are keen on how we feel about gender issues so that they assist to mainstream issues pertaining to gender IDI, Busia County*

*"Gender issues are difficult to gauge in CNAP, but you know gender issues affects nutrition in the community level, for example, ownership of food at homes, decision making at homes all these things are biased towards gender, there could be availability but because of gender issues they cannot be available to use, maybe the mother said don't use this food then the family is denied. The issue of food then balances so that women can equally decide affecting what we require to use, eat what to grow in the farm but the gender department working with the community to scatter the myths… We were even forming men support groups that are good avenues for men and as their role for men. These came as a good strategy to men, to be able to address the issue of gender balance. IDI, Busia County*

Therefore, addressing illiteracy at the community level and adopting ways to demystify cultural beliefs and empowering the community with proper messaging may help towards realising gender transformation. This will help in changing behaviour and practices related to gender and nutrition and need to be considered for future CNAPS.

*" In Busia we really don't have any serious cultural issues that will make it difficult to mainstream, although when it comes to resource mobilization is there that there is education, and when ladies are empowered then it becomes easy to penetrate. In most cases, majority are ladies in forums so they are encouraged*

*because when they get the right information so that they can support the ladies. So, the message is up to the community strategy so it's very easy to implement. IDI, Busia County*

There were examples of how this could be realised. For example, dissemination of agricultural tools, equipment and technologies that can be efficiently used by women in the county as they play a key role in food production will begin to enhance gender issues. Secondly, incorporating gender awareness for both boys and girls in the early stages of their education will begin to inculcate gender dimensions early enough.

*"For example, the training that we are talking about when we look at gender, even when we are teaching girls about sanitary towels, we will not put boys aside, the boys will be involved at some level so that they understand issues to do with the nutrition, for example, for expectant mothers, for the old children we have the support of the fathers. So, we want to start early at primary school level, in secondary, even when we are talking about sanitary towels and the ministry of health also boys understand what ministry of health all is about because at some point, they will be fathers of girls, so they need to understand that at some point so that is how we are embracing gender into the whole picture" IDI Makueni, Ministry of Education.*

*"So, initially we started the whole gender conversation even for the national plan, we didn't have very clear guidance on what exactly that means. So it was very broad, it was out there yeah we will consider gender but we didn't specific actions or specific measures within which we would look back and say we actually did ABCD so at that point gender was just a men and women participating in the workshop, yes we have considered gender. But i think for the counties its looking at, you can look at CNAPs that were done 2019 even the CNAPs that have been done now there could be a difference in terms of how gender comes out i think there have been improvement in terms of what then would be those specific actions or activities that could be done at the county level that would improve gender outcome and looking at what are the , for example resource allocation at the household level will definitely affect food intake for both men and women IDI, Program officer*

### *Inclusion outcomes of KEN-05*

The first outcome was whether the CNAP enhanced inclusion of the vulnerable groups in nutrition sensitive interventions in their annual work plans and how this was being implemented**.** In the pathway towards achieving this outcome, there was evidence that the CNAP is an avenue of better coordination for various vulnerabilities. CNAPs was perceived by majority of those interviewed as an avenue for including vulnerable population in two ways: One was documenting their needs during the development process, as described by a Ministry of Social Protection respondent in Busia county: "…*because of the population or the kind of clientele we were working with are the vulnerable people in society, we wanted to ensure that they are captured in the CNAP so that as the program rolls out, their nutrition level improves yes, in the interventions. So, we wanted to ensure that the vulnerable groups are considered in terms of interventions.".*

The second was developing nutrition messaging during implementation that targets the vulnerable community.

*"I think the CNAP will be able to provide better coordination about provision of services to the marginalized and the vulnerable persons in the community" IDI, Partner, Makueni*

*" What I can say is that what we proposed is the issue of linkages. To link the persons with disabilities with the issues of nutrition because we were thinking that whenever there is any issue on nutrition, there is need to ensure that persons with disabilities are involved because they are part of the community so they cannot be left out because even them they need nutrition. So, we were thinking of developing key messaging that specifically targets the vulnerable groups including persons with disabilities" IDI, Busia County*

Two, to realize inclusivity, the county government needs to extend beyond health sector since CNAP presents opportunities for delivering nutrition-related services to vulnerable populations through multisectoral programming with accountability in the nutrition sector. It was also clear that inclusion from a TA process perspective was not largely considered however, inclusion of the different sectors in the CNAP development process helped to bring out specific needs of marginalized, vulnerable populations and as a result, the CNAP was improved in its level of inclusiveness.

*"Again, I would talk from health perspective which talks of women, children as gender. There is no emphasis on women or children with disability or minorities, it is just looking at women. Because this is an area that if you go into a community and just focus on women then you will provide everything to women. And this is purely in health. We need to focus on what agriculture is doing about it, water etc. I have not been involved in those areas as far as nutrition is concerned. And looking at the CNAP entirely, i did not see that, mainly because i was not too focused on minorities, maybe when implementation happens in the other sectors there will be an emphasis on that however I am not sure, we would have to check on that when the evaluation and implementation is picked up. In any case, it is not all counties that have finalized the CNAP, it's just a few. And more counties are going through that now, therefore, maybe a comment would be to ensure that these issues are well included, and sufficient attention is given to them" IDI, TA provider_2.*

*"Practically it …. and there is a social development officer… we find probably the old man is not well taken care of. Then we agree with the family that "no, we are not going to buy the food and we are going to buy the mattress." We went and bought food and mattress out of the money and deliver the household identified with the internal security, the chief, assistant chiefs, we identify someone who will take charge of what will happen in the household, because some of*

*them were getting money but either the care taker ends up misusing the money, if it's a young man ends up using the money not with the intended purpose, it's something that has been happening and health being involved" IDI, Busia County*

Enhancing inclusion of the vulnerable groups in programming that affect nutrition in the design phase was a crucial step towards reaching the goal of inclusivity.

*"Ah I can say they have; they have really contributed to that and now people are more and more conscious. Usually, the vulnerable populations and I think in the programming these are issues that are being given a priority so to some large extent the CNAPs have contributed to such. You know before that it is not like communities are aware of these issues and how they affect programming" IDI, Development partner*

*"I don't think that we were actually like consciously looking for marginalized people or people at a disadvantage within the communities. I will not say that we did that so if there were any who attended the meeting it was by virtue of the fact that they would have attended either way, so we didn't go out of our way to ensure that we included people with disabilities or any of that within the conversation during the process of developing the CNAP. It could be included in the activities, in the specific activities, but not because it was like an intentional thing' IDI, program coordinator.*

### *Capacity outcomes of KEN-05*

Capacity for the purposes of this assessment is defined as greater ability for counties to develop nutrition actions and increase number of service providers mobilized to deliver nutrition actions or greater level of effort in relevant sectors at subnational level aimed at enabling nutrition results**.** One outcome we explored was enhanced county's ability to implement nutrition-related interventions by looking at number of trainings for people who work in the nutrition-related tasks. During the CNAP development phase, the 'learning by doing' approach through workshop and problem-solving skills contributed to improving positively to stakeholder views on nutrition interventions included in the CNAPs. However, we did not come across further training that may have been undertaken beyond the design phase since little had been achieved in terms of implementation. However, it was also clear that the activities in which county teams were engaged in during the TA process led to increased capacity to appreciate the value of nutrition, including how to conceptualize issues through proposal writing skills.

*"But most of the time because I have already brought in the funds you find the will bring their officers and support them to just see that we are going on well. And then we have also been getting external facilitators from other counties and from the national ministry and we draw mainly from that budget, we share the budget. You know it something that happens, and I had not envisaged that it can happen. So, you learn things as you interact with the programs and the trainings and especially because you are getting the outsiders to come. So not only the officers in nutrition but even this other officers, they are also getting more of these knowledge. So that as they talk today is not how they could have talked two years ago" IDI Makueni County medical services.*

*"So, they are now appreciating nutrition much more and you have…you have something to show. Because of those trainings and regular quarterly meetings and also issues of the employed staff although not enough up to now…but better than nothing"*

The second outcome of interest was increased commitment by the county to increase the number of frontline workers with nutrition-related tasks in their job description. Again, this was not realized at the county level with only one mention of a county where there were more nutrition officers that were enrolled to support programing.

### *Capability outcomes of KEN-05*

Capability is defined as enhanced knowledge, skills, practices for steering, managing, and tracking the nutrition programming. It is notable that enhanced understanding of strategies and interventions suggested in the CNAP by county level actors through trainings resulted to increased knowledge and skills on nutrition. Additionally, due to the development of CNAPs, an attempt was also documented in one county where CHVs are being included in implementing nutrition activities from the support of partners who assisted in capability enhancement by providing funding for trainings.

*"there has been a lot of training especially for the CHV done by partners and county yeah a lot of training and also for the county teams, I know they organize trainings for the county teams be it nutrition people the public health people...you know building their capacity to be able to implement programs, so those initiatives that have really contributed to you know like capacity strengthening of ah especially government and the community' IDI, Development partner*

One outcome of interest was the ability of county teams and stakeholders to use the financial tracking tool developed during the TA process. From the synthesis, it was clear that the county teams had increased capability to budget and lobby for resources using the financial tracking tool. Their ability to develop work plans through the CNAPs and see how to mobilize and track resources was notably a big impact among key county teams. CNAPs acted as a guiding framework in ensuring that the key result areas in nutrition are taken care of by sectoral programs. Other areas that there was improvement were proposal writing and knowledge on wider nutritional issues. Increased capacity in developing the

CNAP, general thinking enhanced better decision-making process on programs that would yield high impact. In addition, county capacities were enhanced by proper planning and documentation of nutrition interventions by encouraging counties to use costed plans to implement nutrition-related interventions. This also enhanced inclusivity of various players.

*"We now have a financial tracker that we track the CNAP. (LAUGHS) and I think that is a positive for us. because as much as yes, we used to have trackers before it was owned by the program manager. This one is sent to all the teams' IDI, Busia County*

*" it used to be just the interventions are in the added work plans which even as we speak today, those CNAP interventions also will include in the annual work plan and became a bigger picture but what CNAP did was that it brought out interventions of nutrition in a specific document which can be carried with one hand and say look here, these are our interventions, and these are the costs that are involved. So, it brought out that program to the form more than when it is needed in the other…and of course usually when it is included in those plans, again it's funding is also as heeded so it means that if there is another partner saying… like now the THS program have been having some activities and all that, it can say that…now with all these activities, can we also slot in the nutrition department to do abcd using these little resources from World Bank and so it's focus is also not so out because its activities are heeded in a work plan that is waiting to be funded for by anybody who comes by and if nobody comes by force, that is the last of it" IDI, Busia County*

*" before the condition we were used to receiving documents from Nairobi and just implement, so our capacity in developing this document was quite low or even not there, maybe they pick one person from the district to go and participate but now we are doing … Majority of us if not all of us from our experience of doing it maybe for the first time, and it has definitely opened our thinking we can know the layout of our document, how it's done, what things to consider and I believe, I know that when we do the second one, we shall do a much better document and in a shorter time based on the experienced we have gained compared to the first scenario. IDI Busia County*

*"My capacity was built because the CNAP itself was very engaging…it has a lot of work, a lot of thinking to put into that document so my capacity was really built because we were able to come up with that document and it was so engaging so I can say I learnt from the development process" IDI, Busia County*

Another indicator was enhanced understanding of strategies and interventions suggested in the CNAP by county level actors. As part of assessing the pathway towards achieving this goal, different counties ensured that they used different forums to disseminate the document to key partners. This was through increased engagement, update meetings, distribution of hard copies during the document's launch, availability of the document on the county website and distribution of the document during field visits. Although this process does not necessarily translate to understanding, its contribution to programming will require time.

*"Well, I from my own personal perspective I don't see much of a change in terms of programming at the moment, but I know maybe in future there will be some changes because and mostly it is because of the government taking more and more of the roles and limit to the partners and you know like to support them". IDI, Development partner*

Another dimension that might be viewed as progress towards achieving the outcome, is the development of CNAPs in creating better understanding, knowledge, and demystifying nutrition issues.

*"My view is to demystify what nutrition is because usually, nutrition is equated to food, but it is the explanation that even if you have enough food, you may not have nutritious food. So that is the process that the CNAP is demystifying. I remember we met with the MCAS from Vihiga and Martha took them through the CNAP that had been completed and you could tell the differentiation they had of having enough food but not nutritional. So that demystification is what CNAP is bringing into the counties and that is the key element that would help us shape the discussion in terms of nutrition intervention going forward' IDI, TA Provider-2*

*"It played a role yes, in building capacity of staff here in terms of making plans, documents. We appreciate that the devolvement of this really did build some capacity of course at that level especially the focal people in nutrition were very keen, they must have learnt a lot during that process but also the opportunity that it gave other departments on board is something that can be appreciated because health as we said is so interlinked that the department of health alone cannot manage. Health issues, so to speak and so when we bring in other health related partners and departments." IDI Busia County*

The third outcome was increased technical expertise to improve nutrition interventions implementation at county level in terms of coverage (implementing nutrition interventions in wider geographical areas) and intensity (increased frequency of providing nutritional interventions). For this outcome, its contribution to programming is not apparent because the CNAPs have just been launched and more time is needed for them to be incorporated. However, there was a step towards appreciating the value of nutrition. *"And the desire to learn more, you know was a clear indicator that they really do not understand nutrition. and how it works. In fact, initially if you asked about nutrition budget, they would tell you it is the food budget. There is the food budget. and that as far as they are concerned is nutrition. So, they have realized that it is not just food and that is a good thing I think" IDI, Busia Nutrition Coordinator*

## Contributions of KEN-03 (Support Coordination of the Kenya SUN Business strategy) to TAN Programme Intermediate Outcomes

This section examines the outcome associated with the second TA activity and how it links with the KEN-05. The development of SUN Business Network which aims at engaging and mobilizing business at both global and national level to act and invest responsibly in improving nutrition and eventually end malnutrition in all its form. SUN Business Network works closely with partners from government, private sector, civil society, United Nations agencies and donors. Given a lack of coordinating mechanism for private sector players who play a role in nutrition, there was a need to develop a strategy that could guide the private sector players in implementing nutritional related activities. The strategy aimed to help coordinate and complement the public sector activities towards the realization of KNAP.

The development if the SUN business strategy took longer than anticipated due to several reasons stemming from the need to engage government line ministries and the protracted period where private sector actors needed to understand and appreciate the value of a strategy before they were onboarded. The strategy emanated from the need to have a coordinated mechanism of managing private sector players for effective implementation of nutrition activities. The needs coming from in country SUN focal people and the observation by the global SUN secretariat to develop a blueprint for such an endeavor contributed to the development of the strategy:

*"it was the role of the country teams to do that. What we do is share resources. For instance, Nigeria had an existing strategy which other countries often requested to have a look at, Mozambique as well. We shared those samples that had been developed in other countries and we also organized calls around the process, what did you do. If you're going to hire a consultant who's supposed to support strategy development what should you look like, what steps need to be involved in that development processes, what are the lessons that have been learnt from other countries, what are the elements that you think some countries think are missing from their strategy that they would like to reconsider when they are having a strategy refresh, that a country that's just having a new strategy can begin to think about in their own development. I think having that resource gave us something to build from it's not one size fits all it's something that needs to be contextualized but you just make the journey a little bit easier for you to see the processes that others have been through and the elements that have been included in existing strategies and then the coordinator can think, 'does that align with the national action plans of government' and how do you now develop your own strategy such that it aligns with your national objectives so that you are seen to be working towards achieving the priorities of the government as it were" Global SUN team*

The development of the Kenyan SUN Business strategy was developed through various engagements and workshops. It was launched in 2020 and currently the secretariat is supporting private sector players to implement various pillars of the strategy in accordance with their areas of influence. *"So, there were workshops, that were organized to be able to collect views. The document was shared for people to provide comments. The secretariat retreated to have a look at, the strategic objectives and just to look at the document in general, but also within the government, we also had a contribution from the government because when you look at it, it has been signed by government officials, which means that an array of stakeholders were included, including the government themselves. So, in terms of the workshop, retreat, sharing of the documents online people provide contribution. So those are some of the ways that were used to collect views and more information" IDI, SUN secretariat.*

### *Outcomes associated with Scale for KEN-03 TA*

Assessment of scale focused on two key outcomes. The first expected outcome was increased use of the strategy to implement activities by private sector actors at both national and county levels. We noted that the pathway towards this outcome was premised on the nature of dissemination of the SUN business strategy. There was an attempt to include various stakeholders for the dissemination at different levels who would hopefully then use it to implement activities. ; *"And, one of the ways that, we actively did it during the nutrition symposium so, first it was launched officially together with other documents in, all the 47 counties actually got to know about it there after there was a two-day event where all the, all the launch documents were disseminated to all the 47 counties. And during this time there was a panel discussion, just for SBN to be able to discuss what they are doing, but also to be able to discuss the strategy. We have also distributed the strategy in soft copy to quite several stakeholders. So personally, I have distributed to several stakeholders within our network that does follow up on, the national nutrition symposium that we had last year to be able to disseminate this. However, we have not actually now actively gone probably to all the 47 counties, each to disseminate, but we felt that the nutrition symposium served as a platform. So right now, what we are doing is just distributing it through our networks. So, from the County level, we had the County Nutrition Coordinators. We had the County health directors. We had people from the ministry of education. We had the people from trade. We had people from the council of governors and, we had private businesses that also were felt that they also needed to take place in the symposium. So, the stakeholders were quite varied, coming, coming from the county level' IDI, Sun secretariat.*

Improved private sector participation in implementing nutrition sensitive interventions was to be realized through collaboration amongst sector players through dialogue for merged efforts around nutrition to advance this goal. However, it was clear that the secretariat had to show value for the private sector players to join the network first: *"It must be mutually beneficial, if it was me at that time, it is only giving and not getting anything in return, they will obviously lose interest over the course of time. The key to this partnership is mutual symbiotic relationships. Yes. Otherwise, why would they be there? For example, talking about KEPSA, why was KEPSA there? Because we*

*were organizing some training sessions and obviously it was open to the KEPSA members as well. Otherwise, we can only call them once and they would lose interest if there were nothing for them. It has to be a win-win."* IDI SUN business coordinator

Secondly, the TA was expected to contribute to increased membership of SBN at subnational level**.** In this regard, there were notable efforts made to include more members who were later engaged in the strategy development. This was well articulated in the tools used for networking with civil society alliance and other private sector players at national level but with limited evidence of increased inclusion of county-level players at the time of this assessment. The initial plan of networking for the sub national level was during the dissemination of the strategy through the nutrition symposium, which covered county level players. However, due to limitations brought about by COVID-19, this did not allow for wider inclusion of county level players. Respondents noted that the solution was to have County-led chapters of the SUN business network which would then enhance inclusion of more players at county level and help private sector at county level to appreciate issues of nutrition. This will enhance sustainability of the network and possibly ensure the strategy is used via county chapters.

*"I think it is one that most of our networks are trying to address, I think mostly Asia based networks, that are trying to implement sub-national chapters and then also develop more strategic partnerships with government entities but also private sector partners in those hard-to-reach areas that could support businesses outside of the capital city because you are right that's becoming an urban centre thing or something that is really based in the capital city. That also informs the types of businesses that you would convene. Trying to explore I guess different ways of structuring the networks such that you are engaging businesses in rural areas versus it just being centrally based." SBN global secretariat*

*"Seeing the networks are growing for instance Kenya has over ninety members now and that's been in a short period of over a year, a lot of networks are now kind of rethinking what's the unique service offering or what's the unique offering of each of the networks and how do you articulate these unique service offering to your members and also to donors most of our membership business persons or networks are largely SMEs but because they are so many in number now, because there's so much demand for the members of networks then it comes to how do you actually support these large dose of businesses. So, a lot of our networks are then thinking of how to provide technical assistance but then at scale. So potentially clustering SMEs and then hauling in different support partners that can be able to provide support to SMEs but at a more cost-efficient basis versus before it was a one-to-one support." SBN global secretariat*

Once implementation begins, it is plausible that sustaining private sector actors would be key towards ensuring they can implement nutrition activities that synergize each other at both levels.

### *Quality of KEN-03 activities*

One outcome assessed under this theme was use of a cross-sectoral common results framework, tools, and processes to design nutritional programs by private sector players. The SUN secretariat which took leadership of the development of the SBN strategy, designed a tool for engaging private sector players. This tool was deliberately linked to process indicators that speak to the larger KNAP results framework.

*"We have a data base we have developed; we have a result framework that has been a bit of intricate process to finalize in a logic model and alike… Kenya is one of the countries that's actually actively using the database to track the health of their networks. The database helps networks to collect information, but it is automatically used to update results framework. With that tool for instance, the coordinator could be able to see their activities, is it working based on the result's framework where she needs maybe to shift some resources maybe rethink some activities and then also on the fundraising maybe used quite a bit of fundraising tools also what we do at global level is that we would support our national teams in developing proposals" SBN global secretariat.*

Efforts to develop a results framework within the strategy has improved the ability to include many players and indicate result areas that they might contribute to the strategic pillars. Once private sector players begin to implement, this will help county level stakeholders show their contribution to achievement of the broader nutrition indicators outlined in the strategy. Use of an automated tool will also illustrate investment areas that the private sector focuses on which will make tracking easier. At the enrollment stage, the tool was useful in that once the players were on board, they were linked with similar players to augment their activities and strengths.

*"We looked at, people who have done the same thing within the research institutions. And we were able to link them, with the research institutions so that they able to get more information, around that. For the ones who are doing, nutritional products we also provided them with information on, what would be the best in terms of a product that will serve the market. For those who are within, the agribusiness sector we were also able to have some, meaningful conversation if you're producing, any other thing from the farm, then, this is what information you need to be able to have, or this is the information that you also need to be able to, to share out in terms of what is the benefit of the product or the produce that, that you're having in relation to nutrition outcomes" IDI SUN Secretariat*

*"By virtue that the strategy is being utilized to operationalize a national strategy because the nutrition action plan itself, is multi-sectoral in nature, so having SBN strategy operationalized, it also demonstrates that, and also the sectors that also will also be involved in it also demonstrates that it's going to be a multi-sectoral, document" IDI, Secretariat.*

Through this networking, there were indications of increased efforts by private sector players to help each other for example there were efforts to help improve local manufacturers' ability to produce locally made foods and compete with imported global products. This together with a proposed activity to develop county food dashboards will provide an opportunity to enhance actors along the supply chain including those that focus on value additions.

*"If you look at the strategy, it basically says what activities the network will do to help business members enhance their contribution towards nutrition. Simple things like we said we will try get more access to finance for our business members so that they can either increase food safety or get food formulation experts. We said we will train our members on financial management, or we will train our members on nutrition education because not necessarily businesses into food are aware of nutrition. In 2019 there were around seven to eight training sessions that were organized for the business members even before the strategy was finalized. We didn't want to wait for the strategy to be finalized to start building capacity of our business members." IDI SUN business coordinator*

*"To ensure that, and you also understand that if you look at the indicators for nutrition, a lot of them are clinical in nature so you supposed to look at food system dashboard and all that. That is also our next frontier, because we don't want just to look at the usual things in terms of how many Vit A, how many IFAS, and all that that have many that I've actually been distributed but start looking at, about the different nutritious foods that are available in a given County what about the utilization looking at the price trends, which are real time looking at, much of that in terms of just affordability and all that. And that is already happening with us, even in terms of what we're looking at."*

### *Effectiveness of KEN-03 TA*

The strategy was expected to contribute to increased resources mobilized to support implementation of the SUN business strategy at national or county level. We explored this from two lenses. One was the issue of sustainability of the SUN business secretariat that will make it easier to increase its ability to implement the strategy via the private sector players. It is important for a country level secretariat to innovate ways of interesting private sector players to remain in the network and to develop ways in which they can subscribe to the network without affecting the profits made by network members. This is a problem that is likely to affect the Kenyan SBN secretariat as they were challenged by ensuring private sector remain engaged in the network: *"This is an evolving area. It is a question that we have tried to answer in so many ways, we have tried to look at different models of what sustainability would look like. Do we as members need to pay membership fee would that be able to run the network? How do we justify what should be paid based on the size of the company and then bearing in mind especially for the African region, at least 80% of the membership are small businesses, can they afford to pay membership fee? What other income or funding can we surface to ensure that the running of the network is sustainable? Increasingly we are looking at existing structures in countries, in some countries there are conversations with chambers of commerce are their existing structures where the SBN can find a home, but these are at the early stages of discussion. Who will have the passion to drive the SBN all the way down from the national level in a way that is sustainable? We have seen interest to support this journey from different donors. So, for instance in a country like Nigeria, UNICEF had made a commitment to support SUN as in the country, and so they extended some support to the civil society network and to the business network because they came to the realization that without having the private network in the room most of the nutrition interventions that we are talking about would not be sustainable especially __ by development partners. Whether it is embedded in a local structure, whether it's the chamber of commerce, whether it's a business association, whether it's the national foundation, it's context specific' IDI, Global secretariat*

The second lens was the need to ensure effective governance structures for the secretariat will operationalize the network activities without challenging the status quo of their members. This may mean testing different models as was alluded to: "*piloting different models so for instance in Pakistan, they've found that yes it's essential to have a coordinator, and even so having a bit of funding to have a program associate that would also help the coordinator because as you mentioned it's a lot of work but also seeing how the governance structure executive committee can then be able to lead on a specific work stream, you have a situation where you have one organization kind of driving everything but kind of what are the key pillars and seeing if some of those executive committee members can then propel it forward but making sure that the coordinator is bringing it all together. So how I see is even though we have one model that we say okay have a coordinator make sure you have some sort of governance structure, that the coordinator's reporting to the governance structure. There are so many different models and even we are saying for instance Bangladesh is saying that because they were having one governance structure that was based primarily in the capital city, that made it difficult then strengthen their ties at national levels, so now they've started subnational chapters but that again is very innovative new way of doing things which we are tracking and seeing how effective this is. I think there are definitely different models that are being piloted and what we shared in the tools is an example of how most people do it but you can definitely be innovative around how you structure your governance' IDI, Global secretariat*

In the Kenyan context, it was clear that the secretariat identified the need for greater investment by both hosting organizations to contribute towards improving the nutritional goals and at the same time interest them to remain members of the network who will benefit from the network's activities. In essence it was clear that the coordination structure would need remodeling to have for example a rotational secretariat "*Process with more than one person coordinating the activities of the SUN busines network in case something happens to the coordinator, the network runs at the same speed. I am not saying multiple coordinators, one primary coordinator, but there should be somebody either within the secretariat taking that responsibility should something come up. The second thing is, because I was an independent coordinator, all the documentation was with me as an individual. I was very nervous that should something happen to my computer everything would be lost. I think now everything is on the GAIN network, but still, it is one organization sitting on everything. And if it is owned and chaired by GAIN and WFP, I would think they should have access to data, so while it is sitting on GAIN's databases, WFP should be if not 100% active 80% active. Because what I saw was, in this case GAIN was on the driving seat, and it was hard for us to get WFP in that car. But they used to come but they were not really driving. If I were to*

*do this differently, I would go and nudge WFP to help us mobilize resources and financial support because though the process all WFP gave us was one person to come and attend the secretariat meeting. There was no financial commitment which came from WFP, which as a co-chair I would expect".*

Overall, at national or county level, we noted that there was some initial momentum to support the process of implementation by way of various commitments made by different players. *"So, I would not want to speak to that directly coz, some private sector players have not participated in a direct event where we have KEPSA, for example, giving a commitment that we will implement this component and that this component. However, during the launch we had, government officials, for example, Hon. Eugene Wamalwa gave a commitment in terms of ensuring that there is going to be full implementation of this document by the virtue that we had a government officials signing the SBN strategy to me I felt that was commitment, because they read it. Having council of governors having read the document. I think that is commitment. However, in terms of getting any verbal commitment on the amount, or on which strategy they have not participated in any of that' IDI, Sun secretariat.*

### *Coordination of KEN-03*

To assess the effects of TA on coordination, there were four key outcomes examined. First was enhanced tracking and reporting of private sector contribution to the nutrition sector's efforts in tackling nutrition, two was improved linkages between private sector actors with other nutrition stakeholders including county level actors, three enhanced communication and coordination among nutrition sector actors and finally improved partnership between business and nutritional stakeholders such as government, civil society, donors, and UN agencies.

First while assessing enhanced tracking and reporting of private sector contribution to the nutrition sector's efforts in tackling nutrition, we noted that this was not fully achieved as the period between the launch and the time of assessment, was little for any implementation to happen. This was partly due to the COVID-19 related challenges.

The second outcome, improved linkages between private sector actors with other nutrition stakeholders including county level actors, was exhibited by inclusion of small and medium business most of whom were part of the 120 actors included. The Sun Business network provides an opportunity for micro, small and medium enterprises to link together through the secretariat, enhanced by a database of various businesses along the value chain. This began to develop a community of practice to help like-minded players to enhance their capacity.

*"So that is another aspect of what we do, and we try as much as possible. In fact, sometimes we even put them in what we call community of practice, trying to see if they have common products and we feel that they need to be put together, you know, those of us doing the, maybe flour, others could have been just milk products and all that. And they would try to do some other products like yoghurt, you know, other things".*

*"We have partners who actually work with the businesses, and it might be the small or the medium businesses. So, what I basically do is identify such CSO's and maybe such partners, and to be able to link them with SBN so that they also become part and parcel of the SBN so whatever is discussed in that forum can also be able to build, or actually help in terms of ensuring that whatever is discussed within the SBN you also benefit from that and also to provide an avenue of strengthening, whatever they are doing, with the businesses. The Linkage and the partnership that we provide, but also in terms of ensuring that at the County government because most of what we do currently and, and that is something we started doing is linking the council of governors to be able to ensure that whatever is happening at the County the business that are there at the county levels belongs to the SBN." IDI SUN Secretariat*

*"Through SUN CSA, we came across a lot of civil societies working with businesses, which were suggested to us through SUN CSA, and then we could reach to those businesses through the SUN CSA network. Similarly, if you look at the UN network, because they were on board, they were suggesting to us which networks to reach and how to reach them. And when you look at the government network, obviously the ministry of trade would tell us these are the businesses; these are the contacts reach out to them. It became easier for us to expand and reach to businesses through all existing networks." IDI SUN business coordinator*

However, inclusion of SMEs requires a significant amount of time to orient, help them make commitments for nutrition and support them to enact those commitments, which was underestimated by the SBN secretariat *", I think one of the things that have been under, overestimated is the pace at which networks for businesses can move forward with progress. Especially these SMEs, most of them, 60 or 80 percent of our networks are SMEs, but to be able to really move a lot of the businesses into making commitments and enacting them take time" Global secretariat .*

*"I think the target was very ambitious, you cannot develop the strategy without the business members. When I started there were zero business members, and we cannot get a substantial number of business members overnight. If you want to develop the strategy with the businesses, you need business. It took us six good months to get to several 50 business members part of the network. If we had done the strategy within the secretariat, we could have pretty much done it within the timelines. The call the secretariat took was because it is a business strategy, business must be onboard, which is why it got delayed. Because the development and the validation got delayed, the strategy as you can see if you have a copy from, it is signed by three ministries. I am sure you know in Kenya, getting a signed copy of a strategy through three ministries it has its own. I am sure you have seen KNAP which took more than one and a half to two years to get signed off. By the time I had finished we had a final strategy in place, but signatures were pending, and the formal launch was pending. But the strategy was final. So, everything was done, cleared, and closed' IDI, SUN secretariat*

This means that there needs to be a way of managing expectations of private sector members and build a strategy of balancing between having many players at the expense of their sustained support and contribution*: "I also think a lot of times it could be pressure from donors, from the executive committee, I remember with …..there was a big pressure on some of executive committee members to just get the numbers, but it's almost a chicken and egg thing. You get the numbers, but you do not have the right supporting partners to invite. Then it becomes okay you have all the members but what do you do with the members and I think you kind of need to do the other way round, and then be okay with having quality engagement with the small number of businesses, versus having droves of businesses and then you have an issue of how you support them. I think we are increasingly seeing quite a few networks taking it slowly and taking on the lessons learnt from networks that have huge numbers and then have an issue on engaging members and that's rather doing it in a step-wise slowly but sure you'll win the race versus fast an then it you have a bit of an issue' Global secretariat.*

Overall, existing platform for private sector players that focus on different aspects of nutrition along the value chain will facilitate working closely with strategic partners, and these include organizations that are also working with businesses either in terms of production, or issues around demand creation.

Finally, we assessed the nature of improved partnership between business and nutritional stakeholders such as government, civil society, donors, and UN agencies**.** This was exhibited when one SBN member for example partnered with government to set up demonstration garden: *"I can talk about within the Ministry of agriculture, we were establishing a kitchen garden, demonstration farm. Yeah. So, we partnered with one of the SBN members who helped in terms of ensuring that we got, the necessary, technical support, but also the input. So, we used them to help us establish a technology because you know businesses, they are the hub of technology. So, part of the technologies that are now being displayed at Kilimo house is by SBN members." IDI SUN Secretariat.*

In other cases, there was mention that there are opportunities to expand the network beyond the counties and use the existing county regional blocks that will anchor the network in the existing structures for sustainability. Coordination was further achieved through the involvement of stakeholders from different government departments to mainstream issues within nutrition, this improved linkages between private sector actors with other nutrition stakeholders including improving communication, coordination, and partnership between business and nutritional stakeholders such as government, civil society, donors, and UN agencies. This process of engagement was consultative as they developed the SBN strategy. Three government line ministries, Health, Agriculture and Trade, have signed the SBN strategy document, indicating their support.

*" Yeah, talking about the strategies for me, I feel that the fact that, it was a widely consultative and the fact that different stakeholders were brought on board. That was a great, great, great achievement because it aligns well with the, with the Kenyan nutrition action plan and, also the documents within the UN and, within the government. So, for me, I feel that the fact that it was a widely consultative process, and it aligns with critical documents. I think that is one of the greatest achievements" IDI, SUN secretariat*

Finally, at the secretariat level, coordination was enhanced via shared secretariat roles between development partners such as GAIN and WFP which provides an opportunity for development partners such FAO and UNICEF to come together. The structure of the secretariat supports coordination of various stakeholders and helps anchor the business strategy which created an avenue for SMEs to identify their roles in promoting food and nutrition security and clarify those roles effectively and how they can benefit from implementing the SBN strategy. However, the missing link is sustained resources to fund the SBN secretariat and implementation of the strategy. " *… the biggest headache is just to see how we get resources to really support businesses and to really realize whatever they want to achieve."*

In addition, it was clear that the consultative process of developing the SUN Business Network strategy has brought together group of stakeholders that will enhance sustained efforts over time: *Very much. In fact, we have the three-line ministry that is the Health, Agriculture and Trade. As our key line ministries. We have GAIN as a co-convener and then WFP our convener. We have FAO as a member of this scale, we have a UNICEF, we have Nutrition International. We have Kenya Bureau of standards. We have, KNCCI, which is the Kenya National of Chambers of Commerce Association of Manufacturers, we have KEPSA which is bringing the private sector. The SUN CSA because of, most of their members are also working with businesses. So, we try to work with them. And then eventually the digital platform, with that kind of secretariat, we are much better placed to really deliver for businesses, but also to address the nutrition space. So that is what it has done*." IDI, TA provider_I

### *Gender outcomes for KEN-03*

For this outcome, two main areas were of interest were explored. First whether the TA led to increased engagement of women-led small and medium sized business as part of the network and two whether it led to an improved enabling business environment especially for women who own businesses that focus on nutrition. The assessment found evidence of intentional efforts to increase engagement of women-led small and medium sized business. The Kenya SBN strategy explicitly included gender issues as noted: *"It's key. In fact, even in our, anytime we are recruiting, the businesses, we are very key, we must ask about even the leadership. How much percentage of the women are part of their management…You know, if its women led, obviously that makes it even maybe*

*advantaged towards to really just pick them immediately, if they have a product that we know or rather maybe they fit the requirements that we are looking at, but we are, we keep on, we have indicators monitoring around that. A lot of what we do in our..."*In addition, the tools shared by the SBN Global Secretariat were deliberately designed to help track gender indicators. For example, at the enrolment stage, the signing in form included tracking of institutions that are women-led.

*"For instance, database I talked about earlier, we are trying to help teams better track their membership base in terms of gender having more disaggregated, information about their members and in terms of results framework. We also tried to incorporate indicators that would help our networks be able to track how they are doing on gender, in terms of the support that we are providing or the members we are convening at national level are they for instance producing products that better target the nutritional needs of women, and children and things like that. I think from a global level we are trying to work with our national teams to really think through gender but also as a global team we are open to also hear what some of the challenges are that our national networks are seeing in pushing that agenda forward and try to track where we are seeing more innovative models of trying to incorporate gender within our networks."* SBN global secretariat

Overall, there was greater involvement of small and medium size women-led enterprises in SBN with the evidence of deliberate efforts to include women-led enterprises in the SBN network and subsequent inclusion in the development of the strategy. *"To give you an example, these documents on gender clearly identify finance as one of the big issues in women led businesses, and access to finance is one of our strategic pillars. What we made sure was there are these, whatever are the biggest gender issues are put up by the SBN strategy as well. For example, if we are talking about social economic equality, it is the SBN strategy, which helps women become economically independent to drive socio economic equality. That is how the gender lens was taken into consideration."* IDI SUN business coordinator

Inclusion of women-led agencies and collecting information about gender inclusion in the business was enhanced over time *"is part of our M&E area. So, we look at gender issues. And, if you read the strategy, I can send you a copy. It has a whole statement around, women and including gender, whatever commitment as country, including the policy. There is a framework. I think we have also alluded to in that document. So, it really it's important to us."*

However, its implementation might be realized over time as there was evidence of some key gender-sensitive food system issues like the unequal impact that climate change is having on women. These issues can be tackled by the SBN eventually, as the network seeks to tackle basic issues of availability of nutritious food in the county, utilization of these foods, cost and affordability,: *"Some of the counties we are working as GAIN, it is already clear that a lot of the counties do not have adequate data in terms of how much nutritious food gets into their counties and the utilization and their pricing and all that. And there's other dynamics in terms of even the gender issues, looking at even the marginalization issue, like climate change related issues and all that, which are new, but that is where we need to move into. So that we do not just let nutrition be more clinical as it is. Because at that level you can only do so much. It is not much you can do in terms of addressing somebody who is a governor, acute malnutrition, and all that. So, we have not reached there it is still work in progress" IDI SUN secretariat*

Under the outcome of improved enabling business environment especially for women who own businesses that focus on nutrition, there was some highlights of progress towards this outcome as some respondents noted that among SME that are owned by women, the private sector players have begun identifying the challenges of the sector they are in: *"So there are so much that came in. And even in terms of the gender dynamics, there were various groups that were more affected than others, as I have said some in most cases, it is the women. The women would tell you stories over how much, some of the wholesalers that would bring them some food and allow them to sell and then they will give the, you know, they usually that is what happened in most markets' women, or the vendors would really just wait for the wholesalers, bring their big, the whatever."*

### *Inclusion outcomes of KEN-03*

Inclusion of marginalized groups was embedded in the TA process, including the consultations that informed the strategy. One outcome of interest was greater involvement of small and medium size women-led enterprises in SBN. As it has been alluded in the previous section, there were attempts to focus on small and medium size women led enterprises. Although this was achieved to a greater extent, respondents noted the need to articulate in detail how to address barriers faced by businesses led by people with disabilities or youth-led enterprises. as was mentioned by a respondent as not very well articulated in the design which might affect its implementation : *"By the fact that we allowed, or we engaged people from, various sectors and yes vulnerabilities because we were not just concentrating on the abled, we were looking at even people who are abled differently. And the fact that, we didn't discriminate, in terms of, which kind of, gender you're coming from. So, these was a, can I call it gender it was not biased in any way, but for me, I feel that, in terms of just ensuring that we had, different, people from different, vulnerable backgrounds, involved in all these, will ensure that we sustain that, moving forward."* IDI SUN Secretariat

*" And I think maybe as you say, I think even going ahead, that is some of the areas looking at the, what are called key populations in terms of vulnerable groups, like even the youths, the young people, the disabled, people with disability, women obviously, as I've saved that is very clear and comes out very well. So, it mentions this but very loose, so it is not very much detailed, but I'm well aware on the need to talk about of other inclusion issues around people with disability and also the age issue in terms of young people, the youth led sort of enterprises. Yeah. So, it is not very robust, but it's there." IDI, SUN secretariat*

### *Capacity associated with KEN-03*

Under this theme, there are two main outcomes of interest. First was the effect of the TA process in increasing commitment of the SBN members to nutrition sector efforts to address nutrition challenges and two increased resource mobilized to support the secretariat. In terms of the first outcome, it was clear that the process of developing the SBN strategy enabled private sector players to better understand the business environment through the inclusion of various strategic pillars. By enabling them to understand the business environment they are able see how best to navigate that environment potentially increasing their commitment towards improving nutritional issues This can be seen in two ways. First, in some instances, SBN members are slowly appreciating how businesses can play a role in contributing to improved nutrition as was alluded to in the following quote: *"And then I think that is one of the things that has enabled them, be able to understand why we are developing a strategy that will guide us, and then how then we also link with the nutrition because they're part of the SUN scaling up nutrition. So, and then the scaling up Nutrition has also been broken down into a language that they will be able to understand and be able to associate with. So, for me, I feel that, and I am just talking about, the components that I have personally been involved in, in terms of ensuring information is out there, ensuring that the capacity is out there ensuring that there is good understanding of what we are talking about, this thing called scaling up nutrition, what does it involve basically, so, yeah that's bits of what we did…. Yeah. So for me, I think that there are some very great impact in terms of the information that was shared, and there was this product one of the businesses actually developed and it is on groundnuts, and actually they give me one of those products to be able to use, to see how best it works, because when we were discussing about the nutritional component and how we do value addition so when they provided that for me, I felt, I felt happy that at least there was some impact in terms of what we are doing it's called U-N-O peanut powder. So, they are placing the peanut powder and they developed it some of them were telling me they developed using the information that we provided whereby they can provide average nutrition per 100g' IDI, SUN Secretariat*

The second dimension was the engagement led to a better understanding of the business environment and the challenges that are experienced while setting up such business: *"And one thing just to highlight what the strategy has been able to clarify, is that it has five pillars, but really very key and to us that's what informs the work of SBN in Kenya. One of them is financing for SMEs, and we felt that we understand that a lot of businesses, especially start-ups, their obvious challenge has always been the capital, or you find that a lot of them start but, they don't see their first birthday, maybe or so after some time, they struggle a lot, maybe especially trying to meet some of them, you know, very stringent regulations, standards, and all that"*

In the second outcome, that was increased resources mobilized to support the secretariat**,** there was mention of resources to the tune of almost 100,000 Euros that were mobilized to support the secretariat in the initial stages which went a long way to stabilize activities of the secretariat. However, it was clear that a new model is needed to see the secretariat funded more sustainably: *"Because GAIN and WFP were the chairs, and SUN business network globally is kind of owned by them, I would think it should be GAIN and WFP trying to fund the secretariat coordination and meetings and mobilize resources for strategy implementation they could pretty much have a budget line within that request for proposals, for the functioning of the secretariat as well"*

### *Capability associated with KEN-03*

The first outcome assessed was the extent in which there was increased knowledge and or awareness among private sector players on implementation of nutrition programs using multisectoral approach. Various participants reported that there was an attempt to reach various private sector players to be part of the SUN Business Network strategy. This was perceived as an avenue to begin including nontraditional actors in the nutrition space. Two their involvement led to improved capability of SMEs to produce and sell products that promote healthy diets, as one stakeholder alluded to: *"So we try to work with SMEs. And part of the requirement before we get, business to be supported, we really must look at various critical components. And one of it is food which must be very nutritious. Well, that means that the guys in highly processed foods and all these that promotes what we call, you know, this sedentary lifestyle, which eventually promotes NCDs and all that, that one we will not promote. But if there is a company that tries to do a bit more of some value addition, for instance, if you're trying to convert the raw milk to get yoghurt and other extended shelf-life products, then definitely we understand that really, it's a rich, because we need, obviously because of the probiotics and all that, that comes in with the yogurt and all that. So that is the thinking we have, and that business will always become top as opposed to the one that does, you know, or does not do much in terms of improving the quality or the nutritious value of any product".*

The third element under this outcome was the observation that SME have begun to see the value of improved quality of products through engagement in the private sector network where TA was provided to support the SMEs improve their products " *And you find that they are also very good stories around it as companies or businesses have demonstrated that by having been supported or been beneficiaries of TA that has really, helped them to break even in terms of profit margins because of their products also being competitive*"

"*So, we have opportunity to share in what happens in other countries, what SMEs have been able to benefit from the role they have played in terms of promoting food and nutrition security and that, has really informed even the kind of work that we do in Kenya. So, in Kenya, we are glad that we have, we launched, we developed a, what I will call SBN strategy. And when I talk of SBN in this case, I talk of the Sun Business Network, the national strategy. And to us, that was a big, there is a big milestone because, at least for the first time we are having a framework within which we are really trying to clarify, what is the role of, you know, business network in Kenya and what, how can businesses also benefit from being in this particular platform."*

The second outcome was improved tracking of private sector participation in the SBN at both national and sub national level**.** From the assessment, it was clear that the global SBN secretariat's efforts to develop a model results framework

and tracking tool have been valuable for helping national-level SUN business networks define their goals and how their actions contribute to those goals: "*there were few opportunities either through virtual workshops, the SUN global gathering last year we had a session on this, the results framework and the logic model a lot of coordinators felt it was helpful especially if they were new in understanding what they were trying to achieve and what their actions were leading to, I think we got a lot of good feedback. The results framework was developed from some early learning of SBN networks, and they resonated well with that. Most of them were grateful to have it; it gave them a clear direction. But then I think, it really dependent on the coordinator, how much they took it up, I think Navneet, in Kenya she was one of the cases, she was incredible kind of agile and used the data to really a lot of the discussion she had with the networks and she was a really good example of coordinators that understood the value of the data being collected and turning it around to be useful to the network members, to lead discussions but also informing I think the global secretariat on progress there and in the strategy development it was the kind of pillars of where the networks members were interested in Kenya was pretty much driven by the guidance that was coming from the secretariat team including these kind of frameworks' IDI, Global secretariat*

Through the network, respondents noted that they can track down abilities of various private sector players and identify their needs which are then used to build their knowledge and skills to successfully develop their product and business. For example, in supporting SME efforts to develop food products, the SBN helps identify key issues such as food quality, safety, risk assessment and storage, helping them consider how to meet the standards set up by KEBs. *" I think some of that I've also spoken to, because issues around product development, a lot of SME's, or you'll find that yes, they have very noble idea, but the challenge sometimes is just that, how do you, do they really improve that particular product, or sometimes it's just as basic as just packaging a very nutritious product. Therefore, you know, those very basic issues that really will be helpful to them. That is what we try to do for them. So, we look at issue around product development, looking at issues, around quality, safety, risk assessment, and storage, you know, the very bad things that happen because of storage, as critical control points, meeting the standards that have been set up by KEBs and all that" IDI, Global secretariat*

## Assessment of progress along the Results Pathway

TABLE 3: PROGRESS ALONG RESULTS PATHWAY

| Expected results | Actual results | Factors affecting results and actions taken |
|---|---|---|
| ***SCALE***<br>**-CNAPs to increase county efforts to improve nutrition intervention coverage and intensity.**<br>**-CNAPs to increase involvement of more sectors in the implementation of nutrition interventions at county level.**<br><br>**SBN strategy**<br>**-SBN strategy to increase implementation of nutrition-related activities by private sector actors at both national and county levels.**<br>**-SBN strategy to increase active membership of SBN at subnational level.**<br>**-SBN strategy to improve private sector participation in implementing nutrition-sensitive interventions or efforts at both national and county level** | -Sectors involved in the design phase for both CNAP and SBN strategy ranged from national, county, government departments, other sectors such as education, agriculture social protection and private sector players which were over 100. Overall, there was increased involvement of key stakeholders which has led to increased space for mobilization of resources and specialization due to ability to complement each other and broaden the components of nutrition, such that it is not just nutrition but the general welfare of the targeted community. There were opportunities to identify local programs that provides localized solutions that in essence would expand coverage of nutrition interventions.<br>-The increase in scale is limited to date, as the CNAPs and SBN strategy have not been implemented fully | -Inclusion of many stakeholders helped generate ideas, mobilize resources, and expand number of interventions. CNAPs are a nexus of many partners to support nutrition interventions with increased recognition of role of Nutrition in development,<br>-Inter-collaboration amongst sectors through dialogue for merged efforts around nutrition facilitated inclusion.<br><br>-Use of technology to enroll many private sector players increased inclusion. |
| ***QUALITY***<br>**CNAP**<br>**-Increased adoption of evidence-based interventions in the implementation of nutritional interventions**<br>**-Increased use of cross-sectoral common results framework adopted & tools, processes to monitor, manage nutritional service delivery.**<br><br>**SBN strategy**<br>**-SBN Strategy-Use of Cross-sectoral common results framework, Tools, processes to design nutritional programs by private sector players** | -Because implementation has not been realized, it was not possible to assess coverage and quality. However, the pathway towards these outcome could be realized if counties use CNAP as a monitoring tool, to track the progress of implementation as well as identifying gaps for resource mobilization.<br>-There was however increased ownership and quality of the CNAPS since multiple stakeholders were involved in the development and this allowed domestication of the CNAPs.<br>-Adoption of results framework will enhance accountability and transparency due to ability to track the progress of the projects. There was also mention of use of common framework adopted for use in the annual work plan.<br>-There was no evidence of increased adoption of evidence-based interventions however there was a perception the CNAP would be used as guide for better and coordinated programming.<br><br>-SBN strategy aligned itself with KNAP and subsequently this would be translated into CNAP. | -Improved understanding of the need to integrate nutrition services with other sectors.<br>-Quarterly meetings between the health sector and other stakeholders facilitated better understanding and linkages with other sub sectors.<br>-Enhanced capability and use of county level staff and stakeholders to use cross-sectoral common results framework adopted & tools, processes used to monitor, manage nutritional service delivery.<br>-Incorporation of the Key result indicators in the CNAPs as an accountability tool in implementation of various nutrition activities<br>-Availability of financial tracking tools and improved framework for proper monitoring of resources.<br><br>-Adoption of tools/resources developed by Global SBN Secretariat has improved quality of Kenya's SBN monitoring efforts. |
| ***EFFECTIVENESS***<br>**CNAP**<br>**-Extent of resource mobilization undertaken to support nutrition actions undertaken by relevant sector Ministries** | -CNAP was perceived as a tool for resource mobilization, not only from donor community but also from the county level to advocate for resources for nutrition programs. This might enhance sustainability. CNAP was also perceived as a tool that can increase transparency in use of resources. | -Using CNAP document to lobby funds from donors and county level decision makers for implementation of nutritional services.<br>-TA support for use of costed action plan to identify gaps in funding for nutrition actions and |

| Expected results | Actual results | Factors affecting results and actions taken |
|---|---|---|
| **-Increased commitment by the county to increase funding for implementation of nutrition-related interventions outlined in CNAP**<br>**-Increased use of the costed action plan to identify gaps in funding for nutrition actions and develop more effective resource mobilization efforts, both for domestic and donor funding**<br>**-Increased resources for implementing interventions outlined in the CNAP**<br><br>**SBN strategy**<br>• **Increased resources mobilized to support implementation of NPSN plan at national or county level** | -CNAP became an avenue for development partners to fund nutrition interventions through innovations such as matching fund which aims to act as a catalyst. This was achieved through round table discussions that were as avenues for advocacy. This led to an increasing visibility of nutrition activities for example through clear budget lines that were included in the annual county budgets.<br>-The counties are more informed about nutrition and there will be better coordination of nutrition-related programs. There is also a sense that counties are now committed to put funds to nutrition activities.<br>-Resource mobilization through a 50/50 resource contribution merge-up from the county and the donors and funders, encourages counties to improve resource allocation toward implementation of the CNAP.<br><br>-For the SUN strategy, there was evidence of initial resources to support the secretariat however, there is need to develop sustainable model for supporting the secretariat which will in turn facilitate support for SUN business members. | develop more effective resource mobilization efforts, both for domestic and donor funding.<br>-Improved transparency in the use of resources makes it easy to cost for nutrition related activities, enhance advocacy, provide guidance in mobilizing for resources and for costing for nutrition specific interventions as well as tracking of resources that are used towards nutrition.<br>-Use of stakeholders who are specialized and have better understanding and can offer better monitoring of services.<br>-Involvement of other stakeholders for other training and proper understanding of the project has led to resource mobilization at the county level through advocacy and proper budgeting.<br><br>-For SBN, lack of a sustainable funding model is a key barrier to achieving effectiveness, especially at the subnational level |
| ***COORDINATION***<br>**CNAP**<br>**- Enhanced linkages between national KNAP and County CNAPS to increase alignment with the national strategy and facilitate contribution to achieving the targets**<br>**- Increased ability of counties to engage and manage stakeholders that implement nutrition interventions including other sectors such as Ministry of education and agriculture**<br>**-Increased harmonization of county level partners evidenced by aligning their nutritional activities with CNAP**<br><br>***SBN***<br>**- Improved linkages between private sector actors with other nutrition stakeholders including county level actors** | -There was evidence of working closely with the national level in the design and development up to the launch of the CNAPs. Involving people from national level provided an opportunity to inculcate the aspirations of the KNAP into the CNAP.<br>-At the county level, the teams managed to tailor their CNAP to KNAP by adapting various key result areas that were relevant for their contexts. Although counties were generally over ambitious in their interventions identified in the CNAP, it was a first start towards creating opportunities for enhancing nutritional interventions that can be implemented over time. Additionally, the development of M&E frameworks to support monitoring of implementation outcomes contributing to the national targets.<br>-Continuous engagement virtually and physically during the design phase of the CNAPS appeared to improve the understanding of CNAP process and promoted ownership of the product. However, since implementation has not started, adequate engagement of stakeholders beyond design has not been realized. Improved coordination will enhance complementarity of actions taken in the future.<br>-Development of the CNAP created an opportunity for collaboration with sectors that carry out nutritional related activities. CNAP provided opportunity for county managers to streamline nutrition activities with various stakeholders in the nutrition space.<br><br>-For SUN strategy, there was evidence of improved network among private sector players whose synergy would yield better contribution to nutrition and | -Design of CNAP enhanced linkages between national KNAP and County CNAPS through increased alignment with the national strategy and facilitate contribution to achieving the targets. TA led to technical expertise on how to adapt and integrate CNAP activities into various programs.<br>-Design process enabled multi stakeholder approach that enabled not only funding for programs but also greater understanding of key priority activities in the CNAPs.<br>-Involvement of other key stakeholders while cognizant of their value in implementation process, enabled better coordination amongst stakeholders and better use of resources without duplication of services and activities.<br>-Increased ability to account for ongoing activities by working with an annual work plan to ensure the objectives are met.<br>-Strengthening coordination between partners and stakeholders and the government was augmented by transparency process which might create trust and propel nutrition activities higher within the counties. |

| Expected results | Actual results | Factors affecting results and actions taken |
|---|---|---|
| **- Improved partnership between business and nutritional stakeholders such as government, civil society, donors, and UN agencies**<br>**-Enhanced communication and coordination among nutrition sector actors**<br>**-Enhanced tracking and reporting of private sector contribution to the nutrition sector's efforts in tackling nutrition** | consequently contribute to better results in the KNAP. The fact that the enrollment tool helped track their role in the nutrition space helped streamline their contribution to the KNAP overall. | -Strengthening engagement with counties by ensuring their voices are heard and the CNAPs are domesticated to address their specific problems. |
| ***GENDER EQUALITY***<br>**CNAP**<br>**-Enhanced inclusion of gender sensitive interventions in the annual work plans being implemented in the context of CNAP**<br>**-Operationalization of gender disaggregated data at county level by including them in data collection tools for tracking gender equity**<br>**-Increased reporting of gender transformative nutritional interventions by government and partners**<br><br>**SUN business strategy**<br>**-Increased engagement of women-led small and medium sized business as part of the network**<br>**-Improved enabling business environment especially for women who own businesses that focus on nutrition** | -Gender equity was largely reported to be an issue that has varied understanding but positively perceived by various actors. Its operationalization was reported at different levels: Design stage- an attempt was made to include both female and male stakeholders in the development of interventions within the CNAP while during the data collection this has been actualized as this has not been implemented yet.<br>-Although not implemented yet, there are existing opportunities for embedding gender in service delivery and reporting on it. There is still a lot of work that is needed in Gender in the counties considering that they are all unique. It was clear that adoption of gender sensitivity in the community albeit slowly but over time this will be enhanced. This will lead to increased visibility of gender equity lens in programming.<br><br>-Under the SUN Business strategy, there was increased engagement of women-led small and medium sized business, contributing to improved enabling business environment especially for women who own businesses that focus on nutrition. | -Design process contributed to the process of appreciating role of gender and to how to track the operationalization of gender disaggregated data at county level by including them in data collection tools for tracking gender equity. However, its realization will take time especially in collecting the data and using it for action.<br>-Incorporation of gender equality in on-going projects will be crucial to realize gender equity but there is little gender expertise available at the county level to help shape the approaches used. In addition, county-level challenges include low levels of women in leadership, low literacy levels and cultural gender norms may delay adoption of gender related practices. This depicts the need for more awareness on the role of gender in nutrition and deliberate efforts to continue advocating for it via various platforms. |
| ***INCLUSION***<br>CNAP<br>**-Enhanced inclusion of the vulnerable groups in nutrition sensitive interventions in their annual work plans**<br><br>**SBN strategy**<br>**-Greater involvement of small and medium size women-led enterprises in SBN** | -CNAP was perceived as an avenue for including vulnerable population by incorporating their needs for implementation. Two it provides an opportunity for developing key messages that specifically targets the vulnerable groups. But there was no evidence of involvement of vulnerable group for both CNAP at implementation level but presents opportunities for delivering services to vulnerable population through multisectoral programming.<br><br>-For the SBN strategy, there was inclusion of women led small and medium size enterprises. | -Design provided opportunity for inclusion of various vulnerabilities but there were limitations of deliberate inclusion of the vulnerable groups in nutrition sensitive interventions in the annual work plans being implemented in the context of CNAPs. This was partly due to limited awareness on the need to be deliberate about vulnerable population in issues that touch on nutrition.<br><br>-The SUN business tool provided deliberate platform to ensure greater involvement of small and medium size women-led enterprises in SBN. |
| ***CAPACITY***<br>**-**CNAP<br>**-Increased commitment by the county to increase the number of frontline workers with nutrition-related tasks in their job description.** | -During the CNAP development phase, the 'learning by doing' approach through workshop and problem-solving skills contributed to improving positively to stakeholder views on nutrition interventions included in the CNAPs. However, we did not come across further training that may have been undertaken beyond the design phase since little had been achieved in terms of implementation. However, it was clear that the activities in which county teams were engaged in | -Knowledge transfer through engagement with TA providers contributed to improved understanding of and its role.<br>-Ability to develop plans and use of TA products facilitated ability to mobilize resource that can be enhanced for implementing interventions |

| Expected results | Actual results | Factors affecting results and actions taken |
|---|---|---|
| **-Increased county efforts to improve nutrition interventions at county level in terms of coverage and intensity.**<br><br>**SBN strategy**<br>**-Increased commitment of the SNPSN/SBN members to nutritional sector efforts to address nutrition challenges.**<br><br>**-Increased resource mobilized to support the secretariat** | during the TA process led to increased capacity to appreciate the value of nutrition, including how to conceptualize issues through proposal writing. In terms of increased commitment by the county to increase the number of frontline workers with nutrition-related tasks in their job description. Again, this was not realized at the county level with only one mention of a county where there were more nutrition officers that were enrolled to support programing.<br><br>-The SUN business strategy provides an avenue for more private sector players to contribute to nutritional intervention. Expanding nutrition activities to other many players and enabling their capacity to understand the business environment through the inclusion of various strategic pillars, will enhance outcome in the broader KNAP strategy.<br>-Finally, there was evidence of increased resources to support the secretariat, but this will require re-modelling to ensure sustained income to run the secretariat | |
| ***CAPABILITY***<br>**CNAP**<br>**-Enhanced understanding of strategies and interventions suggested in the CNAP by county level actors.**<br>**-Enhanced county's capacity to use costed plans to implement nutrition-related interventions**<br>**-Enhanced capability of county staff and stakeholders to use financial tracking tool**<br><br>**SBN strategy**<br>**-Improved tracking of private sector participation in the SBN at both national and sub national level**<br>**-Increased knowledge/awareness among private sector players on implementation of Nutrition programs using multisectoral approach** | -The process of development and dissemination of the CNAP enhanced understanding of strategies and interventions suggested in the CNAP by county level actors resulting to increased knowledge and skills on nutrition. -It was also clear that the county teams had increased capability to budget and lobby for resources using the financial tracking tool which in turn has improved their ability to develop work plans.<br>-Increased capacity in developing the CNAP, general thinking enhanced better decision-making process on programs. In addition, county capacities were enhanced by proper planning and documentation of nutrition interventions through use of costed plans to implement nutrition-related interventions.<br>-In terms of increased technical expertise to improve nutrition interventions implementation at county level in terms of coverage and intensity, its achievement was not apparent because the CNAPs have not been fully implemented and more time is needed for the realization of this outcome. However, there was a step towards appreciating the value of nutrition.<br><br>-Efforts made to reach to various private sector players and the fact the SBN strategy was an avenue to begin including nontraditional actors in the nutrition space provide a starting point towards achieving the outcome on increased tracking private sector participation in the SBN.<br>-Through the network, respondents noted that they can track down abilities of various private sector players and identify their needs which are then used to build their knowledge and skills to successfully develop their product and business. For example, in supporting SME efforts to develop food products, the SBN helps identify key issues such as food quality, safety, risk assessment and storage, helping them consider how to meet the standards set up by KEBS. | -Approaches used such as mentorship, workshop and problem-solving skills facilitated transfer of knowledge. increased capacity of the partners involved during the development of CNAPs, thus enhancing understanding of strategies and interventions suggested in the CNAP by county level actors.<br>-Experience shared in development of the document enabled stakeholders involved enhance their capability to make better decision on implementation of nutrition interventions.<br><br>-The development of TA tools as part of the process facilitated county level and SBN actors with ability to implement various aspects such as planning, costing which enabled better advocacy which contributed to increased elevation of nutrition elements.<br>-Use of various dissemination strategies of both documents facilitated wider read and appreciation creating ownership.<br>-Overall, knowledge transfer approaches used facilitated improved capability to use various products such as financial tracking tool to budget and lobby for resources among other aspects. |

## Main lessons learned and recommendations.

### Lessons learned.

This section outlines key lessons learnt over the period in which each of the TA has been developed and the extent of implementation since the TA support ended. For both TA, the implementation process had not been achieved extensively. The first lesson is that at each level of governance, continuous and deliberate engagement beyond the design phase will create stronger ownership and provide support for implementation. This could incorporate a wider set of actors beyond the core team as was alluded to: " *I don't know whether there was a new team because I was not involved any further. In the first phase we were involved but further than that we were not. So apart from that being involved maybe there is that feedback mechanism. So, there was no feedback after the development, after we did validation, we have never heard anything until last week when I was called that there is a team coming to collect some views, I have no other information" IDI Social Protection BUSIA*

The second lesson is that leadership changes and political landscape often affect timelines and must be factored in during the implementation to avoid over expectation of the outcomes. The need to involve political leaders to achieve a positive political environment that supports allocation of resources and implementation at the highest levels is key. In addition, mechanisms of engaging target communities need to be factored in the design. Sufficient consultation with communities themselves in terms of the priorities for action can help create better ownership. "*how I would do it again, I want to involve the political leader because it was more of taking political things, but in as much that is the case, when it comes to allocating resources, it goes back to the political way and therefore would want it. Let me start with the people of different sectors, but the political way was not so actively involved so that they can understand what is the CNAP and its importance so that when it comes to the issue of allocating resources, they would be in a better picture to say. So, I think that is one thing we can do different.…This CNAP is addressing several audiences, and as we had said purely it was more of the technical team, the involvement of the target audience was very minimal. The civil societies were asking how sure that these are the priorities of the Busia population the document is good, but are these the priorities of the Busia population. So, we will do it differently by involving the target audience of this document and the beneficiaries of this document.* IDI, Busia County

Thirdly, during the design and implementation, the TA providers and stakeholders need to have a better understanding of the financial process which may unlock delays associated with funding programs within county level treasury. This also begs perhaps the need to involve the finance staff more in the training and discussions on multi-sectoral action for nutrition, showing how different sectors can use funding to implement nutrition-related actions and how these activities can be tracked accordingly " *I think a bit of both, reason being we concentrate a lot. I mean here in programs we do our bit. When it goes to finance there is someone else who takes over. and unless there is someone from our end who goes there and seats with them. There is a chance or a likely hood that that money would be put in the wrong slot. And that is what happened in the initial one. But with the supplementary budget what happened is, we had the county accountant go sit there and make sure and even explain to them the reason as to why this must move grant and not to where it had been. yes" IDI, Busia County*

## Recommendations to improve progress towards results for the TA assessed.

Table 4 is a summary of key recommendations that are based on a synthesis from the assessment.

TABLE 4: SUMMARY OF RECOMMENDATIONS FOR IMPLEMENTATION

| Recommendations | Evidence from data | Implications for programming |
|---|---|---|
| Strengthen multisector collaboration through engagement between private and public sector and between different government departments and broader sector players. | *"I know this issue of CNAP involves so many other departments so maybe we can have the inter-developmental forums so that we can now engage more on the CNAP and maybe now we can look for funding to fund the implementation for the same" IDI Social Protection BUSIA* | -National level nutrition actors should utilize inter-developmental forums to entrench nutritional activities and leverage for funding from various sources.<br>-County level MoH nutrition teams should ensure the following:<br>a). Planned activities in the strategy are included in the annual work pans for various departments that will be budgeted. This will make it easier for the department to account for such activities in the developmental forums.<br>b). Leverage on existing platforms from other departments such as cash transfer programs to include nutritional elements in the field activities.<br>c). Increased engagement of stakeholders with clear stipulation of their roles to make it easier for accountability.<br>d).Proper partner engagement through mapping and encourage enhanced collaboration.<br>e). Create a cross-sector focal point for nutrition who has political power and influence to ensure that the various departments are held to account for their commitments with respect to nutrition activities and monitoring of results. |
| Active County level dissemination of CNAP to create awareness among various actors in the ground. | | Local county government and stakeholders in the nutrition space needs to prioritize dissemination of the strategies to reach various stakeholders. This may be through…<br>a). Existing forums or use of technology to ensure actors in various departments are made aware of the action plans.<br>b). Broaden sensitization to have continuous dissemination that fits with various departmental calendars.<br>c). The strategies should be broken down into nutrition actions and shared to relevant departments that need to action them alongside sensitizing them on entire CNAP or strategy |
| Cultivate and encourage ownership of CNAP by the local communities to ensure continuity of implementation of CNAP. | *"Yes, January and the December was here. ah but I think moving forward...what am talking about is implementation of the CNAP in terms of trying to make sure that the programming is owned by the beneficiaries that we support under the communities that we are working in are engaged. I think it will also guide us moving forward" IDI, Partner Makueni* | Partners and county team should identify opportunities for cultivating ownership among local communities about interventions that needs to be implemented. This should be designed early enough during development of CNAP and adapt the existing ones with time |
| For sustainability, there is need to weed out overdependence on donors and instead have the government give more priority to nutrition related activities. | | Related government sectors should be mobilized to come on board through strengthened advocacy to enable the government departments to appreciate the value of nutrition interventions. This can be achieved for example through |

| Recommendations | Evidence from data | Implications for programming |
|---|---|---|
| | | -use of financial tracking tool for nutrition activities among key departments.<br>- communicating effectively the opportunity costs of not investing in nutrition and cost effectiveness of nutrition interventions |
| Improving financial process at county level will help unlock potential of counties to implement | *".. We appreciate that that is the system the government is using across the board but what we are experiencing with it is a form of delay in the payments because given that…the financial management at the county level is sort of centralized by the department of finance and so this IFMIS process is just in that department. So, there is a bit of a delay through using that system and since it is our system, what I will be thinking of is whether people who are conversant with financial systems can think out of the box that how can you then improve the efficiency at this level? IDI, Busia MoH* | Counties should optimize special purpose account funds to improve efficiency of the financial system |
| Consultative processes of gender inclusion through gender analysis and using the evidence to support mainstreaming of gender in design and implementation process. This will ensure communities participate in identifying, validating priorities in a way that makes sense to them. | | County teams should continue conversation about how to better integrate gender equality in nutrition actions and subsequent implementation process. This could be through:<br>-Conducting gender analysis to understand context and its influence in nutrition<br>- Deploy interventions in a step wise format that incorporates measurement |

## Effects of COVID-19

This section provides a summary of the effect of the pandemic on the implementation of the TA products. The onset of the pandemic provided an opportunity for coordinators of the TA to adopt new ways of doing things. However, the main effects were still felt and can be summed using five key domains. First the pandemic led to increased cost of doing business and since many of the private sector players are SMEs, they had difficulties in maintaining their business, an attribute which affected their ability to implement SUN strategy activities. The key cost drivers were labor costs. Those businesses that relied on food imports also faced major challenges in accessing supplies in a timely manner due to closed borders.

*"So that means you must buy more masks, gets more sanitizers, get things into place, social distancing, and all this. And a lot of these businesses, you know, they do not have enough money to buy all that. Another thing, if you're talking about social distancing, then you have to really look for additional space, get more whatever, and all this kind of, so there was additional demand on the sides of business or some of them closed down."*

*"Others, like those who are in Peanut production that are not produced in the country, really also challenged, because we understand that we don't have peanut in this country. A lot of it comes from Malawi. And when there were lock downs in countries as borders delays and all that, you will find a lot of them were closing because now they can't get the groundnuts from Malawi. You cannot get some of these products from Uganda. You find that cassava, which they use forever, sometimes it is not enough in this country, looking at, sorghum and all these, those are some of the challenges.*

Although COVID-19 generated opportunities for virtual networking which improved efficiency of development process and saved time: *"We previously we did not use teleconferencing on a regular basis, we would wait until we meet face to face. But nowadays sometimes we have a meeting where I am sitting here doing my daily activities will attend a meeting for some maybe make a presentation that is an opportunity that we did not quite an exploit previously, but which we found together because sometimes we we've had two engagement with the department of health, and I think it was quite okay. Because even if people are far away, we were able to communicate and move things forward"*

*IDI, Ministry of Education, Makueni"* It was also noted to have affected implementation as it slowed down ability to implement with working online and virtual meetings leading to long turnaround time for feedback.

*"Yes, I think we are, but we had the challenge because of this COVID-19 because when schools closed, there was a lineup of activities. The thing I am telling you we would have done that early back in the year early 2020 but now, because there is no learning and now again, brings the issue the kind of training Like now is a face-to-face training. Some things we demonstrated will be group activity because of COVID-19 . Let's wait and see what will happen, even if schools are open, what are the guidelines when it comes to people congregating, even if to 20,30 people, I think it is time things are easing out, even the ministry of health and education, we thought we may be observant, of the protocols and we strictly observe social distancing, washing hands, but I think COVID-19 was the biggest challenge" IDI, Ministry of education, Makueni*

*"I'll give an example of, through meetings, COVID-19 there are restrictions the number of people that are supposed to be in a meeting and as such are not able to have those meetings because the rules don't allow us. Yeah. … And even if you must have a meeting, it is virtual. Virtual meetings and physical meetings, physical meetings are more productive and tend to get better results. There are other activities like in schools, for the 9 months schools were closed, this was program delayed, we can also not actively go to schools because of the examination. ." IDI, Busia County*

The fact that much of the nutrition approach in Kenya is driven by the MoH, the COVID-19 pandemic has been particularly impactful on nutrition progress, given the need for the MoH to focus on its response to the pandemic. However, COVID-19 was perceived to have also elevated nutrition issues in the context pandemic. This was not only because of the pandemic's effects on disrupting food supplies, increased poverty due to loss of livelihoods and increases in child malnutrition but also the value of nutrition in the management of COVID-19. *"Yes, even beyond health so that they can be able to support some of the things. The document is also having some activities of other line departments which at their level can also use to approach their line partners to support it but as I have said, probably this has not been very active especially in our department because of the COVID pandemic that took up a lot of our time and also because even at our own level we had not yet harmonized so the focus has been on harmonizing that at our level, that at least the pledge that we signed should be taken care of" IDI, Busia MoH*

The second domain was reduced purchasing power among consumers and reduced demand due to restrictions which then influenced income of private sector players and ability to implement planned activities in the strategy. Loss of income and employment may have then made households food insecure with a negative impact on nutritional status.

*"Purchasing power. You'll hear that places like think in Rift Valley, others were saying that if those people used to come out, to come to the Milk ATMS to buy milk or rather come, whenever they want no longer coming out, people were locked in their houses".*

*"So, you get to open your premise, but then no one comes. People come very few. People fear contracting, whatever. It is the same thing to what happened in most markets. So, you know people resorted bringing the online orders or people now doing raw milk that is taken to the households, you know, those kinds of things. So, they are a bit more of changes that happened, and that really affected the cash flow for most businesses."*

*I think it had a huge impact. Because businesses are right now not bothered about nutrition, they are bothered about their survival. You cannot tell a dying person to swim well, they first want to live. what we did, what GAIN and SUN business did was, obviously there were different services to try and understand the impact of COVID on different businesses and there were a lot of emergency response measures that were put in place through GAIN to make sure SMEs which are our members they stay afloat during COVID times. There was a huge project that is still on going in GAIN. What GAIN did was mobilize resources to make sure business members stay afloat and that is keeping food market working. That is large project that identified what was the top concern of this businesses to see how it is that you can support them is, it is still on going."*

The third domain was perceived effect of COVID 19 contributing to a shift in donor priorities and expectations. There were variations on perceived re-prioritization of resources for both partners and county level activities. On one hand, it increased new opportunities for new donors to come on board and has come with new programming opportunities that were not existent before.

"*in terms of looking for new donors who can support ah like COVID related activities. But for the other activities they are still going on no donors have pulled out unless they are going to. Because these donors have also been affected, all countries have been affected. But so far the change I can maybe quote that we are looking for new donors to fund like you know like the new areas coming up due to COVID". IDI, Development partner*

On the other hand, it led to delays and distraction of implementation as well as some re-prioritizing area of focus by donors:

*" maybe on two levels. In terms of just the livery wise I think with COVID there has been a bit of distractions I think both from networks and donors. I think there was a bit of a I guess very steep learning curve around potentially shifting expectations around, how we will deliver under these new*

*circumstances so a little bit of a slow-down in our activities over last year but also based on how our members across our national networks were impacted by the pandemic there has definitely been a shift around how to support them, in becoming more resilient, so that has been a big effort at global trying to develop materials, resources that our national teams can then roll out to some of their members for instance which I think, Uduak would probably speak on developing resilient training materials for our SMEs but also working with our national networks to see if they are any emergency funds that they can tap into to better support especially the SMEs bridge financing and things like that. Because we are convened with WFP it has been interesting seeing how they are now really taking forward activities around resilience and also supporting humanitarian context. That's basically something we've been discussing with them for the last three years and I think based on the pandemic it's something they really want to push forward over the coming years. I'll stop there"*

*"Personally, I feel so, because when the SETH one project ended in December, we were anticipating that we would get another funding from global affairs Canada on sexual reproductive and health, but now with COVID, that was diverted to emergency response for COVID though short term" IDI, NGO, Busia*

*"Yes. there has been and life will never be the same again. Even the donors are wondering whom to focus on. Us or their own people. There has been a huge impact on economic outputs, and you can see countries closing doors i.e., no one has suggested the time when vaccines will come to Africa until their own are protected. The economic growth has been affected negatively by COVID. so yes, there's a diversionary attention. However, we cannot shift blame on them. "IDI, TA Provider-2*

*"Straight forwardly is every funding that we got was directed towards COVID…. So look at that and my teams go to sleep there. and mileage. all that money went to COVID. it was like we just shifted to COVID-19. So we were not able to do much in terms of the other programming. We could not...go to schools to do the normal nutritional programming that we do to the schools. The schools were closed." IDI Partner, Makueni*

*"Not, not as such, donors as far as nutrition is concerned apart from finances, issues of training, issues of those sensitization….but commodities, they continued as usual…we never had any stock-outs, those who are sick when they came they used to get services; our staffs were in the facility; whoever who felt ill would come, get treated and given commodities….there was no problem with that only the turnout was low" IDI, Makueni County*

The fourth domain was that at the county level, the pandemic challenged community engagement due to fear of infection within the community that made it difficult to sensitize them on the CNAP.

*"So, during March and August when that is up to around September when most of the doors were closed and we could not hold meetings, you will find out that the trainings could not go on. And around the same period there was a lot of fear in the community and even us we were not understanding the COVID well and so those activities that require CHVs coming together or meeting stakeholders at the community level to sensitize them on nutrition were not happening. IDI Makueni County medical services*

*" Of the issue of the economy and now the ability of the people to afford is quite an issue, ah some people lost jobs. And so, you will find now the families are staying together it will be easier to pass the message. But you know you do not want to take that as an opportunity because if someone is in house because they have lost a job that is not really an opportunity per say. Because you pray that they get an opportunity, and they go back." IDI Makueni County medical services*

The fifth domain was the observation that it not only affected health seeking behaviors leading to ability to seek nutrition intervention services and thereby indicators of interest at both national and county level. but positively COVID 19 improved WASH practices and thus perceived to have reduced diseases and infections:

*"Indicators went down especially the nutrition indicators and mothers, who were coming for Iron and folic, …that is growth monitoring , and assessment … the dewormers, the key nutrition indicators went down…even for growth monitoring for under-fives went down, but not for … nutrition but also all services were compromised in the beginning but now I'll say not even slightly there is a great improvement…" IDI, Makueni County*

## Key challenges experienced.

This section outlines the key challenges experienced for both TA from its design phase and towards implementation of each of the strategies. In both TAs supported, ability to generate financial support to implement the strategies gained momentum early through for example matching funds and the counties commitment of their own resources. However, the main stumbling block has been the health department's ability to unlock funds in a timely manner together with the onset of the pandemic. This is largely due to the challenging and complex county level financial processes which slowed access to funds. This along with the limited resources required for list of interventions presented in the CNAP, means that there is need for leadership to prioritize interventions and ensure that resources are invested in those that are most effective and address the biggest causes of malnutrition in the county.

*"the biggest challenge was, imagine a secretariat with strong personalities, and make sure they come to meetings they basically are available, that is one challenge that I had but the fact that everybody was committed and the fact that I used to chase them down, that was pretty much done. The biggest challenge was getting the large businesses onboard. Because of the first experience of large businesses, they were very skeptical. They kept sitting on the fence saying it did not happen for the first time what makes you believe it will happen now? That was my second challenge and I think because we manage to put the network and have a strategy in place. At last, we managed to get four or five businesses, which only came onboard when they saw we were doing something. My third challenge was, I was funded through Nutrition International, but it was pretty much GAIN and WFP who were leading it. What was happening was I doing the work on the ground and giving updates to NI and their language was becoming a challenge for me. I was talking business language and in the development sector they talk very different languages and because I came from the business world communicating to NI that I was doing a good job was a challenge. For them to appreciate that I was doing a good job on the ground I really struggled. They were not coming to our secretariat meetings, they had no visibility what was happening on the ground, except what I was writing and giving them. My writing was not something that was in line with their expectation because their way of writing was very different from what I was giving them" .*

*"I think number one, as I mentioned is the financing. For us to meet up businesses actively engaged, support them in terms of product development, caution them against the negative effects of COVID and all these things. And just to really facilitate our meetings and all that we require resources and that has never been adequate. In fact, unfortunately, I think that is giving us a lot of headache."*

Overall, limited resources to support implementation and unclear resource allocation plans pose challenges of sustainability.

The second challenge is time constraints. There was a perception that there was potential over ambition in setting timelines for finalization of the TA products given the level of engagement required especially in the SUN business network strategy development.

*"Because for us to know, they have come in, we need to evaluate whether they have come in. And the other thing is that we need implementation to be done. So less than a year of implementation it is not easy to confirm that the other partners have committed to any other the intervention we did. Yeah. Yeah. So I think it's a medium time evaluation, or even at the time, some of these are questions that we'll have very clear answers" IDI, TA provider*

*"Yeah. I mean, it's not known the other processes that have come for instance, but even, you know, both government and partner support direct or indirectly is actually not something one can understand very nicely unless it is tracked because of the fact that nutrition is also provided at harvest delivery level financed by the government and not only the line item that you see that can say that it's a reflection of the allocation of the nutrition. There is a lot of indirect allocation which will go and estimated and therefore under-estimating the contribution of government in some of these kinds of interventions" . IDI, TA Provider*

County level coordination is challenged by lack of political influence for nutrition. For example, nutrition coordinators sitting within the MoH has limited influence on other sectors regarding their nutrition-related commitments. This potentially is an important political economy challenge for multi-sectoral nutrition coordination in Kenya, at both national and county levels. In addition, changes in personnel at various stages of CNAP development as well as the challenges of collaboration between national and county government at times limit optimal engagement for synergy.

"*Look at relationships between counties and national governments. I think there is a gap. there is no collaboration in the two. one of the reasons I say this is because you will find that...I sit at the county level so I hear what people say. and one of the things they say that that is a national issue. this is a county, we are devolved, where you know all these. And that pride it really affects working together. So I would say there needs to be a streamlining of their relationships. they may not answer to each other, but they work together" IDI Busia County*

## Knowledge management

This section tracks the extent in which the knowledge management activities lead to the desired outcomes. Knowledge management was generally catalyzed through mentorship, workshops and embedded training as the TA products were being developed. Working closely with stakeholders from various levels by offering Technical assistance through workshops and  Financial assistance

*" I think it was embedded in the process because one of the things that we did was the SWOT and so you know it was clear that this are the weaknesses, and this are our strengths. You know they had all that information with them even before they started selecting these activities. So because the CNAP development moved in a certain flow it was automatic that you know flow along because they get the information as they go. and another thing is that we were even writing up the introduction and all that and so the research was being done by the teams' themselves' IDI Busia Nutrition County coordinator*

This was the main approaches used by TA providers to pass knowledge to county teams. *So the process involved, both training and the mentorship, because what you do is attend. We were going to do presentations on various issues. We present to them and which is a formal kind of formal training, so to speak it. And then we take through them through the template. Then we form groups, they work on the template as we move around to check whether they are populating in case a challenge, arise, we correct and we move on. So I think it's I would say is, eh, do a plug or buy approach where both training in terms of people explaining issues to people and then mentoring them, or taking them through the process to understand what should be done as they do it, it's kind of on job' IDI. TA provider*

The TA products were used as an avenue for sustaining knowledge gained. *"Okay. And this is because as we look at the financing landscape of nutrition as it is. It's really not known. And the tool was what it was doing was to try and make them start thinking who, where are the sources of money. You may understand that the tracking tool is expected to be used prospectively and really was not the main tool of the development of the CNAP. So it's something that they are supposed to use to track the sources of their funds prospectively" IDI, TA Provider*

Inclusion of experts in the development process of especially on specialized areas supported better understanding of concepts that needed to be included such as gender *I think one of the areas that we have really done a lot of work is this one. And this is because that is because at several, very many gender related issues relating to nutrition. So, within our team, we had a gender expert who was first beginning by making a presentation or training the team on the importance of a gender mainstreaming, including understanding what that is, I came to realize people do not understand it. I also did not have very good knowledge on this one. So, we all had to go through this training so that you are trained by the NI gender person. And also, after that as TA, and to make sure that we understand what a, this gender mainstreaming is about, and then the gender mainstreaming person, some who have done work in this area on gender mainstreaming for nutrition then it was really useful in taking through the counties. What does gender mainstreaming, why it is important, why it is not talking about women or what would I call it? The notion of considering women and not considering men, the issues of age groups and youth, and who need to be considered. So, all these are issues that the county or not as a very well-known for the, for the, for the county but she also got a good support from the invitation of the gender person at the County level. So, both where the key drivers of the issues relating to gender mainstreaming, and I think we had, for each County, we had around three, three presentations, that three different types of presentations that are done on gender, and then working with the counties to show them how to gender mainstream, activities that are being prioritized, the indicators to be monitored and mainstreaming gender within the budget. So, I think that is as a process for gender mainstreaming" IDI, TA Provider*

## Role of multiple TA provided by TAN in Kenya & outcomes

Overall multiple TAs provided in Kenya build on each other and led improved quality of products. Two using technical teams that were engaged in previous tasks, enabled continuity of efforts and generated gaps that were useful to build upon in subsequent TA. Strengths of building on experience of previous TA for example, review of NNAP which fed into support for development of components of KNAP, was useful in creating a stronger KNAP. Three the fact that the SUN Business strategy mirrored the KNAP is an illustration of a cohesive design that ensured strong alignment of national and county-level action plans with those that private sector players augmented.

Although support for SBN was perhaps more challenging given that the landscape was complex with varying players which requires skills to bring them on board as well as maintain their interest, engaging over 120 players was big output. If this is maintained, it will complement the KNAP and provide an avenue to bring together private sector in efforts to improve nutrition in the country. Finally, the ability to replicate the national strategy through county level chapters will help complement CNAP at county level, and will be instrumental in moving the nutrition agenda in all fronts.

# Annex 1: Results Pathway for the TA Assignments

## Annex 1A: Results pathway for KEN-03- Support Coordination of the Kenya SUN Private Sector Network (SNPSN)

| Inputs | Activities | Outputs & gaps for follow up | Outcomes |
|---|---|---|---|
| **1. Technical**<br>**Documents reviewed & interviews conducted to generate evidence for TA Focus.**<br>-Kenya Nutrition Action Plan (KNAP), 2018-2022<br>-Medium term expenditure framework<br>-Other Global business strategies including global nutritional reports<br>-SUN annual joint country assessment report, 2016 and 2015<br>- SUN Donor Network mapping report, 2015<br><br>**1.2 Human resources**<br>-National level stakeholders - MoH Division of nutrition and dietetics<br>-Partners consulted in the development process of the strategy<br>-Secretariat for the private sector<br>-Public health experts to facilitate the process of development of the strategy | **Facilitate development of a costed 3-year strategy and resource mobilization plan.**<br>-Review key policy documents including national nutrition plans to identify issues/areas within relevant government strategy documents and action plans where the private sector could play an instrumental role<br>- Conduct literature review of existing SBN country strategies in sub-Saharan Africa for best practices and guidelines for Kenya<br>- Conduct discussions and interviews with key stakeholders (government and private sector); to better understand the role of the NPSN and identify the major challenges within the enabling environment for business and food market systems that are preventing private sector companies from investing in products and services which advance nutrition<br>-Develop, in collaboration with NPSN steering committee an outline of the draft strategic plan; costed strategic plan and submit to key stakeholders for validation; Submit a revised costed draft strategic plan, based on feedback received from stakeholders; develop an implementation plan to support operationalization of the strategy<br>- Identify development partners' priorities for private sector with a focus on the major nutrition donors, foundations and other actors working in Kenya<br>-Develop concept notes and proposals to potential funders including businesses for the sustainability of the NPSN Kenya<br>- Propose how the NPSN Kenya mobilizes companies within sectors/industries which have been identified as having potential for high impact in advancing nutrition | -5 year costed NPSN strategy with an implementation plan and annual work plan.<br><br>**Gaps for follow up**.<br>Development of NPSN took longer than anticipated.<br><br>**Action**: Explore underlying reasons, whether final strategy has been launched and its utility; examine how challenges and opportunities facing businesses, especially women owned businesses, in scaling up nutrition are being resolved in the implementation of strategy. explore how the strategy is being implemented and the immediate results.<br><br>-Resource mobilization plan<br>- SNPSN/SBN membership tool kit developed and disseminated<br>-Progress reports towards business commitments to improve nutrition<br>- Proposals developed and submitted to secure funding to sustainably support the network<br><br>**Gaps for follow up:**<br>- Development of SBN Kenya Strategy Advocacy Plan, Dissemination of the Strategy and Resource mobilization plan and its linked activities was not completed due to time constraint.<br>**Action**: Examine reasons why strategy has not been disseminated and the future of its operationalization | -Increased commitment of the SNPSN/SBN members to nutritional sector efforts to address nutrition challenges (***Capacity***)<br><br>- Increased resources mobilized to support implementation of NPSN plan at national or county level (***Effectiveness***)<br><br>-Increased resource mobilized to support the secretariat (***Capacity***)<br><br>-Improved linkages between private sector actors with other nutrition stakeholders including county level actors (***Coordination***)<br><br>-Increased use of NPSN strategy to implement activities by private sector actors at both national and county levels (***Scale***)<br><br>- Increased membership of SBN at subnational level who are active members of SBN( ***Scale***) |
| **2. Financial & admin:**<br>-Canadian dollars 16,685<br><br>-Admin & logistics support for the secretariat and linkages SUN Focal person at the Ministry of health | **Enhance private sector engagement and participation in the nutrition sector.**<br>-Identify opportunities to improve the enabling environment for business to increase action and investments in nutrition<br>- Map and assess business presence and capabilities in country to determine the current nutrition-related participation, challenges in delivery and potential gaps which merit additional entry points for the private sector | -Detailed stakeholder mapping report including NPSN profile.<br><br>-Reports on the participation of the network in nutrition related events<br><br>-Database of private sector members<br><br>-Annual work plan for the NPSN | - Improved partnership between business and nutritional stakeholders such as government, civil society, donors, and UN agencies (***Coordination***)<br><br>-Greater involvement of small and medium size women-led enterprises in SBN (***Inclusion***)<br><br>-Enhanced communication and coordination among nutrition sector actors (***Coordination***) |

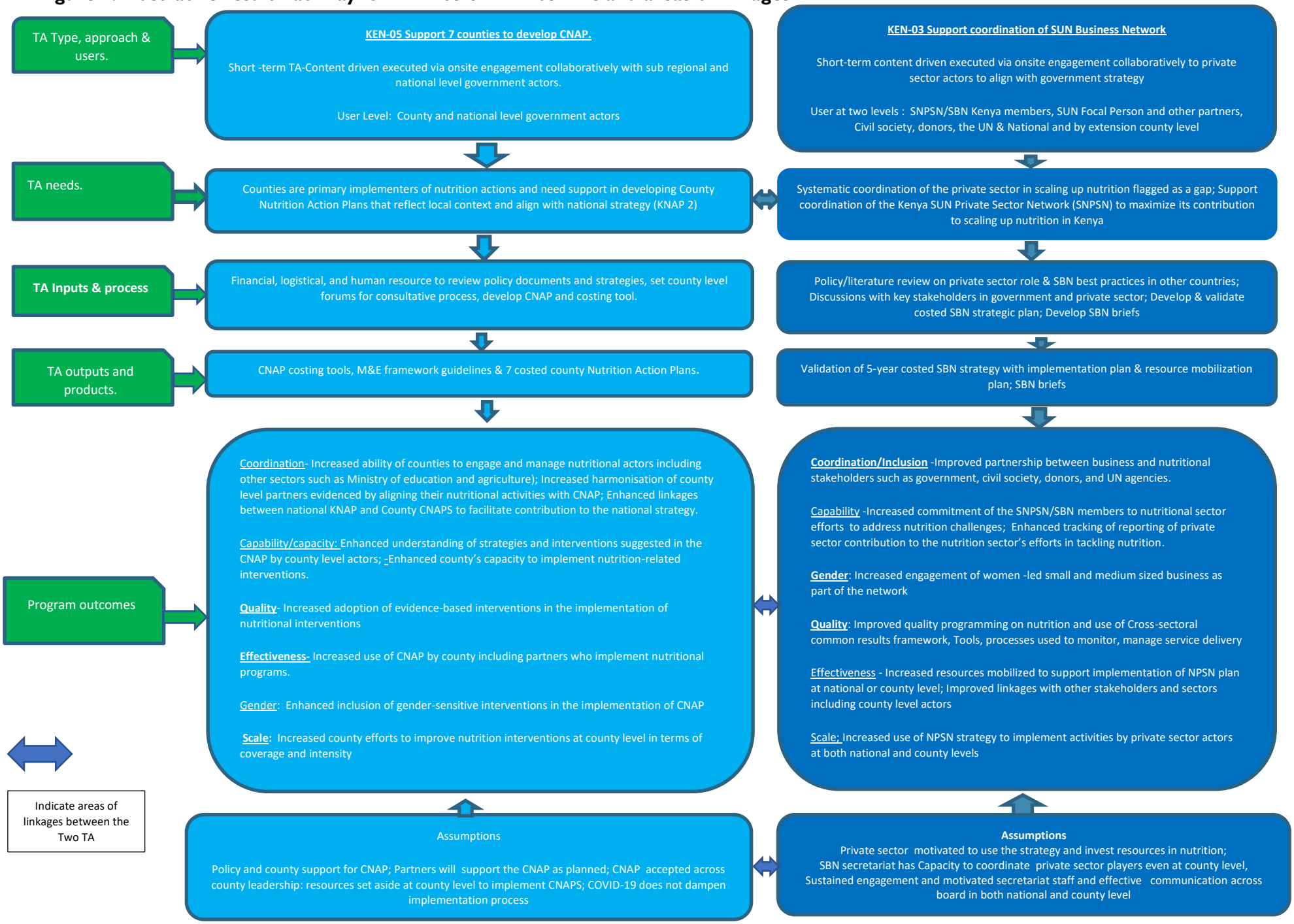
| Inputs | Activities | Outputs & gaps for follow up | Outcomes |
|---|---|---|---|
| | - Support development of annual NPSN work plan aligned to the strategic plan objectives<br>- Support periodic performance review to ensure planned results are achieved on time<br>- Outline potential work streams that could support the NPSN Kenya strategic plan.<br>- Develop a database of NPSN members (current and potential) to identify areas of support required by business to act or invest in nutrition.<br>- Identify new partnerships to address the challenges and opportunities facing business in scaling up the specific nutrition strategies<br>- Organize and facilitate in meetings of the NPSN Kenya quarterly steering committee to review progress and garner support for the strategic plan. | **Action point**: Explore linkages between KEN-05 and KNAP 2018-2022. How does the strategy speak to the previous TA products? In what way is the previous TA facilitated the SBN strategy development? | -Improved tracking of private sector participation in the SBN at both national and sub national level (***Capability***)<br><br>-Increased engagement of women -led small and medium sized business as part of the network (***Gender***)<br><br>-Improved enabling business environment especially for women who own businesses that focus on nutrition (***Gender***)<br><br>-Improved private sector participation in implementing Nutrition sensitive interventions or efforts at both national and county level (**Scale**) |
| | **Enhance continuous learning and mainstreaming private sector efforts in multi-sectoral nutrition environment.**<br>-Facilitate and participate in joint multi-sectoral periodic planning and review meetings of nutrition specific and nutrition sensitive platforms respectively<br>- Document successes, challenges, lessons learned and best practices in coordination of the private sector<br>- Represent the NPSN in SUN Movement meetings and other relevant national and international meetings to build visibility, inform SUN Movement members on initiatives and goals of the SBN<br>- Continuously share feedback from meetings with NPSN membership | NPSN briefs and other Knowledge management products developed such as gender sensitive strategy developed.<br><br>- Lessons learned and best practices shared with the nutrition sector at national and international level(SUN Global Gathering and SNPSN/SBN Global). | - Enhanced tracking and reporting of private sector contribution to the nutrition sector's efforts in tackling nutrition (***Capability/Coordination)***<br><br>-Increased knowledge/awareness among private sector players on implementation of Nutrition programs using multisectoral approach (***Capability***)<br><br>-Use of Cross-sectoral common results framework, Tools, processes to design nutritional programs by private sector players (***Quality)*** |

## Annex 1B: Results pathway for KEN-05- Support Development of County Nutrition Action Plans (CNAP) 2018-2022

| Inputs | Activities | Outputs & Gaps for follow up | Outcomes |
|---|---|---|---|
| **1. Technical Documents reviewed.**<br>-Kenya Nutrition Action Plan (KNAP), 2018-2022<br>-Medium term expenditure framework<br>-County Integrated development plans (CIDP)<br>-Existing costing frameworks<br>-M&E frameworks<br>-Kenya demographic health surveys<br>-Census data -2019<br>-Kenya household expenditure survey 2018<br>-Nutritional related surveys- Micronutrient surveys, MICYNs<br>-County level health sector strategic plans<br>-Other nutrition literature<br><br>**1. Human resources**<br>-National level stakeholders - MoH Division of nutrition and dietetics<br>-Partners consulted in the development to ensure alignment between county and national strategies<br>-County nutrition coordinators<br>-County level partners<br>-Steering committees at county level<br>-Public health and costing experts to facilitate the process of development of the CNAP | **Conduct an in-depth review of previously implemented nutrition plans and other nutrition related policies, and strategies at County level, including those from other sectors to inform the development of the CNAP.**<br>-Summarize the overall goals and activities of the assignment, including the overall and specific objectives and all activities and deliverables in this TA, through consultation with County Nutrition Coordinators (CNC), County Nutrition Technical Forum (CNTF), partners from nutrition sensitive sectors and Nutrition International.<br>-Agree on the scope and breadth of each objective, activity and deliverable, including which are highest priority or whose scope should be expanded or reduced.<br>- Review the vision, goal, and objectives of the CNAP with the aim of identifying its strategic relevance at county level in relation to achievement of Kenya National Action Plan (KNAP) targets and identify mechanisms for improved implementation.<br>-Conduct a review of previous plans including nutrition sensitive sector plans, other nutrition related strategies and plans at county level e.g., CIDP; to inform the update of the CNAP. | Desk review report<br><br>Draft conceptual document that was used for the actual strategy.<br><br>**Action point**: explore how the KNAP development under previous TA helped facilitate CNAPs. To what extent has the county CNAPS been able to link or mirror the national KNAP? | -Enhanced linkages between national KNAP and County CNAPS to increase alignment with the national strategy and facilitate contribution to achieving the targets (***Coordination/Scale***) |
| | **Facilitate the set-up of multi-sectoral county level steering committees to support the development of the CNAP.**<br>-With the leadership and support of the CNC, establish a steering committee that will support technical compilation of each CNAP.<br>-Gather information, documents from the committee to develop themes and proposed content of the CNAP.<br>-Prepare a schedule for consultative meetings with the committee and develop agenda for the same.<br>-Hold working group meetings for the development of the CNAPs.<br>-Draft CNAP<br>- Hold validation workshops for the CNAPs | -Development and finalization of the 7 new Five-year multi sectoral county Nutrition Action Plans (CNAPs)<br><br>-Support the printing of 100 copies for each of the 7 CNAPs developed<br><br>-Finalization of 7 county level costed implementation plan, necessary for resource mobilization | -Increased commitment by the county to increase funding for implementation of nutrition-related interventions outlined in CNAP (***Capacity/Effectiveness***)<br>- Enhanced understanding of strategies and interventions suggested in the CNAP by county level actors (***Capability***)<br>-Enhanced county's capacity to use costed plans to implement nutrition-related interventions (***Capacity)***<br>-Increased ability of counties to engage and manage stakeholders that implement nutrition interventions including other sectors such as Ministry of education and agriculture) (***Coordination***)<br>-Increased harmonisation of county level partners evidenced by aligning their nutritional activities with CNAP (***Coordination)***<br>- Increased use of CNAP by county including partners who implement nutritional programs (Coordination/Scale/***Effectiveness***)<br>-Increased commitment by the county to increase the number of frontline workers with nutrition-related tasks in their job description (**Capacity)**<br>- Enhanced inclusion of gender sensitive interventions in the annual work plans being implemented in the context of CNAP (***Gender***) |

| Inputs | Activities | Outputs & Gaps for follow up | Outcomes |
|---|---|---|---|
| **3. Financial & admin:**<br><br>-Admin & logistics support- by both Nutrition International & Kenyan Ministry of Health | | | -Increased adoption of evidence-based interventions in the implementation of nutritional interventions (***Quality***)<br><br>-Increased county efforts to improve nutrition interventions at county level in terms of coverage and intensity (***Scale/Capacity***)<br><br>-increased involvement of more sectors in the implementation of nutritional interventions at county level (***Scale***) |
| | **Facilitate costing of the intervention areas identified including the development of a simple financial tracking and resource mobilization framework.**<br>-Conduct a review of secondary sources with the aim of assessing best practice related to costing and resource mobilization for county/ regional nutrition plans.<br>-Develop a costing plan for the various strategic areas / objectives in the CNAP.<br>- Determine and validate cost estimates for each action/item of the CNAP.<br>-Develop and facilitate validation of annual budgets for each CNAP result area.<br>-Develop financing mobilization and tracking tool (both for allocation and spending). | -Validated budget for the implementation of the CNAP.<br><br>-Validated County Nutrition financial tracking and mobilization tool | -Enhanced capability of county staff and stakeholders to use financial tracking tool (***Capability***)<br><br>-Increased use of the costed action plan to identify gaps in funding for nutrition actions and develop more effective resource mobilization efforts, both for domestic and donor funding (***Effectiveness)***<br><br>-increased resources for implementing interventions outlined in the CNAP (**Effectiveness**) |
| | **Facilitate the consolidation of comprehensive M&E and accountability plan for CNAP, including review of institutional/enabling environment.**<br>-Review M&E frameworks for existing county plans including annual targets and indicators and existing monitoring tools.<br><br>-Develop a comprehensive CNAP monitoring and evaluation framework.<br>-Develop a road map for the implementation of the CNAP.<br>-Set the baselines and targets based on available standards and in line with national targets as well as national targets developed for KNAP 2019-2022<br>-Identify areas of coherence between the CIDP and the CNAP to identify areas of mutual collaboration across sectors and programs to inform tracking of nutrition indicators | - Development of Common Results and Accountability<br>Framework (CRAF) to track performance in the life span of the strategy.<br><br>Comprehensive M&E framework integrated within the CNAP.<br><br>-A roadmap for CNAP implementation | -Enhanced capability of county level staff and stakeholders to use cross-sectoral common results framework adopted & tools, processes used to monitor, manage nutritional service delivery (***Capability /Quality***)<br><br>Operationalization of gender disaggregated data at county level by including them in data collection tools for tracking gender equity (***Gender***)<br><br>-Increased reporting of gender transformative nutritional interventions by government and partners (***Gender***)<br><br>-increased use of cross-sectoral common results framework adopted & Tools, processes to monitor, manage nutritional service delivery (***Quality***) |

**Figure 1: Illustrative result Pathway for KEN-03 & KEN-05 TAs and areas of linkages**



# Annex 2: Documents and People Consulted in this Progress Assessment.

## Annex 2A List of documents reviewed.

| Category | Document Title | Author & Date |
|---|---|---|
| **Terms of reference for various TA assignments** | Request to MI-TAN for Technical Assistance 2017 | Micronutrient Initiative, 2016/17 |
| | Request to MI-TAN for Technical Assistance 2016 | Micronutrient Initiative, 2016 |
| | KEN-01- Technical Assistance to Support In-Depth Review of The Realization Of 2012-2017 National Nutrition Action Plan (NNAP) Objectives After 4 Years of Implementation | Micronutrient Initiative, 2016/17 |
| | KEN-02: Medium Term TA to support development and finalization of costing, financial tracking, M&E and enabling environment components for the 2018-2022 National Nutrition Action Plan | Nutrition International, 2018 |
| | KEN-03- Long term TA to support coordination of the Kenya SUN Private Sector Network (SNPSN) | Nutrition International, 2018 |
| | KEN-05: Support the Updating and Development of County Nutrition Action Plans (CNAP) 2018-2022 | Nutrition International, 2019. |
| | KEN-06: Support the Updating and Development of County Nutrition Action Plans (CNAP) 2018-2022 | Nutrition International, 2020 |
| **Assessment Reports** | Technical Assistance Impact Assessment Report- KEN-01; in-depth review of the realization of 2012-2017 National Nutrition Action Plan (NNAP) objectives after 4 years of implementation | Sarah Kihianyu, 2019 |
| | TAN Progress Assessment: Support development and finalisation of costing, financial tracking, M&E and enabling environment components for the 2018-2022 National Nutrition Action Plan (KNAP II) | Jessica Poulin, 2020 |
| | Nutrition International - Technical Assistance for Nutrition (TAN) Project<br>Satisfaction Surveys -KEN-05 | Nutrition International, 2020 |
| | Nutrition International - Technical Assistance for Nutrition (TAN) Project<br>Satisfaction Surveys -KEN-03 | Nutrition International, 2020 |
| | Inception report Development of six County nutrition action plan (CNAPS). | Mwai Daniel, Wangia Elizabeth, Ngina Clementine and Njuguna David |
| **Knowledge Generation Reports** | Report on TA-KEN-03 - Support Coordination of the Kenya SUN PSN - Nutrition International Contract No. 10-1870-MITTAN-01 | Navneet Mittal, 2020 |
| | Report on "KEN-05- Support Development of County Nutrition Action Plans (CNAP)2018-2022" | Mwai, D, Njuguna, D, Wangia, E and Ngina, C, 2020 |
| **Knowledge products** | KEN-03-Sun Business flyer | Scaling up Nutrition-Kenya |
| | Scaling Up Nutrition Business Network (SBN) Kenya Strategy: 2019-2023 | Navneet Mittal, 2020, Scaling up Nutrition-Kenya |
| | The Scaling Up Nutrition (SUN) Business Network (SBN): Members Mobilization Toolkit: Addressing malnutrition through the private sector: Micro, Small and Medium Enterprises (MSMEs | Nutritional International |
| | SUN Business Network Dashboard Tracker | Scaling up Nutrition, Kenya |
| | Busia, County Nutrition Action Plans: (CNAP) - 2018/19-2022/23 | Busia County Government, Department of Health services, 2019 |

| Category | Document Title | Author & Date |
|---|---|---|
| **County Nutrition Action Plans** | Kajiado County Nutrition Action Plans: (CNAP) 2018/19-2022/23 | Kajiado County Government, Department of Health services, 2019 |
| | Makueni County Nutrition Action Plan (CNAP) 2018/19-2022/23 | Makueni County Government, Department of Health services, 2019 |
| | Nandi County Nutrition Action Plan (CNAP) 2018/19-2022/23 | Nandi County Government, Department of Health services, 2019 |
| | Tharaka Nithi County Nutrition Action Plan (CNAP) 2018/19-2022/23 | Tharaka Nithi County Government, Department of Health services, 2019 |
| | Vihiga County Nutrition Action Plan (CNAP) 2018/19-2022/23 | Vihiga County Government, Department of Health services, 2019 |
| | Elgeyo Marakwet County Nutrition Action Plan (CNAP) 2018/19-2022/23 | Elgeyo Marakwet County Government, Department of Health services, 2019 |
| **Kenya Nutrition action Plans** | National Nutrition Action Plan 2012-2017 | Republic of Kenya, Ministry of Health, 2012 |
| | Kenya Nutrition Action Plan 2018-2022 | Republic of Kenya, Ministry of Health, 2018 |
| **Policy Strategy** | National Food and Nutrition Security Policy | Government of Kenya, 2011 |
| **Nutrition Financial tracking tools** | Financial tracking tools for Busia, Nandi, Kajiado, Makueni, Vihiga and Elgeyo Marakwet | |
| | CNAP Guidelines | |

## Annex 2B: List of stakeholders interviewed.

| Name | Designation | Organization | TA-Area |
|---|---|---|---|
| **National level stakeholders** | | | |
| **TAN-TA providers & program officers at SUN Business Secretariat** | Individual consultant | Individual Contractors | KEN-01/03/05 |
| | Individual consultant | Individual Contractors | |
| | Lead Consultant | Individual Contractors | KEN-03/ KEN-05 |
| | SUN country coordinator | SUN business secretariat | KEN-05 |
| | secretariat member_1 | SUN business secretariat | |
| | secretariat member_2 | SUN business secretariat | |
| | secretariat member_3 | SUN business secretariat | |
| **Ministry of Health Division of nutrition** | Program officer_1 | | KEN-03/ KEN-05 |
| | Program officer_2 | | KEN-03/ KEN-05 |
| | Sun Focal Person | | KEN-03/ KEN-05 |
| **Development partners** | Program officer- Head of Policy in Nutrition department | UNICEF | KEN-03/ KEN-05 |
| | Program officer | UNICEF | KEN-03/KEN05 |
| | Program officer | WFP | KEN-03/KEN05 |
| **Nutritional international** | Deputy Country Director | Nutrition International | KEN-03/KEN05 |
| | Program officer | Nutrition International | KEN-03/KEN05 |
| **Global SUN Technical back stopping team** | Three program officers | Global SUN Business network | KEN05 |
| **Sub National Level Participants** | | | |
| **Busia** | Nutrition International - County Program coordinator | | KEN-05 |
| | Social Protection | | |
| | Ministry of health-Nutrition team | | |
| | Ministry of Agriculture | | |
| | County Director of Health | | |
| | NGO Partner | | KEN-05 |
| **Makueni** | Director Medical Services | | |
| | Nutrition International County Program coordinator | | |
| | County Nutritionist | | |
| | Ministry of Agriculture | | |
| | County Director Social Services | | |
| | County Director of education | | |
| | NGO partner- Red Cross | | |

# Annex 3: Validation Meeting Summary

During the validation survey, respondents generally agreed that the TA provided for KEN-05 positively impacted nutrition programming at the county level with 91% of the respondents noting that it was extremely positive and 9% reported having experienced little impact. When asked what aspect of TA were most impactful, figure 2 shows that in almost all cases, respondents reported extreme impact in over 90% in most areas examined. However, there were reports of less impact on areas such as improved resource mobilisation for nutrition interventions and capacity to cost nutrition programs which scored between 70-81%.

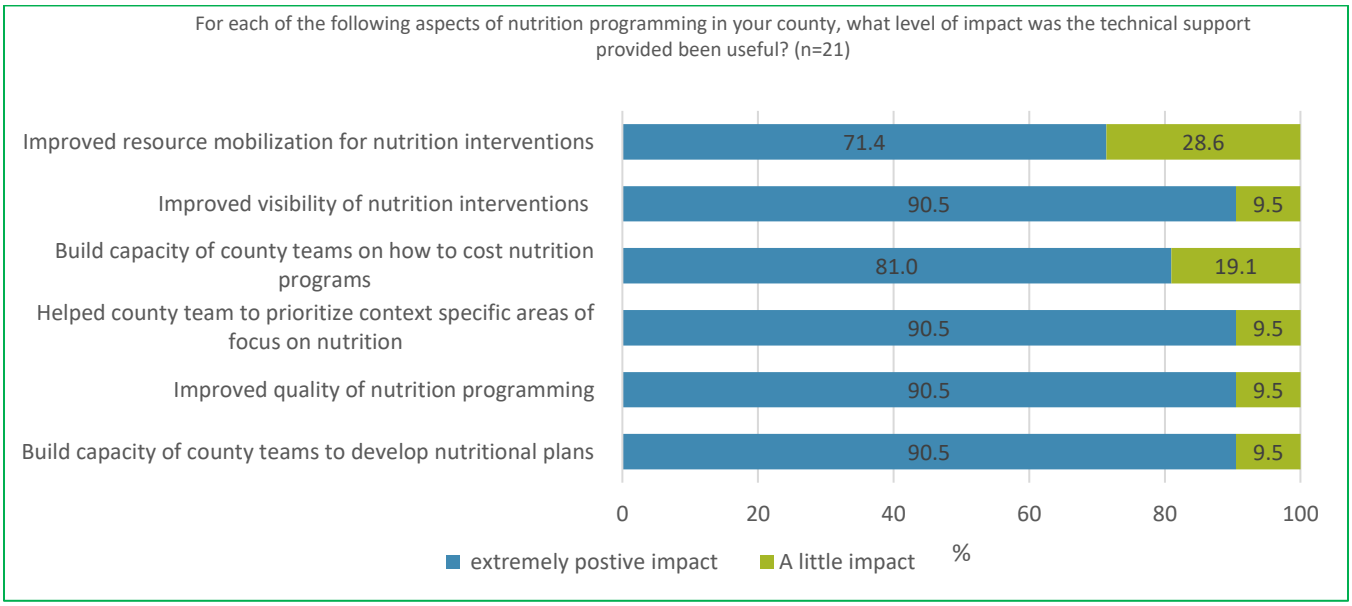



**FIGURE 2: PERCEIVED IMPACT OF SUPPORT PROVIDED ON NUTRITIONAL PROGRAMMING**

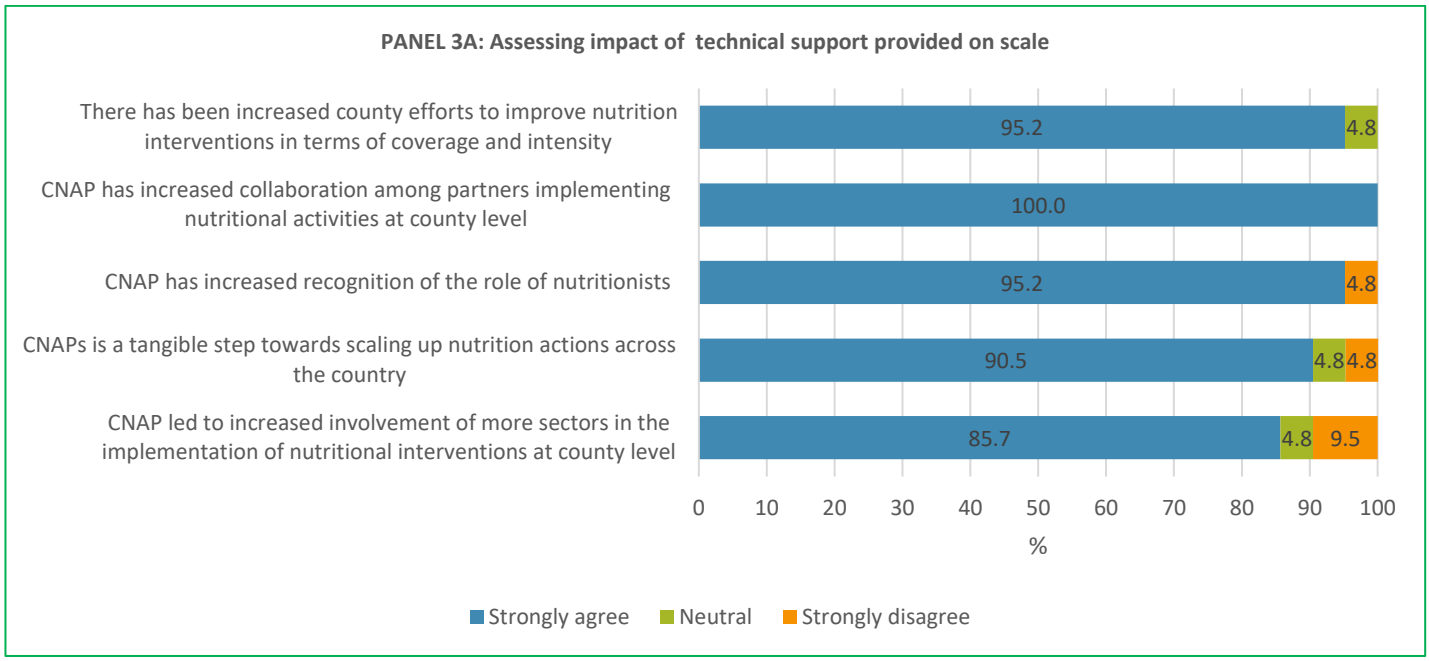
Over 95% of the respondents also noted that the TA led to a big increase on their knowledge on how to develop and implement nutrition interventions. This ranged from budgeting and costing interventions, resource mobilisation, prioritisation of nutrition interventions, and communicating technical issues among others. Figure 3 Panel A-F indicates high level of agreement among respondents who were asked to reflect on the levels of agreement for the results realised from various outcomes. Discussants during the validation meeting with key stakeholders noted that although there has been increased commitment to funding for nutrition, as reported at 86%, there are challenges with what is often budgeted for nutrition and what is made available and used, creating challenges of implementation. This, discussants noted, makes it even harder to track nutrition budgets because there are no clear budget lines for nutrition in the counties. This, coupled with low knowledge of the budget making process at county level among key actors, creates a need for advocacy so that there is accountability on what is used in nutrition. Due to the CNAPs, discussants in the validation meeting noted that there is now better leadership, cohesiveness, acceptability, and ownership of the product. The CNAPs are more structured and have attracted commitment from key players. It has also improved capacity building in M&E and costing of nutrition. However, nutrition specialists are not involved during budgeting preparations and this becomes a problem in planning for activities. This often results in having an ambitious plan but with limited budget, leading to good content but with limited coherence of the planned activities.

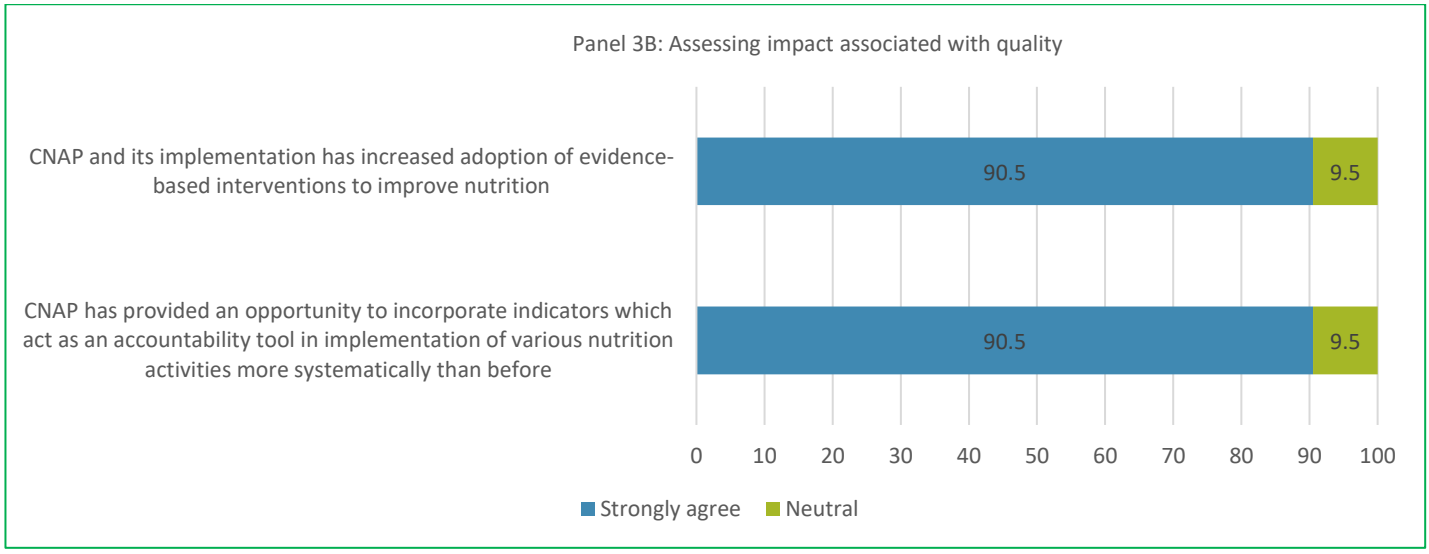
There were generally low levels of agreement of use of costed tool which was corroborated during the validation meeting, with some suggesting that the financial tracking tool is not being used as such, so there is need for further capacity and capability building on the use of the tool. Although we see high level of agreement with outcomes associated with coordination- Panel 3D, the major challenges cited are multisectorality in matters nutrition and how to effectively coordinate such forums at the county level.

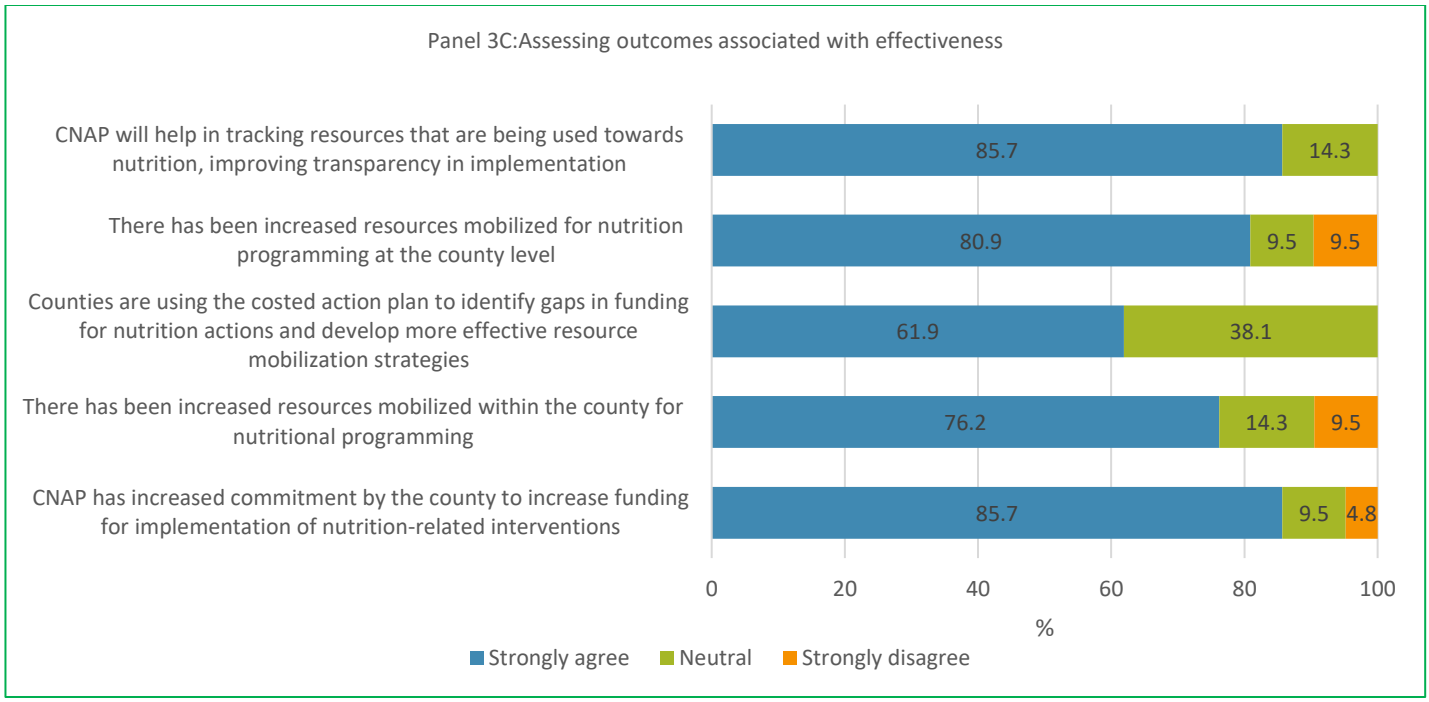
These discussions led to some key recommendations agreeing with recommendations presented earlier:

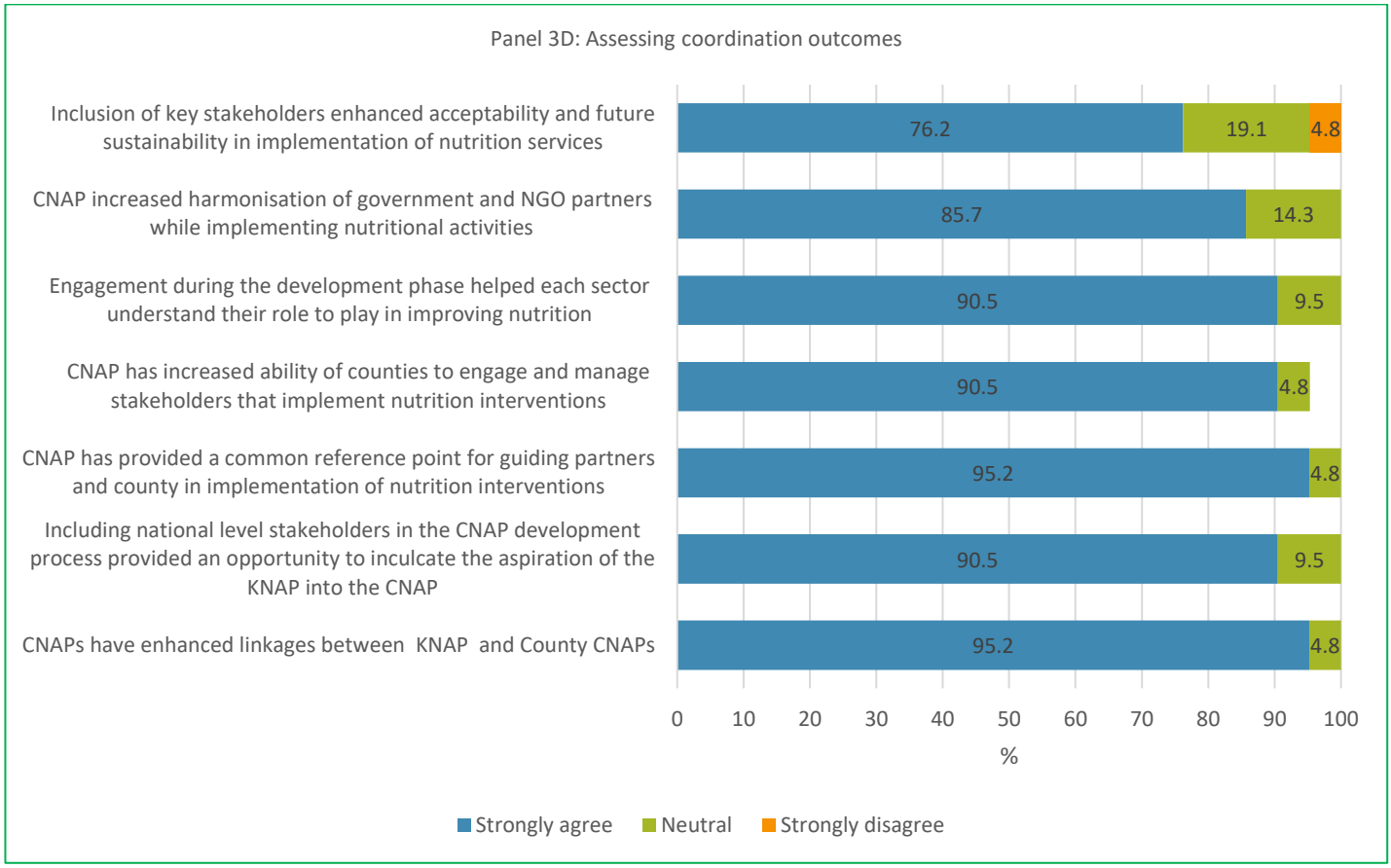
- ✓ Strengthening multisectoral coordination for nutrition at county level
- ✓ Advocacy and planning process for implementation should involve actors with sufficient power, political clout and budget to convene meetings and mobilize actions from various key ministries but this has to be done in an innovative manner.
- ✓ Future development of the CNAP and KNAP would need to have a balance in terms of collating interventions for implementation by either using top-bottom and Bottom--up approaches.

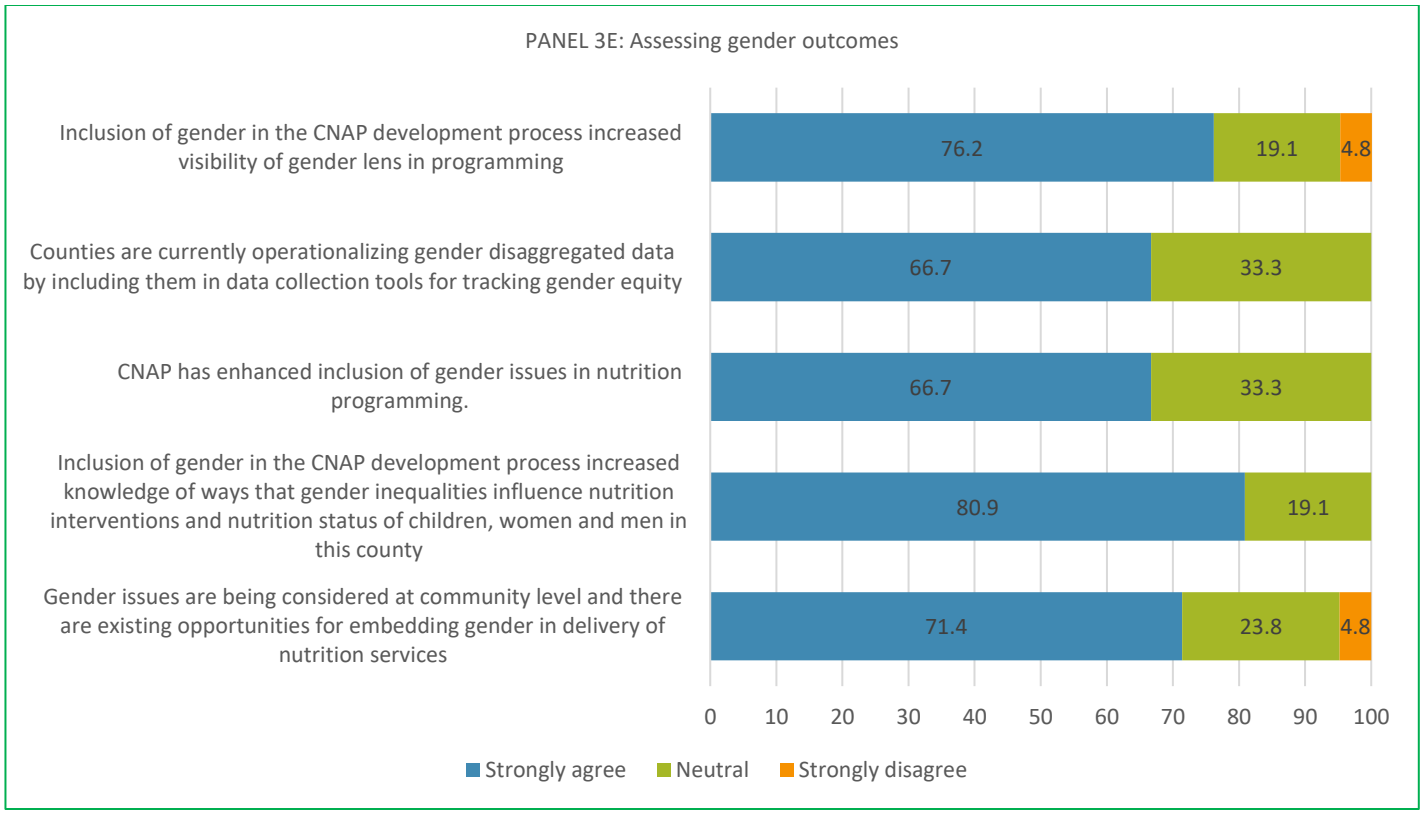
**FIGURE 3: LEVELS OF AGREEMENT WITH ASSESSED IMPACT OF TECHNICAL SUPPORT ON TAN PROGRAMME OUTCOMES**

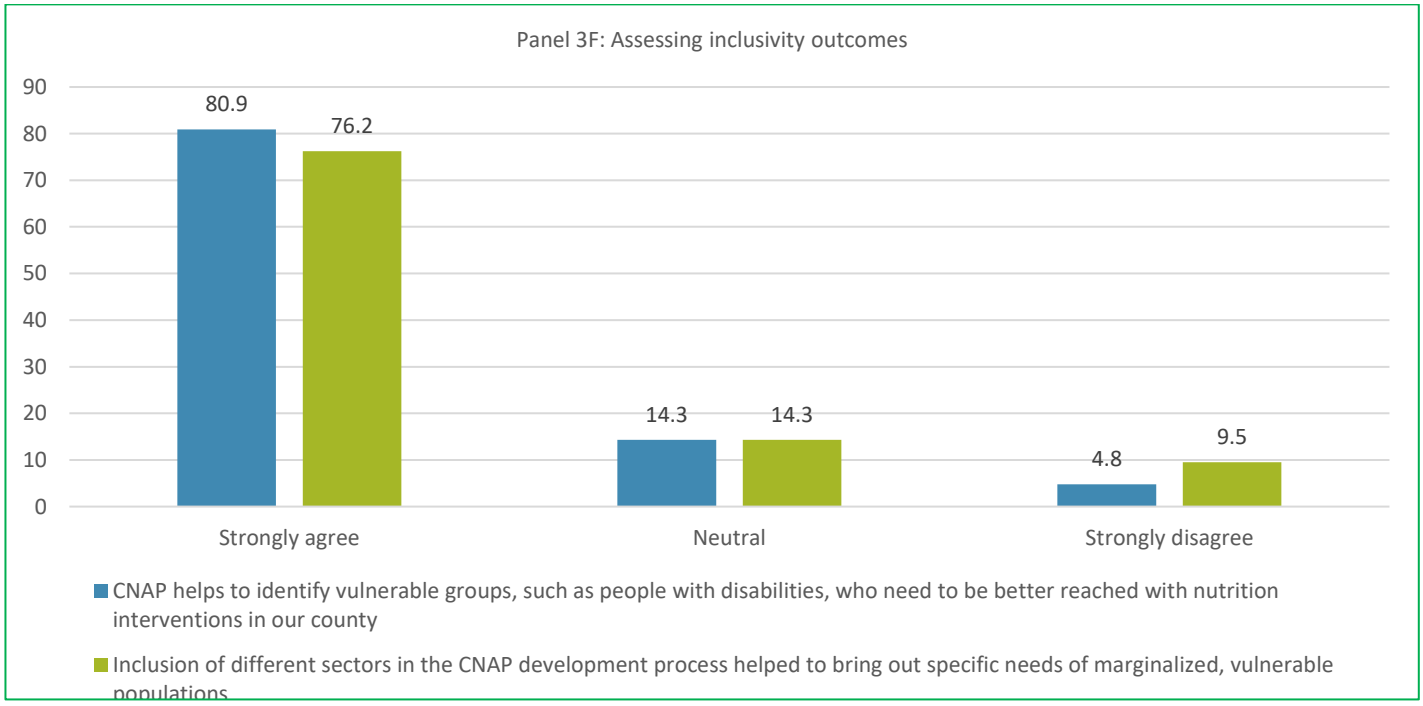


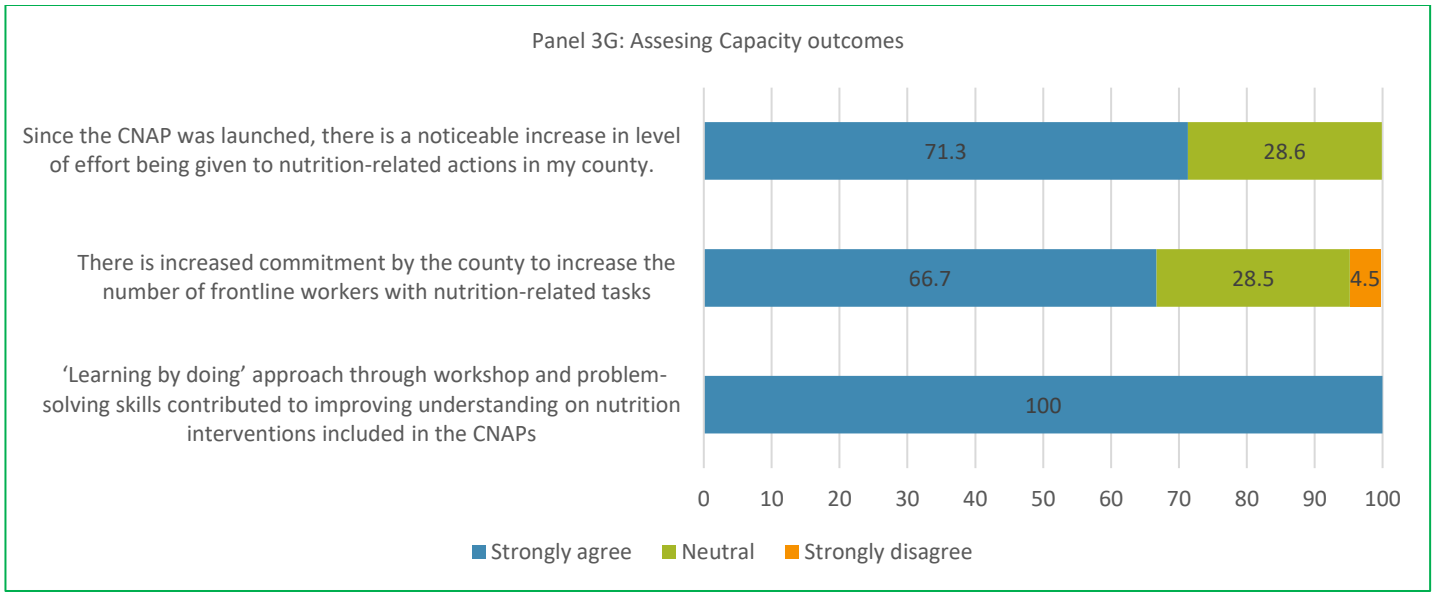



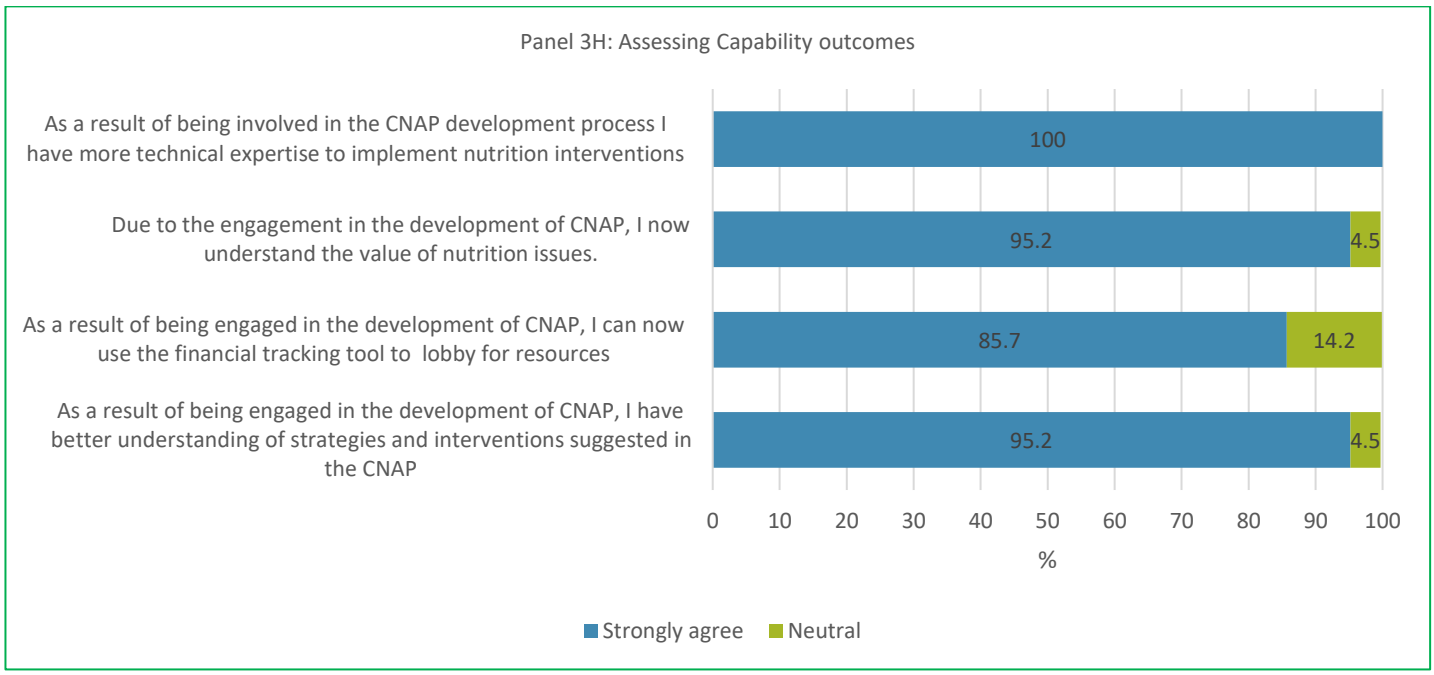

Panel 3C:Assessing outcomes associated with effectiveness
CNAP will help in tracking resources that are being used towards nutrition, improving transparency in implementation
85.7
14.3
There has been increased resources mobilized for nutrition programming at the county level
80.9
9.5
9.5
Counties are using the costed action plan to identify gaps in funding for nutrition actions and develop more effective resource mobilization strategies
61.9
38.1
There has been increased resources mobilized within the county for nutritional programming
76.2
14.3
9.5
CNAP has increased commitment by the county to increase funding for implementation of nutrition-related interventions
85.7
9.5
4.8
0
20
40
60
80
100
%
Strongly agree
Neutral
Strongly disagree


Panel 3D: Assessing coordination outcomes
Inclusion of key stakeholders enhanced acceptability and future sustainability in implementation of nutrition services
76.2
19.1
4.8
CNAP increased harmonisation of government and NGO partners while implementing nutritional activities
85.7
14.3
Engagement during the development phase helped each sector understand their role to play in improving nutrition
90.5
9.5
CNAP has increased ability of counties to engage and manage stakeholders that implement nutrition interventions
90.5
4.8
CNAP has provided a common reference point for guiding partners and county in implementation of nutrition interventions
95.2
4.8
Including national level stakeholders in the CNAP development process provided an opportunity to inculcate the aspiration of the KNAP into the CNAP
90.5
9.5
CNAPs have enhanced linkages between KNAP and County CNAPs
95.2
4.8
0
10
20
30
40
50
60
70
80
90
100
%
Strongly agree
Neutral
Strongly disagree


PANEL 3E: Assessing gender outcomes
Inclusion of gender in the CNAP development process increased visibility of gender lens in programming
76.2
19.1
4.8
Counties are currently operationalizing gender disaggregated data by including them in data collection tools for tracking gender equity
66.7
33.3
CNAP has enhanced inclusion of gender issues in nutrition programming.
66.7
33.3
Inclusion of gender in the CNAP development process increased knowledge of ways that gender inequalities influence nutrition interventions and nutrition status of children, women and men in this county
80.9
19.1
Gender issues are being considered at community level and there are existing opportunities for embedding gender in delivery of nutrition services
71.4
23.8
4.8
0 10 20 30 40 50 60 70 80 90 100
Strongly agree
Neutral
Strongly disagree


Panel 3F: Assessing inclusivity outcomes
90
80
70
60
50
40
30
20
10
0
80.9
76.2
14.3
14.3
4.8
9.5
Strongly agree
Neutral
Strongly disagree
CNAP helps to identify vulnerable groups, such as people with disabilities, who need to be better reached with nutrition interventions in our county
Inclusion of different sectors in the CNAP development process helped to bring out specific needs of marginalized, vulnerable populations


Panel 3G: Assesing Capacity outcomes
Since the CNAP was launched, there is a noticeable increase in level of effort being given to nutrition-related actions in my county.
There is increased commitment by the county to increase the number of frontline workers with nutrition-related tasks
'Learning by doing' approach through workshop and problem-solving skills contributed to improving understanding on nutrition interventions included in the CNAPs
71.3
28.6
66.7
28.5
4.5
100
0 10 20 30 40 50 60 70 80 90 100
Strongly agree
Neutral
Strongly disagree


Panel 3H: Assessing Capability outcomes
As a result of being involved in the CNAP development process I have more technical expertise to implement nutrition interventions
Due to the engagement in the development of CNAP, I now understand the value of nutrition issues.
As a result of being engaged in the development of CNAP, I can now use the financial tracking tool to lobby for resources
As a result of being engaged in the development of CNAP, I have better understanding of strategies and interventions suggested in the CNAP
100
95.2
4.5
85.7
14.2
95.2
4.5
0 10 20 30 40 50 60 70 80 90 100
%
Strongly agree
Neutral

# Annex 4: Progress Assessment Questionnaires

## Questions for sub-National stakeholders e.g., local Government staff

| | |
|---|---|
| **Respondent details** | |
| **Institution details** | |
| **Roles in the TA activities (KEN-05_TA)** | |
| **Period they were engaged in the process of developing CNAP** | |

**TA Product Perception and Distribution**

1. **Please can you tell us about your engagement in the development of county nutritional action plans.**
   - Tell us about the process of your engagement- when did you get the support? who provided the support and what is your perception of that support?
   - What value has been added by having the same TA team that supported development of the national strategy now being involved in supporting development of county-level action plans? In what ways has this helped increase alignment between the county and national level?
   - What has been the nature of engagement between subnational stakeholders and national actors during the development of CNAP? How did the development of KNAP-2 help in the development of CNAP?
   - What in your view is the linkage between the CNAPs and KNAP-2?
   - How did KNAP-2 help inform the CNAP development process and how has the national-level framework helped guide the county-level goals?
   - Which ministries were engaged in the process? and how did/will that help in multi-sectorial nature of implementation process?
   - Overall, how useful was the CNAP process? is there anything in the process of development of the TA that you would have liked to be done differently? if yes why and what was it?

**TA Product Follow-Up**

2. **Please tell me about the status of any follow up action plan(s) linked to the CNAP that relate to your area of work.**
   - Has the CNAP been officially launched in your county? if yes how has the launching of the CNAP been instrumental in generating momentum in its implementation and to what extent has the county utilised the CNAP?
   - Is there any evidence that the launch may have led to an increase in level of effort given to nutrition actions at the county level?
   - To what extent are scheduled millstones been implemented according to the plan? if no what has been the reasons for the delay- probe for the influence of context such as the effect of COVID-19 pandemic on these follow-up action plans?
   - How has COVID-19 pandemic altered the context of implementation of the CNAP priorities? What implications does this have for the relevance of these CNAPs that were finalized just prior to the pandemic?
   - How have donor priorities changed in the meantime due to COVID-19? How have donor priorities changed in the meantime? What are the challenges and what are the opportunities as a result?
   - Where not on track, please tell me about the typical challenges you have faced. How are such challenges being addressed? By when do you hope for resolution?
   - Do you have recommendations for what action by whom might move this forward? e.g., policy advocacy; resources; capability building; capacity/ staffing?

**TA Product Adoption**

3. Please tell me how far your organization has used or integrated CNAP into your policies, plans, strategies, and/or monitoring frameworks or other relevant documents. (**Do you have a list of such documents you would be willing to share? Seek to detail the documents where this has been done)**
   - How has the County Nutrition Action Plan been used to guide the implementation of nutrition programmes at county level?
   - To what extent has the M&E framework developed for the CNAP been used to strengthen the M&E of nutrition indicators across the county and feed into national nutrition reporting?
   - is there any evidence that the M&E framework is being used to enhance monitoring of key indicators prioritized in the CNAP?
   - is there any evidence of use of cross-sectoral common results framework in the CNAP? How is the county monitoring change for interventions being implemented in the CNAP?
   - To what extent has the CNAPs served as an accountability tool with which counties can measure and review progress towards achievement of set goals?
   - Where this has not fully happened yet, please tell me about the challenges faced.

- How are these challenges being addressed?
- What action do you recommend by whom to move this forward? e.g., policy advocacy; resources; capability building; capacity/ staffing?

**Effectiveness in leveraging and mobilizing resources.**

4. Please tell me about the status of financing for moving the implementation of CNAP in your county?

***Interviewer's note:*** *If a resourcing table was included with the TA Product, please refer to that and ask for information about what has changed since it was finalized.*

- Has there bean any increased commitment of funding for the planned activities in the CNAP? If yes how much and what is the status of such funding?
- Has anyone budgeted, pledged, committed, or released additional resources since the resource mapping for the CNAP was finalized? Please describe these in detail.
- To what extent has the CNAPs guided the advocacy for Domestic Resource Mobilization at county level as well as a basis for negotiation of matched funding?
- How have counties been able to take advantage of different funding mechanisms available for nutrition at county level through this process?
- How has the costing of the CNAP helped to project the resources needed to implement the plans and helped county leaders to advocate for increased domestic and donor investment for nutrition?
- Have you been able to secure the budget indicated for operationalizing the CNAP?
- What gaps remain? What should be done about them, by whom and when?

**Quality**

5. In what ways has the TA provided influenced the quality of nutrition-related efforts?

(e.g., quality of care, services for under-served populations, tools/processes to monitor service delivery)

- Consider before and after the CNAP process, to what extent would you say the process has helped the county implement/incorporate more evidence-based nutrition interventions in their work plans?
- Are there any aspects of these efforts to improve nutrition where you or others would like to see further quality improvements moving forward?
- What gaps remain? What should be done about them, by whom and when?

**Scale**

**6. In what ways has the CNAP contributed to increased scale of nutrition-related policy and/or actions? (e.g., number of sectors involved, interventions to be delivered, or beneficiaries reached)**

- Is there any increased coverage of nutrition interventions since the CNAP was developed/launched?
- Any evidence of increased intensity of certain intervention? if yes which ones and why do you say so?
- would you comment on the engagement of more sectors that are willing to support implementation of Nutrition interventions? if there are which ones are they and how have they been involved?
- What gaps remain? What should be done about them, by whom and when?

**Coordination**

7. To what extent has this CNAP and/or the process used to put it together, affected the coordination, governance, and championship of nutrition?
   - In what ways have nutrition governance structures or coordination processes at national and sub-national levels changed due to the development of CNAP? Please highlight significant examples
   - What partners have come on board to support the implementation of CNAP and what area of support have they committed to/implementing**? (Seek for evidence of nature of activities partners are engaged in that speaks to CNAP)**
   - How has the engagement of other stakeholders beyond MoH e.g. Agriculture, education, etc. been instrumental in supporting nutrition in the county? (**Explore for evidence of how the county level team has been able to manage other stakeholders)**
   - Are there any changes in your reporting or information sharing on nutrition issues?
   - What gaps remain? What should be done about them, by whom and when?

**Gender Equality**

***8.*** **Now let us talk about gender, has the development of CNAP helped contribute to highlining gender issues associated with nutrition?**

- How has the gender lens in the development of the CNAPs been realised- what is the place of gender in the implementation?
- **Was any gender-sensitive indicators listed in the M&E framework that need to be included in data tracking systems? If yes, how is data for those indicators being collected?**

- Is there a prioritization of increasing the coverage for nutrition interventions that benefit women and girls? Examples could be making food security and nutrition strategy or emerging policies/laws more inclusion of gender perspective, policy direction that address women representation in nutrition intervention, inclusion of vulnerable girls and women (If **yes seek to examine evidence for any of these and any other**)
- What evidence is there that this TA contributed to making these gender issues prominent?
- What are other types of gender results to which the implementation of this TA may have contributed?
    - New gender-related products or services because of the TA *e.g., Policy brief/knowledge product on the effects of early marriage on adolescent girls' nutrition*
    - Changes in capacity (increase in knowledge, awareness, skills or abilities) or access among government stakeholders or other beneficiaries ***(e.g. greater ability to identify bottlenecks to addressing coverage gaps for vulnerable groups***
    - Changes in behaviour, practice or performance among government stakeholders or other beneficiaries (***e.g. increased frequency of discussions on gender issues in nutrition planning meetings***
    - **What** gaps still remain? What should be done about them, by whom and when?

**Inclusion**

**9.** To what extent has the development of CNAP process been used to put it together encouraged greater involvement of various organization in scaling up nutrition? **(Note focus on organisation that represent marginalised groups- women and children, disabled)**

- Please highlight any significant examples
- What gaps remain? What should be done about them, by whom and when?

**Capacity** (*i.e. greater capacity for delivery of nutrition actions, such as number of staff working on nutrition or level of effort aimed at enabling nutrition results in relevant sectors*)

10. To what extent has the CNAP, and/or the process used to put it together, led to changes in your organization's capacity for providing nutrition services?
    - Please highlight any significant examples:
        - Higher numbers of staff mobilized to deliver nutrition actions? has this been part of their normal duties or expanded to cover areas in the CNAP?
        - to what extent has these staff been capacitated to implement nutrition interventions
        - Greater level of effort on nutrition within your sector?
    - What gaps remain? What should be done about them, by whom and when?

**Capability** (*i.e. enhanced knowledge, skills and practices*)

**11. To what extent has this CNAP and/or the process used to put it together, led to changes in capabilities (knowledge, skills, and practices) for supporting the provision of nutrition services?**

- Were there any specific types of training, tools provided, or mentoring given during the TA support that were particularly useful?
- What are the most significant changes in practice by staff in your organization that can be attributed to the process of developing the CNAP?
- Are there trainings being conducted for field-level workers to enhance their knowledge & practices on implementation of the CNAP?
- How has the county team used the financial tracking tool? are there any incidences where the team has ben able to use it to identify gaps in funding? if yes how did that happen?
- What gaps remain in the capability of your staff to deliver nutrition actions? What should be done about them, by whom and when?
- Can you share any specific examples of knowledge that the TA providers shared or translated into new knowledge products during the TA process that has contributed to changes in behaviour or actions by key stakeholders along with the examples of what those changes were (*Examples could include changes to your organization or work planning, or changes to nutrition policy and spending*)?

**Other informants**

12. Who else do you recommend I talk specifically to gain more insights into these issues?

**Those are all the questions I had. Thank you very much again for your time.**

| | |
|---|---|
| **Questions for Development Partners (Donors, UN Agencies, NGOs)Respondent details** | |
| **Institution details** | |
| **Roles in the TA activities (KEN-05_TA)** | |
| **Period they were engaged in the process of developing CNAP** | |

**TA Product Perception and Distribution**

**13. Please can you tell us about your engagement in the development of county nutritional action plans.**

- If you were involved in or aware of the development of CNAP and the actions taken since it ended, what is your overall impression of how the TA processes and product(s) have helped to advance efforts to improve nutrition in this country?
- Tell us about the process of your engagement- which counties did you support? what was your perception of that support? **(Focus on how they think it was received by county and national level stakeholders)**
- Would you comment on the quality of TA provided to counties process? How could this process be improved?

**Ask if they were engaged in the process.**

- What value do you think it has been added by having the same TA team that supported development of the national strategy and being involved in supporting development of county-level action plans? In what ways has this helped increase alignment between the county and national level?
- Which stakeholders were engaged in the process? and how did/will that help in multi-sectorial nature of implementation process?
- Overall, how useful was the CNAP process? is there anything in the process of development of the TA that you would have liked to be done differently? if yes why and what was it?

**TA Product Follow-Up**

**14. To align with the CNAP process, what changes have you made to your nutrition programming?**

- if yes how has the launching of the CNAP been instrumental in generating momentum in donor alignment with CNAP?
- What changes are you likely to make going forward?
- How has COVID-19 pandemic altered the context of implementation of the CNAP priorities? What implications does this have for the relevance of these CNAPs that were finalized just prior to the pandemic?
- How have donor priorities changed in the meantime due to COVID-19? How have donor priorities changed in the meantime? What are the challenges and what are the opportunities as a result?
- Do you have recommendations for what action by whom might move this forward? e.g. policy advocacy; resources; capability building; capacity/ staffing?

**TA Product Adoption**

15. **Please tell me how you have used CNAP in planning for your activities, strategies**.

- Is there ay example of alignment as a donor you have done to accommodate county plans.
- To what extent as donors are you using the M&E framework developed for the CNAP to strengthen the M&E of nutrition indicators across the county and feed into national nutrition reporting?
- To what extent has the CNAPs served as an accountability tool with which counties can measure and review progress towards achievement of set goals?
- Are there any challenges in aligning your plans with CNAP? Where these exist, how are these challenges being addressed?
- What action do you recommend by whom to move this forward? e.g. policy; capability building; capacity/ staffing?

**Effectiveness in leveraging and mobilizing resources.**

**16.** Please tell me about the status and amount of financing for any contributions your organization has committed to making to help operationalize the of financing for moving the implementation of CNAP **at county level**?

***Interviewer's note:*** *If a resourcing table was included with the TA Product, please refer to that and ask for information about what has changed since it was finalized.*

- Has your organisation budgeted, pledged, committed, or released additional resources to support CNAP in any county?
- Has there been any increased commitment of funding for the planned activities in the CNAP by donors? Is there an example you can cite from any county of such funding?
- Has any county budgeted, pledged, committed, or released additional resources since the resource mapping for the CNAP was finalized? Please describe these in detail.
- To what extent has the CNAPs guided the advocacy for Domestic Resource Mobilization at county level as well as a basis for negotiation of matched funding?

- How has the costing of the CNAP helped to project the resources needed to implement the plans and helped county leaders to advocate for increased domestic and donor investment for nutrition?
- Has any county been able to secure the budget indicated for operationalizing the CNAP?
- What gaps remain? What should be done about them, by whom and when?

**Quality**

17. In what ways has the TA provided to counties influenced the quality of nutrition-related efforts?

(e.g. quality of care, services for under-served populations, tools/processes to monitor service delivery)

- Consider before and after the CNAP process, to what extent would you say the process has helped the county implement/incorporate more evidence-based nutrition interventions in their work plans?
- Are there any aspects of these efforts to improve nutrition where you or others would like to see further quality improvements moving forward?
- What gaps remain? What should be done about them, by whom and when?

**Scale**

**18. In what ways has the CNAP contributed to increased scale of nutrition-related policy and/or actions? (e.g. number of sectors involved, interventions to be delivered, or beneficiaries reached)**

- Is there any increased coverage or visibility of nutrition interventions since the CNAP was developed/launched?
- Any evidence of increased intensity of certain intervention? if yes which ones and why do you say so?
- would you comment on the engagement of more sectors that are willing to support implementation of Nutrition interventions? if there are which ones are, they and how have they been involved?
- What gaps remain? What should be done about them, by whom and when?

**Coordination**

19. To what extent has this CNAP and/or the process used to put it together, affected the coordination, governance, and championship of nutrition at both national and county level?
    - In what ways have nutrition governance structures or coordination processes at national and sub-national levels changed due to the development of CNAP? **Please highlight significant examples**
    - What partners have come on board to support the implementation of CNAP and what area of support have they committed to/implementing**? (Seek for evidence of nature of activities partners are engaged in that speaks to CNAP)**
    - How has the engagement of other stakeholders beyond MoH e.g. Agriculture, education, etc. been instrumental in supporting nutrition in the county? (**Explore for evidence of how the county level team has been able to manage other stakeholders)**
    - Are there any changes in your reporting or information sharing on nutrition issues?
    - What gaps remain? What should be done about them, by whom and when?

**Gender Equality**

***20.*** **Now let us talk about gender, has the development of CNAP helped contribute to highlining gender issues associated with nutrition?**

- How has the gender lens in the development of the CNAPs been realised- what is the place of gender in the implementation?
- **Was any gender-sensitive indicators listed in the M&E framework that need to be included in data tracking systems? If yes, how is data for those indicators being collected?**
- Is there a prioritization of increasing the coverage for nutrition interventions that benefit women and girls? Examples could be making food security and nutrition strategy or emerging policies/laws more inclusion of gender perspective, policy direction that address women representation in nutrition intervention, inclusion of vulnerable girls and women (If **yes seek to examine evidence for any of these and any other**)
- What evidence is there that this TA contributed to making these gender issues prominent?
- What are other types of gender results to which the implementation of this TA may have contributed?
    - New gender-related products or services because of the TA *e.g., Policy brief/knowledge product on the effects of early marriage on adolescent girls' nutrition*
    - Changes in capacity (increase in knowledge, awareness, skills or abilities) or access among government stakeholders or other beneficiaries ***(e.g. greater ability to identify bottlenecks to addressing coverage gaps for vulnerable groups***
    - Changes in behaviour, practice or performance among government stakeholders or other beneficiaries **(*e.g. increased frequency of discussions on gender issues in nutrition planning meetings***
    - **What** gaps still remain? What should be done about them, by whom and when?

**Inclusion**

**21.** To what extent has the development of CNAP process been used to encourage greater involvement of various organization in scaling up nutrition? **(Note focus on organisation that represent marginalised groups- women and children, disabled)**

- To what extent has this TA process helped foster greater inclusion of marginalized/vulnerable populations?

- Please highlight any significant examples
- What gaps remain? What should be done about them, by whom and when?

**Capacity** (*i.e. greater capacity for delivery of nutrition actions, such as number of staff working on nutrition or level of effort aimed at enabling nutrition results in relevant sectors*)

22. To what extent has the CNAP, and/or the process used to put it together, led to changes in the county's capacity for providing nutrition services?
    - Please highlight any significant examples:
        - Higher numbers of staff mobilized to deliver nutrition actions? has this been part of their normal duties or expanded to cover areas in the CNAP?
        - to what extent has these staff been capacitated to implement nutrition interventions
        - Greater level of effort on nutrition within your sector?
    - What gaps remain? What should be done about them, by whom and when?

**Capability** (*i.e. enhanced knowledge, skills and practices*)

**23. To what extent has this CNAP and/or the process used to put it together, led to changes in capabilities (knowledge, skills, and practices) for supporting the provision of nutrition services?**
    - Were there any specific types of training, tools provided, or mentoring given during the TA support that were particularly useful?
    - What are the most significant changes in practice by staff in your organization that can be attributed to the process of developing the CNAP?
    - Are there trainings being conducted for field-level workers to enhance their knowledge & practices on implementation of the CNAP?
    - How has the county team used the financial tracking tool? are there any incidences where the team has ben able to use it to identify gaps in funding? if yes how did that happen?
    - What gaps remain in the capability of your staff to deliver nutrition actions? What should be done about them, by whom and when?
    - Can you share any specific examples of knowledge that the TA providers shared or translated into new knowledge products during the TA process that has contributed to changes in behaviour or actions by key stakeholders along with the examples of what those changes were (*Examples could include changes to your organization or work planning, or changes to nutrition policy and spending*)?

**Other informants**

24. Who else do you recommend I talk specifically to gain more insights into these issues?

**Those are all the questions I had. Thank you very much again for your time.**

## Key informant interview National level stakeholders

| | |
|---|---|
| **Respondent details** | |
| **Institution details** | |

**TA Product Perception and Distribution**

**25. Please can you tell us about your engagement in the development of national nutritional action plans.**

- Tell us about the overall impression of how the TA processes and products have helped in advancing the efforts to improve nutrition in Kenya?
- How was the process of your engagement? When did you get the support? Who provided the support and what is your perception of that support?
- In what ways do you feel the quality of KNAP has improved from earlier versions? Please highlight any significant areas/examples.
- What has been the nature of engagement between subnational stakeholders and national actors during the development of CNAP? How did the development of KNAP-2 help in the development of CNAP?
- What in your view is the linkage between the CNAPs and KNAP-2?
- Which ministries were engaged in the process? and how did/will that help in multi-sectorial nature of implementation process?
- Overall, how useful was the KNAP process? is there anything in the process of development of the TA that you would have liked to be done differently? if yes why and what was it?

**TA Product Follow-Up**

**26. Please tell me about the status of any follow up action plan(s) linked to the CNAP that relate to your area of work.**

- Since the launch on the KNAP is there any difference in the level of effort given to nutrition actions at the national level?
- To what extent are scheduled milestones been implemented according to the plan? if no what has been the reasons for the delay- probe for the influence of context such as the effect of COVID-19 pandemic on these follow-up action plans?
- How has COVID-19 pandemic altered the context of implementation of the KNAP priorities? What implications does this have for the relevance of these KNAPs that were finalized just prior to the pandemic?
- How have donor priorities changed in the meantime due to COVID-19? How have donor priorities changed in the meantime? What are the challenges and how have they been addressed?
- Do you have recommendations for what action by whom might move this forward? e.g., policy advocacy; resources; capability building; capacity/ staffing?

**TA Product Adoption**

**27.** Please tell me how far your Ministry has used or integrated KNAP into your policies, plans, strategies, and/or monitoring frameworks or other relevant documents. (**Do you have a list of such documents you would be willing to share? Seek to detail the documents where this has been done)**

- How has the Kenya Nutrition Action Plan been used to guide the implementation of nutrition programmes at county level?
- To what extent has the M&E framework developed for the KNAP been used to strengthen the M&E of nutrition to feed into national nutrition reporting?
- is there any evidence that the M&E framework is being used to enhance monitoring of key indicators prioritized in the KNAP?
- is there any evidence of use of cross-sectoral common results framework in the KNAP? How is the national monitoring change for interventions being implemented in the KNAP?
- To what extent has the KNAPs served as an accountability tool with which different ministries can measure and review progress towards achievement of set goals?
- Where this has not fully happened yet, please tell me about the challenges faced.
- How are these challenges being addressed?
- What action do you recommend by whom to move this forward? e.g., policy advocacy; resources; capability building; capacity/ staffing?

**Effectiveness in leveraging and mobilizing resources.**

28. Please tell me about the status of financing for moving the implementation of KNAP.

***Interviewer's note:*** *If a resourcing table was included with the TA Product, please refer to that and ask for information about what has changed since it was finalized.*

- To what extent has resource mobilization been undertaken to support nutrition actions delivered by the different Ministries and stakeholders?
- What is your impression on the level of commitment on funding for the planned activities in the KNAP? What is the status of such funding?

- Has anyone budgeted, pledged, committed, or released additional resources since the resource mapping for the KNAP was finalized? Please describe these in detail.
- To what extent has the KNAPs guided the advocacy for Domestic Resource Mobilization at national level as well as a basis for negotiation of matched funding?
- How has the national government been able to take advantage of different funding mechanisms available for nutrition at the national level through this process?
- How has the costing of the KNAP helped to project the resources needed to implement the plans and helped Ministries and stakeholders to advocate for increased domestic and donor investment for nutrition?
- Have you been able to secure the budget indicated for operationalizing the KNAP?
- What gaps remain? What should be done about them, by whom and when?

**Quality**

2. In what ways has the TA provided influenced the quality of nutrition-related efforts?

(e.g., quality of care, services for under-served populations, tools/processes to monitor service delivery)

- How has the KNAP influenced the coverage of nutrition interventions since it was developed/launched?
- Consider before and after the KNAP process, to what extent would you say the process has helped the national implement/incorporate more evidence-based nutrition interventions in their work plans?
- Are there any aspects of these efforts to improve nutrition where you or others would like to see further quality improvements moving forward?
- What gaps remain? What should be done about them, by whom and when?

**Scale**

**29. In what ways has the KNAP contributed to increased scale of nutrition-related policy and/or actions? (e.g., number of sectors involved, interventions to be delivered, or beneficiaries reached)**

- What is your impression on the intensity of certain intervention (Increased or decreased)? if yes which ones and why do you say so?
- would you comment on the engagement of sectors that are willing to support implementation of Nutrition interventions at national level? if there are which ones are, they and how have they been involved?
- What gaps remain? What should be done about them, by whom and when?

**Coordination**

30. To what extent has this KNAP and/or the process used to put it together, affected the coordination, governance, and championship of nutrition?
    - In what ways have nutrition governance structures or coordination processes at national levels changed due to the development of KNAP? Please highlight significant examples
    - What partners have come on board to support the implementation of KNAP and what area of support have they committed to/implementing**? (Seek for evidence of nature of activities partners are engaged in that speaks to KNAP)**
    - How has the engagement of other stakeholders beyond MoH e.g., Agriculture, education, etc. been instrumental in supporting nutrition at national level? (**Explore for evidence of how the national level team has been able to manage other stakeholders)**
    - How is the national nutrition coordination by the different sectors and stakeholders been?
    - Are there any changes in your reporting or information sharing on nutrition issues?
    - What gaps remain? What should be done about them, by whom and when?

**Gender Equality**

***31.*** **Now let us talk about gender, has the development of CNAP helped contribute to highlining gender issues associated with nutrition?**

- How has the gender lens in the development of the CNAPs been realized- what is the place of gender in the implementation?
- **Was any gender-sensitive indicators listed in the M&E framework that need to be included in data tracking systems? If yes, how is data for those indicators being collected?**
- Is there a prioritization of increasing the coverage for nutrition interventions that benefit women and girls? Examples could be making food security and nutrition strategy or emerging policies/laws more inclusion of gender perspective, policy direction that address women representation in nutrition intervention, inclusion of vulnerable girls and women (If **yes seek to examine evidence for any of these and any other**)
- What evidence is there that this TA contributed to making these gender issues prominent?
- What are other types of gender results to which the implementation of this TA may have contributed?
    - New gender-related products or services because of the TA *e.g., Policy brief/knowledge product on the effects of early marriage on adolescent girls' nutrition*

- Changes in capacity (increase in knowledge, awareness, skills or abilities) or access among government stakeholders or other beneficiaries **(*e.g. greater ability to identify bottlenecks to addressing coverage gaps for vulnerable groups***
- Changes in behavior, practice or performance among government stakeholders or other beneficiaries **(*e.g., increased frequency of discussions on gender issues in nutrition planning meetings***
- **What** gaps still remain? What should be done about them, by whom and when?

**Inclusion**

**32.** To what extent has the development of KNAP process been used to put it together encouraged greater involvement of various organization in scaling up nutrition? **(Note focus on organization that represent marginalized groups- women and children, disabled)**

- Please highlight any significant examples
- What gaps remain? What should be done about them, by whom and when?

**Capacity** (*i.e., greater capacity for delivery of nutrition actions, such as number of staff working on nutrition or level of effort aimed at enabling nutrition results in relevant sectors*)

33. To what extent has the KNAP, and/or the process used to put it together, led to changes in your organization's capacity for providing nutrition services?
    - Please highlight any significant examples:
        - Higher numbers of staff mobilized to deliver nutrition actions? has this been part of their normal duties or expanded to cover areas in the CNAP?
        - to what extent has these staff been capacitated to implement nutrition interventions
        - level of effort on nutrition within your sector?
    - What gaps remain? What should be done about them, by whom and when?

**Capability** (*i.e., enhanced knowledge, skills and practices*)

**34. To what extent has this KNAP and/or the process used to put it together, led to changes in capabilities (knowledge, skills, and practices) for supporting the provision of nutrition services?**

- Were there any specific types of training, tools provided, or mentoring given during the TA support that were particularly useful?
- What are the most significant changes in practice at national level that can be attributed to the process of developing the KNAP?
- Are there trainings being conducted for Ministry leaders and managers to enhance their knowledge & practices on implementation of the KNAP?
- How has the national team (Ministries) used the financial tracking tool? are there any incidences where the team has been able to use it to identify gaps in funding? if yes how did that happen?
- What gaps remain in the capability of your Ministry to deliver nutrition actions? What should be done about them, by whom and when?
- Can you share any specific examples of knowledge that the TA providers shared or translated into new knowledge products during the TA process that has contributed to changes in behavior or actions by key stakeholders along with the examples of what those changes were (*Examples could include changes to your organization or work planning, or changes to nutrition policy and spending*)?

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**Those are all the questions I had. Thank you very much again for your time.**