

Evaluation of the Nutrition Improvements through Cash and Health Education (NICHE) Programme (April 2021-July 2022)

Prepared for: Government of Kenya



Formative Evaluation Report

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Contents

Acronyms and Other Abbreviations.....	iv
Acknowledgments.....	vi
Executive Summary.....	1
Overview of Intervention Being Evaluated.....	1
Evaluation Objectives	2
Evaluation Scope and Methodology.....	3
Key Findings	3
Conclusions.....	5
Lessons Learned	6
Key Recommendations.....	6
1. Background and Context.....	1
1.1 Introduction	1
1.2 Nutrition and Health Context	2
1.3 Social Protection Context.....	3
1.4 Object of the Evaluation	4
2. Purpose, Objectives and Scope.....	8
2.1 Purpose of the Evaluation.....	8
2.2 Evaluation Objectives.....	9
2.3 Evaluation Scope.....	9
3. Methodology.....	11
3.1 Evaluation Framework	11
3.2 Evaluation Criteria and Questions	12
3.3 Evaluation Design.....	15
3.4 Analytical Process	16
3.5 Limitations	21
4. Findings	22
4.1 Component 1: Review of NICHE	22
4.2 Component 2: Refinement of ToC	52
5. Conclusions	56
6. Lessons Learned.....	57
7. Recommendations	58
References	63
Annex A. Evaluation Matrix for Formative Evaluation.....	A-1
Annex B. List of Document Review Sources.....	B-1
Annex C. Original Theory of Change	C-1
Annex D. Ethical Norms and Standards and IRB Approvals and Research Permits	D-1
Annex E. Stakeholder List and Qualitative Protocols.....	E-1
Annex F. Terms of Reference	F-1
Annex G. NICHE Baseline Report	G-1
Annex H. NICHE Refined M&E Framework	H-1

Tables

Table 1. Evaluation Matrix for the Formative Evaluation	12
Table 2. Formative KIIs at National Level and in Kitui County	19
Table 3. Key Findings for Evaluation Questions regarding Relevance.....	22
Table 4. Key Findings for Evaluation Questions regarding Coherence	36
Table 5. Key Findings for Evaluation Questions regarding Sustainability.....	45

Figures

Figure 1. Evaluation Components and Activities	9
Figure 2. Timeline for the Formative Evaluation of the NICHE Programme.....	10
Figure 3. Overview of the Evaluation Approach	16
Figure 4. Refined Theory of Change.....	55

Acronyms and Other Abbreviations

AIR	American Institutes for Research
ASAL	arid and semi-arid land
BFCI	Baby Friendly Community Initiative
CCCs	Core Commitments for Children
CHASP	Capacities for Health and Social Policy
CHS	community health strategy
CHV	community health volunteer
CNAP	County Nutrition Action Plan
COVID-19	coronavirus disease 2019
CPO	child protection officer
CRC	Convention on the Rights of the Child
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DCS	Department of Children Services
EDE	Ending Drought Emergencies
ERG	Evaluation Reference Group
EQ	evaluation questions
FCDO	Foreign, Commonwealth & Development Office
GBV	gender-based violence
GoK	Government of Kenya
HINI	high-impact nutrition interventions
HRBA	human rights-based approach
HSNP	Hunger Safety Net Programme
IFNA	Initiative for Food and Nutrition Security in Africa
IRB	institutional review board
IYCF	infant and young child feeding
KCO	Kenya Country Office (see UNICEF KCO)
KII	key informant interview
KNAP	Kenya Nutrition Action Plan
KNBS	Kenya National Bureau of Statistics
KSEIP	Kenya Social and Economic Inclusion Project
KSh	Kenya shilling
M&E	monitoring and evaluation
MIS	Management Information System
MIYCN	maternal, infant and young child nutrition
MLSP	Ministry of Labour and Social Protection
MOA	Ministry of Agriculture
MOH	Ministry of Health
MOU	memorandum of understanding

NDMA	National Drought Management Authority
NICHE	Nutrition Improvements through Cash and Health Education Programme
NSNP	National Safety Net Programme
NSO	Nutrition Support Officer
OECD	Organisation for Economic Co-operation and Development
OP-CT	Older Persons Cash Transfer
PWSD-CT	Cash Transfers for Persons with Severe Disabilities
SBCC	Social and Behaviour Change Communication
TA	technical assistance
ToC	Theory of Change
ToR	Terms of Reference
ToT	Training of Trainers
UNICEF KCO	United Nations Children’s Fund Kenya County Offices
WASH	water, sanitation and hygiene
WFP	World Food Programme

Acknowledgments

The Nutrition Improvements through Cash and Health Education (NICHE) programme is implemented by the Government of Kenya (Gok) through the Department of Children Services (DCS) within the State Department for Social Protection, Senior Citizens Affairs and Special Programs (part of the Ministry of Public Service, Gender, Senior Citizen Affairs and Special Programmes), and in collaboration with the MoH, the National Drought Management Authority (NDMA), and county governments with technical support from the United Nations Children’s Fund (UNICEF). The programme receives funding from the GoK through a grant from the Foreign Commonwealth, Development Organisation (FCDO) and the World Bank.

The formative evaluation and baseline assessment of the programme was commissioned by UNICEF Kenya and conducted by the American Institutes for Research® (AIR®), in partnership with Dalberg Research for the Government of Kenya. The evaluation team consisted of Juan Bonilla (AIR, team lead), Marlous de Milliano (AIR), Hannah Ring (AIR), Varsha Ranjit (AIR), Yasmina Haddad (AIR), Torben Behmer (AIR), Tamsin Walters (independent consultant) and Emily Mbelenga (independent consultant).

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Executive Summary

This report is the formative evaluation report for the evaluation of the Nutritional Improvements through Cash and Health Education (NICHE) programme. United Nations Children’s Fund (UNICEF) Kenya contracted the American Institutes for Research® (AIR®) in February 2021 to conduct a one-year, mixed-methods formative evaluation and baseline assessment of the NICHE programme consisting of a formative evaluation, revision of the monitoring and evaluation (M&E) framework. This formative evaluation report comprises a review of the NICHE programme design and implementation plan, and the refinement of the Theory of Change (ToC). The baseline assessment findings and a refinement of the revised M&E framework are presented as annexes to this report. The formative evaluation consisted of a desk review and qualitative analysis and was guided by the Organization for Economic Co-operation and Development (OECD) criteria (2019) on relevance, coherence, sustainability and efficiency of the NICHE programme and distils lessons learned from the NICHE pilot.

Overview of Intervention Being Evaluated

NICHE is a programme that integrates nutrition, social and child protection into existing cash transfer programmes to foster resilience and improve well-being among households living in poverty, with the ultimate objective of improving the nutritional status of vulnerable children. It is one of the three components of the Kenya Socio-Economic Inclusion Program (KSEIP), an initiative launched by the government of Kenya to strengthen delivery systems for enhanced access to social and economic inclusion services within safety nets for poor and vulnerable households. The Government of Kenya (GoK) is implementing NICHE in five counties (Kitui, Kilifi, Marsabit, Turkana and West Pokot) with technical support from UNICEF (Government of Kenya, 2021). As part of NICHE, eligible National Safety Net Programme (NSNP) beneficiary households that have a child under 2 years of age or a pregnant woman receive an additional cash top-up of 500 Kenya shillings (KSh) per month (Government of Kenya, 2021). Households receiving the cash top-up are also offered intensive nutrition counselling through the community health strategy (CHS) platform and Baby Friendly Community Initiative (BFCI) (Government of Kenya, 2021). In Kilifi, NICHE includes additional counselling on child protection and serves as a pilot to explore its potential for addressing violence against children, abuse, exploitation and neglect (Government of Kenya, 2021). The NICHE programme implementation with key deliverable areas on (1) the coordination system, (2) an enhanced registration system for NICHE within the National Safety Net program, (3) a strengthened community health strategy, (4) improved nutritional status of beneficiaries, (5) improved protection of children among beneficiaries, (6) functional monitoring and quality assurance systems had a budget of over \$11 million over

three years. By the end of the second year the implementation had a 15-month delay mostly due the COVID-19 pandemic. The delays affected pre-requisite capacity building to enable the planned mass roll-out of the nutrition counselling and parenting education.

Evaluation Purpose

The purpose of this evaluation is to conduct a formative evaluation of the NICHE programme to improve its design based on the initial performance as well as build the framework for systematically conducting M&E activities. This report is intended to inform the GoK (i.e. relevant ministries and departments (Ministry of Health [MOH], Ministry of Labour and Social Protection [MLSP], Department of Children Services [DCS], National Drought Management Authority [NDMA] and Ministry of Agriculture [MOA]) on future decisions regarding the Kenya Social and Economic Inclusion Project (KSEIP) and partners such as UNICEF. The work under this formative evaluation aligns the GoK Social Protection Policy, the Kenya Nutrition Action Plan and with the programmatic goals of the UNICEF Kenya 2018–2022 Country Programme Document.¹ The UNICEF KCO plans to reduce stunting and mortality (Outcome 1), enhance protection with increased access to prevention, care, treatment g (Outcome 3) and improve social inclusion and programming (Outcome 4). This goal supports the UNICEF global nutrition strategy to improve infant dietary practices and reduce stunting.

Evaluation Objectives

As noted in the Terms of Reference (ToR)², the formative evaluation of the NICHE programme encompasses four key objectives:

1. To identify and document key lessons learned, good practices and innovations from the NICHE pilot as well as the completed NICHE inception phase, with a focus on gender, equity and child rights, that can inform and support NICHE implementation;
2. To refine NICHE programme design and the ToC;
3. To improve M&E processes and systems for the implementation of the NICHE programme and its future evaluability;
4. To establish a baseline against which the impact of NICHE can be evaluated in the future.

¹ <https://www.unicef.org/about/execboard/files/2018-PL4-Kenya-CPD-ODS-EN.pdf>

² Terms of Reference (TOR) for Institutional Contractors – RFP 9161003 – 2020 – section 3.2 Objectives of the Evaluation.

Evaluation Scope and Methodology

This formative evaluation covers programme design and the first year of the implementation of the current NICHE programme in five counties (West Pokot, Kitui, Kilifi, Marsabit and Turkana). The programme was still in a nascent phase in the first year of implementation owing to delays in take-off of field based activities due to COVID-19. We also examine what worked and what did not work under the NICHE pilot to identify lessons learned and potential issues in the current programme guided by the OECD criteria (2019). For the formative evaluation,³ we conducted a desk review and key informant interviews (KIIs) with stakeholders at the national and county level of all five counties to answer evaluation questions about the NICHE programme's relevance, coherence, sustainability and efficiency. Stakeholder consultations were done to refine the ToC. *Questions of impact and effectiveness were answered as part of the baseline assessment for which we conducted a rapid qualitative assessment and household survey (see the Baseline Report in the Annex G).* The formative evaluation took place between August and December of 2021. The research methodologies are presented in detail in later sections of this report.

Key Findings

Below, we present the main findings by OECD-DAC criteria (2019) on relevance, coherence, sustainability, sustainability, and give a summary of the modifications made to the NICHE ToC.

Relevance

The NICHE programme is well aligned with both GoK and UNICEF priorities in the nutrition, social protection and child protection sectors. Respondents from concerned MOH, MLSP, DCS, NDMA detailed specific ways the programme aligns with their priority areas at the national and county levels and noted the importance of a multisectoral approach to address these priority areas. However, according to respondents, the programme could be better designed to support gender transformation and to address the specific needs of the women beneficiaries. Suggestions for improvement include enhancing the design to focus more heavily on gender issues, such as gender-based violence (GBV) and the mobilizing of men to assist in child-rearing responsibilities, and incorporating gender considerations within the implementation of the programme, such as ensuring that women are involved in how the family will use the money.

³ The evaluation team collected additional qualitative and quantitative data as part of the baseline, which we will present in a separate evaluation report.

The programme prioritizes resources for the most vulnerable groups, as evidenced by the fact that the five NICHE counties have some of the highest rates of stunting, wasting and acute malnutrition. NICHE works to support communities to mitigate the effects of the droughts by strengthening community-level services, such as health volunteers. NICHE is well aligned to normative guidance, such as the Core Commitments for Children (CCCs), in development and humanitarian situations, as it explicitly targets three of the CCC's six sector-specific programme commitments: nutrition, health and child protection.

Coherence

NICHE complements and supplements existing interventions in the five programme counties – most notably, the NSNP. The NICHE programme uses the existing MOH's community approach of BFCI as an entry point and relies on community CHVs to implement nutrition counselling. NICHE beneficiaries are targeted from an existing pool of beneficiaries of the NSNP, and the NICHE Management Information System (MIS) and Kenya Health Information System (KHIS) are fully integrated. Further, document review indicated clear assignments of individual and joint responsibilities was outlined in the MoU for the main stakeholders involved such as NDMA, MoH, and MLSP. The assignments provide a blueprint for effective coordination (MoU, 2021). Additionally, a NICHE agreement between UNICEF and the GoK outlined UNICEF's strategic role to support day to day coordination between the different ministries and sectors during scale-up and to serve as an intermediary for effective collaboration (UNICEF Kenya, 2019). Strong coordination structures exist at both the national and county levels, including the national Secretariat, Technical Advisory Committee and County Coordination forums. The existing National Nutrition Steering Committee is also used to facilitate coordination, and most respondents reported that coordination and communication among key stakeholders was functioning well. Respondents at all levels reported that the registration process has been working well, with only a few challenges mentioned related to data availability on household composition, resources for travel and cross-ministry coordination. County and subcounty officials have been actively involved in sensitization, targeting, and registration, as planned.

Sustainability

The NICHE programme is employing three primary strategies to ensure capacity development at the national and county levels and to engender long-term sustainability: targeted training and support in core programme areas, reliance on existing structures and staff, and gradual handover of responsibility to the MOH and other government partners. Respondents were largely optimistic that these steps would help sustain NICHE's benefits beyond the initial

implementation period and felt that several years of targeted technical assistance (TA) leading up to the handover is a good strategy to achieve sustainability. The importance of government involvement and ownership was one of the key lessons learned from the NICHE pilot, and respondents agreed that the current programme is actively engaging government stakeholders at all levels – starting from the planning and budgeting phase – to ensure that NICHE is implemented as a government programme rather than a UNICEF programme. Also contributing to the programme’s long-term sustainability is the fact that both the NICHE National Technical Advisory Committee and the Joint Secretariat are led by the government. Despite the emphasis on sustainability, funds have not been secured by the GoK to continue NICHE beyond KSEIP.

Efficiency

While robust coordination structures exist, programme implementers’ perspectives on the relationships across levels and sectors are mixed. Representatives from the MOH and Turkana County expressed that the coordination structures have led to relatively strong relationships between levels of the programme and the relevant government ministries that reflect the intersectional nature of NICHE. An MOH representative reported that the various government levels and ministries use methods such as regular meetings and WhatsApp to maintain communication. Despite the overall positive perspective, there were reported challenges with relationships being heavily reliant on UNICEF’s prior working relationships established through other programming. In addition, there have been some funding challenges (currently and in the past), which have led to county-level implementers becoming discouraged. Several respondents expressed that because of these past experiences, there is room to improve the working relationships NICHE relies on and a need to make these linkages more efficient.

Modifications to NICHE ToC

Through a consultative process with UNICEF Kenya and the government, the evaluation team made several adjustments to the NICHE ToC. Changes include the better positioning of NICHE within the broader KSEIP, emphasizing how NICHE builds on existing cash transfer and CHS platforms, visualizing the relationship between the two primary outcomes, placing greater emphasis on outputs and outcomes (rather than activities), and adding potential risks and mitigation strategies. These modifications are further explained in section 4.2.

Conclusions

We find that the NICHE programme is highly relevant to Kenya’s needs and priorities in the nutrition, social protection and child protection sectors. The programme relies on coherent

structures at the national, county, and subcounty levels and leverages the existing resources of the NSNP to enhance potential benefits to cash transfer recipients. NICHE registration appears to be functioning as intended with few challenges, and officials at the county and subcounty levels are actively involved in the process. The NICHE pilot in Kitui served as a valuable learning experience, and lessons from the pilot were actively incorporated into the implementation of the current programme. NICHE has a clear sustainability strategy with explicit plans for capacity building and handover to the GoK. In addition, NICHE's use of existing staff and structures (such as CHS and NSNP) contribute to the programme's likelihood of sustaining over time.

Lessons Learned

Several lessons emerged from the evaluation findings, which can inform the future of NICHE and cash transfer programming in Kenya.

- Stakeholders recognized the importance of the NICHE pilot, and they applied many lessons learned in NICHE (e.g. the creation of an operations manual and the standardization of regular coordination meetings among key implementers).
- To effectively employ a gender-equitable approach in NICHE, all implementers need to understand that gender equity means programming must prioritize women's rights, safety.
- The NICHE programme design does a good job of acknowledging that vulnerabilities such as prolonged exposure to droughts, poverty and malnutrition are cross-cutting issues and can be addressed, in part, through the combination of NICHE services.
- NICHE aligned well with donor priorities because the government had been included in the programme from the beginning stages.
- To enhance the sustainability of a programme such as NICHE, government partners must be included in the entire process – from programme design, to implementation, to monitoring.

Key Recommendations

A full list of recommendations is provided in the end of this report. The baseline report includes additional recommendations. We suggest that government and UNICEF-Kenya consider the following recommendations in the current stage of implementation of NICHE:

- Enhance and use NSNP and NDMA's data system to improve the accuracy of the lists used to verify registration, specifically to ensure that households selected are most vulnerable – determined both by household composition data.
- Ensure that women in households targeted for NICHE have both knowledge of the top-up funds and specifically receive the cash transfer themselves.

- Encourage and educate men to participate more actively in child-rearing tasks, support women in young child feeding and prevent gender-based violence (GBV).
- While rolling out the various components of NICHE, improve the linkages between NICHE and complementary programmes in the nutrition, social protection and child protection sectors to maximize benefits.
- Enhance meeting structures between the national- and county-level NICHE coordinating committees to maximize cross-level participation.
- Ensure timely disbursement of funds to reduce delays and prevent derailment of implementation activities.
- Undertake a full assessment of the NICHE grievance mechanism as part of future rounds of data collection once the top-up funds have been disbursed for at least six months.

1. Background and Context

1.1 Introduction

Between 2015 and 2019, Kenya was one of the fastest-growing economies, with a yearly economic growth of approximately 5.7 per cent (World Bank, 2021). Several factors supported this consistent economic growth, including a stable macroeconomic environment, a favourable investor confidence, a dynamic tourism industry, strong remittance practices and government-led infrastructure development (USAID, 2018, p. 1). As such, in 2020, Kenya ranked 123 out of 193 United Nations member states in progress toward achieving seven Sustainable Development Goals (SDGs). Indeed, between 2005/06 and 2015/16, the proportion of people living below the absolute poverty line declined by 9.8 per cent (from 45.9 per cent to 36.1 per cent) (UNICEF, 2019a). In addition, between 2000 and 2015, the country successfully improved its net enrolment rates in education and advanced the promotion of gender equality and empowerment of women (UNICEF, 2018).

Kenya has made significant progress in improving maternal, newborn and child health. For instance, maternal mortality decreased from 506 maternal deaths per 100,000 live births in 2003 to 362 per 100,000 live births in 2014 (KNBS, 2014). The national stunting rates for children under 5 years of age have decreased from 35 per cent in 2008 and 2009 to 26 per cent in 2014. However, significant health and poverty disparities persist. The incidence of child poverty continues to affect 45 per cent of children (UNICEF, 2019a). In addition, the progress is not distributed equally across the country, increasing disparities and leaving areas with high malnutrition levels and vulnerability to shocks. For instance, wasting remained particularly high in Turkana and Marsabit (KNBS, 2014; UNICEF, 2017) and stunting was highest in West Pokot and Kitui (KNBS, 2014; UNICEF, 2017).

The Government of Kenya (GoK) has made considerable efforts in addressing the underlying poverty dimension by creating a comprehensive social protection system, the National Safety Net Programme (NSNP). The NSNP incorporates income security through social assistance programmes, such as the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), the Older Persons Cash Transfer (OP-CT) and the Cash Transfers for Persons with Severe Disabilities (PWSD-CT). It also includes relief and protection against shocks through the Hunger Safety Net Programme (HSNP) (Government of Kenya, 2021a). Eligible households for the CT-OVS, OP-CT and PWSD-CT, which are all income support programmes, receive a bimonthly sum of KSh 4,000 to alleviate poverty. Recipients of the HSNP, which is designed as a shock-responsive social protection programme, receive a bimonthly sum of KSh 5,400. In 2018, GoK with support of the Foreign, Commonwealth & Development Office (FCDO) and World Bank initiated the Kenya Social and Economic Inclusion Project (KSEIP), which seeks to promote social and economic inclusion by providing NSNP beneficiaries with

a variety of complementary services – beyond the simple delivery of cash transfers. The KSEIP comprises three components:

- **Component 1:** Enhancing institutional capacity and social protection delivery systems, particularly the coverage and functionality of the Social Registry, as well as continuing to improve the efficiency of other delivery mechanisms;
- **Component 2:** Investing in the scale-up of the existing nutrition-sensitive safety net and testing customized economic inclusion models as a complement to the regular cash transfers to improve human capital and the self-sufficiency of poor and vulnerable households;
- **Component 3:** Improving the shock responsiveness of the safety net system by expanding its coverage and strengthening financing arrangements for enhancing households' resilience and providing timely support to cope with recurrent climate-induced droughts.

UNICEF Kenya is providing technical support for the implementation of the second component of these initiatives, which focuses on integrating nutrition and social as well as child protection through the NICHE programme. The programme is designed to improve the nutritional status of children in the first 1,000 days of their lives by including intense nutritional counselling and additional cash on top of any existing cash transfer. The programme's theory was built on a pilot conducted in Kitui County from 2017 to 2018, which found higher improvements in nutrition knowledge, dietary diversity and health seeking behaviour within the intervention group. The design of the programme aims to be consistent with, among others, the National Social Protection Policy and Strategy, Kenya Nutrition Action Plan (KNAP) and UNICEF's Country programme.

United Nations Children's Fund (UNICEF) has contracted the American Institutes for Research® (AIR®) to conduct a formative evaluation and baseline assessment of the NICHE programme. For the formative evaluation report, we assessed the NICHE pilot and inception phase and what it has contributed to NICHE's programme design, and we examined the alignment of NICHE's objectives with national- and county-level strategies and objectives. The primary goal of this formative report is to identify lessons learned and good practices from the early implementation of NICHE. The report first presents a brief background on the context and programme, followed by objectives of the evaluation and the methodology. Finally, we describe our main findings from the desk review and key informant interviews (KIIs) and present conclusions, lessons learned and recommendations.

1.2 Nutrition and Health Context

Based on health and nutrition indicators, SDG 3 on ensuring health lives and promoting well-being, is ongoing work in Kenya. In terms of nutrition, the Integrated Food Security Phase Classification (IPC) Acute Food Insecurity and Acute Malnutrition Analysis reports that approximately 2.1 million people in the Kenya Arid and Semi Arid Lands (ASAL) region are

facing acute levels of food insecurity due to “two consecutive poor performances of seasonal rainfall” (IPC, 2021). Among older women, adolescent girls aged 15–19 years are reported as the most malnourished group of women (USAID, 2018). In addition, 27.2 per cent of women of reproductive age suffer from anaemia, while 6.2 per cent of women have diabetes (Global Nutrition Report, n.d.). There are also 34.3 per cent of women over 18 years of age who are overweight, with 11.1 per cent being obese (body mass index [BMI] greater than 20) (Global Nutrition Report, n.d.). One of the most alarming outcomes is that Kenya has more frequent inadequate infant and young child feeding (IYCF) practices than other countries in the Eastern and Southern African region, and despite some progress the country still has considerable levels of undernutrition. For example, 39 per cent of children under 6 months of age are not exclusively breastfed, while 38 per cent of children aged 0–23 months were not initiated on breastfeeding within an hour of birth (KNBS, 2014). Among children aged 6–23 months, only 22 per cent receive a minimum acceptable diet (KNBS et al., 2014). At the national level, 26 per cent of children 0–59 months are stunted, 11 per cent are underweight and 4 per cent are wasted (KNBS, 2014). These levels of inadequate feeding practices and undernutrition are important, because of the long-term impact that under nutrition has on human capital development. In Kenya children under 5 years of age represent 13 per cent of the Kenyan population in 2019. In addition, the national averages mask the differences by county. For instance, in 2019, among children aged 6–59 months, wasting is up to 26 per cent in Turkana County, 19 per cent in Marsabit and 12 per cent in West Pokot (Kenya SMART, 2019).

Child protection issues are another major challenge in Kenya. According to the NICHE inception report, 32 per cent of females and 18 per cent of males experience sexual violence during childhood, and 66 per cent of females and 73 per cent of males experience physical violence. Similarly, the prevalence of violent discipline affects 52.5 per cent of young children aged 1–2 years – with 64.3 per cent of children aged 1–14 years in Turkana County.

Based on SDG Goals 1, 2 and 3 on ending poverty, hunger, ensuring healthy lives as well as UNICEF’s approach to multidimensional child poverty (de Neubourg et al., 2012) children are especially vulnerable when multiple deprivations overlap. In Kenya, the Comprehensive Poverty Analysis (2020) shows that deprivation between nutrition (e.g. wasting and underweight), housing (e.g. indoor pollution, housing material) and sanitation (e.g. type of toilet facility) are the main contributors to multidimensional poverty among children under 5 years. Overall, Turkana, Kakamega, Kilifi, Mandera and Kitui are the counties with the highest absolute numbers of children experiencing simultaneously multidimensional and monetary poverty.

1.3 Social Protection Context

Social protection programmes are effective tools to address the multidimensional nature of poverty. For instance, cash transfer programmes provide poor households with supplementary income that can help to smooth their consumption curve, whether used for

the purchase of food or to cover the costs of schooling and health care (DFID, 2011). Supplementary income is particularly important, as research has shown that poor households tend to cope with shocks by selling assets or reducing nutritional intake (DFID, 2011).

Evidence from Kenya in particular reveals that well-designed cash transfers integrated with quality welfare services can contribute to reducing nutrition and food insecurity. For example, the evaluation of the HSNP (Merttens et al., 2013) suggested that while the programme had no statistically significant overall effect on dietary diversity after two years, poorer HSNP households experienced increases in the diversity of their diets (Bastagli et al., 2016). Another study, evaluating the impact of the CT-OVC in Kenya, found significant impacts on food expenditure, food frequency and dietary diversity as well as health expenditures (Kenya CT-OVC Evaluation Team, 2012).

However, most global interventions on anthropometric outcomes (height and weight of children) have not yielded statistically significant effects, which suggest that programmes are mainly effective for improving intermediary nutrition outcomes (Bastagli et al., 2016). One of the suggestions for the lack of significant outcomes is that the nutrition status can be affected through a number of pathways, including household food security and diet, care for mothers and children, and health environment and services (including quality health care and safe water supply) (de Groot et al., 2017). These pathways emphasize the importance of additional health care services, and appropriate care practices in conjunction with the provision of social protection services.

1.4 Object of the Evaluation

1.4.1 NICHE Programme Overview

The NICHE programme was designed to complement existing social protection programmes, with the specific objective of improving the nutritional status of children in their first years of life. NICHE is one of the three components of the Kenya Socio-Economic Inclusion Program (KSEIP), an initiative launched by the government of Kenya to strengthen delivery systems for enhanced access to social and economic inclusion services within safety nets for poor and vulnerable households. The GoK is implementing NICHE in five counties (Kitui, Kilifi, Marsabit, Turkana and West Pokot) through UNICEF's technical support (Government of Kenya, 2021a). The programme provides a cash top-up of KSh 500 per pregnant woman or child under 24 months of age up to a maximum of KSh 1,000 per household (this is the equivalent of about US\$10). The NICHE cash is given in addition to a cash transfer, which NSNP households receive through one of the four existing cash transfer programmes (CT-OVC, OP-CT, PWSD-CT, HSNP). For instance, CT-OVC households receive KSh 4,000 (about US\$40) every two months. These existing cash transfer programmes are not all being distributed at the national level, such as the HSNP, implemented by the NDMA, that is only in Marsabit and Turkana counties. DCS within the Ministry of Labour and Social Protection

(MLSP) is responsible for the other components CT-OVC, OP-CT, PWSD-CT. The distribution of the cash top-up will happen through the centralised, existing systems by the MLSP and NDMA.

A second component of NICHE is the nutrition counselling, which targeted households receive from trained Community Health Volunteers (CHVs). The CHVs will conduct household visits and deliver specific nutrition messages on health and nutrition practices to optimize care of young children. The delivery of the nutrition and health components is facilitated through the Baby Friendly Community Initiative (BFCI)— a community initiative to improve IYCF practices using packages of standardized evidenced-based complementary interventions. The BFCI provides nutrition counselling that focuses on promoting exclusive breastfeeding, the use of oral rehydration salts and zinc to manage diarrhoea, intake of vitamin A supplements for children, complementary feeding and dietary diversity, intake of iron and folic acid supplementation for pregnant women, and use of improved water, sanitation and hygiene (WASH) practices (Government of Kenya, 2021a). The Ministry of Health (MOH) has adopted the BFCI as key approach to their Community Health Strategy (CHS) to deliver community-based nutrition services to young children and mothers, but the model has not been scaled-up throughout the country. To support the NICHE interventions, the BFCI will be rolled out in all the counties where NICHE is implemented.

The Ministry of Health with the support of UNICEF plans to conduct several activities as part of the implementation of the BFCI package. These activities include:

- Raising awareness to decision- and policymakers on optimal feeding and hygiene practices for children and mothers;
- Training of health workers and community volunteers on promotion of optimal hygiene and health-seeking and feeding practices for young children as well as pregnant and lactating women;
- Mentoring community volunteers in providing community-based counselling;
- Supporting community-based structures (mother-to-mother support groups, community groups) for peer support on optimal practices as well as community engagement in the provision of nutrition services;
- Establishing and supporting feedback mechanisms and platforms in which the community provides feedback on delivery of nutrition services within the health facilities.

In Kilifi, NICHE will include an additional counselling on child protection component that serves as a pilot for integrating child protection Social and Behaviour Change Communication (SBCC) with nutrition SBCC (Government of Kenya, 2021a). The goal of the pilot is to secure children from violence, abuse, exploitation and neglect within the NSNP beneficiary households and surrounding communities (Government of Kenya, 2021a). This is

particularly relevant, as Kilifi County has one of the highest reported rates of sexual exploitation and violence against children. Due to limited resources, the remaining counties are excluded from the child protection education training at this stage (Government of Kenya, 2021a).

UNICEF will provide Technical Assistance (TA) for the programme implementation during the first three years. In the last two years of the programme, the GoK will implement the programme without support from UNICEF.

1.4.2 NICHE Programme Stakeholders

There are three government agencies which are the main stakeholders of the NICHE program. These are the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programs (MPSGSCSP), the Ministry of Health (MoH) and the Council of Governors (COG). The lead agency and financial administrator for the program is the MPSGSCSP (the MPSGSCSP was formerly the Ministry of Labour and Social Protection). Within the MPSGSCSP, the Department of Children Affairs (DCS) under the State Department of Social Protection undertakes this role. The DCS liaises with the National Drought Management Authority which is also an arm of the MPSGSCSP.

The MOH and COG are the main implementing partners. Within the Ministry of Health, two divisions collaborate on NICHE i.e. the Division of Nutrition as well as the Division of Community Health. Within the COG the five county governments where NICHE is implemented are the ones which are involved. A memorandum of understanding (MOU) was signed between MPSGSCSP, MOH and County governments for the five counties where NICHE is implemented articulating these roles.

The World Bank and Federation of Commonwealth Development Office (FCDO) have an agreement with the MPSGSCSP through which the two agencies are contributing financially towards the program to complement GoK's own financing for the program.

1.4.3 Current Status of NICHE

The current NICHE programme is the scaled-up continuation of the NICHE pilot. The pilot took place in Kitui from January 2017 to June 2018. Kitui was selected because of its high levels of stunting compared to the national average. The evaluation of the pilot showed that over the course of the short time span, there were some positive results on health and well-being of children under 2 years of age, pregnant women and caregivers. Qualitative results found that beneficiaries valued nutritional counselling, and they reported making behavioural changes with regard to the children's diet and exclusive breastfeeding based on the counselling. However, beneficiaries also wished for clearer and more frequent communication from implementers. They also mentioned that the cash top-up was limited in its ability to cause more substantial behavioural changes, such as changes in sanitation (Kimetrica, 2018). Despite some lessons learned from the pilot, the positive influence of the

programme on health and well-being has led to the decision was made to scale up the programme to five counties. The inception phase of the scale-up from the pilot was launched in November 2019.

The NICHE program has six deliverable areas, which they aim to achieve by 2023. These deliverables include (1) a functional NICHE coordination system at national and county levels, 2) a registration system which is strengthened and embedded in the NSNP, (3) a strengthened community health strategy in five NICHE counties to deliver nutrition interventions, (4) beneficiary households show improved nutritional status for pregnant women and children below age two, (5) beneficiary households in Kilifi demonstrate improved protection of children, and (6) functional monitoring and quality assurance systems.

At the time of data collection for the evaluation exercise, the program had made solid progress in key deliverable areas, but among others the coronavirus disease 2019 (COVID-19) pandemic caused an implementation delay of 15 months, particularly for activities related to community mobilization, capacity building and beneficiary registration. By adopting virtual modalities of working, UNICEF implemented the Operational Manual development for each county, drafted county work plans and budget reviews, established national coordination structures and finalized the NICHE Management Information System (MIS) requirements specification and registration module.

In April 2021, UNICEF contracted the Capacities for Health and Social Policy (CHASP) Advisory to complete the registration of beneficiaries in all five counties, along with providing technical support to GoK in the registration process for the NICHE programme. The mass registration took place through a process of household selection from the NSNP, with community listing and registration as part of the effort to scale up the NICHE programme from one to five counties. During the process, 12,582 households were registered in Kilifi (14.6 per cent), Kitui (15.8 per cent), Marsabit (20 per cent), Turkana (37.8 per cent) and West Pokot (11.8 per cent). After community validation, the beneficiary list was entered in the NICHE MIS, which will allow the Department of Children Services (DCS) to make the payments available to all beneficiaries registered (CHASP, 2021). The implementation of the cash transfer top-up started in July 2021. The GoK together with the partners are incorporating the lessons learned from the mass registration process (such as adjustments for MIS errors, lack of critical documentation of beneficiaries, improvement of core messaging to barazas), to prepare for on-demand or continuous registration. On-demand registration with annual beneficiary targets is planned for 2022. We did not have access to a timeline and plan on the registration of households when writing this report and the start of the on-demand registration did not overlap with the data collection of this evaluations (Government of Kenya, 2021a; Government of Kenya, 2021b; UNICEF, 2021).

In addition to the registration process coordination, structures among the various programme components for the NICHE were also established at the national level. Coordination at the county levels (e.g., for the coordination among the parenting component, cash transfer and nutrition counselling) is underway and for instance training for community health workers on the nutrition and parenting components was happening during the data collection of the formative evaluation analysis. The mass roll-out of the implementation of the nutrition counselling components and parenting education was delayed due to limits in capacity building during the COVID-19 pandemic and did not start during the formative evaluation period.

2. Purpose, Objectives and Scope

2.1 Purpose of the Evaluation

The purpose of this evaluation is to conduct a formative evaluation of the NICHE programme to improve its design based on the initial performance as well as to provide inputs for focus areas in further monitoring and evaluation (M&E) activities. The evidence from the formative evaluation will inform the UNICEF, GoK (i.e. Department of Children Services (DCS) within the State Department of Social Protection, Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programs, in collaboration with the Ministry of Health (MoH), the National Drought Management Authority (NDMA) and county governments) on lessons learned and good practices that are derived from the NICHE pilot and inception phase. The assessment of earlier experiences and the current design will also help to inform decisions on further support or refinements during the implementation and future decisions regarding the KSEIP.

The work under this formative evaluation aligns with the programmatic goals of UNICEF Kenya Country Office (KCO). As outlined in the UNICEF Kenya 2018–2022 Country Programme Document,⁴ the KCO plans to reduce stunting and mortality (Outcome 1) enhance protection (and HIV prevention) with increased access to prevention, care, treatment, support and other services to ensure physical, mental and social well-being (Outcome 3) and improve social inclusion and programming through multi-sectoral programme integration in the areas of nutrition, social policy and child protection services and management (Outcome 4). This goal supports the UNICEF global nutrition strategy to improve infant dietary practices and reduce stunting. Thus, UNICEF expects that the

⁴ <https://www.unicef.org/about/execboard/files/2018-PL4-Kenya-CPD-ODS-EN.pdf>

evidence resulting from this evaluation will contribute to guiding the organization's overall operationalization of its global nutrition strategy.⁵

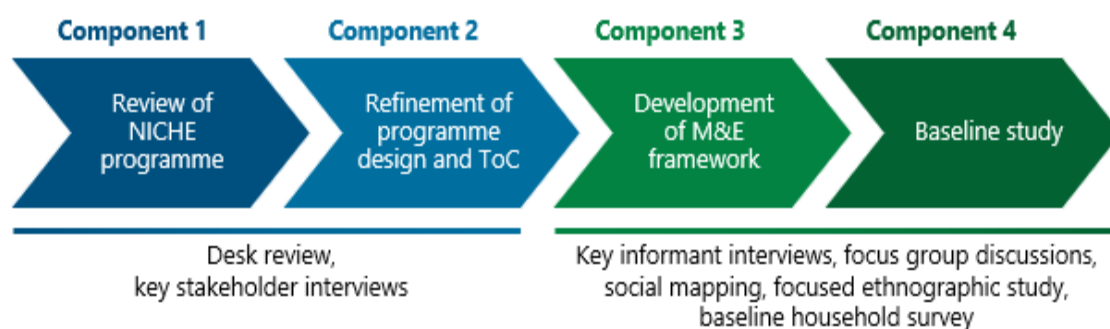
2.2 Evaluation Objectives

The NICHE programme evaluation encompasses four key objectives, as noted in the ToR (*see Annex F*). The first two will be the subject of this formative evaluation report:

1. To identify and document key lessons learned, good practices and innovations from the NICHE pilot, as well as the completed NICHE inception phase, with a focus on gender, equity and child rights, that can inform and support NICHE implementation;
2. To refine NICHE programme design and the Theory of Change (ToC);
3. To improve M&E processes and systems for the implementation of the NICHE programme and its future evaluability;
4. To establish a baseline against which the impact of NICHE can be evaluated in the future.

The evaluation components that directly stem from the above mentioned four objectives follow logically from each other (*see Figure 1*). The formative evaluation report encompasses components 1 to 2, which will be described in more detail in the following sections of the main report while component 3 and 4 on the refinement of the M&E framework and the baseline assessment are presented as separate documents which are annexed to this report.

Figure 1. Evaluation Components and Activities



2.3 Evaluation Scope

2.3.1 Thematic Scope

This formative evaluation focuses on NICHE's relevance, coherence, sustainability and efficiency assessed from the perspective of government counterparts, UNICEF, partners and

⁵ It contributes in particular to the evaluation of Output 1.1 in the Country Programme Document, which aims to 'In 10 or more disadvantaged counties, communities increasingly have improved service-seeking behaviour and adopt desirable practices on sanitation and water use, young child feeding and parenting, maternity and prevention of child disease and HIV/AIDS.' NICHE's implementation and evaluation covers five of the most disadvantaged counties and focuses on young child feeding and parenting.

fundors (as the duty bearers). For relevance, the evaluation explores NICHE’s alignment with GoK’s priorities, donor priorities and the extent to which the programme is designed to meet the needs of Kenya’s vulnerable populations. For coherence, the evaluation seeks to understand to what extent NICHE complements and supports current GoK and other donor programming and how the registration process unfolds. Regarding sustainability, the evaluation identifies ways NICHE has been designed and implemented to develop local capacity and encourage GoK self-reliance. Finally, efficiency explores the organization and effectiveness of relationships between the various levels of the programme.

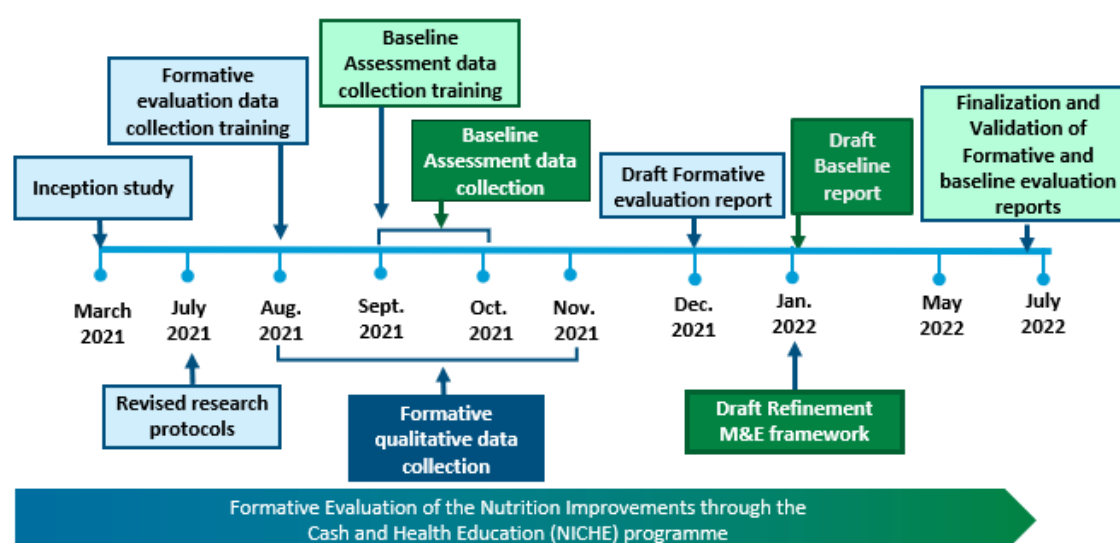
2.3.2 Geographic Scope

This formative evaluation covers programme design and inception phase of the NICHE programme at the national level and in the five counties (West Pokot, Kitui, Kilifi, Marsabit and Turkana) where the NICHE registration has taken place.

2.3.3 Timeline

The formative evaluation and its related components took place between March 2021 and July 2022. Between August and November, AIR, its local partner Dalberg Research, and local consultant Emily Mbelenga conducted in-person (ensuring observance of COVID-19 prevention measures) and phone/virtual meeting interviews with key regional and national informants and drafted the formative evaluation report. A first draft of the report was submitted in December 2021 and the finalization and validation is planned for May 2022 (see Figure 2). The formative evaluation took place towards the end of the second year of the NICHE implementation (which started November 2019). While the implementation of the NICHE cash top-up component started in July 2021, the nutrition counselling and parenting education both experienced delays due to COVID-19 and its mass roll-out had not started in 2021. Since the evaluation questions concentrated on the pilot and design of the programme (see Section 3.1 below) we do not think that the cash top-up implementation affected the responses in the formative evaluation phase.

Figure 2. Timeline for the Formative Evaluation of the NICHE Programme



3. Methodology

3.1 Evaluation Framework

In this section, we describe all four components of this evaluation, we present the evaluation questions, which are answered in this report. While only component 1 and 2 are covered in the main body of this report, we also introduce our approaches for component 3 and 4 including references to the full reports.

Component 1: Review of the proposed NICHE programme

This component comprises (a) a review of past work on the NICHE pilot and what it has contributed to NICHE's inception phase and (b) an assessment of NICHE's objectives using an evaluation matrix that follows detailed questions organized according to the relevance, coherence, sustainability and efficiency criteria. We will focus on lessons learned, good practices and innovations coming from the pilot and inception phase. This component includes qualitative analysis including document review and formative key stakeholder interviews at the national and county level. The results of this component will feed into the refinement of the ToC and the refinement of the M&E framework.

Component 2: Refinement of the programme design and ToC

The second component uses the results from the review to feed into the existing ToC, as discussed previously. The assessment of the ToC contributes to the strengthening of the programmatic design of the NICHE programme. We used recommendations of key stakeholders, together with consultations with UNICEF, to further refine the ToC. We presented the revised ToC as an accessible diagrammatic model alongside a narrative description explaining pathways, drivers, barriers and assumptions. Component 2 is closely related to Component 3 the refinement of the M&E framework.

Component 3: Refinement of the M&E framework

We refined the M&E or results framework using the refinements of the ToC, dialogue with key partners and responses to questions on M&E that we incorporated in our key informant interviews with national and regional stakeholders. The M&E framework is based on the inputs, outputs and outcomes included in the ToC and incorporates indicators on key results, availability of monitoring tools, systems and frequency of data collection. The results of the M&E framework refinement are presented in Annex H.

Component 4: Baseline assessment

The baseline assessment consists of a mixed-methods evaluation, including a household survey conducted in the five NICHE counties and adjacent comparison counties, and is included as a stand-alone report in Annex G.

3.2 Evaluation Criteria and Questions

The evaluation questions cover a modified set of the relevant Organisation for Economic Co-operation and Development-Development Assistance Committee (OECD-DAC) evaluation criteria (OECD, 2019). The evaluation matrix below includes the evaluation questions that are answered in this formative assessment report and refer to relevance, coherence, sustainability and efficiency (*see Table 1*). All the evaluation questions are related to the programme design, the NICHE pilot and inception phase. We adjusted and added questions during the inception phase of the evaluation to ensure that the evaluation matrix reflects a holistic view of the multisectoral data assessed. The adjustments were made as part of a consultative process with the various section representatives at UNICEF KCO.

The integrated evaluation matrix includes the questions for both the formative evaluation and baseline assessment and incorporates key indicators on how each question is assessed (*see Annex A*). The numbering of the evaluation questions throughout this report is consistent with the numbering in the annex and the earlier inception report.

Table 1. Evaluation Matrix for the Formative Evaluation

(1) Evaluation questions	(2) Indicators	(3) Data sources and methods
Evaluation criteria: Relevance		
1. How are the NICHE's theory of change and results framework aligned with the UNICEF core sector areas: nutrition, social policy and child protection?	• Level of alignment of NICHE's objectives with UNICEF's country program and strategic plan • Level of alignment of NICHE's objectives with human and child rights • Level of proportional representation of female participants (e.g. age, position in the household), their household (e.g. ethnicity, household size, location) and beneficiary child (e.g. gender)	• Document review • KIIs with key stakeholders (KII 1, Q3, KII 2, Q9)
2. And to what extent do they integrate gender equality and human rights?	• Perceived accessibility for women and vulnerable populations by key stakeholders	
3. Have the lessons learned from the NICHE pilot been incorporated into NICHE's design?	• Extent to which lessons and recommendations of the pilot are incorporated into NICHE's inception phase (in the operational manual)	• Document review • KIIs with key stakeholders (KII 1, Q7, KII 2, Q8; KII 3, Q15)
4. Have the social protection and child protection and nutrition challenges and landscape in counties as well as at the national level been sufficiently taken into account to justify the implementation approach and strategic priorities of NICHE?	• Perceived accessibility of the program according to implementers and other stakeholders • Level of integration of key nutrition challenges into NICHE's design (as set out in the operational manual) • Level of integration of social protection or previous cash transfer programs challenges into the NICHE's design	• Document review, • KIIs with key stakeholders (KII 1, Q9, KII 2, Q7,)

(1) Evaluation questions	(2) Indicators	(3) Data sources and methods
5. How well is NICHE aligned to the nutrition, social policy and child protection priorities of the MLSP and MoH, UNICEF global and regional offices, and key donors? More specifically: How is NICHE aligned with a) the Big 4 Agenda for the Kenyan government b) The Kenyan Nutrition Action Plans c) The National Social Protection Policy*	• Level of alignment of NICHE's objectives with UNICEF's regional and global objectives. • Perceived alignment according to key stakeholders • Level of alignment of NICHE's objectives with a) the Big 4 Agenda for the Kenyan government b) The Kenyan Nutrition Action Plans c) The National Social Protection Policy	• Document review, • KIIs with key stakeholders (KII 1, Q2, Q10; KII 2, Q4; KII 3, Q4-14; KII 4, Q5)
6. To what extent is the NICHE design and implementation approach supportive of gender transformation at the beneficiary household level and to what extent does it take into account different roles and responsibilities, the needs of each gender and the support required to overcome gender biases?	• Perceived accessibility of services by female beneficiaries • Level of proportional representation of female participants (e.g. age, position in the household), their household (e.g. ethnicity, household size, location) and beneficiary child (e.g. gender) • Extent of documented efforts to ensure equitable participation in NICHE especially with regards to gender biases • Decision-making on the NICHE transfer	• Document review, • KIIs with key stakeholders (KII 1, Q4, Q5; KII 2, Q11), • Baseline household survey (Section 14: Q25, Q28-30)
7. In what ways can the NICHE interventions embrace a rights-based approach at different program stages (design, implementation, impact measurement)?	• Alignment of activities as each program stage with human rights-based approach and normative guidance such as the CRC	• Document review, • KIIs with key stakeholders (KII 1, Q4, Q5; KII 2, Q11)
8. How is the NICHE program aligned to key sources of normative guidance such as Core Commitments for Children (CCCs) in development and humanitarian situations?	• Alignment of project objectives with normative guidance such as the CCC and CRC	• Document review
9. To what extent has the allocation and use of NICHE resources for targeted groups taken into account the need to prioritize women, children and individuals/groups who are marginalized and/or discriminated against?	• Level of proportional representation of female participants (e.g. age, position in the household), their household (e.g. ethnicity, household size, location) and beneficiary child (e.g. gender) • Perceived accessibility of services according to KIIs and beneficiaries by women and individuals from marginalized groups	• Document review, • KIIs with key stakeholders (KII 2, Q11), • FGDs (FGD 1, Q25-26)
10a. What potential does the program have in bridging the development and humanitarian nexus? 10b. To what extent can the NICHE program serve as a platform for emergency response and preparedness? And how does the program fit with the Ending Drought Emergency (EDE) pillar of the National Drought Management Authority?	• Alignment between the Ending Drought Emergency pillar of the NDMA and the NICHE program design • Extent to which the NICHE program design includes flexibility to respond to humanitarian needs	• Document review • KIIs with key stakeholders on COVID-19 (KII 1, Q18; KII 2, Q24; KII 3, Q21; KII 4, Q15)
Evaluation criteria: Coherence		

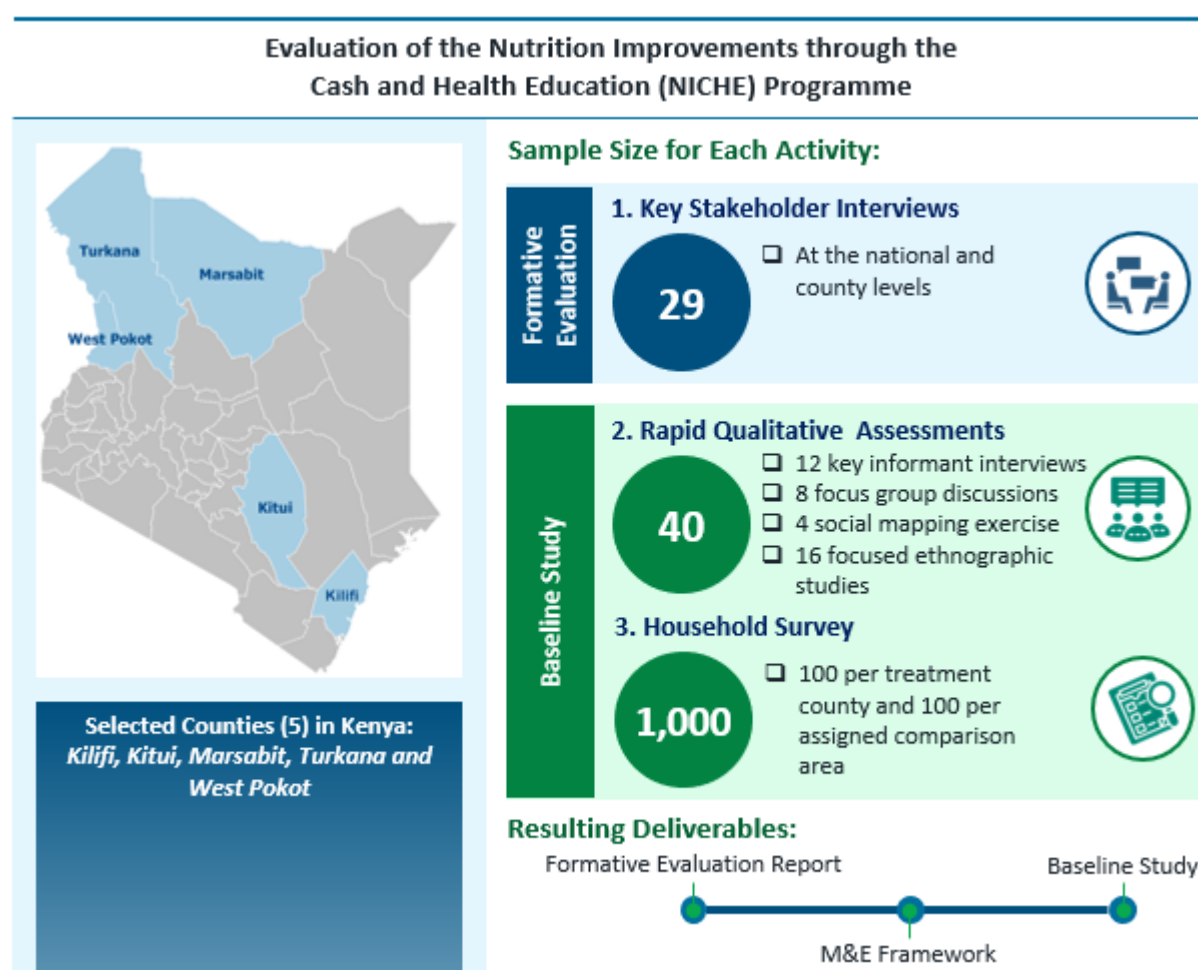
(1) Evaluation questions	(2) Indicators	(3) Data sources and methods
11. What are existing interventions in the areas of nutrition and social and child protection in the NICHE counties and how can NICHE's implementation approach leverage these to maximize resources?	Number and type of nutrition and social and child protection activities in the selected counties	- Document review, - KIIs with key stakeholders (KII 2, Q12-16) - Baseline household survey (Section 9 and 14)
12a. How could the NICHE's implementation approach be designed in such a way that it strengthens existing GoK programs in the area of food security, resilience, cash transfer, child protection and nutrition? 12b. Does the program coordinate effectively with other related program, both government and non-government, both at central and county levels?	- Extent to which service implementation and objectives are aligned with NICHEs program objectives - Extent to which M&E systems and NICHE MIS are integrated and aligned - Perceptions on coordination between sectors and programs	- Document review, - KIIs with key stakeholders (KII 2, Q12-16; KII 5, Q3,)
13. To what extent will NICHE support national processes such as strategic plans, policy development, and development of guidelines as proxies of supporting sustainable efforts?	Extent to which NICHE aligns with national strategic plans on nutrition and health	- Document review, - KIIs with key stakeholders (KII 1 KII 4, Q5, p.16; KII 5, Q4)
14. How has the registration process of beneficiaries been undertaken? To what extent were county government teams involved? What were the challenges in the registration process?	- Level of involvement with registration process by county stakeholders - Perceived challenges by stakeholders	- KIIs with key stakeholders (KII 1, Q5, p.2; KII 2, Q11) - Document review
15. Is there a system for addressing complaints and grievances? To what extent is it functional and how can it be enhanced?	Availability of platforms to provide feedback	- KIIs with key stakeholders (KII 7, Q11; KII 8, Q14) - Document review
16. How is the national coordination set up arranged? And how is the distribution of roles and responsibilities across the different governmental stakeholders in relation to the NICHE MoU? Are there ways in which this could be enhanced? How is planning between the different sectors undertaken?	- Linkages between the various sectors. - Perception of these relationships - Availability of shared information systems - Adequacy of current linkages - Plans to establish linkages	- KIIs with key stakeholders (KII 2, Q10; KII 5, Q10, Q14) - Document review
Evaluation criteria: Sustainability		
17. Does the NICHE have strategies (e.g. systems, capacity, resources) in place to ensure that social and child protection and nutrition capacities will be developed at both the national and county levels during the three years of the NICHE implementation and be sustained without UNICEF's TA support?	- Existence of long-term commitments from key stakeholders (GoK, donors and implementers) to support NICHE - Extent to which long-term strategies are documented	- KIIs with key stakeholders (KII 2, Q17-20; KII 3, Q17-19; KII 5) - Document review

(1) Evaluation questions	(2) Indicators	(3) Data sources and methods
18. To what extent does the implementation approach of NICHE foster GoK's self-reliance in the context of devolution?	- Extent to which planning and implementation is organized at the county level - Extent to which the NICHE MIS will be able to provide ongoing M&E data	- KIIs with key stakeholders (KII 2, Q17-20; KII 3, Q17-19) - Document review
Evaluation criteria: Efficiency		
26. How is the funding flow for the programme arranged and what are the bottlenecks which exist? How can these be resolved?	- Perceived bottlenecks by funders and national stakeholders - Perceived solutions by funders and national stakeholders	- KIIs with key stakeholders (KII 3, Q8, Q13, Q18; KII 7) - Document review
27. Are relationships between the various levels of the programme, i.e. county-national, and across various ministries, effective and in line with programme goals and results areas?	- Extent of clearly defined roles and responsibilities. - Communication between the various actors - Perceived challenges, (i.e. competition on time/resources)	- KIIs with key stakeholders (KII 1, Q2; KII 2, Q4, Q5; KII 5, Q15-17) - Document review
28 a. Are the relevant NICHE activities implemented in the most efficient way compared to alternatives? b. What are potentially expected costs to roll out the nutrition counselling? And child protection components? What could be the cost minimization strategies which could be utilized?	- Perceived efficiency of implementation by key stakeholders - Extent that alternative implementation strategies are considered - Expected cost to roll out nutrition counselling, child protection components	- KII s with key stakeholders (KII 2, Q15, Q16; KII 5, Q19, Q20; KII 6, Q23, Q24) - Document review

3.3 Evaluation Design

In the following section, we provide a brief outline of our overall evaluation design for the formative assessment and how this component fits in the overall evaluation design. We also provide an overview of the qualitative approaches that were used to answer the evaluation questions, as discussed above (*see Figure 3*). A combination of the document review and KIIs with UNICEF staff and other key stakeholders makes our approach truly formative and allowed for feedback on the performance of NICHE in terms of its relevance, coherence, sustainability and efficiency. The figure indicates the other activities that are undertaken for this evaluation. It indicates that while the formative evaluation focuses on higher level (national and county level) KIIs, the baseline assessment will complement these findings with community-level KIIs and experiences of beneficiaries. The baseline assessment focused more on evaluations criteria relevant to the early stages of implementation covering effectiveness, efficiency and impact criteria. Where relevant we used some of the information from the baseline study to complement formative evaluation questions.

Figure 3. Overview of the Evaluation Approach



3.4 Analytical Process

In this section, we describe our analytical process, including the detailed methods and processes we followed and how we collected and analysed data and combined our findings to answer the evaluation questions presented in the matrix in section 3.2.

3.4.1 Methodology for Desk Review

AIR conducted a desk review of existing evidence and data to gain a high-level contextual understanding of the nutrition and social and child protection situation in Kenya – specifically in the five counties of interest – and how the NICHE fits into that context. Overall, the document review supports the qualitative findings in answering key evaluation questions (EQs) (relevance, coherence, sustainability and efficiency) covering Component 1’s review of the NICHE programme. We also used the document review as inputs to the process of adjusting the ToC (Component 2). Throughout the process, we kept records of searches, the documents collected, the results of screening and review by evaluation question.

We analysed relevant NICHE project documents, existing reports, annual reviews, government policy and planning papers (*see Annex B*). For example, the team reviewed GoK reports to understand government processes and objectives and strategies for nutrition or child protection. Reviewing NICHE programme documents, such as the operational manual, plans for the SBCC strategy and parenting component, and the NICHE pilot documents (the evaluation reports), helped reveal rationale for certain design decisions and identify lessons learned from the pilot. Similarly, we reviewed UNICEF programmatic documents and government policy documents to identify the nutrition and social and child protection priorities and to determine whether NICHE is aligned with those. Through this review, we investigated the congruity with government goals, government efforts already underway and non-government efforts underway. We analysed ToCs and outcomes from nutrition and cash transfer plus in sub-Saharan Africa to confirm pathways of change in the ToC and refine inputs, outputs and outcomes.

The desk review is weaved throughout our Findings sections to complement or triangulate the results from our analysis where needed.

3.4.2 Method for Qualitative Analysis and Research

Approach: The qualitative approach of using formative KIIs allowed researchers to investigate the ‘how’ of NICHE programme implementation because of its exploratory and discursive nature. Our approach helped us illuminate strengths and challenges associated with implementing NICHE as well as understand the experiences of key stakeholders with the NICHE pilot. In general, one-on-one interviews with key informants are an ideal forum for engaging with people who possess expert knowledge about a programme or a related topic. For example, a key informant from a relevant ministry provided valuable insights from a service provider’s perspective about how NICHE interacts with other services. In the following paragraphs, we discuss the KIIs during Component 1 and the associated sampling frame.

Sample Overview: For the formative evaluation, we conducted key stakeholder interviews at the national level and in the five counties, which contributed to the review of the proposed NICHE programme (Component 1) and the refinement of programme design and ToC (Component 2). The evaluation team conducted a total of 29 formative KIIs. The key informants included people who possessed expert knowledge about existing nutrition and social and child protection strategies as well as the NICHE pilot and NICHE programs. At the national level, we conducted KIIs with UNICEF staff in the nutrition and social and child protection sectors; key ministry officials from the MOH, the DCS in the MLSP, and the National Drought Management Authority (NDMA); and key partners such as funders and other United Nations agencies (*see Table 2*). KIIs at the national level and in the five counties identified and distilled key lessons learned during the NICHE pilot and the NICHE inception phase to help refine the NICHE programme design and ToC. In addition, these KIIs explored issues of programme relevance, coherence and sustainability as well as the extent to which

equity, gender equality and human rights were considered in the programme design and implementation. The sample for the KIIs was purposively selected. Findings from these KIIs are triangulated with findings from the document review and incorporated into this formative evaluation report.

National-level KIIs with UNICEF staff, GoK officials and partners examined the alignment of the NICHE programme with relevant policy priorities and guidance (eQs 1, 5, 8 and 9) (*see Table 1*) as well as the extent to which the principles of gender equality and human rights were incorporated into the programme (eQs 2, 6 and 7). These interviews also helped explain the programme's relevance to the Kenyan national context and its strategies for sustainability (eQs 4, 17 and 18). KIIs with relevant government officials in Kitui County (location of the NICHE pilot) deepened our analysis of the lessons learned from the NICHE pilot (EQ 3) and provided information on existing programming in the other NICHE counties and potential opportunities for leveraging or strengthening existing GoK programs in these areas (eQs 11 and 12). Although there is an existing evaluation of the NICHE pilot in Kitui County, key informants, such as county-level officials, were not included in the study. These informants were interviewed during this formative data collection and had important insights when it came to refining the programme design and implementation and developing strategies to ensure sustainability for NICHE (*see Table 4*).

Instruments: The research team designed six distinct KII protocols, which reflect the indicators in the evaluation matrix as relevant to each type of respondent (*see Annex A*). Each protocol began with a description of the evaluation and what the respondent will be asked to do, a discussion of what the research team will do with the information (including the level of confidentiality); and notification that we wish to audio-record the KII. All of the protocols included a stopping point before the start of the interview questions to gain assent for participation and permission to audio-record.

Training: Our in-region data collection firm and research partner, Dalberg Research, drew upon its pool of experienced enumerators in Kenya to conduct KIIs. AIR and Dalberg Research trained enumerators in sensitive human rights-based approaches (HRBAs). AIR ensured that enumerators were familiar with the context of the respondents, as there were not only multiple respondents from a single sector but also from different sectors and ministries involved. The team also trained enumerators on approaches that maximise the safety of the respondents and the security of study data. AIR conducted virtual training to inform enumerators about the evaluation, the key objectives and the research questions; introduce the protocols; and emphasise data security, consent and confidentiality. The training also aimed to create a common understanding and interpretation of questions between the US-based AIR evaluators and Kenya-based enumerators from Dalberg Research to ensure that protocols were appropriate for the Kenyan context.

Table 2. Formative KIIs at National Level and in Kitui County

Respondent type	Respondent detail	KIIs	Total
National level			
UNICEF Kenya	Nutrition	2	6 KIIs
	Social policy	3	
	Child protection	1	
Government of Kenya	Ministry of Health - Focal Point Person and Capacity Coordinator, NICHE - Head, Community Health Strategy	2	4 KIIs
	Ministry of Labour and Social Protection – Department of Children Services Director, Department of Children Services (DCS)	1	
	National Drought Management Authority Deputy Director, NDMA	1	
Partners	Funders: Foreign, Commonwealth & Development Office; World Bank	2	3 KIIs
	Other United Nations agencies, World Food Programme	1	
Counties			
Kitui	County Ministry of Health County Nutrition Coordinator Officer	1	4 KIIs
	Ministry of Labour and Social Protection Assistant Director, DCS	1	
	National Drought Management Authority County Drought Coordinator	1	
	UNICEF Officer, Nutrition Department UNICEF Nutrition Support Officer	1	
Kilifi	County Ministry of Health - Nutrition Support Officer - Head of Family Health	2	3 KIIs
	Ministry of Labour and Social Protection County Coordinator, DCS	1	
West Pokot	County Ministry of Health - Nutrition Support Officer - County Nutrition Coordinator Officer	2	3 KIIs
	Ministry of Labour and Social Protection County Coordinator, DCS	1	
Turkana	County Ministry of Health - Nutrition Support Officer - County Nutrition Coordinator Officer	2	4 KIIs
	Ministry of Labour and Social Protection	1	

Respondent type	Respondent detail	KIIs	Total
	County Coordinator, DCS		1
	UNICEF Officer, Nutrition Department UNICEF Nutrition Support Officer	1	
Marsabit	County Ministry of Health County Nutrition Coordinator Officer	1	2 KIIs
	Ministry of Labour and Social Protection Sub-County Officer, DCS	1	
Total number of KIIs at national level and counties			29 KIIs

Data Collection: The research team carried out data collection remotely from both Washington, D.C., and Nairobi, Kenya. Using an online platform (such as Zoom or Teams meetings) or mobile phones to conduct interviews allowed us to collect data safely and comply with COVID-19 restrictions in Kenya. We completed formative data collection between August and November 2021. UNICEF Kenya assisted AIR in providing contact details for relevant national- and county-level stakeholders involved in NICHE implementation. With permission from each participant, the evaluation team audio-recorded KIIs. At the end of each day, audio recordings were uploaded to a secure server and transcribed and prepared for coding and analysis. Transcripts were then uploaded to our secure server for analysis.

Qualitative Analysis: The research team carried out the transcript data analysis in three steps: sensitization, coding, and analysis and interpretation of data. We conducted data analysis using nVivo, a qualitative data analysis software programme.

Data sensitization and coding. Coders selected, read, and reread a small, representative sample of transcripts to gain a clear understanding of the content and to formulate initial themes and high-order categories. We selected a sample of transcripts that included a diverse set of respondents. We created a preliminary coding outline and structure based on the ToC, research questions, interview protocols and memoranda of themes that emerged during data collection. This coding outline served as the tool for organizing and subsequently analysing the information gathered from stakeholders. The outline was a living document that could be modified as new themes and findings emerged during data analysis. A list of definitions for the codes accompanied the outline to ensure that coders categorized data using the same standards.

The research team uploaded all transcripts into nVivo. Coders began by coding approximately 10 per cent of the qualitative data. These coded transcripts were then triangulated in order to review the coding and to group and identify themes. This process resulted in a standardized codebook (i.e., an analytical framework) against which the remainder of the qualitative data were coded. To ensure the validity of the analysis, we conducted inter-rater reliability testing, in which we compared coding across coders. During

this iterative process of data analysis, reduction and synthesis, we characterized the prevalence of responses, examined differences among groups and identified key findings and themes related to the research questions and cross-cutting themes such as gender. After our analysis of the documents and transcripts, we critically reviewed the categorized data against the research questions and created summaries of our key findings.

3.4.3 Ethical Considerations

For every study that AIR conducts, we adhere to strict requirements for the protection of human subjects. We completed the work in line with the United Nations Ethical Guidelines for Evaluations⁶ and the United Nations Guidance for Integrating Human Rights and Gender Equality in Evaluations.⁷ Three ethical review organizations approved the study: (a) AIR's in-house institutional review board (IRB), (b) Amref Health Africa Kenya and (c) National Commission for Science, Technology and Innovation (NACOSTI). and. Our evaluation team and enumerators are trained on informed consent data security and risks versus benefits and field supervisors ensure that these guidelines are followed to ensure independence, impartiality, credibility, and avoiding conflicts of interest during the data collection (see *Annex D* for a copy of the approvals from the three ethical review boards).

3.5 Limitations

This formative evaluation faced three primary limitations, which the evaluation team did their best to mitigate.

The first limitation of the formative phase of this study is that our sample does not include non-governmental implementing partners at the county level. In each county, we purposively sampled respondents from key ministries and agencies who were involved in the design and implementation of NICHE. While our approach allowed us to document diverse perceptions from the government on NICHE's implementation efforts across the five NICHE counties, it did not capture perceptions of key non-government agencies, such as the three expected implementers of nutrition counselling (World Vision, Action Against Hunger, Concern Worldwide), and two other firms that were expected to implement a child protection and SBCC component, respectively. This may bias the results with regards to understanding the lessons learned around implementation capacity and for instance scalability. To mitigate the lack of information from implementers themselves, the research team interviewed key personnel from the county ministries, such as county capacity coordinators, who were supporting the implementation efforts.

Second, one of the main goals of a formative evaluation is to gather inputs to refine the NICHE programme design *before* it is implemented. However, because of interruptions in the implementation and planning due to COVID-19, the timing of the evaluation, and delays

⁶ See <www.unevaluation.org/document/detail/102>.

⁷ See United Nations Evaluation Group (UNEG), 'Integrating Human Rights and Gender Equality in Evaluations', <<http://www.unevaluation.org/document/detail/1616>>, UNEG, New York, 2014, accessed 23 April 2020.

in research approvals, the formative evaluation began *after* the implementation of some components of NICHE, such as registration of beneficiaries and dissemination of cash transfers. Thus, while this evaluation may not inform the design and early implementation of NICHE in the five counties, it can still inform adjustments to the programme or future scale-up efforts of NICHE across the country. For instance, the recommendations can still be used before the scale-up through the on-demand registration system takes place. The design of the formative evaluation was not affected by this, and even allowed us to explore KIIs experience with the initial implementation of the programme. We believe this does not bias the formative evaluation, but may play a role in the baseline assessment. See the baseline report in Annex G for more details on our mitigation strategies.

Third, some targeted respondents declined our requests for interviews because they were too busy or did not respond to repeated attempts to schedule interviews. Nonresponsiveness of key informants and the need to identify suitable substitutes led to significant delays in the formative data collection. This may bias the variability of perspectives on our sample. To resolve some of the scheduling issues and to reduce the time burden on respondents, the team determined on a case-by-case basis to share the interview protocol with selected respondents and allowed them to return written responses – thus allowing the respondent to provide inputs at their convenience and minimizing further delays and need for replacements.

4. Findings

In the following section, we present the main findings of the desk review and KIIs. The Findings section is organized according to the OECD -DAC criteria, and each subsection starts with the key findings for each of the relevant evaluation questions. The analysis used to answer the research questions is described in more depth in thematic sections under each criterion.

4.1 Component 1: Review of NICHE

4.1.1 Relevance

Table 3. Key Findings for Evaluation Questions regarding Relevance

Evaluation questions	Key findings
Evaluation criteria: Relevance	
1. How are the NICHE ToC and results framework aligned with the UNICEF core sector areas: nutrition, social policy and child protection?	ToC and the results framework align with UNICEF's core sector areas.

Evaluation questions	Key findings
2. And to what extent do they integrate gender equality and human rights?	- The results framework and the ToC integrate gender equality and human rights. - There is a misunderstanding among stakeholders regarding the essence of gender equality and its inherent focus on women.
3. Have the lessons learned from the NICHE pilot been incorporated into NICHE's design?	Lessons learned from the pilot related to programme monitoring, implementation and components, and coordination were incorporated into NICHE's design.
4. How well is NICHE aligned to the nutrition, social policy and child protection priorities of the MLSP and MOH, UNICEF global and regional offices, and key donors? More specifically: How is NICHE aligned with (a) the Big 4 Agenda for the Kenyan government, (b) KNAP and (c) the National Social Protection Policy?	- NICHE programme aligns with at least one of the key priorities of the ministries involved in its implementation. For example, the NICHE programme's component of child protection aligns with the Department of Child Service's mandate of upholding children's well-being, preventing malnutrition and managing the welfare of children. Further, NICHE also aligns with and with nutrition priorities outlined in the County Nutrition Action Plan (CNAP) of all five counties. - NICHE's alignment to ministry priorities was also perceived to be at default, as NICHE was considered an extension of existing GoK programmes. For example, NICHE programme's priorities are aligned with the result areas embedded in county plans such as County Integrated Development Plan (CIDP) and County Nutrition Action Plan (CNAP). - NICHE is closely associated with the KSEIP project and aligns with donors' priorities. - NICHE is anchored to UNICEF's priorities of reducing child stunting and multisectoral integrated approach to achieve the priorities.
6. To what extent is the NICHE design and implementation approach supportive of gender transformation at the beneficiary household level, and to what extent does it consider different roles and responsibilities, the needs of each gender and the support required to overcome gender biases?	- NICHE design and implementation have the potential to be more supportive of gender transformation and more receptive to the different roles, responsibilities and needs required to overcome gender biases. - The gender implications of the NICHE programme and how NICHE could better address them in their design and approach need to be further considered.
7. In what ways can the NICHE interventions embrace an HRBA at different programme stages (design, implementation, impact measurement)?	- Suggestions include: - Enhancing the design to focus more heavily on gender issues, such as gender-based violence (GBV) - Mobilizing of men to assist in child-rearing responsibilities - Incorporating gender considerations within the implementation of the programme
8. How is the NICHE programme aligned to key sources of normative guidance, such as the CCCs, in development and humanitarian situations?	NICHE is well aligned to the CCCs with its focus on nutrition, health and child protection, which are three of the CCC's six sector-specific programme commitments.

Evaluation questions	Key findings
9. To what extent has the allocation and use of NICHE resources for targeted groups considered the need to prioritize women, children and individuals/groups who are marginalized and/or discriminated against?	- NICHE clearly prioritizes vulnerable groups, and the five counties selected for the programme were chosen based on their high levels of malnutrition, stunting and wasting. - Recipients of the cash transfer have already been identified as the most vulnerable (including through community-based targeting), so the NICHE top-up payments are reaching the most vulnerable by default.
10a. What potential does the programme have in bridging the development and humanitarian nexus? 10b. To what extent can the NICHE programme serve as a platform for emergency response and preparedness? And how does the programme fit with the EDE pillar of the NDMA?	- NICHE has strategies in place to be a development programme, rather than a humanitarian program, as it addresses development issues (such as stunting) with community-level platforms for increased sustainability. - NICHE fits with NDMA's structures to build long-term resilience and is incorporating strategies to shift from an emergency response to a development programme.

Alignment of NICHE ToC and Results Framework with Government and UNICEF Priorities:

The NICHE ToC is built on two pillars that align with UNICEF's core sector areas. The first pillar is to provide "an integrated package of nutrition, social protection, child protection interventions to improve households' knowledge and access to cash and social services," and the second pillar is to "strengthen inter-ministerial systems for integrated nutrition, social protection and child protection at the community level to ensure national scale-up and long-term sustainability." Similarly, the results framework points all programme activities, outputs and outcomes to the impact of "Most vulnerable children in intervention areas have improved well-being in the areas of nutrition, social protection, and child protection." The above elements indicate that the ToC and the results framework were intentionally created to align with the core sector areas (for a more in-depth discussion, see section 4.2. on the refinement of the ToC).

According to interviews with key national- and county-level stakeholders, which are the duty bearers for the programme, the NICHE programme's design was aligned with UNICEF's core sector areas: nutrition, social policy and child protection. When asked how the programme relates to UNICEF's core sector areas, respondents frequently referred to NICHE's multisectoral approach in which it addresses all three core areas by design. A UNICEF respondent said, *"The indicators which UNICEF is tracking [for NICHE], are the indicators which are core to the humanitarian action."* The respondent went on to note that UNICEF is tracking indicators such as women's access to micronutrients and early signs of malnutrition in children. A national-level respondent from the DCS echoed the same sentiments: *"I think NICHE itself is bringing very many components in place because it is a new initiative and I think it has really considered the aspect of multi dimensions. It has the nutrition, it has cash*

transfer component, it has the child protection component, and it has the aspect of health education.” Respondents affiliated with UNICEF and the GoK agreed that NICHE aligned with UNICEF’s core sector areas.

Both the NICHE results framework and the ToC integrate gender equality and human rights. In both documents, there is specific mention of pregnant women (the rights holders), demonstrating that the programme was designed to focus on gender equality. While there is no specific mention of the term ‘human rights’ in either document, as per our document review, both documents target different aspects of human rights, as defined by the Universal Declaration of Human Rights (1948), such as improved knowledge and skills relating to nutrition and hygiene, access to feedback and referral mechanisms, and access to household counselling for beneficiaries. Furthermore, the programme reflects the implementing agencies’ commitment to an HRBA framework. In fact, while it is evident that NICHE is aligned with various human rights treaties ratified by Kenya, including the International Covenant on Civil and Political Rights (ICCPR); International Covenant on Economic, Social and Cultural Rights (ICESCR); Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); Convention on the Rights of the Child (CRC); and Convention on the Rights of Persons with Disabilities (CRPD), our analysis of programmatic documents found limited reference to this alignment with the framework and the treaties.

Programme Alignment with Priorities of Ministries and GoK: All respondents indicated that the NICHE programme aligns with at least one of the key priorities of the ministries (MOH, MLSP) involved in its implementation. For example, a representative from the DCS within the MLSP explained that the DCS is mandated with welfare of children, and NICHE’s component of child protection aligns with this mandate. A county representative from DCS at Turkana also agreed that NICHE’s components of nutrition and child protection align with the DCS’s priorities of upholding children’s well-being and preventing malnutrition. The county-level respondent said: *“We are at the heart of ensuring that children achieve and grow in a healthy and safe environment. It is not only about NICHE now, but we do a lot around a child’s development. NICHE fits because our County Nutrition Action Plan (CNAP) plan of action for the period 2018–2022 is reaching out for the nutrition sensitive interventions to improve nutrition in the country and that is the key result area 16.”* Further, the representative outlined four pillars within the DCS that align with NICHE: Pillar 1: Malnutrition; Pillar 2: Development; Pillar 3: Child Protection; and Pillar 4: Children’s Participation.

Similarly, for respondents associated with the nutrition and health sectors, NICHE aligns well with country- and county-level nutrition priorities. According to an MOH representative, nutrition is a priority for not only the MOH but also the Ministry of Agriculture (MOA) and the Ministry of Devolution because of the effects of drought on food insecurity. All nutrition coordinator officers from the five selected counties detailed the way NICHE aligns with the MOH’s County Nutrition Action Plan (CNAP). For example, a nutrition coordinator officer

from Turkana mentioned the presence of 13 key result areas within the Turkana CNAP and NICHE's alignment to the areas. The officer explained that since Turkana is usually affected by climate emergencies, such as drought, and its effects on household food security, NICHE's cash transfer component is a welcomed benefit to the communities. The officer added: *"NICHE is not only about adding money to the beneficiaries that are already in programme. For us, it's about the health education part, so we are able to sensitize our community on the feeding habits or how they can buy the nutritious foods for the children because what we are lacking also as a county is the knowledge. The knowledge gap on maternal infant and young child nutrition is a challenge so I think with NICHE we will be able to cover a lot as we expect to roll it out in the county under community health strategy."* A nutrition coordinator officer for Marsabit County also recalled: *"NICHE programme fits into one of the key resource areas in our county (Marsabit) nutrition action plan. I think they are three: maternal and infant feeding and collaboration for nutrition sensitization...so our nutrition action plan fits strongly to having social protection and having a behaviour change communication."* The officer added that the three resource areas listed above are embedded in the County Integrated Development Plan (CIDP). A UNICEF officer added how NICHE aligns with key elements of not only the CNAPs at the county level but also with the KNAP at the national level, which outlines cross-sectoral result areas, including child well-being. The KNAP also outlines 19 key result areas with at least 9 areas to which NICHE can contribute, such as Key Result Area 1: Maternal, infant, and young child nutrition (MIYCN) scaled up; and Key Result Area 14: Nutrition in social protection programmes promoted (Ministry of Health, 2018).

In addition, some respondents highlighted how the NICHE programme aligns with all three priorities of nutrition, social policy and child protection. For example, the NSO from Kilifi outlined how NICHE bridges the three key priorities by bringing multisectoral collaboration and including nutrition-sensitive programming, which is a main component of KNAP. Similarly, a representative from the DCS, under the MLSP, pointed out the mandates in place within the MLSP to coordinate social protection and the components of health insurance, cash transfers and social security.

Other respondents outlined strategies to achieve their ministry's key priority goals through alignment with NICHE. For example, the nutrition coordinator officer from MOH from Kitui County and a representative from Ministry of Health and Sanitation, Kilifi, separately listed the following goals: reduction of stunting, reduction of malnutrition in pregnant mothers and improvement of overall health of the poor and vulnerable in underprivileged areas. In addition, a nutrition officer from West Pokot stated: *"Our vision is 'malnutrition free in West Pokot County' and our mission is to offer effective, integrated services that would be affordable and accessible by all the residents. The NICHE programme presents an opportunity to get to the people – which otherwise would have been hard for us to really go to them."* From the above statement, NICHE is also expected to directly help achieve the county's nutrition-related mission.

Respondents perceived NICHE's alignment to ministry priorities as default, since NICHE was considered an extension of programmes already implemented by the GoK. For example, a respondent from DCS, the NSO from Turkana and an MOH representative perceived NICHE alignment with the GoK's priorities through its embedment in the GoK's existing cash transfer programmes.

Regarding the GoK's Big 4 Agenda, document review confirms that NICHE design and objective are aligned with one of the four priorities, as outlined by the GoK in its economic blueprint for a five-year development plan. The first priority in the Big 4's transformative agenda is food security and nutrition, and it is expected to be addressed by reducing the number of 'food insecure' Kenyans by at least 50 per cent and through a 27 per cent reduction in malnutrition in children under 5 years of age (Government of Kenya, 2020).

Lastly, interview data confirm that NICHE is also closely associated with the KSEIP project led by the MLSP within the GoK. A government representative from the MOH detailed the three components of the KSEIP project and how NICHE aligns with the three components to address challenges of food insecurity. The KSEIP's 3 components are (a) strengthening social protection delivery systems, (b) increasing access to social and economic inclusion intervention and (c) improving the shock responsiveness of the system. A UNICEF nutrition officer mentioned that NICHE's alignment with the Kenya Health Sector Strategic Plan, articles 43 and 53 under the Constitution of Kenya, which outline the rights of children to child protection, basic nutrition and no hunger, with the Kenya Food Security Implementation Framework and the KNAP, helps to achieve major priorities of the GoK. NICHE is also in line with the GoK's social protection, nutrition and child protection priorities, in particular, the Cash plus agenda, the Social Protection Policy and the National Children Policy, KNAP 2018–2022, specifically Key Result Area 14 in the KNAP (Ministry of Health, 2018).

Programme Alignment with Priorities of UNICEF Kenya and UNICEF Global: UNICEF respondents perceived NICHE to be strongly anchored to not only UNICEF's priorities of reducing child poverty and stunting but also to UNICEF's multisectoral integrated approach to achieve the above priorities. A UNICEF representative stated: *"NICHE fits in well because NICHE addresses nutrition or household issues in a multisectoral way by bringing on board the BFCI component in health. They are also bringing on board the cash component from social protection. For Kilifi, they bring on board the child protection component from child protection services."* Other representatives from UNICEF also emphasized how NICHE's combination of nutrition and safety net components complements UNICEF's strategic plan of partnering with stakeholders in different areas and ministries. Another UNICEF stakeholder explained that NICHE's programme design of recognizing social protection as a way to advance nutrition aligns with the UNICEF Kenya Country Programme, which is influenced by the country's nutrition situation. The respondent added that NICHE aligns not only with the UNICEF Kenya country programme but also with UNICEF's global nutrition

strategy. Speaking to UNICEF's global priorities, three UNICEF representatives explained that current priorities at UNICEF Kenya are informed by what UNICEF wants to achieve at a global level, and the contextualized priorities are then informed by the regional, county and even zonal context.

Programme Alignment with Priorities of Donors and Key Stakeholders: As key funders of the NICHE programme, representatives from both the FCDO and World Bank explained that NICHE was a component of an existing programme that the donors are extensively supporting. For example, an FCDO representative explained that, as one of the key funders of the HSNP, NICHE is perceived to be a component of the programme. According to a World Bank representative, investment in NICHE through the KSEIP is to enhance the 'vanilla' safety net systems in the country, which already aligns with one of the broader goals of the World Bank to reduce poverty. In addition, NICHE is seen as a model programme to address multiple issues under ECD, stunting and nutrition. For the World Food Programme (WFP), NICHE fits well within WFP's mandate of ensuring food and nutrition security, building long-term resilience to sustain emergencies and involve social protection to advance priorities in other sectors. Specifically, the WFP has a Vision 2030, which is mapped to the United Nations Development Assistance Framework. The framework's biggest priority is to strengthen policy environment and legislative mechanisms for social protection.

Some UNICEF stakeholders also agreed to the above donors' views of NICHE being aligned to donor priorities. For example, a UNICEF county nutrition officer said: "NICHE programme aligns with the donor priority because right now, the donors are more oriented on development rather than on emergency. In development, we are looking at the issues of stunting within the community." Another UNICEF nutrition officer implied that since NICHE includes the GoK into its design, implementation, funding and transition, the programme aligns with both FCDO's and the World Bank's priorities of funding sustainable programmes that governments are expected to own and manage. The NSO from Kilifi supported the above sentiment: "Most donors are currently looking at the government being able to take lead in terms of implementation of development programme. UNICEF also prepares and builds capacity for government to take over the programme after three years. So, it is indeed anchored on the donor priorities because NICHE is also part of the KSEIP programme which is led by the Ministry of Labour and Social Protection." In conclusion, there was largely a positive reaction on the perceived alignment of NICHE with key stakeholders (GoK, ministries, UNICEF, donors) priorities within Kenya.

Programme Alignment with County-level Contexts: In terms of the extent to which the NICHE design is responsive to county contexts, a national capacity coordinator from MOH explained that the local context played a significant role in the NICHE implementation approach and its priorities. The respondent explained in detail how the process takes place: "Every county, they do their plans, and they involve the subcounty teams. Apart from that

we have even the behaviour change, communications that are happening, the materials and the strategies, they really look at the different contexts because those counties are unique in one way or another. That component is looking at the different cultural factors that we have and coming up with strategies on how to strategies in the context of those social cultural factors to optimize nutrition so yes, to a big extent, this programme has looked at the local context and it is continuing to do so.”

Specific county-related statistics were also highlighted in the NICHE Inception Report (2020) and the NICHE Operations Manual (2021) as challenges that NICHE aims to address. For example, the Operations Manual (2021, p. 28) reads: “West Pokot and Kitui, have stunting rates nearly 20 percentage points higher than the national average and are the two counties with the highest level of stunting in the country.” Representatives from all five counties seemed to agree that their specific landscapes were considered. They reported that their social protection and child protection and nutrition challenges and landscape were sufficiently considered, at least in part, to justify the implementation approach and strategic priorities of NICHE.

Both national- and county-level respondents agreed that implementation in Kitui County, the county where the pilot was implemented, was informed by Kitui County’s unique social protection, child protection and nutrition challenges. As the national assistant director of the DCS noted, “The Kitui pilot really informed the design of NICHE so, I believe that in the design really was informed by the successes and failures of Kitui.” The drought and nutrition coordinators also explained that “the climatic conditions, food security issues, and poverty, they were all factored in.” The coordinators went on to say that programme implementers considered the areas of the county that were most affected by drought and malnutrition and used that information to inform the selection of the implementation areas.

Respondents from Turkana County referred to data from the MOH on the prevalence of malnutrition that informed its selection for NICHE. In addition, a Nutrition Support Officer (NSO) reported that many considerations for the CHV component of the programme were made based on Turkana’s unique features. According to the respondent: “You will realize what is in Turkana is a little bit different than what is in the manual for the national because of the hardships around here. It couldn’t sustain that workforce detailed in the national plan ... to fit the population which is sparsely populated and migrating.” The respondent went on to explain that the NICHE design allowed for these types of adaptations to be made into law, rather than temporary changes, further exemplifying how local contexts are considered when establishing NICHE approaches and priorities.

In Kilifi County, the county coordinator from DCS reported that the decision to implement NICHE was informed by the poverty levels of Kilifi County, in part caused by the semi-arid land that limits their sources of income. The respondent also noted that Kilifi was, in general, hard to access because of the lack of roads, which means that it does not usually

receive support from organizations and contributed to why the county was prioritized by NICHE.

In Marsabit County, a UNICEF officer reported that the larger number of resources needed to implement NICHE in the county was considered given how vast the county is. They went on to explain: “For example if you’re rolling out in Marsabit and you want to register maybe 300 beneficiaries, you might require more resources than you would require in a county maybe like Kitui for the same number.” In addition, a subcounty officer spoke about how the diverse ethnic composition was considered when implementing NICHE but also explained that “the design itself is okay but the coverage has not been completely exhaustive.” The NICHE Operations Manual (2021, p. 28) also noted that “extended periods of drought” have led “to persistently high levels of acute malnutrition most notable in Marsabit and Turkana counties which have recorded Global acute malnutrition rates of over 20% in the last nutrition assessments owing to the impacts of the droughts.” While the malnutrition levels, size and ethnic diversity were considered in the programme design in Marsabit, considerations were lacking in terms of programme reach as UNICEF officers reported not having enough resources to implement the programme in Marsabit County given that the county required more resources to serve the same number of beneficiaries that a smaller county might require.

Finally, in West Pokot, a nutrition coordinator said that they were still in the formative stages of the programme when they were interviewed but agreed that the NICHE programme was appropriate for their context because of the consistent droughts and the general challenges with nutrition in the county. Furthermore, the nutrition coordinator spoke about how, in West Pokot, the pastoralists leave their families in Kenya in the dry season and travel to Uganda, which contributes to the food insecurity in West Pokot and makes the county an appropriate place to implement a nutrition-focused programme such as NICHE.

There was also a consensus among stakeholders that NICHE considered Kenya’s national-level challenges and landscape. One respondent from the FCDO spoke about how NICHE works to keep beneficiaries out of poverty with its ‘cash plus care’ approach, which is a new approach in Kenya: “It’s not just about, you know, getting them out of poverty, but it’s also about keeping them out of poverty. So, yeah, the two areas of nutrition through nation and economic inclusion. Basically, we are testing this at a much larger scale to see whether we can provide sort of better pathways out of poverty ... But all we want to do is provide sort of local evidence of how this can work in our own context in the Kenyan setting and then hopefully using sort of the model that we use with the safety net programme and other social safety net programmes to be able to have a demonstration effect to government, who can then, you know, take it up and then and then scale it up to a much wider impact.”

NICHE's focus on offering more support in addition to the cash transfer is appropriate for the Kenyan context and, according to stakeholders, the approach that NICHE is taking to introduce this type of programming is intentionally designed to produce evidence to inform possible future scale-up.

Incorporation of Lessons Learned from the Pilot in the Current NICHE Design: Lessons learned from the NICHE pilot related to programme monitoring, implementation and components, and coordination were incorporated into NICHE's design.

In terms of programme monitoring, representatives of the MOH and the DCS seemed to agree that many lessons from the NICHE pilot were incorporated into NICHE. One specific example mentioned was creating "*an automated way of doing work to support all the components of the system,*" the lack of which reportedly caused programme monitoring issues during the NICHE pilot implementation. In addition, NICHE programme implementers learned during the pilot that some women lied about being pregnant during registration to become beneficiaries of the programme. In the NICHE design, programme implementers instated stricter rules related to the documentation required to prove pregnancy and to become a programme beneficiary. Finally, implementers learned that the lack of ownership of data collection and management by the government led to pitfalls in the NICHE pilot in which data were not being aggregated at the national level and the quality of the data was put into question. In response to this lesson learned, programme implementers included government officials in NICHE data collection planning and training and officially deemed government stakeholders as the creators and owners of the data collection materials. The steps to involve government became key to the rest of the programme and to ensure that the government took ownership of the entire programme. Per the document review, these lessons learned were also noted in the first version of the NICHE Operations Manual.

NICHE programme implementation was also highly impacted by lessons learned from the NICHE pilot – namely, in terms of implementation tools, recruitment and registration, awareness about the complaint mechanisms, and implementation components. First, NICHE programme implementers created an operations manual so that all programme implementers had a common understanding of how the programme was to be run and the defined roles. Multiple respondents from UNICEF and a capacity coordinator from the MOH reported that, during the NICHE pilot, programme implementers did not have an operations manual and were confused about their role in the programme and therefore there was a lack of common understanding and accountability. The creation of the operations manual helped to avoid misunderstandings of roles and responsibilities during NICHE. Regarding recruitment and registration, a lesson learned from the NICHE pilot was that community members did not understand that they were required to be part of an existing GoK social protection programme to be eligible for the NICHE programme, so the NICHE implementers knew to make this specific requirement very clear during recruitment. Another lesson learned was that the NICHE pilot did not have an automated way of tracking beneficiary

eligibility and on when beneficiaries should or should not exit the programme. With NICHE, programme implementers set up a system with an on-demand registration in which families can be listed at any point when they meet the eligibility criteria and notified that they are exiting the programme if their circumstances change and they are no longer eligible. In addition, the NICHE pilot showed implementers that beneficiaries felt as though the programme was a privilege, not a service, so they were not lodging complaints about instances in which they were not receiving their cash transfer or other services, such as household and nutrition counselling. With NICHE, they were intentional about making it clear to beneficiaries that they were encouraged to lodge complaints through the mechanism in place and that they should expect that they will be addressed. Finally, in terms of implementation components, a key lesson learned from the NICHE pilot was the need for a household counselling component to be reduced from weekly to every two weeks, which led to the addition of using the BCFI as a platform for NICHE implementation. Furthermore, lessons learned from the NICHE pilot regarding the need for monitoring tools and documentation tools that catered to potentially illiterate beneficiaries informed the paperwork that was created by county nutrition coordinators in West Pokot to monitor the household counselling in NICHE.

Finally, the NICHE pilot provided many lessons learned with regard to the importance of effective coordination structures that were incorporated into NICHE. As a nutrition coordinator from Kitui County stated, “Before it’s like [meetings] were non-existent and we would only meet different sectors may be during the County steering group when we are discussing issues to do with food security but when NICHE came, we learned the hard way.” The coordination challenges that arose during the pilot informed the meeting schedule for NICHE, which requires programme implementers to meet weekly during programme start-up to address issues that may arise and then to meet monthly once the programme is up and running. There were also coordination issues between the MLSP national- and county-level implementers during the NICHE pilot, as reported by a UNICEF respondent, that were swiftly addressed in NICHE by the creation of a memorandum of understanding (MOU) that was signed by all five counties that participated in NICHE.

Integration of Gender and Human Rights and use of Human Rights based Approaches in Programme Implementation: UNICEF and county nutrition stakeholders consistently perceived NICHE to be accessible for vulnerable populations and all genders, but there was a clear misunderstanding among the same stakeholders regarding the essence of gender equality and its inherent focus on women. For example, one UNICEF respondent from Kilifi said, “For gender equality, you know every gender whether boy or girl whether male or female were considered for the programme if they fit on the criteria for NICHE registration which is looking at a child who is under twenty-three to twenty-four months or a household with a pregnant woman.” The above sentiment on gender equality seemed to be the common understanding among a variety of stakeholders, as a national-level capacity coordinator from MOH also said: “Gender equality [is part of NICHE], yes because it is

looking at the caregivers. The caregiver can be a man, can be a woman. We are looking at the caregivers of the children, we are not saying the mothers.” The above quote indicates that, while there was a focus on ensuring that the programme included and benefited all genders, there was a lack of intentionality among stakeholders regarding prioritizing the needs of women, the more vulnerable population.

Respondents also expressed that human rights were integrated into the design of NICHE, making specific reference to the child protection and nutrition components. For example, in response to being asked if human rights were incorporated into the NICHE programme design, a county nutrition coordinator in Marsabit County said, *“To the extent that there are children rights, of course child protection, child nutrition being advanced in the NICHE programme.”* Interview responses such as the above show that, both in practice and from the ToC and results framework documents, the concept of human rights was integrated into the programming and was well understood among stakeholders.

However, according to the stakeholders, the NICHE design and implementation have the potential to be more supportive of gender transformation and more receptive to the different roles and responsibilities and needs required to overcome gender biases. A county coordinator of DCS reported that they felt as though men had not been as involved in the programme as they had hoped. The coordinator went on to say that household decision-making and gender dynamics should be considered more carefully in the programme. A UNICEF staff member agreed: *“For example, in a household where the father of a lady who is meant to be a beneficiary is the one receiving the cash transfer, the woman who is the beneficiary that cash doesn’t reach her. I haven’t seen what mechanisms have been laid really to address those issues. How will we be sure that in terms of gender distribution in the have’s cash is reaching these targeted beneficiaries who majorly is the woman and the child?”*

A representative from another county echoed these sentiments saying that they need to investigate the gender implications of the NICHE programme and how NICHE could better consider them in their design and approach.

Respondents also indicated that the programme design and advocacy messaging through SBCC and BCFI are supportive of gender transformation. Related to programme design, a respondent from UNICEF noted how gender was considered in the initial design of NICHE. The respondent explained that, because of gender considerations, they created SBCC channels and methods for engagement and community levels. They also had many conversations with women as part of a formative assessment to identify their specific needs which they used to establish a community-driven plan. Another respondent from Nairobi spoke to how data are being disaggregated so that programme implementers are aware of how many girls and boys are beneficiaries of the programme. In terms of suggestions for improvement, a representative from the NDMA recommended that the participatory tool used to register families flag when vulnerable populations such as young children, pregnant

women, lactating women, and the elderly join the programme. With this feature, the NDMA representative said, NICHE will ensure that their planning and response are mainstreamed and effectively address any issues related to women.

With regard to advocacy, a DCS respondent on the national level spoke to how the BCFI and the SBCC are *“very well designed to incorporate the gender sensitivity issues.”* They went on to explain that a core part of the messaging is that both men and women should be involved in issues of nutrition. A county drought coordinator from Kitui noted that they believed the messaging was working: *“For example, the men felt like you cannot give money to the woman but with time they came to understand why we have to do this because there was capacity building understanding and now it is accepted that when the woman gets the money there is no big deal so ... [women] have established rights.”* A county nutrition coordinator noted, however, that they still have a long way to go: *“[Men] have not been very active in supporting their women, but we always encourage them to do so. It’s only that those issues to do with children are left to the women and the men don’t want to so much get involved.”* Therefore, while it is clear that there are some aspects of NICHE, such as the design and the community messaging, that were designed to be supportive of gender transformation, it is evident that additional efforts are needed to encourage men to play a more active role in childrearing and IYCF.

In terms of rights based-approaches in different program stages, NICHE has already embraced a rights-based approach at different stages of design, implementation, and measurement, but there are ways that the approach can be strengthened to better support women in particular. Suggestions include enhancing the design to focus more heavily on gender issues, such as gender-based violence (GBV) and the mobilizing of men to assist in child-rearing responsibilities, and incorporating gender considerations within the implementation of the programme, such as ensuring that women are aware of the cash top-up and involved in how the family will use the money.

Suggestions related to the design enhancements came from national- and county-level respondents from UNICEF and DCS. They agreed that gender considerations needed to be more integrated into the programme design. The respondent from UNICEF noted that they planned to incorporate these issues in their national parenting manual that they will pilot in Kilifi. Another key consideration that was mentioned by the DCS representative, however, was that the programme still needs a mechanism of supporting GBV issues, such as domestic violence, that might arise from the programme implementation. In this way, NICHE would have protocols in place to deal with situations that might be related to the additional cash flow in the family, the increased expectations of the men’s roles in the households and other household dynamics that might relate to the NICHE services.

Recommendations about programme implementation also related to gender. A county coordinator of DCS recommended that NICHE implementers ensure that women know that they are getting the additional top-up. They said, since women are not the primary beneficiaries of the transfer, “[women] might not know if there was any extra money or see any difference in extra money.” In addition, a representative from the national DCS office suggested that counties should tailor their local communication strategies to how their communities understand gender and to ensure that they address any areas that might lead to GBV.

“In those five counties where NICHE is being implemented, the issues of child and maternal nutrition is humanitarian action, which is actually a result area in one of UNICEF’s mandates in every child, including children affected by humanitarian crisis. For NICHE, through the Theory of Change we have identified those children who are already in households which are already in need. The indicators which UNICEF is tracking, are the indicators which are core to the humanitarian action. For example, we are looking at micronutrients for women, undernutrition, early detection of malnutrition, and [we] see that the programming looks at action in terms of those children who are in those places which are more affected. Even looking at community-based malnutrition, one of the key things that will be happening in those regions is the management of severe malnutrition but majorly focusing on prevention by doing those prevention programmes in those areas of humanitarian concern [where children] have little access to nutrition, safe drinking water and basic health services.” --respondent from UNICEF

Lastly, concerning other normative guidance, we find that the NICHE programme is well aligned with the Core Commitments for Children (CCCs) in development and humanitarian situations, and it explicitly targets three of the CCC’s six⁸ sector-specific programme commitments: nutrition, health and child protection (UNICEF, 2010). The best interests of children are central to the NICHE programme, and respondents consistently reported that counties were selected for NICHE implementation based on high levels of wasting, stunting, malnutrition and the child poverty index. Interviewees from UNICEF referenced the new global child protection framework that seeks to address social, cultural and economic determinants of child protection violations, and according to one individual, “Cash plus initiatives such as NICHE are very much in line with the latest framework.”

NICHE Programme’s Relevance in Bridging the Development and Humanitarian Nexus:

Qualitative data provided insight on NICHE’s capacity to serve more as a platform for emergency preparedness rather than as a platform for immediate emergency response. NICHE has potential and strategies in place to be a sustainable programme, and according to some respondents, the issues that NICHE are targeting is a development problem. For example, the UNICEF nutrition support officer from Marsabit County noted that NICHE aligns with UNICEF’s core sector areas and is representative of a greater shift in UNICEF’s programming in that it links the ‘emergency work’ to work that is more sustainable and building ‘community resilience’. This sentiment points to services that NICHE offers, such as awareness campaigns and education regarding nutrition and child protection, and how those aspects of the programme are not reactive to vulnerabilities as emergency programmes tend to be but rather are intended to prevent vulnerabilities in the long term.

⁸ The other three programme commitments are WASH, HIV and AIDS, and education, which are largely outside the scope of the NICHE programme but may be either directly or indirectly addressed through NICHE interventions.

Similarly, the NSO from West Pokot County explained that one of the main goals of NICHE, which is to address stunting, is largely a development issue rather an emergency issue, and using the community-level platform to target pregnant women and children in the first 1,000 days of life to address malnutrition orients itself to development.

NICHE also seemed to fit with NDMA's structures to build long-term resilience and with the NDMA's Ending Drought Emergencies (EDE) Initiative. A drought coordinator from Kitui County emphasized that NICHE plays a central role within NDMA's main strategies to build community capacity to mitigate effects of frequent droughts, increase livelihood opportunities, change traditional taboos of eating certain types of foods and improve accessibility to food security. The coordinator explained, *"Drought actually is a cross-cutting issue which touches on the health of the people, on agricultural issues, on water issues and particularly affects children under five."* In addition, a coordinator from DCS in West Pokot County noted that the NDMA's clear focus is on drought resilience, which is addressed through (a) infrastructure to mitigate climate change-induced effects on the population and (b) human capital development. Specifically, under human capital development, the focus is on education and health. Document review of the *Common Programme Framework for EDE*, which was developed by the NDMA, also reveals that the strategies to support sustainable livelihoods in drought-prone areas include strengthening the foundation of development: security, infrastructure and human capital (Ministry of Devolution and Planning, 2015). The DCS coordinator confirmed that NICHE is helpful to meet the NDMA's focus on health in coordination with the MOH. The coordinator said: *"For us, focusing on the children has been the most interesting thing to us. People who are most affected are women and the under-five so NICHE comes in handy very well so we work together in building the coordination we have on the ground that is now the health and nutritional technical working group."* Speaking to the shift from emergency to development, a county coordinator from Kitui implied that because of the increased frequency of droughts in the region, drought shouldn't necessarily be considered an emergency, and strategies must shift towards capacity building of communities to mitigate effects of drought related to food accessibility.

4.1.2 Coherence

Table 4. Key Findings for Evaluation Questions regarding Coherence

Evaluation questions	Key findings
Evaluation criteria: Coherence	
11. What are existing interventions in the areas of nutrition and social and child protection in the NICHE counties, and how can NICHE's implementation approach leverage these to maximize resources?	• Main existing interventions include cash transfers (including the HSNP), which target OVCs, vulnerable households and the elderly. • Other interventions include farming payments, provision of improved breeds of livestock, payment of school fees and linking 'Mother-to-Mother' support groups

Evaluation questions	Key findings
	to different lines of income-generating activities. - NICHE's implementation approach rides on existing programmes under the NSNP. - NICHE's implementation approach maximizes resources by leveraging CHS and BFCI, the Training of Trainers (ToT) model, and relying on CHVs to implement nutrition counselling.
12a. How could NICHE's implementation approach be designed in such a way that it strengthens existing GoK programmes in food security, resilience, cash transfer, child protection and nutrition?	Suggestions include facilitating collaboration between programmes to enhance impact by combining the programmes' separate objectives.
12b. Does the programme coordinate effectively with other related programmes – both government and non-government and at the central and county levels?	There was mention of potential collaborations with government ministries such as Ministry of Agriculture to leverage NICHE with other initiatives within the area of food security to enhance impact through combining objectives. .
13. To what extent will NICHE support national processes, such as strategic plans, policy development and development of guidelines, as proxies of supporting sustainable efforts?	- Numerous guidelines will be developed to support sustainability of NICHE: detailed operations manual, parenting manual (Kilifi), national nutrition guidelines. - NICHE will roll-out nutrition counselling based on the MoH platform of BFCI which is incorporated in the existing policies, such as maternal, infant and young child nutrition (MIYCN). - NICHE MIS is fully integrated; other monitoring systems are underway.
14. How has the registration process of beneficiaries been undertaken? To what extent were county government teams involved? What were the challenges in the registration process?	- The registration process includes community sensitization, identification and registration of eligible individuals, and enrolment of individuals into the integrated registration system. - The programme is currently targeting beneficiaries through the existing pool of beneficiaries to ensure layered outcomes - County and subcounty officials are heavily involved in the process. - Few challenges have been reported; the only ones mentioned had to do with resources and coordination between ministries.
15. Is there a system for addressing complaints and grievances? To what extent is it functional and how can it be enhanced?	- Too early in NICHE implementation to fully assess functionality of grievance mechanism; - Complaint system appears to be most developed in Turkana

Evaluation questions	Key findings
	Due to the current knowledge gap, we recommend a full assessment of the grievance mechanism as part of future data collection efforts
16. How is the national coordination setup arranged? And how is the distribution of roles and responsibilities across the different governmental stakeholders in relation to the NICHE MOU? Are there ways in which this could be enhanced? How is planning between the different sectors undertaken?	- Coordination structures exist at both national and county levels, such as Secretariat, Advisory Committee, NICHE Technical Appraisal Committee and County NICHE Coordination Committee. - An existing structure of National Technical Advisory Committee is being utilized to facilitate coordination. - Provision of joint trainings for workforce from different sectors has been implemented. - MOUs were used for facilitating coordination.

Linkages with Existing Programs in Nutrition, Social and Child Protection: NICHE's implementation approach rides on existing programmes under NSNP within the State Department of Social Protection, MLSP. Respondents largely mentioned the existing cash transfer interventions (CT-OVC, Older persons and Persons with Disabilities cash transfers, HSNP), which target OVCs, vulnerable households and the elderly. An NSO from Marsabit explained that NICHE leveraged existing cash transfer programmes to select its beneficiaries and implement components. Similarly, a capacity coordinator stated that NICHE's targeting of specific beneficiary type comes from the pool of beneficiaries (disabled, elderly, orphans, and other vulnerable populations) who are already receiving cash transfers from other GoK programmes.

In the area of social and child protection, other existing interventions range from campaigns against violence on children, development of a UNICEF-supported child protection policy at Kilifi County, a UNICEF-supported programme funded by the Ministry of Education (MOE) to connect out-of-school girls with sustainable sources of income, and parenting programmes. A UNICEF child protection officer (CPO) mentioned efforts to coordinate NICHE with a consortium of three organizations called Changing the Way We Care, which is providing a parenting programme and an alternative family-based programme. NSOs from Turkana and Marsabit mentioned the presence of monitoring activities by CPOs. A subcounty officer cautioned that although NICHE complements other programmes in the county, a staffing shortage of CPOs may cause conflict during implementation. According to a county nutrition coordinator from West Pokot, other existing interventions range from payments for farming through the social safety nets initiative; provision of improved breeds of livestock, such as bulls, cows and camels; payment of school fees to cushion families' expenses by the county; and linking 'Mother-to-Mother' support groups to different lines of income-generating

activities, such as agriculture or animal rearing. In addition, a cash transfer programme for a duration of three to six months targeted people in Turkana County who are displaced due to rising water levels from Lake Turkana. In the area of nutrition and health, interventions range from the maternal child programmes under the HSNP (in some regions, such as Turkana), breastfeeding community initiative programme, campaigns on breastfeeding, high-impact nutrition interventions (HINI) in West Pokot and Kilifi, Universal Health Coverage and its association to the National Hospital Insurance Fund, biannual vitamin supplementation for school children implemented by the MOH and MOE, and drought-resistant crop farming implemented by MOA. An NSO from Turkana listed other complementary programmes to NICHE, such as integrated management of acute malnutrition (IMAM) and integrated community case management (ICCM), which have similar nutrition education components. In addition, a UNICEF NSO from West Pokot mentioned complementary programmes including a community health education programme that were part of community-level strategy. Though not mentioned by respondents interviewed, recent droughts in the country and food insecurity issues are also expected to be mitigated by the presence of food assistance programmes.

Respondents interviewed largely spoke to the BFCI implemented by the MOH and its platform of community health workers and usage of a Training of Trainers (ToT) model as part of the CHS that NICHE leveraged to incorporate and implement the component of nutrition counselling. For example, a DCS representative from the national government states, *“The BFCI is the delivery mechanism for the nutrition sensitive cash transfers.”* A nutrition coordinator from Kitui added: *“We have started the Training of Trainers (ToT); those are the people who would go and train the health workers because they will have a role to play in NICHE implementation. The mother-to-mothers support groups will also be included in that training. We will also have another set of training the CHVs because those are the people who will deliver the nutrition messages to the households. There are so many actors in the BFCI, and they will all be trained so that they are well equipped to deliver those messages.”* However, not all counties had similar success with NICHE implementation through an existing structure at the time of formative data collection. For example, a UNICEF NSO for Marsabit County pointed out key gaps, such as limited training on BFCI, which will prevent successful scaling up of NICHE. The respondent added: *“We are trained on BFCI. At this level, out of the 130, you will find only about 8 community units have been trained. If one was to again consider scaling up quality nutrition counselling across the county, you will see that there’s a huge gap. So many of them have not been trained so there is a need to train so many of them to be able to deliver quality counselling. They cannot do so if they don’t have the knowledge and the information.”* However, most county level respondents were confident about implementation of NICHE activities due to the usage of a community delivery structure and community-centered approach such as through the BFCI initiative. To maximize resources, in Kilifi, where NICHE is also piloting the child protection component, a representative from the Ministry of Health and Sanitation mentioned that

both CHVs and CPOs were trained together for five days from April to May 2021, and a UNICEF officer noted the development of an operations manual to guide the implementation of all three components of nutrition, child protection and parenting programme of NICHE.

Another way to strengthen existing programmes is to facilitate collaboration between programmes in order to enhance impact by combining the programmes' respective objectives. For example, within the area of food security, a nutrition coordinator from Kitui listed the Initiative for Food and Nutrition Security in Africa (IFNA) pilot programme designed to provide an all-round service in agriculture and livestock with components of nutrition education and WASH activities to improve overall welfare of households. The respondent noted that IFNA was more comprehensive than NICHE and found the amount of cash transferred through NICHE to be inadequate. The respondent mentioned potential collaborations with MOA and other ministries to leverage NICHE and IFNA to improve both nutrition status and ensure food security. Similarly, a UNICEF NSO suggested that NICHE provide an opportunity to strengthen food security *and* reduce disease burden in households. The officer explained the expected layered benefits of NICHE: *"One, mothers are empowered with extra cash and can budget. Second, with nutrition education, mothers are empowered to feed appropriate meals to children. There are also other promotions through NICHE such as, hygienic conditions during complementary feeding and this will help reduce disease burden of households."* The respondent also referenced that lower health expenditures as the result of reduced disease burden will increase savings and added, *"Overall, you find a household with improved components in terms of food security, improved nutrition status, improved economic status of a household and even improved living conditions."* In addition, when households are supported by the mother support groups to have income-generating activities, such as chicken farming, the household's income diversity also improves.

Strengthening of National and County Government Processes, Systems: Multiple coordination structures exist at both the national and county levels for NICHE. For example, there is a secretariat at the national level chaired by the MOH and a NICHE Coordination Forum chaired by MLSP. Both these national-level coordination structures were alternatively chaired and co-chaired by MOH or MLSP and included NDMA and senior officers from UNICEF and the World Bank. The secretariat feeds into a larger multi-agency oversight group, the Advisory Committee, which oversees the larger KSEIP project within the GoK. The KSEIP Project links the different government initiatives to enhance social protection safety nets. According to some respondents interviewed, there is also a NICHE Technical Appraisal Committee (NTAC) and a County NICHE Coordination Committee (CNCC), specifically built to coordinate issues of food security. However, post cross checking with the operation manual, it suggests that the NTAC actually refers to the National NICHE Technical Advisory Committee [NNTAC]. Further, desk review analysis indicates the potential development of a National NICHE Technical Advisory Committee, and which is to

consist of the MLSP, MoH, NDMA, the Council of Governors representative of Health Committee, Council of Governors representative of Gender and Social Services Committee and UNICEF (GoK, 2020). One of the roles of the NNTAC is to develop a capacity development plan which will include trainings, knowledge management and peer exchange activities. It is unclear from desk review and interview data if the NNTAC is active.

To include counties, the representative from MOH spoke about project coordination units, which were established in 2019 and included CPOs, the drought management officers and the health workforce. The representative described the ground-level cross-sectoral coordinating in a positive light: *“It’s quite well coordinated and integrated and they work collaboratively as partners on the ground or take orders on the ground. At least I’ve seen it happen. I’ve been able to go to Kitui and I’ve seen it happen, I’m yet to visit those other counties and see what is happening but from the officers who have been to those other counties I also understand it’s working quite well, and we are happy with what’s happening on the ground. Of course, there are those other normal challenges which may be here and there, but they are able to address them as a team.”* The respondent continued: *“If there is a training, we train all of them. We train them together as a team. So already the project in terms of implementation, they implement as a team not as different arms of the same team.”* The joint trainings provided to the different workforces seem to contribute to positive coordination.

To further enhance the county-level coordination, there are structures such as the County NICHE Coordination Committee (CNCC) and a County Steering Group (CSGs) chaired by the County Executive Committee Member for Health (CEC Health). An NSO from Kilifi explained that the CNCC is an opportunity to further coordinate and understand ways to leverage financial resources and structures that the sectors know exist. In addition, a DCS coordinator from Turkana added a presence of a steering committee at the subcounty level. Further, desk review analysis indicates that the NDMA has the responsibility of coordinating CSGs and ‘to ensure linkage with NICHE to existing coordination forums and Technical Working Groups (TWGs).’ (Ministry of Labour and Social Protection, Ministry of Health (MLSP), National Drought Management Authority (NDMA) and County Government of Kilifi, 2021). Additionally, the *Operations Manual* also lists a *County Nutrition Technical Forum (CNTF)* which is expected to receive community reports on nutrition (GoK, 2021a). Regarding sectorial coordination and planning, the coordinating structures between the sectors of nutrition, social protection and child protection existed prior to NICHE’s implementation. The MLSP is a member of the National Nutrition Steering Committee, which is headed by the MOH, as nutrition is a large area to address by the GoK. Speaking specifically for NICHE, a DCS coordinator from Turkana emphasized the importance of coordination structures between the different sectors: *“For us to implement NICHE, we have to have that structure so that we bring together all players. For example, in Turkana we have an additional player called NDMA because of drought. When we have multi-sectorial interventions, the impact is higher rather than having people address problems individually or by themselves. So, going*

to the direction of multi-sectorial is the way to address anything in communities and in government. So that we take in the centre of everyone.” In addition, MOUs which were signed by national MLSP, MOH and each county government implementing NICHE, facilitated coordination and also outline the roles of each ministry or agency, with the DCS playing both the role of the coordinator and the lead. The respondent recalled: *“[The MOU] means something. At the county level, it called out for everyone to come and start working together as we have the blessings of the governor.”* Another national-level DCS representative also supported the above sentiment: *“We have an MOU with the MOH, with the county government who are very critical when it comes to implementation of NICHE. This MOU is actually in realization that or in appreciation that the NICHE implementation requires all this collaboration.”* The above sentiments suggest that MOUs between governors of the five NICHE counties and the respective DCS have helped to facilitate sectoral coordination.

Strengthening of National Government Processes, Systems: NICHE’s beneficiary identification strategy and reliance on community networks are some ways to strengthen existing GoK programmes. A national representative from the DCS explained that the identification approach ensures that a specific population of children (under 2 years of age) receive interventions to help improve early stages of child development, an issue that cuts across areas of food security, cash transfer and nutrition. In addition, respondents suggested that incorporating nutrition knowledge within the existing GoK cash transfers and maternal- and child-oriented programmes, which rely on CHVs to disseminate key information related to nutrition, WASH, pregnancy and lactation, can also enhance the knowledge disseminated to beneficiaries. This suggests that NICHE could be considered to indirectly enhance children’s outcomes through existing GoK programmes.

Emphasizing the unique implementation of NICHE as a cash transfer, a DCS representative said: *“The difference is that NICHE is being specific because NICHE gone to the household and identified in a household, the pregnant mother and child below two years. But the larger social protection component of other cash transfers identifies the household, provide money, increase the consumption of the whole household – regardless of age and whatever other factor. The national government is doing the latter described cash transfer. NICHE is just being specific to intervene as early as possible in the early stages of a child development.”* In addition, according to a nutrition coordinator from Marsabit, the social behaviour change component of nutrition counselling from NICHE empowers beneficiaries to make good choices, which seemed to be not prevalent from the usage of cash transfers received through other GoK programmes. The coordinator noted: *“We’ve always had complaints. People are buying sugar in 50 kg after getting the cash transfer or they are getting a full box of tea leaves but they won’t buy rice, maize meal, vegetables, or fruits, or milk. So, for me – NICHE really diversifies the investments of social safety nets and I hope we do it right this time.”*

The NICHE programme coordinates with existing GoK programmes at the central level, and respondents implied that the coordination is effective especially in the identification and selection process of beneficiaries. With regards to economic inclusion activities, respondents listed central GoK programmes such as the KSEIP which effectively aligned with objectives of NICHE, but there was insufficient interview data to assess the effectiveness of this coordination due to delays in implementation. However, the NICHE Operations Manual (2021a) listed a potential setup of coordination mechanism linked to the overall KSEIP governance architecture, in addition to NICHE committees which are to be represented at the larger KSEIP committee (GoK, 2021a). Desk review also showed that there were delays in the overall implementation of KSEIP and in achieving the Disbursement Linked Results which enables funders such as the World Bank to disburse funds (GoK, 2020).

In addition to the collaborative work between GoK and UNICEF on NICHE budgeting and planning, the government NICHE stakeholders with the support of UNICEF has developed a detailed NICHE Operations Manual, a parenting manual (Kilifi) and national nutrition guidelines which would make it easy to identify points of linkage between NICHE and other government programmes. NICHE guidelines have also been incorporated into existing policies, such as those for maternal, infant and young child nutrition (MIYCN). Some respondents, such as this one from the MOH, maintained that support from NICHE is enabling them to adhere to existing policies related to nutrition: *“For some components of nutrition, there has already been a policy on what is supposed to be done by the ministry and like in terms of community we also have a policy and strategy. So, it would actually be a continuation of what we are supposed to be doing. The project is just helping us do what we are supposed to be doing, ideally.”* There is also the NICHE MIS, which, according to a UNICEF informant, is now a fully integrated reporting system that includes nutrition indicators: *“I’m happy because we have been pushing for a very long time to have nutrition indicators for community integration in Kenya health information system (KHIS). These indicators have been formed in the NICHE Monitoring Information System (MIS), so we are also having bilateral meetings hand in hand, to ensure that we prioritize the indicators that can be put in an integrated community of reporting system ... We ensured that the indicators would follow the same reporting system for the ministry so that we also learn how the reporting will be done so that we also integrate with the monitoring information system.”*

Other monitoring systems, such as a ‘register for monitoring MIYCN’ in both NICHE and non-NICHE counties, are also being developed. In addition to guidelines and monitoring systems established or strengthened under NICHE, multiple respondents emphasized the importance of legislation to require government to pay community volunteers (currently paid by UNICEF) to ensure the long-term sustainability of any gains made under NICHE. To this end, a respondent from Marsabit asked, *“Is there a way we can support, legislation work so that then, by the time they are leaving, the community volunteers at work, who are paid by UNICEF, will they be at a point where maybe the government is providing incentives, you*

know." It was not clear at the time of data collection, however, whether such legislation is under consideration.

At the time of data collection, the NICHE programme was in the early phases of implementation and most respondents did not speak of specific grievances or use of the grievance mechanism, in relation to the National Safety Net grievance mechanism. Therefore, it is difficult to assess how well the system is functioning. That said, the system for addressing complaints and grievances appears to be most advanced in Turkana, where a sub-county official described the process as follows: *"...in the cash transfer we receive responses and complaints, compile them and forward to coordinators for approval to forward to the headquarters for more authority concern."* CHVs from Turkana also reported that complaints are presented during barazas or taken to the village elders or the chief, who then relays them to the sub-county. Elsewhere, respondents spoke more generally of "feedback" on the NICHE programme and indicated that this feedback is primarily gathered by CHVs.

Strengthening of County Government Processes and Systems: In terms of coherence of the NICHE registration system with county governments, respondents reported that mass registration began with community-level sensitization to the NICHE programme, led by subcounty government officials. Eligible beneficiaries (those who receive the cash transfer and have a child under 2 years of age or are expecting a child) are then identified and registered by enumerators and community health workers and entered into the integrated registration system. The final step, according to interviewees, is the community validation. After community validation, subcounty officers submit the final list to the county coordinator for approval, and beneficiaries are added to the payroll. We verified this process with the step-by-step description of mass registration process which was carried about by a third party in April 2021 (CHASP, 2021). On-demand registration had not started yet when conducting our evaluation.

County governments appear to be heavily involved in the registration process, even if the process itself is driven by subcounty officers. County coordinators also play a role in the approval process once subcounty officers submit beneficiary lists to be added to the payroll (as described above). An informant from UNICEF noted that the importance of actively involving county officials from the get-go was one of the lessons learned from the NICHE pilot and that this time they participated from the beginning, including suggesting how to target through household listing. Other respondents generally described good collaboration on the registration process, with an NSO from Kilifi stating: *"I would say it has been effective. The good thing is that we are riding on an existing system. On a cash transfer system which is already existing."* A subcounty official from Marsabit commented: *"... we were able to use even vehicles belonging to the county government, that is sharing of resources. The coordination aspect I think was very okay because at the county level the team that was coordinating was quite united."* In addition to good collaboration between

counties and sub counties, respondents largely agreed that NICHE was well received in communities that facilitated the registration process.

The only registration challenges respondents mentioned were related to resources and coordination. Regarding the former, in Marsabit, a subcounty official noted: *“One of the major challenges was ... of course within our county is the vastness of the areas that are to be covered and this can be addressed I think by availing more resources ... for example in terms of vehicles to cover the area and also financial support for the officers doing the targeting and also the education aspect.”* Regarding coordination, one informant said that the registration process could potentially be streamlined to better incorporate the multiple ministries involved (MLSP and MOH): *“The only challenge that I foresaw because these are two ministries working together; the registration is done by the Ministry of Labour and Social Protection and the implementation of the SBCC, the counselling, is done by Ministry of Health meaning, it would have been better in the targeting of the beneficiaries if these two people worked hand in hand so that on the day the listing is happening for those households, we would have the Ministry of Health also mapping their people so that the work would start as a jointly work.”*

During the mass registration process 12,582 households were registered (against a target of 11,000 households) (CHASP, 2021). While the targets were met, during our baseline data collection we found that a considerable portion of registered households that were listed for our sample did not have a child below age 2 or a pregnant woman in the household. Together with our data collection partner we discussed these observations with UNICEF Kenya and the Government of Kenya. While both parties took these quality concerns into account, it should be noted that this was not a formal assessment of the quality of registration. These findings emphasized, however, that listing of eligible households with a child under 2 years of age or a pregnant woman requires accurate and up-to-date information on household composition.

4.1.3 Sustainability

Table 5. Key Findings for Evaluation Questions regarding Sustainability

Evaluation questions	Key findings
Evaluation criteria: Sustainability	
17. Does NICHE have strategies in place to ensure that social and child protection and nutrition capacities will be developed at both the national and county levels during the three years of the NICHE implementation and be sustained without UNICEF’s TA support?	- NICHE uses three primary strategies to ensure capacities are developed: targeting training and support in core programme areas; reliance on existing structures and staff to implement NICHE; and a gradual handover of all responsibilities to government counterparts. - There is a signed agreement between the GoK and UNICEF that stipulates that UNICEF will begin phasing out their technical assistance in the third year of the programme and MLSP will take full responsibility for implementing NICHE in the fourth year.

Evaluation questions	Key findings
18. To what extent does the implementation approach of NICHE foster GoK's self-reliance in the context of devolution?	• GoK partners have been heavily involved in budgeting and planning from the start. • The importance of government ownership of the programme was a key lesson learned during the NICHE pilot. • Appropriate stakeholders have been involved at all levels to promote decentralized ownership of NICHE. • Some concerns exist about GoK's capacity for fund management and disbursement. • No funds have been secured to continue NICHE beyond KSEIP.

National and County Capacity Development: Respondents reported that the NICHE programme is employing three primary strategies to ensure capacity development at the national and county levels and to engender long-term sustainability: targeted capacity building in key areas, reliance on existing structures and staff, and gradual handover of responsibility to the MOH and other government partners. First, UNICEF is providing capacity building related to coordination, registration of beneficiaries, NICHE information systems, delivering HINI and ensuring that all registered households receive nutrition counselling and parenting sessions. In Kilifi, UNICEF also provides capacity building related to child protection. Second, NICHE intentionally uses existing staff and structures (such as CHVs and the BFCI) to promote sustainability. To this end, a respondent from Turkana said, *"Counselling is done through workers, like in Turkana the community health strategy is present in county law, so they will continue doing the same work for which they are paid by the government."* Third, UNICEF has an explicit plan to gradually transfer responsibility for the programme over to the MOH and other government partners. According to the signed agreement between the GoK and UNICEF, UNICEF will begin phasing out their technical assistance in the third year of the programme and MLSP will take full responsibility for implementing NICHE in the fourth year. Even from the inception phase, a respondent from the MOH contended that the GoK bears considerable responsibility for the programme: *"I would want to believe it is sustainable in that the ministry [of health] is already supporting some of the major components of the project."* This same respondent noted that having MSLP and NDMA already on board will further assist with the eventual handover of all activities to government – a point echoed by others as well. Respondents generally spoke similarly optimistically about NICHE's sustainability model, for the most part sharing the belief that several years of targeted TA leading up to the handover is a good strategy to achieve sustainability.

Fostering of GoK's Self-reliance

As discussed under the previous evaluation question (17), the NICHE programme incorporates targeted capacity building of GoK actors, a reliance on existing staff and structures, and plans for a gradual transition to full government ownership of the

programme. Despite plans for a gradual handover, multiple respondents emphasized that the GoK is already actively involved and leading key activities, such as work plans, budgets and meetings, to help ensure ownership and self-reliance moving forward. This marks a change from the NICHE pilot, in which UNICEF played the leadership role. According to a county-level UNICEF respondent: *“Ownership of NICHE by the government is one of the key lessons learnt in the implementation of [the NICHE pilot] so that they don’t feel like its UNICEF or this partner implementing NICHE. NICHE is ours. So, ownership of the government is a key component in the success of NICHE.”* Other respondents from UNICEF made similar statements, emphasizing that UNICEF tries to remain in the background as much as possible, supporting the GoK to take control and lead all areas of programme implementation.

Speaking specifically of devolution, UNICEF informants emphasized the importance of involving the appropriate stakeholders at each level to promote decentralized ownership of NICHE. To this end, one UNICEF respondent stated: *“Since the inception of the programme, that level of leadership for government has been devolved. I have seen governors being brought into meetings and trained basically on how the project will run and how they support the programme. The fact that this programme is being integrated to the existing consolidated social protection programme it is likely that it is going to be sustained.”* That said, some respondents expressed concern about the counties’ ability to carry on the programme, particularly when it comes to funding and fund disbursement, with one respondent from Turkana stating: *“You know now NICHE involves money at the county ... even the county to support the CHVs that were elected in our county is a challenge. So, I can’t say that the county will support by giving out any money because even the money that they give to the community health volunteers, takes ages for the money to be released. They can stay for as long as six months. So, I don’t think the county is going to sustain anything by giving out any money.”* A respondent from Kitui voiced similar concerns: *“The plans are there, the only issue that will affect is the issue of funding. If we have sufficient resources, I think we can implement it.”* Indeed, despite the emphasis on ensuring long-term sustainability, there is no evidence that funds have been secured to continue NICHE beyond the current KSEIP funding.

4.1.4 Efficiency

Table 6. Key Findings for Evaluation Questions regarding Efficiency

Evaluation questions	Key findings
Evaluation criteria: Efficiency	
26. How is the funding flow for the program arranged and what are the bottlenecks which exist? How can these be resolved?	• The funding flows go through DCS. • Bottlenecks cause delays in payments to departments, CHVs.

Evaluation questions	Key findings
27. Are relationships between the various levels of the programme, that is, county-national, and across various ministries, effective and in line with programme goals and results areas?	- Relationships are in line with programme goals and results areas. - There is room for improvement in terms of the effectiveness and efficiency of the relationships as it relates to funding. - Strains on funding have led to programme implementers feeling discouraged and without pay for long periods of time.
28. a) Are the relevant NICHE activities implemented in the most efficient way compared to alternatives? b) What are potentially expected costs to roll out the nutrition counselling? And child protection components? What could be the cost minimization strategies which could be utilized?	- NICHE trainings on nutrition and child protection content implemented separately for CHVs and CPVs rather than jointly. - NICHE trainings on joint content deemed beneficial by attendees for future training. - Usage of community-based structures for sensitization and dissemination of NICHE

Funding Flows and Potential Bottlenecks for the Programmes. Respondents reported that the funding of NICHE flows through the government’s social protection plan and is disbursed by the DCS. While no respondents had issues with how the funding flow is structured, there were serious concerns regarding the delay in payments for activities. Two recommendations arose to address the bottlenecks that exist which included avoiding using a third party to send the funds and building banks in the counties so that the beneficiaries can get the money directly.

A sub-county social development officer was happy with the funding process because it is a “bottom-up approach.” The officer said, “What I’m happy about the NICHE program is the bottom-up approach where we make our budgets and are ratified as to what we have said...if there is reducing and increasing. That’s what I appreciate because it goes as per the needs of the sub-counties.” However, many respondents expressed concern with the disbursement process of the payments for both NICHE staff and beneficiaries. They explained that the money goes through a third party, an exchequer, and that leads to payment delays from 3 to 5 months. A CHV from Turkana even noted that they see a difference when the money comes directly from NICHE than when it comes from the third part: “On the money transfer part, when money is sent from NICHE, the community gets the money very fast.” A Kilifi sub county officer added that another challenge with the current disbursement process is the monitoring of the funds. As they put it, “Now monitoring that is a challenge on its own because you do not know if the money was given out. You cannot measure that. It is a challenge on its own. Are we able to know how these funds were used? It’s a big challenge.” Finally, a sub-county coordinator for DCS reported that the places where they pick up their payments are dangerous and the agents who pass out the money are corrupt.

Distribution of Roles and Responsibilities across Government Levels and Ministries: As was discussed earlier under the theme on ‘Strengthening government national and county systems’ in section 4.1.3 on Coherence NICHE has multiple coordination structures and MOUs that exist at both the national and county levels, but programme implementers’ perspectives on the relationships that have been built from these structures are mixed.

Representatives from the MOH and Turkana County spoke highly of these relationships. They expressed that the coordination structures have led to relatively strong relationships between various levels of the programme and various government ministries that reflect the intersectional nature of NICHE. For example, a county coordinator from the DCS in Turkana demonstrated their understanding of the cross-cutting nature of the programme: *“Where we have multi-sectorial interventions, the impact is higher rather than having people address problems individually or by themselves.”* An MOH representative also spoke to how the various levels and ministries use in-person, virtual and hybrid meetings to stay in communication. In addition, the respondent reported communicating with programme implementers through emails, phone calls, WhatsApp groups and social media.

Even still, there were reported challenges with relationships being heavily reliant on UNICEF’s prior working relationships established through their other programming and funding challenges, which have led to county-level implementers becoming discouraged. For example, a representative from the national NDMA office and a DCS coordinator from Kilifi County reported that many of their connections rely on UNICEF’s pre-existing working relationships with the MOH, DCS and the counties throughout their programmes. As the coordinator from Kilifi said: *“If it was not for UNICEF pushing the county nutritionists to come out in support of NICHE, they would have not come out. I understand UNICEF had a MOU with the governor. The linkage means resources and the county only comes because UNICEF is supporting the meeting. I have not seen a clear linkage that we are working like a system, we are not a system.”* With regard to funding issues, a representative from the MOH reported *“having a challenge of resources of funding whereby every other activity you do you must keep on writing to the World Bank office, World Bank approves or delays the approval or says you change,”* which leads to *“bottle necks which have been delaying the project implementation processes.”* A DCS coordinator from Kilifi noted that similar issues with funding have resulted in *“public health people [having] no morale, since their pay is sometimes delayed for long.”* So, while there are strong coordination linkages in place that the programme implementers have relied on, there is a clear feeling among respondents that there is room to improve the working relationships and to make these linkages more efficient.

Potential Efficiency Gains in the Implementation of Programme Activities: Since we conducted this study at the end of the NICHE inception phase and the implementation was just about to start, we had limited data to analyse the efficiency and expected costs of implementation. While we obtained some documents with budgets and expenditures in the

first year of the inception phase, none of these were by NICHE component which did not allow for further analysis of the expected costs for nutrition, child protection and cash transfer costs. The answer on the Evaluation Question 28 under the OECD of efficiency focusing on cost minimization strategies for implementation focuses therefore on potential efficiency gains.

NICHE Focused Trainings. The joint or integrated services between the nutrition and child protection sector are yet to be implemented for beneficiaries but trainings for CHVs on both relevant issues within the two sectors seemed to be ongoing at the time of data collection. For example, a CHV in Turkana described the training content, *“On the nutrition end, we teach women how to cook, the food to give children, how old the child should be when introduced to solid foods. On the child protection end, it’s about the welfare of children, their health, education, sleeping. They each are taught different things but all on children.”* Further, a CHV in Kaloleni, Kilifi stated that the NICHE trainings included information on nutrition, feeding practices, child protection, and gender-based violence prevention. Additionally, another CHV in Turkana stated that the trainings have improved one’s knowledge on relevant issues in the community such as child protection, nutrition, hygiene, and home gardening.

However, there is evidence of inefficient training delivery as some CHVs in Turkana (both in Turkana South and Central) confirmed that the training was conducted separately to both CHVs and child protection volunteers (CPVs) even when the content of the training addressed both child health and child protection related topics. A sub-county officer and county nutrition coordination officer from Kilifi also attested to the separate delivery of trainings on joint content to CHVs and Child Protection Volunteers (CPVs). The nutrition coordination officer said (summarized quote), *“They are trained separately. When it comes to the issues of child rights and everything, it’s done by the children’s department for CPVs. When it comes to the element of the health, the department of health is involved with the CHVs. But they have some platforms whereby the CHVs and the CPVs come together such as mapping, registration and to converge on implementation.”* At the time of data collection, joint implementation meetings by the CHVs and the CPVs was in the horizon. However, only one sub-county nutrition coordinator officer from Kilifi stated that a first training was held a week before data collection and both CHVs and CPVs attended the training.

Community-based Implementation Strategies. The sub-county nutrition and social development officers mentioned the importance of using a community-catered approach or a family-based delivery approach for implementation of NICHE activities. The officers agreed that the implementation was delayed but were confident that implementation will be successful largely due to the use of a well-established community delivery structure.

Further, data from CHVs indicated that they were trained on some health-related topics for dissemination to the community members. In Kilifi, a CHV indicated that dissemination sessions were held in ‘Barazas’, (a public meeting place) by Chiefs and CHVs are invited to

speak about nutrition and hygiene matters. However, it is unclear whether the CHVs referred to specific content related to NICHE at the barazas. For example, when prompted by the interviewer on when the CHV attended the training sessions to disseminate key information to women, a CHV in Ganze in Kilifi stated a duration between 2018 and 2019 and referred to trainings which were more focused on hygiene and sexual health rather than on nutrition and child protection. Similarly, another CHV in Turkana Central provided detailed description of the trainings on hygiene and sanitation. However, a CHV in Turkana Central, Turkana recalled being trained by NGOs and agencies such as World Vision and another NGO which was not named on nutrition and home visits.

Though it was unclear whether all CHVs interviewed were specifically trained on NICHE, the bottom-up approach for dissemination of key health related information to the community members appears efficient. Speaking to the dissemination of activities through a community strategy, a nutrition sub-county officer said, *“The community strategy has a lot of values to impart compared to other systems. The synergy at the community level and the activities that can be completed at the community level instead of asking members to come to the facility cuts on costs incurred and time wasted travelling to the facilities.”* The same officer explained that the ‘community strategy approach’ which diversifies from county level community strategy units to sub-county community health assistant and finally to CHVs was a well-established structure for the implementation of NICHE. Further, community-based dissemination meetings did not adequately meet the targeted audience of female community members and female beneficiaries of the NICHE programme as a large proportion of the attendees were males and not females, according to a CHV based in Turkana.

Implementation of Cash Transfers. Regarding delivery of cash transfers, data from CHVs in Turkana South indicated that about 110 beneficiaries received 500 shillings in payments per child in March 2021 and have faced delays since then and received the next set of payments only in August despite the expectation of monthly cash transfers. However, women interviewed from the same sub-county and village in Turkana South as the above mentioned CHV stated that they had not received any cash. Similarly, a woman interviewed from a different village from the same Turkana south sub-county also stated that neither she nor her husband (who was indicated as the primary registrant to NICHE) had received any cash transfers. It is likely that beneficiaries in only one village in the sub-county of Turkana South had received some form of cash transfer. Similarly, another beneficiary stated that she did not receive any money and instead it was her elder mother -in -law who receives some cash through the Inua Jamii program for older people.

Implementation of Registration Activities for Potential Beneficiaries of NICHE. Interview data from the sub-counties and communities provided very little information on NICHE registration activities and hence the research team was unable to conclude on the efficiency of registration activities. For example, only one CHV from Turkana South, Turkana provided information on registration activity of beneficiaries. The CHV explained that after receiving

training on how to recruit appropriate beneficiaries (who provided the recruitment trainings was not indicated), they are deployed to a specific location and help screen beneficiaries who meet the NICHE selection criteria. A social development officer from Turkana emphasized that due to the pause or delay in implementation of cash transfer and counselling sessions to the beneficiaries, it was unclear on whether registration was successful. The same officer described the steps that were implemented to register beneficiaries such as sensitization of community, applying selection criteria, conducting validation exercises, enrolling appropriate beneficiaries and forwarding the list to coordinators of NICHE to transfer cash to the enrolled beneficiaries.

Coordination and Linkages. Limited interview data indicated that though planning and future implementation efforts are expected to be multi-sectorial, due to delays in implementation at the time of data collection, there was no evidence of strong coordination during implementation. For example, an officer at the sub-county level in Kaloleni stated that though interaction between the different sectors of nutrition, child protection and social protection is limited due to delays in implementation, a coordination sub-committee was formed, and more purposeful meetings are expected in the future. At the time of data collection, the officer commented on the lack of joint effort by saying, *“I think there has been a bit of disconnect. It was like everybody was planning on their own, other than the targeting which we did together. The other activities - it’s like everyone is doing them on their own.”* Similarly, a sub-county social development officer from Turkana mentioned that there was a joint, team focused bottom-up approach for planning NICHE activities with UNICEF, health sector and the social sector but did not provide information on the actual implementation activities. However, during formative data collection, there was evidence of coordination structures in place at the county level such as County NICHE Coordination Committee (CNCC) and a County Steering Group. For example, a nutrition support officer from Kilifi explained at the time of formative data collection that the CNCC was an opportunity to further coordinate and understand ways to leverage financial resources and structures that sectors know exist.

4.2 Component 2: Refinement of ToC

4.2.1 Background on the ToC

The original ToC for the NICHE programme was developed by UNICEF through a consultative process across the various sections and in collaboration with key stakeholders of the GoK (including members of the ERG and NICHE secretariat) (see Annex C).

This ToC divides programme activities into two main pillars. The first pillar focuses on the effect of the programme at the household level. The effort involves the cash transfer top-up and the health education component (including both nutrition and parenting counselling), which promotes household well-being through several pathways. The pathways incorporate medium-term outputs on knowledge about health behaviours, availability of information

about services and referral systems (if needed), resources to obtain goods and services and knowledge about parenting. These outputs lead to longer-term outcomes – namely, improved practices in feeding, spending and positive parenting. These pathways connecting knowledge, income and practices are consistent with the existing conceptual frameworks and literature on nutrition-sensitive programming and cash plus programmes (De Groot et al., 2017; Leroy et al., 2009).

At the same time as the programme focuses on inputs at the household level, it will also address the capacity of community and institutional systems to deliver integrated nutrition, cash and child protection services in the second pillar. Medium-term outputs in this pillar include the strengthening of knowledge among health workers and improved delivery mechanisms for integrated nutrition and protection services, which will allow targeted counties to improve their community-based child protection mechanisms. In addition, target counties will also improve beneficiary identification for the existing cash transfer system. Together, these medium-term outputs will contribute to improving the functionality of the county- and national-level integrated health strategy and cash transfer platforms. The inclusion of a separate pillar on institutional level changes is relevant, since institutional system functioning is essential to the successful implementation of the cash plus programmes, according to the assessment by Roelen et al. (2017) on the challenges and success factors for cash plus programmes.

Pillars 1 and 2 contribute to the overall long-term impact on the improvement of nutrition, social protection and child protection.

4.2.2 Refinements to the ToC

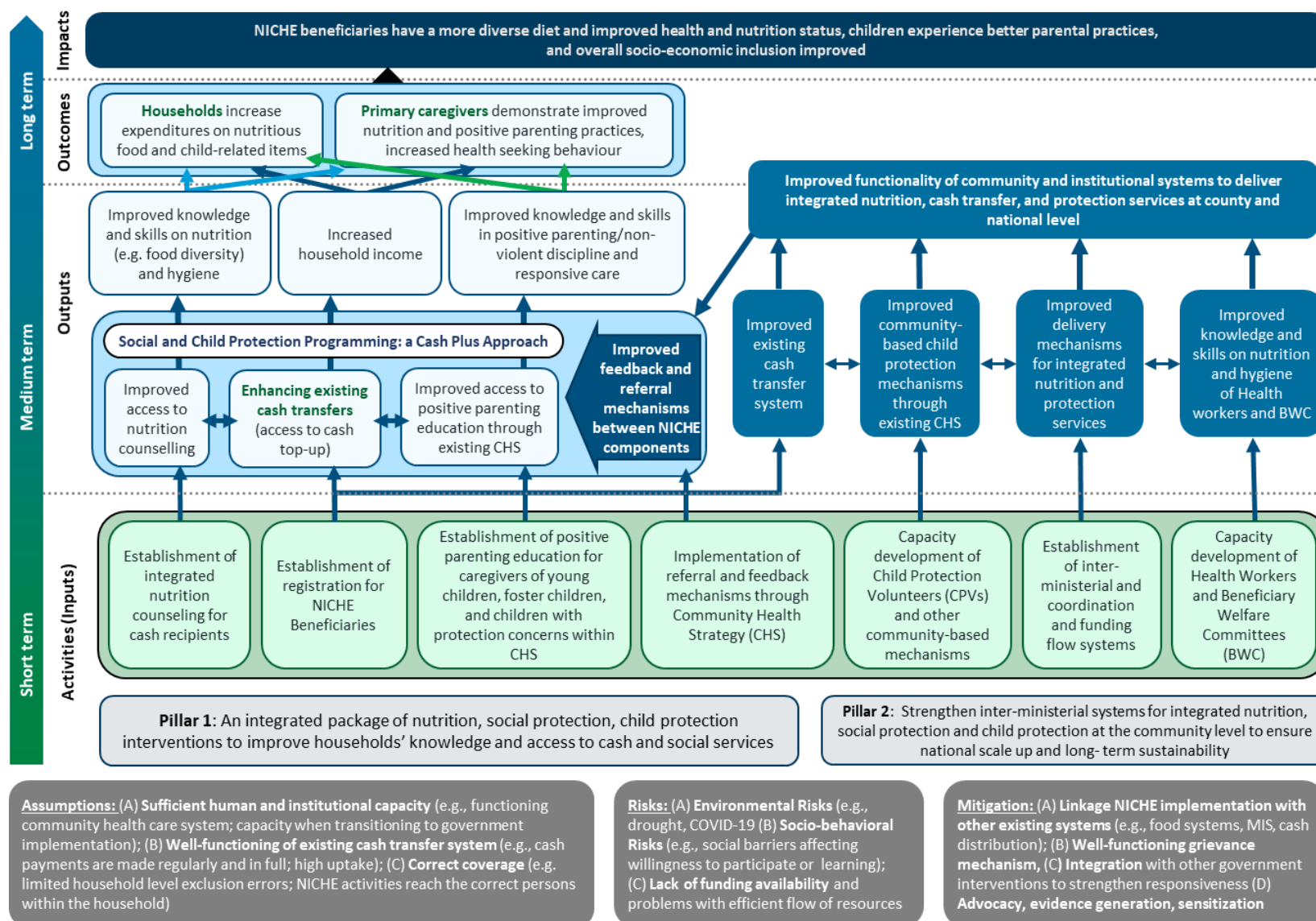
Based on the initial findings from the document review, meetings with UNICEF with several rounds of constructive feedback and a consultative meeting UNICEF held with stakeholders of the GoK, we refined the ToC (*see Figure 4*). The adjustments to the framework signify the continuous development and improvement of the programme. The changes reflect a refinement of the expected outputs and outcomes for each type of beneficiary and an enhancement of the visualization of the integrated nature of NICHE with existing platforms. We redesigned the visual to strengthen the focus on the process of change and the interactions between components. The refined ToC will be used in the refinement of the M&E framework (*Annex H*) and the baseline assessment (*Annex G*). Below we describe the five main adjustments in more detail:

1. We aligned the impact statement with the role of NICHE within the broader KSEIP. We included NICHE's specific objectives of improved well-being in the areas of nutrition, social protection and child protection and the KSEIP overall goal of increased social economic inclusion (Government of Kenya, 2021a).
2. Throughout the ToC, we have strengthened the notion that NICHE is built on existing cash transfer and community health strategy (CHS) platforms. Inputs are therefore

focused on changes in the existing systems rather than establishing new services. Outputs are in the context of broader social protection and child protection programming and system-level enhancements (Government of Kenya, 2021a).

3. We visualized the relationship between the two pillars, whereby the most important change to the original ToC is the feedback loop from Pillar 2 outcomes to the Pillar 1 inputs. Pillar 1 encompasses the main pathway that starts from programmatic inputs and reaches to the programme impact on improved child and household well-being. The pathway is consistent with ToCs from other cash transfer and social protection programmes in sub-Saharan Africa (see, e.g., Ghana LEAP 1000 evaluation team, 2019; Bastagli et al., 2016; Browne, 2013). The second pillar aims at community- and institutional-level improvement, which is a core objective and therefore outcome of NICHE. However, Pillar 2 only serves as a means to the impact of Pillar 1. Improved functionality of systems will improve access to services through better registration, improved referrals and strengthening of service quality (Roelen et al., 2017). Subsequently, this will further support the outputs, outcomes and impact under Pillar 1.
4. We edited the visualization of the ToC and put greater emphasis on the outputs, outcomes and impact of the programme rather than on the activities. The activities are merged to highlight the main inputs across different sectors and partners. Activities will be covered in more detail in the results framework. This change was incorporated to focus on the pathways of change, since this is the core objective of the ToC (Rogers, 2014). It also enabled us to highlight the interactions between various components, such as the interactions between access to counselling services and the enrolment in the cash transfer top-up component due to the enhanced integration of systems (Government of Kenya, 2021a).
5. We refined the assumptions made on the expected changes, risks and mitigation strategies that can influence the outcome of the components at the base of the ToC. The assumptions, risks and mitigation strategies were based on necessary conditions and responses described in the Operations Manual (Government of Kenya, 2021a) and the NICHE first annual report (UNICEF, 2020) and related sections in conceptual frameworks and ToCs from related programmes (Browne, 2013). For instance, a well-functioning grievance system helps to address any bottlenecks in the implementation in a timely manner before it affects longer-term outcomes (UNICEF, 2020); advocacy and sensitization can contribute to increased awareness of the programme and may help address any misunderstandings (Government of Kenya, 2021b); and harmonization of MIS will allow for the monitoring of progress and early detection of any issues (Ministry of Labour and Social Protection, 2020).

Figure 4. Refined Theory of Change



5. Conclusions

The NICHE programme is highly relevant to Kenya's needs and priorities in the nutrition, social protection and child protection sectors. NICHE clearly targets the most vulnerable households, and the five counties selected to receive the programme have some of the highest rates of malnutrition, stunting and wasting. In addition, the households NICHE targets within the given counties have been identified for the NSNP, thus confirming that they are indeed among the most vulnerable.

A strength of the programme is that it relies on coherent structures at the national, county and subcounty levels and leverages the existing resources of the NSNP to enhance potential benefits to cash transfer recipients. While there were some complaints of funding delays and overreliance on UNICEF's existing networks, programme coordination and communication appear to be functioning relatively smoothly given the decentralized nature of the programme and the large number of stakeholders involved. In addition, NICHE registration appears to be functioning as intended with few challenges, and officials at the county and subcounty levels are actively involved in the process. While respondents reported that registration went relatively smoothly, it is worth noting that there were some limitations in the need for more detailed household composition data to be able to accurately list households with children under two years of age. We also noted that while the programme has potential as a gender sensitive programme, the NICHE cash top-up is not distributed to eligible women but rather to the main recipient of the NSNP programme.

The NICHE pilot in Kitui served as a valuable learning experience, and lessons from the pilot were actively incorporated into the implementation of the current programme, including the importance of having a detailed operations manual and ensuring that the programme is seen as a government one (as opposed to a UNICEF one) from the start. NICHE has a clear sustainability strategy with explicit plans for capacity building and handover to the GoK. In addition, NICHE's use of existing staff and structures (such as CHVs and the BFCI) contribute to the programme's likelihood of sustaining over time. That said, there are concerns about the programme's heavy reliance on UNICEF and its networks and the capacity of government (especially at the county and subcounty level) for financial management. Further, no resources have been committed to continue the cash support to households beyond the NICHE implementation period.

The refinements in the ToC highlight the constant improvements to the programme theory and design. As a result of the KIIs and consultative sessions, we proposed several adjustments to emphasize the value of certain components in the theoretical framework. Two of the main changes include the stronger emphasis on the integrative nature of NICHE with existing NSNP and CHS and the interaction between system strengthening and programmatic outcomes. As

key informants pointed out, the integration and alignment of existing programmes and systems is essential to reaching sustained effects of the programme, which is something that we highlighted in the refined ToC. The refined ToC will be used in the refinement of the M&E framework and the baseline assessment.

6. Lessons Learned

Several lessons learned emerged from the evaluation findings, which can inform the future of NICHE and cash transfer programming in Kenya. In particular, the results of this formative evaluation highlight the following:

Stakeholders recognized the importance of the NICHE pilot, and they applied many lessons learned in NICHE. When asked about lessons learned from the pilot that were applied to NICHE, respondents noted numerous aspects of the programme design, implementation and monitoring that were improved. Some key changes included the creation of an operations manual, the shifting of responsibilities related to programme monitoring and data to the government and the standardization of regular coordination meetings among key implementers. Furthermore, stakeholders cited the successful pilot as motivation for them to continue implementing a programme that they know has already worked in their context.

In order to effectively employ a gender-equitable approach in NICHE and similar programmes, all implementers must understand that gender equity means programming must prioritize women's rights, safety and access to services and not just that men should have the same opportunities as women. While the NICHE programme aims to be gender transformative and to incorporate gender equity into its design, there was a common misunderstanding of gender equity among stakeholders in which they defined it as offering the same opportunities for men as they are offering for women. This misunderstanding can affect programme implementation and result in lack of sufficient support for women. Furthermore, respondents tended to agree that aspects of the programme need to be improved to meet the specific needs of women as they related to household dynamics and GBV, which are considerations that should be core to the programme's definition of gender equity.

The NICHE programme design does a good job of acknowledging that vulnerabilities, such as prolonged exposure to droughts, poverty and malnutrition, are cross-cutting issues and can be addressed, in part, through the nutrition services, cash transfer and child protection services offered by NICHE. Respondents tended to agree that the NICHE programme was sensitive to the unique vulnerabilities of the different counties and applauded NICHE for being

designed in such a way that it bridges the response to these vulnerabilities through a multisectoral collaboration. For example, officials from the NDMA are active in the implementation of the programme in Marsabit and Turkana, and respondents agreed that NICHE aligns with their greater goal of EDE.

NICHE aligned well with donor priorities because the government had been included in the programme from the beginning stages and was therefore included in defining its priorities.

Respondents cited the fact that the government had been involved in NICHE from the beginning stages when explaining how the programme aligns so well with donor priorities. Not only did the programme align with donor priorities, but stakeholders, from donors to national-level officials to county-level officials, tended to have a common understanding of programme priorities and goals.

To enhance the sustainability of a programme such as NICHE, government partners must be included in the entire process – from programme design, to implementation, to monitoring.

According to respondents, NICHE has done a good job of employing three primary strategies to ensure capacity development at the national and county levels and to engender long-term sustainability, which include targeted capacity building in key areas, reliance on existing structures and staff, and gradual handover of responsibility to the MOH and other government partners. They were generally pleased with this sustainability model, for the most part sharing the belief that several years of targeted TA leading up to the handover is a good strategy to achieve sustainability.

Due to the formative nature of the evaluation, we did not observe any unexpected effects and therefore lessons learned that could be derived from this.

7. Recommendations

To further improve the implementation of NICHE, including the identification of beneficiaries, provision of cash, and coordination, our analysis of formative data points to eight core recommendations. These recommendations were discussed and validated by the ERG, REC and NICHE Secretariat. Table 7 below presents the recommendations, the evidence supporting the recommendations, the responsible party, the priority level, feasibility, and initial actions required to implement each recommendation.

Table 7. Recommendations

Recommendation	Evidence to support recommendation	Responsible party	Priority level (High or Medium)	Feasibility (Difficult, Moderately Difficult, Relatively Straightforward)	Initial action(s) required
1. Improve beneficiary data management system to include up-to-date details on household composition, poverty, and food insecurity levels.	Findings on the registration process suggested that the process went smoothly, but anecdotal evidence suggest a lack in accuracy	NDMA & NSNP	High	Difficult	• Formal assessment on registration quality • Exploring how often data on household composition is updated.
2. Establish women as mandatory primary recipients of the cash transfer.	Some women in beneficiary households are not aware of the NICHE top-up and are not involved in deciding how to use the funds.	MLSP, NICHE Secretariat	High	Difficult	• Determine feasibility of making women primary cash recipients
3. Mobilize men to attend supplementary meetings facilitated to disseminate knowledge on more care-oriented aspects of programme to support gender transformation.	Preliminary data show that men in NICHE counties are often less involved in child-rearing responsibilities.	MOH	Medium	Difficult	• Develop targeted outreach plan and core content for men in NICHE beneficiary households
4. Connect NICHE with existing programmes present in the social protection, food security and child protection sectors.	While NICHE is well connected to initiatives like BFCI, respondents indicated that other linkages are lacking.	MOH, MLSP, NDMA, UNICEF	Medium	Moderately difficult	• Identify complementary programs and specific areas of intersection • Reach out to implementers of complementary programs to assess synergies
5. Increase planning and communication for meetings between national- and county-level stakeholders to maximize participation and utility of meetings.	County level respondents perceive current meetings as ad hoc in nature and feel they do not sufficiently resolve issues requiring national-level assistance.	National NICHE Coordinating Committee	Medium	Relatively straightforward	• Develop and share a meeting agenda template • Create and share meeting calendar

Recommendation	Evidence to support recommendation	Responsible party	Priority level (High or Medium)	Feasibility (Difficult, Moderately Difficult, Relatively Straightforward)	Initial action(s) required
6. Ensure timely disbursement of funds to reduce delays and prevent derailment of implementation activities.	County-level implementers reported delays receiving funds which in turn delayed activities.	DCS	High	Moderately difficult	Gather further information on what exactly is leading to disbursement delays (for example, is it the approval process?) and work to correct the issue
7. Plan combined supervision visits with coordinators from all involved ministries to resolve emergent issues in a timely manner.	Different agencies have different approaches to supervision.	MOH, MLSP, NDMA	Medium	Relatively straightforward	Develop calendar for joint monitoring visits
8. Undertake a full assessment of the NICHE grievance mechanism as part of future rounds of data collection once the top-up funds have been disbursed for at least six months. The grievances should be continuously assessed.	Too early in NICHE implementation to fully assess functionality of grievance mechanism.	NSNP	Medium	Relatively straightforward	Keep detailed and accurate records of all grievances to facilitate future evaluation of the grievance system

The above tabulated recommendations are elaborated below, in the same order (numbering) as presented in table:

- 1. Channel more financial resources towards the NSNP and NDMA (in those counties where is it active such as Turkana and Marsabit) to improve its existing integrated data management system of cash transfer beneficiaries with more details on composition and poverty or food insecurity levels of households.** For example, the NDMA, which also supports the HSNP, seems to currently have data on vulnerable people and data on households with children under 5 years of age. To maximize the contributions of NICHE, accurately selecting a NICHE beneficiary who will most benefit from the intervention is key. For example, such a household would be categorized as 'very poor households' (i.e., the lowest level of poverty) and have children under 2 years of age. **Utilization of NDMA's improved data system can help NICHE implementers select appropriate (food insecure) households** in counties in which NDMA is active with very poor women who have children under 2 years of age as opposed to NICHE components being distributed to a household with slightly more income and a child under 5 years of age (and not under 2 years of age). While the NDMA has a stronger

focus on environmental factors, strengthening of the NSNP systems in all counties could help to ensure that information on pregnant women and children under the age of two is accurate and up to date.

- 2. Establish women as mandatory primary recipients of the cash transfer through NICHE as one way to support women in the beneficiary households to overcome gender biases.** Formative data suggested that NICHE did not fully consider gender dynamics in its design. Respondents reported that some women in beneficiary households receiving NICHE cash transfer did not have knowledge of the top-up funds, and/or the top-up funds did not reach the woman when it was provided to a male member of the household. We suggest using sensitization campaigns to increase understanding among men and women of the cash transfer and its objectives. This will also help to increase acceptance among men if they stop being the primary recipient.
- 3. Mobilize men to attend supplementary meetings facilitated to disseminate knowledge on more care-oriented aspects of programme to support gender transformation.** County-level data suggest that men were not consistently involved in child-rearing or caring responsibilities, such as complementary feedings, active parenting and nutrition counselling. In addition, some respondents also suggested that **NICHE should incorporate trainings for men to prevent GBV** that may arise as the result of perceived economic advantage of women over men or other shifts in household dynamics due to additional cash flow.
- 4. Connect NICHE with existing programmes present within the sectors of social protection, food security and child protection to leverage community structures and provide compounding benefits to target populations.** Similar to NICHE's usage of MOH's BFCI to disseminate nutrition counselling component, respondents suggested that creating linkages between NICHE and other programmes, such as parenting programmes, the IFNA, alternative family-based programmes and a vocational training programme for out-of-school girls, would lead to more effective dissemination of child protection components and/or increase benefits to programme participants. Further, specific strategies are elaborated in the baseline report (*under Efficiency and Resource Allocation of NICHE*) such as delivery of combined training to both CHVs and Child Protection Volunteers (CPVs) when there is collaboration of NICHE with other programmes mentioned above (parenting and alternative family-based programmes). Additionally, linkages with other programs could be formal or informal and could be as simple as encouraging other programs to provide information about NICHE services.
- 5. Enhance meeting structures between national- and county-level stakeholders to maximize bi-level participation effectively.** County-level respondents suggested that better preparation and communication, such as the inclusion of an agenda and

adequate lead time before meetings, are needed for meetings with the National NICHE Coordinating Committee. Current meetings are perceived as ad hoc in nature and do not always provide an opportunity for counties to adequately prepare and bring forward issues requiring national-level assistance and advice.

6. **Ensure the timely disbursement of funds to reduce delays and prevent derailment of implementation activities.** For example, the provision of timely payment for participation in nutrition counselling training to both community health workers (as an incentive) and to government officers who are facilitating the training ensures timely implementation of key trainings.
7. **Plan combined supervision visits with coordinators from all involved ministries (MOH, MLSP, NDMA), in counties in which they are active, to provide an opportunity to resolve issues in a timely manner.** This may include supervision visits of key NICHE implementation processes, such as cash transfer dissemination centres or identification of beneficiaries at the community centres. For example, a nutrition coordinator suggested that the opportunity to combine supervision visits can enable the coordinators to resolve any issues ‘in the moment’ rather than having to resolve issues off site days or weeks later.
8. **The evaluation team recommends undertaking a full assessment of the NICHE grievance mechanism** as part of future rounds of data collection on the NICHE program **once the top-up funds have been disbursed for at least six months.** At that point, the assessment could explore beneficiary awareness of the grievance mechanism, the most frequent types of complaints, and the process and timeliness of complaint resolution.

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Annexes

Annex A. Evaluation Matrix for Formative Evaluation

Evaluation Matrix for Formative Evaluation

(1) Evaluation questions ⁹	(2) Indicators
Evaluation criteria: Relevance	
1. How are the NICHE's theory of change and results framework aligned with the UNICEF core sector areas: nutrition, social policy and child protection?	• Level of alignment of NICHE's objectives with UNICEF's country programme and strategic plan • Level of alignment of NICHE's objectives with human and child rights • Level of proportional representation of female participants (e.g. age, position in the household), their household (e.g. ethnicity, household size, location) and beneficiary child (e.g. gender)
2. And to what extent do they integrate gender equality and human rights?	• Perceived accessibility for women and vulnerable populations by key stakeholders
3. Have the lessons learned from NICHE pilot been incorporated into NICHE's design?	• Extent to which lessons and recommendations of the pilot are incorporated into NICHE's inception phase (in the operational manual)
4. Have the social protection and child protection and nutrition challenges and landscape in counties as well as at the national level been sufficiently taken into account to justify the implementation approach and strategic priorities of NICHE?	• Perceived accessibility of the programme according to implementers and other stakeholders • Level of integration of key nutrition challenges into NICHE's design (as set out in the operational manual) • Level of integration of social protection or previous cash transfer programs challenges into the NICHE's design
5. How well is NICHE aligned to the nutrition, social policy and child protection priorities of the MLSP and MoH, UNICEF global and regional offices, and key donors? More specifically: How is NICHE aligned with a) the Big 4 Agenda for the Kenyan government b) The Kenyan Nutrition Action Plans c) The National Social Protection Policy	• Level of alignment of NICHE's objectives with UNICEF's regional and global objectives. • Perceived alignment according to key stakeholders • Level of alignment of NICHE's objectives with a) the Big 4 Agenda for the Kenyan government b) The Kenyan Nutrition Action Plans c) The National Social Protection Policy
6. To what extent is the NICHE design and implementation approach supportive of gender transformation at the beneficiary household level and to what extent does it take into account different roles and responsibilities, the needs of each gender and the support required to overcome gender biases?	• Perceived accessibility of services by female beneficiaries • Level of proportional representation of female participants (e.g. age, position in the household), their household (e.g. ethnicity, household size, location) and beneficiary child (e.g. gender) • Extent of documented efforts to ensure equitable participation in NICHE especially with regards to gender biases • Decision-making on the NICHE transfer

⁹ Evaluation questions which are highlighted are included as part of the formative evaluation report. The other questions will be included in the baseline report.

(1) Evaluation questions ⁹	(2) Indicators
7. In what ways can the NICHE interventions embrace a rights-based approach at different programme stages (design, implementation, impact measurement)?	• Alignment of activities as each programme stage with human rights-based approach and normative guidance such as the CRC
8. How is the NICHE programme aligned to key sources of normative guidance such as Core Commitments for Children (CCCs) in development and humanitarian situations?	• Alignment of project objectives with normative guidance such as the CCC and CRC
9. To what extent has the allocation and use of NICHE resources for targeted groups taken into account the need to prioritize women, children and individuals/groups who are marginalized and/or discriminated against?	• Level of proportional representation of female participants (e.g. age, position in the household), their household (e.g. ethnicity, household size, location) and beneficiary child (e.g. gender) • Perceived accessibility of services according to KIIs and beneficiaries by women and individuals from marginalized groups
10a. What potential does the programme have in bridging the development and humanitarian nexus? 10b. To what extent can the NICHE programme serve as a platform for emergency response and preparedness? And how does the programme fit with the Ending Drought Emergency (EDE) pillar of the National Drought Management Authority?	• Alignment between the Ending Drought Emergency pillar of the NDMA and the NICHE programme design • Extent to which the NICHE programme design includes flexibility to respond to humanitarian needs
Evaluation criteria: Coherence	
11. What are existing interventions in the areas of nutrition and social and child protection in the NICHE counties and how can NICHE's implementation approach leverage these to maximize resources?	• Number and type of nutrition and social and child protection activities in the selected counties
12a. How could the NICHE's implementation approach be designed in such a way that it strengthens existing GoK programs in the area of food security, resilience, cash transfer, child protection and nutrition? 12b. Does the programme coordinate effectively with other related programme, both government and non-government, both at national and county level?	• Extent to which service implementation and objectives are aligned with NICHE's programme objectives • Extent to which M&E systems and NICHE MIS are integrated and aligned • Perceptions on coordination between sectors and programs
13. To what extent will NICHE support national processes such as strategic plans, policy development, and development of guidelines as proxies of supporting sustainable efforts?	• Extent to which NICHE aligns with national strategic plans on nutrition and health
14. How has the registration process of beneficiaries been undertaken? To what extent were county government teams involved? What were the challenges in the registration process?	• Level of involvement with registration process by county stakeholders • Perceived challenges by stakeholders
15. Is there a system for addressing complaints and grievances? To what extent is it functional and how can it be enhanced?	• Availability of platforms to provide feedback
16. How is the national coordination set up arranged? And how is the distribution of roles and responsibilities across the different governmental stakeholders in relation to the NICHE MoU? Are there ways in which this could be enhanced? How is planning between the different sectors undertaken?	• Linkages between the various sectors. • Perception of these relationships • Availability of shared information systems • Adequacy of current linkages • Plans to establish linkages

(1) Evaluation questions ⁹	(2) Indicators
Evaluation criteria: Sustainability	
17. Does the NICHE have strategies (e.g. systems, capacity, resources) in place to ensure that social and child protection and nutrition capacities will be developed at both the national and county levels during the three years of the NICHE implementation and be sustained without UNICEF's TA support?	• Existence of long-term commitments from key stakeholders (GoK, donors and implementers) to support NICHE • Extent to which long-term strategies are documented
18. To what extent does the implementation approach of NICHE foster GoK's self-reliance in the context of devolution?	• Extent to which planning and implementation is organized at the county level • Extent to which the NICHE MIS will be able to provide ongoing M&E data
Evaluation criteria: Effectiveness	
19. What knowledge do beneficiary women have of appropriate feeding practices for pregnant women, lactating women and young children?	• Accurate knowledge on (breast)-feeding practices by beneficiaries • Understanding of cultural drivers of feeding behaviours, such as food taboos and other beliefs • Knowledge about handwashing • Knowledge about breastfeeding and IYCF
20. What knowledge do beneficiaries currently have about access to cash and knowledge on cash expenditure practices?	• Knowledge about NICHE • Knowledge of other social protection programs
21. What knowledge do community health workers have of appropriate feeding practices for pregnant women, lactating women and young children?	• Accurate knowledge on (breast)-feeding practices • Type of training received by health care workers • Knowledge about child protection activities and social behaviour communication change (SBCC)
Evaluation criteria: Impact	
22. What are the main nutrition challenges in the specified counties?	• Measures on feeding practices (i.e. breastfeeding, meal frequency, dietary diversity) • Anthropometrics • Food insecurity measures • Perceptions of local nutrition challenges
23. What are the main expenditure patterns for NICHE beneficiaries?	• Per capita expenditure on food and non-food • Reported use of the NICHE transfer • Perceived usefulness of the transfer • Perceived wealth status
24. What hygiene and health seeking practices are beneficiaries currently using?	• Access to a place (with soap and water) for handwashing • Child immunization • Health seeking behaviour when sick (e.g. doctor visits) • Antenatal care (e.g. iron intake, number of check ups)
25. What parenting skills and practices are commonly used by beneficiary women to protect children's well-being? What are the parenting roles by gender?	• Knowledge of parenting skills • Attitudes towards child discipline • Parent-child engagement activities • Methods and practices applied to parenting by gender and relationship to child • Availability of sources of parenting advice
Evaluation criteria: Efficiency	
26. How is the funding flow for the programme arranged and what are the bottlenecks which exist? How can these be resolved?	• Perceived bottlenecks by funders and national stakeholders • Perceived solutions by funders and national stakeholders

(1) Evaluation questions ⁹	(2) Indicators
27. Are relationships between the various levels of the programme, i.e. county-national, and across various ministries, effective and in line with programme goals and results areas?	• Extent of clearly defined roles and responsibilities. • Communication between the various actors • Perceived challenges, (i.e. competition on time/resources)
28 a. Are the relevant NICHE activities implemented in the most efficient way compared to alternatives? 28. b. What are potentially expected costs to roll out the nutrition counselling? And child protection components? What could be the cost minimization strategies which could be utilized?	• Perceived efficiency of implementation by key stakeholders • Extent that alternative implementation strategies are considered • Expected cost to roll out nutrition counselling, child protection components

Annex B. List of Document Review Sources

Type of document	Title
Programme document	UNICEF (2020). <i>Nutrition Improvements through Cash and Health Education (NICHE) Programme First Annual Report</i>
Programme document	UNICEF (2021). <i>Nutrition Improvements through Cash and Health Education (NICHE) Programme Second Annual Report</i>
Programme document	Government of Kenya (2021). <i>Operations Manual - Nutrition Improvements through Cash and Health Education (NICHE)</i>
Programme document	Ministry of Labour and Social Protection (2020). <i>Enhancing Systems to Improve Harmonization for Sustainable Coordination of Safety Nets in Kenya – Inception Report for the NICHE Management</i>
Programme document	UNICEF (2020). <i>Technical Assistance for the Expansion and Implementation of Nutrition Improvements Cash and Health Education (NICHE) in Five Counties of Kenya – Inception Report for the Government of Kenya</i>
Programme document	UNICEF (2018). <i>GoK-UNICEF Kenya Country Programme 2018–2022; Nutrition Programme Strategy</i>
Programme document	CHASP (2021). <i>Activity Report – START-UP Registration of Beneficiaries for NICHE Scale-Up in the 5 Counties of Kilifi, Kitui, Marasbit, Turkana and West Pokot.</i>
Programme document	Kimetrica (2018). <i>Final Report: Evaluation of NICHE in the First 1,000 Days of a Child’s Life in Kitui and Machakos Counties, Kenya</i>
Programme document	Kimetrica (2016). <i>Researching the Outcome and Impact of the Nutritional Improvements through Cash and Health Education (NICHE) Programme on the First 1,000 Days of Life in Kitui County – Kenya – Inception Report</i>
Programme document	‘NICHE SBCC Strategy’ (presentation, 2021)
Programme document	UNICEF (2021). ‘NICHE Progress Update – 9th – March 2021’ (presentation)
Programme document	UNICEF (2021). ‘Child Protection Initiative – Nutrition Improvements through Cash and Health Education (NICHE) in Kilifi County’ (presentation)
Background document	UNICEF (2018). <i>Situation Analysis of Children and Women in Kenya</i>
Background document	KNBS & UNICEF (2017). <i>Child Poverty in Kenya, a multidimensional approach.</i>
Background document	Ministry of Health (2016). <i>Baby Friendly Community Initiative – Implementation Guidelines</i>
Background document	ICS. ‘Monitoring Parenting Programs’ (presentation)
Background document	Ministry of Health (2018). <i>Kenya National Nutrition Action Plan 2018 -2022.</i> Government of Kenya, Nairobi: Kenya.
Background document	Government of Kenya (2020). <i>Implementation Status of the Big Four Agenda 2018/2019.</i> Government of Kenya, Nairobi: Kenya.
Background document	Ministry of Devolution and Planning (2015). <i>Common Programme Framework for Ending Drought Emergencies.</i> Government of Kenya, Nairobi: Kenya.

Annex C. Original Theory of Change

NICHE Theory of Change										
Impact	Most vulnerable children in intervention areas have improved well-being in the areas of nutrition, social protection, and child protection									
Outcome	Primary caregivers demonstrate improved nutrition, cash expenditure, and positive parenting practices				Improved functionality of community and institutional systems to deliver integrated nutrition, cash transfer, and protection services at county and national level					
Output	Households have improved knowledge and skills on nutrition and hygiene	Households have improved access to feedback and referral mechanisms	Households have improved access to cash and knowledge on cash expenditure practices	Households have improved knowledge and skills in positive parenting/non-violent discipline and responsive care	Health workers and BWC have improved knowledge and skills on nutrition and hygiene	Improved delivery mechanisms for integrated nutrition and protection services	Target counties have improved beneficiary identification and cash transfer system	Target counties have improved community based child protection mechanisms	Evidence generation (including MIS, evaluations, capacity assessments, CBA) informs NICHE programme implementation	Improved national and county level advocacy and coordination for NICHE
Inputs	Integrated nutrition counseling for cash transfer recipients	Establishment of referral and feedback mechanisms	Integrated nutrition counseling for cash transfer recipients	Parenting education for parents/caregivers with young children, foster care children, and children with protection concerns	Capacity development of Health Workers and Beneficiary Welfare Committees	Support for CHS establishment/implementation	Establishment of registration/ cash transfer system for NICHE Beneficiaries	Operationalize evidence-based positive parenting education and promotion of family based care options	Development and implementation of monitoring and evaluation systems	Conduct advocacy forums and strengthen coordination mechanisms at national and county level
			Establishment of registration/ cash transfer system for NICHE Beneficiaries	Operationalize evidence-based positive parenting education and promotion of family based care options						

NICHE Theory of Change											
Activities	4.1.2 CHVs conduct targeted home visits	4.1.1 NICHE Beneficiary awareness creation and linkage to CHVs	2.1.1/2.2.1 Training of relevant stakeholders (DCS, CHMT, etc.) in initial/on-demand NICHE registration	5.1.2 Support the training of parents group fostering children without parental care and conduct regular follow up with these		3.1.3 Training of CHEWs on BFCI	4.1.1 NICHE Beneficiary awareness creation and linkage to CHVs	2.1.1/2.2.1 Training of relevant stakeholders (DCS, CHMT, etc.) in initial/on-demand NICHE registration	5.1.1 Formation, training and functioning of community based child protection mechanisms	6.1.1 Develop and test MIS prototype	1.2.1 County level NICHE sensitization and launch in select counties
	4.1.3 CHEWs provide mentorship and supportive supervision	4.1.5 Conducting for bi-monthly Community Mother Support Groups (CMSG)	2.1.2/2.2.2 Securing QA on initial registration process/on-demand registration of new and exited beneficiaries	5.1.3 Support parenting sessions to prevent violence and trigger response mechanisms		3.1.4 Operating and Contracting costs for training of Community Health Volunteers (CHVs) on BFCI	4.1.4 Facilitation of bi-monthly CHVs meetings	2.1.2/2.2.2 Planning, monitoring, and QA for counties to conduct initial/on-demand registration of all eligible NICHE beneficiaries		6.1.2 Support the training of NICHE Information System users	1.2.2 Officers supporting coordination , implementation and QA of NICHE at county level
	4.1.7 Development and airing of Radio Campaigns	4.1.6 Bi-monthly baby friendly gatherings in place and held every two months				3.1.5 Joint supportive supervision of BFCI nutrition counselling conducted by counties	4.1.8 Sub-county supportive supervision visits conducted	6.2.1 Operating and contracting costs for CHMT, DCS, NDMA, DSD at county level conduct routine programme monitoring and quality assurance	Strengthen community based child protection mechanisms	6.1.3/6.1.4 Roll out of NICHE information systems and data collection five target NICHE counties	3.1.1 County/Sub-County HMT sensitization on BFCI
	Support for CHS implementation at county level	3.1.2 Formative research and adaptation of BFCI tools				4.1.4 Facilitation of bi-monthly CHVs meetings	Support for CHS implementation at county level	6.2.2 Contracting for regular quality assurance activities in line with UNICEF standards to enhance efficiency and prevent fraud		6.2.3/6.3.1/6.3.2 Conduct capacity assessment/ baseline assessment/ cost efficiency analysis	Advocacy for CHS/ integrated programs

NICHE Theory of Change	
Assumptions	Functioning community health care system (community units)
Risks	Recurring droughts and limited access to food, COVID-19
Mitigation measures	Linking NICHE to other existing food systems interventions

Annex D. Ethical Norms and Standards and IRB Approvals and Research Permits

Alignment with evaluation norms and standards. AIR follows the United Nations Evaluation Group (UNEG) Code of Conduct, which requires both a conflict- and a gender-sensitive approach to research and adherence to the ‘do no harm’ principle, as well as transparency, confidentiality, accuracy, accountability and reliability, amongst other key principles. This evaluation was also conducted in accordance with the evaluation principles of openness, transparency, and participation. Further, AIR and Dalberg Research ensured that the evaluation complied with UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis. And finally, the evaluation was guided by the ethical principles of independence, impartiality, credibility, responsibility, honesty, and integrity.

The AIR IRB follows the standards set forth by the American Evaluation Association Guidelines and the Joint Committee on Standards for Educational Evaluation. Three general principles define these standards: (a) evaluators will conduct evaluations legally and ethically, taking into account the welfare of those involved in the evaluation, as well as the general public; (b) evaluators will conduct evaluations in a competent and efficient fashion that will lead to reliable and accurate results; and (c) evaluators will design evaluations and report the results in a manner that is useful to and appropriate for the intended audience. Clear guidelines exist regarding the expectations with which local data collectors must comply (e.g., how to document informed consent, how to store and restrict access to physical files and electronic data files, and how to handle identifiable information).

Ethical approval. All AIR staff, subcontractors and consultants involved in the collection of data from human research participants adhered strictly to the requirements of AIR’s IRB. AIR’s internal ethical review mechanism was used for approval, given that AIR’s IRB mechanisms comply with the minimum quality standards established in UNICEF’s policy. AIR’s IRB (IRB00000436) is registered with the Office of Human Research Protection as a research institution (IORG0000260) and conducts research under its own Federalwide Assurance (FWA00003952). The IRB must pre-approve (a) all research activities and protocols involving human subjects and (b) an information security plan to protect the confidentiality of data from research participants.

Protection of human subjects. Before the study data were collected, AIR’s IRB approved a comprehensive plan to protect the privacy and confidentiality of participants during recruitment, data collection, transmission, analysis and storage. Upon hiring, all AIR staff are required to complete a comprehensive course in the ethical conduct of research. All individuals and organizations that collect data on behalf of AIR are required to sign our IRB’s Participant Protection Assurance to certify that they are aware of, and will comply with, the requirements

for the protection of human subjects in research. All Dalberg Research staff and enumerators who collected or handled study data signed the Participant Protection Assurance form.

Training of enumerators. All individuals who collect data on behalf of AIR undergo training in the protection of human research participants and the gathering of sensitive information. Data collectors received training in areas such as (a) respectful interaction with participants, including ensuring that one's words, nonverbal expressions or actions never convey judgemental attitudes; (b) the rights of individuals to not answer questions; (c) information sharing (e.g., never discussing study participants with people outside the research team or in public places); and (d) the handling and storage of data. The research team respected the dignity and diversity of all individuals interviewed, and took into consideration respect for human rights, gender equity and equality.

Use of informed consent. The consent language included (a) a concise and focused presentation of the key information that is most likely to assist a prospective participant in understanding the reasons that one might or might not want to participate in the research; (b) a statement that the study involves research, an explanation of the purposes of the research and the expected duration of participation, and a description of what will happen if respondents participate; (c) a description of any reasonably foreseeable risks or discomforts to the participant; (d) a description of any benefits to the participant or others that may reasonably be expected from the research; (e) a statement describing the extent, if any, to which confidentiality of records identifying the participant will be maintained; (f) an explanation of whom to contact for answers to pertinent questions about the research and research participants' rights; and (g) a statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled, and that the participant may discontinue participation at any time without penalty. This evaluation was exempted from gaining written informed consent from them (given the activity is not human subjects research). However, we included introductory language for all the KII protocols to explain the purpose of the evaluation, what the participants will be asked to do, and to what extent we will protect the privacy of their responses. We also explicitly asked participants for verbal agreement to take part in the KII and to be audio-recorded. (We did not ask for written consent, as it was not required, and obtaining written consent would provide identifying links between participants and data that would not have existed otherwise, placing their privacy at greater risk.)

Data storage and security. AIR adheres to all data storage and security requirements involving personally identifiable information on project participants for multiple government as well as non-government organizations. AIR is a registered institution with the Office for Human Research Protections and has signed an assurance statement that we will abide by federal regulations.

The AIR Information Security Policy states that all personally identifiable information that is accessed, stored or transmitted on AIR-managed networks and computers is protected in

accordance with a written, project-level information security plan, upon which all personnel on the project are briefed and required to comply. The project information security plan includes a statement of applicable laws and regulations, the definition of the boundaries and security category of the information that requires protection, and a description of the appropriate security measures and procedures that are commensurate with the sensitivity of the data in both the electronic and hard-copy domains. Laptops used by staff who collect and manage data were protected with whole-drive disk encryption that prevents data access should the laptop be lost or stolen. Sensitive identifiers were not permitted to be stored on memory devices or transmitted over unsecured networks.

Risks versus benefits. The evaluation activities do not impose any risks to participants beyond what they would encounter in daily life. The greatest risk to participants was potential embarrassment or other consequences should any identifiable information that they provide become public knowledge. We took steps to minimise this risk by (a) training enumerators in the protection of data, (b) following the data protection procedures we described earlier, (c) taking care not to include any information in evaluation reports that could directly identify study participants, and (d) notifying participants during the informed consent process of any risks that they could be identified indirectly based on their position (for example, there may only be one nutrition capacity coordinator in one of the five NICHE counties). We could not promise any direct benefits to respondents based on their participation, but they may contribute to benefits in the future if the study strengthens the implementation of NICHE (which may, in turn, help the relevant ministries and stakeholders at national- and county-levels to carry out their work better, and/or improve conditions of women and children in vulnerable and high poverty areas).

AIR IRB Approval:

Attachments:

- Notification of Exemption for B&P# 8A205 -Evaluation of the NICHE II program - Full Submission/Activity clarification.pdf



AIR IRB

Exemption Notification

To: Varsha Ranjit
From: IRB Administrator
Subject: B&P# 8A205
Date: 05/14/2021

B&P# 8A205 -Evaluation of the NICHE II program - Full Submission/Activity clarification has been verified by Mitchell Morey as **Exempt** on 05/14/2021.

On the basis of this review, the IRB has determined that the activity, as described in the materials submitted, does not meet the definition of research provided in 45 CFR §46.102(i). The purpose of the activity is to learn about implementation of the NICHE program and identify opportunities to improve the program. The purpose does not generate generalizable knowledge because it is limited to the specific context of NICHE and tests existing principles of nutrition programming. The activity is not a systematic inquiry designed for the development of generalizable knowledge. Therefore, the activity is not research involving human participants, and IRB oversight does not apply.

Please note that changes to your protocol may affect its exempt status. Please contact the IRB directly to discuss any changes you may contemplate.

Thank you,
Erin Morrison
IRB Administrator
emorrison@air.org

Please be reminded that all projects must undergo IRB review before initiating any recruitment or data collection/analyses. Material changes to project activities also must undergo review via the Amendments tab.

Approval from AMREF:



REF: AMREF – ESRC P1048/2021

Amref Health Africa in Kenya

September 8, 2021

Juan Bonilla
American Institutes for Research
TV 4 Este # 61 05.
Bogota, Colombia
Tel: +1 -2020-403-5424
Email: jbonilla@air.org

Dear Dr Bonilla,

RESEARCH PROTOCOL: EVALUATION OF THE NUTRITIONAL IMPROVEMENTS THROUGH THE CASH AND HEALTH EDUCATION IN NICHE II PROGRAM IN SELECTED COUNTIES IN KENYA

Thank you for submitting your protocol to the Amref Ethics and Scientific Review Committee (ESRC).

This is to inform you that the ESRC has reviewed and approved your protocol. The approval period is from September 8, 2021 to September 7, 2022, and is subject to compliance with the following requirements:

- a) Only approved documents (including informed consents, study instruments, advertising materials, material transfer agreements etc.) will be used.
- b) All changes including (amendments, deviations, violations etc.) are submitted for review and approval by Amref ESRC before implementation.
- c) Death and life-threatening problems and severe adverse events (SAEs) or unexpected adverse events whether related or unrelated to the study must be reported to the Amref ESRC within 72 hours of notification.
- d) Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study participants and others or affect the integrity of the research must be reported to Amref ESRC within 72 hours.
- e) Clearance for export of biological specimen must be obtained from the relevant government authorities for each batch of shipment/export.
- f) Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- g) In case of late renewal, the Amref ESRC shall not be held responsible for any severe adverse events (SAEs) that may occur as a result of research activities that were carried out after the expiry of approval.
- h) Submission of an executive summary report within 90 days upon completion of the study to the Amref ESRC.
- i) All government regulations for prevention and control of the spread of COVID-19 including social distancing, provision of personal protective equipment for participants and research assistants should be adhered to during data collection. All research assistants should be monitored for COVID 19 symptoms and referred for testing in case they present with symptoms.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and innovation (NACOSTI) <https://oris.nacosti.go.ke/> and obtain other clearances needed.

Please do not hesitate to contact the ESRC Secretariat (esrc.kenya@amref.org) for any clarification or query.

Board Members: Mr P Kasimu | Mrs E Mathu | Prof P Kiama | Mrs M Kuyoh | Prof Z Qureshi | Prof J Wang'ombe | Dr D Soti | Dr G Gitahi

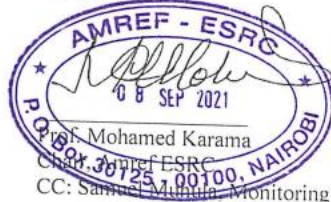
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Amref Health Africa in Kenya

Yours sincerely,



Prof. Mohamed Karama

Chair, ESRC

CC: Samuel Muriu, Monitoring & Evaluation and Research Manager, Amref Health Africa in Kenya

Research Permit from NACOSTI:

 REPUBLIC OF KENYA Ref No: 976186	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION Date of Issue: 16/September/2021
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Mobile: 0713 788 787 / 0735 404 245
E-mail: dg@nacosti.go.ke / registry@nacosti.go.ke
Website: www.nacosti.go.ke

For further information, please contact:
Nutrition Section, UNICEF Kenya
United Nations Children's Fund
UN Complex Gigiri, Block Q Upper Level
P. O. Box 44145 – 00100 Nairobi
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May 2021

Annex E. Stakeholder List and Qualitative Protocols

Stakeholder List

No	Stakeholder/Role	Stakeholder Type
1.	UNICEF Nutrition Sector	Coordinator
2.	UNICEF Social Policy Sector	Coordinator
3.	UNICEF Child Protection Sector	Coordinator
4.	Ministry of Health (MoH): Capacity Coordinator for NICHE	GoK Ministry
5.	Ministry of Health (MoH): Head of Community Health Strategy	GoK Ministry
6.	Ministry of Labour and Social Protection: Director, Department of Children Services (DCS)	GoK Ministry
7.	National Drought Management Authority: Deputy Director	GoK Ministry
8.	Foreign, Commonwealth & Development Office	Funder
9.	World Bank	Funder
10.	World Food Programme	Other UN Agency
11.	Kitui County Ministry of Health: County Nutrition Coordinator Officer	County Government Ministry
12.	Kitui County Ministry of Labour and Social Protection: Assistant Director, DCS	County Government Ministry
13.	Kitui County National Drought Management Authority: County Drought Coordinator	County Government Ministry
14.	Kitui Nutrition Department: UNICEF Nutrition Support Officer	County Government Ministry
15.	Kilifi County Ministry of Health: County Nutrition Support Officer	County Government Ministry
16.	Kilifi County Ministry of Health: Head of Family Health	County Government Ministry
17.	West Pokot County Ministry of Health: County Nutrition Support Officer	County Government Ministry
18.	West Pokot County Ministry of Health: County Nutrition Coordinator Officer	County Government Ministry
19.	West Pokot County Ministry of Labour and Social Protection: County Coordinator, DCS	County Government Ministry

20.	Turkana County Ministry of Health: County Nutrition Support Officer	County Government Ministry
21.	Turkana County Ministry of Health: County Nutrition Coordinator Officer	County Government Ministry
22.	Turkana County Ministry of Labour and Social Protection: County Coordinator, DCS	County Government Ministry
23.	Marsabit County Ministry of Health: County Nutrition Coordinator Officer	County Government Ministry
24.	Marsabit County Ministry of Labour and Social Protection: Sub-County Officer, DCS	County Government Ministry

FORMATIVE EVALUATION: PART 1 OF DATA COLLECTION

Key Informant Interview (KII 1)– UNICEF Kenya (conducted in English)

Time: 45- 60 minutes

Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents and collect consent as provided below.

Collect Informed Consent Form and Obtain Participant’s Consent prior to conducting interview.

Respondent Types: Please use this protocol for interviews with staff from UNICEF Kenya under these sectors:

- Nutrition Sector
- Social Policy Sector
- Child Protection Sector

Introduction & Background

I would like to begin our conversation with a few questions related to your position.

1. Please state your name and position at UNICEF. How long have you held this position?

Relevance

Now I would like to ask about your thoughts on the relevance of the NICHE II programme

2. How do the objectives of the NICHE II programme fit into UNICEF Kenya’s country programme and strategic plan? Note to data collector: Probe for sector-specific policies/priorities based on respondent’s background and as it relates to social protection, nutrition, and child protection sectors.
 - a. What about UNICEF’s regional and global objectives in social protection, nutrition, and child protection?
 - b. And the Kenyan Government’s priorities in social protection, nutrition, and child protection?

- c. Does the NICHE II programme align with donor priorities in Kenya? Please explain
3. Were you involved in the design of the NICHE I pilot or NICHE II programme? If so, could you tell me how gender equality and human rights were considered in the design of the programme?
4. In thinking about the design and inception phase/implementation of NICHE II, does the programme consider the needs, roles, and responsibilities of each gender? Please explain.
5. How are NICHE II programme resources targeted towards women and/or other marginalized individuals? Please explain.
 - a. How has the targeting and registration process for NICHE II been effective in identifying and registering eligible households? Has this varied by county? Please explain.
 - b. How does the programme provide support needed to overcome gender biases that may mitigate benefits from the programme? Please explain.
 - c. What about the local context (and specific challenges related to social protection, nutrition, and child protection)? How were local conditions and needs considered during the design and inception phase of the NICHE II programme?
 - i. Was the programme adapted at all during the inception phase? Please explain
6. We talked a little about this at first, but could you tell me more about the specific nutrition, social protection, and child protection challenges in the Arid and Semi-Arid Lands (ASAL) counties¹⁰? How does it vary by county?
 - a. Do you think there is widespread understanding of appropriate feeding practices for pregnant women, lactating women, and young children in ASAL counties? Are community healthy volunteers (CHVs) typically well informed about appropriate feeding practices? Please explain.
 - b. Are you aware of any widespread parenting practices/beliefs that might pose child protection concerns? Please explain.
 - c. Do community-based child protection mechanisms exist in ASAL counties? Does it vary by county/community? Please explain.
7. What were the main lessons learned from the NICHE I pilot?
 - a. Were any of these lessons learned incorporated into the design of NICHE II? Please explain.

¹⁰ NICHE II is implemented in Kitui, West Pokot, Turkana, Marsabit, and Kilifi counties.

8. At the core of UNICEF’s policy and framework for humanitarian action, there are the CCCs or the Core Commitment for Children. The CCCs promote *equality, transparency, responsibility and a results-oriented approach* to enable predictable and timely humanitarian action. The CCCs are guided by the United Nation’s Convention on the Rights of the Child (CRC), an international agreement on childhood. To what extent does the NICHE II programme align with the guidelines outlined by the CCC? Please describe.
9. Are health workers and child protection officers in Kilifi County trained together to provide the **integrated** nutrition and protection services?
 - a. If yes, what types of trainings are available?
 - *Probe for types of trainings:*
 - Community-based advocacy trainings?
 - Capacity development trainings for Community Health Volunteers, Community Health Workers and Child Protection Officers?
 - A ToT model?
 - Positive parenting education training?
 - Training on promotion of family based care?
 - b. If yes, what are the main content areas of the trainings?
 - c. If no, how is the integrated aspects of the services from the NICHE II programme being implemented?
10. What types of delivery mechanism are in place to provide **integrated** nutrition and protections services?
 - d. *Probe:* Establishment of integrated registration system?

Coherence

11. Can you tell me about other social protection/nutrition/child protection interventions in Kitui, West Pokot, Turkana, Marsabit, and Kilifi counties?
 - *Instructions to Data Collector: Limit the question to Social protection interventions if interviewee is a social protection section staff; Limit the question to Nutrition interventions if the interviewee is nutrition section staff; Limit the question to Child protection interventions (which is only carried out in Kilifi county) if interviewee is a child protection section staff.*
 - *Probe for intervention type, programme name, duration, funder, etc.*
 - a. Are there complementary programs active in NICHE II counties? Please explain.
 - b. Is the NICHE II programme leveraging any synergies with other programs? Please describe.
 - c. How could the NICHE II programme better coordinate with other programs to maximize resources and benefits to vulnerable households?
 - d. Does the implementation of the NICHE II programme cause conflicts or competition for time/resources from other programmes? If yes, how so?
 - e. During the inception phase for NICHE II, have there been any lessons learned about coordination? Have these varied by county? Please explain.

- f. In thinking about Government of Kenya programs specifically, how could NICHE II better coordinate or strengthen existing government programs in the area of food security, resilience, cash transfer, child protection, and/or nutrition?
 - ii. Does government collaboration differ by county? If yes, how so?
12. For health workers and community health workers in Kitui, West Pokot, Turkana, Marsabit, and Kilifi counties, what are the main challenges they face in supporting pregnant and lactating women and young children?
 - a. Do community health workers in these counties typically have knowledge of appropriate child feeding practices and optimal nutrition practices for pregnant and lactating women? Please explain.
 - b. *Probe for challenges in specific areas.*
 - Child Feeding practices
 - Nutrition for pregnant and lactating women
 - Common health issues
 - Community health care system
 - Food insecurity measures
 - Hygiene practices
 - Nutrition
13. In Kitui, West Pokot, Turkana, Marsabit, and Kilifi counties, what are the main challenges faced by child protection/social protection officers within the social protection landscape?
 - a. *Probe for challenges in specific areas*
 - protection from violence
 - abuse
 - sexual exploitation
 - neglect
 - Gender based violence (GBV)
14. What other programs or services are available to women to support improved nutrition practices? And to promote positive parenting approaches? During the NICHE II inception phase, how have UNICEF and other key stakeholders coordinated with these programs/services?

Sustainability

15. Does UNICEF have a strategy through NICHE II to ensure that social and child protection and nutrition capacities are developed at both the national and county levels? Please explain.
 - a. How (if at all) does the implementation approach for NICHE II foster self-reliance on the part of the Kenyan Government?
 - b. Does NICHE II support the Kenyan Government in establishing national processes (strategic plans, policy development, the development of guidelines, information and monitoring systems)? Please explain.

- c. Are you aware of any non-monetary efforts/strategies in place to sustain the NICHE II programme? *Probe: Strategies such as incorporating activities of NICHE II into other existing programmes or policies?*
16. Does UNICEF have plans in place to ensure that NICHE implementation is sustained beyond the three-year implementation period without UNICEF's technical assistance support? Please explain.

Conclusion

17. What lessons have you learned about implementing the NICHE II programme during the inception phase?
18. Have interventions under the NICHE II programme been adapted to the COVID-19 crisis? If yes, how?
- a. *Probe:* Did the interventions or activities change as a result of COVID-19? If yes, how?
19. Is there anything else you'd like to tell me about the NICHE II programme?

Those are all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me?

Thank you so much for your time and sharing your thoughts.

Key Informant Interview (KII 2) – National level Government Stakeholders (conducted in English)

Time: ~45 minutes

Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by and collect consent as provided below.

Collect Informed Consent Form and Obtain Participant’s Consent prior to conducting interview.

Respondent Types: Please use this protocol for interviews with national-level staff from concerned ministries including:

- Ministry of Health (2 Divisions: Nutrition and Community Health Strategy)
 - Ministry of Labour and Social Protection – Department of Children Services
 - Ministry of Devolution of Arid and Semi-Arid Lands
 - National Drought Management Authority
-

Introduction & Background

I would like to begin our conversation with a few questions related to your position.

1. Please tell me a bit about your background and responsibilities in your current position at [MoH/MoLSP/MoDA & SAL/NDMA](#).
 - *Note to Data Collector:*
Ministry of Health (2 Divisions: Nutrition and Community Health Strategy) = MoH
Ministry of Labour and Social Protection – Department of Children Services = MoLSP
Ministry of Devolution of Arid and Semi-Arid Lands = MoDA & SAL
National Drought Management Authority = NDMA
- a. How long have you held this position?
2. Could you briefly describe your role and responsibilities with regards to the NICHE II programme?
3. In your view, what are the biggest poverty-related challenges in Kenya?
 - a. *[Note to Enumerator, probe for specific challenges based on Ministry/Government Body]* *Probe:* What are the challenges related to social protection, nutrition, and child protection?

Relevance

Now I would like to ask about your thoughts on the relevance of the NICHE II programme

4. How does the NICHE II programme fit into the [MoH/MoLSP/MoDA & SAL/NDMA](#)’s nutrition, social policy and child protection priorities?
 - a. Can you tell me a little about [[MoH \(Nutrition and Community Health Strategy\)](#) /[MoLSP/MoDA & SAL/NDMA](#)] priorities at the national level in relation to the NICHE II programme?
 - b. To what extent do you think the NICHE II fits well with the priorities?
-

5. At the national level, what are the main objectives your government body/ministry is hoping to achieve through the NICHE II programme?
 - a. What are the main strategic priorities?
6. From your perspective, did the context/landscape of Arid and Semi-Arid Lands (ASAL) counties of Kitui, West Pokot, Turkana, Marsabit, and Kilifi factor into the design and implementation of NICHE II?
 - a. If yes, how so?
 - b. What data or information sources have you used to help you make programme design/targeting decisions concerning the context, especially the context of nutrition and social/child protection)?
7. From your perspective, did the contextual social protection, child protection and nutrition challenges present in Arid and Semi-Arid Lands (ASAL) counties in Kenya factor into the design and implementation of NICHE II?
 - a. If yes, how so?
 - b. At the national level, what are the greatest contextual social and child protection and nutrition challenges that vulnerable households are facing in the country?
 - c. *Probe*: How was the contextual challenges taken into account in the implementation of the NICHE II programme?
 - d. *Probe*: How was the contextual challenges taken into account in assessing the strategic priorities of the NICHE II programme?
8. What were the main lessons learned from the NICHE I Pilot programme?
 - a. Were any of the lessons learned incorporated into the design of NICHE II? Please explain.
 - b. What type of monitoring information from the NICHE I pilot was useful to enable you to assess how well the programme was implemented and whether it was reaching the right people? Did you feel that you were receiving all the information you needed or was anything missing?
 - c. *Probe*: Were NICHE II components adapted to meet the needs of different groups, such as mothers of children under 2 years, pregnant women? Please explain.
9. How were concerns for human rights and gender equality, factored into the design of the NICHE II programme?
 - a. To what extent, does the NICHE II programme take into account different roles and responsibilities of men and women?
 - b. To what extent, does the NICHE II programme take into account different needs of men and women?
 - c. To what extent, does the NICHE II programme help support overcoming gender biases that may mitigate benefits from the programme? Please explain.

10. Do linkages (coordination structures) exist between the nutrition, social policy and child protection sectors of the government at the national level?
- [If linkages] What do those linkages look like? And when and how were they established?
 - Are there any shared information systems or how do you share information between the sectors?
 - [If linkages] Do you think the current linkages are adequate to meet the needs of the target population of the NICHE II programme? Why do you think that?
 - [If no linkages] Have there been and plans or attempts to create these linkages?
11. To what extent were issues of gender, equity, and the rights of people who are marginalized such as with disabilities or different ethnicities considered in the **design** of the programme? What about in the **implementation** of the programme?
- Probe for specific actions taken to ensure equitable participation.*
 - Gender
 - Equity
 - Rights of people who are marginalized
 - How are you monitoring this? Is there any particular data/monitoring information that helps you track whether the programme is ensuring equitable access and implementation?
12. How are the **integrated** aspects of both the nutrition and child protection services through the cash transfer system being implemented?
- Are health workers and child protection officers trained together to provide the **integrated** nutrition and protection services?
 - If yes, what types of trainings are available?
 - Probe for types of trainings:*
 - Community-based advocacy trainings?
 - Capacity development trainings for Community Health Volunteers, Community Health Workers and Child Protection Officers?
 - A ToT model?
 - Positive parenting education training?
 - Training on promotion of family based care?
 - If yes, what are the main content areas of the trainings?
 - If no, how is the integrated aspects of the services from the NICHE II programme being implemented?
13. What types of delivery mechanism are in place to provide **integrated** nutrition and protections services? (*For example, do beneficiaries receive both services from nutrition and social protection?*)
- Probe:* Establishment of integrated registration system?

Coherence

14. At the national level, what are the other initiatives and programmes in the areas of nutrition and social and child protection that your government body/ministry is supporting? *Limit question to nutrition for Ministry of Health, limit the question to social and child protection for Ministry of Labour and Social Protection*
15. At the national level, thinking about all the other initiatives and programmes implemented– which aim to meet challenges of nutrition, social policy and child protection, how well does the NICHE II programme fit with these other initiatives? *Limit question to nutrition for Ministry of Health, limit the question to social and child protection for Ministry of Labour and Social Protection*
- a. How does your government body/Ministry leverage the NICHE II programme with other programmes to maximize resources and benefits to vulnerable households?
 - b. Does the implementation of the NICHE II programme cause conflicts or competition for time/resources from other programmes? If yes, how so?
 - c. During the inception phase for NICHE II, what (if any) lessons have you learned about coordination with other sectors/programs?
 - d. How could the NICHE II programme better coordinate with other programs to maximize resources and benefits to vulnerable households?
 - e. Probe: How are these programmes sharing data/monitoring systems, if they are?
16. At the national level, what are the other initiatives and programmes in the areas of food security, resilience, cash transfer, child protection and nutrition that your government body/ministry is supporting?
- a. How could NICHE II better coordinate or strengthen existing government programs in the area of food security, resilience, cash transfer, child protection, and/or nutrition?

Sustainability

And finally, I would like to ask you about the sustainability of the NICHE II Programme in general.

17. To what extent is the NICHE II programme sustainable in the long run?
- a. How long do you think it will continue, and with what level of support from UNICEF and donors?
 - b. What types and levels of support (financial and otherwise) do you think the government and its ministries (MoH, MoLSP/MoDA & SAL/NDMA) would need to provide to ensure sustainability?
18. Are you aware of any non-monetary efforts/strategies in place to sustain the NICHE II programme?
- a. *Probe:* Strategies such as incorporating activities of NICHE II into other existing programmes or policies?

19. To what extent is your Ministry working on guidelines/policies/plans to ensure that the NICHE II programme can continue or ensure sustainability?
 - a. *Probe:* To what extent do the plans and strategies foster the GoK's self-reliance concept?
20. If UNICEF Kenya funding and TA support were to end in three years, what do you think would happen to the NICHE II programme?
 - a. What would be needed to sustain it?
 - b. Which aspects of the NICHE II programme do you think will be most difficult to sustain? Why?
 - c. Which aspects of the NICHE II programme do you think will be easiest to sustain? Why?

Conclusion

21. What lessons have you learned about implementing the NICHE II programme?
22. Has the monitoring system been adequate and generated timely and useful information?
 - a. Is there any particular information that you would like to have which is missing from the monitoring system?
23. Do you have any recommendations for how to improve the NICHE II programme? Please describe.
24. Have interventions under the NICHE II programme adapted to the COVID-19 crisis? If yes, how?
 - a. *Probe:* Did the interventions or activities change as a result of COVID-19? If yes, how?
25. Is there anything else you'd like to tell me about the NICHE II programme or your experience as a key stakeholder of the programme?

Those are all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me?

Thank you so much for your time and sharing your thoughts.

Key Informant Interview (KII 3)– Funders (FCDO & WB) (conducted in English)

Time: 45- 60 minutes

Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents and collect consent as provided below.

Collect Informed Consent Form and Obtain Participant’s Consent prior to conducting interview.

Respondent Types: Please use this protocol for interviews with staff from funders:

- Foreign Commonwealth & Development Office (FCDO)
- World Bank

Background Information on WB’s role for Data Collector:

World Bank’s role is in financial partnership for KSEIP; they are key informants on availability of government funding for NICHE (since WB’s funding is meant to be complementary to GoK’s as well as conditional to some milestones by GoK), funding operational challenges, sustainability given funding arrangements.

WB is least informed on specific county deprivations in nutrition, social and child protection, gender, human rights issues e.t.c.

FCDO’s involvement/role in NICHE is different from the WB’s, the Bank being the main financial partner. FCDO supports the Hunger Safety Net Programme (HSNP).

Introduction & Background

I would like to begin our conversation with a few questions related to your position.

1. Please state your name and position at [World Bank/FCDO]. How long have you held this position?
2. How does your organization support the NICHE II programme?
3. In your view, what are the biggest poverty-related challenges in Kenya?
 - a. Probe for challenges related to social protection, nutrition, and child protection.

Relevance & Coherence

For World Bank Respondent only. Skip Questions 4 – 10 when interviewing FCDO stakeholder.

4. What is the World Bank’s vision for NICHE and KSEIP?
 - a. Please describe the World Bank’s current vision/goals ten years from now for NICHE and KSEIP.
 - b. Do you see this above vision being realized currently in how NICHE II is being implemented?
5. Do you think the NICHE II programme aligns with the World Bank’s priorities in social protection, nutrition, and child protection?
6. Does the NICHE II programme align with other donor/private sector priorities in Kenya? Please explain.

7. What are the key strengths in the implementation arrangements for NICHE II within KSEIP?
 - a. Are there any challenges? If yes, what are the challenges and what are the possible solutions?
8. The Bank is a critical financial partner to the government for the programme, what is working well with the funding arrangements? The setup of NICHE is such that the operational costs of NICHE are to be funded by GoK for GoK personnel, because NICHE is part of KSEIP.
 - a. What are the challenges in the current funding set-up for the NICHE II programme and in the current funding flow mechanism for the NICHE II programme?
 - b. How can these challenges be addressed?
9. The World Bank supports the Government of Kenya substantially through other programs aimed at addressing similar nutrition, child and social protection deprivations as Million Garden Initiative. How could synergies between NICHE and these programs be strengthened?
 - a. Apart from the Million Garden Initiative, are there other programs the World Bank is supporting and how could these leverage on NICHE?
10. What other programs does the World Bank support in the areas of nutrition-sensitive agriculture, early child development?
 - a. What are the opportunities in these programs that can be synergized with NICHE?

For FCDO Respondent only. Skip Questions 11-14 when interviewing World Bank stakeholder.

11. What is the FCDO's vision for NICHE and the Hunger Safety Net Programme under the National Safety Net programs?
 - a. Please describe the FCDO's current vision/goals ten years from now.
 - b. Do you see this above vision being realized currently in how NICHE II is being implemented?
12. What are the key strengths in the implementation arrangements for NICHE II?
 - a. Are there any challenges? If yes, what are the challenges and what are the possible solutions?
13. The FCDO has been a critical development partner for the government for Nutrition as well as the Hunger Safety Net programme, what is working well with the funding arrangements?

- a. What are the challenges in the current funding set-up for the NICHE II programme and the Hunger Safety Net Programme?
 - b. How can these challenges be addressed?
- 14. Are there other programs in the area of Nutrition apart from NICHE which the FCDO is currently supporting or will be supporting in the near future?
 - a. What are the opportunities in these programs that can be synergized with NICHE II?

For both World Bank and FCO Respondent.

- 15. Are you aware of any lessons learned from the NICHE I pilot?
 - a. Were any of these lessons learned incorporated into the funding mechanism for NICHE II? Please explain.
 - b. Do you consider that the NICHE I pilot was adequately funded and the data from NICHE pilot provided appropriate information to guide the funding mechanism for NICHE II?
- 16. Are you aware of **other** social protection/nutrition/child protection interventions in Kitui, West Pokot, Turkana, Marsabit, and Kilifi counties, either funded/implemented by your organization? Probe for intervention type, programme name, duration, funder, etc.
 - a. Are you aware of other complementary programs being funded by your organisation that are active in NICHE II counties? Please explain.

Sustainability

- 17. To what extent do you think the NICHE II programme is sustainable in without UNICEF Kenya's TA?
 - a. How long do you think it will continue, and with what level of support from UNICEF would be needed to ensure sustainability?
 - b. What types and levels of support do you think the government and its ministries (MoH, MoLSP/MoDA & SAL/NDMA) would need to provide to ensure sustainability?
- 18. To what extent is the World Bank/FCDO working on guidelines/policies/plans/ funding mechanisms to ensure that the NICHE II programme can continue or ensure sustainability?
 - a. Are you aware of any non-monetary efforts/strategies in place to sustain the NICHE II programme?

- *Probe:* Strategies such as incorporating activities of NICHE II into other existing programmes or policies?
 - b. *Probe:* To what extent do the plans and strategies foster the GoK's self-reliance concept?
 - c. *Probe:* How do you think the implementation approach for NICHE II is helping to foster self-reliance on the part of the Kenyan Government? Why or why not?
19. If World Bank's /FCDO's funding support were to end in three years, what do you think would happen to the NICHE II programme?
- a. What would be needed to sustain it?
 - b. Which aspects of the NICHE II programme do you think will be most difficult to sustain? Why?
 - c. Which aspects of the NICHE II programme do you think will be easiest to sustain? Why?

Conclusion

20. Is there anything else you'd like to tell me about the NICHE II programme?
21. Have funding strategies for these interventions under the NICHE II programme changed due to the COVID-19 crisis?
- a. If yes, how?
 - b. If no, how is the programme meeting the changing funding needs due to COVID? For example, recurring or prolonged operational costs due to COVID?

Thank respondent for his/her time and conclude the interview.

Key Informant Interview (KII 4) – UN Organizations (WFP) (conducted in English)

Time: 45- 60 minutes

Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents and collect consent as provided below.

Collect Informed Consent Form and Obtain Participant’s Consent prior to conducting interview.

Respondent Types: Please use this protocol for interviews with staff from other agencies:

- World Food Programme

Introduction & Background

1. Please state your name and position at WFP. How long have you held this position?
2. Could you briefly describe your role and responsibilities with regards to the NICHE II programme?
3. In your view, what are the biggest poverty-related challenges in Kenya? *Probe for challenges related to social protection, nutrition, and child protection.*

Relevance

2. How does the NICHE II programme fit into the WFP’s nutrition, social policy and child protection priorities?
 - a. Can you tell me a little about WFP’s priorities at the national level in relation to the NICHE II programme?
3. How is WFP involved in KSEIP and the overall NSNP?
 - a. How can NICHE II synergize with other programs? Especially other KSEIP components?
 - b. How can the NICHE II information system be improved?
4. At the national level, what are the main objectives the WFP is hoping to achieve through the NICHE II programme?
 - a. What are the main strategic priorities?
5. How does the NICHE II align with WFP’s country programme and strategic plan? *Probe for sector-specific policies/priorities related to **social protection, nutrition, and child protection.***
 - a. What about WFP’s regional and global objectives in social protection, nutrition, and child protection?
 - b. And the Kenyan Government’s priorities in social protection, nutrition, and child protection?

6. From your perspective, is the NICHE II programme appropriate for the local context (and specific challenges related to social protection, nutrition, and child protection) in the Arid and Semi-Arid Lands (ASAL) counties¹¹?

Coherence

7. Can you tell me about other social protection/nutrition/child protection interventions in Kitui, West Pokot, Turkana, Marsabit, and Kilifi counties, either funded/implemented by WFP? *Probe for intervention type, programme name, duration, funder, etc.*
 - a. Are there complementary programs active in NICHE II counties? Please explain.
 - b. How could the NICHE II programme enhance coordination with other programs/KSEIP components to maximize resources and benefits to vulnerable households?
 - c. In thinking about Government of Kenya programs specifically, how could WFP and its support for the NICHE II better coordinate or strengthen existing government programs in the area of food security, resilience, cash transfer, child protection, and/or nutrition?
8. For health workers and community health workers in Kitui, West Pokot, Turkana, Marsabit, and Kilifi counties, what are the main challenges they face in supporting pregnant and lactating women and young children?
 - a. Do community health volunteers in these counties typically have knowledge of appropriate child feeding practices? Please explain.
 - b. *Probe for challenges in specific areas.*
 - Child Feeding practices
 - Nutrition for pregnant and lactating women
 - Common health issues
 - Food insecurity measures
 - Hygiene practices
 - Perceptions of local nutrition challenges
9. What other programs or services are available to women to support improved nutrition practices? And to promote positive parenting approaches?

Sustainability

10. What is WFP's role in ensuring sustainability of the KSIEP components and the NICHE II programme?
11. Do you think the implementation approach for NICHE II is helping to foster self-reliance on the part of the Kenyan Government? Why or why not?

¹¹ NICHE II is implemented in Kitui, West Pokot, Turkana, Marsabit, and Kilifi counties.

12. Does NICHE II support the Kenyan Government in establishing national processes (strategic plans, policy development, the development of guidelines)? Please explain.
13. Are you aware of any non-monetary efforts/strategies in place to sustain the NICHE II programme? *Probe:* Strategies such as incorporating activities of NICHE II into other existing programmes or policies?

Conclusion

14. Is there anything else you'd like to tell me about the NICHE II programme?
15. To your knowledge, have interventions under the NICHE II programme been adapted to the COVID-19 crisis? If yes, how?
 - a. *Probe:* Did the interventions or activities change as a result of COVID-19? If yes, how?

Thank respondent for his/her time and conclude the interview.

Key Informant Interview (KII 5) – County-Level Government Stakeholders (Kitui, Kilifi, West Pokot, Turkana, Marsabit) (conducted in English)

Time: 45-60 minutes

Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by and collect consent as provided below.

Collect Informed Consent Form and Obtain Participant’s Consent prior to conducting interview.

Respondent Types: Please use this protocol for interviews with county-level staff from concerned ministries including:

- County Ministry of Health and Sanitation (MoHS, County)
 - County Nutrition Coordinator Officer (NCO, County)
 - Coordinator from Department of children services , Ministry of Labour and Social Protection (CDCS, County)
-

Introduction & Background

I would like to begin our conversation with a few questions related to your position.

1. Please tell me a bit about your background and responsibilities in your current position at (MoHS, County/NCO, County/ CDCS, County).
 - a. How long have you held this position?
2. Could you briefly describe your role and responsibilities with regards to the NICHE II programme?

Relevance

Now I would like to ask about your thoughts on the relevance of the NICHE II programme

3. How does the NICHE II programme fit into the MoHS, County/NCO, County/ CDCS, County’s nutrition, social policy and child protection priorities?
 - a. Can you tell me a little about your Ministry’s priorities at the county level in relation to the NICHE II programme?
 - b. To what extent do you think the NICHE II fits well with the priorities?
 4. At the county level, what are the main objectives your ministry is hoping to achieve through the NICHE II programme?
 - a. Are there different strategic priorities in your county versus the other four counties?
 - b. If yes, what are the main strategic priorities for your county?
 5. From your perspective, did the overall context (poverty rates, geography, demographics, etc) of your county (Kitui, Kilifi, West Pokot, Turkana, Marsabit) factor into the design and implementation of NICHE II?
 - a. If yes, how so?
-

- b. Was a needs assessment conducted? If so, what did it reveal?
 - c. What are the greatest needs among vulnerable households in the counties?
- 6. **[Probe specific respondent to relevant sector]** From your perspective, did the contextual social and child protection and nutrition challenges present in your county (Kitui, Kilifi, West Pokot, Turkana, Marsabit) factor into the design and implementation of NICHE II?
 - a. If yes, how so?
 - b. At the county level, what are the greatest contextual social and child protection and nutrition challenges that vulnerable households are facing in your county?
 - c. *Probe:* How were the contextual challenges taken into account in the implementation of the NICHE II programme?
 - d. *Probe:* How were the contextual challenges taken into account in assessing the strategic priorities of the NICHE II programme?
- 7. From your perspective, did the findings and lessons from the NICHE Pilot programme factor into the design and implementation of the NICHE II programme thus far – for instance identification of beneficiaries in both NICHE I and NICHE II?
 - a. If yes, how so?
 - b. What were the main findings and lessons from the NICHE Pilot programme?
 - c. What monitoring data did you collect during the NICHE pilot and how did this influence NICHE II?
 - o Was the monitoring system an add-on, specific to the pilot or did you use existing channels and data that was readily available through established systems?
 - o Can you see ways to improve streamlining of data collection and analysis for monitoring NICHE II?
 - d. Were NICHE II components adapted to meet the needs of different groups, such as mothers of children under 2 years, pregnant women, etc.? Please explain.
- 8. How were concerns for human rights and gender equality, factored into the design of the NICHE II programme?
 - a. To what extent, does the NICHE II programme take into account different roles and responsibilities of men and women?
 - b. *Probe:* What are the main roles and responsibilities of men and women in these counties?
 - c. To what extent, does the NICHE II programme take into account different needs of men and women?
 - d. To what extent, does the NICHE II programme help support overcoming gender biases?
- 9. **[For County Nutrition Coordinator and County Coordinator from Department of children services]** How can issues of supportive lifestyle and care be addressed in NICHE II? For example, issues of supportive life-style and care include: birth spacing, maternal

workload, status of women in household decision making, availability of safe water and sanitation

10. Do linkages (coordination structures) exist between the nutrition, social policy and child protection sectors of the government at the county level?
 - a. [\[If linkages\]](#) What do those linkages look like? And when and how were they established?
 - b. [\[If linkages\]](#) What are the strengths in the current in the multi-sectoral coordination set-up in NICHE programme?
 - c. [\[If linkages\]](#) How is coordination at the county level organized?
 - o How could it better fit in into the existing coordination structures in the county?
 - d. [\[If linkages\]](#) Are there any joint information systems or opportunities for joint review of monitoring information?
 - e. [\[If linkages\]](#) Do you think the current linkages are adequate to meet the needs of the target population of the NICHE II programme? Why do you think that?
 - o Are there areas regarding multi-sectoral-coordination set-up of NICHE, which could be enhanced?
 - o How could linkages be improved in relation to programme monitoring and use of the information generated?
 - f. [\[If no linkages\]](#) Have there been and plans or attempts to create these linkages?
 - g. [\[If no linkages\]](#) Are there plans in place for capacity building for better coordination?
11. What are the strengths in the current NICHE II programme design and implementation (service delivery) approach of NICHE II programme?
 - a. Are there any challenges? If yes, what are the challenges and what are the possible solutions?
 - b. Are there areas regarding NICHE II programme design and implementation (service delivery) approach- which could be enhanced?
12. How is funding of NICHE activities arranged at your county level?
 - a. Is there involvement of all sectors, or this is done by one sector?
13. How is planning of NICHE activities done at the county level?
 - a. Is there involvement of all sectors? Or this is done by one sector?
14. [\[For County Ministry of Health only\]](#) Your county ministry signed the MoU on NICHE with National Ministry of Labour and Social Protection, and National Ministry of Health and the National Drought Management Authority. Can you describe what the county leadership experience with NICHE implementation has been like so far?
15. How are the **integrated** aspects of both the nutrition and child protection services through the cash transfer system being implemented?

- a. Are health workers and child protection officers trained together to provide the **integrated** nutrition and protection services?
 - b. If yes, what types of trainings are available?
 - *Probe for types of trainings:*
 - Community-based advocacy trainings?
 - Capacity development trainings for Community Health Volunteers, Community Health Workers and Child Protection Officers?
 - A ToT model?
 - Positive parenting education training?
 - Training on promotion of family based care?
 - c. If yes, what are the main content areas of the trainings?
 - d. If no, how is the integrated aspects of the services from the NICHE II programme being implemented?
16. What types of delivery mechanism are in place to provide **integrated** nutrition and protections services?
- a. *Probe:* Establishment of integrated registration system?
17. Are there any plans in NICHE II to address issues of gender, equity, and the rights of people who are marginalized such as with disabilities or different ethnicities considered in the **design** of the programme? What about in the **implementation** of the programme?
- Probe for specific actions taken to ensure equitable participation.*
- Gender
 - Equity
 - Rights of people who are marginalized
 - a. How is your engagement and access to services monitored?

Coherence

18. At the county level, what are the other initiatives and programmes in the areas of nutrition and social and child protection that your county ministry is supporting?
19. At the county level, thinking about all the other initiatives and programmes implemented– which aim to meet challenges of nutrition, social policy and child protection, how well does the NICHE II programme fit with these other initiatives?
- a. How does your county ministry leverage the NICHE II programme with other programmes to maximize resources and benefits to vulnerable households?
 - b. Does the implementation of the NICHE II programme cause conflicts or competition for time/resources from other programmes?
 - c. How could the NICHE II programme better coordinate with other programs to maximize resources and benefits to vulnerable households? Please provide examples of other programs.

- d. In terms of monitoring, are there streamlined data collection systems or joint repositories for data collection and analysis? If so, please describe.
20. At the county level, what are the other initiatives and programmes in the areas of agriculture, food security, resilience, cash transfer, child protection and nutrition that your county ministry is supporting?
- a. What are the opportunities in these initiatives or programs to integrate with NICHE II?
 - b. Does NICHE II rely on existing structures/mechanisms in your county? If yes, which ones? Please explain.

Sustainability

And finally, I would like to ask you about the sustainability of the NICHE Programme in general.

21. If UNICEF Kenya technical assistance and funding were to end in three years, what do you think would happen to the NICHE II programme?
- a. What would be needed to sustain it at the county level?
 - b. What types and levels of support do you think your county ministry would need to provide to ensure sustainability?
 - c. Which aspects of the NICHE II programme do you think will be most difficult to sustain? Why?
 - d. Which aspects of the NICHE II programme do you think will be easiest to sustain? Why?
22. The World Bank is funding the NICHE II programme to a large extent. If World Bank funding were to end, would the county be able to allocate financial resources to ensure that programme service delivery could carry on beyond its funded period?
- a. If yes, to what extent? For how long?
23. [\[For County Ministry of Health only\]](#) The NICHE II programme is heavily reliant on Community Health Volunteers. What is the county's legal position on CHVs?
- a. Does the county have any plans to enact a bill on CHVs? If yes, when and what does the bill entail?
 - b. What is the county's stand on remuneration of CHVs?
24. Are you aware of any non-monetary efforts/strategies in place to sustain the NICHE II programme?
- a. *Probe*: Strategies such as incorporating activities of NICHE II into other existing programmes or policies?
25. At the county level, to what extent is your county Ministry working on guidelines/policies/plans to ensure that the NICHE II programme can continue or ensure sustainability?

- a. How well is the monitoring system incorporated into established monitoring systems and are there any aspects that are unsustainable in the long run?
26. At the county level, to what extent are some of the NICHE activities included in the county budgets? If not, are there any plans to look into this?

Conclusion

27. What lessons have you learned about implementing the NICHE II programme?
28. Do you have any recommendations for how to improve the NICHE II programme? Please describe.
29. Have interventions under the NICHE II programme adapted to the COVID-19 crisis? If yes, how?
- a. *Probe*: Did the interventions or activities change as a result of COVID-19? If yes, how?
30. Is there anything else you would like to tell me about the NICHE II programme or your experience as a key stakeholder of the programme?

Those are all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me?

Thank you so much for your time and sharing your thoughts.

Annex F. Terms of Reference

TERMS OF REFERENCE (TOR) FOR INSTITUTIONAL CONTRACTORS- RFP 9161003 -2020

PART I		
Purpose of Assignment	Evaluation of the Nutritional Improvements through Cash and Health Education (NICHE) II programme	
Location of Assignment	Home-based (due to COVID-19 global pandemic) and in programme sites in Kitui, Kilifi, West Pokot, Turkana and Marsabit counties	
Duration of contract	5 months	
Start date	From: 1st October 2020	
Reporting to:	Chief Nutrition (Immediate Supervisor: Nutrition Specialist/NICHE technical committee for Impact Evaluation)	

1.0 Background

1.1 Social protection context

In Kenya, social protection is entrenched in primarily three ways, through: the National Safety Net Programme providing cash transfer programs to the most vulnerable; the National Social Security Fund which provides social security protection to formal and informal workers in form of retirement packages; and the social health insurance implemented by the National Health Insurance Fund (NHIF). The Kenya Social Protection Policy was launched in 2011, being built on the government of Kenya's commitment to reducing poverty, as articulated in Kenya Vision 2030. The Policy further commits the government of Kenya to reducing vulnerabilities of the population to economic, social, and natural shocks and stresses through both cash-oriented programs and complementary services like nutrition and child protection. It aims at increasing access to such social welfare services by vulnerable groups.

1.2 National Safety Net Programme

The Kenya National Safety Net Programme (NSNP) was established in September 2013 and is constituted by four cash transfer programs: the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), Older Persons Cash Transfers (OP-CT), Cash Transfers for People with Severe Disabilities (PWSD - CT) and the Hunger Safety Net Programme (HSNP). The overall aim of the NSNP has been to improve the welfare and alleviate poverty and vulnerabilities of the most vulnerable households. In this regard, extremely poor households which have an orphan/vulnerable

child or older person of above 65 years or a person with a severe disability are targeted and receive a bi-monthly sum of 4,000 Kenyan shillings. Beneficiaries of the HNSP receive a bi-monthly sum of 5,400 Kenyan shillings. Although the NSNP cash transfers have made a profound difference in the lives of its beneficiaries, there is still a need to for this set of service to move beyond cash transfers to include complementary services which would fosters resilience and improve well-being. The GoK in collaboration the World Bank, and the United Kingdom’s Department for International Development (DFID) has recently designed the Kenya Social and Economic Inclusion Project (KSEIP) which seeks to move beyond cash transfers by promoting social and economic inclusion of the poor by providing a variety of complementary services to the NSNP beneficiaries. The KSEIP will be undertaken from 2019 to 2023 and will comprise of three components as below:

- *Component 1:* Enhancing institutional capacity and social protection delivery systems, particularly the coverage and functionality of the Social Registry, as well as continuing to improve the efficiency of other delivery mechanisms;
- *Component 2:* Investing in the scale-up of the existing nutrition-sensitive safety net, and testing customized economic inclusion models as a complement to the regular cash transfers to improve human capital and the self-sufficiency of poor and vulnerable households;
- *Component 3:* Improving the shock responsiveness of the safety net system by expanding its coverage and strengthening financing arrangements for enhancing households’ resilience and providing timely support to cope with recurrent climate-induced droughts.

The 1st and 3rd component of KSEIP are exclusively being implemented by the GoK and are outside the scope of UNICEF’s support. The second component, which comprises of integrating nutrition and social as well as child protection, will constitute the Nutrition Improvements through Cash and Health Education (NICHE) programme.

UNICEF’s Strategies and County Programme Outcomes

The UNICEF Global Social Protection Programme Framework¹² advocates for **human rights based i.e. child-sensitive** Social protection which also underlies the NICHE approach where households with young children are targeted. On the other hand, UNICEF’s Global Strategy for Nutrition¹³ aims at reducing stunting. In addition, UNICEF Programming Guidance “Improving young children’s diets during the complementary feeding period¹⁴” and the “Actions Framework to improve the diets of young children in Eastern and Southern Africa Region¹⁵” focused on systems approaches to tackle a key determinant of child undernutrition and specifically highlights the respective and complementary roles of the education, food, water, sanitation and hygiene, health and nutrition, and social protection system. The last two systems are at the center of the implementation or NICHE in the five counties in Kenya. The Kenyan Nutrition Action Plan; which

¹² 2019 UNICEF Global Social Protection; <https://www.unicef.org/reports/global-social-protection-programme-framework-2019>

¹³ 2017 UNICEF Global Nutrition Strategy
https://www.unicef.org/supply/files/0940_Sustainable_Development_Goals_and_UNICEFs_Nutrition_Strategy.pdf

¹⁴ United Nations Children’s Fund (UNICEF). Improving Young Children’s Diets During the Complementary Feeding Period. UNICEF Programming Guidance. New York: UNICEF, 2020. (accessible [here](#)).

¹⁵ Action Frameworks to improve the diets of young children (6-23 months) in Eastern and Southern Africa Region (accessible [here](#)).

articulates the priorities for the Kenyan government on Nutrition, identifies reduction of stunting as its main goal. In tandem with this, NICHE aims at addressing the determinants of stunting by securing optimal feeding practices through both SBCC and provision of extra household cash.

In Kenya, stunting, wasting and being underweight were estimated at 26%, 4% and 11% among children under five years of age in 2014¹⁶. The brunt of the burden of malnutrition is borne by the arid and semi-arid (ASAL) counties. Interventions which purport to increase household's food purchasing power are thus deemed as more fitting; additional to high impact nutritional interventions like promotion of breastfeeding and child protection.

Little is known about the magnitude of sub-optimal parenting skills in the Kenyan context, even though it is appreciated from proxy indicators that this is a significant social welfare and public health problem. Nevertheless, it is estimated that 79% of boys and 76% of girls experience physical, sexual and/or emotional violence before the age of 18 in Kenya.

The NICHE programme contributes to three outcomes of 2018-2022 Government of Kenya and UNICEF Kenya Country Office joint Programme:

Outcome 4 (Social inclusion): An increased number of children from the poorest & most vulnerable households benefit from shock-responsive & integrated social protection interventions, as well as from child-specific policies and more specifically **Output 4.1**: Social service demand is strengthened through modelling of evidence-based linkages between social protection and social/economic sectors (including health, nutrition, protection, energy, and HIV) in select counties.

Outcome 1 (Reduced Mortality & Stunting): Increased proportions of vulnerable children, pregnant and lactating women, including adolescent girls, have equitable access to and use quality WASH, Nutrition, Health, and HIV/AIDS services to reduce their risk of mortality, preventable diseases, stunting and other forms of malnutrition, and improve their birth outcomes. Specifically, this consultancy will contribute to **Activity 1.1.2**: Development of strategic partnerships and linkages to increase nutrition sensitivity of existing social protection programs for household resilience.

Outcome 3: By 2022, Children and adolescents are increasingly protected from exposure to HIV and AIDS, violence, abuse, exploitation, harmful cultural practices, and benefit from increased access to prevention, care, treatment, support, justice and other services needed to ensure their physical, mental and social well-being

Output 3.1. By 2022, Children, parents, caregivers, and communities in target counties, urban informal settlements and refugee settings have knowledge and adopt desirable practices to prevent and respond to HIV/AIDS, violence, abuse and exploitation of girls and boys, and have improved service seeking behaviors

¹⁶ Kenya Demographic Health Surveys 2014

Additional background information pertaining to the programme context has been provided as an Annex (Annex 1).

1.3 The NICHE pilot

The design and scale up of the NICHE package of interventions is informed by findings from an initial pilot (NICHE I) which was delivered through a Randomized Controlled Trial in Kitui from January 2017 to June 2018¹⁷. In this regard the NICHE I beneficiaries were limited to only CT-OVC beneficiaries who received the additional cash top and nutrition counselling (intervention arm of the RCT) and were compared against similarly eligible CT-OVC beneficiaries who did not receive the extra cash-top up & nutrition counselling. The trial proved that the combined package of the cash-top up and nutritional counselling delivered additional to a cash transfer programme improved young children's feeding practices and quality of mothers' diets though not stunting. The trial did not examine the effect yielded from the various components of the NICHE intervention i.e. whether quality of feeding of women and children can be improved through only adding the nutrition counselling by itself without the extra cash-top up. The trial did not address implementational related questions, for instance whether the implementation of NICHE at a large scale, where the intensity of the counselling component is moderated, can still yield a positive impact on the nutrition of young children and mothers and improve the delivery of more integrated services of social protection, health and nutrition.

2.0 Programme Overview

2.1 Programme Overview of NICHE

NICHE will be implemented by GoK through UNICEF's technical support. The programme will be implemented in five counties (Kitui, Kilifi, Marsabit, Turkana, West pokot).

As part of NICHE, an additional cash top-up of 500 shillings will be offered to NSNP beneficiary households which have a child under two years or a pregnant or lactating woman (i.e. beneficiary households of the four cash transfer programs i.e. CT-OVC, OP-CT, PWSD-CD, HSNP). The households receiving the cash-top up will also be offered intensive nutrition counselling (and child protection counselling in Kilifi) by utilizing the community health strategy platform and Baby Friendly Initiative approach (BFICI).

In order to secure protection of children within NSNP beneficiary households and surrounding communities from violence, abuse, exploitation and neglect, child protection education will be included in the programme in one of the five counties, in Kilifi as a pilot for integrating child protection SBCC with nutrition SBCC. Due to limited resources the rest of the four counties will only execute the nutrition component of the SBCC. During the first 3 years of the **NICHE** programme, UNICEF will provide technical support for the implementation of the programme. In the last two years of the programme, the programme will be implemented without UNICEF support. **The key stakeholders in the NICHE Programme are the Ministry of Labor and Social Protection, the Ministry of Health, Ministry of Devolution and Arid and Semi-Arid Lands (MD&ASAL), Council of Governors (COG) and UNICEF.**

¹⁷ Details of the pilot can be obtained from the Evaluation Report of the NICHE Pilot

The nutrition and child protection counselling in NICHE will be delivered through operationalizing the Baby-friendly Community Initiative (BFCI). The BFCI is a global initiative which packages standardized-evidenced based complementary community-based interventions aimed at improving infant and young child feeding practices as well as mothers' dietary adequacy. In Kenya, the BFCI is adopted by the Ministry of Health as the approach for delivery of community-based nutrition services to secure optimal nutrition for young children and mothers. However, the BFCI platform has not been rolled out to scale in most counties. As part of the NICHE interventions, BFCI will be scaled up in the counties where NICHE will be implemented.

When the BFCI package is implemented to scale it entails: i) awareness raising to key decision and policy makers on optimal feeding and hygiene practices for children and mothers ii) training of health workers and community volunteers on promotion of optimal hygiene, health seeking, and feeding practices for young children as well as pregnant and lactating women iii) mentorship of community volunteers in providing community based counselling iv) formulation and support of community-based structures (mother-to-mother support groups, community groups) for peer support on optimal practices as well as community engagement in the provision of nutrition services v) establishment and support of feedback mechanisms and platforms where the community provides feedback on delivery of nutrition services within the health facilities. Thus, in the NICHE counties, BFCI is envisioned to improve nutritional and hygiene related behaviors of caregivers, create community platforms where the community engages and empowers itself to promote optimal nutritional practices. It is important to note for the planning of the NICHE the evaluation, that while as the home-based nutrition counselling that will be offered will be limited to NICHE beneficiary households, the nutrition promotion through the community structures to be established will serve the communities at large.

2.2 NICHE Objectives and Theory of Change

A detailed illustration of the NICHE programme Theory of Change has provided as an Annex. At the impact level the programme envisions improving well-being of women and children in the areas of nutrition, social and child protection. This will be achieved through two main outcomes a) improved behavioral practices of caregivers and b) improved functionality of both community and institutional systems to deliver integrated nutrition, social and child protection services.

The key behaviors to promoted, through NICHE are further detailed below (i.e. key NICHE SBCC practices):

Health seeking behavior

- a. Early and continuous antenatal care utilization
- b. Skilled birth attended deliveries
- c. Growth monitoring utilization
- d. Immunization and Vitamin A uptake

Feeding practices

- e. Intake of iron supplements
- f. Diverse diet for pregnant or lactating women
- g. Early initiation of breastfeeding

- h. Exclusive breastfeeding
- i. Initiation of complementary feeding at 6 months
- j. Diverse diet for complementary feeding
- k. Frequent feeding of complementary feeding
- l. Household hygiene
- m. Inclusion of Iron rich foods
- n. Use of micronutrient powders and use of fortified foods

Positive parenting (in Kilifi County only)

- o. Positive parenting

Financial literacy

- p. Financial literacy

The programme implementation objectives will be to:

1. Establish a functional NICHE coordination system in place at national and county levels
2. Strengthen the NICHE registration system embedded in the National Safety Net Programme
3. Strengthen community Health Strategy in the five NICHE counties strengthened to deliver high impact nutrition interventions and child protection-related Interventions for cash transfer beneficiaries
4. Ensure that households receiving cash transfers provided with nutrition counselling to improve the nutritional status of pregnant and lactating women and children under two years of age
5. Ensure that households receiving cash transfers are provided with skills to enable foster care of children without parental/appropriate care as well as general parenting skills to improve protection of children
6. Establish a functional NICHE monitoring and quality assurance systems in place at national and county levels.

2.3 Target Beneficiaries and geographical locations

The NICHE programme has a target to reach 41,583 households in a total of three years in all the five counties where it will be implemented, Kitui, West Pokot, Turkana, Marsabit and Kilifi. NICHE beneficiaries will be NSNP households with a pregnant or a child under 24 months.

2.4 Programme timeline and budget

NICHE is expected to cover 23, 000 beneficiary households (i.e. basing on the criteria of households which will be selected among those under the NSNP cash transfer) in the three years at a budget of USD 12,900,000.

The programme started on 21st November 2019. The first four months of the programme (November 2019 to March 2020) served as the inception phase for NICHE, with significant strides

made in programme planning, design, and coordination. The main activities in the preparatory phase were to:

- i) conduct consultative and validation workshops at national and county level for development of the NICHE Operational Manual (OM), implementation plan, and workplans
- ii) develop the initial drafts of the NICHE OM, implementation plan, and workplans, informed by feedback and priorities of GoK at national and county levels,
- iii) conduct national and county level NICHE sensitization,
- iv) conduct NICHE planning and review meetings, and
- v) support NICHE coordination, implementation, and quality assurance at county level.

Based on the above activities, county and national Year One workplans and costed county budgets, as well as governance structures and OM priorities were realized through consultative processes with national and county stakeholders. Overall, NICHE is leveraging upon the existing social protection, child protection, and community health platforms and operational processes, with programme elements contextualized by county.

An evaluation is being planned to be undertaken before the end of the inception phase. This ToRs is to be read in combination with the envisioned summative evaluation objectives for NICHE as well as The Draft Theory of Change and Results Framework for NICHE.

3.0 Objectives, Purpose & Expected Results

3.1 Purpose

The purpose of the formative evaluation is to conduct an evidence-based, highly consultative and participative analytical reflection on the NICHE programme. Formative evaluations, conducted during programme development or at early stages of implementation, aim at improving the design with a view to improve performance. This includes looking at what has been learned so far during NICHE I and the inception phase for NICHE, as well as structuring and framing the building blocks of the NICHE programme so that it may be systematically monitored and evaluated.

The evidence to be derived from the formative evaluation will also inform the GoK (specifically the National Social Protection Unit, under Ministry of Labor and Social Protection) and its collaborating partners on their deliberations on the future of KSEIP beyond its lifespan. It is in line with UNICEF KCO, specifically nutrition, social policy, and child protection sections and management as outlined in the UNICEF Kenya 2018-2022 Country Programme Document¹⁸ on improving programming through multi-sectoral programme integration. Currently programme integration is a prioritized implementation approach for Kenya Country Office. Furthermore, improved maternal and infant dietary practices and ultimately reduction of stunting is one of the

¹⁸ <https://www.unicef.org/about/execboard/files/2018-PL4-Kenya-CPD-ODS-EN.pdf>

key outcomes in UNICEF's global nutrition strategy. Thus, it is also expected that the evidence will contribute to guiding UNICEF's overall operationalization of its global nutrition strategy.

3.2 Objectives of the Evaluation

1. To identify and document key lessons learned, good practices and innovations from the NICHE pilot as well as the completed NICHE Inception Phase, with a particular eye to gender, equity and child rights, that can inform and support NICHE implementation
2. To refine NICHE programme design and Theory of Change
3. To improve monitoring and evaluation processes and systems for the implementation of the NICHE programme and its future evaluability
4. Establish a baseline against which NICHE's impact can be summatively evaluated

3.3 The components of the evaluation

The evaluation will have four components: the review of the proposed NICHE programme, informed by key lessons learned from the NICHE pilot and the NICHE inception phase; the refinement of the programme design and theory of change (TOC); the development of an M&E framework for NICHE; and a baseline study for NICHE's M&E framework. The review, design refinement and the M&E Framework are the core components of the formative evaluation.

Component 1 – Review of the proposed NICHE programme

The review will assess the relevance, coherence and sustainability criteria and the analysis will be structured around the key evaluation questions. It will also look at what worked and what did not work under NICHE I, what has been learned so far during NICHE's inception phase, and identify potential enabling and hindering factors to the achievement of NICHE's anticipated outcomes. An evaluation matrix that provides the analytical framework of this review against the evaluation criteria and key evaluation questions will be developed by the evaluator during the evaluation's inception phase. The results of the review will be a main input to refining the programme design and theory of change (component 2), which will in turn shape the M&E Framework of the NICHE programme (component 3).

Component 2 – Refinement of the programme design and TOC

This component will provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies in the design of the NICHE Programme, taking into consideration the results for the review (component 1) and an assessment of the programme's theory of change. The draft Theory of Change for NICHE is included in Annex 3 of the TOR. Based upon the agreed adjustments to the programme design, the evaluators will work with programme stakeholders to further refine the theory of change, placing a particular emphasis on making assumptions explicit and its results measurable. The revised theory of change shall

encompass both the diagrammatic model as well as the narrative description, featuring assumptions (internal and external) and drivers.

Component 3 – Development of the M&E Framework

This component, the development of an M&E Framework of the NICHE programme, is at the core of the formative evaluation. The elements of the evaluative framework will be the theory of change (component 2), a results framework (see draft results framework in Annex 4 of the TOR) and a monitoring and evaluation plan for the entirety of the NICHE programme. Developing the M&E Framework will also involve an analysis of what is considered desirable and feasible by NICHE stakeholders in light of the evidence gathered through the formative evaluation's review (component 1).

Component 4 – The Baseline Study

Conducting a baseline study based on the developed M&E Framework for the NICHE programme, one of the two main outputs of the formative evaluation, will enable the programme's impact to be appropriately evaluated (i.e. the current baseline assessment will inform an impact evaluation at the end of the programme). Additionally, collect baseline cost-effective analyses markers that will later facilitate a cost-effective study at the end of the programme. The baseline study is the first step in the implementation of the M&E Framework, as it provides relevant data on target indicators at the onset of the intervention which allows for measuring change. The design of the baseline study will be undertaken as part of the M&E Framework (component 3), so that its conduct is with the view of providing a basis from which the programme's impact will be appropriately evaluated at the end of the programme.

3.4 Scope of the evaluation

The scope of this formative evaluation will be the NICHE programme. Hence the ToRs encompasses programme design and implementation of the NICHE programme, Geographically the evaluation will be confined to the five counties (West Pokot, Kitui, Kilifi, Marsabit and Turkana) where NICHE will be implemented as well as the National GoK as well as UNICEF KCO. The programmatic scope of the evaluation will be aligned with the programme implementation design, e.g. all the programme components (Social Protection, Nutrition and Child Protection in Kilifi).

While the principal focus of this formative evaluation will be on the second phase of the programme, NICHE, from November 2019 till the present period, it will also look at what worked and what did not work under NICHE I insofar as it illuminates issues in the current programme. For example, the extent to which NICHE has been informed by key lessons learned from the NICHE pilot.

The evaluation will engage all key stakeholders of NICHE (Ministries of Labor, Social Protection, Ministry of Devolution and ASAL, Council of Governors, and the Ministry of Health and UNICEF).

4.0 Description of the Assignment

Human rights and Gender equality Perspective

The ToR for the evaluation will be guided by the right to social security, which is articulated in Article 22 of the Universal Declaration of Human Rights¹⁹ and in Article 9 of the International Covenant on Economic, Social and Cultural Rights (ICESCR)²⁰. Additionally, the convention of rights of a child²¹ will guide the ToR in its purpose and execution. Methodological approaches which are non-discriminatory towards women in the study setting will be utilized, as well aggregation of data by gender in the analysis.

5.0 Key Evaluation Questions

The evaluation (i.e. formative evaluation) part of this exercise will specifically address the following UNEG criteria for evaluations – relevance, coherence and sustainability, as outlined in the questions below. The criteria on effectiveness and efficiency will not be addressed as they are not relevant at this stage of the evaluation.:

Criteria	Evaluation Question
Relevance	1. How is the NICHE Theory of Change and Results Framework aligned to the nutrition, social and child protection situation in Kenya? And to what extent does it integrate gender equality and human rights? 2. Have the lessons learned from NICHE pilot been reflected in NICHE's design? 3. Has the social- and child-protection and nutrition challenges and landscape in counties as well as national level been sufficiently taken into account to justify the implementation approach and strategic priorities of NICHE? 4. How well is the NICHE aligned to nutrition, social policy and child protection priorities of: MLSP and MoH, UNICEF global and regional offices, and key donors? 5. To what extent is the NICHE implementation approach supportive of gender transformation at beneficiary household level and takes into account, different roles and responsibilities, needs of each gender and supporting to overcome gender biases?

¹⁹ <https://www.un.org/en/universal-declaration-human-rights/>

²⁰ <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

²¹ <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

Criteria	Evaluation Question
	6. In what ways can the NICHE interventions embrace a rights-based approach at different programme stages (design, implementation, impact measurement)? 7. How is the NICHE programme aligned to key sources of normative guidance such as Core Commitments for Children (CCCs) in development and humanitarian situations? 8. To what extent has the allocation and use of NICHE resources for targeted groups taken into account the need to prioritize women and individuals/groups who are marginalized and/or discriminated against?
Coherence	9. What are existing interventions in the area of nutrition, social and child protection in the NICHE counties and how can NICHE's implementation approach leverage on these to maximize resources ? 10. How could the NICHE's implementation approach be designed in such a way that it strengthens existing GoK programs in the area of food security, resilience, and cash transfer, child protection and nutrition systems strengthening? 11.
Sustainability	12. Does the NICHE have strategies in place to ensure that social- and child-protection and nutrition capacities will be developed at both national and county levels in the three years of the NICHE implementation and sustained without UNICEF's TA's support? 13. To what extent does the implementation approach of NICHE foster GoK's self-reliance in the context of devolution? 14. To what extent will NICHE support national processes such as strategic plans, policy development, development of guidelines as proxies of supporting sustainable efforts?

6.0 Methodology

The evaluation methodology will adhere to the United Nations Evaluation Group (UNEG) Norms & Standards²². The detailed evaluation design will be developed by the external evaluators to be contracted to conduct the evaluation during the inception phase, in close consultation with the

²² <http://www.unevaluation.org/document/detail/1914>

UNICEF Kenya Country Office evaluation manager and programme section, and key evaluation stakeholders. The design should specify how data collection and analysis methods integrate gender considerations throughout the evaluation process, including to the extent possible, inclusion of girls and boys, women and men, as well as a range of programme stakeholders.

6.1 Inception phase

The evaluation process will start with an inception phase which will involve review of programme documents and relevant literature. As part of the inception phase, the evaluation team will conduct an assessment to ascertain the available information, assess the reliability of disaggregated data, identify data constraints, and determine the data collection needs and methods. An inception report will be produced which will set out the scope, design and the method including the data sources and tool to be used. A detailed methodology including an evaluation matrix, data analysis plan, data collection instruments, and field work plans will be finalized.

The design of the evaluation will reflect programme implementation format whereby the Child Protection component of the evaluation will only be assessed in Kilifi county while Social Protection and Nutrition programme component will be assessed in all five targeted counties (Kilifi, Turkana, West Pokot, Marsabit, Kitui).

6.2 Overall methodology approach

The evaluation will utilize a **mixed method design** that is utilization-focused integrating both quantitative and qualitative data collection tools to complement each other. The mixed methods will utilize both secondary data and primary data sources like key informant interviews. Data collection and analysis methods should integrate gender considerations throughout the evaluation process, including to the extent possible, inclusion of girls and boys, women and men, as well as a range of programme stakeholders. Evaluation data should be disaggregated by sex, ethnicity, age, disability, etc.

6.3 Data sources

Existing data sources which could be used in the formative evaluation include the Kenya Demographic Health Surveys, KAP Survey, and SMART Surveys, GoK and/or UNICEF programme documents. NICHE I evaluation report will also be included in the data sources.

Based on the draft NICHE Theory of Change for (Annex3), the Logical Framework (Annex 4), and other existing data sources, an evaluability assessment would be undertaken to clarify logic and coherence of the NICHE. The evaluability assessment should also assess reliability of disaggregated data.

6.4 Analysis Strategies

The analysis strategy will be developed in detail based on the detailed methodology to be developed during the inception phase. In addition, the evaluation should review the coherence of the NICHE to existing policies and strategies. Findings should be triangulated through qualitative data collection, including key informant interviews with UNICEF, GoK, key donors, private sector partners, other UN agencies (WFP, FAO, WHO, etc), and

implementing partners. It is also proposed that the evaluation findings are informed by other UNICEF's on-going evaluations and reviews within the sectors relevant to NICHE.

The proposed methodology approach should consider ethics²³ human rights-based approaches, child- based rights and will be gender sensitive. These considerations will be made in all steps of the evaluation, from design, data collection as well as data analysis conforming to the UNEG norms and standards and ethical guidance.

A note on the baseline study

The outline of the methodological and analytical framework for the baseline study (component 4) will be determined by the indicators and evaluation plan in the M&E Framework developed in component 3. Some preliminary methodological considerations on aspects of the study include the use of surveys, qualitative investigations, and comparison groups, but the complete details of the baseline study will not be developed until the work on the M&E Framework (component 3) begins. The methodology for the baseline assessment is also expected to incorporate collecting baseline markers for a follow-up cost-effective analyses of the programme.

6.5 Limitations

The present Covid-10 pandemic situation poses a challenge for data collection and consultations utilizing traditional methods. As such, innovative means/approaches will need to be developed by the consulting firm in terms of data collection methods and tools including (but not limited to) use of remote and online technologies; so that the evaluation exercise can still be completed on time. There could be a risk that at the time of the baseline some beneficiaries will already have been sensitized about the upcoming NICHE intervention activities posing a risk for bias.

7.0 Ethical considerations

At the core of the ethical principles to be followed during the evaluation is to ensure doing no harm to children, parents or other participants in the evaluation. The evaluation team will be expected to apply for seek ethical clearance. Additionally, the following general ethical considerations should apply in the methodology:

- Participation in the interview should be voluntary and based on informed consent. Prior to conducting any interviews/discussion written and/or oral consent must be obtained from all respondents, after the purpose of the study has first been explained to respondents in a language of their understanding.
- In the case of child participants, consent is to be sought from either the parents or guardians prior to selecting for any interviews – where such consent is not deemed to be contrary to the best interests of the child.
- Participants/respondents will be informed of their right not to answer any questions they are not comfortable with and to terminate the interview at any time they deem fit.
- Confidentiality and anonymity regarding the data collected from the participants must be ensured through the following means: safeguards to ensure confidentiality during data

²³ Ethical considerations have been further outlined in section 6.0 of the ToR

processing and reporting which means not making or implying precise references to study participants or statements made by any participants.

8.0 Deliverables, timelines and payment schedule

8.1 Key Tasks, Expected Deliverables, and Timeline

The evaluation is anticipated to begin in August 2020 with the inception phase and take 16 weeks over a span of 5 months to complete. The key tasks for the consulting firm will be as described in the table below:

Outputs/ Deliverables	Estimated number of days	Estimated Due Date	Payment Schedule
Approved inception report including the following	15 days	15 th August 2020	10 % of payment
1. Literature review of all relevant programme documents, reports and consultations notes from inception workshop (virtual)			
2. Detailed evidence-based and validated/approved methodology for all the components of the evaluation exercise - a) Review of the proposed NICHE programme; b) Refinement of the programme designing and ToC; c) Development of the M&E Framework; and d) Baseline study			
3. Developed relevant data collection tools including questionnaire and interview guides			
4. Approved research protocols cleared from ethical board if applicable (including data collection tools)			
5. Modified and finalized workplan			
Approved formative evaluation report including	30 days	30 th August 2020	30 % of payment
1. Executive summary which can inform decision making and includes all necessary elements (background, purpose, objectives, methodology, key findings, key conclusion, key recommendations)			
2. Main report based on UNICEF Evaluation Report standards and the GEROS Quality Assessment System ; comprising 40 – 60 pages ²⁴			

²⁴ **Outline of Main report:** Including but not limited to the following sections/ segments:

Outputs/ Deliverables	Estimated number of days	Estimated Due Date	Payment Schedule
3. Draft reports preceding the main report and notes of the feedback received in the validation process of the draft report into main report			
M&E Framework	7 days	30 th August 2020	10% of payment
1. M&E Framework that includes a) Theory of Change b) Logical/Results Framework and c) Monitoring and evaluation plans			
2. Feedback reports from consultations with UNICEF KCO Programme staff from Nutrition, Social Policy and Child Protection sections as well as GOK staff from National Social Protection Unit, Ministry of Health and County teams (for the 5 counties).			
Final Approved Baseline Assessment Report	60 days	31 st October 2020	40% of payment
1. All data collected – raw and cleaned data and documentation submitted to UNICEF			
2. Draft baseline report including feedback notes from validation process			
3. Final approved baseline report within 40 – 50 pages			
Dissemination plan of both formative evaluation and baseline assessment reports	40 days	31st November 2020	10% of payment

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- A title page with key basic information and a Table of contents, List of acronyms
 - Description of the object of the evaluation
 - **Report Requirements**
 - Evaluation Purpose, Objectives and Scope
 - Evaluation Methodology
 - Findings
 - Conclusion and Lessons learned
 - Recommendations (based on the evidence generated and conclusions, and developed in consultation with relevant stakeholders)
 - Gender and Human Rights including Child Rights (illustrating the extent to which the implementation of the object, as well as process incorporates a gender equality perspective and human right- based approach, including child rights)
 - **Annexes:** Including but not limited to ToRs; List of persons interviewed; and sites visited; List of documents consulted, More details on methodology, such as data collection instruments, Evaluation matrix - Results framework, Ethical clearance, Evaluators biodata and/or justification of team composition, Results framework, Ethical clearance, Evaluators biodata and/or justification of team composition
-

Outputs/ Deliverables	Estimated number of days	Estimated Due Date	Payment Schedule
1. Manuscript for publications of the key findings of the evaluation; basing on UNICEF's guidance (based on UNICEF's leadership and guidance as: https://www.unicef-irc.org/files/upload/documents/UNICEF-External-Publishing.pdf and as well as policy briefs			
2. Policy briefs summarizing key findings			
3. Presentation and graphics of the reports			

Project Management

The Chief of PME Section of UNICEF Kenya will manage the evaluation. The chief of PME will provide guidance as and when required for technical issues related to the evaluation through the KCO Research, Evaluation and Monitoring Group. Additionally, all the three sections involved will contribute towards the technical oversight of the evaluation through the UNICEF KCO internal NICHE technical working group. Furthermore, an Evaluation Reference Group will be formed comprising of members from UNICEF KCO, relevant GoK ministries and representatives of implementing partners. While the ERG's responsibilities will be described in the ERG terms of reference, it has an advisory capacity whose primary role is to review evaluation milestones (terms of reference, inception report, draft evaluation report, M&E framework, draft baseline report) and to provide comments. The ERG Secretariat will maintain a written record, as part of an audit trail, of all ERG comments, which the evaluation team is expected to respond to in writing (agree – actions taken; disagree – justification). The group will include experts from UNICEF Regional Office.

8.1 Stages of the Quality Assurance for the Evaluation Process

The following stages of quality assurance in the evaluation process are envisioned. which will be undertaken through **Review seminars/meeting with the Evaluation Reference Group**:

- **Review Formative evaluation inception plan**– An outline of the expected methodology, timelines and road map of all the components of the evaluation developed by the consultant will be reviewed by the reference group.
- **Review finalized methodology and tools prior to data collection**: The finalized data collection tools and methodology will be reviewed by the reference group prior to data collection

- **Review of the formative evaluation report review**– This will include the review and validation of the formative evaluation report <http://www.uneval.org/search/index.jsp?q=ETHICAL+GUIDELINES>
- **Review of the Monitoring and Evaluation framework** – This will include Review of the drafted Theory of Change and Results Framework
- **Baseline assessment report review** – Review of the baseline report
- **Dissemination plan** – Review the dissemination for the evaluation and baseline reports

8.2 Advocacy and Dissemination

The results of the Evaluation will be disseminated for advocacy purposes to senior county management teams, the national level government for MLSP, MoH, CoG, MD&ASAL. This will be done through both policy briefs as well as seminars specifically for this purpose (KSEIP Steering Committee, CSG, Child Protection, Social Protection and Nutrition technical coordination for/at national and county level, etc.). In addition, results will also be disseminated back to communities through existing platforms e.g. chief baraaazas etc.

Evaluation process and methods

The evaluation procedure will focus on both technical and financial suitability. The weights of 70% and 30% shall be applied for technical and financial compliance respectively. Only firms scoring at least 70% of the maximum score during technical evaluation will be considered for financial evaluation.

TECHNICAL EVALUATION (70%)

The details of the evaluation weighting are provided below:

ITEM	TECHNICAL EVALUATION CRITERIA	MAX OBTAINABLE POINTS
1	Overall Response <i>Relevant evaluation capabilities and quality of evaluation outputs</i> <i>Overall Response e.g. the understanding of the assignment by the proposer and the alignment of the proposal submitted with the ToR</i>	5
1.1	-Evidence of in-depth knowledge of the key issues and concepts underpinning this evaluation (integrated social protection, child protection and nutrition programme) and demonstrated thorough understanding of the ToR and deliverables, with explanation of a fully tailored and innovative approach for this evaluation	
1.2	<i>Completeness of response</i> <i>Overall concord between TOR/needs and proposal</i> -Credible overall approach to the evaluation and its four components, detailing use of quantitative and qualitative methods	

2 2.1 2.2 2.3 2.4 2.5	Company and Key Personnel <i>Team composition and networks to deliver results</i> <i>Range and depth of organizational experience with similar projects</i> -Skills and capacity of the lead consultant and key implementing staff members to deliver an effective evaluation programme including expertise of evaluation methodologies and evaluation synthesis <u>Team leader:</u> over 10 years' experience in programmatic evaluations • Strong leadership and coordination skills • Strong report writing skills • Relevant academic qualification (MSc to Ph.D.) <u>Other team members:</u> Experience and skills mix or nutrition programming and programmatic evaluations • over 8 years' experience in programmatic evaluation • over 8 years' nutrition programming in developing countries • a minimum of relevant first degree relevant experience in report writing -Experience in Theory of Change and M&E Framework development - Expertise in conducting quantitative analysis as well as qualitative synthesis and baseline, impact evaluations <i>Client references</i> -Institutional expertise, knowledge and experience in programmatic evaluations in social protection, nutrition and child protection	50
3	Proposed Methodology and Approach <i>Suitable methodology for responding to the programme requirements</i> <i>Project management, monitoring and quality assurance processes including use of innovative approaches and compatibility with UNICEF</i> -Quality of proposed implementation plan, i.e. how the bidder will undertake each task -Quality of the proposed approach and methodology -Evidence of use of integrated and multidisciplinary evaluation approaches and methods including details of qualitative and quantitative methods e.g. data collection approaches (ego sampling), data analysis plan.	15

	-Risk assessment - recognition of the risks/peripheral problems and methods to prevent and manage risks/peripheral problems during the course of the evaluation/research. -Work plan showing, project implementation plan in line with the project	
TOTAL TECHNICAL SCORE		70
TOTAL FINANCIAL SCORE		30
SUMMARY OF TECHNICAL & FINANCIAL SCORE		100
Minimum points required in technical evaluation to qualify financial evaluation		49 (70%)

Content of technical proposal

In order to ensure a relevant evaluation of proposals, **technical proposals** from institutions are expected to include, at a minimum:

- Introductory note
- Company profile and legal status. Submission of financial information (such as recent set of audited financial statements) would be welcome
- List of similar projects delivered, including detailed description of achievements/outcomes
- Client references
- Proposed timeline/workplan
- Proposed work approach in the context of COVID-19 demonstrating the possibility to undertake most stages of the evaluation within the current limitations of COVID-19
- Proposed methodology for all the four components of the assignment. The proposal for the baseline assessment should include baseline markers for the cost-effective analysis. Proposals which will include the methodology approach for the anticipated End line Impact evaluation & cost-effective analyses will have an added advantage given the demonstration of how the methodology being proposed for the Baseline will facilitate and accommodate an impact evaluation at the end. The envisioned impact evaluation details at the end of the programme are provide as an annex.
- Proposed budget – i.e. a budget for undertaking the formative evaluation including the baseline assessment

- Team of consultants proposed to carry out the assignment, including their CVs with qualifications and expertise in similar projects relating to social protection, nutrition and child protection.
- Proposals should also include how gender equality, children and human rights will be considered in the evaluation
- **The consultants will require to clearly identify any potential ethical issues and approaches, as well as identify the processes for seeking ethical review and oversight of the evaluation process in their proposal**
- **The consultants require to clearly identify any potential conflicts of interest related to the proposal**

Evaluation team: - key skills and competences

The consulting firm will preferably be based at either a university, or a research organization, or an evaluation firm; and should adequately demonstrate the availability of high caliber expert/s in the evaluation of large-scale social protection, nutrition and child health and child protection programs in developing countries. The consultant team should have skills (knowledge) in social cash transfers, nutrition, child protection and research.

Key skills required of the lead consultant include:

- Masters (required) or Advanced Degree (Ph.D. desirable) in either social science, public health nutrition, nutrition epidemiology, monitoring and evaluation, statistics, public health or demography, economics, sociology.
- At least 10 years of progressively responsible professional work experience at national and international levels in conceptualizing, designing and implementing evaluations and/or research of large-scale social protection, child health nutrition-related and child protection programs in developing countries, including experience with both quantitative and qualitative research methods
- Relevant experience in Theory of Change and Monitoring and Evaluation Frameworks development
- Relevant experience in social protection, nutrition and child protection programming
- Strong or proven (at least 5 to 8 years) experience with social protection, child health nutrition and child protection programs in low and middle-income countries
- Proven publication record, preferably in peer reviewed journals
- Demonstrated ability to produce high quality evaluation and/or analytical research reports
- Familiarity with UNICEF's work on social protection and cash plus
- Familiarity with Kenyan context
- Excellent spoken and written fluency in English
- Proficiency in various MS Office applications (Excel, Word and PowerPoint) and statistical package such as STATA, R, SPSS or SAS.
- **Knowledge and experience in working with gender issues child and human rights**

based approaches is critical

Key skills of the research team members:

- Post-graduate qualification or current registration for post-graduate study in social policies, public health, nutrition, child protection, monitoring and evaluation, epidemiology, statistics, or demography, Strongly Desired
- Familiarity with UNICEF's work and/or Kenya
- Excellent spoken and written fluency in English
- Proficiency in various MS Office applications (Excel, Word and PowerPoint) and with statistical package such as, STATA, R, SPSS or SAS.

All applicants both domestic (to Kenya) and international, matching the eligibility criteria are welcome; **Teams are encouraged to gender balanced and culturally diverse while making use of national capacity.**

FINANCIAL EVALUATION (30%)

Only those financial proposals for bidders which have been technically accepted according to the above criteria will be opened. The Financial proposal will be weighted based on the clarity and appropriateness.

The price should be broken down for each component of the proposed work. The total amount of points allocated for the price component is **30**. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component. All other price proposals will receive points in inverse proportion to the lowest price; e.g.:

$$\text{Score for price proposal X} = \frac{\text{Max. Score for price proposal} * \text{Price of lowest priced proposal}}{\text{Price of proposal X}}$$

Price of proposal X

The Contract shall be awarded to a bidder obtaining the highest combined technical and financial scores. Proposals not complying with the terms and conditions contained in this ToR, including the provision of all required information, may result in the Proposal being deemed non-responsive and therefore not considered further.

Conditions

- As per UNICEF policy, payment is made against approved deliverables. No advance payment is allowed unless in exceptional circumstances against bank guarantee, subject to a maximum of 30 per cent of the total contract value in cases where advance purchases, for example for supplies or travel, may be necessary.

- The institution selected will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.
- Performance will be evaluated considering quality of deliverables, consultation with stakeholders, timeliness of deliverables of and comprehensiveness of work as defined in the terms of reference.
- The institution may not publish or disseminate Reports, data collection tools, collected data or any other documents produced from this consultancy without the express permission of and acknowledgement of UNICEF.
- The consultants will be required to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal

Administrative issues

- Whenever possible, the bidder is requested to provide an all-inclusive cost in the financial proposal. Bidder should factor in all cost implications for the required service/assignment
- If travel becomes feasible during the course of the assignment: i) travel cost shall be calculated based on economy class travel, regardless of the length of travel and ii) costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC)
- Unexpected travels shall also be treated as above.

ANNEXES

Annex 1: Programme Concept – Additional Information

1.1 Nutrition situation

Kenya like the rest of the sub-Saharan African region experiences pandemic rates of both acute and chronic malnutrition. Stunting, wasting and being underweight were estimated at 26%, 4% and 11% among children under five years of age in 2014²⁵. The blunt of the burden of malnutrition is borne by the arid and semi-arid lands (ASAL). The ASAL accounts for 86% of the cases of children with acute malnutrition¹. Levels of stunting are equally disproportionately high in the ASAL region, being as high as 54% in some of the ASAL counties¹. Given that malnutrition is the major risk factor for early childhood deaths, accounting for nearly half of all childhood deaths; addressing malnutrition and its underlying causes in the ASAL is an urgent need. The harsh climate which characterizes the ASAL limits the window of opportunity of intervening through mainstream agri-based food security approaches. Interventions which purport to increase household's food purchasing power are thus deemed as more fitting; additional to high impact nutritional interventions like promotion of breastfeeding and child protection.

1.2 Child Protection Situation

There's a growing realization on the benefits of positive parenting (additional to avoidance of neglect and abuse) on the overall physical growth and cognitive development of the child. In this regard, the most critical period, is from pregnancy to age 3, where the brain grows faster than at any other age. To optimize this peak of brain development, children require a safe, secure and loving environment, additional to the right nutrition and stimulation from their parents or caregivers. This is a window of opportunity to lay a foundation of health and wellbeing whose benefits last a lifetime – and carry into the next generation. For every \$1 spent on early childhood development interventions, the return on investment can be as high as \$13. Early childhood development is also key to upholding the right of every child to survive and thrive.

Little is known about the magnitude of sub-optimal parenting skills in the Kenyan context, even though it is appreciated from proxy indicators that this is a significant social welfare and public health problem. Nevertheless, it is estimated that 79 per cent of boys and 76 per cent of girls experience physical, sexual and/or emotional violence before the age of 18 in Kenya. More specifically 73 per cent of boys and 66 per cent of girls experience physical violence before the age while 32 per cent of girls and 18 per cent of boys had experienced sexual violence, as reported in VACS 2010. Approximately 3.6 million Kenyan children are orphans or otherwise classified as vulnerable. There are programs for keeping these children in extended families or foster families, such as cash transfer for orphan and vulnerable children.

1.3 Programme Implementation

The cash top up under NICHE will be provided by the State Department of Children Services through their regular NSNP and HSNP cash transfer programs. NICHE eligible beneficiaries (households who are under the ordinary cash transfer programs but have either a child under two,

²⁵ Kenya Demographic Health Surveys 2014

a pregnant or lactating woman) will further be provided with intensive nutrition counseling at community and household level and in one county (Kilifi) they will additionally be provided with child protection education.

1.4 The Baby Friendly Community Initiative

The nutrition counselling in NICHE will be delivered through operationalizing the Baby-friendly Community Initiative (BFCI). The BFCI is a global initiative which packages standardized-evidenced based complementary community-based interventions aimed at improving infant and young child feeding practices as well as mothers' dietary adequacy. In Kenya, the BFCI is adopted by the Ministry of Health as the approach for delivery of community-based nutrition services to secure optimal nutrition for young children and mothers. However, the BFCI platform has not been rolled out to scale in most counties. As part of the NICHE interventions, BFCI will be scaled up in the counties where NICHE will be implemented.

When the BFCI package is implemented to scale it entails: i) awareness raising to key decision and policy makers on optimal feeding and hygiene practices for children and mothers ii) training of health workers and community volunteers on promotion of optimal hygiene, health seeking, and feeding practices for young children as well as pregnant and lactating women iii) mentorship of community volunteers in providing community based counselling iv) formulation and support of community-based structures (mother-to-mother support groups, community groups) for peer support on optimal practices as well as community engagement in the provision of nutrition services v) establishment and support of feedback mechanisms and platforms where the community provides feedback on delivery of nutrition services within the health facilities. Thus, in the NICHE counties, BFCI is envisioned to improve nutritional and hygiene related behaviors of caregivers, create community platforms where the community engages and empowers itself to promote optimal nutritional practices. It is important to note for the planning of the NICHE evaluation, that while as the home-based nutrition counselling that will be offered will be limited to NICHE beneficiary households, the nutrition promotion through the community structures to be established will serve the communities at large. In summary the key behaviors to promoted through the BFCI platform will include the following:

1.5 Child Protection Education

In regard to child protection, beneficiary households and communities will be provided with parenting education with child protection awareness sessions focusing on understanding child development, improving communication and interactions between caregivers and children and most importantly avoiding harsh and violent disciplines. Parenting education will also aim to involve fathers and male caregivers to address violence at home including intimate partner violence (IPV) and gender-based violence (GBV) at home which has a significant impact on child wellbeing. It will also promote male engagement in child-rearing and encourage gender equity in parenting daughters and sons. Parenting education and community awareness sessions will also highlight the importance of family-based care for children through prevention of family separation as well as promotion of family based alternative care for children separated from their parents (such as kinship care, foster care, guardianship and adoption).

1.6 Programme Objectives & Expected Results

NICHE implementation is expected to achieve results on the following objectives:

- 1-Community health in the five NICHE counties strengthened to deliver High Impact Nutrition Interventions for beneficiaries in the five counties
- 2-Households of beneficiaries are provided with nutrition counselling to improve the nutritional status to improve the nutrition status of pregnant and lactating women and children under two years in the five counties
- 3- Households of beneficiaries are provided with skills for foster care of children without parental care and parenting skills in Kilifi counties
- 4-Secure a functional coordination system (multi-sectoral) at county and national level
- 5-Registration of beneficiaries in NICHE strengthened and embedded in the national safety net programme
- 6-Functional NICHE monitoring and quality assurance system in place at national and county level

Annex G. NICHE Baseline Report

Access the baseline report through the PDF icon.



Baseline Report

Annex H. NICHE Refined M&E Framework

Access the narrative on the M&E framework refinement including the results framework by clicking on the PDF icon.



Refined M&E
framework_Narrative

Click on the Excel icon for the refined M&E framework.



Refined M&E
framework_NICHE

