

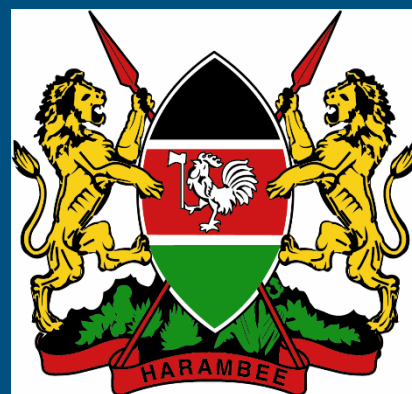
Evaluation of the Nutritional Improvements through Cash and Health Education (NICHE) Programme (April 2021–July 2022)

Prepared for: Government of Kenya



Policy Brief

July 2022



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Introduction

This policy brief comprises formative and baseline evaluation findings, lessons learned, and recommendations for the evaluation of the Nutritional Improvements through Cash and Health Education (NICHE) programme. United Nations Children’s Fund (UNICEF) Kenya in liaison with the Government of Kenya contracted with the American Institutes for Research® (AIR®) in 2021 to conduct a 1-year, mixed-methods formative evaluation of the NICHE programme that included four components: a review of the NICHE programme design and implementation plan, refinement of the theory of change (ToC), development of the monitoring and evaluation (M&E) framework, and a baseline assessment. The formative evaluation was guided by Organisation for Economic Co-operation and Development (OECD) criteria (2019) on the relevance, coherence, sustainability, and efficiency of the NICHE programme, and it distils lessons learned from the NICHE pilot. The baseline assessment focused on the quantitative and qualitative assessment of the baseline evaluation questions on coherence, effectiveness, impact, and efficiency criteria.

PURPOSE OF EACH EVALUATION

- **Formative evaluation**—to improve NICHE’s design based on the initial performance and to provide inputs for focus areas in future monitoring and evaluation activities.
- **Baseline assessment**—to establish a baseline for indicators on nutrition knowledge and challenges, health care practices, parenting and caregiving practices, household expenditures, and experience with NICHE and other related programming against which the effectiveness of NICHE can be measured in the future.

About NICHE

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. 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) through UNICEF’s technical support (GoK, 2021). The programme provides a cash transfer top-up and nutrition counselling. The cash transfer consists of KSh 500 per pregnant woman or child under 24 months of age up to a maximum of KSh 1,000 per household (approx. US\$10). All NICHE beneficiaries are part of one of the four

existing National Safety Net Programme (NSNP) cash transfer programmes (CT-OVC, OP-CT, PWSD-CT, HSNP), so the NICHE transfer is in addition to this transfer.

NICHE OVERVIEW

- 1. 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
- 2. Nutrition counselling delivered by trained community health volunteers, through the community health strategy platform, who will share specific nutrition messages on health and nutrition practices to optimize care of young children
- 3. In Kilifi, the programme also pilots counselling for the child protection component.

A second component of NICHE is the nutrition counselling, which targeted households receive from trained community health volunteers (CHVs). The CHVs will visit households and deliver specific nutrition messages on health and nutrition practices to optimize the care of young children. Delivery of the nutrition and health components is facilitated through the Ministry of Health (MOH)’s Baby Friendly Community Initiative (BFCl)—part of the Community Health Strategy to improve infant and young child feeding practices using packages of standardised, evidenced-based, complementary interventions. BFCl provides nutrition counselling that focuses on promoting exclusive breastfeeding; the use of oral rehydration salts and zinc to manage diarrhoea; the intake of

vitamin A supplements for children; complementary feeding and dietary diversity; iron and folic acid supplementation for pregnant women; and improved water, sanitation, and hygiene (WASH) practices (GoK, 2021). At the time of the evaluation, the MOH had not implemented BFCl throughout the country, but they were planning to implement this approach in all the counties where NICHE has been implemented.

During the first 3 years of the programme, key stakeholders within the GoK, including 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, implemented the programme with technical support from UNICEF. In the 2 years afterwards, the stakeholders plan to continue the implementation without technical assistance.

The NICHE program has six deliverable areas, which they aim to achieve by 2023. These deliverables include:

1. A functional NICHE coordination system at the 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 that show improved nutritional status for pregnant women and children below age 2,
5. Beneficiary households in Kilifi that demonstrate improved protection of children, and
6. Functional monitoring and quality assurance systems.

About the Evaluation

Objectives

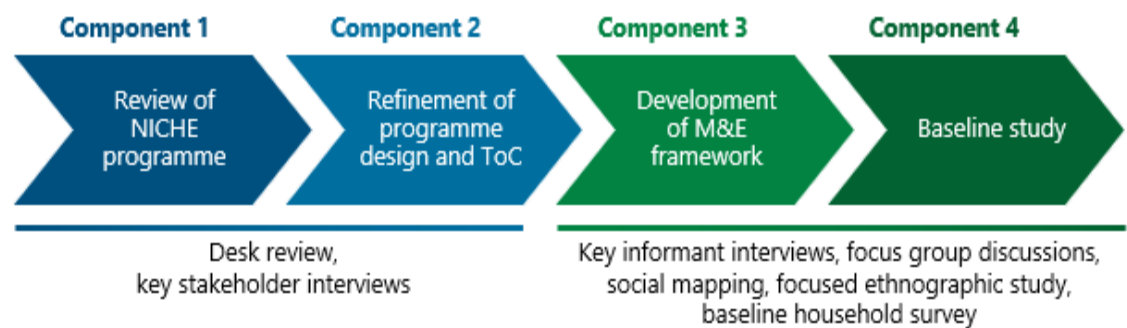
We designed the evaluation incorporating four objectives:

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, which can inform and support NICHE implementation;
2. To refine NICHE programme design and the ToC;
3. To improve M&E processes and systems for implementing the NICHE programme and its future evaluability; and
4. To establish a baseline against which the impact of NICHE can be evaluated in the future.

Methodology

The evaluation consists of four components (see Exhibit 1), which stem directly from the above-mentioned four objectives. Each component follows logically from the other. The formative evaluation encompasses Components 1 and 2, leading to refinement of the M&E framework and the baseline assessment (Components 3 and 4) as stand-alone outputs. In this brief, we focus on the findings, lessons learned, and recommendations from Components 1 and 4, because they relate to the purpose of strengthening the design of NICHE.

Exhibit 1. Evaluation Components and Activities



The evaluation took place from April 2021 to July 2022. It consisted of a mixed-methods assessment that combined desk review with key informant interviews at the national and regional levels; interviews and focus group discussions with the local government, health workers, and female primary caregivers; and household surveys of caregivers.

Findings

In this section, we summarise the main findings of the formative evaluation and baseline assessment, organised by key OECD criteria on relevance, coherence, sustainability, efficiency, effectiveness, and impact.

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, Ministry of Labour and Social Protection (MLSP), DCS, NDMA, and Ministry of Agriculture (MOA) 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 women beneficiaries. Suggestions for improvement include enhancing the design to focus more heavily on gender issues, such as gender-based violence and the mobilizing of men to assist in child-rearing responsibilities, and incorporating gender considerations within programme implementation, such as by ensuring that women are involved in how the family will use the money.

Coherence

NICHE complements and supplements existing interventions—most notably, the NSNP—in the five programme counties. The NICHE programme uses the existing government BFCI as an entry point and relies on community CHVs to implement nutrition counselling. NICHE beneficiaries are selected from an existing pool of beneficiaries, and the NICHE management information system and Kenya health information system are fully integrated. Further, document review indicated that clear assignments of individual and joint responsibilities were outlined in the memorandum of understanding (MoU) for the main stakeholders, such as NDMA, MoH, and MLSP. The assignments provide a blueprint for effective coordination (Memorandum of Understanding, 2021). In addition, a NICHE agreement between UNICEF and the GoK outlined UNICEF’s strategic role in supporting day-to-day coordination between the different ministries and sectors during scale-up, and to serve as an intermediary for effective collaboration (GoK & UNICEF, 2019). The MoU is foundational in allowing for cohesive program implementation across different levels of government and requires to be revisited time and again to attune to emerging program challenges. Strong coordination structures exist at both the national and county levels, including a Secretariat, Advisory Technical Committee, and County Coordination Committee. 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. Robust coordination structures have built up inter-ministerial linkages in program implementation, however continued strengthening their functionality is important. Respondents at all levels reported that the registration process has been working well; only a few challenges were 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.

“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.”

– Nutrition coordinator

Sustainability

“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.”

– UNICEF respondent

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 DCS, MOH,

NDMA, and other national and county government partners such as the National Treasury for funding. 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 leading up to the handover was a good strategy for achieving 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 seen as a government programme rather than a UNICEF programme. Despite the emphasis on sustainability, long-term funding has not been secured beyond the Kenya Social and Economic Inclusion Project (KSEIP). Ongoing advocacy for this allocation is paramount to safeguard gains made so far, but also to scale support for other counties that currently are not covered.

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. Despite this overall positive perspective, challenges were reported regarding heavy reliance on UNICEF’s prior working relationships, established through other programming.

“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.”

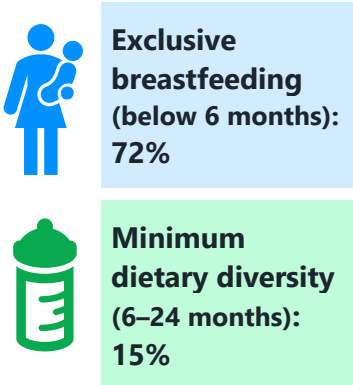
– Nutrition coordinator

Several respondents said that, because of these past experiences, there is room to improve the working inter-ministerial relationships that NICHE has and there is a need to make these linkages more efficient. In addition, there are some funding challenges (currently and in the past), which have led to county-level implementers becoming discouraged underscoring an urgent need into relooking into the funding flow arrangements.

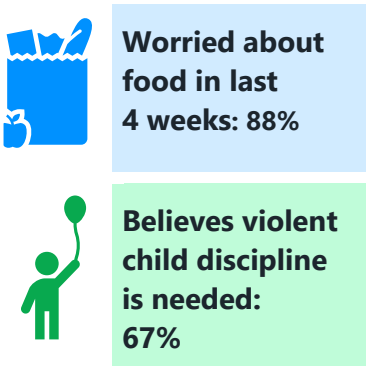
Although it is too early to assess the effectiveness and impact of NICHE, we summarize key baseline findings below, where NICHE, according to its ToC, can have an effect.

Effectiveness

Baseline findings showed that most women demonstrated knowledge of breastfeeding in line with international infant feeding guidelines including some understanding of appropriate dietary diversity. Respondents mentioned that they did not have a complete understanding of the reasons that dietary diversity is important, and we observed knowledge gaps regarding appropriate feeding practices during pregnancy. Self-reported breastfeeding practices were consistent with high levels of knowledge, while minimum dietary diversity and minimum acceptable diet were low for both children and female caregivers confirming the need for promotion of diverse diets for children for better nutrition



Concerning spending of general income and the cash transfer, we found that women were generally responsible for purchasing food and household items, sometimes as instructed by their partners. Women spent cash transfer money on basic and immediate needs such as food, education, and clothing underlining the need for strengthening the role of women in the cash-top up transfer in NICHE.



Impact

Our baseline assessment showed high levels of food insecurity caused by the drought, with higher levels of stunting rates in NICHE programme areas flagging the need for continued use of the NICHE program in the humanitarian-development nexus. Respondents in our sample indicated that household members had access to formal health care when ill and antenatal care during respondents' last pregnancy. Children under age 2 showed high immunization rates overall. Provision of vitamin A doses, deworming, and oral rehydration salts

and zinc when children experienced diarrhoea showed room for improvement. In addition, we found that appropriate water, hygiene, and sanitation practices (e.g., the use of soap when handwashing, treatment of unimproved water sources) were not always applied. In the area of child protection, physical discipline practices were widespread, with 67% of respondents considering violent discipline necessary for child-rearing.

Lastly, while we conducted our baseline assessment during the initial implementation of the cash transfer top-up, we asked about respondents' experience. We found that, although respondents were familiar with the NSNP programmes, less than 60% were aware of the NICHE programme. We believe this is mostly because of the lack of familiarity with the name "NICHE" at these early stages of implementation.

Lessons Learned

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

- Stakeholders recognised the importance of the NICHE pilot, and they applied many lessons learned in the current implementation of NICHE in five counties (e.g., the creation of an operations manual and the standardisation of regular coordination meetings amongst key implementers).
- In order to effectively employ a gender-equitable approach in NICHE and similar programmes, all implementers need to understand that gender equity means programming must prioritise women's rights, safety, and access to services, and not just that men and women should have the same opportunities.
- The NICHE programme design does a good job of acknowledging that vulnerabilities such as prolonged exposure to droughts, poverty, disability, and malnutrition are cross-cutting issues that can be addressed, in part, through the nutrition services, cash transfer, and child protection services offered by NICHE.
- NICHE aligned well with donor priorities because the government was 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.
- Geographical context (e.g., food insecurity, food availability) influences household nutrition status.
- NICHE households largely adhere to traditional familial roles and believe that the physical discipline of children is necessary. More than two-thirds of the quantitative sample reported using at least one type of violent discipline.
- Knowledge of appropriate feeding and nutrition practices does not necessarily mean that these practices are fully understood or adhered to.

Key Recommendations

Based on our desk review, formative and baseline interviews with national and regional stakeholders, and our household survey, we suggest that the GoK, UNICEF, and other stakeholders consider the following selected recommendations that we determined to be high priority. Please see the formative evaluation report and baseline assessment for the full list of recommendations:

- Enhance and use the NSNP and NDMA data systems to improve the accuracy of NICHE target lists, specifically to ensure that households selected are the most vulnerable—determined both by household composition data (i.e., which households have children under 2 years of age) and poverty or need level (e.g., enhancement by using up-to-date information of food insecurity from NDMA).
- Establish women as mandatory primary recipients of the cash transfer through NICHE as one way to help women in beneficiary households overcome gender bias.
- Because NICHE is in its early stages of implementation, it seemed that NICHE beneficiaries were not fully aware of the various components of NICHE. To help increase the uptake of components such as nutrition counselling and parenting education, we recommend continuing community-based sensitisation by using, for instance, the chief's barazas (i.e. village meetings). This would be a cost-effective and effective approach to further increase awareness and understanding of the programme.
- Ensure the timely disbursement of funds and more efficient funding flow arrangements across the different government levels as well as inter-ministerially, to reduce delays and prevent derailment of implementation activities.
- Highlight the specific (health) benefits of dietary diversity and exclusive breastfeeding through 6 months and, to make it more compelling for caregivers to follow this guidance. Currently respondents indicate that they have some knowledge about various food groups, but they are less secure about the consequences of not following a diverse diet. In addition, CHVs through existing BFCI approach could further emphasize prenatal nutrition guidance and educate women regarding which foods are safe and unsafe during pregnancy.
- Given the pervasiveness of the physical discipline of children and NICHE's emphasis on child protection, we suggest targeted sensitization about the potential consequences of corporal punishment.

- We recommend a follow-up evaluation 12 or 24 months after baseline (and once the NICHE programme has been fully implemented) to estimate programme effectiveness. The follow-up evaluation also provides the opportunity to assess the performance of programme elements, such as the grievance system, which are currently not fully implemented or which have been implemented for too short a period to see meaningful results.

References

Government of Kenya (GoK). (2021). *Operations manual—Nutrition Improvements through Cash and Health Education (NICHE)*.

GoK & UNICEF. (2019). *Agreement—For provision of technical assistance in implementing the Nutrition Improvements through Cash and Health Education (NICHE)*.

Ministry of Labour and Social Protection (MLSP), Ministry of Health (MoH, National Drought Management Authority (NDMA []), & County Government of Kilifi. (2021). *Memorandum of understanding on the implementation of Nutrition Improvements through Cash and Health Education (NICHE) Programme*.

Organisation for Economic Co-operation and Development (OECD). (2019). *Better criteria for better evaluation*. www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf

Acknowledgements

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 and baseline evaluations 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. This brief has been prepared by the evaluation team

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The evaluation team wants to thank the Government of Kenya for the overall support of this evaluation. We are thankful for the NICHE Secretariat, the Evaluation Reference Group, UNICEF Kenya and the national- and county-level authorities, in particular from the Department of Children Services, Ministry of Health, National Drought Management Authority, and county governments for their active interest in and support of the evaluation, and their support during data collection. Finally, we would like to thank the beneficiaries of the NSNP and NICHE programmes, the county-level government, and health workers for their time and contributions to baseline data collection.

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