

Evaluation of the Kenya Nutrition Improvements through Cash and Health Education (NICHE) Programme (2019-2024)

Final Report

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Acronyms and Abbreviations

AIR	American Institutes for Research
Amref	African Medical and Research Foundation
BFCI	Baby Friendly Community Initiative
CCC	Core Commitments for Children
CRC	Convention on the Rights of the Child
CCTP	Consolidated Cash Transfer Programme
CHA	Community Health Assistants
CHU	Community Health Unit
CHP	Community Health Promoter
CHVs	Community Health Volunteers
CIDP	County Integrated Development Plan
CMSG	Community Mother Support Groups
CoG	Council of Governors
CPVs	Child Protection Volunteers
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DCS	Directorate of Children’s Services
DSA	Daily Subsistence Allowances
DSD	Directorate of Social Development
ECHIS	Electronic Community Health Information System
FATVAH	Frequency, Amounts, Timeliness, Variety, Active Feeding and Hygiene
FCDO	Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
GEEW	Gender Equality and the Empowerment of Women
GoK	Government of Kenya
GRASSP	Gender-Responsive Age-Sensitive Social Protection
HSNP	Hunger Safety Net Programme
IDI	In-Depth Interview
IFAS	Iron and Folic Acid Supplementation

IMAM	Integrated Management of Acute Malnutrition
IPF	Investment Project Financing
KHIS	Kenya Health Information System
KNAP	Kenya Nutrition Action Plan
KSEIP	Kenya Social and Economic Inclusion Project
LVC	Lay Volunteer Counsellor
M&E	Monitoring and Evaluation
MIS	Management Information System
MIYCN	Maternal, Infant, and Young Child Nutrition
MLSP	Ministry of Labour and Social Protection
MoH	Ministry of Health
MoU	Memorandum of Understanding
NACOSTI	National Commission for Science, Technology and Innovation
NCF	Nurturing Care Framework
NDMA	National Drought Management Authority
NICHE	Nutrition Improvements through Cash and Health Education
NSNP	National Safety Net Program
ODR	On-Demand Registration
OECD-DAC	Organization for Economic Co-operation and Development–Development Assistance Committee
OP-CT	Older Persons Cash Transfer
PWSD-CT	Persons with Severe Disabilities Cash Transfer
SBCC	Social and Behaviour Change Communication
UNEG	United Nations Evaluation Group
UNICEF	United Nations International Children’s Fund
WASH	Water, sanitation and hygiene

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Executive Summary

This report presents an evaluation of the Nutrition Improvements through Cash and Health Education (NICHE) programme, a social protection initiative that integrates nutrition and child protection interventions in Kenya. The American Institutes for Research® (AIR®) conducted this evaluation of the NICHE programme as part of the technical assistance (TA) led by the United Nations Children’s Fund (UNICEF) and with a specific focus on a key deliverable of providing monitoring and quality assurance through monitoring, evaluation, reporting and learning. A comprehensive evaluation approach, including desk review, qualitative data analysis, and cost data and monitoring results analysis, was applied following the Organization for Economic Co-operation and Development (OECD) 2019 criteria and the United Nations Evaluation Group’s (UNEG) evaluation standards. OECD-DAC evaluation criteria on relevance, coherence, sustainability, efficiency and effectiveness and a cross-cutting theme of human rights and gender equality are included. The OECD criteria on impact is not included in this analysis because this report consists of a programme and process evaluation rather than an impact evaluation.

Purpose of the Evaluation

This evaluation is part of the NICHE programme’s original design, which aims to closely monitor and assess the implementation process of NICHE. The purpose of the evaluation is to document progress, lessons learned and challenges, which can inform the design and implementation of the subsequent phase of the NICHE programme. The assessment also aims to provide evidence to the Government, UNICEF, key donors, other UN agencies, and key implementing partners on good practices and risks for NICHE and other similar programmes.

Objectives of Evaluation

NICHE, started in November 2019, is at an important phase of determining directions for scalability to additional counties in 2024–2025. The objective of this assessment is to identify factors of success and challenges during implementation, which can be used to inform and strengthen the programme. This assessment concentrates on (1) determining lessons and direction for scalability of the next phase, including lessons learned on the three NICHE components; (2) drawing lessons from the positive parenting programme pilot in Kilifi, especially concerning the integration of the child protection component with nutrition counselling and the cash transfer top-up; (3) and assessing the costs of NICHE to inform sustainability and efficiency concerns related to implementation of the programme.

Scope of the Evaluation

Thematic Scope: The assessment focuses on factors of success and lessons learned from the overall programme, specifically on (1) implementation process, (2) jointness or integration of the programme components and (3) the child protection component of NICHE piloted in Kilifi and its interactions with the other components of NICHE.

Geographical Scope: The geographical scope covers the five NICHE counties: Kilifi, Kitui, Turkana, Marsabit and West Pokot. Primary data collection was conducted in Kilifi, Kitui and Turkana counties.

Temporal Scope: The assessment covers the entire implementation period of NICHE from November 2019 until June 2024.

Methodology

The evaluation applied a mixed-methods design with primary data collection through key informant interviews with key stakeholders (N=20 at national level; N=21 at county level) and focus group discussions (N=6) with NICHE beneficiaries and community health promoters (CHPs) and child protection volunteers (CPVs) who deliver the intervention package. A desk review of relevant programme documents was conducted to provide contextual knowledge and to answer key research questions. NICHE stakeholders from the Ministry of Labour and Social Protection (MLSP), Ministry of Health (MoH), National Drought Management Authority (NDMA), UNICEF, World Bank and Foreign, Commonwealth and Development Office (FCDO) were interviewed as part of the primary data collection efforts. Respondents were selected based on engagement with NICHE as well as representativeness of various perspectives at national and county level. Quantitative data on programme outcomes was extracted from the NICHE management information system (MIS) and were analysed together with available cost data to determine the overall cost efficiency of the programme.

Findings

Human rights and gender equality. Gender and equity aspects were present in each of the NICHE programme components. The programme is strongly aligned with the United Nations Convention on the Rights of the Child (CRC), providing support in key areas of child rights such as nutrition, health, child protection and social protection. NICHE embraces the five components of the Nurturing Care Framework – namely, ensuring a child has (1) good health, (2) adequate nutrition, (3) security and safety, (4) responsive care and (5) opportunities for early learning. NICHE aligns with the Core Commitments for Children (CCCs)¹ through its strong focus on child protection, safety net function and targeting of counties with high levels of malnutrition. This assessment identified a major gap in gender considerations within the NICHE programme design in which the target beneficiaries of NICHE – pregnant women and mothers of children under 3 years of age – are not identified as the main recipients of the cash top-up. The main recipient is the household member registered for the National Safety Net Programme (NSNP) cash transfer, which may be the household head, an elder person in the household etc.

Relevance. NICHE is well incorporated and aligned with national plans and priorities through its inclusion in the Kenya Social and Economic Inclusion Project (KSEIP) and the NSNP. NICHE is aligned with Article 21 of the Constitution of Kenya, which provides state organs with the duty to address the needs of vulnerable groups within the society, including women, children, youth,

¹ The Core Commitments for Children in Humanitarian Action – the CCCs – are the core UNICEF policy and framework for humanitarian action. See <https://www.unicef.org/emergencies/core-commitments-children> for more information and the full text of the commitment.

people with disabilities, older persons and marginalised communities. NICHE incorporates aspects of the Kenya Nutrition Action Plan, National Social Protection Policy, County Integrated Development Plans (CIDP), and Community Health Strategy. NICHE is further consistent with the National Prevention and Response Plan on Violence against Children, the National Policy on Family Promotion and the National Positive Parenting Programme Guidelines, amongst other national plans and government priorities.

NICHE has contributed to systems strengthening through coverage of hard-to-reach populations and enhancing multisectoral collaborations. Specifically, the NICHE programme enhanced the capacity of the government to provide services on maternal and infant nutrition through the wider application of the Baby Friendly Community Initiative (BFCl) while addressing the access gaps through cash tops and layering with other child-sensitive actions, including positive parental elements. NICHE monitoring, evaluation and accountability mechanisms have strengthened community reporting systems through the NICHE MIS by including indicators on performance (e.g., number of caregivers receiving nutrition counselling) as well as nutrition outcomes (e.g., birth weight, child consumes at least four food groups).

Coherence. NICHE complements Kenya's national and county level social protection, nutrition and child protection programmes through collaboration with other organizations implementing nutrition, health and cash transfer programmes. NICHE has contributed to the establishment of the BFCl and the National Positive Parenting Programme, to which the nutrition counselling component and positive parenting are anchored. More importantly, the BFCl approach has improved access to Maternal, Infant, and Young Child Nutrition (MIYCN) messaging coupled with social behaviour change elements that seek to enhance the adoption of positive nutrition behaviour, which are key objectives of the NICHE nutrition component. The NICHE positive parenting component in Kilifi creates better nutrition and child protection awareness, promotes family unity and male involvement in parenting, contributes to economic empowerment through the MtMSG and seeks to strengthen the referral system between CHPs and CPVs. The main challenges include implementation challenges, such as selected NICHE mothers are not the main recipient of the top-up, county vastness makes it difficult to reach the most vulnerable, CHPS have heavy reporting requirements and there are some challenges in organizing beneficiary group sessions facilitated by CPVs and lay volunteer counsellors (LVCs) due to different socio-cultural ideas about the contents.

Sustainability. NICHE is a government-led programme whereby the cash top-up component is funded by the government. The government receives funds from the World Bank when key targets are achieved under the KSEIP funding structure that aims to strengthen social service delivery, shock responsiveness and improvement of social and economic inclusion. Investments in NICHE are contributing to achievement of these KSEIP indicators and therefore are helping to sustain the KSEIP funding flow. In addition, NICHE receives grant money through FCDO and TA from UNICEF to contribute to the programme's implementation. While the government funding through the KSEIP mechanisms is relatively sustainable, other sources, such as the TA, have a limited time span. The funds for the UNICEF TA are projected to be used by the end of 2024. Efforts to entrench NICHE fully in government policy and to establish clear, sustainable allocation

of public finance are therefore needed. The BFCI is already using this strategy and is included in the Kenya Medium-Term Plan for Vision 2030.

NICHE has continued to advocate for funding through high-level field missions with national and county government leadership to ensure the programme remains a priority. Including NICHE in the CIDPs has been suggested as one way of ensuring sustainability of the programme. Adoption of the Community Health Strategy by the NICHE counties has created a framework to ensure continued payment of stipends to CHPs. Similar efforts are now required to create a framework for CPVs and LVCs. Greater engagement of community actors, economic empowerment of beneficiaries, linkages with other sectors, timely releasing of counterpart funding flows, have been seen as additional measures of ensuring sustainability.

Effectiveness. NICHE made progress in achieving its planned targets by setting up functional coordination systems at the national and county levels. A memorandum of understanding was signed amongst the MLSP, MoH, NDMA and the five county governments, thus institutionalising the programme within the government structures. NICHE conducted start-up mass registration across the five counties and set up functional modalities for on-demand registration (ODR) of beneficiaries. NICHE strengthened the Community Health Strategy by catalysing the establishment of the BFCI to enhance nutrition and counselling by improving knowledge levels as well as the adoption of key behaviours for optimal maternal and young children nutrition.

Remarkably, the approach led to improving health care workers' capacity, training CHPs, and strengthening other community structures through capacity building. In Kilifi, NICHE trained child protection volunteers to address cases of child abuse. NICHE improved the nutritional status of households through nutrition counselling and formation of community mother support groups to improve livelihoods and enable the women to provide nutritious food for their children. Lastly, NICHE set up an MIS to track registration of beneficiaries and nutritional indicators under the BFCI. Leveraging existing programmes and successfully engaging multiple stakeholders were the key enabling factors for the programme; timely resource and funds allocation and distribution to the county level were barriers to programme achievements as they slowed down implementation and did not allow for local differentiation.

Efficiency. NICHE enhances efficiency by leveraging the existing cash transfer programmes with beneficiaries recruited from households registered under orphaned and vulnerable children (Cash Transfer for Orphans and Vulnerable Children [CT-OVC]), older persons (Older Persons Cash Transfer [OP-CT]), people living with severe disability (Persons with Severe Disabilities Cash Transfer [PWSD-CT]) and the Hunger Safety Net Programme. The nutrition component of NICHE is implemented through existing MoH structures such as the Community Health Strategy under which the CHPs fall, and the BFCI. The BFCI is a core component of NICHE which helps with the implementation of the home visits. Simultaneously, BFCI has a more broadly defined focus, extending beyond the nutrition counselling and engaging aspects of health and water, sanitation and hygiene. A new component of NICHE, positive parenting sensitisation and group sessions, is also delivered through the National Positive Parenting Programme. NICHE creates linkages with other sectors, such as agriculture, to start gardening to provide nutritious food for beneficiaries

and builds on programmes supported by other donors. However, the programme needs to further enhance efficiency through cost sharing with other programmes; simplifying the ODR process; and using more cost-effective methods of training and capacity building, such as online courses, on-the-job training and mentorship.

Conclusions

One of NICHE's key characteristics, its interconnectedness between social protection, nutrition and child protection services, plays a major role in the programme's relevance, efficiency and sustainability. For instance, the programme fills an important space in the existing government strategy for the provision of integrated services and fills a gap for vulnerable households with multi-sectoral needs. Moreover, the strong integration of NICHE components in existing systems increases its efficiency and sustainability.

The evaluation findings are timely to benefit from learning from the initial years of implementation and to inform substantial decisions to come. In the years since the programme's start NICHE has positively developed and adapted by for instance strengthening its coordination system and adjusting the age of eligibility for children from two years to three. However, the programme also has significant developments coming up with the expansion to additional counties, further integration of the parenting component, and possible decisions around among others the recipient and benefit size.

Lessons Learned

Analysis of the data collected yielded key lessons that may guide future expansion of NICHE to other counties or replication of similarly integrated social protection and cash plus programmes.

- **Collaboration with implementing partners is essential to enhance efficiency and maximise resources.** In any new areas of implementation, the county governments working on nutrition, health and child protection will need to map out partners implementing similar or related programmes, identify areas of collaboration and explore whether NICHE objectives can be incorporated within existing nutrition or child protection efforts.
- **Fast turnover of beneficiaries may limit impact.** After the initial implementation, the age of entry for a child was extended from two to three years old to keep children longer in the programme. However, beneficiary retention and timely registration of eligible beneficiaries (i.e., shortly after birth) through existing platforms and services, such as a combination of NSNP registration and antenatal or postnatal services, should be explored.
- **The initial implementation of NICHE was resource intensive because BFCI was being implemented at the same time.** NICHE was designed to leverage BFCI. However, operationalisation of BFCI increased the training costs in NICHE counties because health workers needed to undergo an eight-day intensive training. Going forward, collaboration with MoH will be crucial to ensure that the BFCI structures are in place before rolling out NICHE in the targeted counties.
- **CHP turnover may affect quality.** Mapping and capacity assessment of existing CHPs has been done in counties and is useful to understanding staffing needs when coverage is expanding.

Continual knowledge transfer through mentorship, by the community health assistants and other health cadres, is required.

Recommendations

The recommendations were made in response to the key findings from the analysis, the identified challenges and the areas that could receive further strengthening. Recommendations are categorized as strategic recommendations, which are directed a longer-term and more broadly applicable, and operational recommendations, which have short-term objectives focusing on day-to-day activities. Recommendations were validated by key stakeholders including members from the NICHE Secretariat, government representatives from the Ministry of Labour and Social Protection and Ministry of Health, county representatives from Kilifi, Turkana and Kitui counties, staff from UNICEF, World Bank and FCDO.

	Recommendations	Criteria	Key actors	Priority
	Strategic Recommendations			
1	Ensure that primary caregiver gets cash top-up: Conduct more sensitisation to ensure the cash top-up gets to the primary caregiver. Review case management to ensure cases raised (of cash not getting to caregiver) are addressed promptly.	<i>Coherence, human rights and gender equality</i>	<i>DCS</i>	<i>High</i>
2	Continual registration of vulnerable households in the Inua Jamii programme. Strategies to continually register vulnerable households into the <i>Inua Jamii</i> programme through community referrals mechanisms were recommended.	<i>Coherence, human rights and gender equality</i>	<i>DCS with partners from NSNP</i>	<i>Medium (ongoing)</i>
3	Advocacy and continual alignment: Conduct continual awareness of the NICHE programme to enhance its multisectoral approach and coordination with a wide range of actors. Continual advocacy to ensure the integration of the core principles of NICHE into government policies and strategies was recommended to enhance the programme’s relevance and impact.	<i>Relevance, coherence</i>	<i>All stakeholders</i>	<i>High</i>
4	Integration of positive parenting into NICHE and group sessions as part of NICHE are recommended to further explore the contribution of the parenting component on a larger scale.	<i>Coherence, sustainability</i>	<i>DSD</i>	<i>High</i>
5	Shock responsiveness: The programme, as designed, was not responsive to the frequently emerging shocks. NICHE, having a well-established infrastructure at the county level, should be made more shock responsive.	<i>Human rights and gender equality</i>	<i>DCS</i>	<i>Medium (ongoing)</i>
	Operational Recommendations			
6	Consider increasing the cash top-up amount to more effectively respond to recipients’ needs: The cash top-up of Ksh 500 was reported to be insufficient considering the needs of the beneficiaries. The cost-efficiency analysis showed that increasing the top-up amount would increase efficiency of the programme.	<i>Effectiveness, efficiency</i>	<i>DCS</i>	<i>High</i>

	Recommendations	Criteria	Key actors	Priority
7	Provide stipends for CPVs and LVCs: Advocate for payment of stipends to CPVs and LVCs in line with the Community Health Strategy.	<i>Coherence, sustainability</i>	<i>MoH, DSD</i>	<i>High</i>
8	Enhance coordination amongst the line ministries, counties and other agencies with similar or related programming. For instance, prior to scaling up NICHE to additional counties, a comprehensive mapping exercise should be conducted to understand which agencies and partners are already implementing related projects.	<i>Coherence</i>	<i>All stakeholders</i>	<i>High</i>
9	Innovations in training: Adopt more cost-efficient modalities of training health care workers e.g., online/virtual training (where possible), mentorship and on-the-job training.	<i>Coherence, efficiency</i>	<i>MoH</i>	<i>High</i>
10	Refine training of CHP: Review the five-day training duration and content of BFCI training of CHPs to consider the literacy levels and cultural context of the participants, including the need for translation of the training materials into the local languages.	<i>Coherence, efficiency</i>	<i>MoH</i>	<i>Medium</i>
11	Strengthen linkages between NICHE MIS and other sectoral MIS: Kenya Health Information System (KHIS), Electronic Community Health Information System (eCHIS), Consolidated Cash Transfer Programme (CCTP-MIS), Hunger Safety Net Program (HSNP-MIS).	<i>Relevance</i>	<i>DCS, DSD, MoH</i>	<i>Medium (ongoing)</i>
12	Simplify the enrolment process: Digitisation of the registration process and self-registration are recommended to simplify the enrolment process. For instance, use of birth registration system could further simplify the enrolment of children born into eligible cash-transfer households.	<i>Relevance, sustainability</i>	<i>DCS</i>	<i>Medium (ongoing)</i>
13	Ensure timeliness for resource allocation to counties for effective programme implementation.	<i>Efficiency, sustainability</i>	<i>DCS with MoH</i>	<i>Medium</i>
14	Address training challenges for the positive parenting component: Review the content of the positive parenting training modules and improve on planning and organization of the sessions, including selection of venues, provision of training materials and translation into local languages.	<i>Coherence</i>	<i>DSD</i>	<i>Medium</i>

1. Introduction

The Kenya Nutrition Improvements through Cash and Health Education (NICHE) programme is an innovative social protection initiative that integrates nutrition and child protection interventions. Its primary goal is to enhance child outcomes in nutrition and general well-being amongst the most marginalised populations during the critical first 1,000 days of a child's life. NICHE operates across five counties: Kitui, Kilifi, Turkana, West Pokot and Marsabit. The programme is implemented by the Government of Kenya (GoK) with technical assistance (TA) from UNICEF. NICHE is part of the World Bank and Foreign, Commonwealth Development Office (FCDO)-funded Kenya Social Economic Inclusion Programme (KSEIP), which was launched by the government in 2013 with the aim of strengthening social and economic service delivery. NICHE fits within the goals of KSEIP because it goes beyond the cash transfers of the National Safety Net Program (NSNP) or *Inua Jamii* to provide more comprehensive and inclusive access to social protection, nutrition and child protection services.

NICHE was launched in November 2019 after a pilot was successfully conducted in Kitui and parts of Machakos County. NICHE was implemented in the five counties, it is currently active in and strengthened the implementation of its three components – the cash top-up component, nutrition counselling, and the child protection intervention on positive parenting and promotion of family-based care – by incorporating them further into ongoing system strengthening (Government of Kenya, 2022).

NICHE is implemented through the leadership of the Directorate of Children's Services (DCS) within the State Department of Social Protection and Senior Citizens Affairs under the Ministry of Labour and Social Protection (MLSP), and in collaboration with the Ministry of Health (MoH) Department of Nutrition and Dietetics, the National Drought Management Authority (NDMA) and county Governments. UNICEF has partnered with the relevant government partners to provide the TA necessary to deliver the programme.

The NICHE programme seeks to continually enhance its presence within the social and economic policy space. It strengthens existing systems, aims to increasingly move tasks from the TA that UNICEF provides to the GoK and is actively preparing for further expansion to a total of nine counties. An evaluation of the implementation to date to provide lessons learned and insights into the success factors and challenges and the programme's cost-efficiency is therefore timely. The American Institutes for Research® (AIR®) conducted this evaluation of the NICHE implementation from November 2019 to May 2024. The purpose of this evaluation was to assess the NICHE programme, focusing on the integration of NICHE components within the existing social protection, health and child protection systems and directions for scalability and replicability of the programme. The evaluation contributes to TA deliverable 6,

which focuses on developing monitoring and quality assurance systems through continual monitoring, evaluation, reporting and learning.

In this report, we present the findings of the process evaluation and cost analysis of NICHE. Following this introduction, a brief background on the programme and actors involved is provided and followed by the purpose, objectives and scope of the assessment. Section 4 sets out the methodology in more detail, including the key evaluation questions that guided the research. Section 5 presents the findings sub-divided by evaluation criteria, including relevance, coherence, sustainability and efficiency. Lastly, we present conclusions, lessons learned and recommendations.

2. Background and Programme Description

Programme components. NICHE aims to adopt a multisectoral and integrated approach to contribute towards the reduction of poverty and vulnerabilities in its multiple dimensions, as well as the reduction of inequity and inequalities in line with the Sustainable Development Goals (SDG) framework. NICHE's objectives are aligned with among others SDG target 1.3 on the availability appropriate national social protection systems, SDG target 2.2 on ending malnutrition among children under five and various targets under SDG 5 on gender equality and elimination of harmful practices. The programme is expected to strengthen the capacity of government structures at the national and county levels to implement complex social assistance schemes that are sensitive to nutrition and child protection outcomes. The programme operates through three main components of a cash top-up, nutrition interventions and a child protection component.

The cash transfer component is designed with the purpose of complementing existing NSNP cash transfer programmes in the country, such as the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme, Older Persons Cash Transfer (OP-CT) programme, Persons with Severe Disabilities Cash Transfer (PWSD-CT) programme, and Hunger and Safety Net Programme (HSNP). The cash top-up consists of between Ksh 500 and a maximum of Ksh 1,000 per month to households with a pregnant woman or a woman with a child under 2 years of age.² The implementation of the cash top-up component of NICHE started in July 2021 with an initial target of reaching 23,500 beneficiary households. The cash top-up was transferred bimonthly together with the main NSNP cash transfer. The NICHE programme uses the payment infrastructure of the NSNP *Inua Jamii* cash transfer in which payments are delivered into an *Inua Jamii* bank account of a beneficiary's choice. Beneficiaries can access their payment at their own convenience. NICHE benefit is therefore paid to the main

²² The original design targeted women with a child under 2 years of age. Currently, children can stay in the programme up to 3 years of age to allow for more time to be exposed to the benefit.

beneficiary of the core programme, even if this differs from the mother or pregnant woman who was selected for NICHE.

The nutrition component, which includes counselling and home visits as well as spreading of messaging around healthy nutrition, is implemented through the Baby Friendly Community Initiative (BFCI). While BFCI is a component of NICHE, it is simultaneously a broader community initiative that aims to improve infant and young child feeding. The BFCI uses packages of complementary interventions. Packages include nutrition counselling and home visits conducted by community health promoters (CHPs) twice a month. The advice provided during those sessions includes knowledge on the use of oral rehydration solutions and zinc to manage diarrhoea, vitamin A supplements for children, iron folic acid (IFA) supplementation for pregnant women, and health promotion by improved water, sanitation and hygiene (WASH) practices (Government of Kenya, 2021a). The counselling sessions and home visits support NICHE objectives. BFCI is being rolled out in all counties where NICHE is implemented. BFCI includes community multi-stakeholder engagement that comprises opinion leaders, community health assistants (CHAs), local administration and mothers who form community mother support groups (CMSG). The CMSGs oversee, plan and execute community baby friendly meetings and mobilise all the community members to participate in BFCI activities. This means that both NICHE and non-NICHE households may benefit from the nutrition initiative.

Lastly, NICHE is piloting the third component on the child protection intervention in Kilifi County. This additional positive parenting component focuses on providing positive parenting sensitisation and group sessions, integrating child protection, health, nutrition, the importance of play and early learning, family relationship and finance and self-care. Kilifi County has one of the highest reported rates of sexual exploitation and violence against children. The goals of this component are to protect children from violence, abuse, exploitation and neglect as well as to protect adult household members from any forms of violence within households and surrounding communities. The pilot seeks to learn from this initial implementation about any challenges or success factors for replication and expansion (GoK, 2022; GoK and UNICEF, n.d.). The intervention works with a National Positive Parenting Programme Guidelines that outlines the core principles and approaches of positive parenting, including kinship care, foster care and guardianship in a holistic manner. A National Positive Parenting Training Manual has been developed to support positive parenting and child protection (MLSP DCS, 2023). The manual was pretested in 13 counties, including Kilifi and NICHE beneficiary households that received group sessions facilitated by trained child protection volunteers (CPVs) and lay volunteer counsellors (LVCs) and that also received key messages from trained CHPs.

Roles and responsibilities. NICHE is implemented with the leadership of the DCS within the State Department for Social Protection, MSLP, in collaboration with the MoH and the NDMA.

The NICHE operations manual describes the roles of the line ministries and departments involved in the implementation of the programme as follows:

- **The Directorate of Children Services (DCS)** is the overall lead department for the implementation of the NICHE at the national and county levels. DCS works closely with NDMA to ensure timely disbursement of top-up payments to NICHE beneficiaries and resolve any complaints. DCS staff at county and sub-county levels are involved in registration and other front-line operations, as well as in the management of the NICHE MIS. The CPVs of DCS also facilitate positive parenting group sessions.
- **The Directorate of Social Development (DSD)** supports the implementation of NICHE by supervising payment, including supervision of top-ups, and supports DCS to undertake registration of potential NICHE beneficiaries, including ongoing registration of potential beneficiaries. DSD took a leadership role in developing the National Positive Parenting Programme, and its community cadre, LVCs, provide positive parenting group facilitation together with CPVs.
- **The MoH**, through its management structures at the county and sub-county levels, provides support for implementation of NICHE. At the national level, the MoH leads the development of standards and guidelines related to NICHE and supports oversight and monitoring of the programme. Key programmes within MoH that support NICHE include community health services, nutrition and dietetics, health monitoring and information systems, health promotion and public health.
- The **counties' departments of health** play a key role in confirming eligibility of NICHE clients and support the referral of NSNP beneficiaries to the NICHE programme. As part of their implementation of the Community Health Strategy, the counties support nutrition counselling to NICHE beneficiaries through the community health units.

Technical assistance provided by UNICEF. This TA includes implementation, financial and administrative support to MoH and MLSP, monitoring and evaluation, and coordination and liaison with technical and policy teams to assist with capacity building in the counties where NICHE is being implemented. UNICEF supports MoH in the development of guidance materials, development and enhancement of an appropriate management information system (MIS) that links to existing social protection and cash transfer registries. UNICEF also undertakes capacity building of GoK officials for gradual handover of key roles to ensure sustainability of NICHE. UNICEF also played an instrumental role in supporting the MLSP to develop the National Positive Parenting Programme and its pilot in Kilifi under NICHE. The total grant for UNICEF's TA was USD 11,285,000 spread over the years since the start of the implementation.

Registration of NICHE beneficiaries. Households registered to receive any government cash transfer (NSNP of *Inua Jamii*) that have either a child under 2 years of age and/or a pregnant woman are targeted with cash top-up of Ksh 500 per month per beneficiary, for up to two

beneficiaries. Eligible households are identified using NSNP recipient lists and validated through a process of community identification. At the beginning of the NICHE implementation, the programme used mass registration, which now has moved to on-demand registration (ODR). A digital interface was developed within the existing information system for the NSNP Consolidated Cash Transfer Programme (CCTP-MIS) to support registration, result tracking and reporting on performance indicators. The NICHE MIS is also interoperable with the Kenya Health Information System (KHIS) to track health indicators. An operations manual has been developed for programme staff to support standardised as well as enhanced implementation (UNICEF Eastern and Southern Africa Regional Office, 2022).

Milestones over time. Since the start of the implementation of NICHE, the programme has achieved several key milestones.

Implementation milestones in 2020 (21 November 2019–20 November 2020)

- Establishment of national- and county-level coordination and governance structure
- Operationalisation of the NICHE Secretariat as the formal governance structure for the programme
- Development and signing of a memorandum of understanding (MoU) amongst NICHE actors (MLSP, MoH, NDMA and the five NICHE counties)
- Development and review of draft NICHE operations manual
- Capacity mapping of established community health units

Milestones achieved in 2021 (21 November 2020–20 November 2021)

- Completion and launching of the NICHE operations manual
- Registration of 12,800 NICHE beneficiaries
- Development of ODR guidelines
- Setting up of the BFCI structures and capacity building of the CHPs, CHAs, CSMGs and MtMSG on optimal Maternal, Infant, and Young Child Nutrition (MIYCN)
- Revision and adaptation of nutritional counselling, i.e., the BFCI intervention package reporting tools
- Conducting of household counselling, reaching 16,411 NICHE beneficiaries and 23,089 non-NICHE beneficiaries
- Linkage of beneficiaries, especially mothers, with nutrition-sensitive initiatives such as kitchen gardening and income-generating activities
- Recruitment of 60 CPVs on training on child protection

Key milestones achieved in 2022 (21 November 2021–20 November 2022)

- Mass registration of an additional 1,564 beneficiaries
- Provision of nutritional counselling to all NICHE beneficiaries registered since the inception of the programme
- Piloting of the National Positive Parenting Programme: positive parenting group sessions and incorporation of key messages from the parenting manual draft during regular home visits
- Sensitisation of new actors into the programme, i.e., Concern Worldwide, World Vision and Action Against Hunger
- Joint high-level national and county field missions to Kilifi and Turkana
- On-demand registration of 4,347 beneficiaries across the five counties
- Printing of information, education and communication materials for community health units
- Linkage of beneficiaries, especially mothers, with nutrition-sensitive initiatives such as kitchen gardening and income-generating activities.

Between 2020 and 2024 the Government of Kenya spent Ksh. 470 million earmarked funds on the development and implementation of NICHE (see Section 5.7 for more details). This budget was used to pay for among others the cash top-up, communication and awareness raising, transportation for e.g. field visits. The earmarked budget is in addition to the funds provided through the UNICEF TA, and money spent by line ministries on general operations which may include NICHE activities.

3. Purpose, Objectives and Scope of the Evaluation

3.1 Purpose

This evaluation is part of the NICHE programme's original design, which aims to monitor closely and assess the implementation process of NICHE. The purpose is to document progress, lessons learned and challenges, which can inform the programme implementation and design for the next years of this implementation phase. The NICHE programme is in an active transition, increasingly moving tasks from the TA provided by UNICEF to the GoK, as well as preparing for expansion of the programme. This assessment is meant to help the GoK (i.e., relevant ministries and departments, including the MoH, MLSP, DCS and NDMA) to determine expected successes and challenges to prepare for future support needs and decisions regarding the scale-up or implementation of similar complex social assistance schemes that are sensitive to nutrition and child protection outcomes.

The assessment focuses on the process of the implementation, including systemic approach in coordination, management and accessibility to concentrate on informing the NICHE Secretariat and other stakeholders about the scalability and replicability of the NICHE approach.

3.2 Objectives

The NICHE programme is in an important phase given that the programme started in November 2019, had its initial years of implementation and is on the verge of scaling up to new counties in 2024–2025. The objective of this assessment is to support the NICHE programme into the next stage by identifying factors of success and challenges during implementation that can be used to inform line ministries, relevant authorities and donors on strengthening the implementation of NICHE. The assessment also aims to provide evidence to the GoK, UNICEF, key donors, other United Nations agencies and key implementing partners on good practices and risks in designing and implementing similar programmes to address integrated social protection, chronic malnutrition and protection issues at the local and national levels.

The objectives of this assignment are as follows:

1. Determine lessons and direction for scalability of the next phase with regard to identifying linkages to other structures, platforms and programmes that can be leveraged in the future, increasing national ownership with a critical focus on vulnerability, gender and child rights components. This includes lessons learned on the three components of NICHE (i.e., cash transfer top-ups, nutrition counselling and child protection interventions).
2. Draw lessons from the child protection pilot in Kilifi, with a focus on the integration of the child protection component with the other components of NICHE to assess the jointness of the programme.
3. Assess the costs of NICHE (where available) to create further understanding about sustainability and efficiency related to implementation and expansion of the programme.

3.3 Scope

This study provides an evaluation of the NICHE programme including the design, subsequent adjustments and early implementation. This assessment does not focus on the impact of the NICHE programme because it is still under implementation, and it is thus too early to expect impacts across the various programme components.

Thematic scope. This assessment will focus on factors of success and challenges of the NICHE implementation programme and the lessons learned from the overall process. During the inception phase in agreement with the Evaluation Reference Group, the following three sub-themes were established:

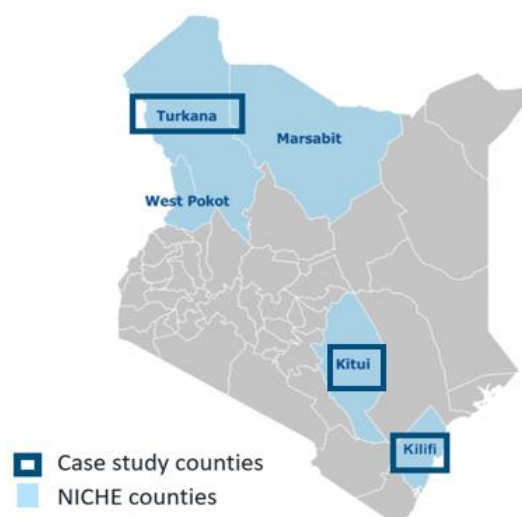
1. The *process of implementation*, including a systemic approach in coordination, management and accessibility of the programme to feed the lessons learned into the next phase of the NICHE approach.
2. The *'jointness' of the various elements* that comprise the NICHE 'cash plus' design (cash, nutrition and child protection services), as well as the layering of complementary measures on top of the regular cash assistance received by NICHE households.
3. The *child protection component of NICHE piloted in Kilifi* and the lessons that can be drawn from its early implementation for its systematic replication and scalability in the future.

Geographical scope. The geographical scope covers the five NICHE programme counties and national-level efforts. Primary data collection was conducted in three case study counties: Kilifi, Kitui and Turkana and at the national level (*see Figure 1*). The other programme counties – namely, Marsabit and West Pokot – were included as part of any desk review. Kilifi was selected as the county that incorporates the child protection component, which had not yet been evaluated previously. Turkana is included because it is one of the counties with the highest multidimensional child poverty prevalence (NBS [Kenya National Bureau of Statistics] & UNICEF, 2017); therefore, the assessment of the implementation of integrated services on cash, nutrition and parenting services is highly beneficial. In addition, as one of the arid counties, Turkana is prone to droughts and at risk of the double burden of climate effects and inequality challenges (Ministry of Health, 2019; Save the Children, 2022).

Lastly, Kitui is included given that it was the county in which NICHE was first introduced as a pilot in 2017–2018. Kitui is the county with the longest experience with implementation of NICHE. It was initially selected as the pilot county due to the high levels of stunting in comparison to the national average. The assessment can shed light on the possible lessons learned throughout this process.

Temporal scope. The assessment covers the entire implementation period of NICHE, from November 2019 to June 2024, with a focus on the more recent adjustments, successes and challenges.

Figure 1: Focus Counties of NICHE



Source: authors' development

4. Methodology

In this section, we describe the research framework, including the key evaluation questions that have guided this assessment, the study design and data and analytical methods used.

4.1 Evaluation Framework

The evaluation is a theory-based and process-based evaluation, which means that the evaluation is guided by the logic presented in the Theory of Change (ToC) presented in Annex A. In addition, the focus of the evaluation is on the process of implementation including the pathways and feedback loops between activities and short- and medium-term outputs. The ToC consists of two pillars of which the first comprises of the pathways that provide integrated nutrition, social protection and child protection services to vulnerable households and the second pillar consists of strengthening the capacity of government and partners' systems. The pathways of interest for this evaluation are the relationship between activities and medium-term outputs, the interactions between the various outputs within pillar 1 and 2 and the feedback loop between pillar 2 and 1. For instance, this includes the interaction between the implementation of the cash top-up, nutrition and child protection services, and the interaction between strengthening the functionality of NICHE systems and implementing the three NICHE components.

Evaluation Questions

The evaluation questions were used to structure this evaluation (*see Table 1*). The questions are categorised according to the Organization for Economic Cooperation and Development–Development Assistance Committee (OECD-DAC) criteria for evaluation (OECD, 2019), which provides a normative framework to determine the merit of the NICHE programme in various dimensions. The evaluation matrix includes questions on relevance, coherence, sustainability, efficiency, effectiveness and human rights and gender equality. The latter is a special cross-cutting category that allows us to emphasise the equity lens in this evaluation and to integrate Gender Equality and the Empowerment of Women (GEEW) explicitly into the evaluation (UNICEF, 2019). As mentioned in Section 3.3 on the scope of the study, OECD-DAC criteria on 'impact' is not measured at this stage of the programme implementation.

We provide a comprehensive evaluation matrix, including indicators and data analysis method and source (*see Annex B*). The indicators are specific measures with which the questions are answered, and the data tools provide an overview of the approaches and specific means that were used for each evaluation question. Indicators are based on the theory of change of the NICHE programme (*see Annex A*), programmatic knowledge and methodology. Further details on the tools and methods are described in the methodology section that follows. In addition to the OECD-DAC criteria, throughout the evaluation, the team has been following the United Nations Evaluation Group's standard for evaluations as well as ethical research.

Table 1. Evaluation Matrix

Evaluation Questions
Evaluation Criteria: Human Rights and Gender Equality
1. How have aspects of gender rights and gender equality specifically conforming to Convention of the Rights of the Child (CRC) and Core Commitments for Children (CCCs) been incorporated in the NICHE design and implementation? What gaps with regard to gender equality and equity still exist?
Evaluation Criteria: Relevance
2. How does NICHE align with Kenya’s national plans and policies and government priorities?
3. How has the NICHE programme contributed to systems strengthening? How have monitoring, evaluation and accountability mechanisms contributed to learning about the NICHE programme (e.g. informed adjustments or transition planning)?
Evaluation Criteria: Coherence
4. How does NICHE align with and complement Kenya’s national and county level social protection, nutrition and child protection programmes based on the key deprivations that exist in the country?
5. How are the NICHE components coordinating and collaborating with their implementation? What are lessons learned from the implementation of all three components in Kilifi?*
Evaluation Criteria: Efficiency
6. How are NICHE implementation approaches leveraging to maximise public resources for existing services in the areas of nutrition, social protection and child protection in the NICHE counties? To what extent have innovative or alternative modes of strengthening systems been explored and exploited to lower costs and/or maximise results in the context of devolution?
7. What level of cost-efficiency has NICHE operated? What are some of the ways it could be further enhanced based on the main cost drivers?
Evaluation Criteria: Effectiveness
8. Has the NICHE programme achieved its planned targets? What enablers and barriers (internal and external) facilitated/constrained these results?
Evaluation Criteria: Sustainability
9. How has the NICHE programme advocated for children and the need for financing at the national and county levels in context in the longer term? What measures are being taken at the county level to create systems, structures and budgets that allow for sustainability within the existing NICHE counties?

4.2 Study Design and Methods

The evaluation team applied a mixed-methods design with primary data collection through interviews with key informants and focus group discussions (FGDs) with NICHE recipients and NICHE service providers. Quantitative data were extracted through a desk review of relevant programme documents and analysis of available MIS. This data included information on outputs, such as the number of recipients reached in the different components of NICHE (cash top-up, nutrition counselling services and child protection services in Kilifi) which complements the qualitative analysis in Section 5.1 to 5.6. Lastly, the methods incorporate a cost analysis that focuses on assessing the cost-efficiency of the NICHE implementation.

Desk Review and Secondary Data Analysis

To provide contextual knowledge and to answer key research questions on relevance, coherence and the inclusion of child and human rights, the evaluation team conducted a thorough document review. The documents consist of programme documentation and reports, associated policy documentation, monitoring reports and reports that include cost or expenditure data (*see Annex C for the bibliography*). For the desk review analysis, the evaluation team summarised key documents by evaluation question. The information is incorporated throughout the finding sections that follows, and it plays an important role in complementing and triangulating the information from the primary data collection.

In addition to desk review, the team conducted quantitative secondary data analysis using monitoring data from the NICHE MIS. The analysis of secondary data serves two main purposes. First, assessment of MIS data helps to measure the progress that NICHE has made with regard to achieving targeted objectives within its implementation. Comparing the results framework with reported outputs within the MIS – for instance, number of registered households for the NICHE cash top-up system – with planned targets helps to answer evaluation questions on effectiveness. Second, outputs recorded within the MIS data are assessed and identified for use in the cost analysis, which is further explained below.

Qualitative Methodology

Qualitative sampling framework

The evaluation team conducted IDIs with key stakeholders from the MLSP, MoH, DCS, DSD, NDMA, UNICEF, FCDO, the World Bank and implementing partners (Concern Worldwide, World Vision and Action Against Hunger). At the county level, IDIs were conducted with nutrition officers, DCS, DSD, family health workers and implementing partners on the ground. A list of key stakeholders to be interviewed was provided by the MLSP and UNICEF, and a letter of introduction was sent to all the proposed interviewees.

The interviewees were selected based on their knowledge and role in relationship to NICHE. The most knowledgeable respondents for each position were contacted taking into account diversity of perspectives across actors, role in the programme, geographical location, gender etc. In total 44 percent of KII participants (n=18 out of 41) were female. Participants were contacted to schedule the interviews, most of which were conducted virtually. Interview guides were designed following the OECD-DAC evaluation criteria, and questions were adapted to the different types of stakeholders – i.e., national level, country level, UNICEF, donors and implementing partners. The semi-structured format ensured that the field team would cover all topics necessary for answering the evaluation questions, while leaving room for unexpected answers as well as further probing from the interviewers. Verbal consent was obtained from the respondents based on a structured consent form that explained the nature of the study, right to withdraw from the interview, data confidentiality and anonymity. Further consent was obtained to record the interviews. Focus group discussions were

conducted with beneficiaries of the programme in Kilifi and community volunteers (CHPs, CPVs and LVC). In total, 41 IDI and 6 FGDs were conducted (see Table 2 for a breakdown of key stakeholders interviewed).

Table 2: Sampling Framework for the NICHE Evaluation

Respondent Type	Respondent Details	Conducted
National Level		20 KIIs
UNICEF Kenya	Social Policy Nutrition Child Protection	6
Government of Kenya	Ministry of Health – NICHE Focal Point Ministry of Health – Community Health MLSP – Directorate of Children’s Services MLSP – Directorate of Social Development (DSD) NDMA Treasury/Planning Council of Governors (CoG)	8
Partners	World Bank FCDO	2
Implementing partners	World Vision Concern Action Against Hunger	4
County Level		19 KIIs
Kilifi County	County Ministry of Health – Nutrition Coordinator, Nutrition Support Officer, Family Health MLSP- Directorate of Children’s services: County Coordinator MLSP – Directorate of Social Development (DSD) NDMA – County Coordinator Civil Society Organization	7
Turkana County	County Ministry of Health – Nutrition Coordinator, Nutrition Support Officer, Family Health MLSP – County Coordinator MLSP – Directorate of Social Development (DSD) NDMA – County Coordinator Civil Society Organization	6
Kitui County	County Ministry of Health – Nutrition Coordinator, Nutrition Support Officer, Family Health MLSP – Directorate of Children’s services: County Coordinator MLSP – Directorate of Social Development (DSD) Civil Society Organization	6
Case study on the integration of child protection component with cash and nutrition counselling		2 KIIs and 6 FGDs
Kilifi County – Community-level interviews	FGDs with CPVs, LVCs and CHPs FGDs with recipients of child protection, nutrition and cash transfer component	6

Respondent Type	Respondent Details	Conducted
UNICEF	Child Protection Social Policy Nutrition	2

Qualitative data analysis

All interviews were transcribed and analysed using NVivo software. The interviews were coded based on a coding scheme aligned to the evaluation criteria and evaluation questions. Additional themes and sub-themes were added based on the information obtained from the transcripts. An analysis memo summarising important themes and relevant quotes was created and used to develop the evaluation report. The preliminary findings, lessons learned, conclusions and recommendations were presented to UNICEF and MLSP directorates for feedback and validation. The evaluation team conducted additional analysis based on the comments raised from the validation workshop and revised the report accordingly.

Cost Analysis

Besides the importance of understanding the implementation process and context, the costs of implementation are essential to inform lessons learned for scalability and replicability. For this assessment, we conducted a cost-efficiency analysis that comprised national and aggregated county-level data from the NICHE Secretariat, expenditure data on the TA taken from the NICHE annual reports and information on the number of beneficiaries enrolled and the amount of cash spent on top-ups from the NICHE MIS. These statistical data were further complemented by county-level interviews with DCS from Kitui and Turkana (Kilifi was not available) to understand better the cost structure at the county level. Further breakdown by county was not possible because the expenditure data were not available at the county level.

The cost-efficiency analysis estimates the ratio of programme costs to outputs created, allowing stakeholders to compare the cost per output between districts and/or over time if the exercise is repeated using different scenarios. Cost-efficiency analysis uses actual programme expenses (i.e., not budgets or planned expenditures), which were obtained from the NICHE accountant and included line items specifying the categories of interest. The categories of interest (e.g., personnel, supplies, facilities, equipment, training) were aligned with the reporting and budgeting categories used in the government and verified by the Core Team for this evaluation, consisting of representatives of DCS, UNICEF and MoH, amongst others.

The further analysis includes two key cost-efficiency measures: the cost-efficiency ratio and the cost-transfer ratio. They have a fairly similar interpretation, but because both are being used in the literature, both were estimated for ease of comparison (Tappis & Doocy, 2017; IRC, 2016).

1. **Cost-efficiency ratio:** For every Ksh 1 spent on NICHE, this much value was received by the beneficiaries.

$$\text{Cost-efficiency ratio (CER)} = \frac{\text{Value of goods/transfers}}{\text{Total costs of programme}}$$

2. **Cost-transfer ratio (CTR):** For every Ksh 1 of value transferred to beneficiaries, this much was spent on operational costs.

$$\text{CTR} = \frac{\text{Cost of delivery}}{\text{Value of goods/transfers}} = \frac{\text{Total costs} - \text{value of goods/transfer}}{\text{Value of goods/transfers}}$$

4.3 Ethical Considerations

For this assessment, the evaluation team obtained ethical clearance from the AIR in-house Institutional Review Board, as well as from the African Medical and Research Foundation's (Amref). Ethical and Scientific Review Committee. In addition, the team obtained a research licence from the National Commission for Science, Technology and Innovation (NACOSTI) to ensure that any primary data collection with stakeholders and beneficiaries was covered. Furthermore, the team complied with UNICEF ethical standards on research (UNICEF, 2021b) and UNEG's principles of ethics in evaluation (UNEG, 2020), including standards for research involving vulnerable populations. The evaluation and data collection team followed principles of integrity, accountability, respect and beneficence. For instance, all study participants (or their adult guardians) were informed that participation was voluntary, and they were asked to provide active informed consent for their participation. All evaluation team members followed the data governance plan to ensure secure storage of data and maintain privacy of the participants. Equity considerations were applied during data collection and analysis for fair representation.

4.4 Constraints and Limitations

- **Scope of the evaluation.** This evaluation was done as the programme was still under implementation. The programme was still in its early implementation phase therefore limiting the possibility of measuring its impact. This assessment therefore focused mostly on the process of implementation and lessons learned.
- **Limited representation of beneficiaries due to focus on process and implementation.** The evaluation design focused on the implementation process gathered through a combination of key information interviews at national and county level, document review and analysis of monitoring and secondary data. These were complemented by perspectives of CHPs, CPVs and LVCs about the implementation of the programme on the ground as well as FGDs with beneficiaries to highlight their perspectives on the impact of the programme.
- **Cost-efficiency versus cost-effectiveness.** The cost analysis aimed to obtain cost-efficiency given that the programme is in the early stages of implementation and only early outputs were expected to have been achieved by the time of the evaluation. Cost-

effectiveness requires programme outcomes and impacts; therefore, cost-effectiveness was beyond the scope of this study.

- **Timeliness of ethical approval.** Although the evaluation teams applied for an expedited ethical review, it took six weeks to get the approval, as opposed to the three weeks of lead time required for an expedited review.

5. Findings

This section presents the main results of the evaluation. Key findings are presented at the top of each section in a summary table (see *Tables 3–7*). The findings are then further discussed in each sub-section.

5.1 Human Rights and Gender Equality

Human Rights and Gender Equality is a newer OECD-DAC criterion for evaluation. It is an important cross-cutting theme that facilitates the assessment of equity within the NICHE design and implementation (see *Table 3*).

Table 3. Key Findings regarding Human Rights and Gender Equality

Evaluation Questions	Key Findings
<p>1. How have aspects of gender rights and gender equality specifically conforming to Convention of the Rights of the Child (CRC) and Core Commitments for Children (CCCs) been incorporated in the NICHE design and implementation? What gaps with regard to gender equality and equity still exist?</p>	<ul style="list-style-type: none"> • Incorporation of gender and equity aspects are present in each of the NICHE programme components. • The NICHE design has a strong alignment with the CRC and other frameworks, such as the Nurturing Care Framework. NICHE aligns with the CCCs through its strong focus on child protection, safety net function and the targeting of counties with high malnutrition (and high risk of weather-related emergencies). Prior to the start of the program, NICHE counties had stunting rates ranging from 23.9 per cent to 45.9 per cent in 2014. Acute malnutrition measured as weight for height was particularly high in Marsabit (16.3%) and Turkana (22.9%) in the same year (KNBS, 2014). • The child protection component through positive parenting intentionally takes a gender-transformative approach, including gender-equitable parenting and addressing gender-based violence within a household. The National Positive Parenting Programme includes a session on male engagement. • The nutrition component through the BFCI is gender responsive as it is inclusive of all women, whether they are NICHE beneficiaries or non-beneficiaries. The BFCI approach is tailored to ensure that interventions reach every individual, community, facility and sub-county while deliberately taking a rights-based approach to planning, incorporating gender-transformative activities that encourage critical awareness of gender roles and norms. For example, the community mother-

Evaluation Questions	Key Findings
	<p>to-mother support group representatives seek to address gender gaps. The structures also encourage male involvement.</p> <ul style="list-style-type: none"> • Two key gaps were highlighted: <ul style="list-style-type: none"> – Target beneficiary: The target beneficiary is the main recipient of the NSNP cash transfer programme and not necessarily the pregnant woman or mother who is eligible for NICHE. This may limit the women’s access to the cash top-up and, potentially, the ability to spend funds on children’s food, health or other aspects of well-being. – Shock responsiveness: While NICHE shares some of the focus areas with the CCCs, the latter provide guidance in humanitarian situations. The operations manual makes limited reference to adaptations to NICHE in crisis situations. This was corroborated by key informants, who suggested further integration between emergency response (particularly when it involves nutrition) and NICHE.

The NICHE programme’s design and implementation has strong alignment with the Convention on the Rights of the Child (CRC) and other essential frameworks for child development, such as the Nurturing Care Framework (NCF). The three programme components of NICHE align with the CRC in key areas of children’s survival and developmental rights, such as nutrition, health and child protection and social protection (UNCRC, 1989; Government of Kenya, 2022). NICHE helps to fulfil the state’s duty in ensuring that children receive the care and protection necessary for their well-being. In addition, the programme emphasises the importance of supporting parents and caregivers in fulfilling their roles and duties to make sure that children’s basic needs are met.

NICHE embraces the five components of the NCF. The NCF is a framework designed by the World Health Organization (WHO), UNICEF and the World Bank to guide implementers in understanding and designing programming to support early childhood development (WHO, UNICEF, & World Bank, 2018). The framework contains five domains, each of which represents vital aspects of caregiving for children under 5 years of age. The positive parenting manual incorporates all five components: ensuring a child has good health, adequate nutrition, security and safety, responsive care and opportunities for early learning (MLSP – DCS, 2023). The nutrition counselling component aligns with ‘adequate nutrition’ and ‘good health’ (Ministry of Health, 2016), while the cash component contributes by reducing financial constraints in fulfilling any of the domains.

Incorporation of gender and equity aspects is present in each one of the NICHE programme components. Use of the Gender-Responsive Age-Sensitive Social Protection (GRASSP) framework that is aligned with GEEP guidelines (UNICEF, 2019) shows that gender sensitivity and gender transformation are among the components of the NICHE programme. The GRASSP framework uses a continuum, ranging from gender discriminatory to gender

transformative, to assess the gender-responsiveness of programmes (UNICEF Innocenti, 2020). The NICHE programme's cash component targets pregnant women or women with a child 3 years of age. The payment aims to support children's well-being in the first 1,000 days of their lives. The benefit's objective and eligibility criteria are sensitive to gender-specific needs as well as age-specific needs of pregnant women or infant children. However, the payments are made to the household to the person eligible for the cash transfer within the NSNP (i.e., CT-OVC, HSNP, OP-CT, PWSD-CT), which may not necessarily be the woman eligible for NICHE in the household. As a result, the eligible woman in the household is dependent on the main recipient to share the money, with the risk that the money will be spent on items unrelated to child well-being.

A key informant from UNICEF highlights concerns with this design feature: *"A woman who receives cash assistance may separate from her husband, who is the registered primary beneficiary in the household [and will not have access to the top-up]. There have also been reported cases of the man keeping half of the cash for personal use, leaving the woman with significantly less than what she was supposed to receive."* (KII with UNICEF staff)

This concern was confirmed through observations of a CHP, who explained that the distribution of the money varies per household: *"I once visited one beneficiary who said she had used all the money to buy clothes and used the remaining to buy flour, which she gave to the mother. So, we took the matter to the chief. [He] explained to her, 'You receive the 2,000 shillings, but the extra 500 is for the child.' Some [beneficiaries] give the money to the mothers while others do not."* (FDG with CHPs/CPVs/LVCs in Kilifi)

The nutrition counselling component is a community-based approach focused on both maternal and child healthy nutrition. The implementation is organized through the BFCI of MoH and is targeted to the community, allowing a greater number of women to benefit. For example, a CHP who is working in a village will target all the pregnant and women who have children who are less than 3 years of age, regardless of whether or not they are receiving the cash top-up. The counselling is responsive to health and nutrition needs for pregnant women and for women with young children, with advice tailored to the needs and age of the child.

Lastly, the design of the NICHE positive parenting and family-based care component reflects a more gender-transformative approach whereby the programme seeks to address the root causes of gender inequality and transforms harmful gender norms (UNICEF Innocenti, 2020). The parenting component has challenged traditional gender roles by encouraging equal participation in household upkeep and providing counselling on the importance of treating children equally regardless of gender – e.g., sharing household chores regardless of gender and involving husbands alongside their wives in doing household chores to relieve women of some duties when they are pregnant. The beneficiaries mentioned a shift in the way they now assign household chores to their children – i.e., assigning them to both boys and girls instead of according to their previous beliefs, indicating a focus on fostering equality and shared

responsibilities within the family: *“We were also taught about equality in gender roles. During our times, we were told that boys were not supposed to do household chores. Right now, everyone does house chores, including both boys and girls, because they are equal.”* (FGD with beneficiaries, Ganze)

The beneficiaries mentioned that men tagging along to counselling sessions with their spouses has enhanced the men’s understanding of the programme components. In instances when the father is unable to join the training sessions, the women/mothers convey the messages afterward: *“I was counselled together with my husband, and he understood. This is better than being taught in a meeting alone. Visiting the household includes everyone in the counselling.”* (FGD with beneficiaries, Kaloleni)

According to the informants, through NICHE, male engagement has increased with father-to-father support groups and advocacy discussions on nutrition, which have sparked men’s interest in knowing the health of their children. This component includes the recruitment of male and female facilitators to deliver the training sessions. A key informant described how male engagement grew with time: *“We only had support for mother-to-mother support groups. But as we continued, men became interested in knowing the health of their children, [and] we started having father-to-father support groups, [and] we started having something called [the] ‘Coco model’, where we have men meeting in their veranda doing their own story, but they would request a community health extension worker with a committee health promoter to come and discuss something about nutrition during their leisure time. It has really sparked a lot of advocacies and discussions on nutrition.”* (KII with implementing partner)

Alignment with the CCCs and other frameworks that focus on humanitarian situations is limited. One of the three goals of KSEIP is to improve the shock responsiveness of the social protection system. As a social protection programme, NICHE contributes as a general household-level safety net programme. The core components of the NICHE programme, such as the focus on nutrition, child protection and social protection, are key elements of the CCCs. In addition, the geographical targeting of the initial five counties with high levels of malnutrition (i.e., before the start of the programme, stunting rates ranged between 23.9 per cent and 45.9 per cent in 2014, and acute malnutrition was 16.3 per cent in Marsabit and 22.9 per cent in Turkana in the same year [KDHS, 2014]) allows NICHE to contribute to aspects of nutrition, health and child protection in areas that are prone to shocks and that have high levels of food insecurity. This is further confirmed by the inclusion of households receiving benefits from the HSNP in Marsabit and Turkana. Nevertheless, within the design of NICHE and within the operations manual, potential shock responsive adaptations such as horizontal or vertical expansions are not specified (Government of Kenya, 2022). A government key informant explained that most emergency responses have some food security or nutrition component, and the informant suggested the opportunity to explore whether NICHE can be integrated within emergency responses. Using existing NICHE infrastructure and the

beneficiary base may help address emergencies as early as possible and mitigate the impact of any crisis or humanitarian situation.

NICHE can significantly improve child well-being by integrating a child protection emergency response mechanism. Training can be offered to CPVs and health workers on ways to identify vulnerable children during nutritional counselling sessions, screenings and outreaches. Subsequently, clear referral pathways for reported cases can be established, and trauma-informed or other additional care can be offered. Community engagement through awareness campaigns and committees involving community leaders, teachers and parents can empower communities to protect children. Early identification and intervention in child protection cases can minimise long-term physical and psychological damage in children.

Suggestions for Human Rights and Gender Equality

The analysis within this criterion indicates a strong reflection of human and child rights and aspects of gender equality within the NICHE design and implementation. The analysis, as well as feedback from the stakeholders, highlighted the need to reduce or eliminate two main gaps to ensure that the programme is not only gender-sensitive but also is as gender-responsive and child-centred as possible:

1. **Top-up recipient:** A gender- and child-related challenge in NICHE is that the primary beneficiary of the main NSNP receives the cash, not the mother or primary caregiver targeted for NICHE. The top-up money may go to other family members (e.g., household heads, grandmothers, aunts or grandfathers) and may not be spent on the child’s needs, risking diffusion of the programme effect.
2. **Shock responsiveness:** The NICHE programme’s design aligns with children’s rights and their needs, as specified within the NCF. The programme is designed to serve as a social safety net, but it could be modified to incorporate shock-responsive elements so that the possible responses and the roles and responsibilities are clarified in case the NICHE infrastructure will be used in emergency situations.

5.2 Relevance

The assessment of the relevance of the NICHE programme captures the extent to which the programme and its results are aligned with government priorities. In addition, there is a special focus on the contribution of NICHE programmes to systems strengthening and the extent to which monitoring, evaluation and accountability systems have contributed to learning about NICHE (*see Table 4*).

Table 4. Key Findings regarding Relevance

Evaluation Questions	Key Findings
1. How does NICHE align with Kenya’s national plans and	<ul style="list-style-type: none"> • NICHE is well incorporated and aligned with national plans and priorities through its inclusion in the KSEIP and in the NSNP.

Evaluation Questions	Key Findings
policies and government priorities?	<ul style="list-style-type: none"> NICHE is aligned with the Constitution of Kenya on the right to food and nutrition, Kenya Medium-Term Plan for Vision 2030, KSEIP, Kenya Nutrition Action Plan, Annual Ministry of Health Work Plan, National Social Protection policy, National Prevention and Response Plan on Violence against Children, National Guidelines on Positive Parenting Programme, County Integrated Development Plans and the government's emphasis on inter-agency cooperation. NICHE aligns with the community health policy, workplace policy and the Health Act, the National Policy on Family Promotion and Protection. NICHE influenced the development of the social protection policy of 2022.
<p>2. How has the NICHE programme contributed to systems strengthening? How have monitoring, evaluation and accountability mechanisms contributed to learning about the NICHE programme (e.g., informed adjustments or transition planning)?</p>	<ul style="list-style-type: none"> NICHE has facilitated coverage of hard-to-reach populations by reaching many populations, including children and pregnant and lactating women who are non-NICHE beneficiaries, through the community health structure. Additionally, the programme has enhanced the capacity of health care providers and community health care providers to provide optimal maternal and child nutrition services. NICHE has helped enhance multisectoral collaborations and awareness or multisectoral goals. Specifically, the NICHE initiatives are also integrated at county nutrition technical forums with representation from health and other nutrition-sensitive sectors. The NICHE MIS has been effective in following performance of key cash top-up and nutrition indicators. Many adjustments to implementation have been made based on monitoring data and feedback. Suggested improvements to monitoring and evaluation (M&E) include: <ul style="list-style-type: none"> Linking the NICHE MIS with sector-wide M&E systems and improving the operationalisation amongst NICHE MIS, KHIS, CPIMS and other sector MIS Including positive parenting indicators in the NICHE MIS Using smartphones to facilitate instant capture of records and ODR Linking NICHE nutrition reporting with eCHIS Digitising NICHE nutrition reporting

NICHE is well incorporated and aligned with national plans and priorities through its inclusion in KSEIP and inclusion in the NSNP or *Inua Jamii*.

The NICHE programme is part of the KSEIP, which aims to strengthen social protection delivery systems. KSEIP has three goals (Ministry of Public Service, 2022):

Component 1 – Strengthening Social Protection Delivery Systems. This component will continue to support advancement of systems put in place under the ongoing NSNP.

Component 2 – Increasing Access to Social and Economic Inclusion Interventions. This component will support the GoK in enhancing the existing referral mechanism for enrolment of the NSNP beneficiaries and will invest in the design and delivery of new, customised services for the poor and

vulnerable, including the expansion of existing successful pilots in Kenya for economic inclusion and NICHE.

Component 3 – Improving the Shock Responsiveness of the Social Protection System. This component provides continued support to the NDMA for implementation and expansion of the HSNP.

NICHE is firmly embedded within the second component of KSEIP on increasing access to social and economic inclusion and aligns with the government’s priority of enhancing social protection mechanisms. KSEIP follows the institutional framework of the Constitution of Kenya 2010. Both KSEIP and NICHE align directly with Article 21, which highlights the responsibility of the state to address the needs of the most vulnerable (Ministry of Public Service, 2022).

Article 21 of the Constitution provides that all State organs and all public Officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, Persons with Disabilities, children, youth, members of minority or marginalized communities and members of particular ethnic, religious or cultural communities.

NICHE is aligned with several sector-specific plans and strategies. These include the Kenya Nutrition Action Plan (KNAP) and its county level application, the Kenya Medium-Term Plan for Vision 2023, Various county-specific annual work plans, the National Prevention and Response Plan on Violence against Children, the National Policy on Family Promotion and Protection, National Social Protection Policy and the CIDPs and the government’s emphasis on inter-agency cooperation.

The national-level nutrition strategy, KNAP, focuses on addressing cross-sectional determinants of malnutrition. The 2018-2022 plan outlines 19 key result areas with at least nine areas in which NICHE can contribute, such as Key Result Area 1: MIYCN scaled up; and Key Result Area 14: Nutrition in social protection programmes promoted. The KNAP is an umbrella framework for the county-level nutrition action plans, and several key informants at the national and county levels indicated that NICHE is aligned with the national and county goals (Ministry of Health, 2018). NICHE is also aligned to Article 43 (1) (C) of the Constitution that states that every person has the right to be free from hunger and to have adequate food of acceptable quality.

NICHE lines up with community health policy, whereby the community health act is seeking to increase access to services, especially to lower-tier health facilities. This objective is in line with community-level service provided by NICHE.

For child protection, NICHE is aligned with the National Prevention and Response Plan on Violence against Children, for which one of the key strategic areas is parenting and family support. The National Policy on Family Promotion and Protection equally includes parenting

as one of its thematic areas. The component piloted in Kilifi was also in line with the Guidelines on the National Positive Parenting Programme.

For social protection, NICHE is aligned with some of the social protection policy objectives, including strengthening the provision of social welfare services to the poorest and most vulnerable and exploring the possibility of establishing broader child and/or family benefits (Social Protection Policy). A key informant indicated that this alignment can be viewed as a success: *“It has also influenced the social protection policy of 2022; so, you can see in terms of policy it has informed the current bill, the draft of social protection policy. So, if you quantify that, from my point of view, it is a success.”* (KII Respondent)

Overall, key informants at the national level across various sectors mentioned that policymakers across sectors have integrated the goals of NICHE, creating a common agenda in the government. NICHE involves collaboration among various government entities, including MoH, MLSP, NDMA, and county governments. The NICHE initiatives are also integrated at county nutrition technical forums with representation from health and other nutrition sensitive sectors. This multisectoral approach aligns with the government's emphasis on inter-agency cooperation and coordination to address complex social challenges.

NICHE is aligned with the programmatic and TA priorities of UNICEF. UNICEF respondents perceived NICHE to be strongly anchored to UNICEF priorities as well as national priorities. NICHE aligns with the UNICEF Nutrition Strategy 2020–2030 and the UNICEF Global Social Protection Programme Framework (2019), which promotes a systems approach that calls for strengthening synergies across child nutrition and social protection policies and programmes to realise children's right to nutrition and social protection (UNICEF, 2024). NICHE is also aligned with the UNICEF Global Child Protection Strategy 2021–2030, which stresses universal prevention of violence against children with programmatic parenting approaches informed by a global, evidence-based approach (UNICEF, 2021a).

In addition to programmatic alignments, the TA and training component of NICHE fits well within the focus of UNICEF on enhancing institutional capacity and efficiency within the country. The approach to NICHE aligns with the country programme priorities, which focus on enhanced coordination between sectors and further strengthening of sub-national service delivery (UNICEF, 2022). The UNICEF 2023 annual report highlights another example of NICHE increasing capacity through technological innovation, such as the implementation of the ODR system of NICHE (UNICEF, 2023). Lastly, the NICHE design aims to strengthen referral systems between the community and various services for vulnerable households and young children in particular, creating a more integrated response to social protection and child protection needs.

The role of NICHE in strengthening institutions and systems has been positive, reflecting some of these alignments with existing national- and county-level strategies. Throughout the

primary data collection, stakeholders noted that the role of NICHE in strengthening of institutions and platforms has led to higher coverage of vulnerable and marginalised populations through the enhanced technical capacity of county-level health promoters and improved collaboration between sectors.

- **Coverage of hard-to-reach populations.** NICHE has enabled MoH to reach hard-to-reach vulnerable and marginalised groups (e.g., the resource poor, and socially marginalized groups) not just with the nutritional messaging but also in terms of improving their health-seeking behaviour. In NICHE counties, MtMSG are more active, and father-to-father structures are present in areas where positive parenting is being implemented. Many populations, including children and pregnant and lactating women who are non-NICHE beneficiaries, have been reached through the community health structure. Additionally, NICHE has enhanced the capacity of health care providers and community health care providers to provide optimal maternal and child nutrition.
- **Enhanced technical capacity of county-level health promoters.** NICHE has strengthened the capacity of CHPs through the training provided, and now they can undertake high-quality nutrition counselling and are trained to contribute to the parenting component. The FGDs with CHPs brought up the topic of CHPs having taken on more responsibilities, including answering social protection-related questions from beneficiaries (mainly about the NSNP cash) and helping beneficiaries register for the NICHE programme.
- **Improved collaboration.** The collaboration between different ministries (such as health, water, agriculture, trade and social protection) has been strengthened due to the increased collaboration and increased awareness of multisectoral goals (such as the objectives of NICHE). NICHE has helped improve indicators of other departments through the work of CHPs who address other health issues, like the tracing of defaulters for tuberculosis, HIV, or other immunisation defaulters as they also address NICHE. An implementing partner from Kilifi mentioned an improvement in performance, which can be attributed partly to NICHE: *“We have improved data on breastfeeding on IFAS [iron and folic acid supplementation] uptake. You know, initially, there was a dispensing of IFAS at the facility, but now from NICHE and checking on how we are progressing, we’ve been able to increase the uptake not only as a per centage but also our indicators on breastfeeding, IFAS uptake, vitamin A [and] de-worming have improved.”* (KII with implementing partner)

Contribution of M&E efforts in Learning about NICHE

Roles and responsibilities in monitoring are well divided amongst the various actors involved. The NICHE Operations Manual outlines the various M&E roles to be played by the diverse actors including DCS, MoH, UNICEF, Directorate of Social Assistance and the Hunger Safety Net Unit of NDMA (Government of Kenya, 2022).

The intended role of M&E is defined as the use of monitoring, evaluation and accountability systems to inform NICHE learning according to stakeholders and utilising community workers

such as county and sub-county Community Health Strategy focal persons, CHAs and officers to conduct monitoring and determine whether NICHE is meeting its goals. The M&E systems can help keep stakeholders accountable and encourage public oversight through community feedback mechanisms, financial tracking and progress review meetings.³ Some of the monitoring mechanisms include:

- The **NICHE MIS** allows for the registration of beneficiary information, monitoring of community health worker visits, nutrition counselling and cash transfers. The MIS has been integrated with the KHIS to allow for data-driven decision making and monitoring of programme activities.
- The **grievances and complaints handling mechanism** provides a formal feedback process for beneficiaries and community leaders to express concerns or insights about the programme activities.
- **Programme evaluations** facilitate learning and guides adjustments through conducting formative evaluations, baseline assessments and household surveys.
- **Accountability mechanisms** help with holding stakeholders accountable for their roles and responsibilities, such that the programme promotes a culture of accountability that strengthens overall implementation.⁴

M&E mechanisms within NICHE have played a crucial role in assessing outputs and the effectiveness of interventions and have allowed actors to track progress, identify challenges and make informed decisions. NICHE monitoring and supervision processes that are currently done at various levels include:

- County Health Management Teams and Sub-County Health Management Teams as well as community health extension workers monitor nutrition components.
- UNICEF monitors to assess the implementation of TA-related activities.
- NICHE staff visit project sites, review progress, speak with beneficiaries to confirm whether what is being reported is accurate, attend CHP counselling sessions and submit training reports on NICHE.
- The various government stakeholders participate in data review meetings to assess the data submitted through the NICHE MIS.
- The government collaborates on joint monitoring visits and spot checks.

The NICHE MIS has been very effective in following performance. According to key informant respondents, the MIS has been ensuring follow-up on the community-level indicators and how they are performing, for instance, on programme performance such as the number of

³ Revised NICHE Operations Manual.

⁴ National Positive Parenting Programme Guidelines.

caregivers who received nutrition counselling, as well as nutrition outcomes such as the proportion of children consuming at least four food groups and the proportion of children consuming iron-rich foods. Key stakeholders familiar with the system suggested further improvements to improve MIS functionality and user friendliness. For instance, by incorporating technical updates to allow the downloading of more than one indicator at a time or the creation of better visualisations of results.

For the positive parenting component, which has only been implemented more recently in Kilifi, learning about implementation has come from the pretesting and piloting of the delivery mechanisms of the National Positive Parenting Training Manual in 13 counties and in Kilifi County, respectively. These tests allowed for feedback and adjustments and training of supervisors, volunteers and health care workers on positive parenting and care reform, ensuring adherence to programme objectives and quality standards. Adjustments to the training materials and approaches were made based on these tests. However, further integration within the NICHE MIS is still needed. According to a respondent, a draft of positive parenting indicators is available, and discussions are ongoing on how to integrate them to the NICHE MIS. Currently, the MIS only has minimal coverage of (two or three) indicators referring to the parenting component, including the number of positive parenting sensitisations and the number of positive parenting sessions conducted by CHPs. Continued advocacy is needed to enable collecting more indicators on positive parenting sensitisation and group sessions through community health platforms.

While stakeholders were generally positive about the monitoring mechanisms available, they cited some gaps concerning integration within sectors and capacity and resource challenges.

- **Integration of NICHE indicators within sectors.** Respondents described how it would be useful to link the NICHE MIS with sector-wide M&E systems instead of having segmented M&E systems. An example is integration of NICHE with other key indicators of interest to MoH, such that NICHE indicators (e.g., nutrition counselling sessions provided) will not be assessed separately from other nutrition/health indicators of interest (e.g., knowledge on malaria and other diseases).

“I think we really need to have data that [are] aggregated together and then have the different departments come together to review their work and their performance and see if they can do anything and see where we need to improve. We mostly get data from our CHPs, but we get little from the other departments, so maybe I would support collaboration, coming together like on a quarterly basis to review the programme, how it is working together and actually review the data.” (Respondent in Kilifi)

- **County-level assessment revealed some challenges with capacity and inadequate resources.** In some counties, there initially were some difficulties getting county government officers involved in monitoring due to the lack of funding. For instance, in

Turkana County, government officers could not accompany implementing partners during monitoring visits because the activity was not funded. Instead, they monitored NICHE during monitoring visits for other projects.

A respondent indicated that limited resources are the main hindrance to consistent monitoring: *“Monitoring should be ongoing all the time, which is again tied to those resources – you know, going to the field is not a walk in the park. There has been a misalignment at what monitoring looks like at headquarter[s] level and at sub-county level. The sub-county should be able to monitor itself, which ties itself again to the resources.”* (Key Informant from county level government).

Another example highlights struggles with incorporating the workload for county health record and information officers. They suggested assistance from other sub-county officers, e.g., sub-county nutrition coordinators with data entry. While this suggestion may not be feasible due to mandate and procedures of MoH, this finding highlights some challenges with reporting.

Despite minor challenges, stakeholders provided examples of continual learning and several adjustments that have been made over time that reflect learning and adjustments.

According to key informants, adjustments have been made to the implementation of NICHE based on evidence from monitoring activities. These include:

- **More involvement of sub-counties in planning and joint monitoring.** Initially, a great deal of planning was concentrated at the county level, but efforts have been made to ensure that sub-county teams have the major role in implementation while county teams have their major role in supervision. In addition, monitoring initially was separated, but improvements have been made to ensure that joint monitoring visits were organized with national teams to make them more cost-efficient.
- **Adjustment of age of exit.** Initial M&E results have led to the expansion of the age of exit for children (from 2 years old to 3 years old) and the inclusion of the registration for pregnant women to allow eligible households more time in the programme, which hopefully has a larger effect.
- **Initial quality of counselling by CHPs, quality of reports and low reporting rates.** Efforts to control quality led to retraining CHPs on reporting tools and monitoring visits for CHPs and having CHAs meet on a quarterly basis to review the reports and identify gaps, leading to improvement of reports. Reporting rates were low because CHAs were not following up on CHPs effectively – a situation that was subsequently addressed, resulting in improvement. The NICHE MIS showed that more than 9,475 reports were submitted, and the numbers have been increasing each year (e.g., 732 reports were submitted in July 2024, 371 reports in July 2023, and 352 in July 2022).

- **On-demand registration.** The ODR process was lengthy, with 6 steps taking up to 40 days to complete. Some respondents raised the need to simplify the process through digitisation and automated self-registration.
- **Expanding nutrition counselling.** Stakeholders in the communities indicated that just sensitising beneficiaries on nutrition may not be enough, and there was a need to link beneficiaries to livelihood opportunities and food production opportunities so that the beneficiaries could obtain the food they needed.

Suggestions for Relevance

The various monitoring, evaluation and accountability mechanisms have already led to continual adjustments to the programme. Key informants provided some further suggestions to make M&E efforts more efficient. These included technology improvements and avoiding parallel structures.

- **Technology improvements.** Tablets are being used to capture data; however, smartphones could also be used to facilitate instant capturing of records as well as for ODR.
- **Improving the operationalisation between NICHE MIS and KHIS and other sector MIS.** Improvement of this operationalisation will enable stakeholders from the relevant line ministries to see how NICHE indicators are performing against other health or social protection indicators to collectively improve the health, nutrition and social protection outcomes of households. Utilising existing structures rather than creating new ones would ensure that these structures are operational as per government policy. An example is the leveraging of the existing ECHIS to streamline reporting by CHPs.

5.3 Coherence

A programme is coherent when it is complementary and harmonised with other interventions in the same context and adds value without duplicating other initiatives.⁵ This evaluation includes ‘external’ coherence by focusing on the alignment with Kenya’s other national- and county-level programming and ‘internal’ coherence by focusing on cooperation and coordination between NICHE components (*see Table 5*).

Table 5. Key Findings regarding Coherence

Evaluation Questions	Key Findings
1. How does NICHE align with and complement Kenya’s national and county level social protection, nutrition and child protection programmes based on the key	<ul style="list-style-type: none"> • NICHE collaborates with other organizations implementing nutrition, health and cash transfer programmes. • NICHE has contributed to the establishment of existing programmes, e.g., for BFCI and positive parenting.

⁵ ‘Evaluation Criteria’, OECD.

deprivations that exist in the country?	
2. How are the NICHE components coordinating and collaborating their implementation? What are lessons learned from the implementation of all three components in Kilifi?	<ul style="list-style-type: none"> • Coordination and collaboration structures are in place and working well. Coordination challenges include prioritisation due to competing priorities, county involvement in planning, flow of resources and coordination with other agencies implementing similar programmes. • Benefits of the three components in Kilifi include better nutrition and child protection awareness, the promotion of family unity, male involvement, economic empowerment and a strengthened referral system. • Challenges include cases of the top-up not getting to mothers/primary caregivers and the vastness of the county, limiting coverage of all NICHE beneficiaries. • Challenges for CHPs, CPVs and LVCs include the lack of stipend for CPVs and LVCs, and heavy reporting requirements for CHPs • Challenges with positive parenting training include inadequate training time for community-level mechanisms and lack of resources, e.g., appropriate venues and training materials for beneficiary group sessions facilitated by CPVs and LVCs. • Lessons learned and improvements include clarity on the leadership of the positive parenting component and capacity to handle more responsibilities for CHPs. Suggestions for improvement include considering sending the cash top-up to the mothers/primary caregivers, incorporating needy households that are not under NSNP, providing additional assistance to beneficiaries to realise long-term benefits and providing stipends for CPVs and LVCs.

NICHE complements Kenya’s national and county level social protection, nutrition and child protection programmes, and NICHE collaborates with organizations implementing nutrition, health and cash transfer programmes.

NICHE complements Kenya’s social protection initiatives, at both the national and the county levels, by providing cash top-ups to vulnerable families, thereby addressing economic deprivations. By strengthening family dynamics and relationships, NICHE contributes to the overall well-being and resilience of families. By incorporating nutrition counselling, NICHE aligns with Kenya’s nutrition programmes aimed at addressing malnutrition and promoting healthy growth and development of children. The focus on positive parenting, family-based care and child protection interventions complements Kenya’s national- and county-level child protection programmes. In addition, NICHE emphasises the promotion of positive parenting, creation of peaceful homes and provision of support for caregivers to address key deprivations related to violence, inadequate caregiving and lack of family support, which can impact children’s well-being and development (MLSP – DCS, 2023; Government of Kenya & UNICEF, n.d.).

NICHE aligns with other programmes within the nutrition, child protection and social protection sectors, such as the National School Meals and Nutrition Programme, and leverages existing government systems, such as the BFCI, and community health strategies to deliver nutrition interventions. NICHE is also well aligned with the National Positive Parenting Programme, which is supported by the National Policy on Family Promotion and Protection and the National Prevention and Response Plan on Violence against Children. NICHE is incorporated into the NSNP, which provides a common operating framework for the government's four cash transfer programmes and the HSNP, which supports some of the most vulnerable and poor households in Northern Kenya.

NICHE collaborates with organizations that implement nutrition interventions, e.g., Integrated Management of Acute Malnutrition (IMAM), which addresses acute malnutrition in Kilifi and Changing the Way We Care, which promotes family-based care for vulnerable children in Kilifi, amongst others. Other organizations currently or previously involved include Concern Worldwide, World Vision and Action Against Hunger. Partners differ per location based on whether they already have activities, infrastructures or systems in place. However, better coordination and harmonisation are needed to avoid duplication and to enhance complementarity between existing interventions and the objectives of NICHE.

NICHE has also managed to align with other sectors and ministries beyond the core actors (MSLP and MoH). For instance, the Ministry of Agriculture and the Ministry of Water have been involved with implementation. According to key informants, the Ministry of Agriculture is assisting with nutrition-sensitive interventions by helping the community start kitchen gardens and rear small livestock such as chicken and rabbits, while the Ministry of Water assists with issues of safe water use as well as water harvesting and storage. According to a respondent from MoH, the NICHE programme is also looking to engage the Ministry of Trade regarding income-generating activities, so that trade officers can educate the BFCI mothers about activities for generating income.

Complements and contributes to existing programmes. NICHE was meant to build on existing systems for all three components and to complement these systems with additional benefits. For nutrition and positive parenting, however, some structures were not yet in place at the start of the programme, and NICHE contributed to establishing these structures. The BFCI, for example, had not been fully operationalised in the five NICHE counties, and resources had to be allocated for implementing the structures. The rollout of NICHE helped establish BFCI in five counties through training of health care workers and CHPs and development of data-reporting tools. In Kilifi, the positive parenting pilot occurred at the same time as the piloting of the National Positive Parenting Programme Guidelines and Training Manual and informed completion of the Guidelines and Manual, which were launched on 15 May 2023.

Coordination and Collaboration Structures in Place

NICHE operates through several coordination and collaboration systems that have improved over time. Many of the initial problems have been overcome, and coordination is more streamlined as a result of the development of coordination systems such as the MOU, NICHE operations manual, the NICHE Secretariat and national- and county-level systems.

- The MOU between the government, the State Department and all the counties stipulates the roles and responsibilities of each agent that signed the MOU.
- The operations manual further explains each role, as well as the overall objectives and functions of NICHE.
- The national coordination-level structure comprises the MSLP, MoH, NDMA, and the Council of Governors (CoG). The CoG is responsible for communicating information to the county governments, which is then cascaded down to the county coordination committee and the sub-county.
- The NICHE Secretariat has been very useful in coordinating and bringing together MoH, MSLP at the national level, and DCS, DSD, and MoH at the county level.
- UNICEF provides TA and advice and collaborates closely with the NICHE Secretariat and the implementing partners on implementation at the county level. The Secretariat's frequent meetings have helped with implementation planning and monitoring and ensuring the programme's smooth rollout.
- Various coordinating meetings and forums include nutrition technical forums, county NICHE coordination committees, county review meetings and progress review meetings. These meetings and forums are held regularly to discuss progress and action points.

Coordination Challenges

According to respondents, coordination challenges within NICHE are mostly between the county- and national-level responsibilities. These include prioritisation of activities, county involvement in planning, county-level requirements regarding communication protocols, and the flow of resources from the national to the county level.

Prioritisation. National and county officers have substantial responsibilities and work plans, and synchronising priorities is not an easy task. National- and county-level respondents mentioned that this leads to irregular attendance in meetings, which may affect communication. Respondents also cited shifting priorities with change in government regimes, emergencies and other situations that divert attention. Ongoing advocacy is recommended to keep NICHE on the government agenda.

County involvement in planning. Planning happens at the national level, but some county-level respondents believe that planning should happen mainly at the county level to align with implementation realities. A respondent from Kilifi explained that at the county level they have

been having this challenge: *“I would also encourage that the planning – or, rather, the strategising – should be bottom-up. Let these plans and strategies come from the county level to the national level, because in the recent past, we’ve had activities just being planned at the national level and pushed down to the county level and implemented in a way that, at [the] county level, we [have been] asking how someone thought about implementing NICHE like this.”* (Respondent, Kilifi)

Challenge with understanding centralised components at the county level. Some county-level respondents mentioned that sometimes there is a lack of full understanding of the county-level requirements for communicating protocols for the cash top-up component since it is not devolved. In addition, some partners do not have all the information. For example, a respondent from Kilifi stated that sometimes community health volunteers (CHVs) do not give DSD comprehensive information because they belong to and report to MoH. In addition, some departments do not have access to the MIS to which reports are sent.

Challenge with flow of resources from the national to the county level. County-level respondents explained that budgets prepared at the county level are approved at the national level. Administrators at the national level may ask the county levels for further alterations and cuts such that the county does not always receive adequate funds as originally budgeted. In addition, funding approval requires approval at various layers, including the national level, which causes delays when fast implementation is required.

Coordination challenges with other programmes and agencies. At the county level, coordination with other agencies exists but is not formal. County-level respondents explained that there is a need to know all the partners who are implementing in a county and have discussions to learn how to create synergy, maximise resources and have joint monitoring and follow-up. As a lead for positive parenting, DSD, working closely with DCS and other stakeholders, should lead county-level coordination mechanisms per the guidelines.

For example, a respondent from Kilifi mentioned that several actors are implementing positive parenting initiatives in Kilifi: *“And recently, the Finland programme, they were planning to roll out positive parenting activities, but the problem is that they did not involve us. We just saw that they had advertised for people to apply for positions of facilitating. We need to know whether the programme has a programme guide for it to have fidelity. We really need to know what people are doing and what the impact is. So sometimes, some organizations – even government departments – come, set up a programme and start implementing ... Like Ananda Marga Universal Relief Team were calling it Sunovuyu for parenting. Catholic Relief Services was calling it Changing the Way We Care.”* (Respondent, Kilifi)

Suggestions for improvements in coordination and collaboration by respondents included improvements in coordination meetings, transparency about funding and learning from others.

Coordination meetings. These meetings could have a larger role for MoH in NICHE coordination meetings to push the health agenda. MoH plays a key role in implementation of NICHE and moving the NICHE objectives forward, for instance, in developing relevant nutrition documents like the KNAP and through its established structures, e.g., the health workforce, including the CHPs. One respondent argued for having designated members attending the coordination committees to avoid loss of information from having different people represented. Others noted that there have been a lot of virtual meetings lately, and as much as they are cost-effective, it would be good to meet physically more often to discuss progress; in-person meetings could help with getting everyone's full attention, which sometimes cannot be guaranteed during virtual meetings.

Transparency about funding. Communication and clarity about budget allocation would create larger understanding across sectors and levels. NICHE funding flow is complex and often not well understood, especially at the county level. A clear understanding of how the NICHE funding flows down from the national treasury to the beneficiaries is necessary for county ownership and to change the perception of NICHE as a centrally managed programme.

Learning from experience. Adoption of experience-sharing practices and county learning forums would help counties learn from one another's experiences in the implementation process.

Positive Parenting Pilot in Kilifi and the Jointness of the Three Components

The positive parenting component was piloted in Kilifi by training community-level promoters and staff (i.e., CHPs, CPVs and LVCs) on the National Positive Parenting Training Manual. The community-level promoters and staff then delivered counselling using key messages during home visits by CHPs or through group sessions facilitated by CPVs and LVCs. The National Positive Parenting Training Manual highly recommended training facilitators for male and female peer groups. The positive parenting counselling was in addition to the nutrition counselling that beneficiaries already had been receiving. Beneficiaries who were benefiting from nutrition and positive parenting counselling as well as the NICHE cash top-up received a lot of positive feedback about what they had learned and how they had adopted the new knowledge in their day-to-day lives. Some of these lessons included nutrition awareness; the promotion of family unity; male involvement; economic empowerment; a strengthened referral system and generally positive outcomes from the work that CHPs, LVCs, and CPVs were doing; the importance of regular clinic visits and immunization; and the importance of schooling. Next, we discuss additional examples of lessons learned from the pilot.

The group sessions were generally considered to strengthen relationships within households and communities. One beneficiary from Kaloleni described how the counselling had improved her relationship with family and neighbours: *"I have been counselled, and this has helped my family and my mother. It has helped me a lot because my life was not that good. I received counselling about living with people in peace. I am relating with my family*

and neighbours well, and my kids have respect. I am grateful for the counselling because we are living in peace at home. I also got counselling on nutrition.” (Beneficiary FGD, Kaloleni)

A mother from Magarini described how the lessons helped improve her relationship with her son and the changes she had observed in him: *“I would beat [my son], but he would not listen. We were taught that if you beat them, they will get worse, and I think he had become worse. I was told that I needed to talk to the child politely. I would go back home and practice the lesson on him. I am grateful because right now he is 10, and if I leave him with a basin of fish and some amount of money, and leave for a meeting, when I come back, I find the money that was made from the sales ... he is responsible, and those are lessons that I have received from NICHE.”* (Beneficiary FGD, Magarini)

Respondents shared a few challenges. CHPs, CPVs and LVCs explained that mothers had differing attitudes towards the teachings. For example, they occasionally encountered some mothers who believe that outsiders should not counsel them on how to take care of their own children. Another challenge was the inconsistent attendance at group sessions by beneficiaries who preferred their daily activities or who were lacking incentive because no allowance was provided for attending the counselling sessions.

Targeting the entire household promoted family unity, better nutrition and better parent-child relationships in households. Respondents mentioned that fathers who had benefitted from the counselling now had a better understanding of the need to provide money for or buy nutritious foods for their households, especially for the children. Mothers receiving the cash top-up had been able to buy nutritious foods or start kitchen gardens. Some mothers also engaged in income-generating activities like rearing goats or chickens, therefore ensuring they have additional money for their needs. In addition, the respondents and community volunteers and promoters observed that relationships between spouses and between parents and their children had improved considerably, especially because they were able to communicate with each other more effectively. According to volunteers, violence against children had declined because beneficiaries who had received positive parenting sessions shared their learnings with neighbours and friends and often intervened when they saw their neighbours resorting to corporal punishment.

Parenting sessions were associated with more male involvement in parenting. Fathers were involved through home visits or participation in some of the group sessions. According to a respondent from one of the implementing partners, having fathers on board would help ensure more successes in BFCI. Fathers were making improvements in helping their wives with household chores and were getting closer to their children, for example, by taking their children shopping and knowing that they could buy sanitary towels for their daughters. Fathers had also been trained on how to control their emotions and not take out their stress on family members, which helped children express themselves more because fathers were now more open and understanding. One volunteer shared how some of the beneficiaries had

seen changes in their husband's attitude: *"When we meet again every Friday, they would narrate their success stories. They would say, my husband, whenever he would come from work and I asked him to take the baby because am washing the dishes or maybe am busy, he would refuse and say he worked all day while I was in the house. But, through the lessons that I shared with him, we now help each other as husband and wife."* (CHPs/LVCs/CHPs, FGD, Magarini)

As a result of the parenting groups, there was some increase in awareness around the need for educating children. Both parents are now more involved in a children's upbringing, and counselling has helped caregivers become more aware of children's – especially girls' – needs for education. One respondent mentioned that school enrolment has improved because parents now understand the need to educate their children and are able to communicate with their teenage children better. Within the FGDs, a beneficiary expressed the changes they have observed: *"I have seen many girls go to school right now. This group has really empowered us; it has helped us. It has very good lessons. I have seen that in our families, girls are studying. Cases of early pregnancies have really reduced."* In addition, some caregivers indicated that they used part of the cash top-up to pay for school fees.

Mothers have become more empowered and are engaging more in income-generating activities. The KSh 500 cash top-up has enabled mothers to invest in small livestock such as goats, chickens and rabbits, which the women then sell for more income. Beneficiaries said that they participated in village savings and loans groups and have found support systems with one another. Beneficiaries from Ganze explained how they had formed groups and ventured into masonry. One mother explained: *"We formed groups because of the counselling."* Another mother continued: *"We formed the group as parents. Most of our kids were dozing off in class, but we sat down and came up with solutions. We contributed money to buy porridge for the kids. We met with 'Kenyatta,' who trained us, and we ventured into masonry. He used to bring us buyers. We were selling the stones and buying porridge. We even built one classroom because of the money."* (Beneficiary FGD from Ganze).

After graduating from positive parenting sessions, some MtMSG have formed social groups and have ventured into income-generating activities. Some of these groups have registered with DSD. *"Our group has a certificate, and we have an account. We can therefore get loans. We also make soap, jik [bleach] etc. and sell."* (Beneficiary FGD from Ganze).

A mother from Magarini described how she had gradually started a business that she is operating to date: *"At first, I didn't have money to start my business. But when I started receiving that cash, I budgeted for it. It was 500, but I saved 250, and the other 250, I used it for the child. I saved it and bought a goat, then ducks. Then I thought to myself, I bought the goat and the duck, but am not sure if the cash will continue; let me buy a frying pan and a storing box for my fish business, and that's the work I do to date."* (Beneficiary FGD from Magarini)

The referral mechanism has strengthened. The collaboration among CHPs, CPVs and LVCs has led to a better referral mechanism because they have been trained to identify cases, and they know better whom to refer and where to refer people to. A respondent from one of the implementing partners stated that CHPs and CPVs were taught in the same class to ensure that they knew one another to make it easier for case reporting and case management. A CPV from Kilifi said that he never used to attend meetings organized by CHPs, now, he attends the monthly meetings just to be aware of what is being discussed.

Positive parenting helped reduce dependency on aid and cash-related conflicts. Respondents mentioned that in Kilifi, many organizations deal with child protection issues, and this has made many people dependent on the aid they receive. However, counselling on positive parenting has helped parents understand the importance of taking responsibility for their own children. In addition, because the cash top-up goes to the NSNP member and not the mother or the primary caregiver, conflict sometimes occurs in homes. The positive parenting counselling has helped reduce such conflicts because both parties have achieved a better understanding of the purpose of the top-up.

The work of CHPs, CPVs and LVCs' on positive parenting has produced positive outcomes. Community promoters and volunteers reported that they often come across success stories from the work they do, especially in terms of having healthier children or mothers reporting that they can better care for their families. One mother mentioned that she practices taking a one-hour break during the day as advised, and this has helped her take better care of her child at night because she is not as tired and can hear the baby cry at night. Another mother stated that she has become like a counsellor and is advising her neighbours against bad habits like drug abuse. Within the FGD, CPVs and LVCs from Kaloleni described some of the positive outcomes they have experienced:

One of the community promoters or volunteers explained: *"I recently visited a group that I have been counselling for the last one year, and I saw changes when it comes to the children. I was very happy, and I knew the work was well done."*

Another elaborated: *"I was in a group with some women. It was bad but then it got well. It has changed. There was a child with malnutrition; the mother told me that she lacks money to care for that child. But I gave her a solution: I told her there were basic things that she could get at home like vegetables. She could consider a kitchen garden, or a garden made of a sack; it would not cost her money ... That woman did that, and in the end, she could get green vegetables for the child until the child got healthy."* (FGD with CHPs, LVCs and CPVs in Kaloleni)

The pilot has been reported to help address child-related matters, including early marriages and teenage pregnancies. Respondents in areas where positive parenting has yet to be implemented, such as in Turkana, said they hope the training will also help reduce societal issues that affect older children, such as early marriages. This, however, will not be without

challenges because of existing cultural beliefs and practices. Much will need to be done to facilitate a behaviour change. A key informant respondent from Kilifi stated that the training could help reduce teenage pregnancies, children growing up in institutions and legal and custody tussles, and that it can generally help parents understand their role in raising a child in a safe environment.

The child protection component has supported the involvement of adolescent and teenage mothers in young mothers' (*binti-to-binti*) groups. The pilot in Kilifi showed that young mothers and pregnant teenagers became more active with the start of the positive parenting sessions. Within one of the sub-counties in Kilifi, the teen-mother groups meet regularly and engage in aspects beyond positive parenting by concentrating on general support and income-related activities, amongst others.

Challenges with Implementation of the Three Components

At the community level, government respondents as well as beneficiaries cited some challenges that have emerged from the implementation of the three components. Some are related to the larger NSNP programme but affect NICHE beneficiaries. These challenges include the fact that the top-up does not go to mothers or primary caregivers who have been identified by NICHE as well as the vastness of the county, limiting coverage of all NICHE beneficiaries:

Several CHPs and beneficiaries mentioned that there were many cases in which the mothers (i.e., the NICHE beneficiary) did not receive their share from the main NSNP beneficiary. Some of the examples provided include the main beneficiary claiming that they had not received the top-up or that the amount of money was insufficient, for example, fathers misusing the money or complex family dynamics, such as in a family with a disabled father, whereby the daughter-in-law who takes care of him every day and is the NICHE beneficiary does not get her share and lacks the authority to challenge the other household members. CHPs explained that they were sometimes blamed by the beneficiaries who experienced delays because they are the ones who assisted them in filling out the forms. However, because CHPs only fill out the forms and forward them to the sub-county, they are not able to follow up to find out why a certain beneficiary was not registered: *“Maybe [find out] why some beneficiaries have not received money up to date? One was registered while expecting, gave birth but has not received anything. So, people are always blaming me. Registration was done recently, but some who had already been registered have not received anything. Some exit before benefitting.”* (FGD with CHPs, LVCs and CHPs in Kaloleni)

The vastness of the county limited the coverage of all NICHE beneficiaries within the parenting group sessions because NICHE beneficiaries were sparsely populated throughout the county.

Challenges for CHPs, CPVs and LVCs

The interaction between the community-level implementers (i.e. CHPs, CPVs and LVCs) has been good, and their collaboration has grown stronger over time. However, there were some challenges, especially for the community-level implementers, which include the lack of stipends for CPVs and LVCs, heavy reporting requirements for CHPs and encounters with non-cooperative households.

Lack of stipends for CPVs and LVCs lowers their morale and hampers their work. In Kilifi, CHPs were receiving a stipend that boosted their morale. This is, however, not the case for CPVs and LVCs, whose work is still regarded as volunteer work, and they did not receive any compensation. This hampered their work; for instance, lack of a transport stipend meant that CPVs and LVCs walked and therefore reached fewer households. Sometimes they also lacked airtime to call their colleagues to refer cases. In addition, the number of CPVs was very small compared to the number of CHPs, and according to one of the implementing partners, some child abuse cases went unreported because there were fewer CPVs in each sub-county and the CPVs were less motivated to work because they did not receive a stipend.

Mobilising community members was challenging given that they did not live in the same areas and CPVs had no money for transport. They added that because their work is seen as ‘volunteer’ work, they believed they could not demand pay. One CPV explained how he ended up using his own resources: *“... when you seek help from someone and ask for transport money to go get a child who has been defiled, there’s none. You have to dig into your own pocket and use whatever you have to help that child. There is so much work, but we are used to it, and those workloads are not timely. You cannot plan that at a specific time I will do this work; it comes instantly.”* (FGD with CHPs, CPVs and LVCs)

Heavy reporting requirements for CHPs. CHPs were expected to submit several reports and undertake their routine visits, as well as extra visits as necessary to pass intended messages. Some of their activities included filling books and registers, following up on TB or HIV defaulters and visiting pregnant mothers. The BFCI reporting tool is very comprehensive, requiring consideration for simplification to enhance ease of use and accuracy.

CHPs mentioned that they occasionally faced challenges of non-cooperation or cultural disagreements. They elaborated that households did not agree with their nutrition messages because they claimed they did not have the money to buy the recommended foods. Those in urban areas claimed they did not have land to grow additional foods, while others claimed they were busy and did not have time to sit and listen. There were also some conflicts during registrations in a village where everyone wanted to be registered although not everyone could join. LVCs mentioned that some husbands did not allow their wives to attend parenting sessions, so an LVC had to go to the household and counsel the husband on the importance of allowing his wife to attend. In other cases, participants did not observe meeting times, thus

making the volunteers wait, and mothers who were not receiving cash did not want to come for counselling and complained of inequality.

In relation to cultural contexts, there were some challenges between positive parenting and nutrition counselling guidelines and cultural practices around nutrition and parenting. The implementers described beliefs about different foods, for example, that eggs, should not be fed to young children. Cultural practices included cases in which men and women should not sit together, or the notion that an unmarried young trainer cannot counsel parents on parenting, especially if they come from the same community.

Challenges with Training

CHPs, CPVs and LVCs went through training to equip them with the skills to lead positive parenting sessions. They reported that the training was beneficial, and they learned a great deal. However, they also listed challenges in planning and facilitation that can be improved for future training sessions.

For the positive parenting training for CHPs, CPVs and LVCs, training time seemed inadequate, and practical topics were not always covered. Respondents from all three sub-counties in Kilifi indicated that the training days allocated for the positive parenting training were not sufficient. They felt that the trainers rushed through the modules and did not cover practical sessions. There were no recap sessions to gauge understanding. As a result, the participants ended up understanding only some of the content, and the rest grew clearer with time as they interacted with beneficiaries. The training was more challenging for those who required more time to grasp the content, for example, those more advanced in age. In Kaloleni, respondents explained that practical sessions and role plays were not covered: *“The practical areas in the training were skipped because of time. The plays could be useful for us to understand more. We went for two and a half hours daily, which is not enough because they don’t cover the practical lessons.”* (FGD with CHPs, CPVs and LVCs in Kaloleni)

In addition, the trainings were taught in English and Swahili, and translating the content to local languages has been a challenge. In Ganze, respondents suggested that peer learning would help them learn from other sub-counties: *“The modules were so many; so much was being taught in a day ... we had 15 topics in total. We taught the community what we grasped. I was thinking maybe we could have an exchange programme with other sub-counties so that we can both share what we learned and learn from each other. Also, translating to [the] mother tongue is the main issue. The little we learned we shared with the community.”* (FGD with CHPs, CPVs and LVCs in Ganze).

Lack of proper venues, inadequate materials and lack of refreshments for group training sessions for beneficiaries. CPVs and LVCs were tasked with identifying training venues (e.g., churches, schools or other appropriate public facilities) for facilitating group sessions. Some of them had challenges getting appropriate venues and ended up facilitating the sessions in

open spaces, presenting challenges especially when it rained. They also lacked some training materials like charts, notebooks and refreshments for the participants. The latter was said to have led to a decrease in beneficiaries' attention after two and one-half hours of training. CPVs and LVCs added that initially, they started with large numbers of participants, but many dropped off once they realised there were no incentives for them to attend:

One participant said: *"They don't really care that much. If you call them, they ask you, 'What is in it for us?' So that's a challenge because when we started that positive parenting, we had a very big group of almost 50, but they all disappeared ... they came expecting money.*

Another mentioned: *"Then they asked for the reference of what we would teach them. For instance, if today we would cover nutrition, they wanted a book on what we have taught them so they can show it to their husbands or wives, if they don't believe they actually went for the lessons. So, they complained that they should get books and pens."* (FGD with CHPs, CPVs and LVCs, Magarini)

Inconsistency in attending sessions. Related to the challenges on beneficiary training sessions, the volunteers and promoters explained that beneficiaries were not consistent in attending all sessions. Sometimes they would miss sessions to attend to their household chores, and others had work commitments.

Improvements over Time and Lessons Learned

Key informants and focus group respondents discussed improvements and lessons learned regarding the implementation of the three components in Kilifi. Some of the improvements included more clarity on the leadership of the positive parenting component, capacity to handle more responsibilities for CHPs and improvements in cash top-up going to the intended beneficiaries.

More clarity on leadership of the positive parenting component. Initially, there was a lack of clarity on which government agency led positive parenting. It was initially seen as a DCS component instead of DSD. At the national level, DSD has been leading the development of the National Positive Parenting Programme, and the Directorate is mandated to coordinate parenting-related activities at the county level. According to key informants, initially, child matters were reported to DCS, but now the different departments get to meet and compare notes.

CHPs have taken up more responsibilities, including answering social protection-related questions from beneficiaries (mainly about the NSNP) and helping them register. Promoters were also following up on cases in which beneficiaries did not receive money. They reported complaints to the chiefs, and they made monitoring visits to observe how the cash top-up was used.

Improvements with cash top-up going to intended beneficiaries. Even though there are still cases in which the main NSNP beneficiary does not share the NICHE top-up with the primary caregiver, the cases became less frequent in Kilifi. Initially, NSNP beneficiaries did not understand the purpose of the top-up, but local chiefs sensitised people, and money started going to the mothers or primary caregivers. CHPs also referred individual cases to the chiefs for advice: *“I once visited one beneficiary who said she had used all the money to buy clothes and used the remaining to buy flour, which she gave to the mother. We took the matter to the chief. [He] explained to her that she receives the 2,000 shillings, but the extra 500 is for the child. Some [beneficiaries] give the money to the mothers while others don’t.”* (FGD with CHPs, CPVs and LVCs in Ganze)

Respondents’ Suggestions for Improvement

In addition to the improvements observed, respondents suggested areas for further improvement. These include considering sending the cash top-up to the mothers/primary caregivers, incorporating needy households that are not under NSNP, providing additional assistance to beneficiaries to realise long-term benefits and providing stipends for CPVs and LVCs.

Consider sending the cash top-up to mothers or the primary caregivers. Despite volunteers and promoters indicating that the NICHE top-up has been going more often to the pregnant woman or mother registered for NICHE, according to various respondents, there are still cases in which the father or other NSNP recipient is not present or misuses the NICHE top-up. Giving cash to the mothers or the primary caregivers of children will further reduce cases of mothers/primary caregivers not getting their share.

Continued registration of more vulnerable households into *Inua Jamii*. According to focus group respondents, there are some disabled people in the community who do not have the required documents (ID and other documents) and therefore end up being left out and vulnerable. There are also some vulnerable mothers who are not under NSNP and are therefore left out of NICHE, e.g., a widow who does not have parents and has a strained relationship with her in-laws. Beneficiaries described various instances in which vulnerable households have been left out:

R2: *“There’s my neighbour; he lives just next to me. His house is in a deplorable state, and he has small children. One of them is one year, and [his wife is] pregnant, and she had never heard of the NICHE program. In their family, there’s no one benefitting from NICHE, and she’s suffering. This NICHE program would have helped her, but it has not yet reached her.”* (Beneficiary FGD, Magarini and Kaloleni)

According to local news agencies, registration into the *Inua Jamii* was occurring, with 500,000 more households registered in September 2023 and a commitment to reach 2.5 million people with social protection. In addition, according to FGD respondents, many *Inua Jamii*

households were not aware of NICHE because CHPs were not able to visit all households in all localities. Some beneficiaries suggested holding more community meetings to disseminate the information about NICHE.

Additional assistance to teenagers to help realise long-term benefits. According to focus group respondents, other factors prevent children from thriving despite the positive parenting lessons. These factors include poverty, lack of employment, early pregnancies and marriages, use of drugs and prostitution. Respondents suggested that children from vulnerable families under *Inua Jamii* should be further assisted by facilitating enrolment in vocational trainings to acquire skills for future employment. Of the young mothers within the positive parenting trainings, some of them joined social groups that were providing economic empowerment. It would be beneficial to explore other ways that the young mothers could be engaged to ensure that they become self-reliant or have access to reliable childcare and early childhood education for their children, and to ensure that the mothers are able to participate in self-development activities.

Synchronise the volunteer work and clarify the roles of CHPs; Organize a stipend or benefit for CPVs and LVCs. Since the community-level mechanisms are working in the same localities, it will be beneficial to have them operate under the same terms. Additionally, given the workload of CHPs, having more clarity on what their work and roles entail will be helpful in streamlining work and keeping the CHPs motivated.

Advocate for a systematic inclusion of the positive parenting programme so that it is not seen as an addition or an ad hoc component. NICHE stakeholders should also advocate for continual engagement with the CoG and with county leadership so that there is ownership of NICHE – especially after elections, when a new government takes over.

Organize training more fathers. There is a need to have more fathers trained so that they and their families can benefit from the resulting positive behaviour change. Including more fathers would create more awareness. One mother explained how her husband does not understand the need and thinks it is a waste of time:

“Also, some husbands don’t understand this programme ... you have to ask for permission [to attend sessions], but some of them don’t understand. They think you just go there to waste time. So, for him to understand that this programme is important is very difficult.” (Beneficiary FGD in Kaloleni)

Training more facilitators to be able to reach more people. Having a pool of master trainers who then train community-based cadres like CPVs and LVCs would help. The training of these master trainers is already being done.

Better preparations for training and adequate training time on positive parenting. CPVs and LVCs felt that training on positive parenting was rushed, and some of them experienced

challenges in securing appropriate training venues and materials to facilitate beneficiary group sessions. Based on this finding and in view of scaling up positive parenting, it would be necessary to evaluate the effectiveness of the training, considering the literacy levels of the participants. The content and length of trainings should also be reviewed to make them more effective.

Finalising child protection indicators and updating operation manuals of NICHE based on lessons from the pilot in Kilifi.

Consistent on-demand registration. On-demand registration ensures that beneficiaries do not have to wait until the next round of mass registration. However, ODR needs to be streamlined to ensure that eligible beneficiaries are not left out. When CHPs identify a pregnant mother or a child under 2 years of age, they assist the mother in filling out the forms and then help to submit the registration forms. A CHP explained, *“The paperwork after the [mass or on-demand] registration process is too much, and there is only one person in the office. Some documents end up getting lost. Some people are keyed in the system while others are not. This has led to conflicts in the household because some people were registered together but one is receiving money while the other one is not. I end up advising them to go to the office and check if their children are in the system. I think the data should be keyed in on the ground to avoid such issues.”* (FGD with CHPs, LVCs and CPVs, Ganze)

One key informant suggested that for ODR to be successful, CHPs would need to have a larger role in following up to ensure the beneficiary is added to the system and to have an indicator tracking the number of ODR made.

Factors to Consider for Scale-up of Positive Parenting

Respondents mentioned a few factors that will be necessary to consider while scaling up the positive parenting component to other counties. These include:

- Resourcing other counties with CPVs and LVCs and the ability to train, especially CPVs, to handle the child protection component. There is also the need to provide the CPVs and LVCs with a stipend.
- Adequate staffing and financial resources.
- Training master trainers. This is ongoing in some counties, e.g., Turkana.
- More male involvement. Training more men to realise more behaviour change in men and in households in general, given that they are the head of their household.
- Synergy and coordination with other stakeholders working on child protection to facilitate collaboration on implementation.

5.4 Sustainability

The evaluation captures the extent to which the programme provides longer-term means of ensuring continuity. Specifically, the evaluation looked at (1) the transition phase of reducing TA provided by UNICEF and (2) the sustainability of systems in light of possible scale-up of the programme (see Table 6).

Table 6. Key Findings regarding Sustainability

Evaluation Questions	Key Findings
<p>1. How has the NICHE programme advocated for children and the need for financing at national and county levels in context in the longer term?</p> <p>What measures are being taken at the county level to create systems, structures and budgets that allow for sustainability within the existing NICHE counties?</p>	<ul style="list-style-type: none"> • The BFCI approach is included in the Kenya Mid-Term Plan for Vision 2030. Counties’ annual work plans as well as the nutrition action plan are under development. • The NICHE approach is layered within the county health department, where existing county structures are being used. • Measures taken towards sustainability include capacity building, improving the eligibility criteria, and advocacy for funding and entrenching NICHE in government policies. • Other suggested measures include increased sensitisation, economic empowerment, integration, digitisation and updating the operations manual. • In view of scale-up, differences between counties that should be considered include the level of engagement of community-level mechanisms, differences in human resource capacity, additional programming in counties, cultural-context differences, cost of living and the vastness of counties.

Measures Taken to Ensure Sustainability within the Programme

NICHE is a programme in which the cash top-up component is funded by the GoK. The government receives funds from the World Bank when key targets are achieved under the KSEIP funding structure that aims to strengthen social service delivery, shock responsiveness and improvement of social and economic inclusion. Investments in NICHE are contributing to achieving these KSEIP indicators; therefore, they help sustain the KSEIP funding flow. While the government funding through the KSEIP mechanisms is relatively sustainable, other sources, such as the TA provided by UNICEF, are projected to finish by the end of the year. Efforts to entrench NICHE fully in government policy are already ongoing.

The BFCI approach is included in the Kenya Medium-Term Plan for Vision 2030. Counties’ annual work plans as well as the nutrition action plan are under development. The Kenya Vision 2030 Flagship Programmes and Projects Progress Report (FY 2020–2021) documents the progress made, including the development of the BFCI training package and the trainings conducted for CHPs and health care workers. The nutrition action plan mentions prioritising better functioning of community structures to stimulate the uptake of nutrition services. The NICHE approach is also layered within the county health department, where existing county structures are being used. Various county nutrition action plans describe strategies for carrying out health and nutrition education as well as sensitisation of CHPs.

According to key informants, some measures taken to ensure the sustainability of NICHE include capacity building, advocacy for funding and entrenching NICHE in government policies. A substantial amount of capacity building has been done at the county level, especially training of county officers, health workers, children’s officers and social development officers. In addition, the development of training materials for community-level mechanisms will help ensure the continuity of the programme through continued delivery of nutrition and positive parenting messages. However, there is a need for continued training of new staff, mentorship and supervision to ensure that high-quality messages continue to be delivered.

Having sufficient funding for NICHE implementation at the county level is a major factor for sustainability. Entrenching NICHE in government policy and establishing well-known objectives that are aligned and integrated with other programmes and policies will help ensure allocation of public finance. Having shared objectives with other interventions will help to advocate the objectives of NICHE across sectors and with the treasury. It would also be beneficial to explore the decentralisation of some of the funding mechanisms to address local priorities and improve programme implementation. For example, including NICHE in the CIDP, strategic plans and annual development plans will contribute to ensuring the allocation of funds.

For expansion to new counties, there would be a need to allocate public finance for capacity building. Depending on the existing programming in the county, the required budget should reflect the possibility of relying on partner support for implementation, for instance, sensitisation and advocacy around nutrition messaging. Besides the initial costs of sensitisation around NICHE, training officers in their roles (e.g., the use of the MIS and training community-level mechanisms) should be included.

Other suggested measures include increased sensitisation, economic empowerment, further integration and digitisation.

- **Community sensitisation.** It will be important to continue ensuring that cash is spent to benefit the well-being of the child. Communities should continue to be sensitised about the programme components. In addition, households should continue to be made aware of their rights and the available grievance mechanisms to ensure that feedback flows back to the implementers to resolve any emerging needs.
- **Economic empowerment.** Sustainability of programme benefits can be further realised through strengthening of economic empowerment initiatives and resilience. Beneficiaries continue to be vulnerable after they exit unless they manage to make changes in their livelihood or start income-generating activities that can sustain them in the long run. A county-level respondent emphasised the need to think about what happens to beneficiaries after they exit:

“If this person can be trained on entrepreneurship and they are given some kind of capital to begin some business and they are monitored for some time. If they are doing farming, they are supported to do that, then once this person looks like he’s on his feet, they can be left. But when you just exit them abruptly because the child has attained that age, they go back to where they were.” (KII respondent from Kilifi)

Beneficiaries also mentioned the need to further support teenagers and younger women through assistance in enrolling in vocational training, for example, to ensure that the gains made through positive parenting counselling are not undone due to poverty, lack of employment or negative peer influence.

- **Continued collaboration and integration with other sectors and ministries will be a way of ensuring sustainability and enhancing prevention.** For instance, more engagement with the Ministry of Agriculture will enhance food security in terms of providing seeds, and with the Ministry of Water to provide water for WASH and irrigation. This will help ensure that more nutritious foods are available, reducing the need to manage malnutrition. In addition, identifying any local partners who are already implementing NICHE components or related interventions such as nutrition messaging within a new county may help strengthen advocacy, encourage cost sharing and leverage existing infrastructures.
- **Use of the technology to facilitate and simplify processes.** Currently, data are entered into the system using tablets, making data entry labour intensive. Respondents stated that to ensure sustainability, better ways of utilising technology to simplify processes need to be explored. For example, smartphones can be used in addition to tablets to capture data or to more swiftly enrol beneficiaries through ODR, eliminating the need for paperwork. A respondent from Kitui stated that they are already using smartphones for data entry to avoid loss of data: *“We make sure that the supervisors have communicated to them to upload all data in their smartphones. Otherwise, if it’s not done, then we can lose data on potential beneficiaries of NICHE.”* (KII respondent from Kitui)
- Another avenue that has been adopted through NSNP is to send cash to beneficiaries through M-pesa, which has reduced the time needed by beneficiaries to go to banks to collect their cash.
- **Periodic review of the operations manual and updating it based on lessons learned.** The operations manual is a good source document for the implementation of NICHE. However, as lessons continue to be learned from implementation, it would be necessary to keep reviewing and updating the manual based on those lessons learned. An example is the review of the NICHE age of exit from 2 to 3 years old or the inclusion of the positive parenting lessons learned.
- **Social behaviour change.** UNICEF Kenya worked with partners to develop an evidence-based social and behaviour change communication strategy. The strategy aims to

optimise the use of the NICHE top-up payments to improve health, nutrition and child protection behaviours amongst caregivers in the five counties. UNICEF supported printing Information, Education and Communication materials. Other social and behavioural change communication activities conducted include supporting 86 radio spots to pass MIYCN key messages to the local community in Kitui. Approximately two million people were reached with the key messages on MIYCN.

The key messages were developed in consultation with sub-county nutritionists, health promotions officers, UNICEF and implementing partners' staff. In Kilifi, 77 radio spots and 4 radio shows on health, nutrition and positive parenting were created to promote social behaviour change communication through a local radio station. The shows primarily target pregnant and lactating mothers and their spouses. Approximately one million listeners tuned in for the sessions. In Turkana, UNICEF supported 4 radio talk shows and 24 radio spots through local radio to promote social behaviour change, reaching approximately 250,000 individuals (NICHE annual report, 2022).

Consideration of Geographical and Cultural Differences within the Counties to Ensure Successful, Sustainable Scale-up

In view of the scale-up, even though there is one operations manual for all counties, there are some differences to be considered in terms of implementing NICHE in the different counties. Some of these differences include the extent to which community-level mechanisms are engaged, differences in human resource capacity, additional programming in counties, differences in cultural context, cost of living, and geographical vastness.

Engagement of CHPs, CPVs and LVCs. The passing of the Community Health Strategy bill ensures that all CHPs are paid a stipend: *“For example, in Kilifi where I work, the Community Health Strategy bill has been passed, and we expect the government to begin giving CHP stipends, hopefully by mid this year [2024]. The moment CHPs begin receiving stipends, that’s already a very huge step in terms of government sustaining the structures for NICHE implementation.”* (KII respondent from Kilifi)

A related issue is the compensation of CPVs and LVCs, who do not get a stipend although they work in the same localities as the CHPs. Efforts to advocate for a stipend for CPVs and LVCs have begun, which will contribute to ensuring the continued use of this workforce and sustainability for all NICHE activities.

Additional programming and resource competition in counties. Some counties have invested more in nutrition, reducing the need to over-rely on partners, which enhances enhanced sustainability of the programme. However, a respondent mentioned that in some counties with arid and semi-arid land in where there was a lot of programming, some partners were offering better allowances than others. In these areas, officers put more effort into monitoring activities that offer better allowances and may not be as motivated to monitor

those that offer lower or no allowances, like NICHE: *“People will see it as, if I’m told to go and do NICHE, which has no money, and someone else is calling me to go and do monitoring for response, which attracts a daily subsistence allowances (DSA) of 11,000 per day, where will I go? [Officers] have been given this option, so they go with the better option, and the programme will suffer. Where we have a few programmes like, let’s say Kitui, NICHE is a big programme to run, but in Turkana it might not even ring a bell because we have many other programmes running.”* (KII respondent from Turkana)

Differences in human resource availability. In some remote areas, some health facilities are understaffed, for example, with only one health care worker running a dispensary. In relation to training health care workers for NICHE, if these workers must attend an eight-day training, it means that their health facilities are left unstaffed for that period. The vastness of some counties and the terrain increase training costs due to transportation challenges, because only a few participants can be trained in each locality, driving up costs.

Differences in cost of living may affect effectiveness. Respondents cited the need to evaluate and determine whether the Ksh 500 top-up is sufficient in different contexts. In arid lands and urban areas, the cost of some food groups is high, leaving little money to purchase other required food groups. In addition, beneficiaries in these areas may not be able to grow their own food to supplement or reduce what they need to buy. Furthermore, the cost of living has been rising, and a revision of the cost would help address economic realities. A respondent from MoH underscored the need to provide a reasonable amount: *“We may have made [an] impact in terms of a transformation of nutrition knowledge. But for that nutrition knowledge to be able to work, then the money has to be at least reasonable to afford the food groups that we are recommending.”* (KII respondent from MoH)

Awareness of cultural differences and sensitivities for each county is important. There are cultural differences in the different counties, and respondents mentioned the need to consider these in the implementation of NICHE. One is in relation to the training manuals that are in English and that contain certain foods as examples. Translating the manuals to local languages would make it easier for CHPs to use and sensitise the trainers to use relevant foods as examples. A community health promoter from Kilifi explained how translation to local languages is a problem: *“We were taught in English and Swahili, but in the community, you have to speak mother tongue. Therefore, translation is a problem.”* (FGD with CHPs, CPVs and LVCs, Kilifi).

Another consideration is the values and practices that exist around social protection, health and food. For example, different populations may require different approaches to follow-up, knowledge translations or habits. For instance, in some cultures, certain foods should not be fed to small children. If the training materials use those examples, the lessons may become less effective.

Transition Planning and Government Readiness

The government has increased the readiness to implement and lead all aspects of NICHE. However, **key informants suggest continuing with a gradual phase-out from UNICEF as opposed to a full exit.** UNICEF has been providing NICHE with TA on training, capacity building, technological assistance and coordination of partners.

Respondents had mixed opinions on whether the government is capable of fully implementing NICHE given the current implementation modalities and budget needs. The government may still need support, but with reduced intensity of engagement by partners. Respondents, however, agreed that there is a need to continue with the TA activities in terms of continual capacity building and mentorship as well as the need for a larger workforce (especially for the child protection component).

In relation to funding, there is a need for continued advocacy to have NICHE elements budgeted under routine projects, to ensure adequate funding to continue with TA activities. A respondent from UNICEF explained that the main challenge for government is limited resources: *“Coming to the end of TA does not spell any doom in terms of operations of the government. There will be challenges not related to NICHE but within government where programmes compete against limited resources. These are usual challenges in the public sector and not because UNICEF pulled out.... As TA ends, we still have visions in our programmes through support to government.”* Respondents added that adopting cost-cutting measures (e.g., further adopting ODR and implementing cost-saving measure for training) will be necessary, emphasising the need to evaluate and see where to cut costs, optimise more or have trade-offs.

In terms of the government’s readiness to take over TA activities fully, respondents indicated that the government has been implementing them, they know what is required and they have the capacity. All that will be needed is the budget. There are, however, some concerns about whether the programme will still run smoothly without TA from UNICEF to facilitate the work with partners given that the government does not have enough resources to provide all programmes. A key informant from Kilifi indicated that since implementing partners left the county in October 2023, the stipend that used to go to CHPs and other facilitation stopped; therefore, there are concerns about the ability of counties to continue with these activities: *“Why I don’t think our government is ready, because from October we’ve been away, and our CHPs, you know, we used to give them a monthly stipend because of the many activities that they were doing, but since we have been away, they have not been getting any stipend and ... so when we came back, some people were reporting that since you guys went away we’ve really suffered; we’ve been having to spend our pocket money to do this thing, and it’s very expensive. We used to go with our vehicles, maybe supply them with materials and all that, and then have meetings with them, but since we went away for some time, they have sort of*

suffered. I don't think the county has really taken moves to take full control of NICHE." (KII with implementing partner)

Suggestions for Sustainability

Key informants mentioned additional suggestions to strengthen the sustainability of the programme, including stronger coordination roles, a more enhanced feedback loop and timely release of funds.

Partner coordination. There is a need for a strong coordination role amongst all the partners, including various implementing partners, as well as coordination across the national and county levels. Coordination is especially important to avoid a gap when UNICEF transitions out.

Grievance and feedback system. For the programme to continue succeeding, the government needs to continue learning from the beneficiaries – thus, the need to ensure that the feedback loop from the beneficiaries is enhanced and the feedback is reviewed and acted upon.

Timely release of funds. To ensure a smooth continuation of training activities, funds for training would need to be released promptly. A respondent in Turkana gave an example that for training carried out in June 2023, the participants were paid in December, indicating an issue with delayed funds disbursement.

5.5 Effectiveness

A programme's effectiveness is determined by the extent to which it achieves its overall objectives set out in the theory of change (*see Annex A*). This section presents an assessment of progress made in attaining the key outcomes of NICHE, as measured through secondary data triangulated across the programme documents and perceptions of effectiveness from the primary data from key informant interviews (KIIs) with key stakeholders and FGDs with beneficiaries and community volunteers (*see Table 7*). Note that while this evaluation is not an impact evaluation, effectiveness is limited to latent data and perceptions.

Table 7. Key Findings regarding Effectiveness

Evaluation Questions	Key Findings
1. Has the NICHE Programme achieved its planned targets? What enablers and barriers (internal and external) facilitated/constrained these results?	The programme made implementation progress across the six deliverable areas of NICHE: <ol style="list-style-type: none"> 1. Supporting the setting up of NICHE coordination systems at both the national and the county levels 2. Establishing, strengthening and embedding a beneficiary registration system 3. Strengthening Community Health Strategy in targeted counties towards delivering high impact nutrition interventions for cash beneficiaries

4. Improving **nutritional status of households** receiving cash transfers and nutrition counselling
5. Improving **protection of children** in Kilifi and preparing for expansion to other counties.
6. Setting up a functional **monitoring and quality assurance systems** at National and county levels.

Perceived effects were achieved in the core components of NICHE.

Stakeholders described positive changes in **nutrition outcomes, technical capacity, community engagement and livelihood development activities**.

Success factors that have contributed to perceived effects of the programme include:

- Leveraging of existing programmes
- Successful engagement of multiple stakeholders
- Rollout of payments of CHP stipends:

Barriers to achieve change have been:

- Resource allocation and funding flows
- Knowledge about NICHE
- Insecurity in certain areas and geographical constraints
- Environmental factors
- Motivation for attending positive parenting trainings
- Misallocation of cash top-up funds
- Reporting tools cited as a challenge
- Beneficiary exits and retention

Achievement of Programme Goals

The overarching goal of NICHE was to develop an integrated social protection, cash transfer and nutrition model using community health platforms to enhance the quality of life and well-being of vulnerable children under 3 years of age and their families (NICHE annual report, 2020).

The objectives of NICHE are reflected in the following six deliverable areas, which are detailed in the NICHE Annual Report 2022 (UNICEF, 2022) and are aligned with the ToC's pillar 1 and 2 activities:

- Supporting the setting up of **NICHE coordination systems** at both the national and county levels
- Establishing, strengthening and embedding a **beneficiary registration system** with Kenya's NSNP
- Strengthening **Community Health Strategy** in targeted counties towards delivering high-impact nutrition interventions for cash beneficiaries
- Improving **nutritional status of households** with pregnant or lactating women and children under 2 years of age; Improving **protection of children** in Kilifi
- Setting up a functional **monitoring and quality assurance systems** at the national and county levels

The following section highlights key achievements made in each of the deliverables since the inception of the programme in November 2019.

Deliverable 1: Establishment of NICHE coordination systems at the national and county Levels

This deliverable involved setting up structures for implementation of the programme and developing the requisite capacities necessary for sustaining NICHE operations beyond the UNICEF TA. During the first year of its implementation, sensitisation activities and consultation forums were held at the national level and across the five focus counties. A national NICHE Secretariat that comprised representatives from MLSP, MoH, NDMA and UNICEF was formed to coordinate and oversee the implementation of the programme. An MoU with key actors (MLSP, MoH, NDMA and the five NICHE counties) was developed and signed in April 2021, thus institutionalising NICHE within the government structures and creating its visibility. The multisectoral coordination structures facilitated joint planning, joint implementation and joint monitoring of NICHE programme at both the national and the county levels. Key achievements made by the coordination structures included the following:

Development of a NICHE operations manual. The operations manual, which was developed through a highly consultative process during the first year of the programme, was completed and launched in the first quarter of the second year. The operations manual guides the rollout of key processes including the registration, the MIS and the setup of coordination structures at the national and county levels of government.

NICHE planning and review meetings. The NICHE Secretariat held at least one meeting each month. These meetings were instrumental in reviewing implementation progress. County-specific meetings with other implementing partners were held at least quarterly. An average of five Secretariat meetings were held in each of the five counties (NICHE Annual report, 2022).

Continued sensitisation of national- and county-level stakeholders. Sensitisation of NICHE continued throughout the implementation of the programme, bringing on boarding partners like World Vision, Action Against Hunger and Concern Worldwide. Following the 2022 general elections and the subsequent change of national and local authorities, the joint NICHE programme team (DCS, MoH, UNICEF, World Bank and FCDO) undertook a series of high-level introductory and advocacy meetings with county government officials to enhance awareness on the programme.

High-level advocacy through joint visits by senior national and county government leadership. Joint review missions led by World Bank were held in 2021 and 2022. The purpose of the missions was to assess programme interventions' relevance to beneficiaries and review of field implementation challenges. The visits provided an opportunity to raise the visibility of

NICHE to high-level government leadership while strengthening county engagement in the implementation as stipulated in the MoU (2022).

In Kilifi, the joint mission was attended by the Cabinet Secretary for the Ministry of Public Service; Youth and Gender Affairs; senior officials from the Ministry, particularly the State Department for Social Protection and the MoH; county-level officials, including the County Executive Committee Member for Health, Kilifi County and sub-county NICHE Programme Secretariat, Senior officials of the World Bank, UK FCDO and UNICEF representatives, and other UNICEF Kenya staff. The mission in Kilifi raised the NICHE programme's visibility to the level of the Cabinet Secretary, soliciting her **commitment to resolving the challenges of the availability of counterpart funding in liaison with the National Treasury**. The mission also recognised that the **value of the cash top-up was small** and that there were **few NICHE beneficiaries** in each village compared to the needs/eligibility of beneficiaries.

Multisectoral approach. Given the multisectoral nature of nutritional interventions, NICHE has a deeper understanding of its linkages with related sectors, for example, the important role of agriculture in securing adequate nutrition. NICHE sensitisation activities in all counties included other sectors, such as WASH, agriculture and education, to support the rollout of nutrition counselling.

Through all the above strategies, the NICHE programme has made significant progress in enhancing its coordination and raising its visibility at the national and county levels. For example, in December 2023, NICHE issued a government press release announcing the disbursement of an additional Ksh 6,118,000 to NICHE beneficiaries (MLSP, December 2023).

Deliverable 2: Strengthen NICHE registration system embedded in the National Safety Net Programme

NICHE aimed to progressively enrol 23,500 NICHE beneficiaries over a period of five years. A mass registration at the start was jointly done by DCS, DSD, MoH, NDMA and UNICEF across all five counties in March and April 2020. In total, 12,301 beneficiaries were registered using MIS listings and registration modules. An additional 1,564 beneficiaries were registered through a second round of mass registration in December 2021. Guidelines for ODR were developed and capacity built on the process of replacing exited beneficiaries through registration using existing county structures. The guidelines were rolled out in 2021, bringing on board 4,347 new beneficiaries in 2022. The number of beneficiaries registered through mass and ODR across the five NICHE counties from 2020 to 2024 more than doubled from the initial target of 23,500 to 61,638, representing a 262 per cent increase (*see Table 8*). The increase in registration over and above the initial target could have been attributed to the start-up mass registrations that led to registration of more than 12,000 households and the subsequent ODR. Initially, NICHE was meant to cover three sub-counties in each of the targeted counties. At the beginning of 2023, scale-up of the programme to additional sub-

counties per country was ongoing. For an overview of the registration by NSNP programme, county and year (see Annex E).

Table 8. Number of NICHE Beneficiaries Registered per Year

County	2024	2023	2022	2021	2020 (Mass Registration)	Total
Kilifi	2,748	1,415	1,851	2,026	1,965	10,005
Kitui	4,824	2,707	1,262	2,353	1,728	12,874
Marsabit	301	2,791	945	2,737	4,586	11,360
Turkana	4,002	6,816	2,516	5,074	1,566	19,974
West Pokot	447	2,004	940	1,578	2,456	7,425
Total	12,322	15,733	7,514	13,768	12,301	61,638

Source: NICHE MIS (for 2021–2024 data; 2024 data are estimated until June 22, 2024); NICHE Annual Reports, 2021 (for 2020 data).

Challenges with both mass registration and ODR were reported due to the lengthy and laborious processes involved. This has been acknowledged, and strategies to simplify the registration are ongoing.

At the time of the evaluation, 47,306 registrations were made (see Table 9). Of these, nearly 25 per cent had exited the programme, leaving 35,363 remaining households in the programme. Table 9 highlights that the number of households registered based on an eligible pregnant woman was far less common than a child under 36 months of age. ODR required community validation, which made it difficult for pregnant women to participate in the validation process. Subsequently, changes in NICHE were instituted to allow validation based on antenatal care booklets, making it easier for women to be registered when they were pregnant.

Table 9. Aggregated Number of Total Registered and Total Exited Households

	Any Eligible Household	Households with a Child under 36 Months of Age	Households with a Pregnant Woman
Ever registered between 2021–2024	47,306	46,610	696
Exited up to date	11,943	11,422	521
Currently registered	35,363	35,188	175

Note: Data retrieved until June 30, 2024, NICHE MIS. Note: No data for 2020.

(i) Strengthen Community Health Strategy to deliver nutrition interventions for cash beneficiaries.

NICHE was designed to utilise the Community Health Strategy to promote the uptake of health and nutrition services and to adopt recommended nutrition practices at the household level. NICHE has strengthened the community structures to deliver the programme through

enhancing capacity of CHPs, advocating for payment of stipends and development of tools to enhance community health reporting. This was achieved through mapping of existing community health units (CHUs). A total of 1,049 CHUs were mapped, and in 2022 only 386 (37%) were implementing nutritional counselling. Nowadays, 977 of the same 1,049 CHUs (93%) are offering nutritional counselling (see Table 10).

NICHE facilitated linkages of the CHUs to specific health facilities and identification of community health extension workers to mentor the CHPs. NICHE motivated CHUs to become more active, resulting in nearly 4,300 mentorship review meetings across the five counties: *“Before NICHE, there was nothing happening in the community. Most of the community units were dormant... Because now we have community units through BFCI or through NICHE, I can say for a programme to be a success, there has to be community ownership.”* (KII respondent)

Table 10. Number of Community Health Workers Trained by County

	All	Kitui	Kilifi	West Pokot	Marsabit	Turkana
Community Health Units (CHUs) (Mapped & Linking Beneficiary with Health Facility)	1,049	247	235	240	113	214
CHUs implementing NICHE	977	247	251	175	87	217
Health workers trained on Baby Friendly community Initiative (BFCI)	1,286	421	267	189	215	194
Health workers trained as CHPs trainers per county (BFCI TOTS)	149	20	39	30	30	30
Health workers trained as CHPs trainers per county (C-BFCI TOTS)	166	43	20	23	32	48
Capacity-building community health promoters on BFCI – 5-day course	12,319	2,369	3,540	1,710	1,839	2,861
Mentorship – CHP review meetings (Target: 1 CHU/month)	4,297	2,461	145	1,134	340	217
Community mother support group trained BFCI	7,207	2147	1522	1287	524	1,727
Number of mother-to-mother support groups (MtMSG)	6,822	1,669	1312	587	433	2,861
Number of MtMSG engaged in nutrition-sensitive initiatives	2,750	996	1312	240	56	146
MtMSG members	78,368	20,918	12,021	8,805	5,589	31,035

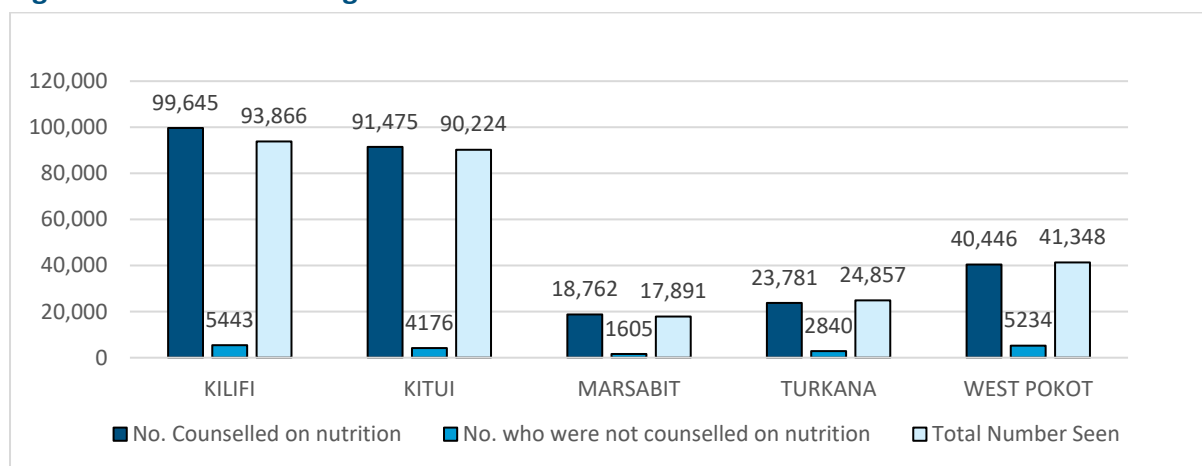
Source: NICHE MIS, August 2024.

The strengthening of BFCI included 1,286 health workers being trained, including training of trainers, resulting in the capacity to lead 5-day trainings for 12,319 CHPs (see Table 10). Following the CHP training, each CHU developed its own work plan in a pre-populated activity plan template. The activities included conducting household mapping and registration, formation of MtMSG and conducting household visits to educate and/or counsel mothers/caregivers on MIYCN and to support the monitoring of growth and nutrition status

of both mother and child. By August 2024, 6,822 MtMSG reached 78,368 mothers across the five counties. Forty per cent of all MtMSG focused on MIYCN.

The coverage of CHUs implementing BFCI has increased the number of households who were visited and received nutrition counselling. NICHE beneficiaries as well as non-beneficiaries living in NICHE communities received nutrition counselling (see Figure 2). A total of 274,109 people were reached with nutritional counselling messages, with Kilifi reporting the highest number of caregivers of children aged 0–23 months who were counselled on nutrition, followed by Kitui.

Figure 2. Number of Caregivers Counsellled on Nutrition



Source: NICHE MIS, August 2024.

Besides capacity strengthening, NICHE continually sensitised the Community Health Management Teams to prioritise public funding for CHP stipends. As counties enacted Community Health Strategy bills, a critical framework for securing county funding for remuneration of CHPs was formed.

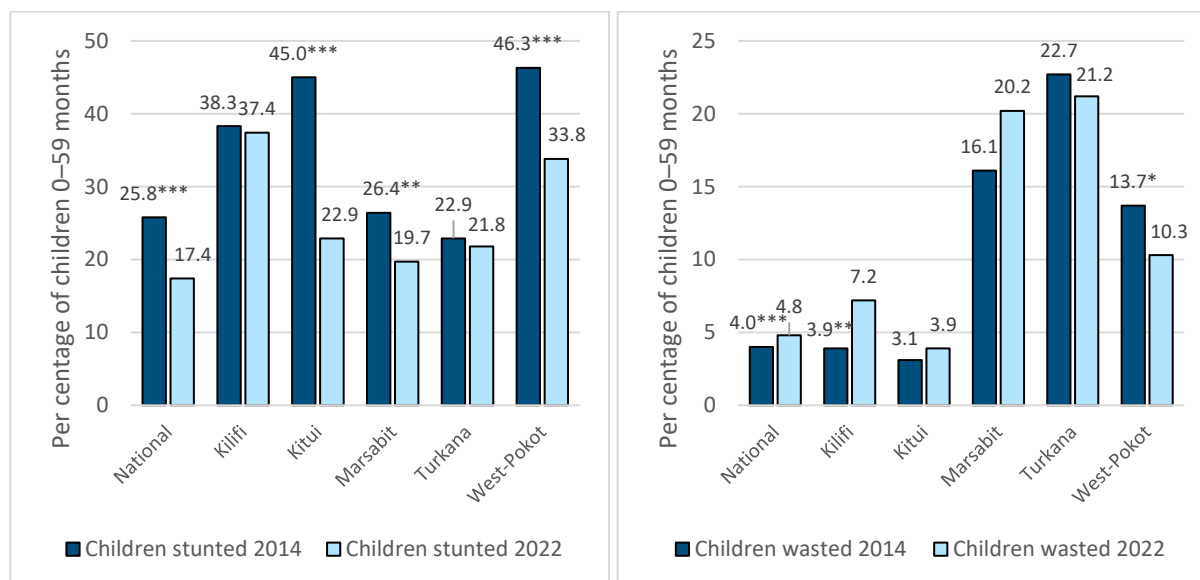
Additionally, NICHE supported development and pretesting of CHP reporting tools, which were formalised and assigned MoH codes: Form 1a (MoH 281), for children; Form 1b (MoH 282), for pregnant and lactating mothers; Form 2 (MoH 751), which is the BFCI community health summary tool; and the household registration tool for mapping eligible beneficiaries for BFCI (MoH 513). However, the tools were very detailed and tedious to complete. A UNICEF review recommended simplifying the tools to only collect data on coverage of NICHE disaggregated by gender and dropping the prevalence indicators, which are best collected through surveys.

(ii) Demonstrate improved nutritional status of NICHE beneficiaries.

NICHE aims to improve the nutritional status of the target beneficiaries, and while the impact of NICHE on nutrition outcomes is beyond the scope of this evaluation, various key stakeholders expressed positive changes in nutrition outcomes, such as breastfeeding, exclusive breastfeeding, complementary feeding, antenatal clinic visits and dietary diversity.

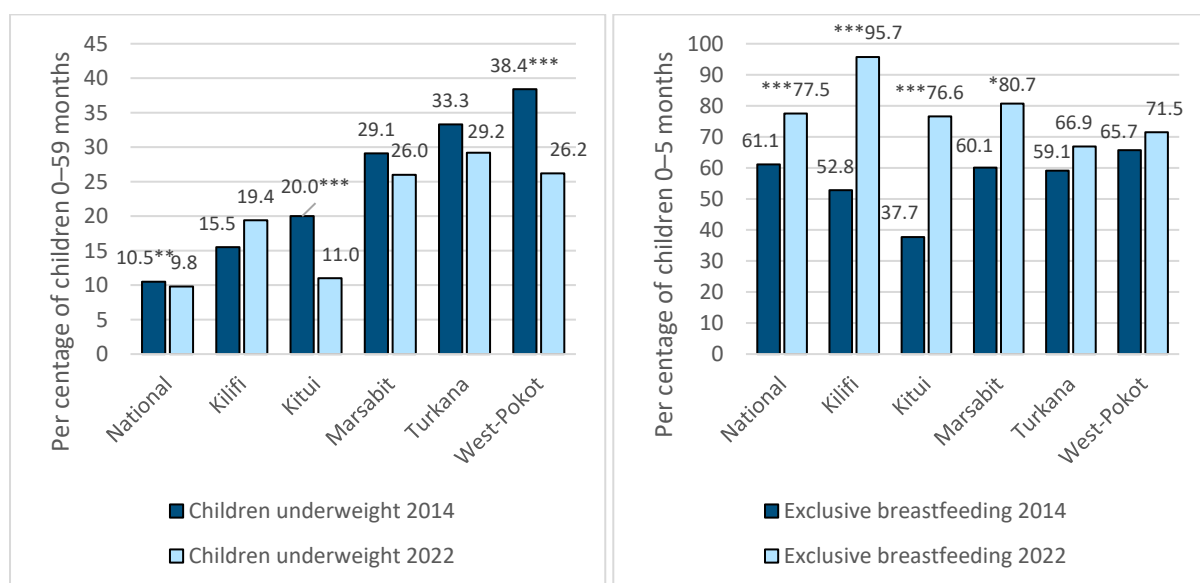
When triangulating these perceptions with data from the last two waves of the Kenya Demographic and Health Survey of 2014 and 2022, the statistical changes are more nuanced. For stunting, Kitui, West-Pokot and Marsabit reported significant reductions, while Kilifi and Turkana did not show statistical progress. For wasting, there was a national-level increase observed in Kilifi, Kitui and Marsabit. For Turkana and West-Pokot, there were minor (insignificant) reductions (*see Figure 3*).

Figure 3. Changes in Stunting and Wasting Levels, by County and National Level



Note: KDHS 2014 and 2022. Authors' calculations. Statistical significance between the years is represented as follows: * $p < 0.01$, ** $p < 0.05$, *** $p < 0.10$.

Figure 4. Changes in Wasting and Exclusive Breastfeeding, by County and National Level



Note: KDHS 2014 and 2022. Authors' calculations. Statistical significance between the years is represented as follows: * $p < 0.01$, ** $p < 0.05$, *** $p < 0.10$.

The results on underweight and exclusive breastfeeding show more positive changes for the NICHE counties (see Figure 4). For all NICHE counties except Kilifi, the proportion of children under 5 years of age who are underweight decreases between 2014 and 2022. The difference in Kilifi is statistically insignificant. For exclusive breastfeeding, there is national-level increase, which is also found in Kilifi, Kitui and Marsabit. The difference for the other two NICHE counties seems positive, but the results between 2014 and 2022 are not statistically different from each other. Note that these results are due especially to their association with NICHE and therefore should be interpreted with caution, as the time period covers several years prior to the implementation of NICHE.

In addition, external factors may have positively (e.g., increase in welfare) or negatively (e.g., droughts or other weather-related shocks) influenced the nutrition outcomes during the same time period. The results are useful to indicate overall trends in nutrition in the five selected counties, and stakeholders' perceptions may be helpful to identify at least some of the contributing factors to change. The following stakeholder in Turkana shows not only that they are positive about the recent developments in nutrition outcome but also that they believe that NICHE played a role in it: *"It's also like for Turkana, under malnutrition, we were able to improve ... We cannot say that it's all NICHE, but somehow in a way, it has contributed to our reduction."* (Respondent, Turkana)

NICHE annual reports from 2020 to 2022 demonstrated improvements in nutrition process indicators through the CMSGs. The CMSGs comprise members selected from the community who help local leaders plan and execute integrated nutrition counselling with practical demonstrations on cooking and kitchen gardens in West Pokot, Kilifi and Turkana. For example, in West Pokot, the CMSG mobilised resources for the establishment of a resource centre and breastfeeding spaces and lobbied to set up a kitchen garden at the facility to act as a demo plot during the bimonthly community gathering. Similarly, in Turkana, the Ministry of Agriculture was involved in training MtMSG on potentially sustainable, income-generating activities through a project known as Agri-Nutrition. The CMSG also included cooking demonstrations aimed at equipping the mothers with knowledge and skills on meal planning, preparation and management.

In Kilifi, 80 CMSGs, which included a CPV, an assistant chief and an agriculture officer were formed. A drought emergency motivated the groups to start kitchen gardening. Twenty-three cooking demonstrations were done through MtMSG. Similarly, CMSG gatherings in Kitui integrated cooking demonstrations at village level. Health and nutrition education sessions were done with an emphasis on the Frequency, Amounts, Timeliness, Variety, Active Feeding and Hygiene (FATVAH) feeding principles of children aged 6–23 months and caring for pregnant and lactating mothers.

(iii) Demonstrate improved protection of children in Kilifi County: Improvement in parenting skills.

During the first year of NICHE, mapping of community-based child protection mechanisms was done towards the development of the National Positive Parenting Programme, and the establishment of the multisectoral technical working group to oversee the process. An Interagency committee comprised of representatives from the MoH, Ministry of Interior, DCS, DSD World Vision, UNICEF, National Council for Persons with Disability, AMURT, Changing the Way We Care, department of gender and Compassion International. Fifteen supervisors and 56 facilitators were trained on the draft manual, parenting group sessions and family based alternative care reform strategy. Sixty CPVs were recruited and trained on the standard child protection paraprofessional training package.

The CPV and LVC were trained to facilitate parenting group sessions for NICHE beneficiaries and other existing MtMSG. Community health promoters, 1,549 in number, were trained in BFCI and nutrition counselling, and they were sensitised on positive parenting. Alternative care committees were established to support child protection initiatives in Ganze and Kaloleni. The National Positive Parenting Training Manual was drafted, piloted and pretested in Kilifi.

Piloting of the National Positive Parenting Programme created a platform for the convergence of social protection, nutrition and child protection services in Kilifi County. The manual set an institutional framework for scaling up integrated child protection and social protection interventions. Joint support supervision in 2022 revealed weak linkage between CHPs and CPVs. In response, the joint supervision team recommended the strengthening of the relationship between CHPs and CPVs for effective service delivery and a referral system for both nutrition and child protection issues at all levels for the beneficiaries.

The programme sought to maximise the synergy and collaboration amongst child protection, social development, social protection and community health platforms through their community-based paraprofessionals – namely CPVs, LVCs and CHVs for the delivery of positive parenting education as well as promotion of family-based care. The CHP started incorporating key positive parenting messages in their day-to-day home visits and MtMSG. A total of 1,382 parents and caregivers were reached with parenting group sessions through existing community structures under the NICHE programme. As of December 2022, 11,706 parenting sessions have been completed and reported through the NICHE MIS. Because the pilot in Kilifi is ongoing at a limited scale, it is too early to observe any shift in parenting outcome indicators at the household level or for the NICHE county as a whole.

(iv) Establish functional NICHE monitoring and quality assurance systems at national and county level.

This deliverable set the framework for the development and adoption of functional and integrated information systems, and for the establishment of collaborative systems for tracking project performance. The NICHE programme established an MIS that captures data on nutrition counselling, case management and grievances reported. The NICHE MIS was built

on the CCTP-MIS, HSNP-MIS and KHIS. The system was rolled out in all five NICHE counties, and a three-day training on the system was conducted in the counties. The MIS has modules on listing households, and registration of beneficiaries and payment all fully integrated into the CCTP-MIS. Thirty-three trainers drawn from relevant department/directorates of the MLSP and MoH were equipped with knowledge and skills necessary for utilising NICHE MIS. The training was cascaded downwards, targeting 250 participants including children's officers, nutrition officers, CHAs and Center for Health Solutions focal persons. On-the-job training and mentorship continue to further support the use of the MIS.

Every month, the CHAs collate the monitoring reports in addition to other monthly reports for the health facility, which are then sent to sub-county health records information officers for entry into the NICHE MIS. Capacity gaps in completeness, timeliness and errors in data collation have been observed with only about 30 per cent of CHU reporting in Marsabit and Turkana at the beginning of the year. The MoH, with support from UNICEF, continues to support CHV monthly review meetings and to provide guidance to the CHAs on data reporting: *“One of the biggest gaps we have had is the reporting whereby there has been a complaint that the Baby Friendly Community Initiative reporting tool is quite comprehensive and it needs to be simplified for them. Quite a lot of reporting issues have come during NICHE from the end of the Baby Friendly Community Initiative.”* (KII Respondent)

Further Perceptions of Achieved Targets

CHPs and LVCs perceived that through the NICHE programme, there have been positive changes in both nutrition-related practices and knowledge dissemination. They reported noticeable beneficiary improvements in terms of (exclusive) breastfeeding, complementary feeding, antenatal clinic visits and dietary diversity, which are partly supported by the county-wide changes in nutrition outcomes (*see Figures 3 and 4*). Beneficiaries reported that they now know the importance of a balanced diet and diverse food groups for their children's well-being and growth. They now provide their children with a variety of nutritious foods, such as sweet potatoes, bananas, vegetables, fish and meat which has led to improved children's weight, overall health, increased energy and resistance to common diseases.

There has also been enhanced technical capacity of community mechanisms, such as the CHPs, who are now able to undertake high-quality nutrition counselling. An implementing partner respondent indicated that some good progress has been made: *“We are also able to see improvement in terms of the technical capacity of the health workers, the CHPs, in terms of being able to undertake high-quality nutrition counselling. So, I would say overall, we've been able to achieve significant improvement. We are not yet there, but we have been able to achieve some good outcomes on the project.”* (KII, Implementing Partner)

Stakeholders at various levels, including beneficiaries, implementers and government representatives, reported increased community engagement and ownership with the programme's impact, reportedly extending beyond NICHE beneficiaries to the entire

community and other programmes such as WASH. When conducting counselling, CHPs reach out to all community members with children under 3 years of age, whether or not they receive the cash top-up from NICHE, which was one of the rationales under BFCI. The creation of MtMSG has allowed mothers to learn together, exchange experiences and support one another. The groups have initiated group savings and lending, which enhances financial literacy, encourages savings and promotes development of further income-generating activities, leading to economic empowerment. In West Pokot, a respondent reported that the community members built a community resource centre from the profits of their businesses, fostering knowledge sharing and maternal and infant health discussions.

Beneficiaries reported the preliminary impact of positive parenting. It was noted that through the counselling received and learning through group sessions, families were better at communication, budgeting and planning. Spouses are now better able to resolve their differences to maintain a peaceful environment amongst spouses, children and neighbours. Positive parenting has improved parent-child relationships, with mothers reporting reduction in violent discipline and strengthened knowledge and skills on positive discipline as well as enhanced performance in school. Positive parenting counselling and group sessions have encouraged male involvement in family care, addressing a gap in a patriarchal society.

A respondent mentioned that birth registration has increased, allowing children to access health care and education. Birth certificates make it possible for children to be registered in the National Education MIS, enabling the government to recognise them as students. Given the shorter implementation period of the Kilifi pilot and the limited coverage, there are currently no evaluative assessments on the effects or early impacts of NICHE on positive parenting; however, to measure its effectiveness, it is important to continue monitoring any change in parenting-related indicators.

Anecdotally, livelihood improvements have been reported, with families who received top-ups reporting increased purchasing power and better nutrition due to better knowledge of what to purchase. Communities are now embracing livestock keeping (e.g., chicken and goats) for economic empowerment through sale of their products. This has facilitated poverty alleviation because the profit from the sales is coupled with the programme's cash top-up for maximised household benefit. A beneficiary described the changes she has been able to make in relation to nutrition and use of cash: *"The cash has helped me with a lot of things. I used to only breastfeed my child, but the money has helped me to buy fruits, foods that will make him strong. I can cook matoke, potatoes to make him strong. I can give the child meals four times. When it comes to child protection, I was taught how to live with my child, educating the child about religion. The money also helped me to buy clothes for my child. I was budgeting. We were also taught how to live together as a family."* (Beneficiary FGD, Kaloleni)

Respondents from the government and implementers reported successful integration of the child protection component with the nutrition and cash components. In Kilifi County,

the integration facilitated holistic support for vulnerable families: The child welfare component was integrated well during the household counselling by the CHPs and CPVs with an emphasis on addressing issues related to teen mothers. Because the teen mothers are quite young in some of the sub-counties, teen-mother groups were formed for them, separately from the MtMSG, to support them in issues of maternal-child nutrition. Teen mothers also found it very useful to come together to develop their social capital to exchange information and rely on one another for support. They also work on income-generating activities together, such as making soap or sanitary towels, using funds from a youth enterprise fund.

Enabling Actors for Achievement of NICHE Targets

The preceding section demonstrated the achievements made by NICHE in meeting the programme's targets. Stakeholders who were interviewed highlighted the following factors that enabled the programme to achieve its set targets.

- **The leveraging of existing programmes** was a major contributing factor to the outputs achieved. For instance, integrating gender and child protection programmes allowed targeting of the same groups to receive assistance effectively through counselling related to gender matters.
- **Engagement of multiple stakeholders facilitated various parties' involvement, leading to addressing malnutrition issues more comprehensively.** Establishment of multisectoral coordination structures at the national and county levels has enabled the programme to leverage on other sectors and create synergies.
- **CHP stipends.** The respondents reported that NICHE has contributed to supporting CHPs in receiving financial and technical support (in some counties), which motivated them to contribute effectively to other structures. A respondent from Kitui indicated that the stipend has helped prevent attrition of promoters: *"We have been giving our CHPs around Ksh 3000 every month for quite some time. So, the issue of attrition of our CHPs is very minimal because at least we give them a token for them to be able to continue providing services at the household level."* (Respondent, Kitui)

Barriers and Other Factors Influencing NICHE Achievements

In addition to the enabling factors, respondents highlighted the following barriers that slowed down implementation of the programme.

- **Resource allocation and funding flows.** Respondents mentioned that the Department of Health's budget was limited; therefore, most of the activities were dependent on partners, especially when it came to nutrition activities. In addition, delays were reported in the implementation due to the complex funding flows and multiple layers of approvals.
- **Knowledge about NICHE.** Subsequently, at the national and county levels, lack of knowledge about NICHE and its importance has been a barrier. According to respondents,

policymakers are often not heavily involved in programme development, leading to a lack of understanding of the urgency and need for resources.

- **Insecurity in certain areas and geographical constraints** were another barrier mentioned. In Turkana County, specifically in Turkana East villages, insecurity poses challenges such that even when training was conducted, implementation could be difficult due to unpredictable security situations. The vastness of counties like Kitui, Kilifi, Marsabit, Turkana and West Pokot presented additional challenges.
- **Environmental factors** such as frequent droughts and floods, which were reported in Kitui and Turkana County, limited the programme's success, especially concerning child indicators like dietary diversity. Despite having sufficient nutrition knowledge, communities struggle to feed their children due to food scarcity caused by droughts.
- **Motivation for attending positive parenting training.** NICHE field officers faced challenges due to differing attitudes of mothers towards child protection and positive parenting training and meeting attendance. Although most mothers were open to receiving counselling on proper child protection practices, some mothers were not as receptive to the advice on how to raise their children. Despite CPVs and LVCs calling for meetings, attendance by beneficiaries was reported as being low due to competing activities such as household chores. A beneficiary mentioned that some mothers would only attend the counselling sessions to receive allowances: *"We are the problem, not the CPVs and LVCs. The CPVs and LVCs can call for a meeting. but most people will not attend because of other activities. We have agreed [that] when it comes to money, people only want to attend the meetings if there is a sitting allowance. So, the CPVs and LVCs come for counselling, but people don't show up. Most of us see that as a waste of time."* (Beneficiary FGD, Kaloleni)
- **Misallocation of cash top-up funds.** The primary recipient of the cash transfer can choose not to allocate the cash transfer top-up to the intended NICHE beneficiaries in the household. According to a respondent, some beneficiaries may not be aware of some programme benefits, such as top-ups: *"Some said the head of the house received the money, but it did not benefit the kid. But others said that they totally did not receive the top-up."* (Respondent, Turkana)
- **Reporting tools were mentioned as a challenge.** Under the BFCI, CHPs highlighted that the reporting tool was quite comprehensive, and it needs simplification to enhance ease of use and accuracy as well as integration to avoid duplication of tools. However, it was mentioned there has been integration with the eCHIS, for community health workers use. Some indicators from other existing tools have been incorporated into the eCHIS which also collects data from BFCI. The tool has been uploaded to the KHIS, and NICHE counties are already reporting using this system.

- **Beneficiary exits and retention** was a challenge in instances when the primary beneficiaries, who were neither the mother nor the child, exited the programme, leading to the woman eligible for NICHE to exit as well. In addition, limited time in the programme due to late registration could limit the effect on the child. Expanding the maximum age of eligibility for the child from 2 to 3 years of age addresses some of these concerns.

5.6 Efficiency

A programme is efficient if it delivers results in an economical and timely manner. This evaluation examined how resources have been used, and what barriers or drivers should be considered to make the programme more cost efficient (*see Table 11*). This section includes reflections from the key informants about cost-efficiency and, in particular, how NICHE has leveraged resources and suggestions on how to increase cost-efficiency. In addition, this section includes a cost-efficiency analysis based on the NICHE expenditure data and the NICHE MIS data.

Table 11. Key Findings regarding Efficiency

Evaluation Questions	Key Findings
<p>1. How are the implementation approaches of NICHE leveraging to maximise public resources for existing services in the areas of nutrition, social protection and child protection in the NICHE counties?</p> <p>To what extent have innovative or alternative modes of strengthening systems been explored and exploited to lower costs and/or maximise results in the context of devolution?</p>	<p>NICHE leverages:</p> <ul style="list-style-type: none"> • the existing cash transfer programmes with beneficiaries recruited from households registered under CT-OVC, OP-CT, PWSD-CT and HSNP. • the Community Health Strategy of the MoH for the nutrition counselling component with CHPs providing the nutrition counselling in community health units. • the Baby Friendly Community Initiative programme (BFCI). NICHE has helped accelerating the implementation of BFCI in the initial five counties. • the capacity of CHPs, e.g., their ability to report data on NICHE MIS. • projects implemented by other partners and organizations, e.g., CONCERN Worldwide and World vision or IMAM in Kilifi that trains on women on integrated nutrition • NICHE beneficiaries are linked to other sectors, e.g., agriculture – MtMSG starting kitchen gardens, poultry and other income-generating livelihood projects.
<p>2. What level of cost-efficiency has NICHE operated? What are some of the ways it could be further enhanced based on the main cost drivers?</p>	<p>Suggestions on ways to increase cost-efficiency:</p> <ul style="list-style-type: none"> • Using cost-efficient modalities for training • Cost and resource sharing for supervisions, office equipment, payment of staff who work on multiple interventions • Decentralising resources • Automating and/or simplifying registration processes

Leveraging Existing Platforms and Resources

Key informants repeatedly referred to the integration of NICHE within existing programmes and strategies, and that the core strength of NICHE is its ability to leverage existing resources and systems. They referred to the connection with other platforms as a mechanism to lower costs and maximise results. Within each of the three components, NICHE leverages platforms, systems and strategies developed. As described above, the integration of NICHE with other programmes and platforms contributes to its relevance, coherence and sustainability – hence its ability to build on existing infrastructure, to cost share with other implementers and to benefit from economies-of-scale benefits as well the efficiency of NICHE. For instance, NICHE leverages on the existing cash transfer programmes for beneficiaries recruited from households registered under CT-OVC, OP-CT, PWSD-CT and HSNP. While the funds for the cash top-ups are provided through the performance-based funding mechanisms under KSEIP, the payments are made using the NSNP payment infrastructure. The NICHE MIS was developed through the existing information system for the NSNP Consolidated Cash Transfer Programme (CCTP-MIS), saving on costs for development and implementation.

For the nutrition counselling component, NICHE gained from the adoption of the Community Health Strategy and the implementation of the BFCI programme. Due to the timing of the implementation, NICHE also helped accelerate the implementation of BFCI in the target counties. However, NICHE benefitted from the training and available staff. The BFCI materials were adapted to reflect NICHE goals. For instance, CHPs have been able to report on NICHE MIS indicators, they help with sensitising of NICHE and they contribute to the implementation of the positive parenting component. At the same time, NICHE is not the only activity that CHPs fulfil, so NICHE can be integrated within general efforts of the MoH.

NICHE leveraged the implementation of related projects by other partners and organizations, such as CONCERN Worldwide and World Vision – or, for instance, IMAM in Kilifi, which trained women on integrated nutrition, and treatment of malnutrition was used to increase the CHPs in the area. To a certain extent, NICHE relied on these partners to share costs of, e.g., field visits or equipment like computers. Prior to having stipends for CHPs, partnerships were essential to pool some of the resources between projects to support similar activities. A respondent explained how they were partnering with other projects: *“For NICHE, some activities which were very key in NICHE were not funded, like the monitoring of the community health units was not funded, or we were not given the mandate to pay the community health workers who were supporting the CHPs to implement NICHE. So, we were leveraging with other projects to at least support those activities to make sure that they were done.”* (KII, Implementing Partner)

Lastly, NICHE beneficiaries are linked to other sectors, e.g., agriculture. For instance, MtMSG were assisted in starting kitchen gardens, poultry and other income-generating livelihood projects.

Ways of Promoting Further Cost-Efficiency

Key stakeholders came with their own suggestions for maximising limited resources, some of which are already implemented, such as cost and resource sharing:

- **Cost-efficient modalities for training.** Training and workshops take a lot of resources that should be used to deliver services. A few stakeholders commented that NICHE may focus too much on training, including training in places that are more expensive and have higher associated travel costs and daily subsistence allowances (DSA). Alternative models of training – e.g., online training – could potentially reduce training costs, and training CHPs at their locations would cut down on travel costs and DSA.
- **Cost and resource sharing.** Sharing resources when activities for NICHE can be combined with other commitments, such as joint supervision visits, shared payment of CHPs if they help with messaging of other programmes (e.g., agriculture or education), and shared office equipment (e.g. laptops and other office necessities that can be shared when not in use).
- **Automating processes.** The existing NSNP cash transfer system can be used to automatically register beneficiaries who meet the criteria for the NICHE programme. This could be facilitated through the ODR process, which could be simplified for NSNP recipients or automating registration when someone in a household included in the CCTP-MIS uses antenatal or post-natal care.

5.7 Cost Analysis

This report includes a cost analysis to further assess the current efficiency of the programme. The cost analysis in this report consists of two components: (1) the analysis of costs and expenditures between the start of the programme in 2020 and June 2024 and (2) the cost-efficiency analysis (CEA) to estimate the ratio between the cost of NICHE compared to the output. The latter is a measure specifying how many resources have been used so far to produce a certain quantity of goods and services.

The objective of the cost analysis and the CEA is to (1) understand the current expenditures and identify potential efficiency gains in the current implementation and (2) inform decisions regarding scale-up or expansion to determine the overall cost per product.

The CEA focuses on programme output – in this case, the number of beneficiaries receiving the NICHE top-up each month, or the number of people trained. This is different from a cost-effectiveness analysis that estimates the costs to reach certain outcomes. Given that this

evaluation is not an impact evaluation, we are unable to establish outcomes and therefore cannot estimate the cost-effectiveness at this moment.

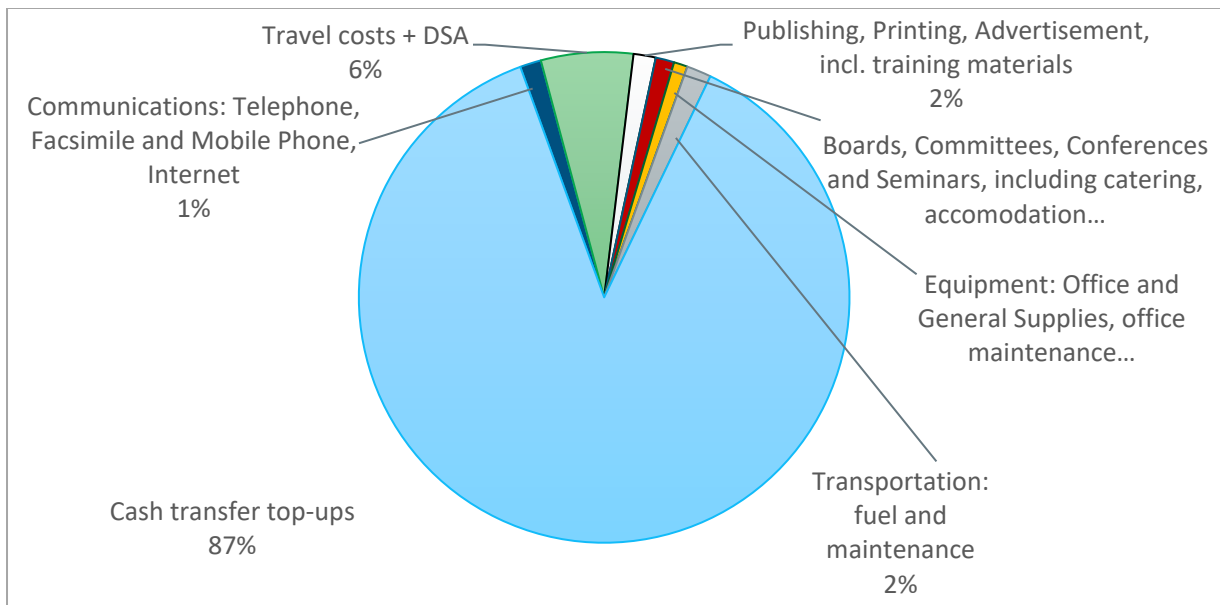
Data and methodology. For the estimation of the cost-efficiency, expenditure data covering the NICHE implementation from fiscal year 2020–2021 through 2023–2024 were provided by the NICHE Secretariat and were used in combination with expenditure data on the TA funds from UNICEF derived from the NICHE annual reports. These secondary data were complemented by information from the NICHE MIS. For certain components such as the BFCI and parenting components estimations were made on the amounts spent. Assumptions on these estimations are further described below.

To conduct a CEA, it is important to understand the costs associated with the implementation of NICHE. There are three types of costs to determine the scalability or future affordability of a programme: **(1) initial investment costs**, i.e., one-time costs required to develop or strengthen systems, development of training or programme materials, development of MIS or grievance systems, etc.; **(2) fixed costs**, i.e., costs that are necessary to operate or implement the programme and that may occur more than one time, but that are not directly related to the size of the programme (e.g., communication costs, office equipment, vehicles, software); **(3) variable costs**, i.e., costs that are directly related to the size of the programme, such as total cash top-up values and CHP stipends. Cost items (2) and (3) together make-up the operational cost of the programme. This cost, when divided by the appropriate output, provides an indicator of cost per unit output or cost-efficiency.

This section describes how expenditures made by the national and county governments and by UNICEF can be categorised and understood.

Government expenditure. The government expenditure on NICHE uses standard governmental accounting categories to record any expenditures that were made between the 2020–2021 fiscal year and the 2023–2024 fiscal year (until April 2024) on NICHE (*see Annex F, Table F2*). A snapshot of the distribution and main categories shows that the cash transfer top-up payment takes up 87 per cent of the total expenditure within the government NICHE expenditure (*see Figure 5*). This is a variable cost that is dependent on the number of households registered for NICHE. Other costs include those for communication and costs for advertisement, awareness raising and printing, for example. The largest proportion of the nonvariable costs are costs for travel and DSA for the government (e.g., field allowances for monitoring) (6%). The cash top-up is distributed through the central distribution system of the NSNP, while all the other costs are expenditures made at the county level. The government expenditure associated with NICHE only captures those costs that were earmarked as part of the NICHE programme. As a result, expenses by the MoH on the BFCI or parenting component that have been incorporated in their general budget at the county level have not been included.

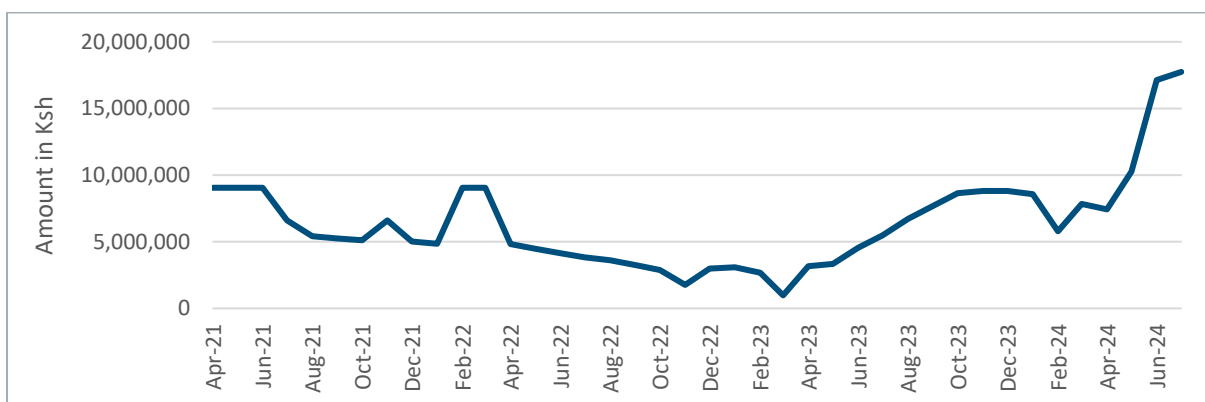
Figure 5. National- and County-Level Government Expenditures on NICHE



Source: Expenditure data obtained through NICHE Secretariat.

The total amount of money distributed per month in Kenyan Shilling on the cash top-up component between the start of the programme varies considerably (see Figure 6). In total, Ksh 254,591,000 or USD 1.9 million,⁶ was distributed between March 2021 and June 2024. The data for Figure 6 come from the amount of money distributed per month, as recorded in the NICHE MIS. There are fluctuations given that the number of registered households varies, whereby efforts to register more households are visible throughout the timeline, for example, with the most recent efforts for registration between May and June 2024.

Figure 6. Total Amount of Cash Top-up Distributed in Kenyan Shilling between March 2021 and June 2024



Source: NICHE MIS.

⁶ Using current USD with an exchange rate of Ksh 1 = USD 0.007735.

The government also spends money on NICHE through grant revenue and an Investment Project Financing (IPF) loan. Both sources are funding mechanisms under KSEIP, which in this case are only used for specific expenditure related to training costs, including travel costs, accommodation and DSA (See Table 12 or Annex F). When combining GoK spending with the IPF loan and grant money, DSA and other related training costs take up 51 per cent of the total expenditure.

UNICEF TA. The TA expenditure for NICHE was made between 2020–2021 and 2023–2024. UNICEF planned to spend USD 11,285,000 over the initial three years of implementation (see Annex F, Table F2). However, as the TA agreement was extended, the funds were further used up until 2024. The total amount for TA recorded within the NICHE accountant’s expenditure report adds up to Ksh 1,224,778,217.⁷ The type of expenditure aligns with the deliverables and outputs that are part of the ToC (see Annex A), results framework and the key deliverables under NICHE, which are described in the latest annual report (UNICEF, 2022). Each deliverable focuses on the development or refinement of NICHE systems and processes. The TA is not limited to any of the NICHE components or to a specific level; it includes:

- Strengthening of coordination systems between the actors involved in NICHE, such as through setting up steering committees and bilateral structures at the national and county levels (Deliverable 1);
- Improvement of registration capacity at the county level to update new beneficiaries through mass registration or ODR, and those who have exited from the NICHE top-up component (Deliverable 2);
- Refinement of the Community Health Strategy to deliver nutrition interventions as part of the BFCI, including training of CHPs and CHAs (Deliverable 3);
- Technical support to MoH to develop behavioural change messages and nutrition behavioural change communication and to deliver nutrition counselling sessions (Deliverable 4⁸);
- Integration of the child protection through Positive Parenting Programme for violence prevention within NICHE in Kilifi (Deliverable 5);
- Development of a functional NICHE MIS to register cash top-up beneficiaries as well as indicators measured on nutrition or parenting and further support for a functional monitoring, evaluation, reporting and learning system (Deliverable 6).

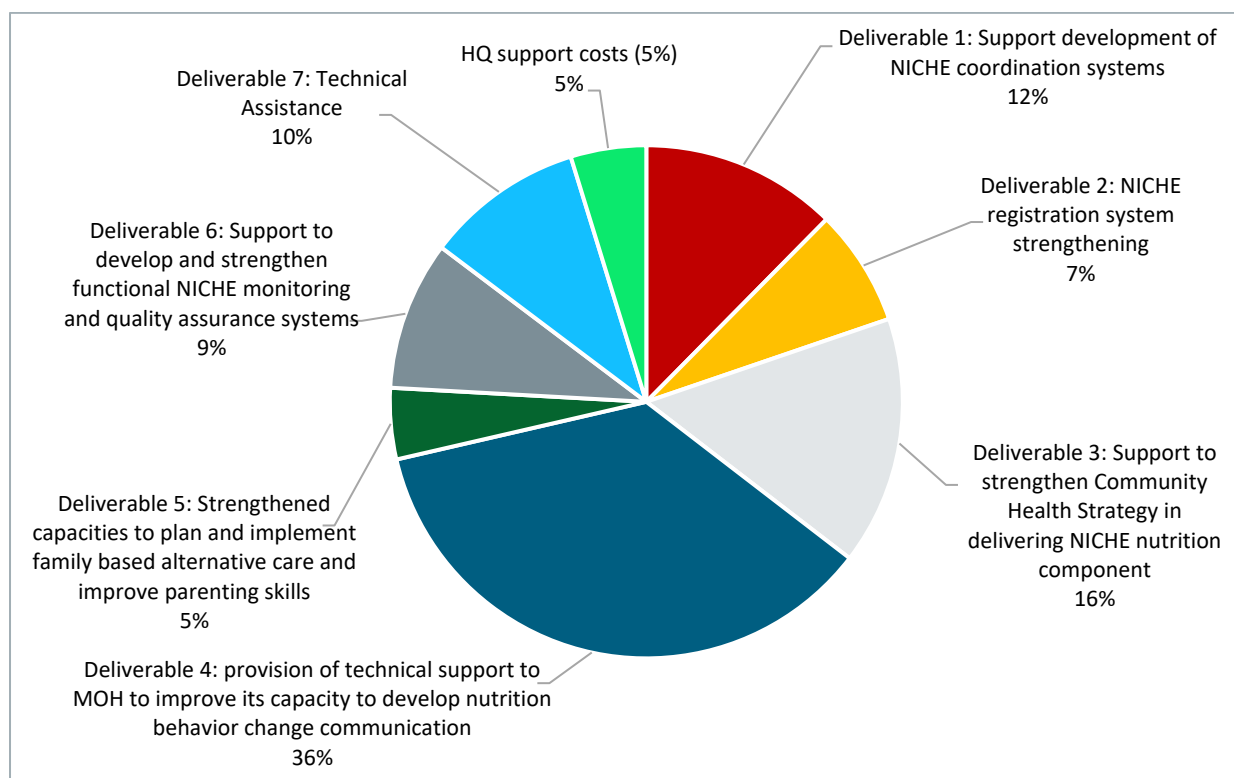
About 75 per cent of the UNICEF TA spending can be classified as investments costs (for example activities related to developing the MIS, developing processes for coordination between different ministries and levels of government, and for training of CHPs). The

⁷ Amounts vary when using today’s exchange rate, given that amounts have been converted over time using different rates.

⁸ Currently the costs for Deliverables 4 and 5 are categorised as ‘technical assistance’ and therefore as ‘investment costs’; however, during these initial stages, these funds were also used to implement the programme and should therefore be considered either fixed or variable costs. At the time of writing, the further breakdown of these expenditures was not available. If these data are available, the team will update the efficiency calculations.

remaining 25 per cent of the TA was used for actual operational expenses of the programme such as paying stipends to CHVs.

Figure 7. Total Amount of Technical Assistance Expenditure of UNICEF on NICHE



In addition, Deliverables 3, 4 and 5 of the TA were explicitly earmarked for activities associated with the core components envisioned under NICHE, such as the nutrition support, social and behavioural change interventions and parenting (in Kilifi only).

Table 12. Distribution of UNICEF TA funds by activity and cost type

Component	Allocation (US\$)	Percentage of TA budget
1. Core Activities	3,848,164	34.1
Of which: Investment	3,074,154	
Operations	774,010	
2. Nutrition and SBCC	6,905,011	61.2
Of which: Investment	5,225,805	
Operations	1,679,206	
3. Parenting	531,825	4.7
Of which: Investment	236,250	
Operations	295,575	

Assumptions behind allocation of costs: There are three components of NICHE, the cash top-up, the nutrition counselling with associated SBCC interventions and in Kilifi there is the parenting component. The three components use different sources of funding such as the

central government expenditures, county level expenditures (for which 2022-23 is missing), and the UNICEF TA. As described above, the UNICEF TA has been divided into activities to support NICHE systems (what we refer to as ‘core activities’ in the table) and those only for one of the three sub-components. In addition, each of these cost components is further divided into initial investment costs and operational costs. The cost-efficiency analysis is conducted separately for each component since the inputs and outputs differ. The analysis below estimates the cost per output separately for the cash top-ups, the nutrition activities, and the parenting component allocating UNICEF TA costs to each component as appropriate. All central government spending is considered core and thus allocated to each component.

Cash top-up. Table 13 summarizes all the expenditures for the government, the IPF loan, grant revenue and UNICEF’s TA (for core activities only). The total amount spent between 2021 and 2024 is approximately Ksh 888 million. For the cash top-up cost-efficiency is estimated for three scenarios of which scenario 1 is the current situation.

Scenario 1 (cost-efficiency of NICHE top-up): The total amount spent is categorized into fixed and variable costs (the cash top-up) from government, and the operational costs from the UNICEF TA (Ksh 135.8 million). For the cash top-up, the NICHE MIS reports distributing Ksh 254.6 million between 2020 and 2024. Over time the cost per household come down, starting at Ksh 1,372 per household in 2020-21 to Ksh 1,176 in 2023-24, a decline of 14 per cent. Taking the latest year cost estimate, and the fact that the average household received Ksh 535⁹ (as there can be more than one eligible child), the cost-efficiency ratio is 46.2%. In other words, for every Kenyan shilling spent on the NICHE operationalization and payment of the cash top-up, Ksh 0.46 goes directly to the beneficiary, and about Ksh 0.54 are spent on operational costs. The cost-transfer ratio (CTR) is another measure commonly used for efficiency and shows the total operational costs in Kenyan shillings (Ksh 1.54) for every per Ksh 1 cash top-up being transferred.

Scenario 2 (cost-efficiency of NICHE top-up when only using 75 per cent of previous training costs). This scenario shows the cost-efficiency if training costs are reduced, which was a common suggestion in the key informant interviews. This can happen if fewer trainings are needed now that NICHE is more established or if trainings are organized in innovative ways that cut into, for instance, the costs needed for travel and DSA. Within this scenario, the cost per household is Ksh 1,250 per month and Ksh 15,001 per year (or USD 116) using the average over the four years. The cost-efficiency calculation indicates that from every Ksh 1 spent on NICHE, between 34 and 51 per cent reaches the beneficiary households.

Scenario 3 (cost-efficiency of NICHE top-up with double the benefit size). This scenario shows the cost-efficiency if the benefit size were Ksh 1,000 instead of Ksh 500. Within this scenario, the cost per household is Ksh 1,911 per month and Ksh 22,931 per year (or USD 177) when

⁹ Most households have 1 beneficiary, so they receive Ksh 500, however some households have two beneficiaries. The average households according to the NICHE MIS received Ksh 535.

using the average over the four years. The cost-efficiency for this scenario is 56.5 per cent, on average ranging between 47 per cent and 63 per cent. This is the highest efficiency ratio all three scenarios. While cost-efficiency increases, it should be noted that the total budget needed to fund this scenario increases with 14.7 per cent of the total expenditures on NICHE.

Nutritional counselling: Table 15 gives the cost analysis for the community level nutrition counselling activities. To avoid double-counting core costs from the UNICEF TA are not included again given that those are primarily related to targeting and setting up the MIS and other systems that are necessary for running the programme. Roughly 61 per cent of the UNICEF TA is for the nutrition counseling activities, of which 76 per cent is investment and the remaining operational costs (whether fixed or variable). On the other hand, government costs at the county level are included because they include nutrition counselling related activities implemented through the MoH. The total costs are estimated at Ksh 923.7 million over the performance period, with higher costs in the first two years due to the upfront investment costs.

The number of people reached through the nutrition counselling initiative is taken from MIS data provided by UNICEF for the last three years. For the first year, the annual report provided by UNICEF indicated that the nutrition activities were just getting started, and that approximately 15 per cent of NICHE registered households had been reached. Obviously, this leads to a rather high per person cost of Ksh 30,515 in the first year, which is to be expected as this is an investment year. Per person costs come down once the programme starts, to Ksh 1,188 in 2024.

A key feature of the NICHE nutrition component is that it is not exclusive to NICHE households; the MIS data indicates that the total number reached are typically six times the number of NICHE households. These numbers are added to Table 15 and the associated per person costs decrease substantially to an average of Ksh 250 over the period.

The nutrition component also includes the formation of MtMSG, who receive initial training and support from CHPs and then subsequently meet on their own once per month. These groups typically have 10 members, and NICHE has supported the formation of 6,822 such groups over the project period. Using a conservative estimate of eight members per group to estimate the number of caregivers who have received support through NICHE. Including all households reached through groups and within the community brings the average per person cost to Ksh 220.

Table 13. Cost-Efficiency Estimation – Input Data for Cash Top-up Efficiency

	TOTAL 2020-2024	2020-2021	2021-2022	2022-2023	2023-2024*
NICHE expenditure by GoK (incl. county-level expenditure and cash top-up)	244,204,398	36,037,500	53,776,500	18,849,000	135,541,398
IPF loan	161,402,132	15,581,700	66,379,680	11,009,182	68,431,570
Grant revenue	64,495,372		17,607,200	14,496,772	32,391,400
UNICEF – Technical Assistance (core activities only)	417,824,539	104,456,135	146,238,588	104,456,135	62,673,681
TOTAL NICHE funds	887,926,441	156,075,335	284,001,968	148,811,089	299,038,049
Categorized by type of costs					
Initial investment costs from UNICEF TA	282,031,564	78,342,101	78,342,101	78,342,101	47,005,261
Operational costs from UNICEF TA	135,792,975	26,114,034	67,896,488	26,114,034	15,668,420
Fixed costs (e.g., training, equipment, advertisement)	256,877,902	26,101,700	86,716,880	25,505,954	118,553,368
Variable costs (i.e., cash top-up)	213,224,000	25,517,500	51,046,500	18,849,000	117,811,000
TOTAL NICHE funds	887,926,441	156,075,335	284,001,968	148,811,089	299,038,049
Total amount distributed according to NICHE MIS	254,591,000	33,761,500	67,631,000	37,768,000	115,430,500
Total number of beneficiary households per month⁺	472,589	62,676	126,947	70,690	212,276

Note: * expenditure for 2023-2024 are estimated until June 2024. Average benefit per household per month is estimated at Ksh 535 based on NICHE MIS data. ** estimates on the technical assistance came from the annual report of 2022 (UNICEF, 2022) some of these planned expenditures of 2022-2023 may have been postponed until 2023-2024. + these are the total aggregated sum of beneficiary household payments of the cash top-up for each month. For instance, if a household receives the benefit for three months in a row, than the unit is counted as 3 even though it is one beneficiary household.

Table 14. Cost-efficiency Estimation – Cash top-up

	Average 2020-2024	2020-2021	2021-2022	2022-2023	2023-2024*
Scenario 1: Total costs excluding initial investment					
Cost per beneficiary household in Ksh per month	1,370	1,372	1,751	1,265	1,176
Cost per beneficiary household in Ksh per year	16,435	16,461	21,008	15,174	14,113
Cost per beneficiary household in USD per year	127	127	162	117	109

	Average 2020-2024	2020-2021	2021-2022	2022-2023	2023-2024*
Cost-efficiency	39.3%	39.3%	30.4%	42.3%	46.2%
Cost-transfer ratio	1.54	1.55	2.29	1.37	1.16
Scenario 2: Total costs excluding initial investment and 75% of training costs needed					
Cost per beneficiary household in Ksh per month	1,250	1,310	1,585	1,174	1,057
Cost per beneficiary household in Ksh per year	15,001	15,715	19,023	14,092	12,688
Cost per beneficiary household in USD per year	116	121	146	109	98
Cost-efficiency	43.1%	41.1%	33.6%	45.5%	51.4%
Cost-transfer ratio	1.32	1.43	1.98	1.20	0.94
Scenario 3: Total costs excluding initial investment but with an increase in top-up to Ksh 1,000					
Total costs for transfer if increased to Ksh 1,000**	510,396,120	67,690,080	137,102,760	76,345,200	229,258,080
Cost per beneficiary household in Ksh per month	1,911	1,913	2,298	1,810	1,712
Cost per beneficiary household in Ksh per year	22,931	22,957	27,575	21,723	20,548
Cost per beneficiary household in USD per year	177	177	212	167	158
Cost-efficiency	56.5%	56.5%	47.0%	59.7%	63.1%
Cost-transfer ratio	0.77	0.77	1.13	0.68	0.59

Note: * Expenditures for 2023–2024 are estimated until June 2024. **Average benefit per household per month is estimated at Ksh 535 based on NICHE MIS data. Estimates on the TA came from the annual report of 2022 (UNICEF, 2022). Some of these planned expenditures of 2022–2023 may have been postponed until 2023–2024.

Table 15. Cost-efficiency Estimation – Nutrition counselling component

	TOTAL 2020-2024	2020-2021	2021-2022	2022-2023	2023-2024*
NICHE expenditure by GoK (excluding cash top-up)	30,980,398	10,520,000	2,730,000	0	17,730,398
IPF loan	161,402,132	15,581,700	66,379,680	11,009,182	68,431,570
Grant revenue	64,495,372		17,607,200	14,496,772	32,391,400
UNICEF - Technical Assistance (Nutrition, SBCC)	892,696,962	223,174,240	312,443,937	223,174,240	133,904,544
TOTAL NICHE funds-nutrition, SBCC	1,149,574,864	249,275,940	399,160,817	248,680,194	252,457,912
Categorized by type of costs					
Initial investment costs (from UNICEF TA)	678,449,691	169,612,423	237,457,392	169,612,423	101,767,454
Operational costs (from UNICEF TA)	214,247,271	53,561,818	74,986,545	53,561,818	32,137,091
Fixed costs (e.g. training, equipment, advertisement)	30,980,398	10,520,000	2,730,000	0	17,730,398
TOTAL NICHE funds	923,677,360	233,694,240	315,173,937	223,174,240	151,634,942
Total reached through MtMSG (8/group)	136,432	13,640	27,288	40,928	54,576
Total reached with counselling - NICHE households only	196,403	2,100	76,199	76,140	41,964
Total reached with counselling – all households	979,361	2,100	285,197	417,955	274,109
Cost per beneficiary in Ksh - NICHE households only	1,249	30,515	1,020	703	1,188
Cost per beneficiary in Ksh - all households	250	30,515	273	128	182
Cost per beneficiary in Ksh - all + MtMSG	220	4,071	249	117	152

In comparison to the cash top-up component the nutrition counselling component is significantly lower (Ksh 16,435 vs. Ksh 220). The nutrition counselling and messaging activities are primarily delivered through existing government structure at the county, subcounty and community level. The direct costs of the time of those delivering services is thus shared across multiple activities, and the cost to NICHE is the stipend supplement provided to the CHPs and related personnel at the community level, plus the enhanced monitoring and technical support. However, it takes time to train and capacitate staff, and to build (or strengthen) the existing systems—this shows in the larger unit costs in the first year of the programme.

Parenting component. Table 16 gives the cost analysis for the pilot of the parenting component in Kilifi. Similar to the nutrition counselling analysis and to avoid double-counting the core costs from the UNICEF TA are not included and neither any county level government costs accounted through the NICHE Secretariat during the pilot. Deliverable 5 under the UNICEF TA is concentrated on the parenting component and accounts for about 5 per cent of the TA budget. For this component about 44 per cent is used for investment and the majority of 55 per cent were used as operational costs (whether fixed or variable). The operational or variable costs for this component were estimated at Ks 38.2 million for the duration of the pilot. Since it is a pilot costs are estimated for the duration of the period rather than per year.

Since the start of the parenting component 750 NICHE beneficiaries were reached through group sessions, and 1,3332 other non-NICHE households participated in sessions. In addition, 12,178 home visits were completed. The cost per beneficiary during this initial period was therefore Ks 2,680 or USD 20. Since this component is only implemented in one county programme-wide costs such as technical and steering committee meetings and reporting modules and data system work are carried by a relatively small number of beneficiaries. With expected expansion these costs will be divided over a larger number of beneficiaries which will lower the cost per person.

Table 16. Cost-efficiency Estimation – Parenting component pilot

	TOTAL Pilot in Kilifi
UNICEF - Technical Assistance (Parenting)	68,755,656
Initial investment costs (from UNICEF TA)	30,542,986
Operational costs (from UNICEF TA)	38,212,670
TOTAL NICHE funds	68,755,656
Total reached through group sessions (NICHE beneficiaries)	750
Total reached through group sessions (Other beneficiaries)	1,333
Total reached through home visits	12,178
Total	14,261
Cost per beneficiary in Ksh per year- group sessions + home visits	2,680
Cost per beneficiary in USD per year- group sessions + home visits	20.73

An expansion of the parenting component is expected to a total of 5 or 8 counties. Costs were estimated by UNICEF’s child protection section to represent the costs for the first five years of expansion. Table 17 summarises the estimated costs for the parenting programme implementation which includes training on the national positive parenting programme manual, stakeholder meetings, communication and transportation costs, as well as procurement of vehicles, materials and communication devices, capacity building, data systems development and maintenance etc. The table further includes a beneficiary target for 1,500 caregivers per year per county through the group sessions and 6 household visits per CHP per county. The total number of home visits will depend on the number of CHPs engaged in the parenting component. For the estimations below a conservative estimate of 250 CHPs per county is used, which can be increased if more CHPs will be trained. In the current estimate the total cost per beneficiary of the parenting component decreases from Ksh 12,347 to Ksh 1,393-1,414 (~USD 10)

Table 17. Cost-efficiency Estimation – Parenting component expansion

	Expansion to 5 counties for 5 years	Expansion to 8 counties for 5 years
Expected costs over 5 years	689,392,498	1,086,908,396
Parenting Programme (incl. training, monitoring, meetings, communication)	532,960,310	848,136,896
Procurement	32,732,188	52,371,500
SBC	62,400,000	99,840,000
Capacity building	42,100,000	67,360,000
Data system	19,200,000	19,200,000
Targets: 1,500 caregivers a year through groups sessions	37,500	60,000
Target: 6 households per month through home visits per CHP	450,000	720,000
Cost per beneficiary in Ksh - group sessions + home visits	1,414	1,393
Cost per beneficiary in USD - group sessions + home visits	10.9	10.8

Text Box 1. The Cost of Inaction

Cost-efficiency analyses focus on the economic costs of the programme and do not include the social cost of inaction or estimations of broader benefits for the community.

While efficiency gains are encouraged, the social costs of the programme should also be considered to understand what the broader repercussions or gains are from the implementation of the programme. For example, if malnutrition or stunting leads to underdevelopment and chronic health issues for children, then this may result in school dropout. Either one or the combination can lead to reduced economic prospects. From a well-being as well as an investment perspective, it may be better to act now rather than waiting to solve the problem later. A more comprehensive estimation of (non-) economic costs and benefits are needed to assess the long-term impact and true impact on the Kenyan society.

A recent study estimated that stunting costs Kenya USD 2.85 billion nationwide if left untreated. A reduction of the current stunting rates by 3 per centage points will save the country USD 4.33 million (Jain et al., 2024).

A cost-benefit analysis on the reduction of stunting shows that Kenya has a cost-benefit ratio of 18.7, suggesting that a USD 1 investment in reducing stunting leads to a USD 18.7 economic return. Kenya's rate is close to the median rate of 18.4 from Bangladesh. As a high-burden country in sub-Saharan Africa (meaning a country with widespread stunting), the average costs for a comprehensive intervention were estimated at the time to be USD 102.50 per child to achieve such gains (Hoddinott et al., 2013).

Suggestions to Improve Cost-Efficiency of NICHE

Based on stakeholders' comments on efficiency and the findings on the cost analysis, plus the various scenarios of the CEA, three recommendations may contribute to making NICHE more cost-efficient.

- **Reduce operational costs.** Qualitative research suggests that providing more cost-efficient training options, such as online or more localized, would help avoid DSA and travel costs.
- **Assess the true value of the cash top-up and whether an increase would be efficient and feasible.** The value of the cash top-up should be assessed taking in mind regional differences as well as differences over time. Since its start, the NICHE top-up has not been increased yet, leaving a lower purchasing power over time due to continual inflation. Simultaneously, the increase of the benefit size estimated in Scenario 3 of the CEA suggests a large gain in efficiency.
- **Increasing coverage and caseload can help increase efficiency** by expanding the number of beneficiaries included or increasing the value of benefit they receive while spreading out the fixed costs over a larger base. The effects of this suggestion can be seen in the estimation of the proposed expansion of the parenting component.

6. Conclusions

This evaluation provided an up-to-date assessment of the programme's relevance, coherence, sustainability, effectiveness, efficiency and human rights and gender equality to inform stakeholders on the success factors, challenges and lessons learned from the programme. The findings show that the programme fills an important space in the existing government strategy of providing integrated services to vulnerable households. The interconnectedness between social protection, nutrition and child protection services make it highly relevant for national and county level stakeholders as well as beneficiaries. It also provides advantages such as the ability to leverage existing structures within for instance DCS and MoH to make the programme implementation more efficient. The evaluation was timely since the NICHE programme had its initial years of implementation and is on the verge of scaling up. In the years since the programme's start NICHE has further developed and adapted by for instance strengthening its coordination system and adjusting the age of eligibility for children from two years to three. However, the programme also has significant developments coming up with the expansion to additional counties, further integration of the parenting component, and possible decisions around among others the recipient and benefit size.

Key findings around each evaluation criteria are synthesized in more detail below:

- NICHE aligns with **children's rights frameworks and is gender-sensitive** in its targeting of pregnant women and mothers with children under the age of three years; **gender-responsive** within the nutrition counselling and other information provided through the BFCI; **and potentially gender-transformative** in the parenting component, which addresses gendered dynamics by including both men and women. In terms of **equity**, NICHE targets households are highly vulnerable to poverty and food insecurity. The five counties that have been included to date are selected based on their vulnerability and high risk of food insecurity. In terms of alignment with the CCCs, NICHE has focus areas such as nutrition and child protection, which are emphasized in the core commitments to children, but the design and operations manual shows limited guidance for NICHE implementation in humanitarian situations.
- The NICHE **programme is highly relevant and aligned with Kenya's needs and priorities at the national level** – more specifically, in the nutrition, social protection and child protection sectors. At the national level, the integration of NICHE within the second goal of KSEIP, which concentrates on improving access to social and economic inclusion interventions, puts NICHE at the centre of national interests of improving economic inclusion for the most vulnerable and marginalised. In addition, given that KSEIP is using the Constitution of Kenya as its legal framework, NICHE is also anchored in Article 21 on the duty to address the needs of the most vulnerable. Furthermore, the document review and stakeholder interviews indicated alignment with the KNAP, National Social Protection Policy and the CIDPs and the government's emphasis on inter-agency cooperation.

- Since its start, **NICHE has developed a more coherent strategy for coordination** with key roles for the NICHE Secretariat to bring together key partners and for UNICEF to guide TA activities as well as facilitate coordination between partners. However, some challenges remain mostly due to lack of clear understanding between the centralized and decentralized components, and all other programming that happens in the specific counties.
- **Capacity building, community sensitization and improvement of collaboration across sectors and programmes** will have long lasting effects on beneficiaries and other actors involved. To increase sustainable effects for the future, economic empowerment of beneficiaries and effective use of the NICHE top-up money, integration of the objectives of NICHE with other programmes and planning, and the use of technology to simplify processes will be required. Awareness of the differences in counties where NICHE operates, for instance human resource capacity, involvement of CHPs, CPVs and LVCs, cultural norms around social protection delivery and food practices is critical for the success of the programme. Lastly, while the government of Kenya has improved its readiness to lead and implement NICHE on its own without TA, stakeholders suggested a gradual transition to continue addressing coordination, capacity and budget concerns.
- One of the core strengths of NICHE that makes it an effective and efficient programme is **its integration in various existing programming** for instance through the integration of NICHE in the *Inua Jamii* system for the cash top-up, the alignment with the BFCI for nutrition counselling and the collaboration with the broader efforts on the National Positive Parenting Programme Guidelines and Training manual implementation and its ability to complement these or contribute to the implementation of each of these systems.

The nutrition component of NICHE is implemented through existing MoH structures such as the Community Health Strategy under which the CHPs fall, and the BFCI. The BFCI is a core component of NICHE which helps with the implementation through the bimonthly home visits. NICHE has built the capacity of CHPs to deliver nutritional counselling and advocated for payment of stipends for CHPs. As such, NICHE has been a great support in enhancing the community health strategy.

- **NICHE is resource-intensive**, particularly with regard to training and capacity building. In addition, the current **budget allocations are heavily centralized**, which has delayed approvals and implementation. Efficiency gains can be made by streamlining budget allocation processes and providing alternative modes to training and continued resource sharing with other programmes.

7. Lessons Learned

This section includes the key lessons learned that were derived from the analysis and which aim to inform the existing programme implementation, further expansion and implementation to additional counties or replication and implementation of similar integrated social protection and cash-plus programmes.

- **Collaboration with partners is essential to enhance efficiency and maximize resources.** The county governments will need to map out partners implementing similar or related programmes and identify areas of collaboration e.g., cost sharing through joint activities such as supportive supervision, capacity building and avoiding duplication of efforts.
- **Fast turnover of beneficiaries may limit impact.** The age of entry for pregnant women was adjusted to prevent premature exits. The age of exit for children was extended from 24 months to three years based on evidence from other interventions. However, to maximize the beneficiary retention period, timely registration of eligible beneficiaries through existing structures e.g., ANC and child welfare clinics should be explored.
- **The initial implementation of NICHE was resource intensive as BFCI was being implemented at the same time.** The nutrition counselling component of NICHE programme was supposed to anchor on an already existing BFCI. However, BFCI had not been fully operationalized in the NICHE focal counties hence raising the training costs to build capacity for BFCI. Some of the TA funds paid capacity building and training through BFCI. If the MoH-supported BFCI structures are fully functional before rolling out NICHE to any additional counties targeted the costs for training are expected to be reduced. In addition, to ensure sustainability of the programme, counties need to include NICHE in the CIDP.
- **CHP turnover may affect quality.** Mapping and capacity assessment of existing CHPs was done at the start of the programme to understand counties' needs in terms of staffing. New CHPs were recruited to replace those who had opted out. Continual knowledge transfer through mentorship, by the CHAs and other health cadres is required. Staff transfers at the link health facility often required retraining of the new staff. However, there is a potential benefit of knowledge transfer whereby staff trained in one subcounty can apply the skills in other facilities. Tracking the staff trained and the facilities where they work is important to determine training needs.

8. Recommendations

The following recommendations were made in response to the key findings from the analysis, the identified challenges and the areas which could receive further strengthening. These fourteen recommendations were validated by a group of national and county level stakeholders from relevant government departments in DCS and MoH and UNICEF during the

validation workshop. The recommendations and aim to contribute to sustainability and further expansion of the programme:

Strategic Recommendations

Recommendation 1: Ensure that the primary care giver gets the cash top-up. The evaluation showed that the primary caregiver registered under NICHE is not always the recipient of the *Inua Jamii* cash transfer upon which the NICHE cash top-up is anchored. Continued sensitization through the community gatekeepers and elders was recommended to ensure the primary care giver gets the cash top-up for the benefit of the child. Prompt and adequate case management was recommended to address complaints about the top-up not reaching the primary caregiver.

Criteria: *Coherence, Human rights and gender equality* **Priority:** *High*

Recommendation 2: Continual registration of vulnerable households in the *Inua Jamii* programme. Beneficiaries who participated in the FGDs reported that there were more vulnerable households in their neighbourhood that were not registered in the *Inua Jamii* programme and therefore could not be beneficiaries of the NICHE programme. Strategies to continually register vulnerable households into the *Inua Jamii* programme through community referrals mechanisms were recommended.

Criteria: *Coherence, Relevance, Human rights and gender equality* **Priority:** *Medium*

Recommendation 3: Advocacy and continual alignment with government policies. The KII respondents recognized that NICHE had a lot of potential, but its multisectoral approach required awareness and coordination with a wide range of actors. Continual advocacy to ensure the integration of the core principles of NICHE into government policies and strategies was recommended to enhance the programme's relevance and impact. An example cited was the sensitization and advocacy that was required with the change in government regime and political agenda.

Criteria: *Relevance; Coherence* **Priority:** *High*

Recommendation 4: Integration of positive parenting into NICHE. Initial findings of the positive parenting pilot in Kilifi showed the potential for jointness of the nutrition counselling, cash top-up and child protection components into the NICHE programme. While the positive parenting component is relatively new, ways of systematically including the positive parenting component into the NICHE programme should be explored. The CHP have a much larger footprint in the NICHE counties and incorporating key positive parenting messages in their routine household visits should be further strengthened. The CHPs should also be sensitized on how to detect and refer cases of child abuse to the CPV and other relevant authorities. **Continued advocacy for the inclusion of positive parenting sensitization and group sessions as part of NICHE is recommended to further explore the contribution of the parenting component on a larger scale.** Additionally, exploring ways of including teenage mothers further in the NICHE programme is recommended for example through the positive *binti to binti* initiative in Kilifi.

Criteria: *Coherence; Sustainability* **Priority:** *High*

Recommendation 5: Shock responsiveness. NICHE was implemented in counties that were susceptible to frequent shocks like prolonged droughts, flooding and conflicts. However, the programme, as it was designed, was not responsive to the frequently emerging shocks. NICHE, having a well-established infrastructure at the county level, should be made more shock responsive for instance increasing coverage of nutritional counselling. NICHE should also coordinate with the MoH, NDMA and development partners to create synergies and leverage resource from each other for better response. For instance, in Marsabit and Turkana NICHE provides a cash top-up in addition to the HSNP which already incorporates information on food insecurity. Further shock responsiveness for NICHE through horizontal (i.e. larger coverage) or vertical expansion (i.e. high benefit level for existing participants) could be defined based on information from NDMA.

Criteria: *Human rights and gender equality*

Priority: *Medium (ongoing)*

Operational Recommendations

Recommendation 6: Consider increasing cash top-up amount. The cash top-up of Ksh 500 was reported to be insufficient considering the needs of the beneficiaries. The cost efficiency analysis showed that increasing the top-up amount to Ksh 1000 would increase efficiency of the programme. However, further assessment to best trade-off between affordability, efficiency and maximum benefit for the NICHE beneficiaries should be considered

Criteria: *Effectiveness; Efficiency*

Priority: *High*

Recommendation 7: Provide stipends CPVs and LVCs. The evaluation found that unlike the CHP who were paid stipends, the CPVs and LVCs were considered volunteers hence not paid any stipends. Harmonization of the community health strategy to include payment of CPV and LVC was recommended. The use of the term ‘volunteer’ precluded payment and a recommendation to replace the term with a more appropriate term was made. A similar strategy was applied where CHVs was replaced with CHPs which was then used to advocate for stipends for CHPs.

Criteria: *Coherence; Sustainability*

Priority: *High*

Recommendation 8: Enhance coordination between the line ministries, and other agencies. Although NICHE has established coordination structures at the national and county levels, challenges still existed especially with the MoH that was reported to have many competing priorities hence not able to participate in some of the NICHE meetings especially at the national level. A similar challenge was reported in the counties where there was lack of coordination between different organizations implementing similar programmes. Mapping of all programmes and organizations working in the specific counties was recommended to avoid duplication and create efficiencies in terms of cost sharing. Prior to scaling up NICHE to additional counties, a comprehensive mapping exercise should be conducted to understand which agencies and partners are already implementing related projects.

Criteria: *Coherence*

Priority: *High*

Recommendation 9: Develop innovative methods of training of health care workers.

Training of health workers was found to be a major cost driver especially for the BFCI component that required intensive training. Adoption of innovative methods of training such as on-line/ virtual training (where possible), YouTube channels, mentorship and on-the-job training embedded into routine supportive supervision were recommended. As a long-term measure, inclusion of BFCI training into the training curriculum of relevant cadres for instance nurses and nutritionists was highly recommended.

Criteria: Efficiency; Coherence

Priority: High

Recommendation 10: Refine training of CHP. Review the five-day duration and content of BFCI training to consider the literacy levels and cultural context of the participants including the need for translations of the training materials to the local languages. Other measures would include incorporating the training into already existing trainings for CHPs or other routine trainings carried out by MoH for the health structures. This will also address some of the concerns regarding distances and sparse populated areas.

Criteria: Coherence, Efficiency

Priority: Medium

Recommendation 11: Strengthen the linkages between NICHE MIS and other sectoral MIS.

Linkage of NICHE MIS with sector-wide M&E systems was recommended to assess how NICHE indicators were performing against others health or social protection indicators. An example would be leveraging on the existing Electronic Community Health Information System (ECHIS) to streamline reporting by CHPs. Linking the different management systems reporting was recommended to reduce the reporting burden and enhance efficiencies.

Criteria: Relevance

Priority: Medium (ongoing)

Recommendation 12: Simplify enrolment process. Digitization of the registration process and self-registration is recommended to simplify the enrolment process. Use of birth registration system could further simplify the enrolment of children born into eligible cash-transfer households. However, administrative processes need to be upgraded to enable automatic registration of children born in households eligible for NICHE.

Criteria: Relevance, Sustainability

Priority: Medium (ongoing)

Recommendation 13: Ensure timeliness of resource allocation for effective programme implementation.

Availability of funds for programme implementation was reported to be a major challenge across all the NICHE counties, mainly due to the different layers of approvals required. Current government funding structures for the NICHE cash top-up component are centralized whereby counties received amounts of fundings for specific activities, for instance sensitisation efforts to help with registration. Streamlining the funding flow from the central to the county levels was recommended to ensure reliability and predictability of funds for implementation of the programme. Counties should have more autonomy in utilization of funds for NICHE implementation to prioritize implementation based on local needs.

Criteria: Efficiency; Sustainability

Priority: Medium

Recommendation 14: Address training challenges for the positive parenting component.

CPVs and LVCs felt that the training on positive parenting was inadequate and rushed.

Effectiveness of delivering 15 training modules should be reviewed considering the literacy levels of the participants. The CPV and LVC also complained of inappropriate training venues and lack of the necessary training materials. Better planning and organisation of positive parenting training should be made for effective delivery for instance sourcing appropriate venues and providing essential training materials. Parents attending the group sessions complained that the sessions were too long and there was no motivation to attend. Modalities of delivering the group sessions more effectively should be explored. Language was also found to be a major barrier as not all participants were conversant with Kiswahili. Translation of training materials into local languages was highly recommended. Facilitators had to translate the content into the local language which was challenging and took more time.

Criteria: *Coherence*

Priority: *Medium*

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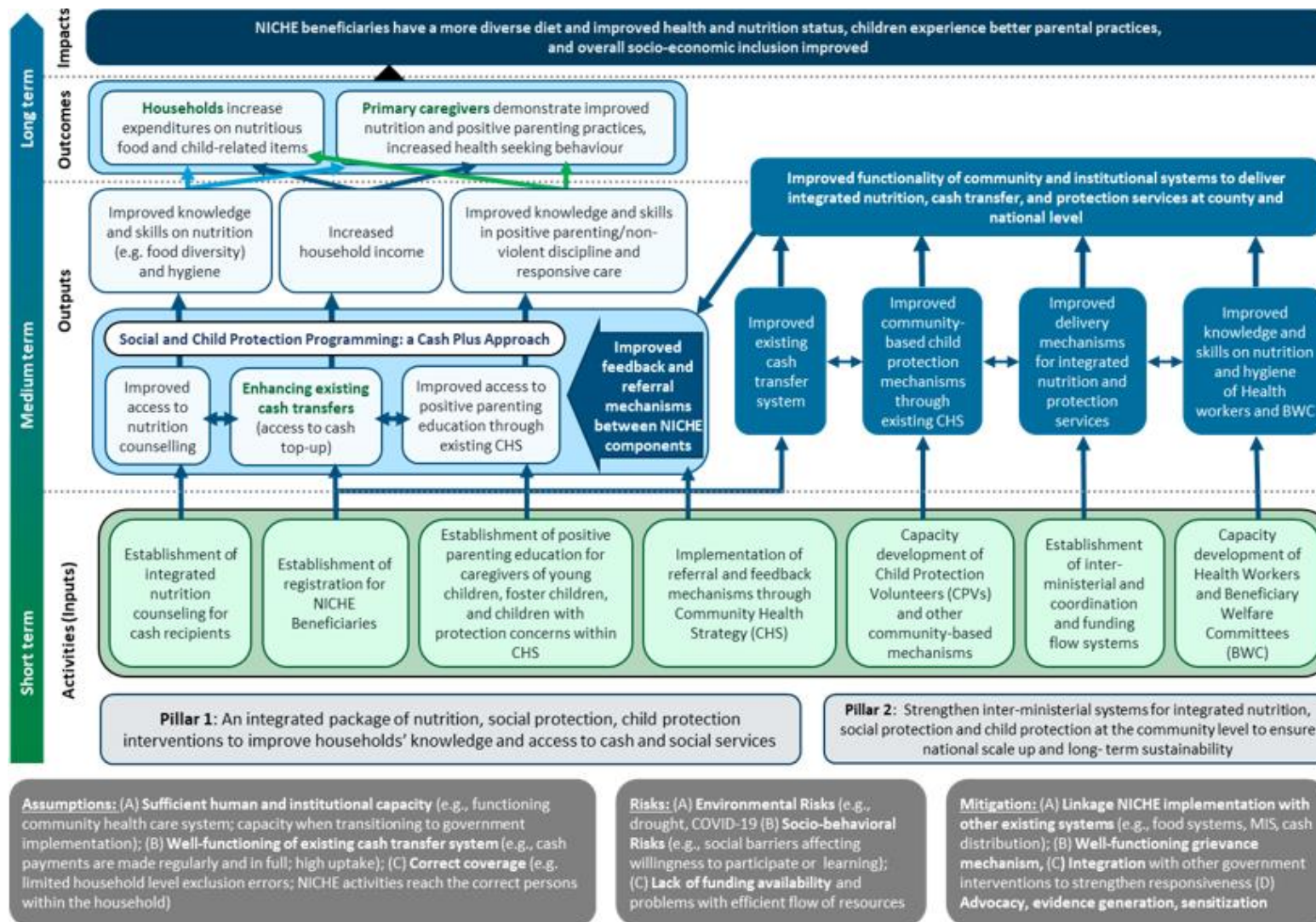
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Annex A. Theory of Change



Annex B. Evaluation Matrix

Evaluation questions	Indicators	Data sources	Data analysis method
Evaluation Criteria: Human Rights and Gender Equality			
1. How have aspects of gender rights and gender equality specifically conforming to Convention of the Rights of the Child (CRC) and Core Commitments for Children (CCCs) been incorporated in the NICHE design and implementation? What gaps with regard to gender equality and equity still exist?	<ul style="list-style-type: none"> • Level of alignment of the design and operations of NICHE with human and child rights. • Level of proportional representation of female participants (e.g. age, position in the household), and beneficiary child (e.g. gender). • Perceived integration of aspects of gender equality within the NICHE implementation. • Perceived accessibility for women and vulnerable populations by key stakeholders • Perceived gaps in gender equality within the NICHE implementation. 	Programme, policy and planning documents National and county level KIIs (i.e. with UNICEF, partners, national and county government, implementing partners)	Document review Primary qualitative data analysis of KIIs
Evaluation Criteria: Relevance			
2. How does NICHE align with Kenya’s national plans and policies and government priorities?	<ul style="list-style-type: none"> • Level of alignment of the objectives of NICHE with the government’s priorities. • Perceived alignment according to key holders • Level of alignment of the objectives of NICHE with key policy strategies and plans, such as: a) The Kenyan Nutrition Action Plans b) The National Social Protection Policy 	Programme, policy and planning documents National level KIIs (i.e. with UNICEF, partners, national government)	Document review Primary qualitative data analysis of KIIs

Evaluation questions	Indicators	Data sources	Data analysis method
<p>3. How has the NICHE programme contributed to systems strengthening? How have monitoring, evaluation and accountability mechanisms contributed to learning about the NICHE programme (e.g. informed adjustments or transition planning)?</p>	<ul style="list-style-type: none"> Perceived contribution to systems strengthening by stakeholders; Use of monitoring, evaluation and accountability systems to inform NICHE learning according to stakeholders; Perceived changes as part of transition planning according to stakeholders. Documented changes to facilitate transition into existing programmes and services. 	<p>Programme, policy and planning documents</p> <p>National level KIIs (i.e. with UNICEF, partners, national government)</p>	<p>Document review</p> <p>Primary qualitative data analysis of KIIs</p>
Evaluation Criteria: Coherence			
<p>4. How does NICHE align with and complement Kenya's national and county level social protection, nutrition and child protection programmes based on the key deprivations that exist in the country?</p>	<ul style="list-style-type: none"> Perceived alignment according to key stakeholders at national and county level. Alignment of NICHE with existing programmes in the areas of social protection, nutrition and child protection. 	<p>Programme, policy and planning documents</p> <p>National and county level KIIs (i.e. with UNICEF, partners, national and county government, implementing partners)</p>	<p>Document review</p> <p>Primary qualitative data analysis of KIIs</p>
<p>5. How are the NICHE components coordinating and collaborating their implementation? What are lessons learned from the implementation of all three components in Kilifi?*</p>	<ul style="list-style-type: none"> Perceived alignment and collaboration between NICHE components. Lessons learned from implementation on child protection, social protection and nutrition components in Kilifi. 	<p>National and county level KIIs (i.e. with UNICEF, partners, national and county government, implementing partners)</p> <p>Case study in Kilifi: KIIs and FDGs (including FDGs with beneficiaries and trained staff)</p>	<p>Primary qualitative data analysis of KIIs, FDGs</p>
Evaluation Criteria: Efficiency			
<p>6. How are the implementation approaches of NICHE leveraging to maximize public resources for existing services in the areas of nutrition, social protection, and child protection in the NICHE counties?</p>	<ul style="list-style-type: none"> Perceived alignment and collaboration of NICHE components with existing programmes and services that has led to cost efficiency. Documented interactions between NICHE components and other services leading to maximizing resources. 	<p>Cost data (if available)</p> <p>Programme and monitoring data</p> <p>National and county level KIIs (i.e. with UNICEF, partners, national and county government, implementing partners)</p> <p>Programme, policy and planning documents</p>	<p>Cost analysis</p> <p>Primary qualitative data analysis of KIIs</p> <p>Document review</p>

Evaluation questions	Indicators	Data sources	Data analysis method
To what extent have innovative or alternative modes of strengthening systems been explored and exploited to lower costs and/or maximize results in the context of devolution?***	<ul style="list-style-type: none"> Alternatives explored during the NICHE development and implementation to increase efficiency and/or effectiveness? Innovative methods explored or adopted to increase efficiency and/or effectiveness. 		
7. What level of cost-efficiency has NICHE operated? What are some of the ways it could be further enhanced based on the main cost drivers?	<ul style="list-style-type: none"> Perceived drivers or barriers of cost-efficiency Documented cost-efficiency of programme components 	Programme, policy and planning documents Cost data (if available) Programme and monitoring data	Document review Cost analysis
Evaluation Criteria: Effectiveness			
8. Has the NICHE Programme achieved its planned targets? What enablers and barriers (internal and external) facilitated/constrained these results?*	<ul style="list-style-type: none"> Reported results of NICHE targets according to the results framework (e.g. number CHPs trained, number of CPV trained, number of households registered for NICHE top-up through ongoing registration) compared to targets. Stakeholders' perceived enablers of and barriers to achieving the intended results of NICHE. 	National and county level KIIs (i.e. with UNICEF, partners, national and county government, implementing partners) Programme and monitoring data Cost data	Primary qualitative data analysis of KIIs Analysis of programme and monitoring data Cost analysis
Evaluation Criteria: Sustainability			
9. How has the NICHE Programme advocated for children and the need for financing at national and county levels in context in the longer term? What measures are being taken at the county level to create systems, structures and budgets that allow for sustainability within the existing NICHE counties?	<ul style="list-style-type: none"> Commitments of funding and documentation of long-term strategies to improve nutrition, social protection, child protection and other rights. Stakeholder perception of upstream advocacy efforts. Presence of county-level structures, systems and budgets that will ensure sustainability on the longer term 	Programme, policy and planning documents National and county level KIIs (i.e. with UNICEF, partners, national and county government, implementing partners) Cost data (if available) Programme and monitoring data	Document review Primary qualitative data analysis of KIIs Cost analysis

Note: * question added with respect to TOR due to focus on the integration of NICHE components, and to include the results from the Kilifi case study; ** question altered from TOR 5.i. given that effects cannot be measured yet.*** Questions altered from TOR based on reviewer comments: two questions merged due to high similarity.

Annex C. Bibliography

Type of document	Title
Programme documents	UNICEF (2020). <i>Nutrition Improvements through Cash and Health Education (NICHE) Programme First Annual Report</i>
	UNICEF (2021). <i>Nutrition Improvements through Cash and Health Education (NICHE) Programme Second Annual Report</i>
	Government of Kenya (2022). <i>REVISED Operations Manual - Nutrition Improvements through Cash and Health Education (NICHE)</i>
	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>
	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>
	Government of Kenya (2023). <i>A Simplified Approach of Implementing Nutrition Interventions in the Nutrition Improvements through Cash and Health Education Program (NICHE)</i> . Government of Kenya, UNICEF, World Bank, FCDO.
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Policy and Planning documents	UNICEF (2022). <i>GoK-UNICEF Kenya Country Programme 2022–2026; and Costed Evaluation Plan 2022-2026</i>
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	MLSP – DCS (2023). <i>National Positive Parenting Programme Guidelines, Training manual & implementation guide.</i>
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	Government of Kenya (2020). <i>Implementation Status of the Big Four Agenda 2018/2019.</i> Government of Kenya, Nairobi: Kenya.

Annex D. List of KII Respondents

MLSP, DCS Ministry of Labor and Social Protection Director

MLSP, DSD International Social Protection Secretariat

MLSP Directorate of Children's Services Coordinator

MoH, Director of Nutrition and Dietetics

MoH, Nutrition Programme Officer

MoH, Nutritional Specialist

NDMA

Treasury Finance Officer, State Department for Social Protection

Action Against Hunger, Head of Health and Nutrition

Concern Worldwide, Health and Nutrition Coordinator

Council of Governors

FCDO

World Bank, Social Protection Specialist

Kilifi County;

MLSP DSD County Coordinator For Social Development

MoH Family Health Nurse

MoH Nutrition Coordinator

UNICEF Nutrition Officer

UNICEF Social Protection Officer

World Vision Project Officer

Kitui County;

Community Health Coordinator

DCS County Coordinator

Directorate Of Social Protection, County Coordinator Children's Services

MLSP DDS, Directorate County Coordinator

MoH County Commission Coordinator

MoH Nutritional Support Officer

World Vision Nutrition Officer

Turkana County;

Deputy Director of Nutrition and Healthy Lifestyle

MLSP DCS County Coordinator

NDMA Deputy Director and Technical Services Provider

Sub-County Social Development Officer

UNICEF Nutrition Officer

World Vision Nutrition Officer

West Pokot County Action Against Hunger Nutrition Officer

UNICEF

UNICEF Child Protection

UNICEF Nutrition Specialist

UNICEF Nutrition Specialist (Nutrition Cluster Coordination)

UNICEF Nutrition Specialist (Member of the Niche Secretariat)

UNICEF Social Protection

UNICEF Social Protection and Public Finance Specialist

Annex E. NICHE MIS Data

Table E1. Newly Registered Households per Year, by NSNP Programme

County	Programme	2024			2023			2022			2021		
		Total	Households with a pregnant woman	Household with a child below 36 months	Total	Households with a pregnant woman	Household with a child below 36 months	Total	Households with a pregnant woman	Household with a child below 36 months	Total	Households with a pregnant woman	Household with a child below 36 months
	TOTAL	12,322	1,570	11,473	15,733	3,205	12,968	7,523	1,387	6,309	13,768	3,627	10,762
	CT-OVC	3,548	510	3,303	3,775	745	3,148	2,362	439	1,980	4,117	1,078	3,264
	HSNP	2,081	197	1,953	5,966	1,271	4,764	1,608	315	1,318	4,682	1,206	3,607
	OPCT	6,517	840	6,051	5,763	1,131	4,879	3,372	606	2,857	4,694	1,262	3,683
	PwSD-CT	176	23	166	229	58	177	181	27	154	275	81	208
Kilifi	TOTAL	2748	368	2557	1415	244	1248	1851	297	1584	2026	581	1555
Kilifi	CT-OVC	851	123	785	451	82	398	686	124	579	793	227	615
Kilifi	OPCT	1839	237	1718	938	159	825	1137	170	980	1177	341	897
Kilifi	PwSD-CT	58	8	54	26	3	25	28	3	25	56	13	43
Kitui	TOTAL	4824	614	4471	2707	541	2325	1262	250	1099	2353	627	1891
Kitui	CT-OVC	961	125	894	501	89	432	220	48	193	461	118	375
Kitui	OPCT	3815	483	3532	2191	448	1881	1036	201	901	1878	504	1504
Kitui	PwSD-CT	48	6	45	15	4	12	6	1	5	14	5	12
Marsabit	TOTAL	301	37	274	2791	447	2358	945	148	802	2737	717	2114
Marsabit	CT-OVC	16	1	15	360	54	306	225	27	199	388	119	288

County	Programme	2024			2023			2022			2021		
		Total	Households with a pregnant woman	Household with a child below 36 months	Total	Households with a pregnant woman	Household with a child below 36 months	Total	Households with a pregnant woman	Household with a child below 36 months	Total	Households with a pregnant woman	Household with a child below 36 months
Marsabit	HSNP	276	34	252	1951	311	1650	466	74	395	2041	520	1587
Marsabit	OPCT				443	72	374	238	45	194	278	68	219
Marsabit	PwSD-CT	9	2	7	37	10	28	16	2	14	30	10	20
Turkana	TOTAL	4002	504	3761	6816	1557	5375	2524	543	2026	5074	1303	3919
Turkana	CT-OVC	1588	248	1487	1764	387	1420	794	174	634	1426	343	1140
Turkana	HSNP	1805	163	1701	4015	960	3114	1142	241	923	2641	686	2020
Turkana	OPCT	558	86	523	960	186	786	544	117	436	919	241	700
Turkana	PwSD-CT	51	7	50	77	24	55	44	11	33	88	33	59
West Pokot	TOTAL	447	47	410	2004	416	1662	941	149	798	1578	399	1283
West Pokot	CT-OVC	132	13	122	699	133	592	437	66	375	1049	271	846
West Pokot	OPCT	305	34	278	1231	266	1013	417	73	346	442	108	363
West Pokot	PwSD-CT	10	0	10	74	17	57	87	10	77	87	20	74

Source: NICHE MIS

Annex F. NICHE Financial Data

Table F1. NICHE Financial Data Based on NICHE Accounting

Expenditure	Financial Year	2020-2021	2021-2022	2022-2023	Exp to June 2024*
Head	Title and Details				2023-2024
1040					
1	Kenya Social and Economic Inclusion Project				
2210201-00001001-0909019999-00000001	Telephone, Telex, Facsimile and Mobile Phone Services	1,610,090.00	100,000.00		
2210202-00001001-0909019999-00000001	Internet Connections	1,654,685.00	50,000.00		
2210301-00001001-0909019999-00000001	Travel Costs (airlines, bus, railway, mileage allowances, etc.)	5,229,301.00			
2210303-00001001-0909019999-00000001	Daily Subsistence Allowance				
2210309-00001001-0909019999-00000001	Field Allowance	2,025,924.00	2,000,000.00		4,824,000.00
2210502-00001001-0909019999-00000001	Publishing & Printing Services				1,145,992.70
2210504-00001001-0909019999-00000001	Advertising, Awareness and Publicity Campaigns				605,992.70
2210599-00001001-0909019999-00000001	Printing, Advertising - Other				923,992.70
2210701-00001001-0909019999-00000001	Travel Allowance				749,993.00
2210703-00001001-0909019999-00000001	Production and Printing of Training Materials				901,999.70
2210801-00001001-0909019999-00000001	Catering Services (receptions), Accommodation, Gifts, Food and Drinks		100,000.00		1,472,007.00
2210802-00001001-0909019999-00000001	Boards, Committees, Conferences and Seminars		100,000.00		1,321,000.30
2211101-00001001-0909019999-00000001	General Office Supplies (papers, pencils, forms, small office equipment etc.)				837,000.00
2211102-00001001-0909019999-00000001	Supplies and Accessories for Computers and Printers				321,592.70

					Exp to June 2024*
Expenditure	Financial Year	2020-2021	2021-2022	2022-2023	2023-2024
2211103-00001001-0909019999-00000001	Sanitary and Cleaning Materials, Supplies and Services				89,992.70
2211199-00001001-0909019999-00000001	Office and General Supplies -				803,992.70
2211201-00001001-0909019999-00000001	Refined Fuels and Lubricants for Transport		190,000.00		899,992.70
2220101-00001001-0909019999-00000001	Maintenance Expenses - Motor Vehicles		190,000.00		2,672,000.00
2220202-00001001-0909019999-00000001	Maintenance of Office Furniture and Equipment				160,849.30
2640402-00001001-0909019999-00000001	Donations (Cash transfer top-up money)	25,517,500.00	51,046,500.00	18,849,000.00	117,811,000.00
Government of Kenya		36,037,500.00	53,776,500.00	18,849,000.00	135,541,398.00
2210301-11501143-0909019999-00000001	Travel Costs (airlines, bus, railway, mileage allowances, etc.)		7,316,600.00	234,500.00	1,520,000.00
2210302-11501143-0909019999-00000001	Accommodation - Domestic Travel		5,908,300.00	7,067,572.00	3,314,200.00
2210303-11501143-0909019999-00000001	Daily Subsistence Allowance		4,382,300.00	7,194,700.00	26,683,600.00
2211201-11501143-0909019999-00000001	Refined Fuels and Lubricants for Transport				873,600.00
Grant (Revenue)			17,607,200.00	14,496,772.00	32,391,400.00
2640501-12501143-0909019999-00000001	Capital Transfer to n-Profit (Technical Assistance)	299,778,217.20	431,600,000.00	493,400,000.00	-
Grant (AIA)		299,778,217.20	431,600,000.00	493,400,000.00	-
2210301-21501143-0909019999-00000001	Travel Costs (airlines, bus, railway, mileage allowances, etc.)	886,500.00	6,996,800.00	452,782.00	5,883,900.00
2210302-21501143-0909019999-00000001	Accommodation - Domestic Travel	10,479,100.00	39,770,480.00	3,990,400.00	141,781,700.00
2210303-21501143-0909019999-00000001	Daily Subsistence Allowance	4,216,100.00	19,612,400.00	6,566,000.00	48,369,500.00
IPF Loan		15,581,700.00	66,379,680.00	11,009,182.00	68,431,570.00

Note: * for 2023-2024 expenditure for the months May and June 'Donations (Cash transfer top-up money)' under Government of Kenya and 'DSA' and 'Travel costs' under IPF loan have been added. Additional expenses for the Government or Grants have not been recorded yet since they were not available.

Table F2. UNICEF Expenditure on Technical Assistance for NICHE between 2020 and 2022

NICHE Deliverables	Outputs	Year 1	Year 2	Year 3	Total costs original	Total expenditure plus commitment by 22-08-2022	Balances by 22-08-2022	Realigned balances (Expenditure plan Sept 2022 to April 2023)
Deliverable 1: Functional NICHE coordination systems in place at national and county levels						\$1,367,421	-\$69,521	\$31,868
Output 1.1	NICHE operations manual, Implementation plan and workplan developed	\$ 137,500	\$ -	\$ -	\$137,500	\$ 105,632	\$31,868	\$31,868
Output 1.2	National and county level capacity for NICHE coordination strengthened	\$390,400	\$385,000	\$385,000	\$1,160,400	\$1,261,789	-\$101,389	\$
Deliverable 2: NICHE registration system strengthened and embedded in the National Safety Net Programme						\$ 530,134	\$ 381,018	\$300,658
Output 2.1	County teams have strengthened capacity to conduct initial registration of new NICHE beneficiaries	\$677,152	\$ -	\$ -	\$ 677,152	\$ 342,850	\$334,302	\$ -
Output 2.2	County teams have strengthened capacity to update registration of new and exited NICHE beneficiaries	\$ -	\$137,000	\$97,000	\$234,000	\$187,284	\$46,716	\$300,658
Deliverable 3: Community Health Strategy in the five NICHE counties strengthened to deliver High Impact Nutrition Interventions for Cash Beneficiaries						\$1,768,705	-\$583,461	\$ -
Output 3.1	County health teams have strengthened capacities to deliver Baby Friendly Community Initiative (BFCl) through the Community Health Strategy	\$1,130,719	\$28,500	\$26,025	\$1,185,244	\$ 1,768,705	-\$583,461.00	\$
Deliverable 4: Households receiving cash transfers are provided with nutrition counselling to improve the nutritional status of PLWs and children under two years						\$ 3,643,110	\$1,324,847	\$414,429
Output 4.1	County teams have strengthened capacities to plan and implement Social and Behaviour Change Communication through BFCl at HH and the community level	\$368,024	\$2,364,652	\$2,235,281	\$4,967,957	\$3,643,110	\$1,324,847	\$ 414,429

NICHE Deliverables	Outputs	Year 1	Year 2	Year 3	Total costs original	Total expenditure plus commitment by 22-08-2022	Balances by 22-08-2022	Realigned balances (Expenditure plan Sept 2022 to April 2023)
Deliverable 5: Households receiving cash transfers are supported and provided with skills for foster care of children without parental/appropriate care as well as general parenting skills to improve protection of children						\$477,655	\$28,845	\$28,845
Output 5.1	County teams have strengthened capacities to plan and implement family based alternative care and improve parenting skills at HH and the community level\$	\$116,500	\$195,000	\$195,000	\$506,500	\$477,655	\$28,845	\$28,845
Deliverable 6: Functional NICHE monitoring and quality assurance systems in place at national and county levels						\$591,107	\$411,759	\$469,356
Output 6.1	NICHE Information System developed, functional, and linked to the Single Registry	\$270,000	\$35,000	\$15,000	\$320,000	\$232,111	\$87,889	\$109,890
Output 6.2	County capacities for NICHE quality assurance and monitoring strengthened	\$100,800	\$80,800	\$75,800	\$257,400	\$59,380	\$198,020	\$49,000
Output 6.3	Impact evaluation and Cost Efficiency Analysis conducted to inform NICHE progress and planning	\$335,000	\$0	\$90,466	\$425,466	\$299,616	\$125,850	\$310,466
Deliverable 7: Technical Assistance for effective implementation of NICHE in five counties						\$819,408	\$56,592	\$304,925
Output 7.1	National-level NICHE support (UNICEF)	\$292,000	\$292,000	\$292,000	\$876,000	\$819,408	\$56,592	\$304,925
Total implementation costs		\$3,818,095	\$3,517,952	\$3,411,572	\$10,747,619	\$9,197,540	\$1,550,079	\$1,550,081
	Total HQ support costs (5%)				\$537,381			

Source: UNICEF (2022). Nutrition Improvements through Cash and Health Education (NICHE) Programme Third Annual Report

Annex G. Ethical Procedures



Amref Health Africa in Kenya

REF: AMREF – ESRC P1664/2024

May 14, 2024

Marlous De Milliano
American Institutes for Research (AIR)
1400 Crystal Drive 10th Floor
Arlington, VA 22202-3289
Tel: 202.403.5000
Email: mdemilliano@air.org

Dear Dr. Marlous De Milliano,

RESEARCH PROTOCOL: EVALUATIVE ASSESSMENT OF THE UNICEF NUTRITIONAL IMPROVEMENTS THROUGH CASH AND HEALTH EDUCATION (NICHE) II PROGRAMME IN FIVE ARID AND SEMI-ARID COUNTIES IN KENYA, 2019-2023

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. Your application approval number is ESRC P1664/2024. The approval period is from May 14, 2024 to May 13, 2025, 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 serious 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 serious 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://research-portal.nacosti.go.ke> and also obtain other clearances needed.



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



Prof. Mohamed Karama
Chair, Amref ESRC

CC: Samuel Muhula, Senior Manager, Learning and Impact Amref Health Africa.

Attachments:

- Notification of Exemption for B&P# 8F245.pdf



AIR IRB

Exemption Notification

To: Marlou de Milliano
From: IRB Administrator
Subject: B&P# 8F245
Date: 03/01/2024

B&P# 8F245 -NICHE II evaluative assessment has been verified by Chris Paek as **Exempt** on 01/03/2024.

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 identify factors of success or failure of the early implementation of the NICHE II program. 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.

Annex H. Terms of Reference

ANNEX I

TERMS OF REFERENCE (TOR)

Summary		
Title:	Evaluative Assessment of the Nutritional Improvements through Cash and Health Education (NICHE) II programme	
Purpose of Assignment	To provide evidence on the outcomes and lessons learnt from the NICHE programme on social protection programmes that integrate nutrition and child protection through a “Cash Plus” and systems strengthening approach	
Location of Assignment	Nairobi with Field Travel	
Duration of contract	3 Months	
Start date	From: 15 Nov. 2023	To: 15 February 2024

1. BACKGROUND

1.1. Context:

Kenya made significant progress in nutrition outcomes in recent years. According to the Kenya Demographic Health Surveys (KDHS), a national reduction of 17 percentage points between 2009 (35 %) and 2022 (18%) has been recorded on stunting. However, these gains are not evenly distributed across the country, with large disparities still existing. Stunting ranges from 9% to 37% across counties. Stunting in the five counties of Kilifi, West Pokot, Kitui, Turkana and Marsabit counties is at 37.0%, 33.5%, 25.1%, 23.0% and 18.9% respectively. This is against a backdrop of very high levels of wasting in Turkana and Marsabit counties with some sub- counties recording extremely critical levels of wasting ($\geq 30\%$) during shocks such as drought.

The Government of Kenya led Nutrition Improvements through Cash and Health Education (NICHE) Programme is a 5-year-programme as a part of the World Bank and Foreign, Commonwealth Development Office (FCDO)-funded Kenya Social Economic Inclusion Programme (KSEIP). It is implemented with the leadership of the Directorate of Children Services (DCS) within the State Department for Social Protection, Ministry of Labour and Social Protection, in collaboration with the Ministry of Health (MoH), the National Drought Management Authority (NDMA) and County Governments. GoK has partnered with UNICEF to provide the technical assistance necessary to deliver the programme.

UNICEF Kenya’s technical assistance is on planning and budgeting processes, capacity development, systems strengthening and monitoring and routine quality assurance. UNICEF Kenya also facilitated coordination of various actors being uniquely placed to be the nexus in the linkage across the Ministry of Health, Ministry of Labour and Social Protection, The World Bank (WB), Foreign, Commonwealth & Development Office (FCDO) and as well in the five counties namely Kilifi, West Pokot, Marsabit, Kitui and Turkana. Though initially planned to cover the first three years of the programme (Nov 2019 – Nov 2022), the Programme technical assistance has currently been extended to December 2023. Furthermore, planning to extend the technical assistance for an additional two years (up to Dec 2025) is under way.

1.2 NICHE Programme Description

NICHE is an innovative social protection programme that integrates nutrition and child protection interventions to ensure enhanced impact on child outcomes, notably on nutrition and child vulnerability among the most vulnerable. The programme builds on the Government of Kenya's National Safety Net Programme (NSNP), by targeting NSNP beneficiary households with the aim of improving child outcomes during the critical first 1,000 days of life.

The programme is based on the growing evidence base in the area of social protection which demonstrates the effectiveness of combining regular cash assistance alongside complementary interventions to enhance impacts across multiple outcomes.^{1, 2}

Households with a child under three years or a pregnant or lactating woman are targeted among the NSNP beneficiaries and provided with a regular cash top-up of KES 500 per beneficiary per month, intensive nutrition counselling and behavioural change interventions through the Baby-Friendly Community Initiative (BFCI) approach. In addition, a child protection component through promotion of positive parenting and family-based care was implemented in Kilifi County where the delivery modality of the National Positive Parenting Training Manual was tested.

The NICHE Programme is being implemented in five counties namely Kitui, Kilifi, Marsabit, Turkana, and West Pokot. The prevalence of stunting along with overall poverty rates in these counties were the main selection criteria. Importantly, the design of this current NICHE Programme builds on the achievements and lessons of a pilot phase implemented in Kitui in 2017-2018. The evaluation conducted after the pilot in Kitui generated evidence of enhanced hygienic, dietary, and infant care practices among programme beneficiaries.

NICHE Programme is in line with GoK's social protection, nutrition, and child protection priorities. It aligns with the Cash plus agenda, the Social Protection Policy, and the National Children Policy bringing about realization of the multi-sectoral nature of the Kenya Nutrition Action Plan (KNAP) 2018-2022, specifically towards the achievement of Key Result Area 14 in the KNAP on strengthening Nutrition in Social Protection.

Ultimately, the programme aims to adopt a multi-sectoral and integrated approach to contribute towards poverty reduction and vulnerabilities in its multiple dimensions, as well as the reduction of inequity and inequalities in line with the Sustainable Development Goals (SDGs) framework. In doing so, it is expected the Programme implementation will strengthen the capacities of government structures at the national and county levels to implement complex social assistance schemes sensitive to nutrition and child protection outcomes. New funding of the programme could facilitate continued implementation with a possibility of scale-up to few new counties in 2024/2025. In this regard, the initially planned end of programme by December 2023 may not happen. There is thus a need to investigate focused areas such as operational efficiencies of the service delivery itself (in the context of community, sub-county, county structures) with the purpose of informing how the scale-up can best be done. There is also a need to understand synergies with already existing programmes

¹ Roelen et al. (2017). How to make "cash plus" work: linking cash transfers to services and sectors. UNICEF Innocenti Office of Research Working Paper. Available from: [IDS WP Rev Jan 2018.pdf \(unicef-irc.org\)](https://www.unicef-irc.org/publications/IDS_WP_Rev_Jan_2018.pdf)

² Manley et al. (2020). Cash transfers and child nutritional outcomes: a systematic review and meta analysis. *BMJ Global Health*. Available from: <https://gh.bmj.com/content/bmjgh/5/12/e003621.full.pdf>

(cohesion) in the counties, as part of enhancing the sustainability of the programme. Additionally, a costing exercise to help establish realistic costs of scaling up the program will be useful.

1.3 Programme Objectives

The overall goal is to ensure that most vulnerable children in intervention areas of selected counties, show improved well-being in the areas of early childhood development, including nutrition and health, child protection and wellbeing more broadly.

The NICHE programme is supported by a theory of change (TOC) which provides a logical flow of how the programme elements designed in NICHE will interact to result in the desired outcome. The various inputs, processes, outputs including the activities that will be implemented to realize the outcome are outlined and the interplay between them explained to demonstrate the logical flow of the change process.

The TOC culminates into a results framework with indicators that enables the programme teams to consistently track and monitor progress of the programme. Several key assumptions and risks were taken into consideration as possible to further enhance the likelihood of realization of the programme. The TOC is largely premised on the anticipation that primary caregivers will demonstrate improved knowledge and skills as a factor of functional and enhanced social protection, nutrition, and child protection systems. The combination of which will ultimately result in the improvement of health, nutrition and protection status of most children reached by the programme.

Overall, the programme aims to reach 23,500 households with nutrition-sensitive cash transfers to improve child wellbeing and outcomes across health, nutrition, child protection and others.

The following are the key results/outcomes of NICHE over 5 years.

1. Functional NICHE coordination systems in place at National and County levels
2. NICHE registration system strengthened and embedded in the National Safety Net Programme
3. Community Health Service strategy in the five NICHE counties strengthened to deliver High Impact Nutrition Interventions for Cash Beneficiaries
4. Households receiving cash transfers and nutrition counselling demonstrate improved nutritional status of Pregnant and Lactating Women (PLW) and children under three years
5. Households receiving cash transfers and parental skills development in Kilifi County demonstrate improved protection of children
6. Functional NICHE monitoring and quality assurance systems in place at national and county levels

2. PURPOSE OF THE ASSESSMENT

The assessment was planned as part of the NICHE Programme's design document and the annual work plan of Social Policy for 2022-2023. The purpose is to assess the progress made over the years by reviewing the processes and highlighting the lessons learnt to enhance program implementation as the program continues for another two years and prepare for eventual cessation of UNICEF's technical assistance to GoK. The findings will help 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 scale-up or implementation of similar complex social assistance schemes sensitive to nutrition and child protection outcomes.

The focus of the assessment will thus be on scalability or replicability of the NICHE approach. The programme outcomes and other elements of programmatic achievement will be assessed as part of the effectiveness component using the baseline assessment undertaken as part of the formative evaluation in 2021-22 to the extent possible.

3. OBJECTIVE

The overall objective is to identify factors of success or failure of results achieved and draw conclusions to inform relevant authorities and donor partners on implementing similar complex social assistance schemes sensitive to nutrition and child protection outcomes covering systems, service delivery and M&E at national and county levels. This will also provide evidence to the Government, UNICEF, key donors, other UN agencies, and key implementing partners on good practices and pitfalls in designing and implementing similar programmes to address chronic malnutrition and protection issues at local and national level.

Broadly, the specific objectives of this NICHE evaluative assessment are to:

- i. Determine lessons and direction for scalability of next phase and increasing national ownership with a critical focus on vulnerability, gender, and child rights components; and
- ii. Assess cost efficiency and ways of improving it going forward.

4. SCOPE OF THE EVALUATIVE ASSESSMENT

The programmatic scope of this assessment will cover all programme components or results as outlined in the NICHE programme, considering the various adjustments that have been made in the subsequent years, the findings of the formative evaluation including the baseline assessment, and progresses made/reported on annual basis. The assignment however will not focus on the impact of the NICHE programme as it is still under implementation and is thus too early to expect changes across most outcomes.

The NICHE Secretariat and the key stakeholders wanted to focus more on the process of the implementation including systemic approach in coordination, management, and accessibility of the program to feed the lessons learnt into the next phase of the NICHE approach. The child protection component of NICHE piloted in Kilifi should also be covered to draw lessons learned for its systematic inclusion in other counties in the future. The geographical scope will be at national level with case studies of Kilifi and an additional county from amongst the other four programme counties namely Kitui, Marsabit, Turkana, and West Pokot.

A critical area of focus will be to look at the importance of the “jointness” of the various elements that comprise the NICHE “Cash plus” approach. That is to say, the importance of layering complementary measures on top of the regular cash assistance received by NICHE households.

The assessment will engage all relevant stakeholders, including MoH, UNICEF, key donors, CSOs, other UN agencies, and key implementing partners. The assessment will cover the entire implementation period of November 2019 to November 2023.

5. CRITERIA AND EVALUATIVE QUESTIONS

Informed by OECD-DAC/UNEG evaluation criteria, key suggested questions are identified below. The equity and human rights, including child rights and gender equality are mainstreamed in the description of these questions. These proposed questions will be further refined/streamlined during the inception phase.

- i. Did the NICHE Programme cost-effectively achieve or is it likely to achieve its planned targets including in emergencies such as the Covid pandemic? What enablers and barriers (internal and external) facilitated/constrained the achievement of the results?
- ii. What level of cost-efficiency has NICHE operated at and what are some of the ways it could be further enhanced based on the main cost drivers?
[NB: Questions i) and ii) are to be evaluated comprehensively on all NICHE components of the TA cost as well as the counterpart funding and resources including human resources that has gone into the implementation of NICHE. It is expected that these two questions will form an auditable deliverable (evidential knowledge products) by the implementing government agency to the National Treasury. As such the two questions should then form an excerpt in the final report either as a standalone brief report (Not more than 10 pages including analytical tables disaggregated by counties and budget figures at output level) or an annex to the main report.]
- iii. To what extent has the NICHE Programme mainstreamed gender and human rights aspects in its programming specifically conforming to CRC and Core Commitments for Children (CCCs) in development and humanitarian situations?
- iv. How has the NICHE Programme contributed to systems strengthening? To what extent have monitoring, evaluation and accountability mechanisms informed NICHE Programme learning and adjustment including transition planning of integrating into existing programs and services?
- v. How are NICHE's implementation approaches leveraging to maximize public resources for existing services in the areas of nutrition, social protection, and child protection in the NICHE counties, including any corrective actions taken?
- vi. To what extent have innovative or alternative modes of strengthening systems been explored and exploited to lower costs and/or maximize results in the context of devolution?
- vii. How well has the NICHE Programme fulfilled its upstream role in advocating nutrition, social protection, child protection and other rights for children and related financing at national and county levels in context of limited public resources and the eventual ending of program external funding?
- viii. To what extent does NICHE align with and complement Kenya's national, and county social protection programmes based on the key deprivations that exist in the country.

6. ASSESSMENT APPROACH

The evaluative assessment will follow the pathways outlined in the Theory of Change (ToC) designed for the programme using the standard UNEG/OECD standards of relevance, effectiveness, coherence, efficiency, and sustainability of the interventions. The baseline assessment developed as part of the earlier formative evaluation may be used to benchmark the achievements and draw any credible pathway for the future sustenance of similar interventions. The process will involve a short inception phase, information collection and analysis, validation of findings, and reporting. It is planned to be accomplished within a period of 50 days spread over three months (November to mid-February 2023).

6.1 Methodology

While the tenderer will propose a precise combination of methods, the utilization of existing routine data and the collection of supplementary qualitative and quantitative data should be appropriately considered. The data collection and analysis should be at national level with case studies of Kilifi and another county from amongst the remaining four programme counties of Kitui, Marsabit, Turkana, and West Pokot.

1. Inception and design Phase:

The process will start with an inception phase, which will involve review of programme documents and relevant literature. This phase will mainly include literature review of all relevant documents and sources of data. An inception report will be produced which will set out the scope, design, and the method including the data sources and data collection tools to be used. A detailed methodology including an evaluation matrix, data analysis plan, data collection instruments, and consultations will be developed by the team. Information and evidence will be collected on inclusion; disaggregate data wherever possible; and identify the impact of programmes on marginalized groups. A specific case study on the child protection component of NICHE piloted in Kilifi should be an integral part of the assessment for informing possible systematic inclusion in all NICHE programmes in other counties in the future.

2. Data Collection and field operation:

A mixed method approach might be necessary for collection and analysis of both quantitative and qualitative data. Use of this approach is expected to lead to complementarity of the information and facilitate in offsetting limitations of exclusively quantitative or qualitative data, while maximizing on strengths of each data type. The desk review of the available documents and reports should suggest the requirements and extend of different data collection methods. Possible options of data collection include surveys, Key Informant Interviews, Focus Group Discussions, and other possible methods engaging key stakeholders and target populations or beneficiaries. Potential technology-based cost saving options of data collection should be explored.

3. Analysis and reporting phase:

In addition to coming up with relevant data collection tools and methods, the consulting team should come up with data analysis plan including the use of appropriate tools and method for a robust analysis. Findings should be triangulated with outcomes of qualitative data collection, including key informant interviews with UNICEF, GoK, key donors, private sector partners, other UN agencies and implementing partners.

The proposed methodology approach should consider human rights-based approaches, child-based rights and will be gender sensitive with data disaggregated by sex, ethnicity, age, and disability to the extent possible. These considerations will be made in all steps of the assessment, from sampling, data collection, as well as data analysis, conforming to the UNEG norms and standards and ethical guidance (<http://www.unevaluation.org/document/detail/2866>).

6.2 Limitations

There is a limited window of time that is available for the assessment to be undertaken, given the end date for the NICHE programme. As such the completeness in terms of including the vulnerable groups and hard to reach areas might pose challenge. The consulting team will thus need to consider these pitfalls in drawing the work plan and timeline along with the resultant cost implications.

Evidence and data availability at local level especially concerning intended beneficiaries might be another challenge which might entail primary data collection with implication on the timeline.

There could be some risk of response bias as at the time of the baseline and the formative evaluation some beneficiaries will already have been sensitized about the upcoming NICHE intervention activities.

Complication of data incomparability could occur as many of the existing data sources are from different time points and with different coverages across counties thus posing difficulty to assess the achievement of the programme results/targets. The methodology needs to consider data quality issues and identification of a credible counterfactual.

7. DELIVERABLES, TIMELINES, AND PAYMENT SCHEDULE

The consultancy firm/institution shall be required to:

- a) Review all the relevant government policies, strategies & guidelines, coverage surveys, programme assessments, NICHE programme document, progress reports, and related documents,
- b) Prepare and present an Inception report and research protocol
- c) Adapt data collection tools in the documents cited in (a) and (b) above, and pre-test and adjust the data collection tools as necessary based on the feedback received from the quality assurance teams including the ERG, and other relevant stakeholders.
- d) Prepare submission to relevant institutions pertinent to the study area and secure ethical, research and institutional clearance as needed.
- e) Manage implementation of data collection and assure quality at the different levels including data entry and cleaning.
- f) Conduct the data analysis to answer to the objectives of the evaluative assessment questions.
- g) Present draft reports to the Technical Reference Group, the NICHE Secretariat, and the other relevant quality assurance teams as needed
- h) Present draft reports to the Research and Evaluation Committee of UNICEF Country Office
- i) Draft final report including the brief report on Cost Efficiency Analysis (CEA) as an annex or standalone report, clearly articulating the findings, conclusions, and recommendations.
- j) Prepare a summarized version of all the reports and organize a validation session for key stakeholders along with a PowerPoint presentation as part of dissemination plan

The role of UNICEF will include introduction of the consultants to key stakeholders, providing access to secondary information, administrative support, and overall supervision of the review process. The consulting team will adapt proposed methods, collect, analyse secondary and primary information, and produce an evaluative report based on UNEG standard format.

Tasks/Milestone:	Deliverables/Outputs:	Timeline	Schedule of Payment
Inception and design Phase: review of ToR and development of work plan, including refinement of methodology. This phase can also include desk	Inception Report Presentation of the draft inception report – in person or via video link – to the Technical Reference Group, REC, and NICHE Steering Committee	13 days	30 %

review of primary and secondary quantitative data and analysis.			
Data Collection and field operation: Data collection, stakeholder consultations, data triangulation – raw and cleaned data and documentation submitted to UNICEF	Data collection protocol/tools based on pre-test Data analysis plan/tools	20 days	30 %
Consultation: Hold stakeholder meetings to validate findings and recommendations; address key issues	PowerPoint presentation slide decks Reports of consultations Audit trail of comment/feedback	7 days	20 %
Analysis and reporting phase: Report writing, including executive summary, finalization of recommendations, review of report and advocacy products	Ppt slide decks and presentation – in person or via video link – on emerging findings, conclusions, and recommendations Complete first drafts of the reports including the CEA and updated versions (at least 3 rounds of commenting/feedback anticipated with audit trail reports of comments addressed) Final report (40-60 pages) as per standard format with Executive Summary (4 pages) in addition to the CEA (Not more than 10 pages including summary cost tables) Summarized versions of the findings and recommendations	10 days	20 %
Total		50 days	100%

7.1 Reporting Requirements

The following reports are expected as part of the deliverables for this assignment

Inception report

Draft and final reports clearly articulating the findings, conclusions, and recommendation within 40-60 pages in length along with an standalone executive summary of four pages.

Summarized versions (popular version) of the findings with an accompanying PowerPoint presentation.

7.2 Location and Duration

While the assignment can be managed from any location, the data collection phase is perceived to be primarily Nairobi-based with field travels to Kilifi and another selected county of the NICHE programme. The consulting team will make their own arrangement for workspace and external consultations and meetings. UNICEF will

facilitate in providing meeting space to conduct internal consultations with UNICEF when needed during the period of the assignment.

The indicative starting date for the assignment is 10 November 2023 with an end date of 15 February 2024. Given the urgency of requiring the inputs for the next phase of the NICHE programme, the timelines and milestones for individual activities are relatively fixed. The bidder is expected to take note of the outlined delivery time frame when deciding to submit the bid.

8. DISSEMINATION OF FINDINGS

For effective influence and uptake of the findings and recommendations, reports and policy products should be made public in forms that are usable by decision-makers tailored to their specific needs. The consulting team should design dissemination products which includes visual summaries of the main results/findings/recommendations suitable to various stakeholders. The following guidelines may be useful and followed:

[UNICEF Style Guideline](#)

[UNICEF Brand book](#)

[UNICEF Infogram Guidelines](#)

UNICEF will provide the relevant logos and authorized pictures and the consulting team must ensure that all visual products need to be approved by UNICEF before final publishing.

9. MANAGEMENT AND QUALITY ASSURANCE ARRANGEMENTS

The Evaluation Specialist will assume the overall role of the Assessment Manager, while the Chief of Planning, Monitoring, and Evaluation and Chief of Health with support from the Social Policy Specialist, Child Protection Specialist and the Nutrition Specialist in UNICEF Kenya will provide guidance on technical issues relating to the NICHE Programme. The KCO Research and Evaluation Committee (REC) as the key internal quality assurance mechanism will provide the technical oversight. A Reference Group will be formed comprising of members from UNICEF KCO (Social Policy, Nutrition, Child Protection and PME), relevant MoH Departments, Ministry of Labour and Social Protection [MLSP], Department of Children Services [DCS]. This reference group will guide the research and oversee issues such as data ownership and intellectual property. The evaluative assessment will be further validated and endorsed by the National NICHE Steering Committee.

10. GUIDING PRINCIPLES AND ETHICAL CONSIDERATIONS

Depending on the suggested methodology, the consulting firm, in consultation with the Reference Group, is to decide whether ethical clearance needs to be sought (and budgeted accordingly). In general, the consulting firm should comply to UN and UNICEF norms and standards and is expected to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the process. The following general considerations apply:

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

Below are the links to some of the relevant documents that can be referred to on the guiding principle and ethical considerations.

[United Nations Evaluation Group \(UNEG\) Norms and Standards for Evaluation in the UN System](#)

[UNEG Ethical Guidelines for Evaluations](#)

[UNICEF procedure for ethical standards in research, evaluation, data collection and analysis](#)

[UNICEF-Adapted UNEG Evaluation Reports Standards](#)

[GEROS Quality Assessment System](#)

[UNICEF guidance on external academic publishing](#)

Specific to Kenya, any research or data collection involving human subject requires to secure following permits³.

- a) Ethics approval by an accredited IRB⁴,
- b) National research permit from the National Commission on Science, Technology, and Innovation (NACOSTI),
and
- c) Local research permit from the counties involved as relevant.

The associated cost for processing these ethical clearances should be factored in the financial bid submission.

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