County Capacity and Systems Assessment Report.

For The Hunger Safety Net Programme Phase 3.

March, 2024.

British High Commission Nairobi

CHASP ADVISORY

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Nairobi, March 2024.

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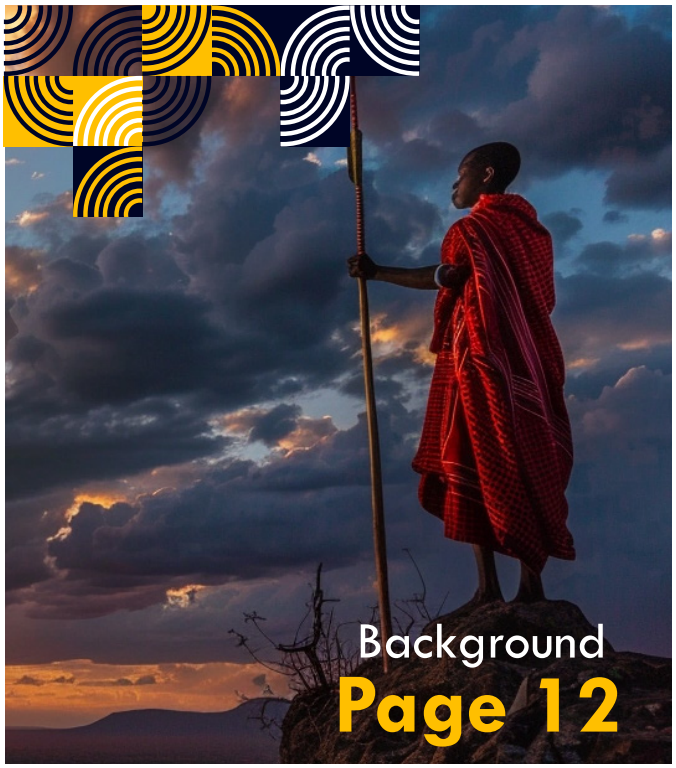
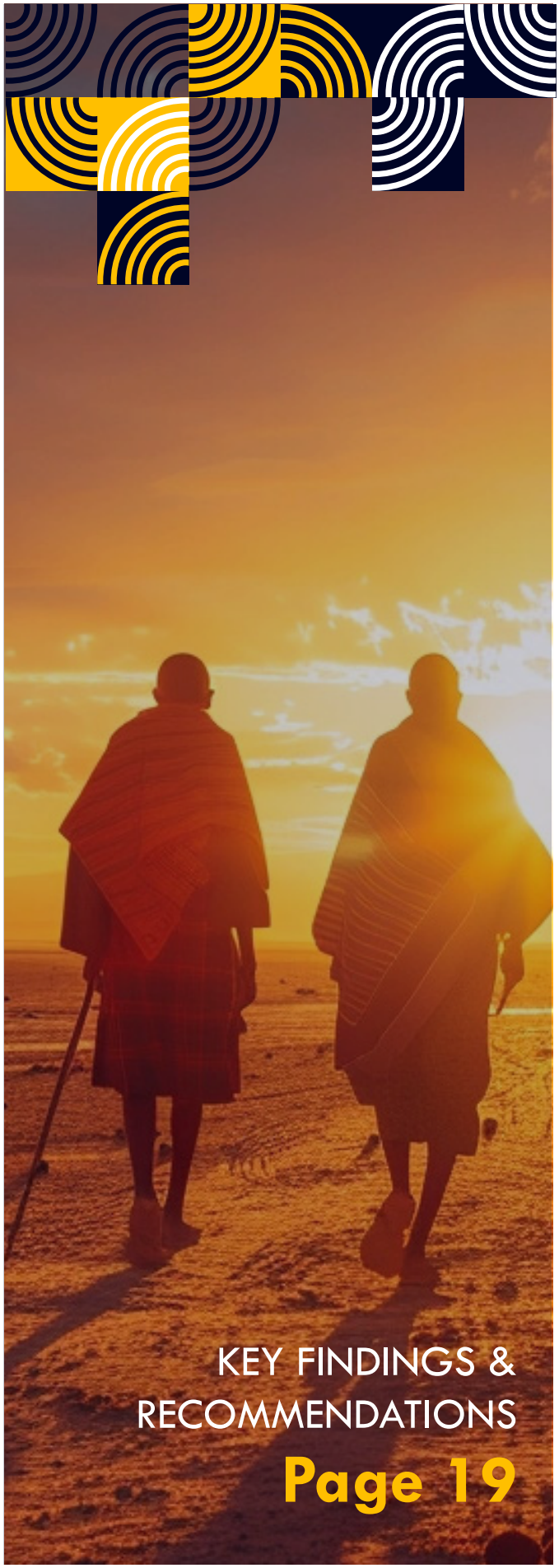
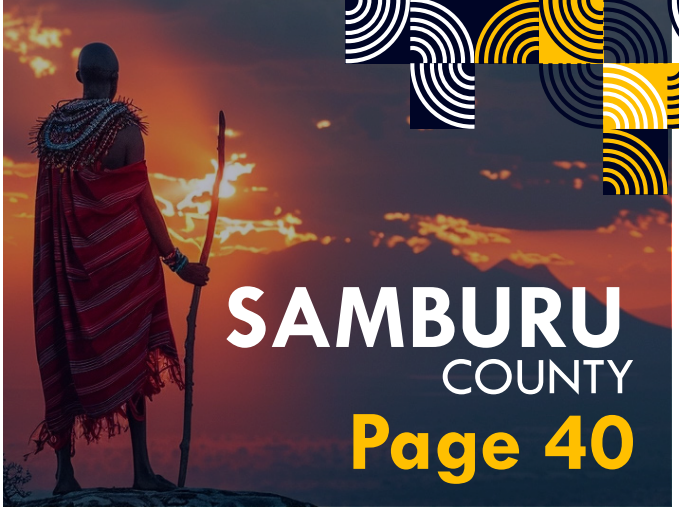
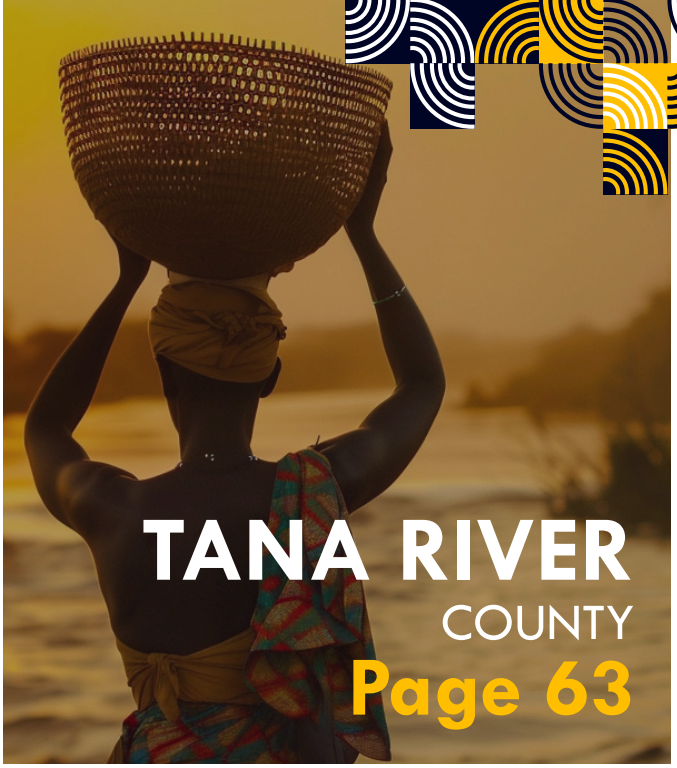
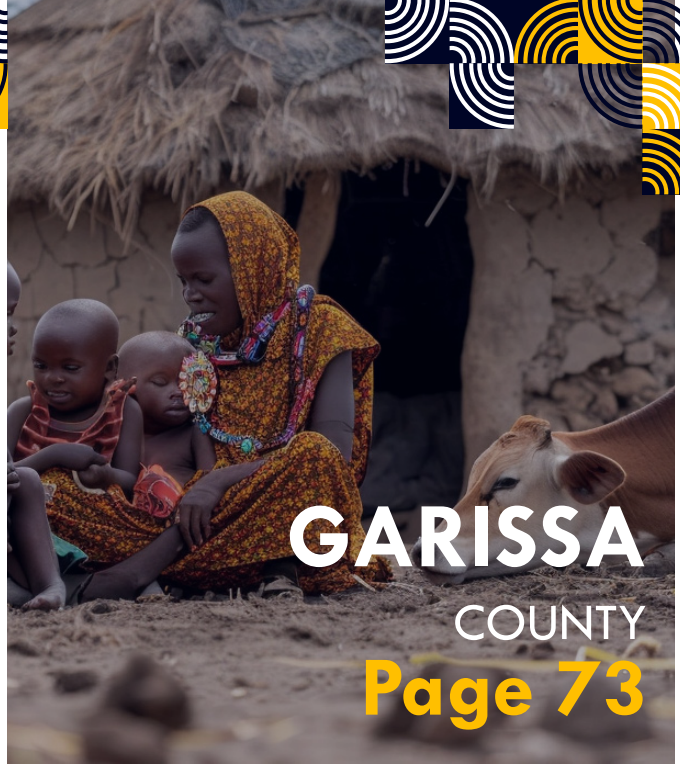
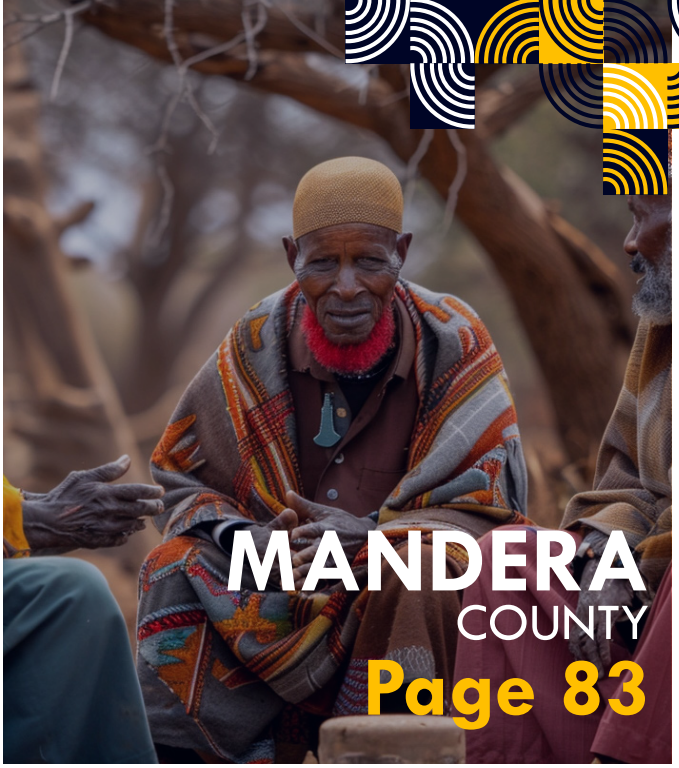












LIST OF ACRONYMS.

BWC	Beneficiary Welfare Committee
CHASP	Capacities for Health and Social Policy
CHV	Community Health volunteers
CPV	Child Protection Volunteers
FCDO	Foreign, Commonwealth & Development Office
FGD	Focused Group Discussions
GoK	Government of Kenya
HSNP	Hunger Safety Net Programme
KDHS	Kenya Demographic and Health Surveys
KII	Key Informant Interviews
KSEIP	Kenya Social and Economic Inclusion Programme
M & E	Monitoring and Evaluation
NDMA	National Drought Management Authority
NGAO	National Government Administration Officers
NGO	Non-Governmental Organization
NICHE	Nutrition Improvement through Cash and Health Education
NSPP	National Social Protection Policy
TOR	Terms of Reference

Abstract.

This assessment aimed to comprehensively understand the contextual factors within these counties and to provide evidence-based recommendations for the effective scale-up of NICHE.

The methodology adopted a participatory qualitative approach that engaged stakeholders at multiple levels, from national to community. It leveraged key informant interviews, focus group discussions, consultative workshops, desk reviews, and field visits to gather rich and diverse data. A key strength of this methodology was the use of content analysis and advanced qualitative data analysis software to extract meaningful insights, themes, and patterns from the collected data.

Central to our approach was the emphasis on community and stakeholder engagement, ensuring that their input and feedback are incorporated. Their involvement contributed to the creation of recommendations that reflect the needs and perspectives of the community and stakeholders, making the assessment not only evidence-based but also participatory and collaborative.

We recognized potential risks, including coordination challenges, resource constraints, timeline delays, and implementation challenges, and proactively mitigated them. The assessment culminated in a comprehensive report that effectively communicates the findings and recommendations to a broad audience.

The approach delivered a rigorous assessment that will inform the expansion of the NICHE program within the HSNP counties, ensuring that the program aligns with the unique needs and readiness of these regions.

EXECUTIVE SUMMARY.

Background.

The Hunger Safety Net Programme (HSNP) is a critical social protection initiative in Kenya, providing unconditional cash transfers to the most marginalized households in arid and semi-arid lands. HSNP Phase 3 aims to expand the Nutrition Improvement through Cash and Health Education (NICHE) program, which integrates cash transfers with nutrition counselling and other supportive services. This assessment was conducted to assess the readiness of eight HSNP counties for the expansion of the NICHE program.

Summary of Key Findings (Cross-Cutting).

The assessment employed a participatory qualitative approach to gauge the capabilities across four domains: system, technical, organizational, and community capacities. Key findings are as follows:

- **System Capacities:** Notable deficiencies were identified in the regulatory and oversight frameworks related to social protection. Additionally, issues included the fragmentation of cash transfer initiatives, excessive dependence on donor funding, and the absence of established standards and quality assurance methods for monitoring and evaluation.
- **Technical Capacities:** Concerns were raised regarding the availability of adequate indicators and tools for reporting. Moreover, the absence of location-based financing for emergency response, disparities in the allocation of healthcare resources, and limitations in the ability to provide effective nutrition counselling were observed.
- **Organizational Capacities:** The assessment revealed the inadequacy of clearly defined strategies for certain organizational structures. There was also inconsistency in the monitoring and utilization of evidence by implementing agencies, unpredictability in funding for these groups, challenges in the communication network, and shortcomings in coordination structures.
- **Community Capacities:** Accessibility issues for eligible beneficiaries were identified as a challenge. Additionally, there were high community expectations regarding compensation, a lack of adequate representation of marginalized segments in decision-making processes, limited access to information, voluntary engagement of Community Health Volunteers (CHVs), and concerns related to security.

EXECUTIVE SUMMARY.

Summary of Recommendations.

To address the identified challenges, the assessment recommends the following:

- **System capacities:** The assessment revealed numerous opportunities for strengthening social protection policies in the counties. Encouragingly, there is a clear commitment from the political class to draft laws, policies, and guidelines that facilitate social assistance programs in the respective counties. Other recommendations under this domain include the need to; conduct a comprehensive Stakeholder Analysis/Mapping and promote collaboration between the NICHE Program and NSNP initiatives.

- **Technical capacities:** Support the establishment of a comprehensive Management Information System (MIS), invest in capacity building on social protection policy frameworks, facilitate training on cash transfer program implementation, ensure the presence of at least one nutrition officer at each healthcare facility, and strengthen the capacity of CHVs. Although national government funding supports cash transfers, the resources are insufficient to cover the entire target population, especially given the significant demands, including drought emergency response.

Addressing the shortage of human resources in the counties, due to their vastness and low population coverage, requires multisectoral coordination to maximize the available capacities for delivering integrated cash transfer services.

- **Organizational capacities:** Provide comprehensive support to foster coordination and integration of cash transfer programs, leverage the existing capacity within the NDMA and the county government's health department, develop and implement a monitoring and evaluation framework for the CSG and its working groups, and mobilize resources and allocate budget to enhance coordination structures.

- **Community capacities:** Establish effective community entry processes, create avenues for community engagement and participation, leverage existing community structures for sensitization, and address security concerns. Notably, Community structures, such as Community Health Volunteers (CHVs), Community Program Volunteers (CPVs), and Beneficiary Welfare Committees (BWCs), are operational and possess a strong sense of community ownership. When leveraged collectively, these structures can efficiently deliver integrated cash transfer services with proper empowerment.

Implementation of these recommendations will enhance the readiness of the HSNP counties for the integrated Cash and Nutrition Programme, ensuring a more effective and holistic approach to well-being and social protection within these regions.

1 BACKGROUND & APPROACH

1.1 Background.

Social protection in Kenya is firmly rooted in constitutional principles, with Article 43(3) of the Kenyan Constitution enshrining the right to social security for all citizens. The Government of Kenya has been resolute in its efforts to extend the reach and impact of social protection initiatives throughout all forty-seven counties. The National Social Protection Policy (NSPP), established in 2012, underscores the overarching objective of empowering all Kenyans to lead lives of dignity and unlock their human potential for both social and economic development.

Despite substantial progress toward the attainment of Sustainable Development Goal targets, persistent challenges endure, including limited coverage resulting from financial, institutional, and technological constraints, as well as fragmented programming characterized by duplications and inconsistencies. The Hunger Safety Net Programme (HSNP), a critical component of the National Safety Nets Programme (NSNP), plays a vital role in addressing these challenges.

1.1.1. The Hunger Safety Net Programme.

Kenya's ambitious social protection agenda aspires to combat poverty, hunger, and vulnerability in the arid and semi-arid lands (ASALs) of the nation. The Hunger Safety Net Programme (HSNP) Phase 3, backed by the Government of Kenya and the United Kingdom, aims to deliver targeted, unconditional cash transfers to the most marginalized households in the ASAL regions. In doing so, it aligns with the broader national goal of poverty reduction and resilience building within the population. This initiative marks a significant step toward the realization of the Sustainable Development Goals, specifically Goals 1.1 and 1.3, which centre on eradicating extreme poverty and establishing effective, nationally appropriate social protection systems.

HSNP Phase 3 builds on the successes of earlier phases, extending regular cash transfers to households in both the original HSNP counties and newly incorporated ones, thereby encompassing a more substantial segment of the population.

1.1.2. The Nutrition Improvement through Cash & Health Education Programme.

The Nutrition Improvement through Cash and Health Education (NICHE) Programme is designed to improve the nutritional status of children in the first 1,000 days of life. The programme provides a top up of KES 500 per target child under 36 months and/or pregnant woman, capped at Kshs 1,000 per household per month. The top up is aligned to the Directorate of Social Assistance (DSA) and HSNP payment delivery mechanisms. Targeted households also receive nutrition counselling from Community Health Volunteers (CHVs). Through household visits, CHVs deliver specific nutrition messages to encourage adoption of optimal health and nutrition practices related to the care of young children and pregnant women.

The results from an earlier pilot demonstrated a positive improvement in the health and well-being of children under 24 months, pregnant women and caregivers - despite the relatively short time span of implementation. These gains included: improvements in the rates of exclusive breast-feeding; an enhancement in the quality of diet; greater use of handwashing, water treatment and improved sanitation facilities; and a reduction in the incidence of illness.

The NICHE Up-Scale is implemented by Government of Kenya's (GoK) through the State Department of Social protection and the Department of Nutrition and Dietetics, with the involvement of NDMA (for HSNP Counties). UNICEF provides the Technical Assistance either directly or through contracted Implementing Partners and Technical Service Providers.

Specifically, the NICHE programme aims to contribute to;

- Functional NICHE coordination systems in place at National and County levels
- The establishment of a NICHE registration system embedded in the National Safety Net Program
- Strengthened Community Health Strategy in the target counties, to deliver High Impact Nutrition Interventions for NSNP Beneficiaries
- Ensure households receiving cash transfers and nutrition counselling demonstrate improved nutritional status of Pregnant and Lactating Women (PLW) and children under 36 months
- Functional NICHE monitoring and quality assurance systems in place at national and county levels.

1.2. Objectives of the Assessment.

Overall, this assessment was designed to appraise and enhance the preparedness of the eight HSNP counties - Turkana, Marsabit, Samburu, Isiolo, Tana River, and Garissa, Mandera, and Wajir - for the expansion of the Nutrition Improvement through Cash and Health Education (NICHE) programme. The specific objectives of this assessment were:

- To scrutinize the existing institutional framework, policies, and guidelines pertaining to cash and nutrition interventions within the eight counties.
- To assess the capacity of pertinent government structures, departments, and specific stakeholders to implement an integrated Cash and Nutrition Programme, including the NICHE program.
- To pinpoint strengths and opportunities relevant to the introduction of NICHE within each county, building upon existing capacities.
- To identify gaps and challenges within the present system that could impede the successful implementation of NICHE or similar integrated programs.
- To gauge the readiness of key stakeholders, including government agencies, non-governmental organizations (NGOs), and community-based organizations, to engage in and support the execution of NICHE.
- To present actionable strategies and recommendations to fortify the county's preparedness for the integrated Cash and Nutrition Programme, with a focus on alignment with HSNP Phase 3 objectives.

1.3. Scope and Outcomes.

This assessment encompassed various contextual and systemic aspects, including the institutional and legal frameworks, stakeholder mapping, capacity assessment, nutrition and food security data analysis, coordination mechanisms, and risk assessment, and was conducting with the guidance from the National Nutrition Capacity Development Framework.

The outcomes of this undertaking offer invaluable insights and guidance for the expansion of the NICHE program and the broader initiatives aimed at enhancing social protection in Kenya's ASAL regions.

1.4. Constitutional and Policy Foundations.

- **Constitutional Foundations of Social Protection in Kenya:** The constitutional commitment to social protection in Kenya is deeply embedded in Article 43(3) of the Kenyan Constitution, which guarantees the right to social security for all citizens. This constitutional provision serves as the bedrock for the country's social protection efforts, emphasizing the importance of ensuring the well-being and security of its people.
- **The National Social Protection Policy (NSPP) of 2012:** The establishment of the National Social Protection Policy (NSPP) in 2012 is a pivotal milestone in Kenya's social protection landscape. This policy underscores the overarching goal of enabling Kenyans to live with dignity and unlock their human potential for social and economic development. It provides a policy framework that guides the design and implementation of social protection initiatives.
- **Challenges in Achieving Sustainable Development Goals (SDGs):** Despite commendable progress towards Sustainable Development Goal (SDG) targets, challenges persist. Limited coverage of social protection programs remains a primary concern. Financial, institutional, and technological constraints have hindered the extension of these programs to reach all eligible citizens. Additionally, a fragmented programming landscape characterized by duplications and inconsistencies has impeded the effective achievement of SDGs.

- **The Role of Hunger Safety Net Programme (HSNP):** The Hunger Safety Net Programme (HSNP) is a critical component of the National Safety Nets Programme (NSNP). It has emerged as a pivotal player in addressing the challenges associated with social protection in Kenya. HSNP has been instrumental in delivering targeted, unconditional cash transfers to disadvantaged households, particularly in arid and semi-arid lands (ASALs). These transfers align with the broader national objective of poverty reduction and resilience building, directly contributing to SDG Goal 1.1 and 1.3.

- **HSNP Phase 3 and Program Expansion:** The introduction of HSNP Phase 3 represents a significant step forward in Kenya's social protection agenda. Building on the successes of previous phases, it extends cash transfers to an even broader population by encompassing newly added counties. This expansion signifies a strategic move toward achieving SDGs related to poverty eradication and social protection system development.

- **The NICHE Program and its Integration with HSNP:** The Nutrition Improvement through Cash and Health Education (NICHE) program is set to play a vital role in enhancing the impact of social protection initiatives. The program's integration with HSNP is a promising approach to address both nutritional needs and economic vulnerabilities in the target regions. This aligns with broader global efforts to realize SDGs and enhance well-being.

1.5. Methods.

1.5.1. Study Design

This capacity and systems assessment for the expansion of the NICHE program HSNP counties applied a participatory qualitative approach. This approach ensured a comprehensive understanding of the contextual factors within the selected counties concerning the potential scale-up of the program. Qualitative methods were utilised to gain insights into policies, institutional frameworks, strengths, existing capacities, and stakeholder readiness, all of which are vital considerations for NICHE's expansion into new counties.

1.5.2. Sampling Strategy

The sampling strategy was purposive and comprehensive, targeting key individuals and groups who possess in-depth knowledge and experience relevant to the HSNP counties and the NICHE programme. A purposive sampling approach ensured that a diverse range of stakeholders were included in the assessment, providing a holistic view of the readiness for program expansion. The respondents included government officials, development partners, community members, beneficiaries of HSNP and NICHE programmes, and other relevant stakeholders.

1.5.3. Data Sources & Data Collection Methods

The assessment applied a range of qualitative data collection techniques, each suited to gather specific insights:

- **Key Informant Interviews (KIIs):** KIIs conducted with government officials, development partners, and stakeholders with comprehensive knowledge of the HSNP counties and the NICHE programme. These interviews provided a platform for in-depth discussions on policy, institutional frameworks, existing capacities, and stakeholder readiness.

- **Focus Group Discussions (FGDs):** FGDs organized with community members, beneficiaries of HSNP and NICHE programs, and other relevant stakeholders. These discussions captured a spectrum of experiences, perspectives, and recommendations from individuals directly impacted by the programmes.

- **Consultative Workshops:** Stakeholder engagement occured through consultative workshops at three levels: national, implementation, and community. These workshops facilitated valuable inputs and feedback on assessment findings and recommendations, ensuring a participatory approach.

- **Desk Reviews:** Desk reviews were undertaken to examine pertinent documents and frameworks related to social protection, nutrition, and cash transfer programs. These documents provided historical context and official perspectives on program operations.

- **Field Visits:** Field visits to select HSNP counties allowed for the observation of programme implementation and the gathering of firsthand context-related information, contributing to a deeper understanding of the local dynamics.

1.5.4. Data Collection Instruments

The data collection instruments were tailored to each specific data collection method. For KIIs and FGDs, semi-structured interview guides and discussion protocols were used to ensure consistency and relevance in data collection. Consultative workshops involved structured agendas and feedback mechanisms. Desk reviews involved the systematic examination of existing documents and reports. Field visits utilized structured observation protocols and checklists.

The multifaceted approach enabled a thorough examination of the readiness for the expansion of the NICHE programme within the HSNP counties, utilizing the insights and experiences of a diverse range of stakeholders. The Kenya Nutrition Capacity Development Framework was used to guide the assessment process, ensuring that it is aligned with national standards, objectives and priorities.

1.5.5. Preparations for Data Collection

A critical aspect of the data collection process was the training of research teams to ensure consistency and a clear understanding of the assignment's context. This training involved the following key steps:

- Orientation of CHASP Advisory Team of Trainers of Trainers (ToTs): the orientation provided an overview of Kenya's social protection landscape, with a focus on HSNP and NICHE programmes, and included a comprehensive examination of the assessment tools to guide the data collection process.

- Recruitment and Training of County Level Research Assistants: These research assistants underwent a three-day training which encompassed an understanding of Kenya's social protection context, particularly in relation to HSNP and NICHE programmes; and delved into the specifics of the assessment tools and established a foundation in social research.

- Pre-testing of KII Questionnaire: to identify and rectify issues related to language comprehension, instrument flow/ skip logic, sensitive questions or wordings, any ambiguities, and the duration of administration. Following the pre-test, a dummy analysis of the results was conducted, and the outcomes shared and discussed with the assessment team for validation.

- Monitoring Plan: A comprehensive activity implementation monitoring plan to ensure the assessment's objectives are being met. Monitoring was an ongoing process, addressing any deviations from the plan promptly.

1.5.6. Data Collection Process

To ensure that data collection is consistent, rigorous, and aligned with the aims of the assessment; a meticulous data collection was applied. This facilitated the comprehensive exploration of readiness for NICHE program expansion, utilizing the diverse insights of stakeholders across various levels.

The data collection process for this capacity and systems assessment was guided by a well-structured fieldwork plan and schedule. This plan ensured systematic data gathering across three stakeholder levels:

- National-Level Stakeholders: Interviews with national-level government ministries, departments, and agencies to provide insights into policy-level considerations. These discussions illuminated the broader policy landscape as it pertains to social protection and nutrition-sensitive social protection programming across the target counties.

- Implementation-Level Stakeholders: Interviews with government employees and non-governmental organization staff operating in the selected counties to uncover the local systems, government capacities, and the potential challenges and opportunities during program implementation.

- Community-Level Stakeholders: Engagement with community gatekeepers and structures to reveal valuable information regarding daily interactions with beneficiaries, program impacts, and community dynamics.

1.5.7. Data Analysis and Validation

Quality assurance remained central throughout the assessment, ensuring the robustness and reliability of the collected data. The confidentiality and security of data were integral to this process. To safeguard data, the following measures were taken:

- **Secure Data Storage:** Data securely stored on password-protected computers and external hard drives to prevent unauthorized access.
- **Restricted Access:** Access to the data limited to authorized personnel only, maintaining strict control over who can review, manipulate, or analyse the information.
- **Data Redundancy:** To ensure data integrity, all collected data regularly backed up to multiple locations, reducing the risk of data loss or corruption.
- **Data Retention:** Data retained only for the duration of the assessment. After the assessment is complete and approval of report, all raw data will be deleted, unless the client requests otherwise, in accordance with data privacy and protection protocols.

1.5.8. Qualitative Data Analysis

The data analysis phase involved data cleaning and interpretation. The analysis primarily focused on qualitative data and employed content analysis techniques. Nvivo, an advanced software for qualitative data analysis, was utilized to enhance the rigor, efficiency, and systematic examination of qualitative data.

The data analysis process prioritized the identification of key themes and patterns that emerge from the collected data. These themes and patterns offer critical insights into the readiness of the Hunger Safety Net Programme (HSNP) counties for the expansion of the Nutrition Improvement through Cash and Health Education (NICHE) programme. The rigorous application of content analysis techniques allowed for the systematic extraction of meaningful content and the discernment of recurring themes.

1.5.9. Data Validation

Validation of the findings and recommendations was essential to this assessment. The validation process involved a comprehensive approach to ensure that the results accurately represent the realities within the HSNP counties and align with the expectations and needs of stakeholders.

- Continuous Stakeholder Engagement: Continuous dialogue was maintained between CHASP Advisory, FCDO, and national government teams throughout the study period. This ongoing communication provided all stakeholders with the opportunity to identify and clarify key findings and recommendations before the final report is submitted, promoting a collaborative approach to the study's outcomes.

1.5.10. Ethical Considerations

The following ethical considerations were taken into account during the assessment:

- Informed consent: All participants were informed about the purpose of the study and their right to withdraw at any time. They were provided with a written consent form to sign before participating in any data collection activities.
- Confidentiality: All information collected from participants have been kept confidential.
- Benefit-sharing: The findings of the assessment will be shared with all participants and stakeholders. The recommendations will be disseminated to policymakers and program implementers to inform decision-making and improve program outcomes.

1.6. Organization of Findings.

Following the assessment, we have developed a comprehensive report that synthesizes the key findings and insights (for each county) as derived from the study. The county report encompasses the following sections:

- **County Context:** This section offers a concise overview of the demographic, socio-economic, and operational contexts of the county, thus setting the stage for a comprehensive understanding of the assessment.

- **Findings:** This section serves as the core of the report, presenting the pivotal findings of the assessment. These findings are thoughtfully organized by theme to provide a structured presentation of the results. Visual aids such as tables, charts and graphs have been incorporated to enhance the accessibility and interpretation of the findings.

- **Conclusions:** The Conclusions section provides a succinct summary of the key findings while delving into their implications for policy and practice. This synthesis aids in distilling the significance of the findings in the context of the NICHE program expansion within the Hunger Safety Net Programme (HSNP) counties.

- **Recommendations:** The Recommendations section offers specific, evidence-based suggestions for strengthening the readiness of the HSNP counties for the integrated Cash and Nutrition Programme. These recommendations are thoughtfully prioritized to guide decision-makers in their actions for the program's expansion.

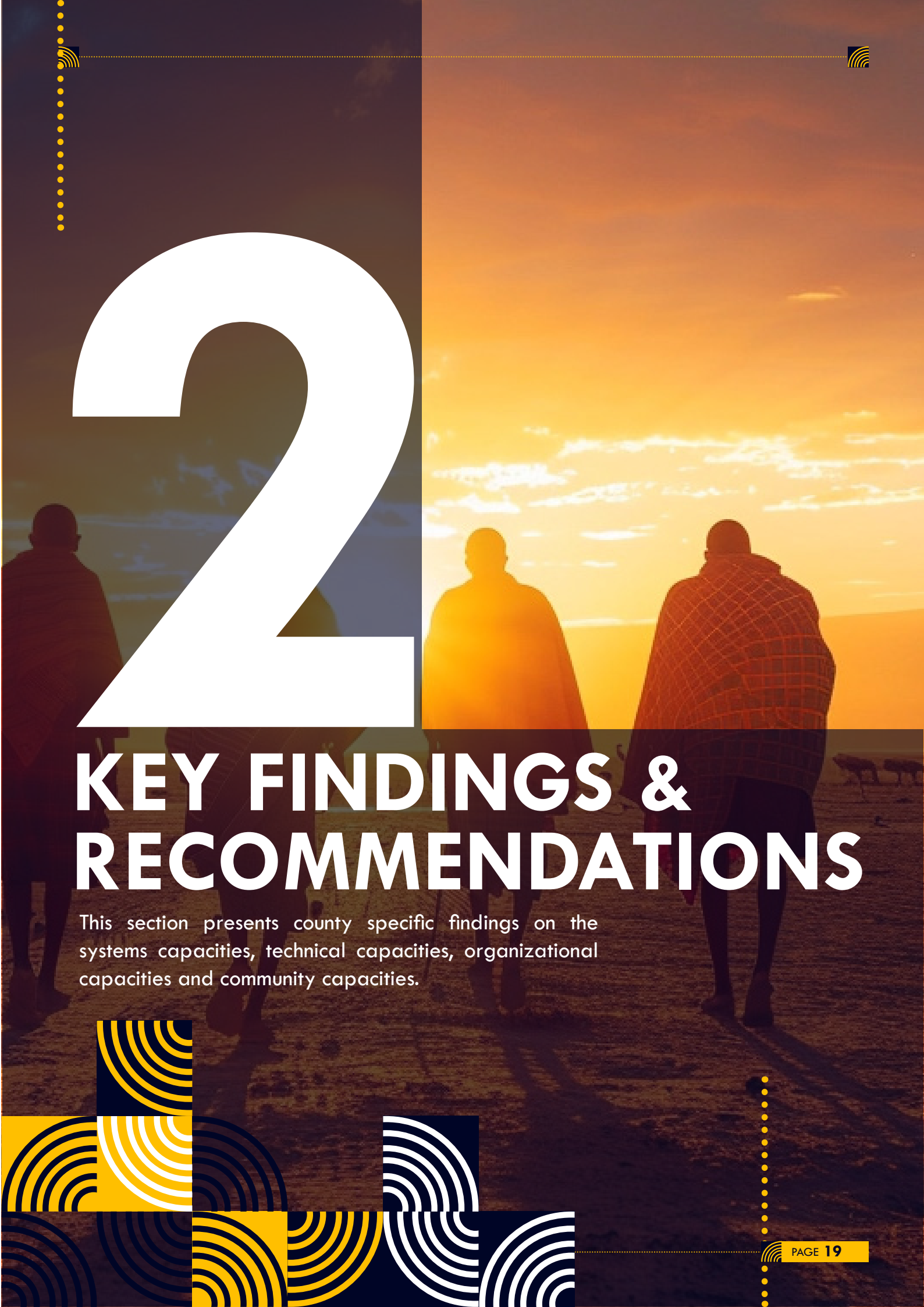
1.7. Limitations of Assessment.

While the Capacities and Systems Assessment provides valuable insights on the operational situation relevant to NICHE, the following limitations were faced;

- **Stakeholder perspectives:** The assessment primarily relied on the perspectives and input of specific stakeholders, potentially overlooking or underrepresenting the voices and concerns of other grassroots/micro-level actors. Ensuring diverse and inclusive stakeholder engagement helped to mitigate this limitation.

- **Longitudinal perspective:** The assessment provides a snapshot of the situation at a specific point in time, which may not capture long-term trends or changes. A latitudinal perspective would provide a more comprehensive understanding of how conditions and circumstances for beneficiaries evolve over time.

- **Data availability and quality:** The assessment heavily relied on the availability and quality of existing data sources. In some cases, such data on the County policies and framework issues was limited, incomplete, or inconsistent, making it challenging to draw comprehensive conclusions or accurately assess the current situation. The effect of this limitation was mitigated by triangulating data from multiple sources.



2

KEY FINDINGS & RECOMMENDATIONS

This section presents county specific findings on the systems capacities, technical capacities, organizational capacities and community capacities.

2.1. TURKANA COUNTY.

2.1.1. Operational Context.

Demographics.

Turkana County holds the distinction of being the largest County in Kenya, spanning an expansive land area of 77,000 square kilometers. The County's population is estimated to be 926,976, with a gender distribution of 478,087 males and 448,868 females which represents 51.57% and 48.42%, respectively. Turkana's County Integrated Development Plan III (CIDP III) 2023 – 2027, projects that the population in 2022 reached 997,338 and is anticipated to further increase to 1,073,645 in 2025 and subsequently to 1,130,667 in 2027. This reflects a notable population growth rate of 8.4% in 2019 when compared to the figures from 2009.

In 2019, the number of individuals with various types of disabilities in the County stood at 29,870, which accounted for approximately 3.2% of the total population. Turkana County is also recognized for its role in hosting refugees at both Kakuma Camp and Kalobeyei Settlement. According to the UNHCR's 2019 Briefing Kit on Kakuma Camp and Kalobeyei Settlement, as of May 12, 2019, there were 188,794 refugees representing 22 different nationalities residing in Kakuma Camp and Kalobeyei Settlement. In order to support these refugees, various partners have taken proactive measures by implementing Cash-Based Interventions. These initiatives have included the opening of accounts for 7,635 refugees and the distribution of cash totalling KSH 237 million for the procurement of essential relief items for families residing in Kalobeyei Settlement.

Located in the arid and semi-arid northwestern region of Kenya, Turkana is susceptible to severe droughts and frequent conflicts arising from natural resource disputes. This area is characterized by low levels of literacy, inadequate health-seeking behaviours, and a highly mobile pastoralist population.

Prevalence of Poverty.

Turkana ranks among the most impoverished counties in Kenya, both in terms of income headcount and multidimensional poverty. Nearly 90% of children in Turkana experience multidimensional poverty, compared to the national average of 50% (KNBS, 2020). Therefore, most children lack proper housing, sanitation, nutrition, and access to clean water. Multidimensionally poor children in Turkana County lack an average of 4.8 out of the seven essential needs and services used for measurement.

Status of Nutrition.

Turkana County is one of the counties with the highest burden of severely malnourished children in Kenya. The county nutrition situation is still critical, unchanged from 2020 and deteriorating. As of 2022, it was estimated that 64,569 Children and 26,220 Pregnant and Lactating Women (PLW) are malnourished. Malnutrition continues to be a persistent public health problem in Turkana County despite the considerable investments that have been made by the government and partners in the last decade. According to the SMART survey conducted in 2019, 25.6% (78,311) children are wasted, 23.3% (36,500) have stunted growth and 37.0% (58,000) are underweight. Some of the contributing factors to malnutrition in the County include chronic and acute food insecurity, poor dietary diversity and low access to fortified foods, poor childcare and feeding practices, negative cultural beliefs and social norms, insecurity caused by inter-clan conflicts, recurrent droughts and floods.

Livelihoods.

As per the CIDP III 2023 – 2027, pastoralism and fishing are the major economic activities and sources of livelihood for the local community. Goats, camels, donkeys, and zebu cattle are the most common livestock kept, while fishing is practiced in the waters of Lake Turkana, with Tilapia and Nile Perch among the fish species caught in the Lake. Kerio River and Turkwel dam supply the region with water for cultivation and livestock. Agriculture is limited due to the arid climate and sporadic rainfall.

2.1.2. System Capacities.

Existing Guidelines and Frameworks.

Turkana County achieved a significant milestone by becoming the first county to enact the Community Health Services Act of 2018. This pivotal legislation formalized the establishment of community health workers within Turkana. Furthermore, Turkana County has also adopted its County Integrated Development Plan III (CIDP III) for the year 2023 – 2027 which outlines a range of strategic initiatives aimed at enhancing access to social protection services through the Department of Education, Sports, and Social Protection Sector. Some of Sector Programmes for Social Protection are highlighted in Table 1 below.

At the County level, the Ministry of Health (MOH) is actively utilizing the National BFCI Guidelines to drive community initiatives in collaboration with the County Nutrition Coordinator, Sub County Community Health Strategy Focal Persons and Community Health Workers, with the primary goal of enhancing maternal, infant, and young child feeding practices. These guidelines are thoughtfully crafted to place a special emphasis on the implementation of Maternal, Infant, and Young Child Nutrition (MIYCN) activities at the grassroots community level, further reinforcing Turkana County's commitment to the health and welfare of its residents.

NICHE On Demand Registration details the steps and actions necessary in the continuous identification and registration of NICHE beneficiaries. The guidelines incorporate lessons learnt, and recommendations generated from the NICHE mass registration exercise conducted in Kitui, Kilifi, Marsabit, Turkana and West Pokot.[1] NICHE Operation Manual provides detailed step-by-step guidelines for the implementation of each process necessary to deliver NICHE program services with adequate quality and timeliness. As a commitment to implementing Social Protection, the County Government has unveiled a comprehensive 9-point agenda, spearheaded by the governor. This agenda addresses various social protection issues, including the critical issue of reintegration for street children.

The County Government of Turkana has launched the County Nutrition Plan (CNAP) 2019 – 2023 aimed at improving the nutrition status of the people of Turkana, with particular emphasis on women of reproductive age, infants, and young children.

Table below summarises some of the existing frameworks that would be relevant to the roll-out of NICHE.

Document	Relevance to NICHE
Community Health Services Act of 2018	Formalized the establishment of community health workers within Turkana key for the delivery of the nutrition component of NICHE program
County Integrated Development Plan III (CIDP III)- 2023/2027	outlines a range of strategic initiatives aimed at enhancing access to social protection services
National BFCI Guidelines	Provides guidelines for the implementation of community initiatives to improve maternal infant and young child feeding practices. Focuses on implementation of MIYCN activities at the community level.
NICHE On-Demand Registration Guidelines	Details the steps and actions necessary in the continuous identification and registration of NICHE beneficiaries.
NICHE Operation Manual	Provides detailed step-by-step guidelines for the implementation of the NICHE program.
County Nutrition Plan (CNAP) 2019 – 2023	Aims to improve the nutrition status of the people of Turkana, with particular emphasis on women of reproductive age, infants, and young children

2.1.3. Technical Capacities.

Trainings Undertaken.

Given that Turkana County is currently implementing NICHE, the government officials and staff of NDMA have benefitted from various trainings which have enabled the county team to support implementation processes. The county teams have benefitted from trainings on the NICHE Operations Manual, on the NICHE On-Demand Registration Guidelines, and on the delivery of Nutrition Counselling.

The County and sub-county teams have also undergone extensive training in utilizing the NICHE MIS system for the registration of eligible beneficiaries into the Programme. The NICHE MIS system offers a wide array of functionalities, encompassing the registration of beneficiaries, payments processing, case malmanagement, reporting and the continuous monitoring of beneficiaries' exits from the Program, amongst others.

Notably, access to the MIS by other partners like the NDMA and World Vision remains problematic, and this points to the limited capacities among other supporting partners to either navigate the MIS or access the NICHE MIS in totality. This is a learning point as there needs to be measured to ensure full training, onboarding, and participation of all partners to increased efficiency in delivery.

Nutrition Counselling.

At the time of the assessment, a total of 1,337Community Health Volunteers (CHVs) in Turkana County comprising of 648 males and 649 females, had received training on BFCI -. Additionally, there are 733 individuals, comprising of 403 males and 330 females, who are members of Community Mother Support Groups (CMSG). Furthermore, 99 Health Care Workers, including Nutritionists and Community Health Assistants (CHAs), have also undergone training on NICHE integration and BFCI, and are linked to 93 out of a total of 208 functional Community Health Units (CHUs) in Turkana County.

The impact of these collective efforts is evidenced through the provision of nutrition counselling services. In March 2022, a total of 2,252 NICHE beneficiaries received nutrition counselling through bi-monthly visits conducted by CHVs. Nutrition counselling is facilitated through Mother-to-Mother Support Groups (M2MSGs), with 169 such groups established across the three sub-counties as of May 2022. This collaborative endeavour reflects a steadfast commitment to improving nutrition and maternal and child health in Turkana (as per the 2022 NICHE Briefing Document). The strong foundation available in the County in terms of well-trained personnel is a key resource that can be tapped into for continuity in the implementation of the NICHE program in Turkana County.

Analysis of Gaps in Technical Capacities.

In the implementation of the current phase of NICHE in Turkana County, the programme has encountered various capacity related challenges which should be taken into consideration in the design of the programme expansion. These challenges include;

Capacities for Community Sensitization:

- Delays by the State Department for Social protection to avail critical resources necessary for transport and DSAs for County and sub-county officials hindered the process of community mobilization and sensitization. This calls for proper resource planning moving to ensure all processes are carried out adequately and in a timely manner.

- Despite the clear guidelines for messaging, there were reports of wrong messages passed during community sensitization for project activities.. In certain instances, communities perceived that the government intended to stop providing the current transfer benefit of KES 2000 and replace that with the KES 500. Continuity of the Program would require further measures like proper orientation of stakeholders on the messaging to ensure no misleading messages are passed on to communities.

Capacities for Community Listing:

- There were numerous instances when the names of eligible beneficiaries were missing from the beneficiary lists on the NICHE MIS. Some of these cases were documented and shared with the government for review. It would therefore be important to ensure that beneficiary data captured in the MIS is up to date to ensure that no eligible beneficiaries are locked out of the programme on technicalities.

- Considering the vastness of Turkana County, some of the eligible beneficiaries found it challenging to reach the listing sites, especially due to the distances to the listing sites and the ages of some of the beneficiaries. In such instances, community members were encouraged to propose names of eligible beneficiaries who may not have made it to the listing centre. This would facilitate targeted outreach during household verification. This points to the need to ensure as many community listing sites as possible to reduce the burden of movement on beneficiaries.

Capacities for Household Verification:

- Turkana County presents a vast and difficult terrain. Households are sparsely located, and therefore a lot of time is often spent moving across sub-locations. Allocation of proportional resources to guarantee efficiency and a high-quality registration process would be ideal for future beneficiary registration processes.

- A significant number of mothers from qualifying households reported to have lacked critical documents to facilitate registration. These included Mother Child clinic cards, Birth Certificates for children, etc. The challenge of access to these essential documents is therefore a major factor of exclusion.

MIS Capacities:

- Frequent system updates after start of the listing and registration exercise often delay progress and lead to loss of data in certain instances. In this regard, system stability should be guaranteed to minimize interruption during fieldwork.

- Occasional application errors experienced by enumerators in the field (log-in errors, calendar issues, upload errors, etc., slowed the pace of both listing and verification. In addition, the incidences of downtime in the NICHE MIS server consistently slowed down the process of accepting and uploading beneficiary information between the Supervisor and Sub-County Children's officer user ends.

- The lists of link health facilities and community units are still not updated, and research assistants often must navigate this challenge by choosing the nearest/alternative Community Unit.

2.1.4. Organizational Capacities.

Stakeholder Mapping.

Ministry of Labor and Social Protection (State Department of Social Protection and Senior Citizens Affairs

- The Department of Children's Services (DCS): The DCS is the overall lead department for the implementation of the NICHE program at the national and County level. The Community Child Support Section is responsible for the day-to-day support and coordination of the Program. They work with the DSA and the NDMA to ensure timely disbursement of top-up payments to NICHE beneficiaries and resolve any complaints or case management issues that arise. The DCS staff at County and sub-county engage in registration and other front-line operations, as well as regular program monitoring.

- The Department of Social Development (DSD): supports the implementation of NICHE by undertaking routine grievance and case management (including receipt of information concerning NICHE), payment supervision, and monitoring activities of their respective Programs. DSD further supports the DCS in undertaking registration of potential NICHE beneficiaries through support for community barazas in which initial listing of potential beneficiary households takes.

The National Drought Management Authority (NDMA)
NDMA are key partners in the implementation of NICHE considering the programme piggybacks on HSNP. They also play a leading role in the coordination of the County Steering Group, which is a critical coordination structure for various programmes implemented in the County.

The County Department of Health
The County Department of Health plays a key role in confirming the eligibility of NICHE beneficiaries through the provision of documentary evidence and supporting the referral of eligible NSNP beneficiaries to the NICHE programme. The department also leads the nutrition counselling aspect of the program through the community health strategy structures.

Roles of the various cadres of health officials and their role in the implementation of NICHE are further outlined in the table below;

ACTOR	ROLE IN NICHE IMPLEMANTATION
County Health Director	• Provide leadership and oversight for the County health management team. • Participate in relevant Coordination meetings for NICHE at County level and National level as necessary. • Key link with senior county health leadership providing regular updates to the Ministry on the Program
County Nutrition Coordinator	• Share data on nutrition counselling for NICHE beneficiaries with County Children's Coordinator on a monthly basis. • Coordinate planning, monitoring, and supervision of NICHE nutrition counselling as part of the broader implementation of the Community Health Strategy. • Ensure the availability of all the required materials for Nutrition counselling, including COVID-19-sensitive material. • Participate in all relevant coordination meetings for NICHE at the county level. • Conduct joint monitoring and supervision.
County Community Health Strategy Focal Person	• Coordinate planning and monitoring of community health services, mapping of and establishment of community units in line with the CHS norms and county context. • Coordinate mapping of NICHE beneficiaries and assignment of beneficiaries to specific CHEWs and CHVs for follow-up. • Ensure that CHVs and CHEWs are well protected with PPE's available to facilitate them conduct household visits. • Support planning, monitoring and supervision of NICHE nutrition counselling as part of the broader implementation of the Community Health Strategy.
Sub-County Community Health Strategy Focal Person	• Support the mapping of NICHE beneficiaries and assignment of beneficiaries to specific CHEWs and CHVs for follow-up. • Support planning, monitoring, and supervision of NICHE nutrition counselling as part of the broader implementation of the Community Health Strategy. • Ensure that CHVs and CHEWs have basic PPE and are correctly and consistently using them to avoid any exposure to themselves and the households.

ACTOR	ROLE IN NICHE IMPLEMANTATION
County (and Sub-County) Health	• Ensure availability and use of nutrition-related data collection and reporting tools
Records & Information Officer	• Monitoring implementation of NICHE activities through the Community Health Information System (CHIS) • Analyze and monitor the performance of NICHE nutrition-related indicators. • Participate in planning, monitoring and supervision of NICHE nutrition and community health strategy. • Share KHIS data with other stakeholders for decision-making. • Participate in relevant county coordination meetings for NICHE at the county level. • Participate in County joint monitoring and supervision. • Ensure data entry into the KHIS regarding work of CHVS/CHEWs and facilities with regard to nutrition. • Support relevant training of CHVs, CHEWs, nutritionists, and facility in charge on data management and reporting
Sub-County Nutrition Coordinator	• Ensure adequate availability of nutrition behavioral change materials. • Support relevant training of CHVs, CHEWs and nutritionists and maintain information on any gaps in training. • Play a lead role in CHV contact with households, including which nutrition messages have been communicated. • Ensure data entry into the DHIS regarding the work of CHVs/CHEWs with regard to nutrition. • Participate in sub-county coordination forums for NICHE to share updates on programming. • Conduct program routine monitoring and joint supervision.
CHEWs	• Undertake regular monitoring of nutrition counselling, including supervisory visits, and ensure accurate reporting of visits in accordance with the District Health Information System and specific agreements made in relation to the NICHE Program. • Work with Health facility in-charge and/or nutritionist to provide mentorship support to CHVs for enhanced quality of counselling. • Ensure NICHE beneficiaries are linked to M2MSG for further community engagement and support.
Health Facility Staff	• Support the enrolment of NICHE beneficiaries by providing evidence of eligibility. • Refer potential NICHE clients to the DCS for NICHE registration. • Where Nutritionist are deployed at this level, they will support CHEWs in monitoring and mentorship for BFCI/NICHE
CHVs	• Undertaking regular nutrition counselling of NICHE clients in accordance with county community health provisions • Refer NICHE clients to primary health services if needed in accordance with county community health provisions. • In the course of regular casework, identify households eligible for NICHE who have not been enrolled and refer them to the relevant contact point for enrolment. • Collate and submit regular CHS and any other agreed-upon reports to the CHA

Local Implementing Partners (LIPs)

World Vision Kenya has been actively involved in supporting the implementation of NICHE across the delivery channel in the County. Their collaborative efforts with Community Health Workers have been instrumental in ensuring that beneficiaries under the NICHE program receive comprehensive education regarding the significance of Maternal, Infant, and Young Child Nutrition (MIYCN) activities.

County level Coordination.

The main structure for the coordination of the NICHE programme in Turkana County is the County NICHE Coordination Committee. Members of the County NICHE Coordination Committee include the county Children Coordinator, County Directors of Social Development, County Nutrition Coordinator, County Community Health Strategy Focal Person, County Drought Coordinator, UNICEF's County Nutrition Support Officer, HSNP Program Manager and a representative from World Vision. This multi-sectoral committee is mandated to convene on a quarterly basis, with the possibility of more frequent meetings in response to specific needs, upon a member's request through the secretariat or as requested by the Sub-County committee. The County Children Coordinator assumes the role of secretary for the committee, while the County Nutrition Coordinator or their designate presides as chair. In Turkana, the County Drought Coordinator serves as the co-chair of this committee.

At the sub-county level, there is also the NICHE sub-cunty coordination committee, which oversees program activities at the sub-county levels. This committee draws its members from the same government departments and organizations as was in the county coordination committees, with officials of such organizations drawn at the sub-county level. The Sub-County MOH chairs the meetings, with the sub-county coordinator from the Department of Children Services serving as the secretary to the forum. These officers conduct this role alongside their other mandates as stipulated by their respective ministries. Remote support for the committees' optimal functioning is provided by UNICEF NSO. This structure has particularly been instrumental in ensuring the success of the ODR process.

There also exists a County Steering Group, which is the overall coordination structure for all programs implemented in the County. This coordination structure is co-chaired by the governor and the county commissioners and would serve as a good platform to ensure continued commitment by all stakeholders involved in the implementation of the Program in subsequent phases of NICHE. This is important given the need for all actors to pull their weights for the NICHE delivery processes to sail smoothly. Under the CSG, there is a Cash Technical Working Group (CTWG) in Turkana, which is the collaborative forum or committee comprising of various stakeholders, organizations, and individuals with expertise in cash-based interventions and programming in the County. The primary purpose of the working group is to facilitate coordination, information sharing, and technical support related to cash assistance programs and initiatives in Turkana. The CTWG in Turkana may include representatives from humanitarian organizations, government agencies, non-governmental organizations (NGOs), community leaders, and other relevant partners.

Analysis of Gaps in Organizational Capacities.

- The coexistence of concurrent activities at both the county and national levels has given rise to scheduling conflicts and overlapping meetings, which adversely affects the overall coordination process.
- The County NICHE Coordination Committee (CNCC) has not received sufficient orientation or information regarding its roles and responsibilities, which potentially impedes its effectiveness in program planning, implementation, and monitoring.
- The delay in fund approvals, stemming from the extensive process of obtaining no objections, has occasionally resulted in a shortage of funds for program planning and implementation. This delay has consequently impeded the facilitation of meetings and the execution of committee-related activities.
- The CNCC has not been operating at full capacity, as some essential stakeholders have been absent or inconsistent in their participation, subsequently hindering the possibility of inclusive consultations. The absence or inconsistency of key stakeholders within the CNCC can lead to incomplete discussions, limited perspectives, and a lack of representation for crucial voices.

2.1.5. Community Capacities.

Community Structures.

Beneficiary Welfare Committees (BWCs)

BWCs play a vital role in complementing broader community-level mobilization efforts. They provide individualized guidance to potential beneficiaries regarding the registration procedures for the NICHE and other cash transfer programs. The BWCs can be used to specifically support community mobilization and sensitization processes, referral of eligible beneficiaries, and case management, including updates for NICHE beneficiaries moving forward.

The Local Administration (Chiefs/Assistant Chiefs/Village Elders) and County Government Administration

Local administrators and County Government Administration officials use various routine gatherings to sensitize communities. This structure has been useful in helping provide information on eligibility criteria, program benefits, and the registration process for the NICHE program. The NGAO at the community levels and County Government Administration Officers can also be used to support the mobilization of communities, certain ODR processes, retrials, and even case management as NICHE implementation continues.

Child Protection Volunteers (CPVs)

There exist CPVs within the County whose mandates majorly lie on child protection issues. Being a structure that is also integrated within communities, they could be utilized by the NICHE program for community sensitization and mobilization purposes, referral of eligible beneficiaries, and case management. Should the Program include child protection components in the future for Turkana County, they would also be key in the delivery of positive parenting messages to beneficiary households.

Community Health Workers (CHVs and CHAs)

Community Health Workers in Turkana provide key information about NICHE eligibility and registration procedures to potential beneficiaries within their communities. They also have the responsibility of providing essential nutrition and health information to program beneficiaries at the household level. The role of CHVs and CHEWs in the current Program can be maintained for subsequent phases of the Program as they are better positioned to deliver nutrition counselling on the basis of having received basic BFCI training and based on their proximity and level of access to communities, and hence NICHE beneficiaries.

The table below illustrates the number of community level workforce for health in Turkana County.

Sub County	No of Community Health Units	No of Community Health Assistants	No of Community Health Promoters	Total Community Health Services Workforce
Kibish	22	13 (59%)	242	277
Turkana North	37	22	336	395
Turkana West	39	29	400	468
Loima	33	35	372	440
Turkana Central	39	69	528	636
Turkana East	23	15	254	292
Turkana South	32	24	398	454
Total	**225**	**218**	**2428**	**2962**

Link Facilities, including Maternal and Child Health (MCH) clinics

These facilities play a critical role in connecting the community with essential health and support services. In the context of the NICHE program, the link facilities held in determining the households that would be under specific Community Health Units and thus the CHEWs and CHVs responsible for the delivery of nutrition counselling.

Kraal leader

For the pastoralist communities of Turkana, they oversee a livestock enclosure called a kraal. One important task they have is to keep the Community Health Volunteer (CHV) informed when the community plans to move their animals to find better grazing areas. This proactive communication aids in the coordination of health-related activities within the kraal and contributes to the overall welfare of the community. Collaboration between Kraal Leaders and the CHS, especially through the CHVs, would be key in ensuring potential disruptions to the delivery of nutrition counselling for the NICHE program are flagged and, where possible, handled appropriately.

Lay Volunteers

Lay volunteers in Turkana play a valuable role in providing psychosocial support to individuals who are experiencing mental health challenges or emotional distress. They offer compassionate assistance and companionship and help reduce stigma around mental health issues. Lay volunteers could also play active roles around community mobilization and sensitization in line with registration requirements for the NICHE program.

The assessment further noted that implementing partners operating in the County also engage Community Own Resource Persons and Community Mobilizers. Where available and possible, these structures can also be utilized for the NICHE programme for mobilization of communities for listing and validation exercises and to attend sensitization meetings. Proper utilization of these key community-level structures within the County would be crucial to the success of the delivery of various program components.

Analysis of Gaps in Community Capacities.

Several challenges have been identified and documented in the TURKANA County NICHE mid-term review presentation. They include:

- **Immediate Mentorship for CHVs:** Some Community Health Volunteers (CHVs) require urgent mentorship to enhance their capacity to effectively report specific health indicators. This need often arises due to high levels of illiteracy among certain CHVs. Funding Constraints for training of CHVs: The scarcity of adequate funds presents a significant hurdle when it comes to conducting essential mentorship programs for CHVs. Adequate financial resources are crucial for designing, implementing, and sustaining mentorship efforts, ensuring that CHVs are well-prepared to fulfill their responsibilities effectively.

- **Engaging Men in Nutrition Education:** The nutrition education program has not specifically targeted men as its primary audience. However, it is crucial to recognize that men play influential roles within their communities and households. Therefore, there is a pressing need to raise awareness among men regarding nutrition and Behavior-Focused Communication and Information (BFCI).

- **Absence of a Social and Behaviour Change Communication (SBCC) Strategy:** The development and implementation of a Social and Behaviour Change Communication (SBCC) strategy are pending. This delay has the potential to hinder the effective dissemination of vital health and nutrition information. A well-crafted SBCC strategy is essential for promoting behaviour change and encouraging healthy practices within the community.

- **Training Gaps among CHAs:** Not all Community Health Assistants (CHAs) have received training on NICHE's registration criteria, exiting procedures, and case management processes. Ensuring that all CHAs receive comprehensive training is crucial for the uniform and effective implementation of health programs and initiatives.

- **Resource Constraints for CHEWs:** Scarce resources have limited the ability to provide adequate support for Community Health Extension Workers (CHEWs) in terms of supervision and mentorship. Adequate support and guidance for CHEWs are critical for enhancing their capacity to lead community health initiatives effectively. Resource constraints should be addressed to ensure that CHEWs can fulfill their roles optimally.

RECOMMENDATIONS
TURKANA

System Capacities.

- There is an urgent need for the development and implementation of a Comprehensive Social Behaviour Change Communications Strategy. This strategy should be built upon evidence-based communication approaches that have proven effectiveness in driving positive behavioural change within targeted communities. By leveraging the power of effective communication, this strategy aims to not only disseminate information but also to inspire meaningful, long-lasting changes in the behaviour of community members. Such an approach recognizes that behaviour change is a complex process that requires strategic planning, tailored messaging, and consistent engagement with the community to achieve desired outcomes.

- The County government needs to prioritize the development of the Comprehensive Social Behaviour Change Communications Strategy during the county planning process of the FY 2024/2025. There will be need for the county to collaborate on this initiative with development partners.

Technical Capacities.

- Training of all partners on the Management Information System (MIS) is crucial for optimizing its functionality. When all stakeholders receive comprehensive training, it enhances their understanding and proficiency in utilizing the MIS effectively. This, in turn, facilitates the activation of workflows for various processes, including case management. Proper training ensures that everyone involved can harness the full potential of the MIS, streamlining operations and improving overall efficiency. This should be facilitated by the Social Assistance Unit in 2024.

- Adequate and timely resourcing of county teams is an essential prerequisite to ensure that Program-related activities are executed effectively and within specified timelines. Adequate resourcing provides the necessary financial and logistical support for county teams to fulfill their responsibilities. This support is vital in ensuring that activities are conducted with a focus on effectiveness and timeliness. The department of Children services has been supporting this function in the current NICHE counties. Further, the responsibility needs to be aligned within NDMA and scaled out to all the 8 counties.

Organizational Capacities.

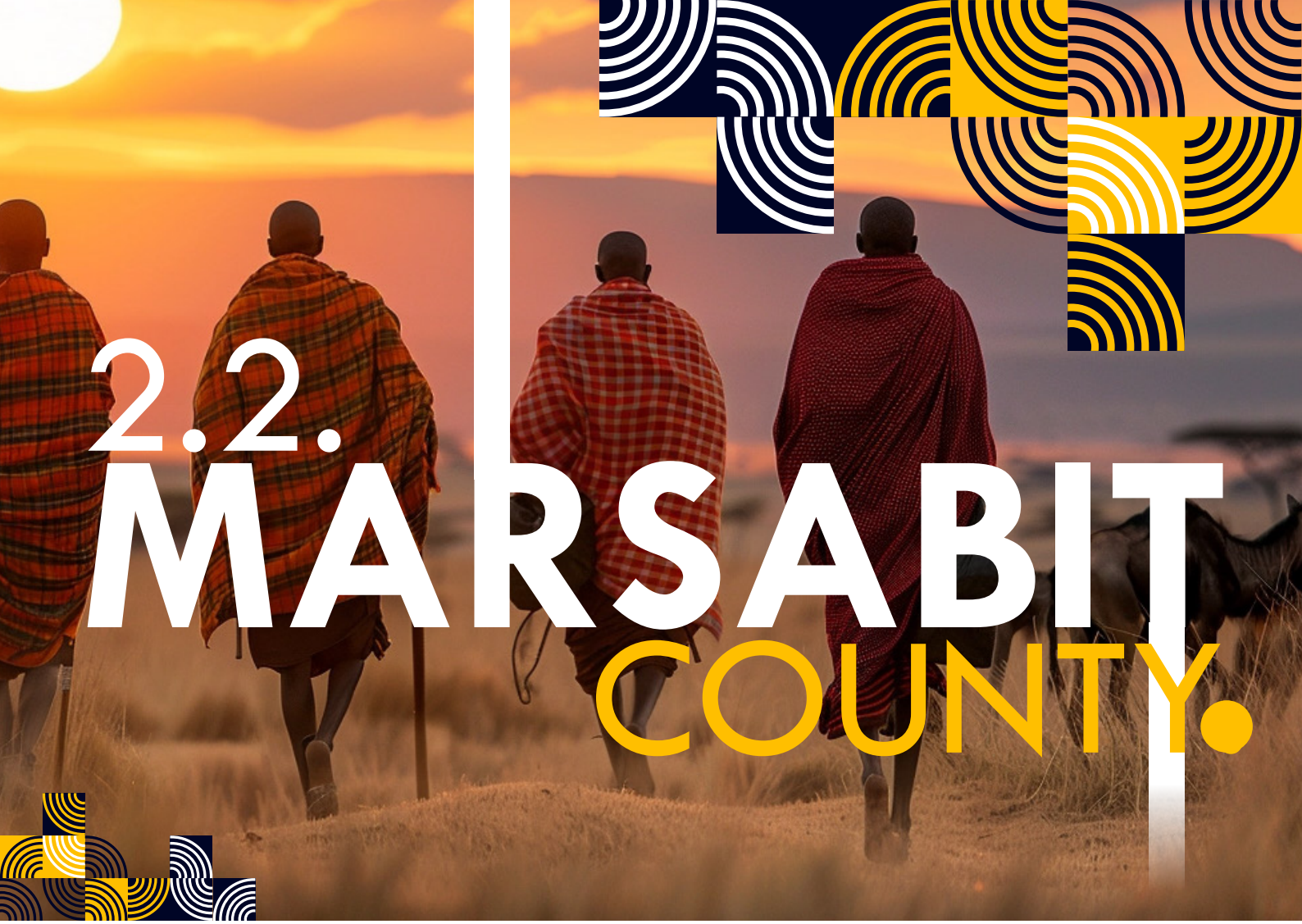
- Adopt measures to ensure meetings of the NICHE Steering Committee are regular and predetermined. A proactive approach to scheduling and holding these meetings would help establish a reliable communication channel and monitoring system. Consequently, this would enhance the program's ability to promptly identify any issues or challenges that require immediate attention and action. Whereas the department of Children Services is charged with the responsibility of coordination, NDMA should be given additional responsibilities in the coordination of County level structures.

- Operationalization of the Sub-County NICHE Coordination Committees is a vital step towards strengthening sub-county level coordination. This initiative can significantly enhance the pace and quality of program implementation. By operationalizing these committees, the program can tap into the expertise and insights of local stakeholders, leading to more effective and context-specific interventions. This is recommended to be operationalized in 2024 through the County Steering Group with the leadership of NDMA.

Community Capacities.

- Increased Investment in Community Sensitization: This entails bolstering and effectively utilizing existing community-level structures, such as the Beneficiary Welfare Committees (BWCs), Community Health Units (CHUs), and Mother-to-Mother Support Groups (M2MSGs). These structures, when strengthened, can serve as invaluable channels for disseminating information, raising awareness, and engaging community members in various programs and initiatives.

- Leverage Underutilized Community Structures: Among these are Kraal leaders and lay volunteers who possess untapped potential in facilitating community mobilization and sensitization efforts. These individuals often have deep-rooted connections and influence within their communities, making them ideal champions for disseminating information, fostering community engagement, and driving positive change.



2.2. MARSABIT COUNTY.

2.2.1. Operational Context.

Demographics.

The County population was 459,785, consisting of 243,548 males, 216,219 females, and 18 inter-sex . There are 77,495 households, with an average household size of 5.8 persons per household and a population density 6 people per square kilometer. Marsabit County's total fertility rate of 5 is higher than the national rate of 3.9 and also means that Marsabit County has a high birth rate. The adolescent birth rate is also high – about 1 in every 10 girls aged 15-19 gives birth every year. The percentage of women aged 15–19 who have ever been pregnant in Marsabit is 29%.

Prevalence of Poverty.

Marsabit County has a multidimensional poverty rate of 85.8%, 22 percentage points higher than the monetary poverty rate of 63.2%, with 394,561 people being multidimensionally poor. When disaggregated by age groups, 85.3% of children in Marsabit are multidimensionally poor. This is 33% higher than the national average of 52.5%. Among the youths, 83.3% are multidimensionally poor, while for the elderly population, 91% are multidimensionally poor compared to a national average of 55.7%. Among children aged 0-17, the core drivers of multidimensional poverty are nutrition (87%), housing (83.8%), information (79%) and water (60.4%). In the second generation CIDP, Marsabit was highlighted among the counties with the highest poverty index in Kenya and ranked 44 out of 47 counties, with a poverty rate of 83.2% compared to the national level in 2012 .

Status of Nutrition.

The County experiences poor health and nutrition outcomes due to poor community health services, the vastness of the County, and rough terrain, particularly in North Horr and Laisamis, affecting transportation and accessibility to health facility health services. Like other ASAL counties, Marsabit continues to bear a high burden of malnutrition. The wasting rate has consistently remained above the emergency threshold (>15%)

despite the years-long presence of agencies and development partners implementing programs in these counties to improve household health, nutrition, and food security. The malnutrition rate among children under age 5 was 18%, with the highest rate in Laisamis Sub-county at 30.7% and North Horr at 25.1%. It was projected in the August–December IPC -9 that Marsabit would be in the critical phase of malnutrition, implying no improvement in the nutrition situation of children under age 5.

According to the SMART survey and IPCs findings, the drivers of poor nutrition in Marsabit County have not changed significantly. The main drivers of acute malnutrition include inappropriate infant feeding and childcare practices, suboptimal coverage of health and nutrition services, and a high level of morbidity in children less than 5 years old . Other drivers of acute malnutrition include poor hygiene and sanitation practices. Poor hygiene and sanitation increase waterborne diseases such as diarrhoea and cholera outbreaks. Pre-existing vulnerabilities such as low literacy levels, limited livelihood assets, and poverty continue to expose households and communities to persistently high levels of malnutrition. The Ministry of Health and partners such as Concern Worldwide have been implementing High Impact Nutrition Interventions (HiNi) services in the County to improve the nutritional status of children and women. At the community level, the vast and rough terrain coupled with a poor community referral system are major contributors to poor access.

Being a predominantly pastoralist region, most households keep moving in search of scarce pasture and water. This has posed a challenge in service continuity for severely wasted children.

Livelihoods.

Crop production, beekeeping, fishing, and agroforestry are the main economic activities in the County, with livestock keeping being predominant. However, the low and erratic rainfall in most parts of the County restricts crop production to a few areas. Approximately 81%, 16%, and 3% of the population are engaged in pastoralism, agro-pastoralism, and other livelihoods, respectively. Recurrent droughts characterize the County as a hot and dry climate with low and erratic rainfall patterns.

Marsabit is among the most conflict-prone Counties in Kenya. The residents are mainly pastoralist nomads who often clash over access to scarce pasture, water, and cross-border tensions. The maternal load becomes too high for women to afford adequate time to provide quality care for their young children. Pastoralist families in this region rely heavily on markets for buying core foods against a background of the poor transportation system.

2.2.2. System Capacities.

Existing Guidelines and Frameworks.

The following table highlights some of the frameworks upon which social protection and nutrition programming in the County is anchored;

Document	Relevance to NICHE
Kenya Constitution	The Bill of Rights in the Constitution of Kenya (2010) guarantees all Kenyans their social, economic, and cultural rights and binds the state to provide appropriate social security to persons unable to support themselves and their dependents.
The Kenya Food and Nutrition Security Policy (KFNSP)	Places nutrition central to human development in the Country; emphasizes the need to ensure the right to nutrition as a constitutional right; recognizes disparities in nutrition and provides relevant policy directions.
The Kenya National Nutrition Action Plan (KNAP) 2018–2022	Outlines the contribution of nutrition to the KFNSP. The KNAP operationalizes the National Food and Nutrition Security Policy (NFNSP) 2012 and its implementation framework, the Kenya National Food and Nutrition Security Implementation Framework (NFNSP-IF) 2017–2022.
The National Social Protection Policy (March 2014	Ensures that all Kenyans live in dignity and exploit their human capabilities for their own social and economic development
The Social Assistance Act (2013)	Addresses social assistance to vulnerable populations such as orphans and vulnerable children. The assistance may be in the form of financial assistance and social services.

Document	Relevance to NICHE
Marsabit County Integrated Development Plan (CIDP), 2013–2027	Outlines challenges constraining social services in the County include recurrent droughts, inadequate social support services, retrogressive culture, inadequate assistive devices for PWDs, inadequate social infrastructure, Inadequate legal framework, and inadequate networking and coordination. The CIDP also identifies the high burden of malnutrition, low access and utilization of immunization and vaccination services, low standards of quality services, child health and nutrition intervention as well as inadequate focus on Newborn health at health facilities and communities as some of the key challenges inhibiting access and utilization of preventive and promotive health services. The CIDP has identified a set of development priorities, including enhancing awareness campaigns against retrogressive culture, strengthening the legal framework of social services, enhancing networking and coordination of stakeholders, implementing the Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) programme, enhancing Immunisation services, implementation of community health strategy policy as well as implementation of High Impact Nutrition Intervention packages and enhancing Universal Health Coverage (UHC).
The Marsabit CNAP 2019–2023	Lays the foundation for enhancing the scale-up of essential nutrition actions and promotes programme-based financing. It provides for a coordinated implementation of nutrition interventions within the County. The objective of the CNAP is to accelerate and scale up efforts towards eliminating malnutrition in Marsabit County in line with Kenya's Vision 2030 and sustainable development goals, focusing on specific achievements by 2023.
Marsabit County Social Protection Policy, 2021	Marsabit County is interested in strengthening the coordination and implementation of social protection programmes at the county level. Therefore, the policy provides a framework for coordination and co-operation between National and County governments in delivering social protection within Marsabit County and provides numerous strategies to be adopted for increased efficiency and effectiveness.
The Community Health Services Bill	The CHS Bill aims to provide a framework for the delivery of community health services, promote access to primary health care services at the community level and reduce health disparities between counties, and provide for the training and capacity building of the community health workforce. Once enacted, this will significantly impact the functionality of the Community Health Promoters.
Other institutional frameworks supporting nutrition and Cash Transfer programs in the County.	BFCI Guidelines, the Social Behaviour Change Communication Strategy, the Basic Nutrition Module, Integrated Community Case Management Guidelines, Technical and the Basic Modules for CHVs, On Demand Registration Guidelines, Drought Early Warning Bulletins, Minimum Expenditure Basket, Rainfall and Food Security Assessment Reports and the NICHE Operations Manual among others.

An analysis of the institutional frameworks above determined that;

(i) Social protection and nutrition delivery is embedded within strong national and County level institutional frameworks, but enforcement remains a challenge. The County plans to address gendered social and economic inequalities to ensure that all men and women, particularly the poor and the vulnerable, have equal rights to economic resources. The legal and policy environment for social protection and nutrition is conducive to anchoring the programmes.

(ii) Integrated and nutrition-sensitive cash transfers are becoming widely accepted and adopted.
The assessment identified that the number of nutrition and cash transfer programs integrated in nature are becoming widespread in the County. The coverage of schemes including HSNP and Inua Jamii Programme, offering regular transfers, has expanded considerably. At the same time, the County also benefits from the NICHE program, which is based on Government-provided cash transfers. Providing cash alongside nutrition counselling enables vulnerable populations to adopt positive nutrition practices, avoid negative coping mechanisms in case of shocks, and improve the diets of young children.

(iii) Availability of nutrition reports. Several studies are regularly conducted to inform the nutrition situation in the County and propose the design of response interventions such as the SMART surveys. These reports help identify context-specific capacity gaps and provide evidence-based data for informing key activities required for capacity development initiatives within Marsabit County.

Existing Social Protection Programmes.

There are three major social protection programs in Marsabit County

The Hunger Safety Net Programme

HSNP aims to reduce the vulnerability and improve the resilience of extremely poor households in northern Kenya. The Hunger Safety Net Programme (HSNP) has delivered targeted cash transfers to the poorest and most vulnerable populations with support from the UK government. HSNP 3 aims to build the necessary capacity within GoK to lead and manage the programme, and invest in disaster risk financing and graduation approaches to guarantee its sustainability. The programme provides regular cash transfers to nearly 100,000 vulnerable households (approximately 600,000 people) with the potential to be scaled up during times of shock – such as drought.

The Inua Jamii Cash Transfer Programme

The Inua Jamii Cash Transfer Programme is the Government of Kenya's (GoK's) flagship National Safety Net Program (NSNP) under the Ministry Of Labour & Social Protection) for the beneficiaries of: Cash Transfer for Orphans and Vulnerable Children (CT-OVC); Older Persons Cash Transfer (OPCT); and Persons with Severe Disabilities Cash Transfer (PWSD-CT). The number of beneficiaries of this programme are as shown in the table;

Programme	Number of beneficiaries
OVC - CTO	4038
PWSD - CT	561
OPCT	6857
NICHE	4814 (as of August 2023)

Source – County Children Coordinator and County Coordinator Social Development

Nutrition Improvements through Cash and Health Education (NICHE)

NICHE is a Component of the Kenya Social Economic Inclusion Programme (KSEIP) that relates to investing in the scale-up of the existing nutrition-sensitive safety nets, and testing customized economic inclusion models - as a complement to the regular cash transfers that improve human capital and self-sufficiency of poor and vulnerable households.

Analysis of Gaps in System Capacities.

- **Inadequate pro-integration Policies:** The absence of specific laws and policies within the county that promote the integration of nutrition and social protection interventions represents a significant challenge. Without a clear legal framework in place to encourage and facilitate integration, coordination efforts become more complex.

- **Sustainability:** Many of the cash and nutrition-sensitive interventions currently in place exhibit an ad hoc nature. They are often designed and implemented in response to recurring emergencies without well-defined sustainability measures. This leaves beneficiaries vulnerable to ongoing impoverishment, as short-term solutions do not address the root causes of their challenges. Multiplicity of Service Providers and Uncoordinated Approaches: including government departments, the private sector, development partners, communities, households, and other non-state actors, lein a fragmented and uncoordinated approach. hampers the effectiveness of interventions and the efficient allocation of resources. A more streamlined and collaborative approach is essential to maximize impact.

- **Financing Challenges:** Financial constraints pose a significant impediment to the adequate implementation of policies and interventions. These challenges are manifested in various forms, from insufficient budgetary allocations to delays in payments and disbursements.

- **Disability Policy:** The absence of a disability policy within the county government hampers efforts to support community members who are vulnerable due to disability. A dedicated disability policy can provide a framework for addressing the unique needs and challenges faced by persons with disabilities.

2.2.3. Technical Capacities.

Management information Systems.

Management Information System (MIS) underpins social protection and nutrition programmes, facilitating operational processes. Whereas the Single Registry links social protection programmes and provides performance reports to policy makers for monitoring purposes, the KDHIS helps monitor health and evaluate and improve the delivery of health-care services and programs. The Marsabit MIS however does not include HSNP, the CPMIS, and the NICHE MIS.

Status of the technical workforce.

The assessment determined that there has been slow but sustained growth in the technical workforce for Cash Transfer and Nutrition programmes in the county. Development partners have focused on supporting the county government to strengthen systems for service delivery. Sustained advocacy from all partners has successfully resulted in increased government investments in the Country's nutrition workforce. Organizations like Concern Worldwide sometimes support the county government with surge teams to address shortages. For example, 20 surge teams have been deployed across the different county sites. The social Protection technical workforce in government, specifically the department of children services is not well resourced, and this may affect the efficiency of NICHE.

Analysis of Gaps in Technical Capacities.

Capacities for Management Information Systems

- Some officers at the subcounty level do not have rights to access, especially the NICHE MIS and HSNP. This includes the sub-county nutritionists.

- The functionality of the NICHE MIS in analysing and consolidating certain reports e.g. in specific indicators, is limited to only access of data either month by month or community unit by community unit.

- Sometimes, mismatches between the data collection tools used on the ground with the KDHS indicators make data entry challenging.

Capacities for social protection and nutrition workforce:

- There are issues of short-term contracts, poor distribution of staff across the sub counties, and inadequate staffing in general. The health officers and CHAs distribution is skewed in favour of Saku compared to the three other constituencies rendering the other three sub counties underserved.

- The Department of Children Services has Eight (8) officers, but they are not distributed fairly across the sub-counties. Two sub-counties of Turbi and Maikona lack officers, while there are four, including Loyangalani and Liasamis, Moyale, and Sololo, which share one officer, respectively.

- NDMA also has officers well spread across the County by Constituency but has gaps in sub-county distribution.

- The level of awareness of the Institutional frameworks that govern cash transfer and nutrition programming is higher at the county level but not at implementation level i.e sub counties and below.

Capacities for Community Sensitization:

- Absence of clear engagement of community-level structures to support sensitization programs including inadequate involvement in planning processes. When they are eventually engaged, there are usually inadequate materials for sensitization and inadequate motivation.

- Resource limitations have often affected the sensitization programmes.

- Misinformation and disinformation especially at the community level often interrupts targeting processes.

Capacities for Beneficiary Registration:

- Documentation issues such as falsifying or lack of documentary evidence which is required before eligibility of beneficiaries.

- The NICHE MIS has more often been culpable to system downtimes/ glitches. The MIS also comes with multiple approval levels, making the process bureaucratic during the registration process. In many instances, eligible beneficiaries have often been missed from the system.

- Cultural nuances that affect the registration process have often included conflicting community calendar and cultural events pastoralism.

- The case management module is not effectively utilized by beneficiaries due to insufficient awareness of its existence and how to use it. In some instances, feedback has failed to be provided on complaints that are raised. However, many more feedback and solutions have been provided to beneficiaries out of the case management system.

Capacities that may present challenges to the implementation of NICHE

- One key gap is that HRIO is not adequately acquainted with the MIS since only a one-off training was offered. New HRIOs find it challenging to navigate and get reports. Similarly, sub-county teams, especially nutritionists and SCCHFPs, must be provided login credentials and trained to utilize the system.

- NICHE implementation relies on the deployment of CHVs. The key challenge is additional reporting tools to be managed by a single CHV, bearing in mind that literacy affects the reporting quality, yet many CHVs are not highly learned

- NICHE suffers from monitoring challenges owing to inadequate coordination and a shortage of resources. Follow-ups are not properly implemented, and monitoring tools are lacking.

2.2.4. Organizational Capacities.

The County has a set of coordination structures upon which new programs can be layered. Some of the relevant coordination structures that were identified include;

Marsabit County Steering Group (CSG)

A multi-sector coordination forum with county and sub-county structures. At the county level, it's co-chaired by the County commissioner and the Governor. It has thematic technical working groups including for nutrition and cash and food assistance. The CSG provides a forum to share information on emergency and development interventions in the County. It also shares early warning and comprehensive food security situation updates and analysis and coordinated mapping of interventions by Development Partners across the County. NDMA provides the secretariat for the forum. The CSG forum meets frequently.

County Nutrition Technical Forum

The County Nutrition Technical Forum coordinates nutrition actions across the County supporting partners, with strong leadership provided by the county government, the UN Agencies and Implementing Partners. Sub County NTFs meet monthly within the four constituencies.

Social Services Department

This is a department of the County Government of Marsabit within the Tourism, Culture and social Services sector. The director is also the chairperson of the Social Protection and Cash Transfer working group at the CSG.

NICHE Committees

The NICHE project is being implemented by coordinating the NICHE committees at the national, County, and sub-county levels. These committees were noted to be frequently meeting at the county and subcounty levels. The main challenge facing the committees to be more effective is financial resources for their operations. In certain instances, officers are unavailable due to competing tasks, and the teams resort to virtual meetings in localities with poor internet connectivity. The Committees are mainly coordinated by the children's department which suffers heavy staff shortages.

NDMA provides a viable platform with the requisite coordination capacities for integrated programs. It provides leadership in coordinating drought risk management and contributes to the coordination and implementation of drought adaptation measures in Kenya. The Authority has a strong background in engagement with critical forums at the national and County levels that have important implications for DRM, such as the KFSSG and the CSG. NDMA has a good complement of competent professional and technical capacity, which only requires continuous staff training and motivation for retention. NDMAs implementation of the HSNP programme relies heavily on structures created over a long period. These structures support sensitization as well as targeting processes.

Analysis of Gaps in Organizational Capacities.

- County Steering Group (CSG): The primary gap observed in the County Steering Group pertains to the alignment of decentralized structures. Currently, there is need for a more cohesive and coordinated approach that encompasses the sub-county level, acknowledging that constituencies may not fully represent the administrative and operational realities of delivering social assistance and nutrition programs effectively at the local level. This misalignment can result in challenges related to resource allocation, decision-making, and the overall effectiveness of program implementation.

- County Nutrition Technical Forum (CNTF): The key gap within the operations of the County Nutrition Technical Forum is the absence of budgetary allocations to provide the necessary resources to support its activities. To effectively address nutrition-related issues and promote multi-sectoral collaboration, the CNTF requires adequate funding to facilitate its initiatives.

- Department of Children Services: The Department of Children Services faces several challenges in fulfilling its mandate. One significant challenge is the inadequate staffing level, which hampers the department's ability to cover all sub-counties effectively. Adequate staffing and sufficient budgetary provisions are essential to enhance the department's capacity to fulfill its child welfare and protection responsibilities effectively.

- Need for a Guiding Framework for County-Level Coordination: Despite the presence of frameworks that encourage inter-sector engagement, such as County Integrated Development Plans (administrative) and the Food and Nutrition Security Policy (programmatic), these frameworks are currently not binding and lack the capacity to establish formal accountability mechanisms. There is a clear need for the development and implementation of a comprehensive guiding framework for county-level coordination.

2.2.5. Community Capacities.

Community-Based Validation Committees
They act as a crosscheck on the performance of the NSNP PMT tool. As such, they would be of significance in the delivery of NICHE.

Community Health Committees

The County has 114 Community Health Committees (CHC) established, identifying and addressing health issues within the community and supporting CHVs and other volunteer health cadres. They are also involved in actions of a social accountability nature, raising issues regarding health service performance. The main challenge posed to the CHCs is that essential CHC functions such as leadership and management are weak, partly because Health professionals do not comprehensively involve CHCs in developing health plans. Opportunities therefore exist in strengthening these CHCs leadership and management thus enable them to play a complimentary role in the delivery of NICHE.

Community Health Volunteers

Community Health Volunteers (CHVs) have been implementing the integrated community case management program-specific community units. The CHVs provide their communities with identification, treatment, and referral services for common health challenges such as malnutrition. The CHVs also support the nutrition counselling of caregivers to a great extent. The CHV structure thus provides a prime opportunity to support sensitization for registration to the NICHE program and the avenue to implement the nutrition counselling component.

Mother to Mother support groups

The mother-to-mother approach is a concept based on peer education where mothers impart health-related information to mothers to develop positive group norms and healthy decisions. In Marsabit, 56 functional support groups are shown in the table below.

Constituency	Total number established	Functional support groups
Saku	29	17
Moyale	39	27
Lisamis	126	12
North Horr	-	-
Total	**184**	**56**

Beneficiary Welfare Committees

BWCs were established to create awareness and mobilize beneficiaries on Inua Jamii program activities. They receive feedback from the community, record complaints and grievances, distribute information materials to the larger community, and forward the reports to the relevant officers. They too can complement the delivery of NICHE.

Chiefs and Elders

Elders and Chiefs operate within the National Government Administrative Officers Structures and provide a pivotal role in communicating the program interventions to community members.

Advisory Committees for Children

These committees are established under the Children Act 2022 to coordinate and oversee children's services. The committees are provided for to be established up to the village level.

Analysis of Gaps in Community Capacities.

Some of the gaps in community capacities that should be taken into consideration include;

- **Dysfunction of Community Welfare Committees (BWCs):** Beneficiary Welfare Committees have experienced a decline in their functionality primarily due to a critical lack of necessary support resources and concerns related to the integrity. Without adequate resources and trust in the system, these committees have struggled to effectively conduct their vital community-oriented functions, hindering the overall success of social protection and nutrition initiatives.
- **High Attrition Rates among Community Health Volunteers (CHVs):** High attrition rates are a notable concern, resulting in a loss of trained and dedicated individuals who play a crucial role in delivering essential health services and information to communities. Addressing this issue is imperative to maintain the continuity and effectiveness of community health programs.
- **Retrogressive Culture and Taboos Inhibiting Progress: Despite** efforts to promote social protection and nutrition initiatives, certain retrogressive cultural practices and taboos persist among residents of Marsabit. These cultural beliefs and taboos can act as formidable barriers to the advancement of these initiatives. Examples include restrictions on the consumption of specific foods, particularly poultry products, pork, kidney, or liver. Additionally, deeply rooted practices like polygamy, patriarchal norms, and pastoralism can significantly impact the success of nutrition and cash transfer interventions.

RECOMMENDATIONS MARSABIT

System Capacities.

- Development and enforcement of crucial policies and action plans, including the County Social Protection Action Plan. While this plan is currently in the process of being developed, there is already a dedicated allocation by the county government for its realization in the current fiscal year. Additionally, similar attention should be given to the County's nutrition action plans by MoH in Marsabit County.

- Revising existing policies and crafting new ones will provide a solid framework for coordinating efforts that address the intersection of nutrition and social protection. A critical initiative is to facilitate the development and execution of a comprehensive disability policy tailored specifically for Marsabit County. The Disability policy will play a pivotal role in ensuring that the needs and rights of persons with disabilities are effectively addressed and integrated into broader development efforts. The updating of the NICHE ODR guidelines also should be prioritized in 2024 to facilitate continuous registration. This should be supported through the Social Assistance Unit.

- Ensuring the practical implementation of the Minimum Expenditure Baskets (MEB) recommendations is essential. To fortify these recommendations and make them legally binding, they should be underpinned by appropriate legislation. This will help guarantee that minimum standards for essential goods and services are met, enhancing the well-being of the population. NDMA can provide critical leadership in ensuring that MEB has the requisite supporting frameworks.

Technical Capacities.

- Advocacy and support to foster increased commitment from the county government in the realm of continuous professional training for both new and existing health workers. This training should encompass a broad spectrum, including aspects related to overall social protection and nutrition service delivery, as well as specialized training in information management and data quality assurance.

- Invest in building the capacity of nutrition and cash transfer stakeholders to equip them with the necessary skills and knowledge to design integrated programs that are not only impactful but also have long-term sustainability at their core. NICHE committee should take leadership in mapping stakeholders who require capacity building and connecting them with available opportunities that present themselves from SAU.

- Establishing a connection between the Nutrition Improvement through Cash and Health Education (NICHE) Management Information System (MIS) and the Kenya Health Information System (KHIS) will enable NICHE data to play a pivotal role in informing decisions made by policy-level actors, contributing to more informed and data-driven policymaking. This interoperability is anticipated as a long-term strategy.

- Incorporating a Social Behavior Change Communication (SBCC) component into the NICHE MIS would empower the system to effectively capture and manage data related to SBCC initiatives, ensuring that behaviour change efforts are well-integrated and aligned with the overall goals of the program.

- Conduct a comprehensive mapping exercise to identify and understand the community-level structures and stakeholders who play pivotal roles in disseminating information and garnering community support. Robust sensitization efforts should be launched to ensure that these key stakeholders are well-informed and aligned with the program's objectives.

- Mass registration exercises present a valuable opportunity to efficiently register a larger number of individuals within limited timeframes and available resources.

Organizational Capacities.

- Provide the County Steering Group (CSG) with greater support, including organizing regular meetings, workshops, and follow-up activities. Thiswill help foster better predictability in partnerships, ensuring that all relevant partners are actively engaged in implementing initiatives at both the county and sub-county levels. NDMA will have greater leadership responsibility in the same.

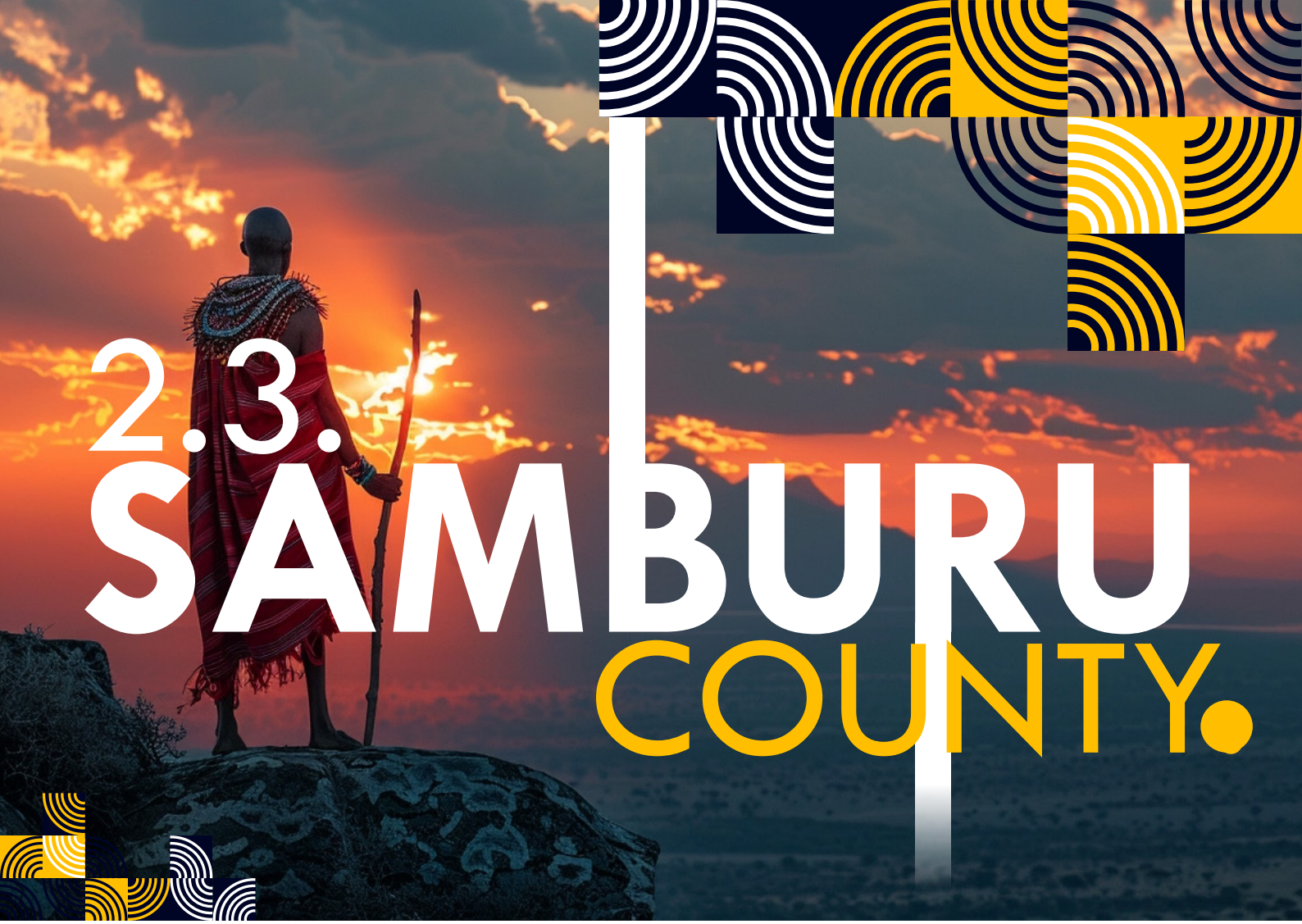
- Establishment of a Nutrition and Health Coordination (NICHE) committee as a Technical Working Group (TWG) under the CSG's purview to serve as a mechanism for enhanced supervision and reporting on the operations within the TWG. Prioritizing resource allocation to the Department of Social Services and the Department of Nutrition is essential. Partnerships with Civil Society Organizations (CSOs) can be sort to complement technical and financial resources to these critical areas.

- Investment in monitoring capabilities for the entity responsible for coordinating NICHE is crucial. Strengthening the monitoring capacity of this structure will contribute to more effective oversight and evaluation of NICHE activities and outcomes, enhancing overall program efficiency and impact.

Community Capacities.

- Facilitate technical and financial support to roll out community-level initiatives, such as mother-to-mother support groups, CHV (Community Health Volunteer) review meetings, community gatherings focused on nutrition, and targeted household visits. Provide comprehensive training and activate their roles of BWCs within the community. The training should not only cover their responsibilities but also include financial literacy to enable them to manage financial aspects effectively.

- Additionally, BWCs should be supported in creating awareness among beneficiaries regarding their roles and participation in cash transfer processes. To overcome systemic taboos that impede progress in delivering nutrition and cash transfer initiatives, deliberate efforts should be made to involve women in frontline actions. Women's active participation in these programs help challenge and overcome traditional barriers and cultural norms that may hinder the effective implementation of nutrition and cash transfer interventions.



2.3. SAMBURU COUNTY.

2.3.1. Operational Context.

Demographics.

According to the 2019 Kenya National Population and Housing Census Report (KNPHCR), the population of Samburu County was 310,327. Population aged 65 years and above is estimated to be 10139 (4616 male and 5524 female), Infants under one year 9739 (4947male and 4793 female) and persons with disability 5046 (2301 males and 2745 females). Given a population growth rate of 3.0 percent per annum, the County population is projected to increase to 370,547 by 2025 and to 393,113 by 2027. These changes represent 19.4% and 26.7% of the population rise between 2025 and 2027, respectively. The county population growth rate is seen to be slightly higher than the national growth rate of 2.0 percent.

Prevalence of Poverty.

The rate of absolute poverty in Samburu County was recorded at 75.8 percent according to the third generation CIDP. This is noted to be significantly higher when compared to national average of 36.1 percent. In terms of food poverty, the county records a figure of 60.1 percent against a national average of is at 32%

Status of Nutrition.

COUNTY NUTRITION SITUATION

FORMS OF UNDERNUTRITION	KDHS (2022)	SMART SURVEY (2023)
Wasting (too light for height)	15.4%	20.3%
Stunting (too short for age)	31%	37.2%
Undeerweight (too light for age)	30.2%	39.2%

COUNTY NUTRITION SITUATION

MIYCN INDICATORS	KDHS (2022)	SMART SURVEY (2023)
MDD (6-23 months)	36.9%	20.7%
MDF (6-23 months)	71.2%	50.8%
MAD (6-23 months)	30.8%	16.1%

COUNTY NUTRITION SITUATION

MIYCN INDICATORS	KDHS (2022)	SMART SURVEY (2023)
MDD (more than 5 food groups)	ND	10%
Maternal malnutrition	ND	12%
IFAS consumption for more than 180 days	ND	6%

Livelihoods.

Some of the common economic activities in Samburu County include livestock rearing, agriculture, trade and small business, tourism and artisanal work. Livestock rearing is the primary economic activity of the people of Samburu with goals, cattle, sheep and camels being the popular among residents. These animals provide not only a source of food but are also central to the local culture and economy. While the arid climate makes agriculture challenging, some communities engage in subsistence farming. They grow crops like maize, millet, and beans in areas where there is enough water for irrigation.

2.3.2. System Capacities.

Existing Guidelines and Frameworks.

The CIDP of Samburu County provides for the provision of social protection for vulnerable populations within its jurisdiction. The provisions of the plan prioritize child protection, women empowerment, and Gender issues.

The Kenya National Nutrition Action Plan emphasizes the importance of promoting social protection in nutrition programs as a key result area. In the action plan, social protection is seen as a valuable tool with potential to play a role in improving the nutrition situation of vulnerable populations.

The Samburu County CNAP purposes to improve nutrition status in the population by concerted efforts of all the stakeholders/ partners and multi-sectoral and community-centred interventions. There is a commitment to strengthen the management and coordination of community health governance structures at all levels of government and across partners, build a motivated, skilled, equitably distributed community health workforce, increase financing, and create platforms for partnerships and accountability among stakeholders . These structures have been noted to be critical for the implementation of integrated cash transfer programs in the county.

Samburu County has a CHS act with commitment to support community health interventions through the establishment of more community health units, support of Community health volunteers and implementation of hygiene promotion events.

There is also the commitment to strengthen nutrition services with focus on increasing access to HINI services. Important to note is the commitment on the multi-sector engagement and advocacy, which is in line with the agenda of Samburu County CNAP.

Samburu County Government is in the process of formulating a social protection policy to provide a legal justification for scaling up of various social protection interventions in the county, strengthen social protection stakeholders, enhance design, targeting, implementation, monitoring, evaluation and reporting on social protection programs as well as opportunities for strengthening partnerships in this sector.

Below are cash transfer programs in Samburu County in the last two years.

CTs in the County	Number of beneficiaries	Location	Implementors
HSNP	8344	Whole county	NDMA
CT-OVC	6100	Whole county	State Dept of Social Protection
OP-CT	6000	Whole county	State Dept of Social Protection
PWSD-CT		Whole county	State Dept of Social Protection
PACIDA	1800	Nachola, Nyiro, Waso, Wamba east, Ndoto & Lodokejek wards	PACIDA
SND	1032	Loosuk and Suguta	SND
ACTED	3945	Malnutrition hot spots	ACTED

Other cash transfers implemented by partners like USAID NAWIRI, PACIDA, ACTED, among others, unlike Inua Jamii and HSNP, are usually seasonal and implemented during times of shocks and emergencies within the county.

Organizations implementing nutrition interventions in Samburu County include: UNICEF, Concern Worldwide, World Vision, WFP, and Action Against Hunger. They implement both nutrition-sensitive and nutrition-specific interventions in various locations within the county.

2.3.3. Technical Capacities.

Human Resource Capacities.

In terms of human resources, the Samburu Department of Children Services and Social Services has four staff each. These include a county coordinator and three sub-county coordinators manning each of the three sub-counties. The Department of Persons with Disabilities has one officer, whereas NDMA has one HSNP coordinator supported by three subcounty officers. These are key personnel who would play key roles in the implementation of the NICHE program at both the county and sub-county levels.

The division of nutrition has 20 nutritionists covering the entire county. This is noted to be lower than what would be required to meet the needs of the county. To cover this shortfall, the CHAs, PHOs and Facility in-charges are capacity built to provide nutrition services. At the community level, the CHVs are taken through technical modules to enable them to provide quality services at the household level. The CNAP provides that each Health facility should have 1 nutritionist, with a total of 20 nutritionists in the county and four being in managerial positions; there is a gap of at least 80 additional nutritionists for proper service delivery.

The nutrition department works very closely with the community health strategy department at all levels. The CHS department has 65CHAs, 3 SCCHFP coordinators, and 1 CCHFPC. There are 140 community units in the county (56 in Samburu East, 52 in Samburu Central, and 32 in Samburu North sub-county), each CU has an average of 10 CHVs who have been taken through the basic module. According to the CHS Act each health facility should have a minimum of 1 CHA in charge of the community units linked to the health facility. Samburu County has 96 health facilities and with 65 CHAs, there is a shortfall of 31 CHAs for the county to meet the minimum requirements.

There is little coverage of the technical module and for implementation of NICHE, there would be a need to prioritize training on BFCI for all the CHVs to enable them to effectively deliver nutrition counselling to beneficiary households.

The CHVs are supported by the county with a monthly stipend of ksh2500, and with the commitment from the National government, it will be increased to KES 5000 per month. If effected, this would be good motivation for getting the CHVs and could have a positive effect on their productivity in their primary duties as well as during the implementation of the NICHE program.

Social Assistance Capacities.

There are three payment service providers in Samburu County, which include Equity Bank, KCB Bank, and Post Bank. They have pay points at the sub-county level and have outreaches during the payment period; however, the community feels that they are still not close to the beneficiaries and so they have to cover long distances to access their money. This is a key consideration to have in mind given the current design of NICHE as implemented in other counties rides on the payment mechanisms of the other National Safety Net Programs.

> “We urge the governmental and non-governmental organizations to kindly do us a favour by paying our people through Mpesa, this will save time for our people. They are traveling without eating just to go and hang out in town waiting for this money to be disbursed”
>
> **FGD respondent**

MIS Capacities.

All the Inua Jamii beneficiaries are in a Consolidated Cash Transfer Program’s MIS (CCTP-MIS) with all officers having access and having been trained on the use of the MIS. The delivery of HSNP is also managed through a separate MIS. Other organizations in the county implementing cash transfer programs have individual databases for their beneficiaries and these are not necessarily managed through fully fledged management information systems.

The health department has KHIS, which is under the custody of the health records and information department. The officers at the county and subcounty level are given access rights to be able to review the data that will inform implementation. Data is collected from the community level and health facility level and aggregated up to the county level. Efforts have been made to ensure the collection of high quality data at both the community and facility levels with the health management team conducting periodic on-the-job-training and mentorship.

Nutrition Counselling Capacities.

Table below shows the status of BFCI Implementation within Samburu County.

Sub-county	No. of CHUs	No. of CHUs Implementing BFCI	Percentage	No. of CHUs Certified as Baby Friendly	No. of CHUs Ready for External Assessments
Samburu east	56	18	32%	0	0
Samburu North	29	7	24%	0	0
Samburu Central	52	8	15%	0	0
Total	**137**	**33**	**24%**	**0**	**0**

In relation to technical capacities for nutrition support, the county has 32 maternal and newborn care health facilities, all of which implement BFHI. However, none of the facilities in the county has been certified as baby friendly, and no facility is ready for external assessment for certification. The County has 5 BFHI ToTs trained, but training yet to be rolled out to HCWs across the county.

Analysis of Gaps in Technical Capacities.

- **Human Resource Capacity Gaps:** The county, particularly within the health and nutrition departments, faces significant human resource capacity gaps. Notably, there is a critical shortage of nutritionists in the county. This shortage of nutrition experts hinders the county's ability to address nutritional challenges effectively. Furthermore, there is an imbalance in the number of Community Health Assistants (CHAs) compared to the number of Community Health Units (CHUs) in the county. This imbalance can lead to challenges in delivering comprehensive community health services, potentially leaving some areas underserved.

- **Inadequate Coverage of Payment Points:** the inadequate coverage of payment points for cash transfer programs, compels many beneficiaries to undertake long and costly journeys to access their benefits. These long travels not only place a financial burden on beneficiaries but also pose logistical challenges, particularly for vulnerable populations. Delays in Updating Caregiver Details: Delays in the process of updating caregiver details for succession in receipt of benefits are encountered in certain cash transfer programs. This delay can cause difficulties for beneficiaries who are transitioning their caregiving responsibilities.

2.3.4. Organizational Capacities.

Stakeholders Mapping.

Ministry of Labor and Social Protection (State Department of Social Protection and Senior Citizens Affairs:

- **The Department of Children's Services (DCS):** Responsible for the implementation of cash transfers for orphans and vulnerable children (CT-OVC)

- **The Department of Social Development (DSD):** Oversees the implementation of Older Persons Cash Transfers (OP-CT) and Cash Transfers for Persons with Severe Disabilities (CT-PWSD).

- **The National Council for Persons with Disability:** Works closely with these sister departments, especially on the delivery of cash transfers for persons with severe disabilities.

The National Drought Management Authority (NDMA)

Oversees the implementation of the Hunger Safety Net Programme in the county.

The County Department of Health

The department that is responsible for all aspects related to health, including community health strategy and nutrition services. They would be key during the implementation of the nutrition counselling component of the NICHE program.

Civil Society Organizations (CSOs)

There are various CSOs in the county involved in the implementation of various cash transfer and nutrition programs. While this list is not conclusive, some of them include KRCS, AMREF, WVK, Caritas, Child Fund, NHP Plus, Feed the Children, etc.

Development Partners

Mainly include WFP, FAO, and UNICEF, who support the various nutrition interventions in the county.

County Level Coordination.

Multi-Sectoral Platform (MSP)

The Kenya Food and Nutrition Security Policy (FNSP) provides a comprehensive framework for coordination covering the multiple dimensions of food security and nutrition improvement. It recognizes the need for a multi-sectoral approach embracing both public and private sector involvement, given that hunger eradication and nutrition improvement is a shared responsibility of all Kenyans.

The MSP should ideally have quarterly meetings. However, in Samburu County, there has been no forum post-COVID-19 pandemic.

The following sectors form the membership of the Multi-Stakeholder Platform.

- Office of the Governor – (County Director Protocol, County Director Press Unit);
- Office of the Deputy Governor (Chair);
- County Assembly Committees (Chairs of Health Committee);
- Sub County Administrators – (Samburu East, West and North Sub counties);
- Health Department – (County Director of Health-Secretary, County Nutrition Coordinator, County Public Health Officer);
- Department of Special Programs – (Director Special Programs-Co chair);
- Education Department– (County Director of Education – County Government.
- County Director of Education – Ministry of Education;
- National Drought Management Authority – (County Draught Coordinator);
- Agriculture Department – (County Director of Agriculture, County Director of Livestock Production); Religious Leaders – (Islam, Catholic, Pastors Association);
- Economic Planning Department – (County Directors of Economic Planning, Finance);
- Water, Energy and Environment Department – (County Director for Water);
- Culture, Social Services and Gender Department - (County Director Culture, Social and Gender Services, County Children Officer);
- Media (serian FM, NTV, Caritas FM, Waumini FM);
- and Civil Society Organizations (KRCS, AMREF, WVK, Caritas, UNICEF, Child Fund, NHP Plus, Feed the Children, WFP, FAO, Maendeleo ya Wanawake)

The County Steering Group (CSG)

The CSG is made up of state and non state with a membership of between 15 and 20 individuals who are responsible for the coordination of all the programs in the county as well as reviewing and approving MSP work. The membership of the CSG is similar to the MSP forum, with one representative from each of the government departments and other CSOs. Samburu County CSG meeting is held quarterly with special sitting in case of emergencies or on a need basis. The convener of the CSG meetings is the NDMA, while meetings are co-chaired by the

county commissioner and the county secretary. Samburu CSG is very active, with most of the social protection and health issues being handled in the forum. The success of the CSG is attributed to the fact that the quarterly meetings are budgeted by NDMA, and Implementing partners support the special sittings.

Sub-county CSGs are hardly functional, with only Samburu East sub-county having a fairly functional CSG under the leadership of the sub-county administrator. The presence and vibrancy of the CSG would be key for the NICHE program at the introduction stage in basically bringing all key stakeholders within the county together and discussing the program. This would help identify various stakeholders with potential roles to play through the NICHE program delivery channel and already lay plans for rollout at that level.

County Nutrition Technical Forum

The county nutritional technical forum is domiciled at the Ministry of Health- Nutrition Department. The county nutrition coordinator (CNC) convenes the quarterly meetings, which is chaired by the Director of Health. The function of the forum is to review nutrition-sensitive and nutrition-specific intervention activities in the quarter and plan for the coming quarter. Meeting attendance for the technical forum was noted to be mostly by officials from health departments and CSOs despite nutrition issues being multi-sectoral. Partners majorly fund the forum, with no funding commitment coming from the county government.

The membership is as follows; County Director of Health-Secretary, County Nutrition Coordinator, County Public Health Office, County Nursing Officer coordinator, County community health strategy focal person, Director of Agriculture and Livestock, Director of Education, Director of Water, Civil Society Organizations (KRCS, AMREF, WVK, Caritas, UNICEF, Child fund, NHP Plus, Feed the Children, WFP, FAO, Director social protection, Director children services, and NDMA

Sub-county county nutritional technical forum also exists. However, they do not meet consistently due to resource constraints to facilitate the meetings.

Cash Transfer Technical Working Group

This forum is domiciled at the directorate of social development and is co-chaired by NDMA and the County Director of Social Development. It has the primary mandate of coordinating all the cash transfers in the county. The members of the forum are all the actors within the county engaged in cash transfers. The meetings are on a need basis and are supported by the conveners of the meeting. This structure is only present at the county level.

Analysis of Gaps in Organizational Capacities.

- Coordination meetings are primarily conducted at the county level, but there is a noticeable gap in efforts at the sub-county level. This lack of coordination at the sub-county level can impede the effectiveness of local initiatives and responses.

- Inadequate investment in coordination meetings is a significant concern, often resulting in some meetings not taking place due to the absence of necessary facilitation and resources.

2.3.5. Community Capacities.

Community Structures.

Child Protection Volunteers

There are 20 CPVs in Samburu County: seven in Samburu Central, eight in Samburu East, and five in Samburu North sub-county. They are under the Department of Children Services, and their main role in cash transfers is to assist the children's officers with case management issues. They are noted to work closely with World Vision to implement child protection programs, which forms their primary role.

Beneficiary Welfare Committee (BWCs)

There are three beneficiary welfare committees in Samburu County, one in each sub-county. Despite the BWCs being well established, they are not active and barely meet to execute their mandates.

Community Health Volunteers (CHVs)

There are 1550 CHVs in Samburu County under the Ministry of Health Department of Community Health Strategy who receive a stipend of 2,500 from the county government. They are in charge of providing health and nutrition support to the households. In doing this, they undertake monthly household visits to check on the WASH and nutrition status of the household members.

The CHVs would be critical to the delivery of the nutrition counselling component of the NICHE program to beneficiary households and could also have overlapping roles around other processes involved in program delivery . The table below shows the number of Community Health Service workforce in Samburu;

Sub County	No of Community Health Units	No of Community Health Assistants	No of Community Health Promoters	Total Community Health Services Workforce
Samburu East	56	592	22	614
Samburu Central	52	571	29	600
Samburu North	28	387	20	407
Total	**136**	**1550**	**71**	**1621**

National Government Administration Officers (NGAO)

This is the national government structure, which includes the chief, assistant chiefs, and village leaders at the community levels. The potential roles of the NGAO stricture in the county for NICHE rollout would be in the mobilization and sensitization of communities for mass and on-demand registration processes.

County Government Administrators

This is the county government structure that works along the NGAO and includes ward administrators and village administrators. They support governance at the community level and support the county government in monitoring the county government projects. This structure could also be engaged in ensuring increased effectiveness of community mobilization and sensitization processes.

Analysis of Gaps in Community Capacities.

Some of the community structures, such as the Community Welfare Committees (BWCs), which have the potential to play a crucial role in cash transfer programming, are currently dysfunctional. These committees need to be revitalized and operationalized to harness their full potential in facilitating the implementation of new programs.

RECOMMENDATIONS
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System Capacities.

- Capacity building of county-level actors on existing legal frameworks is crucial for enhancing their ability to effectively implement the provisions outlined within these frameworks. The capacity-building should seek to empower these actors with the knowledge, skills, and tools required to navigate and apply the legal framework's provisions. By doing so, it will ensure that recommended nutrition and social protection programs, as stipulated by these legal frameworks, are not merely theoretical concepts but are actively and efficiently put into practice within the county. The County Government in collaboration with NDMA and National Government line Ministries, Departments and Agencies should take leadership in all capacity building efforts.

- Strengthening the capacity of county-level actors through training and knowledge-sharing initiatives is instrumental in bridging the gap between policy formulation and on-the-ground implementation. These actors, including government officials, program managers, and community leaders, must have a deep understanding of the legal frameworks governing nutrition and social protection programs. This understanding will allow them to navigate the complexities of these frameworks, interpret their provisions correctly, and execute programs in line with established guidelines. Ultimately, a well-informed and skilled county-level workforce ensures that the intended benefits of these programs are delivered efficiently and effectively to those in need.

- Capacity building on legal frameworks at the county level not only equips actors with the tools to implement recommended nutrition and social protection programs but also fosters a culture of accountability and transparency. When county-level stakeholders are well-versed in the legal underpinnings of these programs, they are better equipped to monitor and evaluate program implementation, ensuring that resources are used judiciously, and that the programs achieve their intended outcomes. Furthermore, this knowledge empowers them to engage in evidence-based advocacy, leading to improvements in program design and implementation over time. As a result, capacity building becomes a catalyst for more robust, sustainable, and community-centred nutrition and social protection initiatives.

Technical Capacities.

- Employment of Nutritionists and Community Health Assistants (CHAs) to enhance service delivery by bolstering the technical capacity of the existing workforce will help in addressing the healthcare and nutritional needs of the community. Bringing in additional expertise, will enable a more comprehensive approach to healthcare and nutrition, ensuring that community members receive high-quality guidance and support.

Organizational Capacities.

- Embracing a multi-tiered coordination approach shall promote inclusivity, transparency, and accountability in governance as well as development initiatives, ultimately leading to improved outcomes for all stakeholders involved. Ensuring coordination meetings occur not only at the county level but also extend down to the sub-county level is essential to enhance implementation outcomes.

Community Capacities.

- Operationalize defunct but critical community structures like the BWCs to ensure they can actively support key program processes. This entails reviving and reinvigorating the role of BWCs in the community, as they can play a crucial role in facilitating program activities, fostering community ownership, and ensuring that the program aligns with local needs and priorities. Promote and ensure the collaboration and synergy of various community-level structures during program delivery to optimize outcomes from implementation processes. Effective collaboration between different community structures, such as Community Health Workers (CHWs), Community Participation Volunteers (CPVs), and Beneficiary Welfare Committees (BWCs), can enhance the program's impact.

2.4. ISIOLO COUNTY.

2.4.1. Operational Context.

Demographics.

Isiolo county has a total population of 268,002 persons as of 2019 population census and of this 139,510 are males; 128,483 are females; with 9 intersex persons. The county has an average Household size of 4.6 persons and a population density of 11 persons per square Km. The County has two constituencies, three sub-counties and ten wards.

The County recorded an average Growth rate of 2.8%, which is higher than the national average of 2.2%. The higher growth rate is attributed to in-migration, increasing fertility rates, low mortality rates and higher life expectancy. Isiolo Sub-County is the most populous with 121,066 persons followed by Garbatulla and Merti with 99,730, and 47,206 persons respectively.

With respect to nutrition and maternal health related populations, the CIPD 2023 gives a summary of populations as shown in table below. This would be the group that will potentially benefit from activities of NICHE expansion.

Age Groups	2019 Projection			2022 Projection			2025 Projection		
	Male	Female	**Total**	Male	Female	**Total**	Male	Female	**Total**
Under 5-Preschool going age	20,445	20,172	**40,617**	22,774	23,111	**45,885**	23,542	23,280	**46,822**
15-49-Female reproductive age	-	58,998	**58,998**	-	64,898	**64,898**	-	71,388	**71,388**

Source: Kenya National Bureau of Statistics 2019

Other important population dynamics relevant to NICHE are captured in the table below.

	Isiolo	Kenya
Fertility and Family Planning (FP		
Total fertility rate (number of children per woman)	4.5	3.4
Teenage pregnancy (% age 15-19 who have ever been pregnant)	17	15
Maternal and Child Health		
Births delivered by a skilled provider2 (%)	85	89
Women age 15-49 who had a live birth and had 4+ antenatal visits (%)	53	66
Women age 15-49 with a postnatal check during the first 2 days after birth (%)	75	78
Births with a postnatal check during the first 2 days after birth (%)	77	83
Children age 12-23 months fully vaccinated (basic antigens)3 (%)	70	80
Neonatal mortality4 (deaths per 1,000 live births)	22	21
Infant mortality4 (deaths per 1,000 live births)	24	32
Under-5 mortality4 (deaths per 1,000 live births)	33	41

Prevalence of Poverty.

According to the Office of the Controller of Budget, Isiolo County is marginalized and underdeveloped (GOK 2017); the poverty prevalence index is 71.3 percent compared with a national average of 45.9 percent. The Global Multidimensional Poverty Index for Isiolo County is 0.07%, compared with the national average is 0.23 (UNDP 2018). According to Kenya Bureau of Statistics, poverty levels are higher in the county's rural parts due to the lack of markets for livestock and persistent drought. Further, communal ownership of land makes it difficult to obtain loans for business development due to lack of collateral. The road network is poor, and many areas are seasonally inaccessible.

Status of Nutrition.

Despite improvements observed in recent years, Kenya experiences a high burden of malnutrition among children under age five. The ASAL counties bear a higher burden of malnutrition compared to other counties. The rate of wasting has consistently remained above the emergency threshold (>15 percent) despite the heavy presence of agencies and Development Partners implementing programs in these counties over a period of years to improve household health, nutrition, and food security situation. Levels of acute malnutrition remain a serious public health concern in Isiolo County.

The rate of malnutrition among the under-fives increased from 10.3% in January 2019 to 18.8% in February 2020.8 The SMART survey of 2019 revealed that 7.1% of the women of reproductive age are malnourished. According to the IPC for Acute Malnutrition conducted in August 2020, the nutrition situation in the ASAL largely remained the same within the same phase across counties compared to the 2019 short rains

assessment. Isiolo was in critical acute malnutrition (IPC AMN Phase 4). The nutrition situation is projected to remain the same between September and November 2020. Though the nutrition situation is stable, malnutrition level remains unacceptably high.

The findings on the rates of malnutrition demonstrate that despite the many programs being implemented in Isiolo by the government, and various implementing and Development Partners, the burden of malnutrition among children under age five remains high. According to the findings of SMART surveys the main drivers to acute malnutrition include inappropriate infant feeding and childcare practices, sub-optimal coverage of health and nutrition services, and high level of morbidity in children less than five years old coupled with multiple shocks such as floods and mudslides. Other drivers of acute malnutrition include poor hygiene and sanitation practices. Poor hygiene and sanitation lead to an increase in waterborne diseases such as diarrhea and cholera outbreak. Pre-existing vulnerabilities such as low literacy levels, limited livelihood assets and poverty continue to expose households and communities to persistently high levels of malnutrition.

Nutrition Causal Analysis (NCA) conducted in the county in 2013 showed that some of the causes of malnutrition in the county include but not limited to high child morbidity, inadequate quantity and diversity of age specific foods, in access to safe water attributed to heightened drought situation and poor hygiene.

Nutrition Indicator	Isiolo	Kenya
Children under 5 who are stunted (%) (too short for their age)	14	18
Children under 5 who are wasted (%) (too thin for their height)	7	5
Children under 5 who are underweight (%) (too thin for their age)	12	10
Children under 5 who are overweight (%) (too heavy for their age)	1	3

(KDHS 2022 Isiolo County fact sheet)

Livelihoods.

Isiolo County primarily experiences an arid climate with some semiarid regions (Isiolo County 2022). The predominant way of life revolves around pastoralism, and approximately 80% of the land is collectively owned and administered by the county government (Isiolo County 2022). In certain areas, agro pastoralism is practiced alongside pastoralism. Additionally, the economic landscape features small-scale businesses and tourism, with a gradual rise in intensive dairy farming. It is worth noting that while livestock farming is a significant livelihood, there are no dedicated livestock-related industries within the county. Small-scale enterprises encompass trade in agricultural produce, miraa, and livestock products such as milk, beef, and skins. Outdoor casual work, known as "Jua kali," and artisanal work also contribute to the local economy.

The county can be classified into three primary livelihood zones: Pastoral, Agropastoral, and Formal employment, constituting 67%, 26%, and 7%, respectively. The productivity of agriculture and livestock is hindered by the scarcity, unreliability, and uneven distribution of rainfall patterns. In recent years, these rains have become increasingly irregular and unpredictable, posing challenges to effective farming planning and practices.

2.4.2. Systems Capacities.

Existing Guidelines and Frameworks.

It's imperative to submit that the county of Isiolo has no social protection policy, however in the annual development plan 2023 resources have been allocated for its development and county staff training on social protection framework is in the pipelines. (CIPD 2023-2027). The county has some draft policies under development; these are the gender and disability policy, children protection policy is in the final stages.

According to an assessment conducted by UN-FAO there is low access to social protection uptake (CT-PWSD (0.5%), OPCT (4%), NDMA support (9%), CT-OVC (4%) in Isiolo County and 61% of the households have received information on social protection programs. Isiolo County has managed to formulate and adopt two policies that provide a base for social assistance. These included Livestock, Rangeland management and Disaster Risk Management (DRM) policies. (CIDP 2023). DRM policy is operationalized and funded for its implementation.

In relation to Nutrition, the county nutrition action plan was undergoing review (at the time of this assessment), and there are commitments to develop the Health and Nutrition sector emergency plan – which presents an opportunity for the inclusion of NICHE scalability. In essence, the county has demonstrated its commitment to investments in various social services as indicated in the table below;

Sub program	Health Key Output	Key Performance Indicators	Year 1	Year 2	Year 3	Year 4	Year 5
			Cost(m)	Cost(m)	Cost(m)	Cost(m)	Cost(m)
Nutrition	Integration of nutrition in Community health services strengthened	Number of CHVs trained on BFCI	3	3	3	-	-
		Number of CHVs trained on Family MUAC	1	1	1	1	1
	Nutrition actions in Food, Education, WASH, and social protection systems integrated	Support Groups (CMSG) trained on Community Baby Friendly Initiative (BFCI)	-	2	2	-	-
Community Health Services	Community health services implemented through County CHS Act 2022	Number of Community health Units in Isiolo that are functional providing level one health services	10	10	10	10	10
		No of CHVs receiving monthly stipend	35	35	35	35	35
		Number of Community Health Units with Community health committee in place	6	6	6	6	6

Sub program	Health Key Output	Key Performance Indicators	Year 1	Year 2	Year 3	Year 4	Year 5
			Cost(m)	Cost(m)	Cost(m)	Cost(m)	Cost(m)
Child Protection	Policy on child protection developed.	Child protection policy developed and enacted	4	10	-	-	-
	Paralegals and community, child protection actor trained on child rights.	Number of community members sensitized on child rights	2	2	2	3.4	4
Nutrition	Integration of nutrition in Community health services strengthened	Number of CHVs trained on BFCI	3	3	3	-	-
		Number of CHVs trained on Family MUAC	1	1	1	1	1
	Nutrition actions in Food, Education, WASH, and social protection systems integrated trained on child rights.	Support Groups (CMSG) trained on Community Baby Friendly Initiative (BFCI)	-	2	2	-	-
		Number of Paralegals & child protection actors members sensitized on child rights	4	-	-	4	-
Disability Mainstreaming	Policy on disability developed	disability policy developed	-	6	-	-	-
Social Protection	Social protection Policy Developed	completion of Social protection policy	2	3	-	-	-

Source: CIDP 2023-2027 (m=million)

Existing Social Assistance Programmes.

The table below summarises the existing Social Assistance programmes in the County.

Organization	Areas of Operation	Main Activities	RemarksComments
NDMA	County wide	Cash transfer to vulnerable households –HSNP	Targeting the most vulnerable households through cash transfer.
	Korbesa, Merti North	CT to vulnerable HHs	245 HHs
FAO-funded Social protection project_FMM/GLO/163/ MUL-VSF-Suisse	Burat, Ngaremare and Garbatulla wards	Trainings on Social protection, Conflict Management, PLEWs, Climate SMART agriculture and Agribusiness; Value chains (Poultry,BSF, Bee keeping, Gum & Resins)	50 SHGs
FAO-funded Social protection project_FMM/GLO/166/ MUL- VSF-Suisse	Oldonyiro, Sericho, Cherab and Chari wards	Trainings on Social protection, Conflict Management, PLEWs, Climate SMART agriculture and Agribusiness Grant administration, linkages with microfinance institutions	75 SHGs
Inua Jamii Cash Transfer Programme	County wide	Provision of cash transfers to vulnerable HHs	Targeting the elderly, the sick and orphans
National Aids &Sti control program (NASCAP)	County wide	Financial literacy training, Mentorship	-
USAID- Nawiri	County wide	Financial literacy training, Mentorship	Target 200+ HHs
CRS-NAWIRI and CARITAS	Oldonyiro, Garbatulla, Chari, Cherab, Sericho Garbatulla	Human health improvement Social Protection (Cash Transfers), Skills empowerment, supporting malnutrition programs	Target- 1,750 HH
Nawiri Village Enterprise	Chari, Cherab, Garbatulla, Ngaremara, Oldonyiro and Sericho ward	Social Protection (Cash Transfers)	Targeting 2,250 HHs
World Vision	Oldonyiro, Burat and Ngaremara wards	Economic empowerment, WASH activities	Target 248+ HHs
	Ngaremara, Garbatulla wards	Building School Improving kitchen gardening Irrigation facilities School uniforms	Improving community literacy and empowerment
VSF Suisse (EFSLS Project)	Isiolo- Merti (Basa, Alango and Malkagalla)	Cash Transfer programs, Supplementary livestock feeding, Animal health (deworming & treatments)	CT last disbursement September 2023 Target: 480 HHs in Isiolo

Organization	Areas of Operation	Main Activities	RemarksComments
DRIC project-EU funded (VSF-Suisse, E4IMPACT, We World, AMREF, Sominerec)	Isiolo, Kinna, Burat, Ngaremara	Social group empowerment, Peace Education, Supporting nutrition programs, outreaches, WASH, poultry distribution	Distribution of farm tools for pasture/fodder production, entrepreneurship alternative livelihood- poultry
VSF SUISSE (DR-SRM)	Burat	Camel milk production and entrepreneurship	Promoting women empowerment through camel production for sustained livelihood
Action AID	Burat and Ngaremara wards	Financial literacy training, Seed capital	80+
Action Against Hunger (ACF)	ISIOLO Central and Merti Burat, Ngaremara, Wabera and Bulapesa	Financial literacy training, Nutrition	Target: 300 HHs
	Oldonyiro, Cherab and Sericho	Social Protection Programs (Cash Transfers)	Target 1500HHs
	Garbatulla, Kinna, Sericho, Oldonyiro, Chari and Cherab	Social Protection Programs (Cash Transfers)	Target: 2500 HHs
Boma	County wide	Financial literacy training, Mentorship Cash transfers (CT)	Target: 114 HHs
Literacy support program	County wide	Financial literacy training to care givers of out of school children	-
Special Olympics	County wide	Financial literacy training to care givers of out of school PWDs children	-
MID-P MID-P (with funding from Oxfam)	Merti Garbatulla, Cherab,	Financial literacy training, Mentorship Social Protection	Target: 673 HHs
Mercy Corps	County wide	Financial literacy training, Mentorship	-
Agri-business	County wide	Economic empowerment, Financial literacy training	-
World Food Program (WFP)	Burat, Oldonyiro, Kinna, Ngaremara	Social Protection Programs (Cash Transfers)	Target: 6,600 HHs
AAIK	Ngaremara and Oldonyiro Wards	Social Protection Programs (Cash Transfers)	Target: 337 HHs
WFP	Burat, Oldonyiro, Kinna, Ngaremara	Economic empowerment	-
Rotary Club of Isiolo	Bullapesa Ward	Social Protection Programs (Cash Transfers)	Target: 608 HHs

Organization	Areas of Operation	Main Activities	RemarksComments
Northern Rangeland Trust (NRT)	Ngaremara, Merti	literacy training, Technical skill provision (catering, tailoring, motorbike repair),	Community empowerment programs targeting young people
Northern Rangeland Trust (NRT)	Ngaremara, Merti	Education sponsorship	Targeting community empowerment
Safe Elephant	Ngaremara	Education sponsorship programs	Community empowerment
Emergency programs (FAO funded)	Burat, Ngaremara, Garbatulla	Slaughter destocking	Improving malnutrition and economic empowerment at community level
World Bank Programs	county wide	ELRP,KCSAP-cash transfer CIG,trainings	-
County Government	county wide	EDF-ICYWPwdsEDF -Economic empowerment of vulnerable groups	-
CORDAID	Garbatulla sub county	Diversification of livelihoods, Economic empowerment of vulnerable groups	-

2.4.3. Technical Capacities.

Human Resource Capacities.

The county continues to grow capacities that support the delivery of essential services including nutrition and social protection. These capacities will progressively be very critical to the implementation of NICHE. In summary.

- There are 29 nutritionists against a desired target of 153 (a shortfall of 124 officers); these include 3 nutritionists, 26 nutrition technologists and no nutrition technician in the County (Source: County Integrated Development Plan [CIDP]

- In Isiolo, there are about 760 CHVs. The majority are assigned to the more urbanized sub-county of Isiolo (42 percent), Garbatulla (35 percent) and Merti (22 percent). Of the 52 community units, only 82 percent are reportedly functional. (Understanding Nutrition and Health System Drivers of Acute 2021)

- In Isiolo, about 60 percent (31) of the CUs are operational with 57 percent (18) of them offering nutritional services; of those 18, 50 percent offer IMAM services and only 6 percent offer BFCI services (Table 5—Source: Community Health Division, MoH). Isiolo has 760 CHVs for a population of 268,002 persons (projected); if each CHV were responsible for 20 households (estimating six members per household), the County would need 2233 CHVs—a deficit of 1473 CHVs.

- Directorate Children services have 100 child protection volunteers in the 3 sub counties (CIDP 2023.)

Social Assistance Capacities.

Multiple forms or modalities of cash transfer can be employed within a single program or integrated with in-kind aid. The key categories of Social Assistance programs encompass cash transfers, both conditional and unconditional; cash-for-work, a conditional cash transfer variant; and vouchers, which can be either in cash or commodity form and are occasionally coupled with fair distributions.

Payment Mechanisms

The assessment established that there were differences of perception on the payment mechanisms for the cash transfers. The direct bank transfers are an inconvenience to many beneficiaries given the vastness of county, challenges of physical infrastructure which makes it particularly difficult for beneficiaries to access the banks. However, the choice between providing funds in envelopes, through bank accounts, or via mobile phone vendors always hinges on the specific context. There is no substitute for a robust, context-specific analysis and the integration of cash strategies into disaster preparedness and contingency planning. The selection of a payment mechanism should be closely aligned with and driven by the specific goals of the intervention. Clearly defining program objectives are crucial in guiding the choice of payment systems.

Grievances and Case Management Mechanisms

Cash transfer programmes, as well as social assistance programs in general, are increasingly adopting mechanisms to handle updates and complaints from both beneficiaries and non-beneficiaries within their communities.

- The Hunger Safety Net Programme (HSNP) has established a decentralized case management system that enables beneficiaries to register their complaints and report updates within their respective counties. This system is designed to ensure that beneficiaries receive their cash transfers as scheduled. The Case Management System (CMS) is closely integrated with and supported by the Management Information System (MIS). The MIS is utilized to track complaints and manage the resolution process, facilitating the transfer of complaints to the appropriate user or officer at each stage of the resolution process. Updates and complaints can be submitted by beneficiaries, community leaders, such as Chiefs and BWCs (Community Welfare Committees), or any other community member. They can be reported to the National Drought Management Authority (NDMA) County office through various means, including SMS to 21801, a phone call to 0800720727, or registration in the HSNP Case Management booklet available at sub-locations within the Chiefs' and Assistant Chiefs' offices.

- Typically, the community relies on its elders to mediate and resolve cases internally, with only rare instances where issues are escalated to service providers or security departments for redress. The council of elders plays a pivotal role in governing community affairs and is entrusted with the specific task of settling disputes among community members. However, there is a concern that elders may sometimes be influenced by clan or sub-clan biases, potentially compromising the impartiality of the process. Therefore, there is a need to strengthen the existing Grievance Redress Mechanism (GRM) committee through ongoing monitoring, training, and project-supported sensitization programs.

MIS Capacities.

As stated in the Inua Jamii Progress Report of 2016, a robust monitoring and evaluation system framework has been established (at the national level), encompassing a range of indicators to oversee the implementation progress of the National Safety Net Program (NSNP). These indicators are intended to be collected through the Management Information System (MIS) of each program, serving to assess the advancements made towards the attainment of the NSNP's objectives. An Enhanced Single Registry has since been rolled out at data collected in Isiolo County. However, the ESR data is yet to be ready for utilization as the Third-Party Quality Assurance Process remains incomplete.

Furthermore, a case management system (CMS) has been put in place to guarantee that beneficiaries receive their cash transfers as scheduled. This CMS is seamlessly integrated with and reinforced by the MIS. The MIS plays a pivotal role in tracking complaints and overseeing the resolution process. It accomplishes this by routing complaints to the relevant users or officers at every stage of the resolution process. Updates and complaints can originate from various sources, including beneficiaries, Chiefs, Community Welfare Committees (BWCs), or any other community member, and these can be submitted to the NDMA County office. The CMS while available for both the ESR and the NICHE MIS, they are yet to be fully implemented.

At the County level, the county teams exhibit a limited overall capacity. The limitations relate to various aspects such as, financing for evaluations and surveys, technical capacity to develop survey protocols, carry out routine monitoring, manage databases, and ensure data quality through data audits and analyses.

2.4.4. Organizational Capacities.

County level Coordination.

Presented herein are the key highlights of the coordination of Social Assistance and Nutrition programs in Isiolo County:

- Social Assistance Programs are overseen through the County Steering Group (CSG), which brings together various ministries to coordinate responses to drought and related challenges. The co-chairs of this group are the county governor, the highest county authority, and the county commissioner. The National Drought Management Authority (NDMA) serves as the secretariat for the CSG. It's worth noting that a similar steering group exists at the sub-county level as part of the Government Sector Framework on Nutrition Policies and Programs in Isiolo.

- Social assistance organizations are integral members of the Cash Transfer Technical Group, which handles issues related to reporting, coverage, and management of cash transfer programs. This group includes stakeholders from Inua Jamii, the county commissioner, cash transfer organizations, and heads of county government. The team convenes quarterly and more frequently during impending crises. The roles of the CTWG are outlined as;

- **Program Implementation:** Overseeing the implementation of cash transfer programs and projects within the County, ensuring that they align with the County's development goals and priorities.

- **Needs Assessment:** Conduct assessments and studies to determine the specific needs of vulnerable populations in the County and identify the most effective ways to address those needs through cash-based interventions.

- **Stakeholder Engagement:** Facilitating collaboration and coordination among various stakeholders, including government agencies, NGOs, community-based organizations, and donors, to maximize the impact of cash assistance programs.

- **Monitoring and Evaluation:** Developing robust monitoring and evaluation frameworks to track the progress and impact of cash transfer programs in Turkana County and using this data to make informed decisions and improvements.

- **Capacity Building:** Providing training and capacity-building support to local organizations and government officials involved in cash transfer initiatives to enhance their skills and knowledge.

- **Advocacy and Awareness:** Advocating for the importance of cash-based interventions in addressing poverty, food security, and social welfare issues in Turkana County and raising awareness about the benefits of these programs.

- **Policy Development:** Contributing to the development and adaptation of policies and guidelines that are specific to Turkana County's unique context and needs.

- **Emergency Response:** Developing contingency plans and strategies for providing rapid cash assistance during emergencies such as droughts, floods, or other crises that affect the region.

- The National Government Administrative Officers (NGAO) play a key role in coordinating the implementation of national government policies and public communication in the county.

- Knowledge management practices and reporting systems have been established for social assistance organizations in the county. These organizations utilize a platform during their quarterly coordination meetings to exchange insights, share reports, and pool knowledge on cash transfer programs (NDMA 2022).

- In addition to social assistance, Isiolo County also has a multi-sectoral nutrition coordinating platform that convenes quarterly. This platform fosters coordination and partnerships among various nutrition stakeholders, providing a space for departments to collaborate and share insights (County Integrated Development Plan, 2023).

Analysis of Gaps in Organizational Capacities.

Absence of an elaborate legal framework on multi-sectoral nutrition and social protection coordination: While policies, strategies and action plans exist at the national and county levels, there is limited legal basis to provide clarity around leadership and ownership, as well as a hierarchical alignment

of who is responsible for results.

- The challenge of sectoral mandates: Although progress has been made in incorporating nutrition interventions into various sectors' programs, there remains a weakness in establishing effective linkages both across and within sectors. This weakness is particularly evident in the synchronization of activities, messaging, interactions, budgeting, and the establishment of sector-specific allocation formulas. Often, despite a willingness to coordinate, sectors and counties tend to revert to their individual mandates and budget allocations, creating gaps in financial and other support for multi-sector coordination efforts aimed at addressing acute malnutrition.

- Divergences in capacities and methods of work: Disparities in capacities and working methods among implementing institutions exist. Development partners supporting various projects and programs tend to possess greater implementation capacity than local NGOs. These divergences, including differences in approaches, lead to varying outcomes.

- Timing of complex interventions: Multi-sectoral programming demands a substantial amount of time to establish relationships and the necessary engagement for setting up effective response systems involving multiple sectors and partners at various levels. Within a few years of a project's duration, it often becomes challenging to produce results upon which other partners and stakeholders can build.

2.4.5. Community Capacities.

Community Structures.

There are the existing community structures (organizations and local groups) involved in nutrition and Cash transfer programs;

- There are about 760 CHVs. The majority are assigned to the more urbanized sub-county of Isiolo (43%), Garbatulla (35%) and Merti (22%). Here below is an illustration of the Community Health Services frontline workforce;

Sub County	No of Community Health Units	No of Community Health Assistant	No of Community Health Promoters	Total Community Health Services Workforce
Merti	12	9	170	179
Garabartula	18	13	245	258
Isiolo	20	32	345	377
Total	**50**	**54**	**760**	**814**

- Children services have 100 child protection volunteers in the 3 sub counties who work with beneficiaries welfare committees within the cash transfer setup.(CIDP 2023)

- NSNP/HSNP has BWC structures in the community level supporting CT programs even though most of the BWCs do not convene owing to inadequacy of orientation

- Baby Friendly Community Initiative (BFCI) is a community-based initiative that has significant present in some Isiolo community units with the aim to protect, promote, and support breastfeeding, optimal complementary feeding and maternal nutrition. As a result there are; 229 M2MSGs and 24 out of 50 community units are implementing BFCI with the support from Nawiri and Action against Hunger.

- The county has 52 community units, but only 60 percent are reportedly functional due to county challenges.

Notably, there are major commitments from the County Government to improving the capacity of the various community level structures. The table below summarizes the county's planned investment in training across various social services.

Sub program	Health Key Output	Key Performance Indicators	Year 1	Year 2	Year 3	Year 4	Year 5
			Target	Target	Target	Target	Target
Nutrition	Integration of nutrition in Community health ser	Number of CHVs trained on BFCI	100	100	100		
		Number of CHVs trained on Family MUAC	760	760	760	760	760
	Nutrition actions in Food, Education, WASH, and social protection systems integrated	Support Groups (CMSG) trained on Community Baby Friendly Initiative (BFCI)		10	10		
Community Health Services	Community health services implemented through County CHS Act 2022	Number of Community health Units in Isiolo that are functional providing level one health services	50	52	52	55	55
		No of CHVs receiving monthly stipend	760	760	760	760	760
		Number of Community Health Units with Community health committee in place	20	30	40	50	50
Child Protection	Policy on child protection developed.	Child protection policy developed and enacted	1				
	Paralegals and community, child protection actor trained on child rights.	Number of community members sensitized on child rights	1000	1000	1300	1500	2000
		Number of Paralegals & child protection actors members sensitized on child rights	100			100	
Disability Mainstreaming	Policy on disab	disability policy developed		1			
Social Protection	Social protection Policy De	Completion of Social protection policy	1				

Source: CIDP (2023-2027)

Functional of Community feedback mechanism.

Community Feedback Mechanisms (CFMs) are key to ensuring that people affected by crisis or benefiting from programs have access to avenues to hold humanitarian actors to account. They offer a formalized structure for people to share suggestions, ideas and concerns in regard to the delivery of humanitarian services. The existing practice in the county on Community Feedback involves;

- Public participation as a key tool for effective, efficient delivery of services as it enhances transparency, accountability and feedback mechanism to the local community.
- Use of the Local administration: the national government structure of the chiefs, assistant chiefs, elders and nyumba kumi provides room for feedback from the communities.
- Community dialogue: which provides a platform for addressing challenges and looking for interventions with the community and problem prioritization.

Analysis of Gaps in Community Capacities.

According to a 2021 report by Safer World, there is a scarcity of resources, both human and Material resources, thus hindering effective and sustained Community participation. This assessment is desirous of a scenario where everyone possesses the ability, capacity, and opportunity to influence community decision-making. Community health workers, Community Participation Volunteers (CPVs), and Belfare Welfare Committees (BWCs) are individuals within the community who either directly or indirectly benefit from and are actively engaged in the community's dynamics.

In Isiolo County, several gaps in community participation and engagement have been identified, as outlined in the report "Understanding Nutrition and Health System Drivers of Acute Malnutrition" from 2021. These gaps include;

- Insufficient numbers of Community Health Assistants (CHAs) and Community Health Officers (CHOs) exist, despite increasing health needs. There is a significant 66% gap in the availability of CHAs and CHOs needed to provide essential community health services.
- Deficiency in capacity building efforts aimed at enhancing the skills and knowledge of the community health workforce.
- Inadequate training, supervision, and mentorship for community health workers and other frontline social services workforce
- A low level of motivation and retention among the Community Health Workforce.
- Lack of guidance regarding career dynamics, such as office tenure, the years required for career advancement, and the career progression pathway for community health workers and social services workers.
- Absence of a performance management and reward structure to incentivize and recognize performance.
- A weak referral system between community health services and health facilities, hindering seamless collaboration and patient care coordination.

RECOMMENDATIONS
ISIOLO

System Capacities.

- Development of key policies that support cash transfer programs in the county like social protection policy, feedback and complaints policy, and child protection policy: The establishment of robust policies is crucial for the effective implementation of integrated cash transfer programs in Isiolo County. Additionally, a Safeguarding Policy is essential to ensure the safety and well-being of program beneficiaries, particularly vulnerable groups. The implementation of a Feedback and Complaints Policy will facilitate beneficiary engagement, allowing their voices to be heard and concerns addressed promptly. Furthermore, a dedicated Child Protection Policy is imperative to guarantee the welfare and rights of children participating in these programs.

Technical Capacities.

- **Integration/Consolidation of NSNP and HSNP MIS**: One of the key strategies being pursued is the integration and consolidation of the National Safety Net Program (NSNP) and the Hunger Safety Net Programme (HSNP) Management Information Systems (MIS) onto a unified platform. This integration will help in reducing duplication, improving data quality, and ensuring that resources are directed to the right beneficiaries.

- **Addressing the Vast and Sparse Population:** Isiolo County presents unique geographical challenges due to its vast and sparsely populated landscape. This entails the development of effective outreach strategies, the establishment of communication networks to connect with remote communities, and the deployment of mobile teams or community health workers to ensure that no vulnerable household is left out.

- **Support data quality audit for the enhanced single registry**: Ensuring the accuracy and reliability of data within the enhanced single registry is paramount for its effectiveness in targeting and delivering social assistance programs. Implementation of data quality audits will provide systematic examinations of the data stored within the registry, designed to identify and rectify any discrepancies, errors, or inconsistencies and maintain a robust and reliable enhanced single registry – ultimately enhancing the effectiveness and impact of social assistance programs.

Organizational Capacities.

- To enhance coordination efforts, it is imperative to consider the inclusion of representation from the nutrition department within the cash transfer technical group. This will facilitate seamless collaboration between the departments responsible for nutrition and those overseeing cash transfer programs. This will foster better communication while ensuring that the unique requirements and goals of the nutrition department are effectively incorporated into the coordination efforts, ultimately leading to more holistic support for the community.

Community Capacities.

- **Empowerment of the Community Health Services Department:** There is need strengthen the Community Health Services department to effectively enhance and build the capacity of nonfunctional Community Units (CUs). This includes the crucial task of facilitating the rollout of CUs across the county.

- **Capacity Building for Community Health Workers:** to equip them with the necessary skills and knowledge for effective nutrition counselling relative to NICHE. Additionally, support them in their roles within the Baby-Friendly Community Initiative (BFCI) and Mother-to-Mother programs in the community.

- **Community Ownership and Involvement:** for programs related to nutrition and health by encouraging the active participation of all key community stakeholders during sensitization efforts.

- **Community-Led Process for Case Management:** Promote a community-led approach to case management by empowering community members to take the lead in identifying and addressing nutrition-related issues within their community. This approach encourages proactive problem-solving and local ownership.

- I**nvest in Sensitization on NICHE:** to promote ownership of the NICHE programme thus ensure that community members understand the project's goals and objectives is essential for its success and sustainability.

- **Enhance Community Coordination Platforms:** by involving influential religious opinion leaders ton facilitate easier entry into the community and help in sensitizing the community to various health and nutrition issues.

2.5. TANA RIVER COUNTY.

2.5.1. Operational Context.

Demographics.

Under One Year: The County has an estimated population of 12,854 infants in 2022 and is projected to increase to 13,369 by 2025 and 13,740 by 2027. This calls for special interventions in order to significantly reduce the high Infant Mortality Rate (IMR) which stands at 91/1000 (2018), higher than the national figure of 39/1000 in 2016. Population of Persons with Disabilities.

Pre-School Education: The County has 322 public ECD centres and 52 private ECDs. The total number of ECD teachers is 298 translating to a teacher - pupil ratio of 1:82. The total enrolment in public ECDs is 24,666 and 446 in private ECDs. The pre-primary retention rate is 87 per cent with a drop-out rate of 13 per cent while transition rate is 87 per cent. However, this indicates that about 60 per cent of the pre-primary school aged children are at home.

Primary School Age-group (Age Group 6-13): The primary school going age population in 2022 was estimated at 81,567 and projected to increase to 85,703 and 98,046 in 2025 and 2027, respectively. The increase is expected to put pressure on the existing 165 primary schools in the county. The current enrolment stands at 50,348 for public schools and 1,450 for private primary schools, with a total enrolment of 51,798.

Reproductive Age for Women (Age Group 15-49): Women in Age Group 15-49 (Reproductive Age) constitute about 49.71 per cent (155,991) of the total projected population in 2022. This population is projected to increase to 175,166 and 189,305 in 2025 and 2027 respectively. With total fertility rate of 6.5 births per woman and low levels of contraceptive adoption rates, currently at 21 per cent, the rapid population growth rate of 2.78 per cent is expected to continue. To cater for the increase in females in the reproductive age, investment in health services and facilities is required in the county. Important programmes on family planning, maternal health care and girl child education will be scaled-up.

Prevalence of Poverty.

The poverty level of the county stands at 76.9% compared to the national poverty level of 42% . The Gini coefficient as measured in 2021 for the county stood at 0.240, speaking to the levels of inequality within the county.

Status of Nutrition.

Malnutrition remains a significant public health problem in Tana River County. Recent SMART survey conducted in February 2019 shows GAM rate of 14.8% and a SAM rate of 2.6%, the prevalence of stunting and wasting at 21.7% and 23.3% respectively. According to WHO/ UNICEF threshold classification of malnutrition, the GAM is high. Further, the results of annual nutrition SMART surveys conducted between 2016 and 2019 show minimal change in wasting, stunting and underweight which remain consistently below the SDG targets.

The major factors contributing to high rates of malnutrition in Tana River County include chronic and acute food insecurity, poor dietary diversity, low access to fortified foods, suboptimal child care and feeding practices including poor practices related to hygiene and sanitation, low access to essential nutrition services, cultural beliefs and taboos, insecurity (inter-clan conflicts) as well as recurrent drought and floods. Exclusive breastfeeding (EBF) is one of the most cost-effective public health measures to reduce infant and young child morbidity and mortality, however only 49.6% of mothers practice it .

In Tana River, 69.9% of the children have the best start in life by being introduced to breast milk within the first hour of birth whereas only 49.6% mother are exclusively breastfeeding for the first six months of life. There are still a number of children 0-6 months 24.5% still given pre lacteals prior to breastfeeding. Timely introduction of complementary feeds is at 82.3% whereas minimum acceptable diet is at 20.8% for children aged 6 – 23 months. Maternal indicators are poor with majority (93.5%) of the women consuming less than five food groups as per the last SMART survey. Pregnant women are recommended to consume iron folic acid for 270 days however, in Tana River they consume for an average of 57.6 days.

Livelihoods.

The economic activities carried out in the county include: crop production, Livestock Keeping, Aquaculture, Apiculture, Poultry Farming, Sand Harvesting, Gypsum harvesting, Jua Kali Industry, Trading activities and tourism. Tana River County is a member of two regional Economic Blocs namely: Frontier Counties Development Council (FCDC) and Jumuiya ya Kaunti za Pwani (JKP). FCDC focuses on promoting healthcare services, promotion of peace, security and preventing violent extremism, values and good governance, transforming technical, vocational and education to produce the right kind of skills and expanding access to technology, capacity building of staff. JKP seeks to catalyze the economic growth of Kenya's coast regional counties and works across four thematic areas: coordination, policies, promotion of the region as sea-land of opportunities and an investment and tourist destination; and promoting investments by unlocking value chains and socio-economic development .

2.5.2. System Capacities.

Existing Guidelines and Frameworks.

There are various legal, policy and strategy documents that exist at the county level and are key in guiding the implementation of nutrition sensitive social protection programs. There, however, were not specific policies on social protection like a county social protection policy that offer guidance on the implementation of social protection programs within the county. There are plans for the development of such a policy, but no timeframes have been proposed for the same.

The CIDP of Tana River County entrenches provision for social protection for vulnerable populations within its jurisdiction. The provision of the plan prioritizes child protection and interventions with focus on OVC scholarship support and Cash transfers for OVC .

The Kenya National Nutrition Action Plan 2018-2022 underscores the need to promote social protection in nutrition programmes as a key result area (14). There is the recognition of the potential of Social protection policies and programmes for improving the nutrition situation of vulnerable populations. The document recommends the adoption of a nutrition-sensitive approach in the design and implementation of social protection programmes . Some of the strategies suggested by the action plan include integrating nutrition education and promotion into social protection interventions, mobilization of resources for social protection that address the nutrition needs of vulnerable group, and incorporating explicit nutrition objectives, target criteria and indicators in policies and strategies to enhance the positive impact of social protection interventions on nutrition.

The Tana River Annual Development Plan FY 2023/2024 further speaks to the critical role of social protection, culture, youth, sports, gender and social services in promoting Sustainable and equitable socio-cultural and economic empowerment for all Kenyans . However, there is not mentioned of social protection in the sector development issues to the broad strategic priorities and objectives for the financial year.

There is the Tana River County Nutrition Action Plan (CNAP) which is anchored on the KNAP's strategic framework. The CNAP focuses on three areas of interventions namely, nutrition specific, nutrition sensitive and enabling environment. The goals of the CNAP is to ensure that communities of Tana River County achieve optimal nutrition, healthier and better life quality for improved productivity and accelerated socio- economic growth in the County .

There, however, were no specific policies on social protection policy

> "we don't have the cash policy, you know now we have two layers of government, we have the county government and the national government, so basically the county government of course these things are infants. They are hardly 15 years, so it means there are always a gap in policy making in terms of social protection, and the likes in the county. Of course they have made strides in the area of DRM and there are rules in those areas but I think discussions are ongoing that we also need to have a social protection frame work, or law or whatever, we can call it in place so that at least when we have those laws we can even attract other players to come in and maybe helping us in sorting out most of the livelihood social issues, within the county. For the national government, of course us we have a social protection policy at the national level that guide us and of course give us direction on what we need to do in terms of blue print "
>
> **KII Respondent**

> "So far, I have not seen a policy in Tana River County but I was told by the county the director for social, sports and culture that they were planning something on cash transfer for those needy people in Tana River but from that time I have not heard from the county government especially on issues of cash transfer
>
> **KII Respondent**

that offer guidance on the implementation of social protection programs within the county. There are plans for the development of such a policy but with such plans not being time bound. Actors within the space from state and non-state sectors felt there is need for the development of such a policy as it would offer strategic direction for the county and provide opportunities for expansion of coverage of programs through access to financing.

It was also noted that nutrition programs in the county are always guided by the County Nutrition Action Plan (CNAP) form which partners implementing nutrition related programs come in to support the plans of this document over its lifecycle which is five years. Important to note is that the current CNAP is ending in 2023 and plans are already underway to generate the next generation CNAP.

The table below highlights some of the frameworks guiding nutrition and cash transfer programs in
Tana River County.

Documents Reviewed	Relevance to NICHE
Tana River CIDP	Entrenches provision for social protection for vulnerable populations within its jurisdiction. The provisions of the plan prioritizes child protection and interventions with focus on OVC scholarship support and Cash transfers .
Tana River CNAP	Focuses on three areas of interventions namely, nutrition specific, nutrition sensitive and enabling environment. The goals of the CNAP is to ensure that communities of Tana River County achieve optimal nutrition, healthier and better life quality for improved productivity and accelerated socio- economic growth in the County .
Tana River ADP	Speaks to the critical role of social protection, culture, youth, sports, gender and social services in promoting Sustainable and equitable socio-cultural and economic empowerment for all Kenyans . However, there is not mentioned of social protection in the sector development issues to the broad strategic priorities and objectives for the financial year.
BFCI Implementation Guidelines	Contains provisions for the implementation of BFCI, a key component of NICHE program.
NICHE OM	Contains information on current design of the NICHE program.
NICHE ODR Guidelines	Has provisions for on-demand registration of beneficiaries into the NICHE program.
Kenya Nutrition Capacity Development Framework	Provides information important to the improvement of nutrition and health outcomes through enhanced service provision.
Kenya National Social Protection Policy	Contains provisions for implementation of social protection programs in the country.
Kenya National Nutrition Action Plan-2018-22	Highlights country strategies for the reduction all forms of malnutrition and underscores the need to promote social protection in nutrition programmes as a key result area. There is the recognition of the potential of Social protection policies and programmes for improving the nutrition situation of vulnerable populations. The document recommends the adoption of a nutrition-sensitive approach in the design and implementation of social protection programmes .
Final Draft- CHS bill Tana River County	Provides for the creation of institutional framework for community health structures in order to enhance community access to basic health services;
Kenya National Community Health Strategy: 2020-2025	CHS is critical to the implementations of nutrition component of the NICHE program

Social Protection Programmes in the County.

CTs in the County	Males	Females	Total	Implementers
HSNP			7377- Group 1	NDMA
CT-OVC	716	1822	2538	State Dep't of Social Protection
OP-CT	2306	2368	4674	State Dep't of Social Protection
PWSD-CT	246	72	318	State Dep't of Social Protection

Nutrition Programs in the County.

Program	Coverage	Implementer
Family MUAC	County	WVI, UNICEF, REDCROSS, CONCERN WORLDWIDE
IMAM	52 facilities	WFP, UNICEF
BFCI	10 CUs	UNICEF, WVI REDCROSS
IMAM Surge	52 facilities	WVI, UNIFEC, CONCERN WORLWIDE

Analysis of Gaps in System Capacities.

- **The absence of a county-level social protection policy** There is no clear framework or set of guidelines to direct and govern social protection interventions within the county. This lack of guidance can result in disjointed efforts and a lack of strategic direction in addressing social protection needs for the community.

- **County-level planning documents,** such as the County Integrated Development Plan (CIDP) and the Annual Development Plan (ADP), do not accord social protection the status of a strategic priority. They only make peripheral references to social protection, with limited provisions for activities to be implemented. This oversight can hinder the integration of social protection measures into broader development strategies, potentially limiting their impact on the well-being of the population.

- **The current County Nutrition Action Plan is set to expire this year.** As it nears its expiration date, there is an urgent need for the formulation of a new plan. Nutrition is a critical aspect of public health and well-being, and without a comprehensive and up-to-date plan, there may be gaps in addressing nutrition-related challenges and ensuring the health and nutrition of the county's residents. The formulation of a new plan is essential to continue effective efforts in this important area.

2.5.3. Technical Capacities.

Human Resource Capacities.

Community Health Assistants/Officers (CHAs/CHOs) and Community Health Volunteers (CHVs) form a key constituent of human resources for community health. As of September 2023, the distribution of components of the CHS were as follows:

S/N	SUB COUNTY	No. of CHUS	No. CHAS	No. CHVS	No. of CHC
1	TANA DELTA	36	36	360	36
2	TANA RIVER	26	38	250	25
3	TANA NORTH	32	45	310	31
	TOTAL	94	119	920	92

Distribution of CPVs in the county

#	SUB COUNTY	No. of CPVs
1	TANA DELTA	9
2	TANA RIVER	20
3	TANA NORTH	10
	TOTAL	39

While CHVs are present, most of them are barely trained and do not have meaningful information to pass on the households under them. Ten CHUs have been trained on BFCI and these are noted to be doing particularly well in terms of know-how, however there is a major gap in the other CHUs that have not been trained on BFCI and this needs to be covered to improve their usefulness in delivering nutritional messages within the county.

There is a challenge of available human resources within various government departments for the effective implementation of cash transfer and nutrition programs within the county of Tana River. For instance, there is a gap in the number of nutritionists available in the county. Tana River presently has 24 nutritionists against a requirement of at least 40, translating into a deficit of 16 nutritionists in the county .

> "I think we are well staffed. Maybe the only thing I can say is we don't have the management information system or MIS officers. All of them are based in Nairobi so at any given time, if we need assistance in terms of system or we have challenges we are supposed to communicate with Nairobi to get some interventions"
>
> **KII Respondent**

The feeling within government departments with mandates for coordination of cash transfer program was that there is a gap in terms of human resources available. This was mainly due to vastness of the county and thus coming of NICHE program in the county would still result in increased workload for available officers. Notably, there are new sub-counties in the county bringing the total number to five. However, in departments like DSD, there are only two sub county officers leaving a gap of three officers.

MIS Capacities.

In terms of Management Information Systems, government departments had functional MIS for the management of the government run cash transfer programs in the county. This cannot be said for other non-state actors. While various components of the delivery channel for cash transfer programs were noted to work smoothly, stakeholders underscored the need to ensure that processes like case management are purely system-based to ensure efficiency.

> "….the system is friendly because everybody has some level of access… So at our level, we can access the system, do some activities. For example, the community based validation, we do it within the system, we also have the case management, and we do it within the system"
>
> **KII Respondent**

Social Assistance Capacities.

Beneficiary targeting was noted to be quite challenging due to the geographies and vastness of the county. In cases where there were quotas on the number of beneficiaries to be enrolled, then there were challenges on settling on specific beneficiaries as the need is overwhelming and there are numerous deserving cases.

Payment delivery was also a major challenge for timely and efficient delivery of benefits to the beneficiaries. Contracted payment services providers have scattered pay agents in the county and this necessitates long distance travels by beneficiaries which is costly both in terms of resources and time. This was the case across the four flagship cash transfer programs. Other organizations opted to use MPESA as a mode of delivering the payment to mitigate the challenges around access to banks and bank agents for the withdrawal of cash benefits.

Some of the existing cash transfer programs in the county from which lessons in implementation could be drawn and to which various actors in governments and community structures have been involved are as follows;

> "Agent distribution is the biggest headache for us now meaning the beneficiaries are walking long distances and of course that is the problem at hand now, and now we are trying to tell them kindly sort out the mess … again you know the components of delivery in the HSNP, the contract says that for our beneficiaries, they should not to walk more than 10 KMs. Now imagine somebody coming from Waldena which is almost 100 plus KMs so it's becoming a challenge"
>
> **KII Respondent**

Analysis of Gaps in Technical Capacities.

- Absence of Management Information Systems (MISs) for other cash transfer programs beyond the four flagship government initiatives leaves a significant gap in monitoring and evaluating the effectiveness of these programs. Without MISs in place, there is limited capacity to gather, analyze, and utilize data for decision-making and program improvement.

- Human resource gaps within the county government departments represent a critical challenge. The shortage of qualified personnel can impede the efficient implementation of various programs and services, including social assistance and nutrition initiatives. These gaps may affect the overall effectiveness and reach of programme efforts.

- The lack of adequate training for various cadres of staff, including those transitioning from Community Health Services (CHS) roles, on integrated and shock responsive social transfers, hinders their ability to effectively fulfill their mandates. Proper training is essential to equip staff with the necessary skills and knowledge to provide quality services and support to the community.

- Non-efficient payment delivery systems that necessitate beneficiaries to undertake long journeys to access their cash benefits are a significant obstacle. This inefficiency not only places an undue burden on beneficiaries but also results in potential delays in receiving essential funds, impacting their livelihoods and well-being.

- The absence of MIS officers at the county level creates challenges in managing and resolving MIS-related issues. With all matters related to Management Information Systems being routed through Nairobi, this centralized approach can lead to delays, inefficiencies, and difficulties in addressing local concerns promptly. Having dedicated MIS officers at the county level can streamline processes and improve responsiveness to local needs and challenges.

2.5.4. Organizational Capacities.

Stakeholder Mapping.

Ministry of Labor and Social Protection (State Department of Social Protection and Senior Citizens Affairs:

- **The Department of Children's Services (DCS):** Responsible for the implementation of cash transfers for orphans and vulnerable children (CT-OVC)

- **The Department of Social Development (DSD):** Oversees the implementation of Older Persons Cash Transfers (OP-CT) and Cash Transfers for Persons with Severe Disabilities (CT-PWSD).

- **The National Council for Persons with Disability:** Works closely with these sister departments, especially on the delivery of cash transfers for persons with severe disabilities.

The National Drought Management Authority (NDMA)

Oversees the implementation of the Hunger Safety Net Programme in the county.

The County Department of Health

The department that is responsible for all aspects related to health, including community health strategy and nutrition services. They would be key during the implementation of the nutrition counselling component of the NICHE program.

Civil Society Organizations (CSOs)

There are various CSOs in the county involved in the implementation of various cash transfer and nutrition programs. While this list is not conclusive, some of them include KRCS, AMREF, WVK, Caritas, Child Fund, NHP Plus, Feed the Children, etc.

Development Partners: Mainly include WFP, FAO, and UNICEF, who support the various nutrition interventions in the county.

County Level Coordination.

At the county level, the County Steering Group (CSG) is the main coordination structure. This structure is co-chaired by the county commissioner and the governor while the NDMA is the secretariat to the CSG. They have a provision for monthly meetings. In practice, the CSG usually meets on a needs basis with meetings mostly happening whenever there is disaster preparedness, or partners are launching new programs for the communities. This complements the provision for monthly meetings.

Within the CSG, there are sub committees like the County Cash Technical Working Group and the County Nutrition Technical Working Group which have the mandates of coordinating programs and activities that are related to cash transfers and nutrition programs, respectively once they are introduced in the county through the CSG. The Cash Technical Working Group is chaired by the Program Manager NDMA while the County Nutrition Technical Working Group is chaired by County Nutrition Coordinator. There are also other sub committees/ technical working groups for various thematic areas.

> "first of all we I think it is supposed to be at least every month or yes every month but some months you find even in one month, the CSG can sit two times, three times, and the subsectors even more because if cash technical group will meet today, WFP comes says we have a cash transfer they request for a call, we call for the meeting, we have a meeting then next week let's say CHASP comes and says we have 2000 households to give cash for three cycles or four cycles, we always do this in collaboration. So there is that fixed time of every month, but we also have these emergencies ... which are called as per the need of that time"
>
> **KII Respondent**

The County Cash Technical Working Group and the County Nutrition Technical Working Group are supposed to have monthly meetings. However, in practice, these meetings do not necessarily happen monthly and are only summoned on a need basis.

> "We hold these meetings whenever we have a cash transfer which is coming, which you want to roll out in this county. So I cannot say it is something which is planned, it is not planned because now it depends on the time when there is a cash transfer or something dealing with cash transfer which is supposed to be done in Tana River. So that is when we meet, so it's basically on need and not on regular perspective"
>
> **KII Respondent**

Sub county CSGs exist with its structures like the Cash Technical Working Group and the Nutrition Technical Working Groups. These structures were however noted to be almost defunct and non-functional with challenges related with resources to facilitate meetings cited to be the main challenge hampering the effective functionality of these structures. There were also mentions of human resource capacity gaps in certain sub-counties and this would have a bearing on the functionality of such structures at the sub-county level.

Analysis of Gaps in Organizational Capacities.

- **Non functional Sub-County Coordination Structures:** This poses a significant challenge. These structures are vital for effective program implementation and coordination. When these structures do not operate optimally, it can result in inefficiencies, misalignment of efforts, and difficulties in the execution of programs, particularly those that require local coordination and collaboration.

- **Human Resource Capacity Gaps within Sub-Counties:** Some sub-counties face human resource capacity gaps, which can have direct implications on the composition and functionality of sub-county coordination structures. These gaps relate to staffing shortages, insufficient training, or limited expertise in key areas.

- **Low Compliance with the Provisions for Routine Meetings:** Ineffective compliance with provisions for routine meetings among key coordination bodies, such as the County Steering Group (CSG), Cash Technical Working Group, and the Nutrition Technical Forum, can impede the coordination process. These meetings are essential for sharing information, aligning strategies, and making collective decisions.

2.5.5. Community Capacities.

Community Structures.

Community Health Units (CHUs)

There are 94 CHU each having at least 10 CHVs. The national standards provides that a CHU should cover 5000 people, a target that has been surpassed by the county which is currently at 114 percent coverage with some CHUs serving population of between 2000 and 3000 people. All the CHUs in the county are functional each headed by a CHA and having 10 CHVs while there are some CHUs manned by two CHAs as the number of CHAs in the county exceed the number of CHUs.

Community Health Volunteers (CHVs)

The CHVs structure exists within the county, and they are mandated to provide counselling to their assigned households within the communities. The CHVs would play a key role in the implementation of NICHE and specifically, in the provision of nutrition counselling to beneficiary households. This is the case in other counties where NICHE has already been rolled out.

Beneficiary Welfare Committees (BWCs)

This committee draws its membership for persons already receiving cash transfers from the four main government-run social assistance programs. They exist in the county but are noted to be inactive. These committees could be utilized in the roll out of NICHE especially for community mobilization and sensitization purposes.

> “we have beneficiary welfare committees, at the village level we also those ones were used by social services department, HSNP uses community based validation committees, in each location and sub location. With chiefs and assistant chief’s officials, 2 days ago they were trained in Tana North, and Bangale sub-county, on issues to do with case management and grievances mechanisms. So many structures are there, once maybe NICHE is on board maybe we can just figure the same structures with the fine tuning them to the components design of the program ,so that they can support the program for the implementation, so structures are there it is not like we are starting from the scratch”
>
> **KII Respondent**

National Government Administration Officers (NGAO):

NGAO officers at the community levels are critical players in the delivery of any program within the county. They majorly support community mobilization and sensitization for various programs in the county and would be critical for the NICHE program in that aspect.

Child Protection Volunteers (CPVs)

While the coverage of CPVs is the county is low as demonstrated in the technical capacity section, the few active CPVs could still have a key role to play for NICHE roll out. In cases where program components would include messages on positive parenting then CPVs would be better placed to help achieve this.

Community Validation Committees and Headmen

Community validation committees were formed and utilized during the registration process for the enhanced single registry in the county. They still remain active and could have critical roles in the mobilization of communities. They are mostly made up of headmen who are in charge of select villages. Notably, other headmen who are not part of the community validation committees could also be utilized to mobilize beneficiaries from their various villages.

Analysis of Gaps in Community Capacities.

- **Training for Community Health Volunteers (CHVs):** there is limited training available for most community-level structures, particularly the Community Health Volunteers (CHVs). Shockingly, CHVs have received training in only 10 Community Units (CUs) where the Basic Food and Cash Initiative (BFCI) has been implemented, out of a potential 94 CUs. This stark gap in training hinders the ability of CHVs to effectively carry out their crucial roles in community health and support.

- **Ineffective Critical Community-Level Structures like the BWCs:** The inactivity and dysfunction of critical community-level structures, such as the Community Welfare Committees (BWCs). These committees, which play a pivotal role in community well-being, appear to be non-functional in many areas.

- **Absence of Motivation and Stipends for Volunteer Personnel:** The majority of individuals involved in these community-level structures, including CHVs and other volunteers, work without any form of motivation or stipends. Many of them dedicate their time and efforts on a voluntary basis, despite the demanding nature of their roles. The absence of financial incentives or stipends can lead to a lack of motivation, making it challenging to retain and sustain the commitment of these invaluable personnel who serve their communities selflessly.

System Capacities.

- Stakeholder engagement is key for the success of new programs being launched within the county. There would be need to ensure all partners are involved, from the county government, the political leadership, national government teams, community level structure, office of the county commissioner, before the start of the program. NDMA should be supported to scale out coordination of relevant sectors.

Follow through with the county government to ensure development of social protection policy and the next generation CNAP to ensure that NICHE program would be anchored on legal frameworks both at the county and national level.

Technical capacities.

- Sensitization is very key to the success of any cash transfer or nutrition related programs. Direct engagement with communities provides that best form of sensitization. Community Barazas mobilized through the Chief and assistant chiefs help in better responding program-related information and these should usually be undertaken at the sub-location level.

- The delivery of payments is a major challenge for beneficiaries due to the long distances they have to travel to access the pay agents. This has resulted in beneficiaries opting to delay collection of cash benefits to avoid cases where all the benefits are spent on transport. This is a factor that may well be beyond the control of the program, but needs to be kept in mind as it could affect timely utilization of top ups and overall program, goals of improving nutritional outcomes for children.

- Community validation exercise at the end of the targeting process for cash transfer programs are important in ensuring integrity of registered beneficiaries in terms of minimal inclusion and exclusion errors. Such processes also enhance the level of community participation and engagement in programs that relate to them. There would thus be need to embed community validation processes as part of the processes followed during the registration of beneficiaries for the NICHE program.

- MIS officers are key in resolving technical system issues: where possible, advocate for the employment of county level MIS officers for the various government led cash transfer programs.

Organizational Capacities.

- Activation of coordination structures at the sub-county level as chances are high the implementation of various components of the NICHE program would be mainly coordinated at the sub-county level. NDMA can be charged with the responsibility of advancing coordination at the county and subcounty levels. Provisions to ensure routine meetings of key coordination structures at the county level like the Cash Technical Working Group and the Nutrition Technical Forum

Community Capacities.

- While structures like CHVs usually work on a voluntary basis, they work best when incentivized. Where resources allow, there would be need to provide some stipends for the CHVs mandated with various roles which could cover, community mobilization and sensitization as well as delivery of nutritional counselling. CHUs in which BFCI has been rolled out perform better in terms of technical capacities of the CHVs to roll out nutritional counselling to households covered. It would be thus necessary that relevant trainings including BFCI is rolled out across the 94 CHUs in the county to ensure enhanced capacities of the CHVs and other components of the CHS to deliver on the nutritional counselling part of the program.

- Make provisions for stipends for personnel within various community structures to be involved in the implementation of the NICHE program in the county. This could be considered as part of GoK contribution.

- Formulation of guidelines for the functionality for the key community level structures like BWC within the context of the NICHE program implementation. This could include provisions for routine meetings, etc.

2.6. GARISSA COUNTY.

2.6.1. Operational Context.

Demographics.

Garissa County is located in the former North Eastern province of Kenya and covers an area of 44,175.5 Km. The County has an estimated projected population of 850 077 persons, of which 458,975 are males, 382344 are females. Garissa County is cosmopolitan, with ethnic Somalis, Authaq, Awlyahan, and Samawadal (Abdalla and Rer Mohamed) as the dominant clan; Maqabul, Mohamed Zubeir, Gare, Arabs, Borana, and communities from the other parts of the country form the minority. The marginalized communities in the county are the Boni and Wailwana. The county also hosts hundreds of thousands of Somali refugees in its Five refugee camps: IFO, IFO 2, Dagahaley, Kambios, and Hagadera.

The infant population is projected to increase from 20,713 (2.4% of the county population) to 24,560 in 2022, with the under 5's representing about 13.3%. Based on the 2019 census, women in the reproductive age (15-49 years) constitute 24.7% of the population, translating to approximately 207,553 people. The primary school age group (6-13) consists of 239,035 children, with a slightly higher proportion of boys at 54.9%. In the secondary school age group (13-17), there are 209,902 children, with 57.1% boys and 42.9% girls. The female reproductive age group (15-49) numbers 207,553, Kenya Demographic and Health Survey (KDHS) 2022 Key Indicators Report, the total fertility rate (TFR) in Garissa County was 4.6 children per woman. The report also shows that teenage pregnancy rates declined to 15% in 2022, from 18% in 2014. Poverty and a lack of education were associated with higher rates of adolescent pregnancy as about 4 in 10 women age 15-19 years who have no education have ever been pregnant, compared to only 5% of women who have more than secondary education 2. Finally, the aged population (65+) is relatively small, with 14,382 persons, consisting of 8,130 males and 6,252 females requiring support programs and health insurance schemes. There are also 18,424 persons living with disabilities, with efforts needed to assess their specific needs.

The county has ten sub-counties: Garissa Township, Ijara, Lagdera, Balambala, Bura East, Fafi, Hulugho, Bothai, Liboi, and Dadaab. However, three other Sub Counties have been Gazetted but not operationalized (Shanta Abaq, Sankuri, and Benane). The County headquarters is at Garissa Township. The county has 30 wards.

Prevalence of Poverty.

Poverty incidence in Garissa County is high at 46.6% in 2017/18, down from 52.2% in 2016. (National Bureau of Statistics, 2019). Poverty rates are significantly greater in rural areas (49.7%) than in urban areas (34.4%), even though people in informal urban settlements frequently face severe hardship. Children (53.5%), especially orphans and vulnerable children (54.1%), older persons (53.2%), and those with disabilities (57.4%) are also more likely to be poor. Even though cash transfer programs provide cash to households, which they can use to purchase food, clothing, and services such as education and health, malnutrition cases persist.

Status of Nutrition.

Garissa County continues to face major shocks (e.g., drought, internal/cross-border civil strife, insecurity, etc.) that contribute to increased vulnerabilities among individuals living in the County. According to the Garissa County Smart Nutrition Survey Report of July 2017, indicates that the prevalence of malnutrition among children aged 6-59 months old in Garissa County was above the emergency threshold at 15.3%. The prevalence of global acute malnutrition (GAM) was 11.2%, while the prevalence of severe acute malnutrition (SAM) was 4.1%.

Kenya Demographic and Health Survey (KDHS) 2022 Key Indicators Report, show that at least 14 counties in Kenya have a prevalence of stunting above 20%, a level categorized as a public health significance. Garissa County among counties with the lowest stunting percentages of lower than 10% at 9%. In November 2021, a report by the Drought Management Authority showed that at least 2,800 cases of malnutrition had been reported in Garissa County.

Livelihoods.

The main economic activities in the county are Livestock rearing predominantly through pastoralism, Beekeeping, Sand harvesting, irrigated farming, and Trading. The county has 4 livelihood zones, namely pastoral (camels, goat, sheep, and cattle), agro-pastoral, casual/ waged labor, and formal employment. Pastoralism was reported as the primary source of livelihood in 95% of all the wards. This primary source of income has been largely decimated by the drought. In 2022, 92% of settlements in Garissa County reported loss of livestock or land becoming unproductive due to the drought with over 72,600 pastoralist dropout households losing their capital and livelihood opportunity.

2.6.2. System Capacities.

Existing Guidelines and Frameworks.

The pursuit of improved nutrition and healthcare is a multisectoral endeavour, guided by the integration of departmental priorities and the allocation of resources within the county budget. Despite the notable lack of specific financial frameworks dedicated exclusively to nutrition, the county has shown a commitment to enhancing overall health and well-being.

In the fiscal year 2021-2022, the county government allocated a substantial sum of Ksh 952 million for the health sector, a significant proportion of its total budget. This allocation encompassed various health-related initiatives, including nutrition and dietetics. While there may be room for more focused budgetary frameworks for nutrition, the commitment to supporting health and nutrition programs is clear. The budget allocation process in Garissa County is underpinned by a strategic approach that considers departmental priorities, as outlined in the Annual Work Plan (AWP), County Health Sector Strategic Plan (CHSSP), and County Nutrition Action Plan (CNAP), among other strategic documents from the Ministry of Health. This process ensures that resource allocation aligns with the county's healthcare goals and targets.

The table below summarizes some of the key policies, strategies and frameworks specific to the county relating to integrated social protection and nutrition programming.

Table 1: Policies, strategies and frameworks influencing social protection/nutrition integrated programming.

Document	Relevance to NICHE
The Constitution of Kenya 2010	Nutrition is anchored in the Constitution of Kenya 2010: Article 43 (1) (c), Article 53 (l) (c), Article 21, and Article 27 guarantees the right to food and adequate nutrition and the universal right to food and nutritional health, and protection from discrimination.
the National Safety Net Program (NSNP).	Before introducing a national safety net program, Kenya was experiencing a high incidence of poverty— around 46.6 % poverty rate. Poverty was also intertwined with higher inequality and vulnerability to shocks, the most significant of which was recurring droughts in Northern Kenya.
The Kenya National Nutrition Action Plan 2018-2022	Underscores the need to promote social protection in nutrition programs as a key result area. The document recommends adopting a nutrition-sensitive approach in designing and implementing social protection programs. Some of the strategies suggested by the action plan include integrating nutrition education and promotion into social protection interventions, mobilization of resources for social protection that address the nutrition needs of vulnerable groups, and incorporating explicit nutrition objectives, target criteria, and indicators in policies and strategies to enhance the positive impact of social protection interventions on nutrition.
Kenya Nutrition Advocacy communication and social mobilization strategy 2016-2030	The strategy outlines organized and coordinated activities to reach out to key stakeholders to influence positive change in the Nutrition sector, including improved visibility, increased resource allocation, and the community's adoption of good nutrition practices.
Third, Garissa County Integrated	
Development Plan (CIDP) 2023-2027	Entrenches provision for social protection for vulnerable populations within its jurisdiction. The plan's provision prioritizes child protection and interventions focusing on OVC scholarship support and Cash transfers for OVC.
The Garissa County Annual Development Plan FY 2023/2024	Speaks to the critical role of social protection, culture, youth, sports, gender, and social services in promoting Sustainable and equitable socio-cultural and economic empowerment for all Kenyans. However, there is no mention of social protection in the sector development issues to the financial year's broad strategic priorities and objectives.
The County Nutrition Action Plan (CNAP)	Anchored on the KNAP's strategic framework. The CNAP focuses on three interventions: nutrition-specific, nutrition-sensitive, and enabling environment. The goals of the CNAP are to ensure that communities of Garissa County achieve optimal nutrition, healthier and better life quality for improved productivity and accelerated socio-economic growth in the county.

The Garissa County budget has codes provided by the treasury and no specific code for nutrition or social assistance. However, the county has tried to include/ capture some specific nutrition-related activities (commodities, travel, and training).

Existing Cash Transfer Programmes.

The table below summarizes the available Cash Transfer programmes in Garissa County.

Programmes	Objective	Relevance to NICHE
HSNP by NDMA	Covers the entire county, targeting poor and vulnerable groups; for example, during the group one stage, a total of 9252 households were targeted, and they were given a stipend of 2700 kshs	Working with vulnerable groups and the design of NICHE to piggyback on existing NNSP programmes.
WFPs Lisha Jamii currently underway in the Daddab sub-county	Support predominantly through cash-based transfers, with in-kind food assistance provided in areas where local markets were insufficient. Working with the government to increase coverage for treatment of Moderate Acute Malnutrition.	Integrated programming and the coordination mechanisms used in the delivery of the programme
Pastoral Girl Initiative undertaking CT in Daddab	Enhance the capacity of women and girls from ASAL communities to develop resilience, economic growth and adaptation to climate change through CT and Capacity building	Working with women and girls within the context of Garissa

Analysis of Gaps in System Capacities.

- **Lack of Comprehensive Social Protection Policy:** to guide the implementation of social protection programs which results to an unclear direction and coordination in addressing the needs of the poor and vulnerable populations within the county.

- **Insufficient Integration of Nutrition and Social Protection:** hampering the county's ability to holistically address the well-being of its population. Seeing that NICHE is an integrated programme that underscores the importance of nutrition as a fundamental aspect of social welfare thus the need for integration into social protection efforts.

- **Uncoordinated Service Providers:** The presence of multiple stakeholders, including government departments, the private sector, development partners, communities, households, and other non-state actors, in the provision of social assistance and nutrition programs results in a lack of coordination. This lack of coherence can lead to inefficiencies and overlapping efforts.

- **Financial Challenges:** Financial constraints pose a significant hurdle in the effective implementation of social protection policies. These challenges stem from insufficient budgetary allocations and delays in payments and disbursements.

2.6.3. Technical Capacities.

This section looked at the technical and human resource capacity of social protection and nutrition workforce to support and improve integrated social protection and nutrition programming in Garissa County.

Human Resources Capacities.

The department of Health Garissa County has a personnel strength of 1,606 health care workers consisting of 959 males and 647 females. There are 16 medical specialists, 60 Doctors, 85 clinical officers and 377 Nurses in the county, that is, both enrolled and registered nurses. The vaccination coverage

in Garissa County is 62 per cent. This is attributed to the inaccessibility of the area, long distances to health facilities and poor road network. The proportion of the population of the county that uses pit latrines as a means of sanitation is 46.76 per cent while 2.6 per cent use VIP latrines. Most of the population, 50.63 per cent use other means of sanitation such as bushes.

According to the Garissa Human Resources for health management and development plan, the county requires a total of 707 Nutrition staff (136 officers, 353 technologists and 218 technicians). But only 33 are available leaving a gap of 674 nutritionists however the National Human Resources for Health Strategic Plan envisions 120 nutrition staff. The county has an extensive network of Community Health Volunteers (CHVs), that form a firm foundation for community health and nutrition programme efforts. This network is composed of 350 dedicated individuals who serve as the frontline of healthcare in the county. The County has 35 Community Health Units (CHUs) strategically placed throughout the region. These CHUs serve as essential hubs for organizing and coordinating healthcare activities at the community level.

Each CHU is covered by a team of 10 CHVs, collectively responsible for reaching out to households and ensuring that essential healthcare services and information are accessible to their allocated villages. However, Garissa township has a total of 25 CHVs as a result of the huge population within the township sub-county. The CHVs have reporting tools to indicate their daily coverage. In addition, the county has 47 Community Health Officers (CHOs), who play the supervision role to the CHVs to ensure that the community health initiatives are executed effectively and are in line with the county's healthcare goals. Each CHU has a community health committee that also oversees their operations.

The main nutrition expenditures from the county budget in the previous financial year 2018/2019 were reported to be salaries for Nutrition staff, support for the SMART Nutrition survey, food for patients in Hospitals, and quarterly review meetings. The county gets support from partners who aid in cash transfers and providing nutrition education at different levels because the lacks proper resources allocated specifically for nutrition.

Social Assistance Capacities.

Cash Transfer programs (and Social Assistance programmes generally) are increasingly developing mechanisms to manage updates and complaints from both beneficiaries and non-beneficiaries in their communities. HSNP has a decentralized case management system to enable beneficiaries to register their complaints and issues on updates in their Counties. The case management system aims at ensuring beneficiaries receive their cash transfers as planned.

The CMS is highly integrated with and supported by the MIS. The MIS is used to track complaints and to manage the resolution process by sending the complaint to the appropriate user/ officer through each stage of the resolution process. Updates and complaints can be generated by beneficiaries, Chiefs, BWCs, or any other community member and submitted to the NDMA County office. To log a case or follow an update, one can send SMS to 21801 or call 0800720727 or register on the HSNP Case Management booklet available within the sub-locations at chiefs and assistant chief's offices.

The community mainly depends on elders who resolve cases within the community and rarely cases are forwarded to the service providers or security departments for redress. The council of elders are key in running the affairs of the community; and are entrusted with the specific role of settling disputes among other communities The elders may be however, be influenced by clan or sub clan favours and sometimes they may not be a good jury hence the process may be interfered. There is a need for strengthening the existing GRM committee in terms of continued monitoring, training and follow up on the part of the project through sensitization programmes. (KSEIP 2023)

MIS Capacities.

A number of the NGO's, including Red Cross, TerreDe Homes and Pastoral Girl Initiative confirmed existence of an M&E framework for their cash transfer programmes that can be relied upon when implementing integrated programmes. Some of the challenges when engaging with communities during M&E include:

- Functionality of the community health system is hampered by vast geographical areas, persistent conflict and low deployment of community health volunteers (CHVs)
- Insufficient and poor spatial distribution of health facilities and service arrangements—particularly outside of towns—inhibit access to nutritional services.
- The quality and timeliness of nutrition data generated via the health management information systems is limited, constraining its use in decision-making.
- Nutrition staff are insufficiently allocated to and distributed across the county, constraining access to quality nutrition services in many locations.

Analysis of Gaps in Technical Capacities.

- **Inadequate Nutrition Workforce:** Garissa County faces a severe shortage of nutrition staff, with only 33 available out of the required 707 nutrition professionals. This leaves a substantial gap of 674 nutritionists, hindering the county's ability to effectively deliver nutrition programs and services.
- **Community Health Volunteers (CHVs) Network:** While the county has an extensive CHV structure, it is essential to ensure proper coordination, supervision, and support for these volunteers. The County reported to face high attrition rates, and this results in reduced team of dedicated trained volunteers.
- **Lack of Specific Budget Allocation for Nutrition:** absence of a dedicated financial framework for nutrition, and budget allocations for the health sector are not clearly outlined to cover necessary investments in community health and nutrition services. This affects the prioritization and allocation of resources for nutrition programs.
- **Inefficiencies in Cash Transfer Programs:** Cash transfer programs in the county are fragmented and uncoordinated, leading to inefficiencies and duplication. A lack of coordination mechanisms hampers the integration of cash transfers with nutrition programs.
- **Resource Constraints for Technical Working Group:** The county Cash and Nutrition Technical Working Groups face resource challenges, which hinder their ability to hold frequent meetings and maintain proper reporting tools as the meetings are often adhoc. This affects the coordination and oversight of cash transfer and nutrition programs.
- **Insecurity in Some Sub-Counties:** Insecurity in certain sub-counties poses a significant challenge to delivering programs to affected community members. Ensuring the safety of human resources is a challenge and this limits the posing of officers from nutrition, directorate of children services and social development to some of the areas. Even in cases where the officers are posted, they often operate from the headquarters which limits service delivery to the intended beneficiaries.

2.6.4. Organizational Capacities.

The County Steering Group (CSG) provides a cohesive platform for effective multi-sectoral collaboration. It is chaired by the County Commissioner and co-chaired by the County Secretary. National Drought Management Authority NDMA coordinates meetings with all stakeholders and facilitates the meetings. Garissa County has a Cash Transfer Technical Working Group that brings together all partners (Red-cross, practical action Terre de Homes, etc) and line ministries involved in cash transfer programs mainly to reduce duplication of programs. These groups meet once a month to review challenges and goals during the month.

Currently, some of the structures for capacity development working groups for nutrition include County health stakeholder forums, County Steering group forums, and Reproductive maternal Neonatal Child and Adolescent Health (RMNCAH) review meetings that occur quarterly with TORs in place. However, the county steering Group needs improvement since it is the weakest area. Since nutrition response is not just a health sector domain, multi-sectorial coordination is required. Institutional leadership and differing mandates have hampered the implementation of the same. Establishing institutional

mechanisms for discussing, negotiating, and resolving these differences is critical and can be discussed at organizational levels, spearheaded by the MoH nutrition unit.

Garissa County also has a Nutrition Technical Forum, a technical working group of the CSG that sets out to meet monthly. There is a lack of adequate information regarding policies and guidelines on nutrition sensitive information and adequate human resources to provide quality services to the communities. National-level nutrition coordination has been strengthened through the National Nutrition Technical Forums (NTF), where nutrition and dietetics partners converge monthly. A similar coordination strategy has been adopted at the county level, but the frequency and consistency vary in different counties. The county nutrition coordinator coordinates all nutrition activities at the county.

A key challenge highlighted is the lack of adequate resources to ensure the forums are held regularly as per schedule. For example, the CNTF is scheduled to happen quarterly but is non-existent. Prioritization of issues for support supervision is based mainly on data review and audit, emerging issues, disease outbreaks, and the need for action from other review meetings and as part of routine service support. However, support supervision is erratic and mainly funded by partners", also in many occasions, the recommendations of support supervisions are not implemented. The county faces a bigger challenge: inadequate qualified workforce in the field of nutrition.
In Garissa County, community nutrition services are mostly offered by CHVs at the sub-county level and Dispensaries. Public Health officers mainly do counselling at the health centres and community levels. They offer nutrition education and conduct surveys.

Supported by 7 sub county nutrition officers to ensure there is capacity building of frontline health workers on nutritional programs and also ensuring supplies reach the target facilities at sub county level as responded by the CNC Garissa County.

Analysis of Gaps in Organizational Capacities.

- **Weak Multi-Sectoral Coordination:** While the County Steering Group (CSG) aims to provide a platform for multi-sectoral collaboration, it faces challenges in terms of frequency of meeting and having a predictable reporting schedule. The lack of strong institutional mechanisms and differing mandates among various sectors hampers the implementation of social protection and nutrition programs. The interplay between the two levels of government continue to pose a challenge in the utilization of this platforms to achieve its mandate.

- **Resource Constraints:** Inadequate resources pose a major challenge in ensuring CSG and Technical working groups for cash and nutrition forums are held regularly as per schedule.

2.6.5. Community Capacities.

Community Structures.

Community structures involved in the delivery of nutrition programs/ as per the BFCI guidelines include; Community Health Units (CHUs), Community Mother Support Groups (CMSG) and mother-to-mother support groups (M2MSG), CHEWs, community health committee (CHC), Primary Health Care Facility committee (PCFC), community leaders, and CHVs. Garissa County has invested in community health strategy as a way of improving the health status of its people. The assessment revealed that as a result, there has been a slight improvement in the overall health indicators and also the health seeking behaviours of the community.

The number of community units recommended based on the population is one community unit for every 3000 households although this has currently been revised to 5000 households (Source; Health Act 2017, 4th schedule). Out of the 88 formed community Units, only 76 are functional. All the wards in the county are covered by at least one functional Community Unit. The current number of CHEWS is 56 while the CHVs is 1740 in number. Essentially all the CUs in the county are established through partner support and 75 of these CUs (86%) through UNICEF funding.

A range of community groups and forums play a vital role in promoting health, nutrition, and community well-being. These groups are diverse in their focus and activities, reflecting a multi-faceted approach to community development and support. Below are some of the community groups that support nutrition programmes that can be relied upon in the integration with social protection programmes.

- **CBO - SIMAHO Health Center:** This community-based organization is linked to SIMAHO Health Center and provides comprehensive nutrition services to the community. They engage in activities like health education, cooking demonstrations, and kitchen gardening to improve nutrition and health awareness.

- **Mother-to-Mother Support Groups:** While these groups exist in some facilities, they are currently not active but are supported by partners. Their primary focus is to provide support and information for mothers, fostering a sense of community and shared experience.

- **Community Health Volunteers (CHVs):** These CHVs are supported by the Ministry of Health and engage in Income-Generating Activities (IGAs), contributing to economic empowerment within the community. Community Health Volunteers (CHVs) play a crucial role in various activities, including:

    - o Engaging in community dialogues to discuss health and nutrition issues.
    - o Promoting kitchen gardening to enhance food security
    - o Attending public Barazas (community meetings) to provide health education and raise awareness about available health services.
    - o Participating in cleanliness efforts, including garbage collection and disposal.
    - o Providing health and nutrition education to the community.
    - o Tree planting initiatives to promote environmental sustainability.

CHVs supported by the Kenya Red Cross Society share experiences and knowledge, particularly in areas like breastfeeding, promoting maternal and child health.

- **Women Groups (Abshir/Bismillahi Women Group):** These women's groups are actively involved in offering health education and nutrition services, addressing the specific needs and concerns of women in the community.

- **TBAs (Traditional Birth Attendants):** TBAs play a role in bringing women together and facilitating meetings, with CHVs actively participating in these gatherings. The focus is on maternal and child health.

- **Beneficiary Welfare Committees:** Although Beneficiary Welfare Committees exist in Garissa County, they are reported as non-functional. These committees typically focus on addressing the welfare and support needs of beneficiaries within the community.

- **The Local Administration (Chiefs/Assistant Chiefs/ Village Elders) and County Government Administration:** Local administrators effectively utilize regular community barazas for sensitization. This approach serves as a valuable means of disseminating essential information about the eligibility criteria, program benefits, and the registration procedures for social protection and nutrition programs. They can assist in various program processes, including outreach, retrials, and case management, as the NICHE implementation progresses.

Analysis of Gaps in Community Capacities.

Several challenges have been identified and documented in the GARISSA County NICHE mid-term review presentation. They include:

Inconsistent Activation of Support Groups: While there are groups like Mother-to-Mother Support Groups (M2MSG) and Beneficiary Welfare Committees, they are reported as non-functional is certain regions. This inconsistency can hinder the potential for community support and engagement.

Reliance on Partner Funding: A significant portion of community units in the county, 86%, have been established through UNICEF funding. Overreliance on external partners for support can pose sustainability challenges.

Limited Monitoring and Evaluation: There is a lack of information on the impact and outcomes of the community-based nutrition and health programs. A more robust monitoring and evaluation system is needed to assess the effectiveness of these community initiatives.

RECOMMENDATIONS GARISSA

System Capacities.

- **Enhance Coordination among the various actors:** Despite the existence of technical working groups for cash and nutrition, there is a need to establish a coordinating body or mechanism that brings together all relevant stakeholders to ensure a cohesive and efficient delivery of social protection and nutrition services. A clear guiding tool on the membership of the coordinating body and responsibilities should be clearly outlined. This can be facilitated through the County Steering Group.

- **Address Financial Challenges:** Advocate for increased budgetary allocations for social protection programs and ensure timely disbursements of funds. This may involve working with higher levels of government and development partners to secure necessary resources.

- Given the inadequate policies in place to support the implementation of Cash transfers at the county level, there should be a push to develop strategies and plans including a Memorandum of Understanding to ensure that all key actors actively support the implementation of the NICHE programme. This can be facilitate by the County NICHE committee leadership.

Technical Capacities.

- **Address the Shortage of Nutrition Workforce:** Need for recruitment and capacity building of more nutrition professionals to bridge the substantial gap in the number of nutritionists. The county should also consider offering incentives to attract qualified professionals to work there.

- **Strengthen the Community Health Volunteers (CHVs) Network:** Establish a clear system for CHV coordination and support, with regular meetings to provide updates, address challenges, and maintain motivation among volunteers.

- **Allocate a Specific Budget for Nutrition:** Advocate for the allocation of a dedicated budget for nutrition programs within the county's financial budgets and include support for social protection and nutrition programmes within the CIDPs and the ADPs.

- **Enhance Financing of the Technical Working Groups:** Seek additional funding and resources to support the Cash and Nutrition Technical Working Groups. Adequate resources are essential for holding frequent and organized meetings and maintaining reporting tools..

- **Address Insecurity Challenges:** Collaborate with relevant security agencies, NGAO, and other community leaders to improve security in insecure sub-counties. Ensure the safety of staff working within the region. In some cases, consider the staff working remotely in the office locations. To achieve this, considerations for making the system more digitally accessible will help circumvent the challenge.

Organizational Capacities.

- **Strengthen Multi-Sectoral Coordination:** Reevaluate the structure and mandate of the County Steering Group (CSG) to ensure a more effective and predictable platform for multi-sectoral collaboration. This may involve clarifying roles, responsibilities, and reporting schedules or coming up with a technical working group specific to NICHE interventions.

- **Address Workforce Shortages:** Advocate for the recruitment and training of nutritionists, as well as staff from the Directorate of Children Services and Social Development to bridge the workforce gap.

- **Capacity Building and Training:** Invest in training and capacity-building programs for existing staff to improve their skills and competencies in social protection and nutrition program management. Promote cross-training among different sectors to encourage a better understanding of the interplay between social protection and nutrition and foster collaboration.

Community Capacities.

The identified gaps in community capacities in Garissa County suggest challenges in the sustainability and effectiveness of community-based nutrition and health programs. To address these gaps, the following key recommendations are proposed:

- **Activate and Strengthen Support Groups:** Conduct an assessment to understand the reasons for inconsistency in the activation of support groups like Mother-to-Mother Support Groups (M2MSG) and Beneficiary Welfare Committees in different regions. Further, there is a need to develop clear guidelines and standard operating procedures for the establishment and functioning of these support groups. Community leaders and CHVs should also be trained on the pivotal role of maintaining the functionality of such groups.

- **Integration of males in the mother-to-mother support group** so that they can appreciate the importance of the groups to ensure their sustainability.

- **Diversify Funding Sources:** Encourage the county government and local stakeholders to allocate resources for community units and nutrition programs to reduce overreliance on external partners.

- **Strengthen Monitoring and Evaluation:** Develop and implement a robust monitoring and evaluation system to track the impact and outcomes of community-based nutrition and health programs. This should be done through regularly collecting data on key performance indicators and using this data to inform program adjustments and improvements.

- **Community Education and Awareness:** Invest in community education and awareness programs to inform community members about the importance and benefits of community-based nutrition and health programs. This will help in promoting a culture of self-reliance and community participation in the initiatives.

2.7. MANDERA COUNTY.

2.7.1. Operational Context.

Demographics

The Kenya Population and Housing Survey report (KPHC) 2019 showed that Mandera County had a population of 867,457 persons, (Comprising Male: 434,976, Female: 432, 444, intersex: 37) with an average household size of 6.9 and a density of 33 persons per km2. Mandera County measures about 25,991 km2 and is located at the extreme end of Northeastern Kenya, bordering Somalia and Ethiopia.

Prevalence of Poverty.

Mandera is one of the poorest counties in Kenya ranked 46/47 with a poverty rate of 89.1%, 34.2% higher than the national poverty rate, and faces high levels of exposure and vulnerability to drought. Their vulnerability is in large part a product of historical under-development, particularly of public services. Development in the county is severely challenged by repeated episodes of drought and high levels of malnutrition that peak seasonally.

Status of Nutrition.

The county malnutrition status was ranked the 2nd highest with 24% of children under the age 5 years are at a risk of malnutrition. The table below demonstrates the county's nutrition indicators and their status;

Nutrition indicators	Status as a percent
Stunting	24
GAM rate	24.6
SAM rate	5.2
Under weight	28.1

In terms of height-for-age, 31.8 per cent of children (6-59 months) are chronically undernourished, and therefore are short for their age. In terms of weight-for-age, 41.2 per cent of children (6-59 months) in the county are underweight. From the above table, as at December 2017, the GAM rate is at 24.6% and SAM rate 5.2%, which indicates that nutritional situation in the County, is very critical across all livelihoods.

Livelihoods.

The main economic activity in Mandera County is pastoralism, contributing approximately to 72 percent of the total household income. Cross-border trade, artisanal mining, beekeeping, and irrigation-aided agriculture are the other viable ventures. Beekeeping is gaining popularity in most parts of the county, while irrigated subsistence agriculture is practiced along the Dawa River. The common breeds of livestock reared in Mandera County are goats, cattle, camels, sheep, donkeys, and chicken.

2.7.2. System Capacities.

Existing Guidelines and Frameworks.

The government of Mandera County does not have a specific regulatory framework for social protection. The existing social assistance programs are conducted on an ad hoc basis guided mainly by national legislation and policies as well as some county-based guidelines and strategies. The table below outlines some of them.

Documents	How it is relevant to NICHE
The constitution of Kenya	the constitution of Kenya (2010) contains a comprehensive bill of rights, article 43 guarantees all Kenyans their economic, social and cultural rights it asserts that "the right for every person to social security and bind the state to provided appropriate social security to persons who are unable to support themselves and dependent
National social protection policy	Social protection policy is defined as policies and actions, including legislative measures, that enhance the capacity of and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods, and welfare, that enable income-earners and their dependents to maintain a reasonable level of income through decent work, and that ensure access to affordable healthcare, social security, and social assistance. The comprehensive goal of social protection is to ensure that all Kenyans live in dignity and exploit their human capabilities for their own social and economic development.
Kenya Nutrition Action Plan 2018–2022	Provide an umbrella framework and guidance to counties, to develop their own County Nutrition Action Plans (CNAPs) to align with the KNAP's strategic framework. It defines the national government roles relating to the provision of technical support, advocacy, guidance and development of capacity for nutrition for the county governments, so the counties can concentrate on implementation.

Documents	How it is relevant to NICHE
Kenya Health Policy (2014–2030)-	Aimed at guiding and directing health sector investments with six policy objectives, three of which are directly linked to nutrition. It demonstrates the health sector's commitment, under the government's stewardship, to ensure that the country attains the highest possible standards of health in a manner responsive to the needs of the population. The Kenya National Strategy for Prevention & Control of NCDs (2015–2020) also touches on nutrition for management and control of NCDs
Kenya nutrition capacity development framework	The overriding goal of this Capacity Development Framework (CDF) is to contribute to the improvement of nutrition and health outcomes through enhanced service provision. The CDF addresses the diverse issues affecting Nutrition and Dietetics practice including: the related issues that infringe on capacity and the expected results if these issues are addressed.
The Mandera County Nutrition Action Plan (CNAP) 2019–2023	The Mandera County Nutrition Action Plan (CNAP) 2019–2023 seeks to address malnutrition in the County in all its forms and for all ages. It is anticipated that when fully implemented through a multispectral approach it will contribute to an improvement in nutritional status for the population of Mandera. The CNAP promotes cross-sectoral collaboration to address the social determinants of malnutrition sustainably and are guided by the following national policy and legal framework within the county such as Kenya health policy.
Mandera county integrated development plan	The objective of CIDP is to address the issue of maternal mortality rate and operationalization of health facilities within the county. The county government came up with a deliberate investment strategy in line with Millennium Development Goals (MDG) No 3&4, the National Reproductive Health policy and Vision 2030, whose objective was to accelerate the reduction of maternal, new born and childhood morbidity and mortality
County SMART survey	The aim of the smart survey was to estimate the prevalence of a cute malnutrition among the children from 6 to 59-month-old and it is normally conducted July every year to guide the county in planning and implementation of programs by providing objectives data that can be used to improve nutrition status in the county

Existing Social Protection Programs.

Cash transfer programs in Mandera County basically are delivered in two categories; the government programs and the non-state actors program;

Government led Cash Transfers

These programs are divided into the Hunger Safety Net Program which is implemented by NDMA and provides a predictable cash transfer to poor households. The other category is the INUA JAMII program which is managed by the department of social protection and aims to reduce vulnerability and poverty in Kenya by improving the wellbeing and resilience of specific vulnerable groups. The table summarizes of cash transfers program implemented by the government in Mandera County;

Program	Target H/H	Transfer Value
Older Person Cash Transfer (OPCT)	6,736	2,000
Cash Transfer for Orphan and Vulnerable Children (CT-OVC)	11,753	2,000
Persons With Severe Disability Cash Transfer (PWSD-CT)	2,761,	2,000
Hunger Safety Net Program	22,231	2,700

Non-state actors led Cash Transfers

This category of cash transfers is implemented by INGOs, local NGOs and CBOs within Mandera county who are committed to providing multi-sectoral assistance although most of these are limited in scope and coverage. They keep on shifting and reducing as faced by two main challenges: inadequate resources and the inability to sustain their programs when donor funding is withdrawn.

The cash transfer programs implemented are short term in nature. Currently, six NGOs are implementing cash/nutrition intervention within the county and the cumulative households benefiting from CTP is 43,000 households. The table below is a summary of the non-state actors implementing cash transfer program in Mandera County.

Partners	Donor	Target H/H	Amount	Sub-counties
Consortium of Cooperating Partners (COCOP)	WFP	25,260	5,600	Mandera East and Mandera south, Mandera North, Mandera West, Banisa and Lafey
RACIDA	SV	660	8,624	Mandera East and Mandera south
RACIDA	BHA	8,145	12,944	Mandera East and Mandera south, Mandera North, Mandera West, Banisa and Lafey
RACIDA	ACTED	1066	11,930	Mandera North and Mandera south
NAPAD	ACTED	786	12475	Lafey
Women for peace	GFFO	250	15,750	Mandera North
NEPAD	GFFO	270	15,750	Lafey
ACF	BHA	300	8,468	Kutulo
IRK	IRK	1500	12,250	Mandera North and Mandera East

Analysis of Gaps in System Capacities.

- The absence of a dedicated regulatory framework for social protection by the county government means that the county does not have a structured approach to implementing cash transfer programs to complement existing initiatives like the Hunger Safety Net Programme (HSNP) and the social department. This regulatory gap poses a significant hurdle for the social protection and nutrition sectors in Mandera County, as it hinders the efficient and coordinated implementation of cash transfer programs.

- The lack of harmonization among various cash transfer programs has resulted in reduced efficiency in service delivery. This lack of coordination can lead to duplication of efforts, inefficiencies in resource allocation, and difficulties in ensuring that support reaches those who need it most.

- Non-governmental organizations (NGOs) play a vital role in implementing cash transfer and nutrition programs in Mandera County. However, the sustainability of these programs is a concern due to inadequate resources and the dependency on donor funding. This reliance on external funding sources raises questions about the continuity and long-term impact of these initiatives once donor support diminishes or ceases. Building local capacity and exploring sustainable funding mechanisms are critical considerations.

- Another challenge lies in the absence of established standards and quality assurance approaches by the County government for monitoring and evaluating cash transfer and nutrition programs. This deficiency hinders the county's ability to assess the effectiveness, impact, and quality of these programs.

2.7.3. Technical Capacities.

Human Resource Capacities.

Robust Human Resource Management Framework: Mandera County boasts a well-established human resource management framework. This framework serves as the backbone for recruiting, retaining, and developing a workforce of knowledgeable, experienced, and skilled individuals. These individuals are integral to the successful implementation of various nutrition and social protection programs within the county.

NDMA's Skilled Workforce: The National Drought Management Authority (NDMA) stands out with its dedicated team of 18 staff members who possess the requisite capacity and skills to effectively execute the designated programs. Their expertise contributes significantly to the overall success of these programs in Mandera County.

Continuous Workforce Expansion: Over the years, Mandera County has been proactive in expanding its human resource workforce. This strategic growth aims to address the needs of the community at the grassroots level. It involves not only increasing the number of personnel but also enhancing their training and capacity-building efforts to ensure that they can deliver essential services effectively.

Community-Level Support Structures: In addition to expanding the workforce, Mandera County has also focused on establishing robust community-level structures that actively support nutrition interventions. These structures, designed to be responsive to the unique needs of local communities, play a pivotal role in ensuring that nutrition programs reach the most vulnerable segments of the population.

MIS Capacities.

Kenya's Single Registry provides for an opportunity for social protection actors in the County to manage and monitor progress. The Registry is enabled to link together the Management Information Systems (MISs) of different social security schemes including the Hunger Safety Net Programme and the National Safety Net Programme referred to as Inua Jamii. It was noted that;

- All the staff involved in the implementation of cash transfers program have been trained on the use of the MIS.
- The system is used for continuous maintenance of beneficiary list and reporting while beneficiary data can be easily retrieved.
- The decentralized system helps in timely case management.

Kenya Health Information System enables access of timely health information for evidence-based decision making aimed at promoting health services at different levels in the county. It also supports the county routine collection and storage of health data.

Analysis of Gaps in Technical Capacities.

- Inadequate indicators and tools for reporting, especially at the community level: The lack of robust reporting mechanisms hinders the collection of essential data needed to assess and monitor the effectiveness of health and nutrition programs. Furthermore, there is a notable deficiency in county-level capacity for data analytics and evidence utilization in producing comprehensive reports. This shortfall inhibits evidence-based decision-making and policy formulation.
- Economic pressure during emergencies necessitates careful advance planning to allocate resources effectively. The absence of dedicated, location-based financing for emergency response compounds the difficulties faced in mobilizing resources promptly and efficiently. Without a focused financing mechanism, it becomes challenging to respond adequately to sudden crises and disasters.
- The vast geographical expanse of the county contributes to the insufficient allocation and distribution of human resources, particularly in the healthcare sector. Addressing healthcare needs in remote areas becomes a logistical challenge due to disparities in population density and accessibility. This geographic disparity can result in underserved communities and hinder the equitable delivery of healthcare services.
- Insecurity and poor infrastructure further exacerbate the capacity limitations of the human resources available in the county. Healthcare workers may face risks and obstacles when attempting to provide services in areas with security concerns or inadequate infrastructure.
- Some healthcare workers lack the necessary capacity to offer effective nutrition counselling.
- Accessibility of banks and financial service agents in rural areas is a persistent challenge. Many rural communities lack convenient access to banking facilities and agents, making it difficult for beneficiaries of financial assistance programs to access their funds easily.

2.7.4. Organizational Capacities.

The social assistance programs within the county are coordinated through various established structures which are active vibrant and operational thus improving efficiency and reducing miscommunication. Some of these structures include the following;

County Steering Group (CSG)

The CSG was established as cross cutting coordination group at the county level to provide technical support and coordination to the various department and partner programmes. The forum is co-chaired by the governor and county commissioner while NDMA is secretariat. They meet on either monthly basis or when there is need. The CSG has a sub-technical forum called cash transfer technical working group. The CSG structure has technical working groups that address thematic issues. These include the Nutrition Technical Working Group and the Cash transfer technical working group. The roles and responsibility of the CSG are,

- Awareness creation among partners and government department on the situation of different issues within the county.
- Providing guidance to the partners and various county department on different thematic issues
- Ensuring non duplication in term of geographical implementation of programs implemented within the county
- Information and data sharing

The County Government Department of Health have decentralized its functions and provision of services to the people by having coordination structures at the county, sub-county and each facility. This includes the following;

County Health Management Team (CHMT)

A technical team at the county level with the following roles and responsibilities;

- Planning, implementing, supervising and controlling the delivery of health services in the county,
- Coordinating sensitization of the SCHMT, partners, and other stakeholders on health-related activities
- Coordinating implementation of nutrition programs within the county
- Facilitating advocacy and resource mobilization in support of delivery of health services

Sub County Health Management Team (SCHMT)

A technical working group at the sub-county level with the following roles and responsibilities;

- Planning, implementing, supervising and controlling the delivery of health services at the sub-county,
- Conducting regular supervision and mentorship to the frontline healthcare workers at the sub-county level, and report to the County Health Management team

National Drought Management Authority (NDMA)

A public body established by the National Drought Management Authority Act. The act provides the mandate to NDMA to exercise overall coordination over all matters relating to drought risks. In Mandera county NDMA has 18 staffs comprising 3 technical staffs, assistant director resilience, assistant director response, four project officers, 2 subordinate staffs (finance and procurement), data analysist, two support staffs and four drivers thus the organization has enough human resource capacity to implement any program.

Analysis of Gaps in Organizational Capacities.

- **Lack of Clear Strategies for Structure Functionality:** There is a notable absence of well-defined strategies that provide guidance for the effective functioning of certain structures, particularly the County Steering Group (CSG). This absence of strategic direction can result in a lack of clarity regarding the roles, responsibilities, and objectives of these structures, potentially hindering their effectiveness in coordinating social assistance and nutrition programs.

- **Monitoring of Technical Working Groups:** The functionality of technical working groups and their utilization of evidence in contributing to decision-making processes is not consistently monitored and reported. This gap in monitoring can lead to inefficiencies in utilizing data and evidence for informed decision-making within these groups, potentially impacting the effectiveness of program coordination efforts.

- **Unpredictable Funding for Working Groups:** The funding required to operationalize certain working groups, including those at the sub-county level, largely relies on the goodwill of donors and lacks predictability. This dependence on donor goodwill can result in financial uncertainties and may impede the sustainable functioning of these groups over time.

- **Network Challenges in Mandera:** The persistent and intermittent network challenges in Mandera have a substantial impact on the ability of some structures to effectively deliver cash transfer and nutrition programs. These challenges can disrupt communication, data transmission, and coordination efforts, affecting the timely and efficient implementation of critical programs in the region.

- **Variability in Meeting Frequency:** The frequency of meetings among these structures varies considerably. Some structures meet quarterly, others on a monthly basis, and some only convene when a specific need arises. This lack of regularity in meetings can affect the consistency of coordination efforts and may lead to delays in addressing emerging issues or challenges in social assistance and nutrition programs.

2.7.5. Community Capacities.

Community Structures.

The community level structures are paramount and their roles in nutrition and cash transfer program has the propensity of being overlooked yet they are the ones that link community beneficiaries to the service provider. They include the following;

- **Mother to mother support group:** These are mothers who are educating and supporting each other by sharing a range of experiences on nutrition related issues e.g. infant and young child feeding practices, hygiene practices and other nutrition related issues at community level. Building their capacities towards healthier families and stronger communities are therefore important nutritional considerations at community levels.

- **Community Health Volunteers:** Criteria includes any person within the community willing to work on voluntary basis, is able to read and write, is a permanent resident in the community, has served and/or is committed to the service of the community. They should be vetted by the community in an open meeting before they are recruited. Community Health Volunteers (CHVs) are important providers of nutrition services, especially in the ASAL regions where heath worker shortage is common due to high turnover rates and the hard-living conditions that these areas present. In some health facilities in the ASAL areas, the CHVs are the focal points of nutrition service provision as the nurses take up the role of providing 'mainstream' health services. The County has 2,120 CHVs identified to support service delivery at the community level. 260 CHVs have been trained on health packages.

- **Beneficiary's Welfare Committee (BWC):** is a group of representatives of beneficiaries of all cash transfer programs at the location level, who work as a link between the beneficiaries and officers on matters related to cash transfer programs to ensure community participation and ownership. They work on voluntarily basis.

- **Children Protection Volunteer (CPV):** Are volunteers trained to conduct community awareness meeting, provide family psychosocial support to children in need. The county has approximately 10 CPVs per sub-county.

Analysis of Gaps in Community Capacities.

- **Challenges in Accessibility for Eligible Beneficiaries:** Given the extensive geographical expanse of the county, some eligible beneficiaries may encounter difficulties in reaching sensitization sites, particularly those who live in remote or less accessible areas. This geographical constraint can impede the effective dissemination of information and participation.

- **High Community Expectations:** There is a notable expectation within the community for compensation when attending mobilization events. This expectation, while understandable, can undermine the goals of transparency, accountability, and meaningful discussions and decision-making. It may inadvertently shift the focus away from constructive engagement towards financial incentives.

- **Inadequate Representation in Decision-Making:** Certain community groups, notably women, youth, persons with disabilities, and other marginalized segments, may not be adequately included in the decision-making processes. Ensuring their representation is vital for a more inclusive and equitable approach to community engagement and governance.

- **Lack of Information Accessibility:** Communities often face challenges in accessing information about policies, plans, budgets, programs, and services. This lack of information is a barrier to effective public participation, as informed decision-making requires access to comprehensive and understandable data.

- **Dominance of Local 'Elites' in Decision-Making:** The community participation process can sometimes be dominated by local 'elites' who wield influence over decision-making, potentially aligning it with their personal agendas or priorities, which may not necessarily reflect the broader community's needs.

- **Voluntary Engagement of CHVs:** The voluntary basis of engagement for Community Health Volunteers (CHVs) is not always sustainable. High attrition rates and retention challenges are prevalent since these volunteers are not remunerated for their services, making it difficult to maintain a consistent and motivated workforce.

- **Interference in Beneficiary Registration:** Attempts to manipulate the registration of undeserving beneficiaries by elders, Community Welfare Committee (BWC) members, and politicians can compromise the integrity and fairness of the registration process, potentially excluding those in genuine need.

- **Challenges in Pastoralist Communities:** The pastoralist nature of some communities can pose specific challenges to the registration process. These challenges may arise when targeted beneficiaries frequently move or resettle, making it more complex to maintain accurate and up-to-date beneficiary records.

RECOMMENDATIONS MANDERA

System Capacities.

- **A Stakeholder Analysis/Mapping would prove to be invaluable in the successful implementation of the NICHE program.** This analysis would involve a comprehensive examination of all relevant stakeholders to gain a deeper understanding of their roles, interests, and influence within the context of the program. By conducting this analysis, we can identify crucial points of connection and areas where collaborative partnerships can be fostered. It allows for a more strategic and informed approach to engagement with various stakeholders, enhancing the program's overall effectiveness.

- **The involvement of key stakeholders is pivotal to the successful execution of the NICHE Program.** Their participation spans critical phases, including targeting, registration, case management, and monitoring. By actively engaging these key stakeholders, we can leverage their expertise, resources, and local knowledge to ensure that the program aligns with the specific needs and dynamics of the community. Their contributions can enhance the program's reach and impact, ultimately benefiting the intended beneficiaries.

- **The county government of Mandera holds a vital role in reinforcing the significance of supplementing NSNP programs.** It's essential for the county government to recognize the complementary nature of the NICHE Program and the NSNP initiatives. By actively supporting and promoting collaboration between these programs, the county government can maximize the impact of social assistance efforts in addressing the needs of vulnerable populations. This cooperation can lead to more comprehensive and effective interventions, ultimately improving the well-being of the community.

Technical Capacities.

- **Development of a Comprehensive Management Information System (MIS):** Collaboratively supporting the county government in establishing a robust Management Information System (MIS) can significantly enhance program management and coordination. This system should encompass all programs implemented within the county, providing a centralized platform for data collection, analysis, and reporting.

- **Capacity Building on Social Protection Policy:** To ensure effective implementation of social protection policies, it is imperative to invest in capacity building for both government staff and relevant actors. Such capacity-building initiatives should focus on enhancing their understanding of the intricacies of social protection policy frameworks, their roles in implementation, and their ability to adapt to evolving policy changes.

- **Stakeholder Training on Cash Transfer Program Implementation:** Facilitating training sessions for key stakeholders involved in the implementation of cash transfer programs is essential. The National Drought Management Authority (NDMA) and the Social Services Department, being experienced and well-equipped, should lead these training efforts. The training should cover all aspects of cash transfer program execution, including eligibility criteria, beneficiary selection, disbursement processes, and monitoring and evaluation.

- **Nutrition Officer Availability and Community Health Volunteers (CHVs):** To support nutrition counselling, it is essential to ensure the availability of at least one nutrition officer at each healthcare facility. In challenging-to-reach areas, where access to healthcare services may be limited, implementing partners should be mobilized to support nutrition outreach efforts. Additionally, advancing the roles and skills of Community Health Volunteers (CHVs) is critical in providing effective nutrition counselling services, as they often serve as the primary link between communities and healthcare facilities. Their capacity-building and accessibility are essential for the success of nutrition-related initiatives.

RECOMMENDATIONS MANDERA

Organizational Capacities.

- **Support the county in the improvement of cash transfer coordination and integration:** It is imperative to provide comprehensive support to the county in enhancing the coordination and seamless integration of cash transfer programs. This involves streamlining communication, sharing best practices, and fostering collaboration among various stakeholders to ensure the effective implementation of cash transfer initiatives, ultimately benefiting the community.

- **NDMA and the county government department of health have the capacity to implement NICHE since they have well-established structures for coordination:** Leveraging the existing capacity within the National Drought Management Authority (NDMA) and the county government's health department is essential for the successful implementation of the National Integrated Cash and Health Education (NICHE) program. Their well-established coordination structures can serve as a solid foundation for executing NICHE effectively.

- **Develop and implement a monitoring and evaluation framework that supports the effectiveness of the County Steering Group (CSG) and its working groups, especially regarding cash transfer and nutrition interventions:** Establish a robust monitoring and evaluation framework that will enable ongoing assessment and improvement of the coordination efforts related to cash transfers and nutrition interventions, thereby help to achieve desired outcomes. In addition, effective documentation, dissemination of information, and record-keeping are essential for transparent and accountable coordination efforts.

- **Resource mobilization and adequate budget allocation to enhance the effective coordination of structures need to be prioritized across sectors and by the county government:** Adequate resources and budget allocation are vital to ensure that coordination structures can function optimally.

Community Capacities.

- **Community entry processes play a pivotal role in the successful implementation of any program.** These processes serve as the initial steps towards building effective, enduring, and trusting relationships with the community. When executed effectively, community entry processes lay the foundation for the establishment of mutually beneficial structures and interactions with the community. To ensure the program's success, it is imperative to create well-defined structures for community engagement and active participation. Additionally, investing in mechanisms that facilitate the representation of community structures is essential.

- **Effective community entry processes are the cornerstone of program success.** They pave the way for the program to establish genuine, trustworthy relationships and structures within the community. It is therefore essential to create clear and well-defined avenues for community engagement and participation on NICHE. Moreover, the program should allocate resources to support mechanisms that ensure the representation of community structures.

- **Leveraging existing Community Structures for sensitization:** These structures, which may include local councils, community-based organizations, and religious institutions, are deeply embedded in their respective communities. Leveraging their influence can help disseminate information, address misconceptions, and mobilize community support for various programs.

2.7. WAJIR COUNTY.

2.8.1. Operational Context.

Demographics.

The 2019 Kenya Population and Housing Census indicate that the county had a total population of 781 214 which is projected to reach 848,385, 915,082 and 964,154 in 2022, 2025 and 2027 respectively. Males comprise 50.4 percent of the population and female population accounts for the remaining 49.6 percent. According to the KNBS analytical report and projections, the county is projected to record the following statistics between 2020 and 2025: a net migration of -2,039; 134,111 births; 20,815 deaths; crude birth rate of 31.2/1,000; and crude death rate of 4.8/1,000.

Population Projections (by Sub-county and sex)

Sub-County	2019 Male	2019 Female	2019 TOTAL	2022 Male	2022 Female	2022 TOTAL	2025 Male	2025 Female	2025 TOTAL	2027 Male	2027 Female	2027 TOTAL
COUNTY	**415,374**	**365,840**	**781,214**	**451,061**	**397,271**	**848,385**	**486,552**	**428,530**	**915,082**	**512,644**	**451,510**	**964,154**
WAJIR NORTH	58,786	53,297	112,083	63,845	57,879	121,724	68859	62430	131,289	72,552	65,778	138,330
ELDAS	44,743	43,759	88,502	48,590	47,522	96,112	52410	51257	103,668	55,221	54,006	109,227
WAJIR SOUTH	159,560	131,369	290,929	173,280	142,665	315,945	186902	153880	340,782	196,925	162,132	359,057
TARBAJ	27,141	30,086	57,227	29,475	32,673	62,148	31792	35241	67,033	33,497	37,131	70,628
WAJIR EAST	59,359	51,292	110,651	64,463	55,702	120,165	69531	60081	129,612	73,259	63,303	136,563
WAJIR WEST	65,785	56,037	121,822	71,442	60,855	132,297	77058	65639	142,697	81,190	69,159	150,349

The county recorded intercensal population growth rate of 2.7 percent on average annually vis a vis the national average rate of 2.2 percent annually. The population growth compares favourably with the total resource growth rate averaging 3.4 percent annually.

The equitable share that constitutes the largest proportion of the county revenues grew on average by 3.2 percent annually.

Population Projections by Age Cohort

	2019			2022			2025			2027		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	61,536	61,291	122,827	65,342	66,196	131,538	65,050	67,824	132,874	67,545	70,425	137,970
5-9	70,385	67,049	137,434	63,657	64,218	127,874	64,345	65,095	129,439	64,202	66,176	130,378
10-14	73,206	59,172	132,378	61,074	61,467	122,541	62,369	63,136	125,505	62,860	63,745	126,605
15-19	56,965	41,882	98,847	56,510	57,071	113,582	58,291	59,577	117,868	59,222	60,717	119,939
20-24	33,630	31,970	65,600	48,431	49,297	97,728	54,721	54,300	109,021	55,916	55,994	111,910
25-29	27,184	28,929	56,113	37,732	37,745	75,478	43,527	44,714	88,241	47,690	48,035	95,725
30-34	23,791	23,888	47,679	26,340	26,866	53,207	33,217	32,030	65,246	37,042	36,596	73,639
35-39	16,236	16,577	32,813	17,705	18,436	36,141	21,212	22,571	43,782	25,722	25,950	51,672
40-44	16,832	13,063	29,895	13,304	13,526	26,829	14,820	15,040	29,860	17,113	17,738	34,851
45-49	9,418	6,405	15,823	9,561	9,661	19,222	11,678	11,802	23,480	12,675	12,801	25,475
50-54	9,066	5,132	14,198	6,751	7,105	13,856	7,598	7,657	15,256	8,952	9,029	17,981
55-59	4,826	3,109	7,935	4,684	5,008	9,691	5,592	6,190	11,783	6,143	6,565	12,708
60-64	5,216	2,814	8,030	3,463	3,611	7,075	3,566	3,847	7,413	4,129	4,597	8,726
65-69	2,369	1,386	3,755	2,323	2,491	4,813	2,841	3,121	5,962	2,927	3,278	6,205

Approximately 6.1 percent of the population is in the category of ECDE as at 2022, projected to slightly decrease to 5.6 percent by 2027. The population that is economically active stand at 53.4 percent in 2022, slightly growing to 57.3 percent by 2027. This implies that the dependency ratio is consistently decreasing over the plan period although at a slow pace. The older persons, 65+, constitute a small proportion of the population remaining around 1.6 percent over the plan period. The fertility rates were recorded at 6.7 during the 2019 census with projections showing this has reduced to 6.1 as of 2022.

Prevalence of Poverty.

Wajir has a multidimensional poverty rate of 90%, which is 29-percentage point higher than the overall county poverty of 63 per cent with a total of 702,743 people being multidimensionally poor. When disaggregated by age groups, 89.2 per cent of children in Wajir are multidimensionally poor. This is 37-percentage points higher than the national average of 52.5 per cent. Among the youths, 87.4 per cent are multidimensionally poor compared to a national average of 48.1 per cent while for the elderly population, 92.1 per cent are multidimensionally poor compared to a national average of 55.7per cent.

Among children aged 0-17, the core drivers of multidimensional poverty are sanitation (92.6%), housing (91.4%), information (87.3%) and water (43.5%). For youths aged 18-34, the core drivers of multidimensional poverty are sanitation (89.7%), housing (84%), education (82%) and nutrition (68.2). Among adults aged 35- 59, the core drivers of multidimensional poverty are education (97.2%), sanitation (92.6%), housing (92.5%) and economic activity (83%). Among the elderly aged 60+, the core drivers of multidimensional poverty are sanitation (94%), education (92.9%) housing (87.6%) and nutrition (73.9%).

Status of Nutrition.

In Wajir County, malnutrition rates are alarmingly high at over 15 percent. The County has consistently had a Global Acute malnutrition (GAM) rate above emergency threshold in the last 6 years, except in 2016 and 2018. GAM rate for Wajir County was 16.4% (13.6 – 19.7, 95% C.I.) while SAM rate was 2.7%.

According to data by KDHS 2022, 12 percent of children in Wajir county were stunted compared to a national average of 18 percent. 23 percent were wasted compared to national average of 5 percent while the proportion of children under give who were underweight and overweight were 16 percent and less than 1 percent , respectively.

Table below shows Prevalence of acute malnutrition by gender.

	All	Boys	Girls
Prevalence of global malnutrition	16.4 %	14.1 %	19.1 %
Prevalence of moderate malnutrition	13.7 %	11.8 %	15.9 %
Prevalence of severe malnutrition	2.7 %	2.3 %	3.2 %

Livelihoods.

The inhabitants mainly practice livestock keeping as the main economic activity, agricultural sector in general contribute around 35 percent of the gross county product (KNBS 2021). Crop production, gum and resins harvesting, and honey production are also significant agricultural activities in the county. Other major economic activities in the county are construction services, contributing around 9 percent; transport and storage services, contributing around 7 percent; and education, and health services each contributing around 5 percent. Public administration and defence contribute 25 percent of the GCP (KNBS 2021). Wajir county is a member of the Frontier Counties Development Council (FCDC), a regional block that brings together ASAL Northern counties, and the Council of Governors at the national level.

The CIDP also spells out nutrition as one of the ley priority areas for intervention in the county with specific mentioned of the need to tackle infant malnutrition.

A review of the Annual Development plan, which is the yearly plan drawn out of the five-years CIDP however reveals that social protection was not prioritized at any point in the document.

Wajir does not have a county social protection strategy/ policy to guide design and implementation of various social protection programs within the county. However, from a nutrition perspective, the County Nutrition Action Plan 2018-2023 provides clear provisions in terms of nutrition programming in the county and what areas and programs need to be prioritized.

2.8.2. System Capacities.

Existing Guidelines and Frameworks.

The CIDP is the main development planning document for Wajir county that sets out its strategic goals and objectives for implementation over a five-year period. The CIDP has been seen to have clear provisions for expansion of social protection for the vulnerable members of the community. The plan speaks to the need to enhance cash transfers for vulnerable groups that include PWD, OVC, Elderly and poor HHs, Provide assistive and supportive device and services for PWDs, operationalize Child Protection centres, and focus on the provision of NHIF medical cover for the vulnerable members of the society. While there is not mention of social protection as a tool to help combat malnutrition especially among children, there is an illustration of goodwill to adopt social protection as one of the key development tools in the county.

Existing programmes.

Organization	Intervention type	Location	No of beneficiaries
County Government of Wajir	Livestock vaccination against RVF and CCPP	Wajir South	
Save the Children	Cash transfer	Wajir South, North, West, Eldas and Tarbaj	3,182
	Integrated health outreaches	Wajir North, Wajir South, Wajir West, Eldas	188 centres
	MAM Enrolment & Screening	Wajir North, Wajir South, Wajir West, Eldas	363
Kenya Red Cross	Integrated nutrition and health outreaches	Tarbaj, Wajir South & Eldas	
	Cash transfer-ICRC	Wajir East, Tarbaj & South	960 HHs
World Food Programme	Cash Transfer-Lisha Jamii	All sub-counties	22,902 HHs
	Provision of nutrition commodities (CSB and RUSF)	All sub-counties	120 health facilities
WASDA	Multi-purpose cash Transfer	Wajir South, Eldas & West	5,140 HHs (BHA) 1,183 HHs (ECHO)
ALDEF	Cash transfer	Wajir North, West, Eldas & Tarbaj	1,813 HHs
RACIDA	Support to integrated health outreaches	Tarbaj, Eldas, Wajir West	5 centres
Mercy Corps	Emergency Cash Transfer	Wajir East & South	70 HHs
Christian Aid	Cash Transfer	Eldas & Wajir West	327 HHs
Islamic Relief	Cash transfer	Wajir West, Wajir East, Wajir North, Eldas	2,000 HHs

Analysis of Gaps in System Capacities.

- The absence of a county social protection policy hampers the county's ability to strategically address the needs of its population. Such a policy ensure that the immediate and long-term needs of the county's residents can be met in a systematic and effective manner. Without this policy, there is a risk of ad-hoc and fragmented approaches to social protection, which may not adequately address the diverse and evolving needs of the population.
- The County Integrated Development Plan (CIDP) rightly emphasizes the importance of enhancing access to social protection programs, particularly among impoverished households in the county. This commitment reflects a clear recognition of the importance of social protection in improving the well-being of vulnerable communities. However, it is essential to note that this commitment has not been consistently reflected in subsequent annual development plans of the county. To effectively translate this commitment into action, it is crucial for subsequent plans to align with and reinforce the goals and strategies outlined in the CIDP.

2.8.3. Technical Capacities.

Human Resource Competencies.

The various government departments and parastatals like NDMA had varying human resources capacities and gaps. The NDMA, for instance, reported to have adequate human resource at both the county and sub-county levels for the smooth running of their operations and this would be useful fir the roll out of NICHE. The staff have undergone adequate training and have an enhanced capacity to deliver on their mandates that includes the delivery of the hunger safety net program.

The department of social development was also noted to be relatively weakly staffed although the newly established sub-counties were reported to be yet to receive sub county social development staff. This is the same case of the deplanements of children services where it is also noted that some sub-counties only have one staff making services delivery slow and hard especially during peak times.

For the department of health, it is noted that the nutrition divisions' is grossly understated and hence requiring support in the implementation of their program. This should be a key concern given the cortical role that the nutrition division within the department of health is expected to play during eth delivery of the NMICHE program.

Social Assistance Competencies.

There are regular community meetings, feedback mechanisms, and awareness campaigns to inform beneficiaries about the programs. Makes use of Local FM stations, Chiefs & Ass-Chiefs, BWCs,
CHV are the best community structure at community level.

Payment's delivery was a challenge as beneficiaries must travel distances to be able to access cash benefits. To circumvent this problem, some of the partners offering cash transfers in the county opted for mobile money payments as they are readily accessible within the communities in which beneficiaries of such programs reside.

Orientation of staff at county, sub-county and community levels has been undertaken to help them support with case management issues. This is particularly important in ensuring timely initiation of issues, updates and even changing of caregivers for programs that have provisions for this.

MIS Competencies.

The Inua Jamii programs are managed through the CCTP MIS which allows for collective approaches to management of beneficiary issues from the DSP and DCS without segmentation in terms of which programs particular beneficiaries belong to. The Hunger safety net program also has a seperate MIS through which the program is managed end to end from the point of registration, enrolments, payments, and case management.

The other cash transfer programs that are run by other partners within the county however are not MIS-based and are managed through select databases like excel.

The department has Kenya Health Management Information System used reporting from lowest facility to national level. The reports are accessible at the ministry data for decision and advocacy. Staff trained on the use of information system, and they can easily load information from the facility level.

Analysis of Gaps in Technical Capacities.

- The Kenya Health Management Information System (HMIS) primarily serves as a platform for reporting health-related data. However, it is essential to note that this system is not currently integrated to handle cash transfer data. This lack of integration means that while HMIS effectively captures health-related information, it does not encompass the necessary components for tracking and managing cash transfer programs. This presents a challenge for comprehensive data management and coordination between health and social assistance initiatives.

- Child Protection Volunteers (CPVs) play a crucial role in safeguarding the welfare of children and families within communities. However, one notable limitation is that they are often not trained to use the Management Information System (MIS). Given the existing shortage of staff at sub-county levels, where the Department of Children's Services (DCS) operates, the inability of CPVs to effectively utilize the MIS can further strain the capacity of DCS staff. This gap in training and resources restricts the support CPVs can provide and hinders the efficient coordination of child protection efforts.

- Human resource shortages are prevalent across various government departments, including the Department of Social Development (DSD), Department of Children's Services (DCS), and the Department of Health (DOH). These shortages have the potential to significantly impact the effective delivery of programs. With limited staff capacity, it becomes challenging to adequately plan, implement, and monitor initiatives in these critical areas.

2.8.4. Organizational Capacities.

Stakeholder Mapping.

Some of the stakeholders involved in the delivery of various social protection and nutrition programs in Wajir County are as follows;

Ministry of Labor and Social Protection (State Department of Social Protection and Senior Citizens Affairs:

- **The Department of Children's Services (DCS):** Responsible for the implementation of cash transfers for orphans and vulnerable children (CT-OVC)

- **The Department of Social Development (DSD):** Oversees the implementation of Older Persons Cash Transfers and Cash Transfers for Persons with Severe Disabilities.

- **The National Council for Persons with Disability:** Works closely with these sister departments, especially on the delivery of cash transfers for persons with severe disabilities.

The National Drought Management Authority (NDMA): Oversees the implementation of the Hunger Safety Net Programme in the county. The NDMA is also the Secretariat to the cash transfers technical working group and the CSG.

The County Department of Health: the department that is responsible for all aspects related to health, including community health strategy and nutrition services. They would be key during the implementation of the nutrition counselling component of the NICHE program.

Civil Society Organizations (CSOs): there are various CSOs in the county involved in the implementation of various cash transfer and nutrition programs. Some of them include Islamic Relief, WASDA, Mercy Corps, Christian Aid, ALDEF, RACIDA, Save the Children, Kenya Red Cross etc.

Development Partners: Mainly include WFP and UNICEF, who support the various nutrition interventions in the county.

County Level Coordination.

The main coordination structure at the county level is the County Steering Group. This committee is co-chaired by the governor and the office of the county commissioner while the NDMA is the secretariat.

Under the CSG, there are sub-committees based on various programs delivered in the county. There is the Cash transfer technical working group whose role is to coordinate all programs in the county that focus on the delivery of cash transfer programs to various populations groups within the county. Such a structure is also replicated for nutrition programs under the County Nutrition Technical Forum.

The coordination structures are noted to be active and vibrant with regular meetings. They are noted to be active up to the sub county level. Other structures for coordination that exists at the county levels that would be relevant to the NICHE program include the nutrition information group and the County Health Management Team.

Analysis of Gaps in Organizational Capacities.

Sub-county coordination structures, such as the nutrition technical forum, face challenges in convening regular meetings as initially planned and stipulated. This limitation primarily arises from budget constraints and insufficient resources allocated to facilitate these gatherings. The consequence of this constraint is the potential hindrance to the effective coordination of various programs at the sub-county level. Timely and consistent meetings are essential for sharing vital information, aligning efforts, and addressing emerging issues, making it crucial to overcome these resource-related obstacles to ensure robust sub-county coordination.

2.8.5. Community Capacities.

Community Structures.

Community structures have always played crucial roles in the implementation of various programs at the county level. They offer immense potential in supporting the roll out of NICHE in the county.

Community Health Volunteers (CHVs)

They exist within the county with the primary role of providing primary healthcare services and health education to the local population. The main challenge for this structure has been motivation but this will change as the government introduced stipends for all CHVs. They would be important in the delivery of the NICHE program as their roles would include community mobilization and sensitization as well as household visits to undertake health education.

Beneficiary Welfare Committees (BWCs)

BWCs exists for the Inua Jamii program's in Wajir county. They are not particularly active but could be operationalized to support the delivery of NICHE program especially given the feature of the program, where it piggybacks on the NSNP programs.

National Government Administration Officers (NGAO)

Chiefs, Assistant Chiefs and village elders form a critical part of the NGAOs at the community level. This structure is critical for mobilizations of communities and even for passing program related messages through community barazas.

Child Protection Volunteers (CPVs)

There exist CPVs within the County who work with a focus on preventing violence against children before it happens and thereby ensuring safety prevent violence against children before it happens. They do this by providing support to families, working with local communities, and raising awareness about important child protection issues. The CPVs would also have a role to play in NICHE roll out through mobilization and sensitization of communities.

Analysis of Gaps in Community Capacities.

Some of the key gaps with regard to community capacities include;

- The Beneficiary Welfare Committees (BWCs), a vital structure for the effective delivery of social protection programs, are currently inactive. Reinvigorating and revitalizing these committees is imperative to provide the necessary support for the program's success. Their reactivation can play a crucial role in ensuring that social protection initiatives reach and benefit the intended communities by actively participating in program implementation and oversight.

- A significant constraint lies in the insufficient number of Community Participation Volunteers (CPVs) available within the county. This limitation not only impedes their ability to fulfill their responsibilities related to child protection services but also directly impacts their reach and capacity to support the National Multisectoral Community Health Program (NMOCHE). Increasing the number of CPVs is vital to enhance the program's outreach and effectiveness, particularly in areas where their services are critical for community health and well-being.

RECOMMENDATIONS
WAJIR

System Capacities.

- **Enhance community involvement in program design:** To create more effective and community-responsive programs, it is essential to engage community members right from the program's inception. By actively seeking their input and feedback in shaping the program, you not only harness their local knowledge and insights but also cultivate a sense of ownership and relevance among the community. This collaborative approach ensures that the program aligns with the specific needs and priorities of the people it serves, ultimately increasing its chances of success.

- **Aligning integrated social protection and nutrition programs with the strategies of each sector and ensuring complementarity between sector policies and strategies are key enablers of joint programming:** Successful integration of social protection and nutrition initiatives will require a strategic alignment with the objectives and approaches of each sector involved. By harmonizing sector policies and strategies, the county will create a synergistic effect, enabling more effective joint programming.

Technical Capacities.

- **Strengthen communication and transparency:** It is essential to enhance communication channels to ensure that beneficiaries have comprehensive knowledge of program details, including eligibility criteria, entitlements, and the grievance redressal process. Transparency regarding the program's operations and objectives is crucial to building trust within the community. Beneficiaries should be well-informed about their rights, responsibilities, and the avenues available for raising concerns or seeking assistance.

- **Capacity-building:** A vital aspect of program improvement involves providing ongoing and progressive training and capacity-building opportunities to staff within various government departments. These training initiatives aim to enhance the knowledge, skills, and expertise of government personnel, enabling them to actively engage in program activities. Strengthening the capacity of these individuals fosters effective program implementation and coordination.

- **Feedback mechanisms:** To ensure that beneficiaries' voices are heard and valued, it is imperative to establish clear and easily accessible feedback mechanisms. These mechanisms should empower beneficiaries to express their concerns, share suggestions, and provide feedback on their experiences with the program. Additionally, program implementers should prioritize promptly responding to beneficiaries' inquiries and addressing their concerns. This bi-directional communication fosters a sense of ownership and partnership between the program and its beneficiaries.

- **Lobbying for employment of additional personnel:** Addressing identified gaps, particularly in the field of nutrition and in newly established sub-counties without sub-county officers from the Department of Social Development (DSD) and the Department of Children's Services (DCS), necessitates proactive advocacy efforts. This may involve engaging with relevant authorities and stakeholders to advocate for the recruitment and deployment of additional personnel in these critical areas.

Organizational Capacities.

- **Enhancing coordination at the Sub- County level is a critical step towards ensuring the efficiency of program delivery in local communities.** To achieve this, it is imperative to operationalize Sub- County coordination structures. These structures should be accompanied by well-defined guidelines for routine meetings, setting clear expectations for their frequency and purpose. Additionally, mechanisms for facilitating these meetings should be established, ensuring that they serve as effective platforms for collaboration and decision-making among relevant stakeholders.

- **Addressing the existing gap in Community Health Assistants (CHAs) and Community Health Officers (CHOs) is a pressing concern.** A significant 66% gap currently exists in the availability of CHAs and CHOs to deliver essential community health services. It is essential to prioritize recruitment and training initiatives to bridge this gap, thereby enhancing the accessibility and quality of healthcare services for local communities.

- **Building the capacity of the community health workforce is pivotal to ensure their effectiveness in delivering healthcare services.** Providing comprehensive training, regular supervision, and mentorship opportunities will not only enhance their knowledge and skills but also boost their confidence and job satisfaction. Strengthening the capacity of these dedicated individuals is a crucial step in improving the overall health outcomes within Isiolo County.

- **The absence of an accreditation system for community health training institutions is a notable deficiency in the current healthcare landscape.** Establishing a robust accreditation mechanism will ensure that training programs adhere to quality standards and produce well-prepared community health workers. This accreditation system will contribute to a more standardized and competent healthcare workforce, ultimately benefiting the community.

- **Instituting a clear and effective career progression path for community health workers is essential for their professional development and retention.** Providing guidance on office tenure, criteria for career advancement, and the expected trajectory in their career will motivate these individuals and help retain their valuable expertise within the community health sector.

- **Implementing a performance management and reward structure is essential to recognize and motivate community health workers.** By linking performance evaluations to tangible rewards, such as incentives or career advancement opportunities, their dedication and hard work can be acknowledged and incentivized effectively.

- **Strengthening the referral system between community health services and health facilities is crucial to ensure a seamless continuum of care.** This will facilitate efficient communication and patient transfers, improving the overall quality of healthcare services and patient outcomes in Wajir County. Effective referral systems are pivotal in maximizing the impact of community health initiatives and promoting timely access to higher-level healthcare when needed.

Community Capacities.

- **Training and motivation for community health volunteers (CHVs)** was identified as a critical gap that could significantly influence their effectiveness and productivity. To address this, it is essential to implement deliberate measures aimed at enhancing the training of CHVs, thereby improving their technical capabilities. Additionally, providing stipends or incentives can play a pivotal role in motivating them to fulfill their roles effectively. By investing in their training and incentivizing their efforts, we can harness their full potential in community health initiatives, ensuring better healthcare outcomes for the community they serve.

- **Community structures, such as Community Welfare Committees (BWCs),** are in existence but often function at suboptimal levels. These structures hold strategic importance, particularly in the implementation of integrated cash transfer programs. To fully leverage their potential, it is imperative to revitalize and operationalize these community structures. By doing so, we can harness their local knowledge, community networks, and grassroots influence to facilitate the successful rollout of various programs, including cash transfer initiatives, ultimately benefiting the communities they represent.

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