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USAID Nawiri Learning Brief: Gender, Youth and Social Dynamics (GYSD) Analysis

Background

This brief highlights key findings of CRS Nawiri's GYSD Analysis and the implications for Phase II. The study, conducted across Isiolo and Marsabit Counties from June to November 2020, involved a desk review, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and direct observation with 89 respondents. The highly participatory process also involved extensive engagement with key actors at county and community levels, through various planning, discussion, dissemination and co-design sessions. Although the GYSD analysis did not reveal any major surprises, it has provided more nuanced, context-specific information on vulnerable Isiolo and Marsabit communities and confirmed that social and care environments, critical to the effective management and lasting reduction of Persistent Acute Malnutrition (PAM), still require major investments and innovative contextualized approaches.

Summary Findings and Lessons Learned

The GYSD Analysis findings highlight ASAL women's triple burden as primary caregivers grappling with heavy reproductive, productive and community roles, typically with minimal male support. Key findings:

- Pastoralist communities are highly patriarchal with decision-making typically considered a male domain, limiting women's ability to access resources needed to ensure household food security and restricting their say on other critical decisions. Consequently, women in ASAL communities generally have limited access to and control over productive assets and resources.
- Women's excessive workloads often leave minimal time for rest and childcare. Worsening climate change, prolonged droughts and growing sedentarization (for various reasons), are increasingly threatening pastoralist livelihoods and frequently heightening women's workloads, with significant implications for childcare and feeding practices.

- Some deeply rooted socio-cultural beliefs, norms, and practices negatively impact on the health and well-being of women, girls and vulnerable groups like PLW and PWDs. These include Female Genital Mutilation/ Cutting (FGM/C), Child, Early and Forced Marriage (CEFM), and widespread acceptance of gender-based violence against women. Widespread in Kenya's ASAL communities, these have negative health and nutrition outcomes, undermining optimal child feeding and care.
- Programming to address acute malnutrition in the ASALs remains questionably top-down, treatment focused, and informed by limited critical contextual knowledge and understanding of local nuances. Associated with this is missed opportunities to positively exploit community strengths and assets which could play a major positive role in addressing PAM e.g., the limited meaningful involvement of local informal leaders, community structures and institutions to date. Mobile health outreach services are also needed, to reach remote settlements and nomadic pastoralist communities.
- Nutrition-sensitive, multi-sectoral approaches remain weak and underfunded at national and county levels, notwithstanding some awareness of the unique needs of women, youth and other marginalized groups in related policies. Multi-sectoral approaches could further be enhanced through concerted effort and support to build mutual respect and trust between formal and informal/ community institutions and leaders.
- Other community assets to engage and build on include locally rooted, traditional institutions like Traditional Birth Attendants/ Skilled Birth Attendants and elderly women/ grandmothers. Formal systems (e.g., MOH among others) should work with existing traditional/ community leaders and social institutions to address negative household and child feeding beliefs and practices.
- A notable GYSD and PAM evidence gap relevant to Nawiri Phase II is limited understanding of local community perspectives and of community structures and organizations with the potential to, or working to, address acute malnutrition. Greater understanding, achieved primarily through qualitative, ethnographic and/ or participatory approaches, would strengthen the evidence base on pertinent GYSD-related factors which underlie PAM in these pastoralist communities. This could be carried forward through dedicated action research and adaptive programming during Phase II.

Applying the Findings and Lessons Learned

- As evident in the table below, links within and beyond TOC P3 and SP 3.2 have been reinforced at multiple levels (community to county government), to enhance Nawiri/ collective impact on positive GYSD-related outcomes. Optimal Nawiri layering and sequencing has also informed related TOC refinements.

Key Lessons Learned	Adaptation or implication	Link to the DIP or TOC
<p>1. The productive, reproductive and community roles of women, girls and vulnerable groups (incl. PWDs) are highly significant in ASAL communities, as women's major workloads significantly affect the nutrition of women and children, including their vulnerability to malnutrition. This has a notable seasonal dimension, as below.</p> <p>In primary Nawiri target locations (Acute Malnutrition (AM) hotspots), women don't have enough livestock to sustain the family while the men and livestock are away in the dry seasons, which further increases their workloads and undermines IYCF, feeding habits and nutrition status, at a time when they need most support.</p> <p>Growing insecurity is further undermining women's health and nutrition and increasing their workloads.</p>	<p>1. Prioritize interventions aimed at (i) empowering women, adolescent girls, PWDs and other vulnerable groups; (ii) reducing women's workloads to liberate time for enhanced IYCF, childcare and feeding; (iii) creating conducive environments for lasting positive social change.</p> <p>1b. Prioritize sustainable livelihood initiatives that support women and other vulnerable groups to access reasonable income for reasonable effort, liberating time and resources for strengthened own and child/family care. E.g., by strengthening women's social networks.</p> <p>1c. Enhance supportive SBC interventions including HH Dialogue/ SMART Couples and Community Conversations (CCs) for HH and community-level sensitization & engagement, incl. on Harmful Traditional Practices (HTPs), negative socio-cultural norms and inequitable divisions of labor.</p> <p>1d. Nurture women's empowerment/ champions of positive change among traditional leaders/ custodians of culture, to proactively support the creation of enabling environments.</p>	<p>P1, SP 1.1: IO1.1.1 IO 1.1.2 IO 1.1.3</p> <p>P3, SP 3.2: IO 3.2.1 IO 3.2.1.1</p> <p>Link new O3.2.1.3.2, to O3.2.1.1.2.</p>
<p>2. Some dominant socio-cultural practices and norms continue to undermine the nutrition and health of women, adolescent girls, infants and young children. These include discarding colostrum, delaying initiation of breastfeeding/ pre-lacteal feeding, early introduction of complementary foods and dietary taboos.</p> <p>Child marriage for girls and minimal child-spacing further aggravate the nutrition, physical and mental health of young mothers and their children. Many related HTPs</p>	<p>2. Prioritize support for context-sensitive initiatives that raise awareness of the damaging nutritional and health impact of negative practices, to address HTPs at HH, community and leadership levels.</p> <p>Catalyze and support related multi-level interventions to reinforce positive social/ community change on issues that adversely affect the nutrition and health of women, adolescent girls, infants, children and vulnerable groups (including PWDs).</p> <p>Approaches including HH dialogues/ SMART Couples, CCs and nurturing champions of positive change</p>	<p>2. P3, IO 3.2.2 SP3.2, LLO 3.2.1.3</p> <p>New Output under LLO 3.2.1.3 (O 3.2.1.3.2): improved engagement of community custodians of culture for positive social-cultural norms,</p>

<p>(FGM/C, CEFM and premature childbearing for girls aged 10 and over) are commonly considered “acceptable”, while generally receiving limited community or social support at such times, with adverse impacts on their nutrition.</p>	<p>among custodians of culture (religious and community leaders), will foster conducive environments for lasting social change.</p> <p>Support awareness raising on HTPs and related law enforcement, as appropriate and/ or feasible.</p>	<p>Link LLO 3.1.2.1, to LLO 3.2.1.3, to support enforcement of laws against HTPs.</p>
<p>3. Despite high awareness of related laws, policies and human rights (incl. legal property/ inheritance rights and HTP-related), prevailing ASAL community norms don't recognize women's and girls' rights to inherit property, thereby denying their access to assets that would enhance their income and security and increasing their vulnerability and food insecurity. Although most HHs are aware that FGM/C and CEFM are outlawed, they continue to practice them.</p> <p>The lack of official IDs among many women and vulnerable groups in remote areas continues to render essential support, resources and services inaccessible (e.g., those for PWDs), including inaccessibility to voting, inheritance and property rights, which remain critical to women's empowerment and wider opportunities.</p>	<p>3. Prioritize county- and community-wide sensitization, lobbying and advocacy support for initiatives to enable women and other vulnerable groups to access and claim their rights (including national IDs, resources, support, voting and inheritance rights).</p> <p>Explore ways of supporting official registration (birth certificates and IDs) among vulnerable remote communities, to enhance access to rights and services; including women's property and inheritance rights and resources to support PWDs.</p> <p>Explore ways of supporting women and vulnerable group access to MPesa and to user-friendly financial services.</p> <p>Nawiri will catalyze and support select religious and community leaders to become change agents, as part of wider efforts to nurture environments conducive to lasting positive change.</p> <p>Sensitize and advocate among Members of the County Assembly (MCAs), to foster enabling environments.</p> <p>Sensitively lobby, advocate and/ or support community & religious leaders (informal) and official law enforcers (formal) to uphold and operationalize relevant government laws and policies.</p>	<p>3. P3, SP 3.2</p> <p>New IO 3.2.2</p> <p>○ 3.2.1.3.1</p> <p>New Output added under LLO 3.2.1.2</p>
<p>4. Gender and age significantly demarcate decision-making spheres and power. Social norms assign men dominant HH and community decision-making roles, while women require spousal consent for significant decisions and spending, incl. on HH food and health service uptake.</p>	<p>4. Prioritize sustainable, strategic and multi-level approaches to address these deeply rooted challenges in context-fitting ways. E.g., prioritize support for community leader champions of change and for HTP law enforcement (see #3 above), to reinforce community-level program roll out (SMART Couple at HH levels and community-level CCs).</p>	<p>4. Link LLO 3.2.2.1, with LLO 3.2.1.1</p> <p>Under LLO 3.2.2.1 add new Output: 3,2,1,3,2</p>

<p>Men heavily dominate public spaces and conversations, with women generally excluded from critical health and nutrition-related decisions, with adverse effects.</p>	<p>Integrate men and other influential community members (like grandmothers and TBAs) in initiatives to strengthen maternal and child health and nutrition, in culturally sensitive ways. E.g., targeting men/ community leaders to facilitate group dialogues to strengthen community knowledge on health, nutrition and the impact of gender norms, including through interrogating fatherhood and masculinity in ways supportive of desired SBC.</p>	<p>LLO 3.2.2.2 now changed to Output under LLO3.2.2.1</p>
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While GYSD dimensions have been integrated across all Nawiri Learning Briefs and TOC revisions, the following two are directly linked to Nawiri GYSD: The Gender Gap Analysis (GGA) Desk Study and the Social and Behavioral Change Assessment Learning Briefs.



[The Gender Gap Analysis \(GGA\) Desk Study Learning Brief](#)



[The Social and Behavioral Change Assessment Learning Brief](#)

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