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USAID Nawiri Gender, Youth and Social Dynamics Analysis to Explore Gender, Social and Cultural Norms Associated with Acute Malnutrition in Isiolo and Marsabit Counties of Kenya

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List of Abbreviations

ASAL	Arid and Semi-Arid Lands
CEFM	Child Early and Forced Marriage
CHV	Community Health Volunteers
CMAM	Community-Based Management of Acute Malnutrition
CRS	Catholic Relief Services
DFSA	Development Food Security Activity
EBF	Exclusive Breastfeeding
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FFP	USAID Office of Food for Peace
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender-Based Violence
GIS	Geographic Information System
GOK	Government of Kenya
GYSD	Gender, Youth, and Social Dynamics
HH	Household
ICT	Information Communication Technology
IDI	In-Depth Interview
IYCF	Infant and Young Child Feeding
IYCN	Infant, Youth, and Child Nutrition
MAM	Moderate Acute Malnutrition
MIYCN	Maternal, Infant, and Young Children Nutrition
Nawiri	Nutrition in ASALs Within Integrated Resilient Institutions
PLW	Pregnant and Lactating Women
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SMS	Short Message Service
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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Executive Summary

Introduction

USAID Nawiri gender, youth, and social dynamics (GYSD) analysis report explores systemic and social dynamics that drive persistent acute malnutrition in Isiolo and Marsabit counties of Northern Kenya's arid and semi-arid lands (ASALs). The study complements and builds on GYSD desk review findings[1]. The study methodology, key findings, thematic nutrition implications and key recommendations are summarized below.

Methodology

Nawiri's GYSD analysis included 90 in-depth interviews (IDI), 41 focus group discussions (FGD), and 37 key informant interviews (KII) in Isiolo and Marsabit counties. The fieldwork took place from November 2020 to January 2021 in Marsabit county (in Laisamis, North Horr, Saku, and Moyale) and Isiolo county (in Merti, Garbatulla, Isiolo Central, and Oldonyiro). Study participants were selected through purposive and convenience sampling using an interactive study design and county consultation co-design and co-learning workshops. Data was transcribed verbatim into local dialects, translated into English, and explored in NVivo using a coding framework developed from the research questions. Data was then analyzed through content and thematic analysis comprising descriptive, comparative, and interpretive analysis, and study findings presented through thick description. Ethical considerations adhered to during the study were consent, confidentiality, anonymity, do no harm, and respect. COVID-19 prevention protocols were observed during data collection and quality assurance upheld through participatory study design, pre-testing of tools, respondent verification, field debriefs, transcription quality checks, a research team inter-coder agreement, triangulation across diverse data sources, and validation of the study findings.

Implications of GYSD findings on acute malnutrition by thematic areas

Effects of gender roles, time use, and workload on acute malnutrition

Deeply rooted gender-based divisions of labor and unequal workloads burden women. Childcare and infant and young child feeding (IYCF) practices and high labor demands placed on women in both the wet and dry seasons, hinder maternal and child nutrition. Biased gender roles place heavy time demands on women who spend 14–17 hours daily on tedious labor-intensive routines compared to the 10–15 hours spent by men. Women's time poverty limits their available time for optimal care and quality nutrition for themselves and their children. Girls and boys are socialized early to take up gendered roles with a heavier burden placed on girls. Changing gender roles are driven by recurrent drought, changing livelihoods, demographic pressures, dwindling livestock herds, erratic weather, and harsh socio-economic conditions that have disrupted traditional coping mechanisms. Limited support by men working away from home or involved in negative coping behaviors e.g., alcohol abuse increases women's workload and time poverty and further pushes them to take up the men roles. However, young men are increasingly becoming involved in childcare with possible positive nutrition outcomes for children and mothers.

Effect of socio-cultural norms, beliefs, and practices on acute malnutrition

Some traditional practices e.g., discarding colostrum, delayed initiation of breastfeeding, pre-lacteal feeding, early weaning, and prohibition of chicken, eggs, and fish mainly by pregnant and lactating women (PLW) compromised nutrition and health of mothers and children and uptake of healthcare services. Mothers-in-law and grandmothers, sometimes prefer herbal healing remedies for maternal and child ailments and greatly influences mothers' diets during pre- and post-natal periods. Low birth spacing with multiple children under 5 years (CU5) negatively affected nutrition and health of mothers and children and increased the risk of acute malnutrition.

[1] FINAL Nawiri GYSD Analysis Desk Review Report1

Socio-cultural norms e.g., intimate partner violence (IPV), female genital mutilation and cutting (FGM/C), and child early and forced marriage (CEFM) were recorded as acceptable in the study areas. Ordinarily, CEFM for girls aged 10-15 years immediately follows FGM/C despite the girls not being mentally, emotionally, or physiologically prepared for motherhood. They lack skills and knowledge of childcare and productive assets/resources essential for fending for themselves and their newborns. The Gabra community ostracizes girls who become pregnant before marriage rendering them more vulnerable and without the social support and care networks needed during pregnancy and childcare.

Effect of power and decision-making across age and gender on acute malnutrition

Social norms assign men a dominant role in decision-making at household and community levels with women requiring spousal consent for decisions related to spending on food, food choice, and seeking health care. In public, the participation of women, boys, and girls is restricted, and their needs are not prioritized. The lack of women's meaningful participation in critical food and healthcare decisions at household and community levels negatively affect nutrition outcomes for mothers and children. Boys and girls are socialized into roles based on gender and age, which demarcates their respective decision-making spheres. This increases the likelihood of skewed power relations between boys and girls as they mature into adulthood and perpetuates intergenerational outcomes on the health and nutrition of mothers and children. Girl's physical maturity and transition into adulthood, marriage and parenthood is largely determined by cultural practices regardless of age, physiological, and emotional preparedness. These norms deny girls' control over their sexual lives, disenfranchising them and denying them opportunities for gradual progression into adulthood, that boys enjoy, and relegates women to a life of vulnerability and inferiority.

Effect of access to/control over critical assets and resources on acute malnutrition

Cultural norms, values, practices, and beliefs give control and ownership of strategic assets to men. Women have limited control of assets and resources which affects their decision-making power on food purchases, leading to household food insecurity. Women's dependency on their husbands may affect access to services that require financial investment e.g., buying nutritious foods and health services. The study communities give livestock high social and cultural value. Ownership of livestock defines one's social status in the community and is considered a form of social security and primary investment. Men prefer to accumulate livestock for prestige, social security, and as a long-term investment and rarely sell/slaughter them to feed their families. Livestock held by men are often not easily sold or converted to other forms of financial capital for household benefit even during lean seasons and are only sold as a last resort to meet critical needs (e.g., school fees and medical expenses). However, the study found the existence of norms which demand that men take good care of their families and will not allow households to go without food while they have livestock. Women's lack of asset ownership makes it difficult for them to obtain cash or access credit in times of need as lenders typically prefer men, who are perceived as better able to repay debts. Women's ability to decide on domestic purchases is limited, forcing them to cut back or suppress important food needs.

Similarly, young couples' lack of access to assets limits their ability to meet household needs. Local communities had traditional systems that ensured members' have access to social support safety nets. However, changes in livelihoods and a transition to sedentary lifestyles in small market centers have diluted these social networks and forced vulnerable and marginalized people into destitution. Access to social capital determined the assistance women receive for productive, reproductive, and community roles. Newly married women and first-time mothers cited challenges accessing help because of limited social networks. Social capital is built on strong communal bonds that exclude those who fail to meet community expectations making marginalized and vulnerable women struggle to obtain help. There is growing access and use of mobile phones, which have allowed multiple benefits including access to social networks, financial services, and information on health services, agriculture, and employment opportunities.

However, compared to men, women were less likely to have access to mobile phone and low literacy levels limited the full utilization of mobile phone technology. Increased access to phones among women, men, and youth contributed to financial inclusion through mobile money solutions e.g., MPESA and M-Shwari. These expanded opportunities have led to improved income with financial benefits for women. Access to finances increases women's spending autonomy (e.g., on food and health), serves as working capital for income-generating activities (IGAs) and boosts household resilience in times of shocks and stress. Women's growing access to mobile phone connectivity in remote areas presents an opportunity to use mobile phone technology to address maternal and child health and nutrition through mHealth[2] platforms. Young people's access to mobile phones, internet, and other digital platforms provides an opportunity to create alternative livelihoods, enhance self-reliance, increase resilience, and help young people generate sustainable income and reduce overreliance on livestock, and enhance household nutrition outcomes.

Effect of laws, policies, formal and informal institutional practices on acute malnutrition

The study shows high awareness of laws, policies, and human rights (e.g., property rights and harmful practices). However, the prevailing norms and beliefs discriminate against women and girls on property ownership and propagate harmful practices (e.g., FGM/C and CEFM) with negative health outcomes for women and girls and childcare. Cultural practices do not recognize women and girls' right to inherit property thus, denying them access to assets that would enhance their income thus, increasing their vulnerability and food insecurity. Also, most malnutrition interventions are limited to dispensing nutrition commodities instead of a holistic treatment approach that involves a thorough understanding of the patient's history, socio-economic status, and the socio-cultural dynamics that lead to malnutrition. By not considering the patient's profile, interventions fall short of offering the minimum essential package required to address specific malnutrition issues for mothers and their children including possible household food security needs. Failure to consider the socio-cultural issues underlying acute malnutrition leads to the flawed design of health and nutrition interventions and failed attempts to address acute malnutrition. Nutrition programs are rarely adapted to local contexts and the specific needs of men, women, girls, and boys. The national and county governments over rely on conventional stationary health and nutrition service delivery modes used among settled populations without factoring the nomadic community contexts (e.g., seasonality and mobility).

Recommendations for Further Research

- Conduct in-depth research and gender policy reviews[3] to understand the link between early motherhood and malnutrition and explore specific approaches to support young mothers in addressing acute malnutrition and thus reduce Global Acute Malnutrition (GAM) rates.
- Formative research to explore the risk of acute malnutrition in children of young mothers and fathers and the implications and recommendations for the project.
- More in-depth research on the barriers to the practice of exclusive breastfeeding, introducing complementary feeding, and optimal child feeding.
- Study household livestock ownership, access to markets, and the utilization of income from livestock marketing and their implications on household food security.

[2] The World Health Organization (WHO) Global Observatory for eHealth (GOe) defines mHealth as a medical and public health practice supported by mobile devices.

[3] Examples of such policy guidelines include the National Maternal, Infant and Young Child Nutrition Policy Guidelines (MoH, 2013) and the National Guideline for Integrated Management of Acute Malnutrition (MOPHS, 2009).

1. Introduction

1.1 Contextual Background of USAID Nawiri GYSD Analysis

Catholic Relief Services (CRS) conducted GYSD analysis that included a desk review and primary research to explore the underlying and systemic drivers of global acute malnutrition (GAM) in Isiolo and Marsabit counties. The desk review i.e., "*Desk Review Report for USAID Nawiri Project: A Gender, Youth, and Social Dynamics Analysis to Explore Gender, Social, and Cultural Norms Associated with Acute Malnutrition in Isiolo and Marsabit Counties of Kenya"*[4] findings form part of this report. The report presents the study design, findings, and implications on the Nawiri project's theory of change (ToC) and recommendations for further research and programming.

The desk study identified key evidence gaps on the intersection between gender, youth, and social dynamics and acute malnutrition in Isiolo and Marsabit counties thus informing Nawiri research and learning agenda and design of gender-sensitive pilots. The findings detail social cultural practices, beliefs, perceptions, and contextual factors that contribute to nutrition behavior of pastoralists and agro-pastoralists in Marsabit and Isiolo counties. It provides a nuanced understanding of the gender, socio-cultural, and age dynamics linked to acute malnutrition in children in pastoralist communities. The findings are context-specific and may not apply to other arid and semi-arid lands (ASALs) settings and use of findings in other contexts may require further analysis to determine their applicability.

1.2 Study Objectives

The following objectives formed the basis of the GYSD analysis's primary research for Nawiri:

a) To better understand the root causes of gender inequalities and correlations with the root causes of persistent acute malnutrition in Isiolo and Marsabit counties, as per Nawiri's ToC.
b) To support refinement of the Nawiri ToC based on GYSD analysis findings and inform design and implementation of gender-transformative interventions in Isiolo and Marsabit counties.
c) To support the design and development of effective gender, youth, and social dynamics capacity building initiatives for Nawiri project participants and partners in Isiolo and Marsabit.
d) To facilitate effective gender and youth integration into Nawiri's Monitoring, Evaluation, Accountability and Learning frameworks, project planning, and key program interventions.

1.3 Study Questions

Nawiri GYSD study research questions are outlined below:

a) How do laws, policies, regulations, and institutional (formal, informal/traditional) practices influence gender and social dynamics? How do they intersect to affect acute malnutrition?
b) How do socio-cultural norms, beliefs, and practices affect acute malnutrition across gender and age among vulnerable populations in Isiolo and Marsabit? How are related norms, beliefs, and practices changing over time?
c) What is the relationship between acute malnutrition and women's and men's, girls', and boys' roles (productive, reproductive, and community), responsibilities, time use, and workloads?
d) What are the barriers to women's, men's, girls', and boys' access to and control over critical resources, assets, income, social networks, public and private services, employment, technology, and information? How do they affect nutritional status/acute malnutrition?
e) How do patterns of power/decision-making across age and gender impact acute malnutrition among vulnerable groups at household, community, and county government levels in Marsabit and Isiolo counties?

[4] Catholic Relief Services (CRS, (2021). Nawiri *Gender Youth and Social Dynamics Analysis Desk Review Report Exploring Gender and Social Cultural Norms Associated with Acute Malnutrition in Isiolo and Marsabit Counties of Kenya*. Nairobi, Kenya. (Unpublished)

1.4 USAID Nawiri GYSD Desk Review Summary

1.4.1 Linking acute malnutrition to gender roles, age, time use, and workload

Nawiri findings show that pastoralist communities are patriarchal with men responsible for livestock and providing for the family[4,5] and women doing domestic chores, childcare, and productive work (e.g., petty trade)[6,7] leading to trade-offs between women's daily routines and childcare with negative child nutrition outcomes.[8,9] Seasonal migration by men during the dry season forces women to take over men's roles, further increasing women's workload during a period when nutrition for children is critical and food is scarce.[7] Care work and routine domestic duties consume most of women's time. The study found that women work an average of 8.5–19 hours and 14.5–18 hours a day while men work 8–15.5 hours and 6.8–14 hours in the wet and dry seasons respectively[7]. Averagely, women work 14.2–17 hours and men 11.7–13.8 hours a day in wet and dry seasons respectively. Women's heavy workload and time constraints affects the time available for mothers to engage in income-generating activities, provide quality care for their children and themselves, and take part in community activities.

Women's time poverty negatively effects child nutrition outcomes, a situation exacerbated for PLW and young mothers without other children to assist them in their chores. Studies show that pastoralist traditions are changing due to increased impacts of climate change leading to inevitable decline in traditional pastoralism and diversification livelihoods[7,8] leading to changing gender roles. The rapid social change in ASALs especially among the youth is driven by increased education levels, improved access to markets, increased access to improved transport infrastructure, and access to modern technology, among others. These changes have also provided opportunities for women to engage in economic activities outside the home and increased their access to income and value systems. Evidence shows that women's access to income results in improved household nutrition, food security, and positive child nutrition outcomes.[10,11]

1.4.2 Impact of socio-cultural norms, beliefs, and practices on acute malnutrition

Patriarchal social structures in pastoralist communities are embedded in the culture and govern all aspects of life.[12,13] Recent work[14] show that women, boys and girls, play a key role in the pastoralist ecosystem. The underlying intra-household structure determines access to livestock and livestock products. Whereas it is possible to postulate that such access translates to better household nutrition outcomes, there are gaps in understanding the outcomes for child nutrition. At household levels, social cultural norms related to women's education status, child and early marriage, high fertility rates (e.g., high number of children per couple) and low birth spacing are linked to acute malnutrition.[15] Beliefs and practices about food preferences and feeding practices contribute to acute malnutrition in children. Food taboos related to maternal and child dietary composition and habits have been documented in traditional pastoralist communities.[16,17] In Isiolo and Marsabit, grandmothers, mothers-in-law and traditional birth attendants (TBAs) strongly influence IYCF practices and often advise young mothers to discard colostrum, delay initiation of breastfeeding, pre-lacteal feed, and to introduce other food in the first six months of a child's life, against advice of health professionals.[18–20] This compromises optimal child feeding practices and contributes to acute malnutrition in children.[21] Food sharing norms are prevalent in pastoralists and hinders effectiveness of therapeutic feeding interventions as therapeutic food is shared with other family members.[22–24] Negative gender and social cultural norms e.g., shaming mothers with malnourished children [25] negatively affect mothers' participation in and adherence to malnutrition interventions. Harmful cultural practices (e.g., CEFM, IPV, and FGM/C) are linked to low self-esteem, silence, and powerlessness. Girls become wives and mothers at an early age when they are ill-prepared to take on adult responsibilities, which restricts their chances for a productive life and results in poor health and nutritional outcomes for both themselves and their children. Further, exposure to IPV negatively affects optimal child feeding practices (e.g., causes delayed/reduced breastfeeding, early termination of exclusive breastfeeding) and negatively effects child nutrition.[38–41]

1.4.3 Effect of patterns of power and decision-making on acute malnutrition

Patterns of power and decision-making at household and community levels in pastoral communities are pegged on gender and age, with a significant effect on the vulnerability of mothers and children. Men dominate decision-making power both at household and community levels. Women may decide on some household issues related to food, childcare, and sale of small assets. This accounts for the perpetuation of disparities among men, women, girls, and boys.[26] The desk review revealed that power relations and decision-making across gender and age determines one's access to and control over resources thus, affecting access to food and household feeding habits. Women experience socio-economic disadvantages that increase their risk of vulnerability to malnutrition.[27,28] Decision-making both in private and public spaces, is controlled by men marginalizing women and youth.[26,29] However, public participation of women and youth has increased due to changes in governance structures created by Constitution of Kenya 2010. However, women's attendance of various decision-making fora does not translate to their active participation since they are often bound by cultural norms that restrict their voices outside the home and in men's presence. The layered levels of decision-making in pastoralist communities, coupled with the intersecting identities of women, create hidden vulnerabilities regarding access to and control over assets and resources. This influences a woman's ability to secure household food security and nutrition for her children and herself, and access to health services.[30,31] Women, girls and youth's limited decision-making, at household and community levels, means that household food security is not guaranteed [32] and families remain dependent and at risk of acute malnutrition. Women's socio-economic status make them more vulnerable and increases the risk of negative maternal and child nutrition outcomes.[4,36,37]

1.4.4 Effect of access to and control over assets and resources on acute malnutrition

In pastoralist settings, older men control access to and use of key household assets and resources, thus affecting nutritional outcomes. Studies show that women's control over major household resources leads to improved child well-being,[12,33,34] however, women, girls, and boys continue to have limited access to and control over strategic assets and resources which translates to limited spending on food-related needs,[4,12,35] except for access to livestock products (e.g., milk). Overall low levels of education also limit opportunities for formal employment however, the younger and more educated generation have access to other income opportunities. Limited access to and control over assets also limits women's access to credit, however, some women have been introduced to micro-credit schemes that allow them to own small stock and invest. This transformation in women's ability to access and control resources is associated with favorable child nutrition outcomes. The rapid growth in modern communication technology has provided links to markets that would otherwise be inaccessible to women in pastoralist communities.[38] Mobile phones have enhanced existing social networks and created new pathways to resilience among pastoralists. They have increased opportunities for women to access financial capital from friends and relatives outside of their husbands' and fathers' control, giving them more control over their income sources. Women use mobile phone financial services (e.g., M-Shwari, Okoa Jahazi, Fuliza, etc.) to access micro-credit without needing to provide collateral. In addition, expansion of mobile banking services has extended financial inclusion to marginalized populations. The increased control and autonomy over income sources provided to women by technology has had positive effects on household food security.[42–44] However, limited access and information in pastoral communities hinders their ability to utilize this resource to positively impact their nutrition needs. Pastoralist communities have long relied on strong social networks built along kinship and trust[5,45,46] to access shared resources (e.g., pasture and water points). During droughts, the networks are a critical means of survival. Changing pastoralist livelihoods resulting from diminishing herds due to climate changes have adversely affected these social networks and the cushion they provide for ensuring household food security during stress periods. Social capital has been transformed into new forms such as micro-credit schemes for women in pastoralist communities with positive outcomes on household food security. However, more vulnerable women have limited and less-diversified social networks.[33]

1.4.5 Linking policy and programs to nutrition, food security, and acute malnutrition

Women and youth are mentioned in nutrition-sensitive and nutrition-specific policy across sectors at national and county levels, however, there are gaps in details on how gender, young people, and social dynamics should be integrated into nutrition interventions. There are also legal milestones aimed at securing a conducive environment for gender and youth development reflected in the Constitution of Kenya (2010) and in gender and youth policies at the national and county level.[47–50] County governments are charged with the realization of national-level policies, but there is an inordinate gap in the harmonization and implementation of these laws and policies at national and county level government. This is further reflected in budgetary allocations for gender and youth interventions and women's and youth priorities that averaged 4.9% and 2.8% of Isiolo and Marsabit county budgets, respectively, for the 2014–2018[49,50] period. Informal institutions, including the councils of elders of the Gabbra (*Guumi Gaayo*) and the Borana (*Gadda*), are well-established in Isiolo and Marsabit counties and hold significant influence over cultural issues. They also represent a patriarchal system whose views on certain issues, such as gender, are discordant with government policy. These informal institutions contribute significantly to shaping decisions and actions around maternal, infant, and child nutrition and are critical in ensuring the participation of women and girls, which is key to the success of nutrition interventions.[51,52]Existing formal structures have yet to fully benefit from these traditional structures or take advantage of the strengths to achieve positive nutrition intervention outcomes. An upside to this is the emerging evidence of efforts to incorporate informal institutions in nutrition programming by other development actors. Public participation has improved with the decentralization of government through devolution. However, in pastoral communities, women are not engaged in decision-making, especially on substantial matters related to family resources and decisions that affect the community.[31,38,53]

1.5 Nawiri desk review research gaps that informed primary research design

The desk review identified multiple research gaps which informed the design of this field study in terms of the target study population, scope, and questions. Specific gaps include:

- A cross-sectional view on (a) the existing socio-cultural context in relation to household nutrition and malnutrition and (b) the understanding of GYSD pathways to acute malnutrition.
- The extent of gender inequities in involving men and women in maternal and newborn health.
- Intersectional identities of women related to socio-economic differences, age, and culture, and how these affect childcare and nutrition.
- Participation of different groups in policy making and public decision-making related to nutrition by gender, age, ethnicity, and geography.
- The extent to which seasonality and livestock livelihoods are linked to acute malnutrition.
- How GBV affects acute malnutrition for pastoralist communities in Isiolo/Marsabit counties.
- How changes to pastoralist livelihoods in Isiolo/Marsabit impact acute malnutrition in children.
- How access to information communication technology (ICT) and innovation in different productive technologies at household levels affects acute malnutrition in infants and children.
- The interactions between formal and informal (including traditional) institutions and acute malnutrition.

2. Primary Research Study Design

2.1 Background to the Study Design

The study design was informed by (a) study objectives and research questions, (b) Nawiri desk review findings, (c) Nawiri hot spot mapping report and (d) Isiolo and Marsabit county consultative design workshops. The participatory study design involved consultants, national and county governments, communities, civil society organizations and Nawiri team. The study site selection was informed by Nawiri's hotspot mapping showing malnutrition hot spots and access to nutrition and health services.

Table 1 Selection of study sites

County	Subcounty	Ward	Villages
Isiolo	Isiolo Central	Oldonyiro	Nantundu, Lemorijo
		Burat	Game
		Ngare Mara	Kiwanja, Gambella
	Garbatulla	Sericho	Adele
		Kinna	Bulla Wara, Yaq-Barsadi
	Merti	Cherab	Malkagalla, Bathan Raro, Korbesa
		Chari	Bisika, Goda A, B
Marsabit	Saku	Karare	Loisusu, Almasire
	Laisamis	Kargi	Kargi
		Loiyangalani	Loiyangalani
		Gatab	Gatab
	North Horr	Maikona	Maikona, Toricha
		North Horr	N. Horr, El Besso, El sako mala
		Dukana	Dukana, Konye, Saru
		Illeret	Ilolo, Lomadang
	Moyale	Golbo	Dabel
Note: Game village, occupied by Turkana, and Borana, sampled from Burat Ward, to capture dynamics of the two communities living close to Isiolo town but not in the informal settlements unique to Bulla Pesa Ward.			

2.2 Methodology

2.2.1 Study Location

The study was conducted in Isiolo and Marsabit counties in sites selected using the criterion below.

a) Malnutrition prevalence based on USAID Nawiri hot spot mapping and nutrition data.[5]
b) Diversity of communities in Isiolo and Marsabit e.g., ethnic, and cultural differences.
c) County geographical coverage e.g., varying livelihood zones.
d) Inclusion of marginalized and vulnerable populations e.g., female-headed households, youth, adolescent mothers, elderly, fisher-folk, marginalized clans.

2.2.2 Site Selection and Sampling Approach

Purposive and convenience sampling strategies were used to identify participants for IDIs, FGDs, and KIIs, and determination of actual samples for qualitative research were informed by criteria below.

(a) Coverage of stakeholders at county, subcounty, and community levels was based on the study location selection criteria and a list of key informants generated in the study design workshop.
(b) Representation of study participants informed by age,[6] gender, and social diversity (AGD) covering subgroups by geographic location, ethnic minorities, PLW and mothers of children enrolled in nutrition programs, first-time mothers, and teenage mothers.

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[5] Ward and village selection for Isiolo county were based on acute malnutrition data obtained from NDMA. Similarly, selection of sites for Marsabit county was based on available data on acute malnutrition prevalence across the county.

[6] Age groups for women based on WHO/UNFPA definitions of adolescent (10–19 years) and young people (10–24 years), middle-aged (25–49 years), and elderly (above 50 years). At the design workshop, participants indicated that for men, the age brackets as marked by culture are adolescent and youth (14–30 years), middle-aged (30–39 years) and elderly (above 40 years).

(c) Inclusion of additional key stakeholders revealed through KIIs and FGDs (e.g., traditional healer/seer identified as an important part of cultural knowledge).

The sample size for individual and group interviews was based on an estimate of data saturation (i.e., the point at which no new theme or data emerges during field data collection) and information needs (data saturation) that was achieved after 97 IDIs and 38 FGDs.

2.2.3 Data Collection Methods

Participatory qualitative data collection methods were used to explore the lived experience of study participants and obtain data with a rich understanding of key study issues. IDIs, FGDs, and KIIs were used to collect data from individuals and groups and to gain understanding of their socio-cultural and behavioral practices. Direct observation was concurrently used with other methods during fieldwork. All the interviews were recorded, transcribed, and translated to aid data analysis and interpretation.

a. In-depth Interviews (IDIs)

IDIs were used for PLW, mothers, fathers, and other caregivers at household level to give participants a chance to answer questions without influence. Women whose spouses insisted sitting in the interviews were not interviewed. Semi-structured guides were used to gather socio-demographic characteristics, gender division of labor, household nutrition practices, gender dynamics on decision-making, access to and control of assets and resources, and other feeding and care practices identified by the desk review. Achieved respondents' sample sizes for the categories are as shown in Table 2.

Table 2 Respondent categories and achieved sample for in-depth interviews

Sample Criteria	**PLW, Mothers, and Caregivers of Young Children aged 0–59 months (including spouses of PLW and mothers)**				**Other Caregivers**
	Pregnant women, first-time mothers, and not-first time mothers (Seek to identify adolescent mothers)	Lactating women with children aged between 0–23 months. Participants in this category were differentiated into breastfeeding and non-breastfeeding women.	Mothers of children aged 6–59 months who are (a) currently enrolled in IMAM/CMAM programs and (b) who have not had their children enrolled in the IMAM & CMAM program	Fathers: Male caregivers (fathers of children aged 6–59 months). These were both young and elderly men.	Mothers-in-law, grandmothers, elderly women, siblings, and close relations
Sample Size	**16**	**26**	**13**	**21**	**13**

NB: In PLW and mothers' interviews, male caregivers, spouses, or men with similar characteristics were selected for separate interviews. The sample has captured the views of women from different sub-populations i.e., (a) older and younger women; (b) women from monogamous and polygamous marriages; and (c) women from marginalized/vulnerable sub-populations.

b. Focus Group Discussions (FGDs)

FGDs were conducted in neutral environments by skilled moderators and notetakers of the same gender as the respondents in each subcounty as shown in Table 3. The FGDs were homogenous, categorized by gender and age range with 6–12 participants. Themes/questions and participatory tools (e.g., seasonal calendars; activity, access, and productive resource profiles; ranking; community resource mapping; and free listing of community/livelihood resources) guided the FGD sessions.

Table 3 Respondent categories and achieved sample for FGDs

Sample criteria	**Women**			**Men**		
	Adolescent & young women (15 – 24 yrs)	Young and middle-aged mothers (25-49 yrs)	Elderly women (above 49 yrs)	Young unmarried men (15-24 yrs)	Middle-aged men (25-49 yrs)	Elderly men (above 49 yrs)
Sample Size	**4**	**10**	**6**	**6**	**6**	**5**

c. Key Informant Interviews (KIIs)

KIIs were conducted with purposively selected participants based on know-how, profession, and key community sectors related to nutrition. Data on socio-political context, laws and policies, norms, perceptions, community feeding practices, and gender and social-cultural norms linked to nutrition was also collected. The key informants were drawn from national/county governments; community, (i.e., CHVs, TBAs, women, elders, and youth leaders [*"morans"*[7]]); and local administration (e.g., Chiefs and Assistant Chiefs). Local non-governmental organizations (NGOs) and community-based organizations (CBOs) working on nutrition, food security, gender, GBV, child protection, education, livelihoods and resilience, economic empowerment, and youth issues were also selected and interviewed. The key respondent categories and achieved sample sizes for KIIs are shown in Table 4.

Table 4 Respondent categories and achieved sample for KIIs

	National & County Govt level	**Health Workers**	**Non-state actors/ NGOs, FBOs**	**Traditional Birth Attendants (TBAs)**	**Community & Traditional leaders**
Sample Criteria	Ministry of Health, Interior, NDMA, Ministry of Livestock, Fisheries & Agriculture, Gender & Youth, Social Protection	Medical health staff involved in nutrition programs, including county health staff, nurses, CHVs	Local NGOs with interventions in nutrition, food security, livelihoods & resilience, gender, child protection.	Female birth attendants, traditional healers	Elderly men[8] and women, youth leaders, *Moran* leaders
Achieved Sample	**9**	**11**	**6**	**6**	**5**

NB: County staff were interviewed at both county and subcounty levels.

d. Direct Observation (DO)

DO was used to collect data on social, cultural, and behavioral practices; general environment; and context. It covered community resources, feeding and livelihood practices, farming activities, IGAs, living conditions, and distance to health centers/markets. As DO is an unobtrusive method, the researcher did not ask study participants questions or interfere in their routines, rather they observed and took notes of ongoing activities and features of the environment besides, using transect walk.

2.2.4 Implementation of Field Data Collection

Study Team: The field study team comprised four consultants (team lead & 3 co-leads) and 20 research assistants (RAs) 10 each from Marsabit and Isiolo, including 2 Lead RAs selected from among the RAs to support field activities and an equal number of females and males. RAs with research experience who spoke local languages were recruited from the study communities i.e., Borana 4, Gabra 4, Samburu 2, Turkana 2, Sekuye 2, Turkana 2, Dasaanach 2. Each facilitator was paired with a note-taker and assigned to collect data from their respective communities e.g., The Borana RAs from Isiolo collected data from Borana communities in Isiolo only and the Borana RAs from Marsabit collected data from Marsabit only. The RAs underwent a 6-day training covering Nawiri study background and purpose, qualitative interview and moderation skills, confidentiality, research ethics, cultural awareness, safeguarding of vulnerable populations, child protection, and adherence to COVID-19 protocols during fieldwork. Pre-testing of study tools, review and refinement of questions, translation of interview guides, transcription of interviews, note taking on MS Word and into a template and use of audio recorders were also covered. To ensure the RAs are conversant with the research methods, role plays and mock interviews reflecting the field context were also used. The GYSD Lead and other Nawiri officers accompanied the study team throughout the entire exercise including data translation and transcription.

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[7] *Moran* is a social category of unmarried young men who have undergone circumcision and who belong to the same age-set (between the ages of 15–30 years, on average) who play the role of warrior and are charged with the responsibility of caring for livestock and securing the community against external aggression from other communities. This period lasts between 10 to 15 years after which they transition to family life and community leadership as elders.

[8] Elderly men were drawn from the traditional councils of elders. These are referred to as *Yaa* (Gabbra) and *Dhedha* (Borana).

Study Tools Development: The study tools were drafted based on the research questions, Nawiri theoretical and conceptual framework and findings from the GYSD desk review. The tools were reviewed through county-level participatory study co-design stakeholder workshops and validated by Nawiri team. The draft tools were pre-tested in Isiolo in a community with similar context as the study sites, refined, and final tools reviewed by Nawiri team and translated into local languages (i.e., Samburu, Turkana, Borana, Gabbra) and Swahili before being used for primary data collection. The pre-test was conducted in Swahili, Borana and Samburu languages. Pre-testing of tools gave the research team first-hand experience of typical ethical and logistical challenges and had the emerging issues addressed in the final tools. Besides, data gathered from the pre-test informed tweaking of subsequent questions to suit specific contexts across the two counties.

Ethical Considerations and Informed Consent: The interviewers obtained verbal informed consent (recorded), informing the participants about the study, how data collected would be used, and that participation was voluntary and optional before starting the interviews. There were no intrusive individual survivor accounts or personal experiences that required ethical review.

2.2.5 Data Management Process

Constant Review and Reflection: Field notes were constantly reviewed during fieldwork to include contextual information and reflexive comments expounded for insights on questions added to interview guides, as required in subsequent data collection, to triangulate and strengthen the findings.

Data Management: At the close of each day, interviews were downloaded onto a secure hard drive and the original field notes were collected from research assistants for filing. All audio recordings, interview transcripts, and field notes were labeled anonymously through code numbering and were cross-referenced and stored safely under lock and key. All personally identifiable information was removed during reporting and raw and transcribed data uploaded to a password-secured cloud folder.

Data quality control: Quality checks of field notes were done by consultants with the help of Lead RAs supporting the consultants. Field notes were reviewed against audio recordings to ensure accurate data capture. The consultants listened to randomly sampled audio recordings (30%) with the help of RAs to review how the questions were framed and probes conducted to dig deeper for extra information. Consultants held debrief meetings with RAs daily before and after field data collection as a measure of quality checks and control. About 40-50% interview transcripts were also randomly selected and reviewed by experienced local language speakers to ensure quality transcription. The consultants also compared sampled transcripts with original field notes as a quality control measure.

2.2.6 Data Analysis

Qualitative data analysis was conducted through thematic analysis to identify emerging themes, patterns, and issues to gain full understanding of the data collected. Data analysis was guided by the Harvard Analytical Framework.

Recording and Documenting Qualitative Data: All interviews were recorded with the help of a notetaker to avoid distraction during interviews and to enable the interviewer to develop rapport with respondents. Debrief summaries were then written by the field research team immediately after the interviews for constant review of the guides by the consultants. The main questions in the study tools were not changed throughout the data collection process although emerging themes from the data informed the probing questions for subsequent in-depth interviews, focus group discussions and key informant interviews. All audio data was collected and stored on encrypted external hard drives and field notes were safely stored. All electronic files and photos were backed up and stored in password-protected Dropbox folders with strict adherence to research ethics.

Translation and Transcription of Data: Data gathered through IDIs, KIIs, and FGDs was translated and transcribed verbatim, reviewed, analyzed, and used by the research team to write GYSD report. Each stage of the process was handled by a different team member to ensure quality of the final product. The RAs were trained on data protection and signed confidentiality and data protection forms before being assigned interview audio recordings for their respective languages i.e., Gabra, Borana, Samburu Turkana, and Dassanech to transcribe and translate. The data was transcribed by 12 trained transcribers selected from among the RAs and transcripts properly labelled using established transcription protocols developed by the research team based on sampled English, Kiswahili and Borana interviews. The transcription protocol ensured that transcribed data is complete, accurate and detailed. Transcription was done verbatim in the local language (interview language) and then translated into English for data analysis and report writing.

Notably, for every verbatim transcription, a different research team member reviewed the transcripts and listened to the recording to ensure transcriptions have accurately captured responses. The RAs reviewed transcripts for interviews done in local languages while consultants reviewed those conducted in Kiswahili and English. Additionally, external Borana, Gabbra, Samburu and Dassanech speakers reviewed randomly selected transcripts of audio recordings to validate RA reviews and avoid unintended transcription errors. Field notes served to back up data where transcripts were unclear or inaudible to ensure final transcripts were legible and accurate. Using the same team to collect and transcribe and translate data ensured that contextual issues were not missed. Constant review of transcribed and translated data by multiple team members eliminated RA biases.

Preliminary Participatory Data Analysis: After completion of primary data collection in Isiolo and Marsabit, a 3-day reflection and data transcription workshop were held by the research team to tease out initial findings, corroborate and triangulate data collected. The workshop involved consultants, RAs, translators and Nawiri team members. The workshop served as a final debriefing exercise for preliminary participatory data analysis focusing on theme identification and review initial findings thus, enabling the research team to reflect on the findings and implications on acute malnutrition. This was a chance for the research team to identify and fill in data gaps through review of initial findings against the research questions, field notes and field de-briefs before transcription and analysis. The research team used discussion groups categorized by study communities, group diversities, thematic areas and led by the consultants to validate the initial findings and formed the basis for data analysis by providing themes and trends used to develop initial data analysis code book.

Coding, Identification of Relationships, and Synthesis: All transcribed data was keyed into NVivo for coding, analysis, induction, and deduction to guide data analysis. Open coding was complemented by detailed transcript reviews to identify emerging themes (codes), trends, and to help develop a coding framework that compiled study objectives, questions, data collection themes, and desk review findings and applied them to the data texts. Each transcript was coded and reviewed by more than one researcher to ensure inter-coder agreement and findings were triangulated across different data sources. The meaning derived from the data is presented in granular detail using thick description.

2.3 Validity and Reliability

Validity of the research findings has been assured through credibility, transferability, dependability, confirmability, and reflexivity as detailed below.

Credibility of findings were enhanced through (a) corroboration of data across multiple data sources, sites, and respondent categories, (b) triangulation during coding, analysis, and interpretation, (c) triangulation across different data collection methods, and (d) respondent validation and verbatim quotes provided to illustrate and support findings.

Transferability of findings was ensured using thick description to describe both behavior and experiences of research participants and context.
Dependability, built into the study audit trail to provide transparency of the research path. A complete set of notes on decisions made during the study (research team meetings, reflective thoughts, sampling, study materials adopted, emergence of findings, raw dataset transcripts and audio files, coding, data dictionary and syntax, and data on information management) compiled.
Confirmability, study documentation ensured that findings and conclusions are supported by data, are internally coherent, and establish confirmability.
Reflexivity, interviews, observations, discussions, and analytical data augmented with reflexive notes.

2.4 Study Limitations

Inaccessibility of Sites: Some sites (e.g., Akunoit village in Ngare Mara) were inaccessible due to insecurity and were replaced with Gambella and Kiwanja villages occupied by Borana and Turkana communities, respectively. Bad roads resulting from heavy rains also made some areas inaccessible (e.g., Qorca and Uran in North Horr).g

Methodological Limitations: The study was qualitative thus, not statistically representative. However, adherence to exclusion and inclusion criteria, respondent verification, content and thematic analysis, and triangulation served to validate findings ensured accuracy. Further, checking for completeness of data collected by thematic areas of enquiry, research team reflection, and respondent validation workshops minimized subjectivity. Multiple data sources, triangulation and corroboration ensured that the limitations are exhaustively addressed and do not affect the findings.

Validity of the findings: as a purely qualitative study, the data collected is based on information provided by the study participants and thus, subjective. However, a 2-day participatory workshop by the research team enabled them to reflect and check the depth of the data collected and organize it into thematic areas of enquiry. Thereafter, A validation workshop with study participants from the two counties was conducted to confirm that the study findings represented their experiences.

Translation: This can potentially lead to valuable data loss particularly, key socio-cultural issues. Thus, the same research assistants were involved in tool translation, data collection and transcription and accuracy of translation agreed upon by the team.

Study Context and Sample Size: The sample achieved was informed by study saturation and data needs. The findings do not reflect experiences of the entire study population but are context specific. Thus, replication and variations of findings is only applicable to populations in similar contexts.

Small sample size: The sample achieved was informed by saturation and information need for the study. As a characteristic of qualitative studies, this sample is small hence is not a representative sample to the populations in the study areas. As a result, the study findings and cannot be generalized. Furthermore, the findings of this study do not reflect the experiences of the entire groups of people in the study area. The context-specific nature, the replication and variations of stories and experiences in this study mean that the findings can be used only with populations in similar contexts.

COVID-19 Protocols: The COVID 19 prevention measures particularly wearing masks affected rapport building with participants due to linkage of masks with COVID 19 infection leading to stigmatization. Thus, data collection included sensitization on COVID 19 spread and strict adherence to COVID 19 protocols i.e., social distancing, wearing face masks, handwashing and/or use of sanitizers to minimize risk to COVID-19 infections. Also, interviews were conducted in well-ventilated rooms or under tree shades in observance of cultural sensitivity and stigmas associated with COVID-19.

3. Findings and Implications of USAID Nawiri GYSD Analysis

3.1 Introduction

This section presents GYSD study findings on acute malnutrition from Marsabit and Isiolo counties by thematic areas and study questions. It includes the respondents' socio-demographic characteristics and discussions of the findings i.e., (a) gender roles, responsibilities, time use, workload; (b) the impact of gender, sociocultural norms, and beliefs; (c) patterns of power and decision-making; (d) the impact of gendered barriers to access and control over critical resources and assets; and (e) the intersection of formal laws, policies, regulations, and institutional practices and acute malnutrition.

3.1.1 Socio-demographic characteristics

The socio-demographic characteristics of the IDI study participants are detailed in Table 5. Most (76%) of the study participants were women and 24% men. Most (60%) of the respondents were 18 to 45years. Notably, due to high levels of illiteracy, the exact age of the respondents was determined through approximations. Meanwhile, 61% said they have not attended formal school and only two male respondents had tertiary education. Majority (76%) of the study respondents were married and 12% widows. The findings show 23% of respondents were in polygamous marriages, 51% Muslims, and 34% Christians; and only 10% professed traditional religious beliefs.

Table 5: Sample Characteristics for IDIs (sociological information)

		Frequency			Percentage
Code	**Response**	**Marsabit**	**Isiolo**	**Total**	
Gender of respondent	Male	10	12	**22**	**24%**
	Female	30	38	**68**	**76%**
Age of respondent	12 - 17 Years	1	4	**5**	**6%**
	18 - 25 years	7	8	**15**	**17%**
	26 - 35 Years	10	13	**23**	**26%**
	36 - 45 Years	5	10	**15**	**17%**
	46 - 55 Years	7	8	**15**	**17%**
	Above 55 Years	5	5	**10**	**11%**
	Don't know	2	1	**3**	**3%**
	No response	1	1	**2**	**2%**
Level of education	No formal education	24	31	**55**	**61%**
	Primary school - completed	6	9	**15**	**17%**
	Primary school - did not complete	6	6	**12**	**13%**
	Secondary school - completed	2	2	**4**	**4%**
	Secondary school - did not complete	0	1	**1**	**1%**
	Tertiary education	1	1	**2**	**2%**
Marital status	Single	2	3	**5**	**6%**
	Divorced	1	4	**5**	**6%**
	Married	30	38	**68**	**76%**
	Widower	0	0	**0**	**0%**
	Widow	6	5	**11**	**12%**
Polygamous household	Yes	5	16	**21**	**23%**
	No	30	29	**59**	**66%**
	No response	4	5	**9**	**10%**
Religion	Christian	20	11	**31**	**34%**
	Islam	17	29	**46**	**51%**
	Traditional religion	2	7	**9**	**10%**

3.2 Effect of gender roles, time use, and workload on acute malnutrition

Gender roles and responsibilities are socially ingrained duties that men and women are expected to do and form a vital feature of the socio-cultural set-up[9] that defines rights, privileges, and decision-making. The study sought to know how gender roles and time use relate to acute malnutrition.

Gender roles, time use, and workload

- The study confirmed the deeply entrenched gender division of labor in the study area with grave impacts on maternal and child nutrition. Women carry a heavy workload compared to men, which deprives them of time for childcare and compromises quality of care, including child nutrition.
- Seasonal cycles are integral to the livelihoods of pastoralist men and women because their lives, livelihood options, and gender roles revolve around the seasons, and livelihood choices.
- Changes are occurring in traditional gender roles driven by transforming livelihoods, socio-economic and demographic pressures, dwindling livestock herds, recurrent droughts, and unpredictable weather, all of which have disrupted traditional coping and adaptation mechanisms in the study communities. These shifts in gender roles have increased workload and demands on women's time as men play a less active role in the household with negative implications for maternal and child well-being.

3.2.1 Gender division of labor

a. Roles of men and women

Gendered divisions of labor were rigidly defined by study communities with collective roles and responsibilities of men and women linked to gender identities. Men primarily take care of livestock, buy food, and other items and participate in market activities. Men are socialized as "breadwinners" who "bringing food and money" to the family but have no input in food preparation which is considered women's work. their role considered superior to that of women. The Turkana, Rendille, Samburu, Dassanech, Gabbra, and Borana, men are responsible for assigning duties to other family members.

Fathers have the responsibility of buying foods and since these people are pastoralists, they must sell a cow to give money for buying food. ***(Female KII Health Worker)***

I wake up in the morning and after my wife has finished milking the goats I go to the market to sell some goats, use proceeds to buy food. I will go to the water point to make sure that my goats are watered. ***(Male participant, IDI with father, Nantundu-Oldonyiro)***

During dry seasons, men engage in cattle rearing activities and resolution of conflicts over common-pool resources and other community spaces. Men said that their workload is heavier than those of women especially during dry season linking it to long travel distances and difficult living conditions (including insecurity) that they must endure while in search of pasture for their livestock.

During the dry season, men must move with their animals for long distances in search of water and pasture for their animals, but women are just left at home doing their normal duties; therefore, men are the ones with more workload in this season. ***(Male participant, FGD, El sako mala, N. Horr)***

Women's main chores are cooking, cleaning, fetching firewood and water for household and small livestock, and childcare activities (e.g., feeding, bathing, and taking children to hospitals).

On a normal day, I wake up early, light the fire, sweep the house, prepare breakfast, prepare older children to go to school, and cook porridge for the baby. After breakfast, I wash utensils and clothes, feed the baby, and go for casual work. ***(IDI with breastfeeding mother, Dabel, Moyale)***

Turkana and Rendille women engaged in trade of livestock and livestock products (e.g., milk and ghee), sand harvesting, and casual labour. During rainy season, women herd livestock closer to homesteads while in dry seasons, men migrate with livestock to grazing lands (*fora*). Women milk and ensure there is enough milk for household while older women engage in domestic chores and herding livestock.

She is the one who constructs the house for the young goats and opens for them every morning. ***(IDI with father of CU5, Lemorijo-Oldonyiro)***

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[9] In pastoralist and agro-pastoral societies, women's roles, responsibilities, and entitlements are shaped by paternalistic sociocultural ideas, norms, customs, and values.

If she can't milk, what will she drink? ***(Male participant, IDI for young men/fathers, Ilolo – Illeret)***

I take my goats out to graze, fetch water, have a brief nap before taking the goats back to the field for grazing. ***(Female participant, IDI with grandmother, Ngurrnit)***

In performing their respective gender roles, pastoralist men and women face discrete challenges (e.g., during drought, men lack fodder for animals and women spend a long time searching for water).
During the rainy season, there is no fetching water, and during the dry season you fetch water from far which involves long distances. ***(IDI with lactating mother, Adheles, Sericho)***

Both men and women face challenges in their respective roles, however, women bear a heavier burden given that they are responsible for many laborious and time-consuming **reproductive roles** like cooking, fetching water, childcare, and IYCF; **productive roles** like herding and milking; and **community roles** like managing water points.
Women's workload is more compared to men, herd livestock and do household chores. They carry food from the market, fetch water, wash and prepare food. Nobody is supposed to eat before the husband. ***(Male KII county staff)***

The study also shows that the multiple roles of women overlap and compete. Cooking, preparing children to go to school, and milking cows and camels all at the same time are overwhelming chores that consume most of their time.
She still does house chores, milking, and preparing porridge; she gets time between 7:30 and 11 a.m. This is the window she uses to breastfeed the baby. After that, during the day, she attends women's groups and fetches firewood which is normally done in the afternoon. Water is also fetched. In most of the reserved rural areas, they don't cook lunch at lunchtime. After lunch is when she goes to fetch water and firewood. She gets back home at around 4 p.m. ***(Male respondent, KII with NGO staff)***

Among the Turkana and Samburu communities, PLW are burdened with caring for children and the elderly, among other reproductive roles. This contributes to poor nutrition of mothers and children as mulltiple roles and responsibilities reduce women's time for other activities and compromise the quality of IYCF practices. As stated in the excerpt below, women may spend most of the day on other duties forcing them to compromise on child feeding and breastfeeding.
But you see a pregnant woman involved in strenuous activity like charcoal burning, going to fetch water … and that is contributing to stunted growth and dwarfing because the babies are not getting good care from the time they are in the womb up to the time they are born. ***(Key informant, NGO health worker, Illeret – N. Horr)***

Breastfeeding mothers perform multiple roles which further adds to their heavy workload.
When she cries, I carry her on my back and continue working, and when she sleeps, I put her to bed. Otherwise, I work when she is still on my back. I can do all the chores like washing the clothes, utensils, and fetching water and firewood while she is still on my back. ***(Female participant, IDI with breastfeeding mother, Bathan-Merti)***

Women's multiple roles and heavy workloads limit their engagement in training and IGAs and reduce their chances to improve household income thereby compromising their own care and that of their children, and ability to meet households' nutrition needs. In Samburu and Turkana, women carry out reproductive roles during and immediately after pregnancy, harming their health and negatively impacting their children's health and nutrition. Women's activities remain heavy across all seasons but vary in intensity. In the dry season they take up men's roles, provide for their families while the men are away, and in wet season they care for livestock closer home as men rest. The implication is that across both seasons time for caring for children is constrained. Table 8 below shows the specific activities of men, women, boys, and girls across the various seasons.

b. Roles of boys and girls

Girls and boys are socialized to internalize their respective gender roles and expectations that go with those roles affect their adult behavior and influence their perceptions of childcare based on socio-

cultural context and age. The socio-cultural norms skew heavy workloads for women and perpetuate negative intergenerational effects on childcare outcomes. Among the Dassanach, when mothers go looking for food, other female relatives support with childcare roles. School-age female siblings take responsibility for ensuring children are enrolled in nutrition programs and attend nutrition outreaches. This affects girls' access to education, limits their personal development, and increases the likelihood of early marriage, further entrenching them in traditional gender stereotypes affecting nutrition outcomes for mothers and children. Children are allocated duties to help their parents by age and gender, girls assist with childcare, cooking, washing, and cleaning while boys do physical activities and some household chores e.g., fetching water and firewood, watering livestock, milking and casual work.

The boys just herd the animals if they are not in school. ***(Female FGD participant, Yaqbarsadi-Kinna)***

They help. The one who has a girl child will assist the mother and another will look after the livestock. You know a mother has a lot of chores to do in the house; she sweeps, cooks for the children, she made this, and fetch water. ***(Male respondent, IDI with father of CU5, Gotha, Merti)***

Girls mainly help mothers with domestic chores i.e., cooking, fetching water and firewood, caring for their siblings, and watering young and sick livestock.

If there is no school, girls wash utensils, cook food, fetch water, and do other duties assigned by their mother. ***(Female participant, FGD with mothers, Yaqbarsadi-Kinna)***

You know when the mother is pregnant she doesn't do a lot of work, the children help. My daughters help their mother, but when the children go to school, she does the work. ***(IDI with father of child in nutrition program, Kargi)***

3.2.2 Daily routines and seasonal cycles of gender roles and responsibilities

Gender roles associated with men, women, boys, and girls are shaped by culture among pastoralists and agro-pastoralists. Seasonality influences labor allocation to men and women although women's workload is heavy in both seasons, as described below.

a. Routine for women

Women perform their duties at different times prioritized by season (e.g., cooking, cleaning, fetching water and firewood, harvesting in dry season, and planting in wet season). Turkana women said that they spend more time on charcoal burning compared to other activities during the dry season while Rendille women spend more time on fish processing and trade during the dry season. Women wake up at dawn (5a.m.) to do household chores and retire at 10 p.m. However, during dry seasons, they wake up earlier due to an increased workload and the absence of men which forces them to take up additional roles, increases the distance to water sources, and time required to look for food.

During the dry season, the livestock moves further to the fora, you cannot access milk easily, you need to go very early in the morning to get the milk for the children or else they will not get milk at all. ***(Female participant, FGD with young women group, Kargi)***

Women did not report any resting time save spending less effort searching for water during the wet season as water is available closer to the homestead. They also invest less time in search of food because there is increased access to milk from the livestock, which are closer to the homestead.

During the rainy season, the livestock comes closer home, and it is better. You just milk the cattle at your convenience. But during the dry season, the livestock moves further from the homes, and we must go as early as 3 a.m. to milk. ***(Female participant, IDI with breastfeeding mother, Bathan, Merti)***

b. Routine for men

Women do many repetitive, laborious, and time-consuming activities while men do a single activity over a long period (e.g., grazing). Men wake after their wives and go to sleep earlier than their wives. They migrate with livestock, sell and slaughter, milk, and do casual labor. Some support childcare and

selected household chores (e.g., fetching water). Men resolve disputes at household and community levels, manage community resources, coordinate community meetings and events, protect grazing lands, lead marriage and burial ceremonies, and provide overall community leadership. Unlike women, men have time to rest during wet seasons when livestock grazes closer to the homestead.

Men don't have work during the long rainy season. They may spend some time herding camels, but this season is like a holiday for them. **(Male participant, FGD with elderly men, El sako mala, North. Horr)**

During discussions with fathers and male caregivers, respondents said that the contribution they made to their household was more important than that of women, despite women's heavy workload, lack of rest, and longer working hours. The estimated time spent on daily routines among women and men from various ethnicities are summarized and presented below in Tables 6 and 7.

Table 6: Time spent on daily activities during the dry season

	Borana	Gabbra	Samburu	Turkana	Rendille	Dassenach	Sekuye	Average
Women	17 hrs	17 hrs	16 hrs	18 hrs	17 hrs	17 hrs	17 hrs	17 hrs
Men	13 hrs	14.5 hrs	12 hrs	15 hrs	14 hrs	15 hrs	13 hrs	13.8 hrs
Difference	4 hrs	2.5 hrs	4 hrs	3 hrs	3 hrs	2 hrs	4 hrs	3.2 hrs

Table 7:Time spent on daily activities during the rainy season

	Borana	Gabbra	Samburu	Turkana	Rendille	Dassenach	Sekuye	Average
Women	14 hrs	15 hrs	14 hrs	16 hrs	13 hrs	14 hrs	14 hrs	14.2 hrs
Men	12 hrs	12 hrs	12 hrs	11 hrs	12 hrs	12 hrs	11 hrs	11.7 hrs
Difference	2 hrs	3 hrs	2 hrs	5 hrs	2 hrs	2 hrs	3 hrs	2.7 hrs

Turkana and Samburu women work for longer hours as compared to others as the men play a limited role in household provisions. Women are forced to fend for their household's fetching firewood from the forest early in the day. Gender and socio-cultural norms define women's roles and responsibilities at different life stages. The Borana and Gabbra women are relieved from all chores for 40 days after delivery of a baby. This period is referred to as "*Ulma*" when women stay at home and focus only on newborn care thus, allowing them to rest and offers an opportunity to promote positive maternal nutrition behaviors. With their heavy workload, women are exhausted and lack quality time for taking care of their children. Women's workloads remain high in dry and wet seasons as women, girls, and boys herd livestock during the wet season when men are resting at home.

… the work (of a woman) does not change, whether or not it rains. **(FGD for young men/fathers, Illeret – N. Horr)**

In the last days of pregnancy, female household members help with household chores e.g., cooking and collecting firewood and water. In the absence of female relatives, spouses assist. Turkana women work during pregnancy and resume normal duties after delivery as its assumed that being active is an exercise that prevents the baby from gaining too much weight and causing challenges during delivery.

Her daily duties remain even if she is pregnant … when she gives birth, I support her for a few days but after a short time she needs to continue with her work. **(Male participant, IDI with father of CU5, Nantundu, Oldonyiro)**

During dry season, men and boys migrate with livestock in search of water and pasture leaving women and children behind with limited milk at home, which affects family and child nutrition. Women and children who accompany men to the *fora* have better access to milk as compared to sedentary communities. Milk availability does not guarantee PLWs necessary nutrition required to be healthy.

For nomads we rarely get many malnourished children as compared to the settled areas because of abundance of milk for children moving with animals and we get food from Ethiopian side. … so, for them, the causes of malnutrition are lower compared to these settled people. **(Key Informant, NGO health worker, Illeret, N. Horr)**

Table 8:Seasonal activity profile by ethnicity, gender, and age

Seasons of the year	Months	Description of activities	Seasonal activities of men, women, boys, and girls			
			Men	Women	Boys	Girls
Short Dry Season *Bon Hagaya (Borana/Gabbra)* *Lameiodorop (Samburu)* *Nabai Gaaban (Rendille)* *Akamu Nawurien (Turkana)* Mar (Dassenach)	January–March	Livestock diseases high Scarce pasture Community conflict over pasture & water Decrease in milk production Food availability Childbirth increases Tilling of land Women workload increases	Looking after livestock near homesteads Digging shallow wells Milking Childcare (sometimes) Attending baraza Security provision Building of animal closers Working on firms Fishing	Cooking, fetching firewood and water Caring and feeding the baby Engage in small business Milking of animals Construction of houses Watering livestock HH chores e.g., ashing utensils Walk to Boma to bring milk Charcoal burning Working on farms	Attend school (firstborn son may not) Help fathers in taking care of livestock during holidays Do boda business Engage in other physical activities	Girls help their mothers with household duties such as cooking, caring for the baby, fetching water, cooking for the family Attend school (some don't)
Long Rains Season *Itumuren (Samburu)* *Hagaya (Borana/Gabbra)* *Yerr (Rendile)* *Akuru na Akiporo (Turkana)* *Irr gudua (Dassenach)*	March–June	Livestock delivery season High yields of milk Low prices of milk High rates of marriages Community and festival activities such as FGM Assistance is available	Have light duties Protecting livestock from wildlife attacks Water conflict with wildlife Fishing Farming activities Support caring for children Rest	Activities happen near the homestead Taking care of husbands Looking after young animals Milking and selling milk Farming activities like planting Participate in community activities e.g., weddings Creating songs and singing Production of ghee	Attend schools Helps parent in taking care of livestock Milking Creating songs Farming activities	Attend school Have household duties Take care of children Fetch water & firewood Beading and beautifications Caring and feeding children
Long Dry Season *Adholes (Borana/Gabbra)* *Lameiodo (Samburu)* *Nabhai Der (Rendile)* *Akumu Nokayem' (Turkana)* *Mar (Dassenach)*	June–October	Extended drought Water stress Drying up of seasonal rivers Long-distance to water points Migration of livestock High rates of conflicts Harvesting activities increase Vulnerability security Low production of milk for HH Increase in fishing activities High prices of milk Increase in cases of wife-beating Lack of markets for livestock	Cattle rustling activities Migration to wet areas Buying livestock drugs Buying hay for animals Digging shallow wells Conflict resolution Provide security Searching water for livestock Fishing Milking in fora & taking milk home Building enclosures for livestock in the Fora Some support wives after delivery	Women work increases Building traditional homes Taking care of newborn babies Going to boma to milk and some go to the Fora Head the household Taking care of the family when the man is away Fetching water over long distances using donkeys Buying items through credit Burning of charcoal Business activities Increased time for watering young/sick animals Harvesting of farm produce Production of sour milk	Low school attendance Support in caring for livestock Fetching water for animals from wells Support provision of security	Low school attendance Household chores like fetching water over long distances Caring for children Support harvesting activities
Short Rains Season *Gann (Borana/Gabbra)* *Guh (Rendile)* *Ngerngerua (Samburu)* *Akuru Naing'irupey (Turkana)* *Nyerube (Dassenach)*	October-December	Farming activities Marriage rates increases Milk is available Circumcision of boys Many festivals and ceremonies Migration to homes/villages Reduced water stress	Have fewer duties Rest Manages livestock duties Organizes boys' circumcision activities	Normal household work continues Prioritize taking care of the husband and not family Farming activities Milking and selling milk Caring for children Engaging in small businesses	Attend schools Helps parent in taking care of livestock Milking Farming activities	Attend school Household duties Take care of children Fetch water & firewood Caring and feeding children

3.2.3 Gender roles related to childcaring and Infant and Young Child Feeding (IYCF)

Childcare and IYCF-related roles (e.g., cooking, feeding, bathing, and healthcare) are regarded as women's work among the Samburu, Borana, Gabbra, Rendille, Dassenach, and Sekuye.

It is the work of the mother to feed the baby if there is food. ***(Male IDI with father, Loiyangalani)***

We make tea in the morning, cook lunch, and bathe our children in the evening and put them to sleep. ***(IDI with pregnant mother, Nantundu, Oldonyiro)***

A key informant revealed that women are preoccupied with childcaring roles, which take up most of their time while a mother in Marsabit county said that childcaring roles often overwhelm women.

They give breast milk, there is no other food prepared at the side. Mothers wake up at 4 a.m. because she must milk and do other chores in the household. ***(Female KII NGO staff)***

Men complement women's roles by providing foodstuff and relevant resources for childcare.

When a child reaches 6 months and needs to eat, you inform the father so that he brings the baby things like porridge, potatoes, and fruits. ***(Male FGD participant, Gambella, Ngaremara)***

My work is to bring them income since most fathers don't understand the child's problem. ***(IDI, father of CU5, Adheles, Sericho)***

Men's involvement in childcare is minimal due to cultural practices that prepare them for war and hinder them from getting too close to their children. They are not expected to be tender and caring but to exhibit toughness. Those involved in childcare are shamed and stigmatized. Men's role in childcare is changing partly due to education and exposure, they support when mothers are pregnant.

When she has given birth, I rarely go anywhere; I stay at home and look after the children. My relatives send me money for upkeep for that period. ***(Male IDI with father of CU5, Bisika, Merti)***

Women bear the increased burden of childcare when men are away looking after livestock, taking up the role of the household head. Sometimes, this absence can extend for long periods (between three to four months) without the men providing support to the women.

Most of the time the animals are driven away from home to look for pasture and water, men move with the livestock for 3-4 months. A month ago, I went to Illeret 700 kilometers away from Marsabit town. On my way, I saw children, elderly, and young men, who have stayed away from home for 4–5 months. When these people are away from home, who takes care of their families? Women are left with children struggling to meet their needs and available COVID-19 processes. ***(KII, county official, Marsabit)***

Gabbra and Dassanech men struggle to provide for their households during migration, and women do not have sufficient resources to provide adequate household food because they rely on men to approve the sale of small stock to buy food. This leaves them with the option to obtain food on credit or do casual work to act as breadwinner.

*Men move away with their animals for long distances in search of pasture and don't think much of the wife and children since animals are weak and you cannot sell for anything much … there is no time to think about the responsibility that is waiting back at home****. (Male participant, FGD with elderly men, El sako mala, N. Horr)***

In the absence of men, the responsibility of childcare, school-age girls, and grandparents is transferred to mothers who must go out and earn a livelihood to sustain their households. These mothers can barely afford to cater to their children's health needs, as was evident in some communities (e.g., Illeret) where school-age girl siblings and grandparents take children to nutrition outreach clinics.

Children and elderly people bring their brothers and sisters or grandchildren to the clinic because their mothers have gone to fetch water for sale, or to make charcoal for sale, or go to the market or lake to buy fish to come and sell so that at least the family can get something (to eat) … that is the reason these children are bringing their little brothers and sisters to the clinic. ***(Key Informant, NGO health worker, Illeret, N. Horr)***

Women play a central role in addressing household nutrition through food preparation, IYCF, and other household nutrition-related activities. Men provide resources needed to obtain food. This creates a situation where women's roles in ensuring proper nutrition for the household are subject to men's control and decision-making power over household income and resources.

3.2.4 Trade-offs between childcaring and other roles

Despite women's heavy burden and competing roles for their time, their work is not adequately compensated or valued. The competing roles lead to trade-offs and prioritization of childcare, as it reduces their participation in household and community roles. For example, when a child is ill, the mother and father will consider seeking medical attention for the child as a priority over other duties.

When the child gets sick, that is when I cannot do my usual job because taking care of that child becomes my priority. But when the child is not sick, I can leave the child at home with someone as I go out to do other things. ***(Female IDI with lactating mother, Loiyangalani)***

Even now I haven't gone to a meeting because I have nobody to assist me with the children. And the other child can't walk so there is no way I can carry them both … I can only do what I can do, the rest I can leave. ***(Female participant, IDI with lactating mother of CU5, Ngurrnit)***

Women and girls do more household roles than men, translating to heavier burden and larger trade-offs. Balancing time spent on childcare with other roles is inevitable and often constrains childcare/breastfeeding. Although childcare takes precedence, women must balance childcare with household duties and productive activities. PLW, the elderly, women with disabilities, and first-time mothers are disadvantaged juggling these roles household, IGAs, and community roles (e.g., funerals, weddings, and meetings), all of which compete for their time at the expense of childcare and selfcare.

You will get disturbed because when, for example, you are looking after your livestock you still get worried about your children not having had food. ***(Female participant, FGD for mothers, Lemorijo, Oldonyiro)***

The absence of adult caregivers means CU5 may not receive optimal healthcare services. Men face fewer (or no) trade-offs between childcare and their activities, centered around livestock rearing and community roles (e.g., participating in meetings and ceremonies). However, in some instances, men's engagement in other IGAs might be limited because of the need to care for their pregnant wives.

When my wife is pregnant, I must be available to help her. You know when she is pregnant, she can't carry out some duties like fetching water, so I must be around her and support her … it becomes difficult for me to seek other sources of income but just depend on our goats for survival. ***(Male IDI, father of CU5, Bathan, Merti).***

Compared to men, women are time constrained and spend more time on multiple activities leading to time poverty and trade-offs with competing demands, leaving them with insufficient time for childcare, breastfeeding, and their own nutritional intake and rest. Women's time poverty hinders them from: accessing healthcare services (e.g., immunization) and related nutritional activities e.g., (a) attending child feeding programs, (b) training and critical information related to child nutrition, and (c) actively taking part in productive activities, thus constraining their access to the financial resources required to meet maternal and child nutrition during lean times e.g., dry season.

3.2.5 Changing gender roles between men and women

Changing gender roles are driven by transforming livelihoods, dwindling livestock herds, recurrent drought, socio-economic and demographic pressures, and unpredictable weather, that that disrupted traditional coping and adaptation mechanisms in most societies. Most Dassanach men were reported to have abdicated their role as providers of their families leaving it women. Borana and Gabbra, men spend a lot of time away from home in the *fora* looking after animals and in markets or drinking.

Women are like the breadwinners in the family and unless they find something (food), the family will sleep hungry. ***(Male respondent, KII with NGO health worker, Illeret, N. Horr)***

In Illeret, Loiyangalani, and Ngaremara, respondents said that some married men have turned to alcohol abuse and abandoned their roles as providers leaving women as the sole providers. Women in Turkana and Dassenach do activities that were traditionally done by men (e.g., fishing, burning charcoal, and casual labor). Men, mainly young couples, help with childcare in the absence female relatives. Childcare is a shared role that men are encouraged to do mostly for children above 2 years old. Fathers with children in nutrition programs showed interest healthcare/nutrition information.

When a mother is pregnant or has just given birth or has traveled, I sit with children when they are eating to make sure that they share well, especially when there is little food. ***(Male respondent, IDI with father, Adheles-Garbatulla)***

When the wife is sick and cannot cook I cook for the children and some other time when the wife has gone far away with donkeys to fetch water. ***(Male respondent, IDI with father of CU5, Lemorijo, Oldonyiro)***

Shifts in livelihoods and with men seeking jobs outside has forced women to take up men's roles by engaging in trade, which increases their workload and severely constrains the time available for childcare and mothers' self-care, leading to negative implications on child nutrition.

Recommendations

- Interventions seeking to transform gender roles around nutrition should consider the complex socio-cultural structures that govern women and girls' agency and find creative entry avenues (e.g., use of narratives, role plays, and audiovisuals depicting existing positive/negative gender and social norms) to trigger reflection and conversations among men, women, boys, and girls.
- Nutrition programs should include interventions that free women's time to participate in productive activities and actively involve men at all stages of the program but also being careful not to increase women's workload.
- Actively engage men and boys in maternal, childcare, and nutrition through appropriate SBC programs and awareness creation targeting men as crucial influencers of household decisions on health, nutrition, and allocation of roles.
- Build capacity of women and men on shared decision-making, joint planning, budgeting, and purchase of nutritious foods to improve the nutrition and health of mothers and children.
- Promote transformative approaches that internalize roles, expectations, and workloads of boys and girls (e.g., champions/role models, integrate gender into school curricula) and use child-friendly information to address gender stereotypes (e.g., show men in childcare roles).

3.3 Effect socio-cultural norms, beliefs, and practices on acute malnutrition

In this section, the study sought to establish socio-cultural values, beliefs, norms, and practices that influence household feeding practices, as well as maternal and child nutrition.

Gender and socio-cultural norms

- Nutrition of PLW is influenced by cultural norms that include food taboos restricting the intake of nutrient-dense foods (e.g., chicken, eggs, fish) and other practices that compromise a mother's nutrition status (e.g., subsisting on tea for seven days after delivery) and that are likely to affect her infant's nutrition. Further, delayed initiation of breastfeeding, pre-lacteal feeding, and early introduction to complementary foods are widespread despite broad knowledge among mothers that infants should be exclusively breastfed for the first six months of infancy. These cultural practices are likely to compromise the child's immunity and nutritional intake.
- FGM/C is a culturally accepted norm in the study communities and is closely tied to CEFM. Girls of 10–15 years old face FGM/C and are married off soon after. The girls' tender marriage age means that they are not socially, mentally, emotionally, physiologically, and/or economically prepared for motherhood or adult responsibilities. They lack the requisite knowledge about exclusive breastfeeding and other childcare practices.
- Young women and girls who become pregnant out of wedlock are ostracized. Among the Gabbra, they are sent away from their families and communities and end up settling in urban areas where they live under deplorable conditions with limited access to life opportunities, rendering them extremely vulnerable. To cope, such mothers are likely to fall into maternal risk behaviors (e.g., alcohol abuse and transactional sex) and are exposed to poor health outcomes for both mother and child.

3.3.1 Social norms, beliefs, and practices (harmful traditional practices)

The desk review identified norms, beliefs, and practices related to sexual health with implications on nutrition outcomes for mothers and children. These norms and practices include high fertility preference, low inter-child spacing, preference for male children, FGM/C, and CEFM. It further explored these issues with specific emphasis on their effect on acute malnutrition in children, PLW, and mothers with CU5 among pastoralist and agro-pastoralist communities in Isiolo and Marsabit.

a. High fertility preference, child spacing, and preference for boys

In most of the study communities, men make decisions on the number of children born and child spacing. However, the younger educated women jointly make decision on child spacing.

We just do child spacing by agreeing with our husbands, we don't use any pills, we just sit down together and discuss that maybe we don't have a lot of resources for many children, so we agree on the best time to get another child. ***(Female respondent, women FGD, Garba–Yaqbarsadi)***

Most households in the study had large families (average of 6 children) with low birth spacing, and a majority had two to three CU5. Having many children is considered a source of pride.

To have many children is a privilege … children are counted as wealth. Spacing of children is not there … in some cases, you'll find that when a baby is 3 months old, the mother is already pregnant … ***(Female health worker, Illeret, N. Horr)***

Child spacing isn't practiced here. Male partners do not want to accept family planning. Religion prohibits the use of clinical/hormonal methods … ***(Female health worker, Kinna- Garba)***

Among the Turkana and Dassanech communities, couples have many children without adequate birth spacing. This contributes to high rates of acute malnutrition as children compete for the limited food available in the household, and mothers cannot meet the household needs of their children.

The other barrier/factor (to addressing acute malnutrition) is high fertility rates … you find that one woman has 10 children and the intervals at which they are getting these children is short. So, the children are competing for food, and provision of that food is a problem. ***(Key informant, NGO health staff, Illeret, N. Horr)***

Most of the study communities have a cultural preference for male children. The birth of boys is marked with an elaborate celebration that involves the slaughtering of two goats, singing, and praise, unlike the birth of girls, where one goat (or none) is slaughtered in a practice known as *morr* among the Rendille. However, the study did not find any feeding practice preferences for boys or girls.

When she gives birth … a goat is slaughtered, and the slaughtering of this goat depends on the sex of the child. If it is a baby boy, two goats are slaughtered, and if it is a baby girl only one is slaughtered and the mother is given soup from the meat of that slaughtered goat … ***(Female IDI, grandmother, Toricha, Maikona)***

b. Harmful traditional norms and practices

- **Female Genital Mutilation/Cutting (FGM/C)**

FGM/C is practiced among the Borana, Gabbra and Rendille and considered a crucial rite of passage for girls marking readiness or eligibility for marriage and men don't marry uncut girls. FGM/C transits girls to marriage and creates unequal marital power relations and early childbirth when their bodies are ill prepared to carry a fetus to term. The girls miss vital developmental milestones and are denied life chances while positioning them for negative maternal, nutrition and child health outcomes.

We circumcise girls and tie their legs together for them to heal faster and check to ensure that it has healed well. ***(Female participant, FGD for elderly women, Konye, N. Horr)***

When a girl reaches 15 years, she gets circumcised and when she reaches 16 years, she is ready for marriage. ***(Female IDI, grandmother, Konye-Maikona)***
Every girl is circumcised before marriage; you won't find uncircumcised girls ready for marriage. ***(Male respondent, FGD for young unmarried men, Bathan, Merti)***

The study revealed that girls who have not yet undergone FGM/C are forced to do so in the morning of their wedding day, especially among the Rendille and Borana communities.

If the wedding bull, called "rikoret," is slaughtered in the morning, the bride is circumcised in the evening. When people are dancing and enjoying meat, she will be in the house nursing her pain. ***(FGD, young woman, Kargi)***

We have not seen any Rendille/Samburu boy ever marrying an uncircumcised girl … ***(FGD, young mothers, Kargi)***

Unlike in the past when this practice would only be carried out on older girls, rural Borana communities take their girls through FGM/C as early as 12 years of age.

In the past, a girl is circumcised when she grows up, but today they are circumcised at 10 or 12 years. ***(Female participant, FGD for elderly women, Yaqbarsadi, Garba, Merti)***

The communities that undertake FGM/C believe that it reduces the girls' sexual urges referred to as "tying her legs" to stop them from engaging in sexual activities and pregnancy before marriage.

In the past, a girl was not circumcised until the day she gets married. These issues of early pregnancies were not there. ***(Male participant, FGD for young men, Saku)***

Among the Borana, Rendille, and Samburu, girls are ostracized if they have not undergone FGM/C and the communities have derogatory terms for referring to girls who have not undergone the practice.

We call those who have not been circumcised "raab." Raab is someone who has not been circumcised. ***(FGD with elderly women, Yaqbarsadi, Garba – Merti)***

- **Child Early and Forced Marriage (CEFM)**

CEFM is common among the Gabbra, Borana, Rendille, Dassenach, and Samburu communities. The Dassanech marry girls from ages 9–13 after performing FGM/C celebrated as *Dimi*. The Rendille marry girls at 12 years, transitioning girls who can barely handle household decisions to adulthood.

When a girl is 15 years old, she is mature enough to get married. They (girls) can also get married at 21 but they cannot be married before the age of 15. ***(Female respondent, elderly women's FGD, Konye – Dukana, N. Horr)***

Among the Borana, girls are married from 10–15 years old with those married earlier raised by the husband's family until they are ready for marriage. The girls' mother-in-law acts as her chaperone, taking care of and protecting her until she attains maturity.

… according to Borana culture, you can even marry a girl who is 15 years, 14 years or even 13 years; sometimes you are also given a girl who is 10 years (i.e., as your wife) and you can raise her yourself until she becomes 13 to 14 years and that is when you marry her. ***(Male participant, FGD for elderly men, Malkagalla, Merti)***

Marrying underage girls and waiting until they come of age (18 years old) to consummate the marriage is not practical as most men consummated the marriage shortly after the ceremony. CEFM harms the health and well-being of girls who are forced into adulthood before they are mentally, physiologically, and/or emotionally prepared. It exposes them to multiple vulnerabilities i.e., emotional, psychological trauma, restricted decision-making space, SGBV, and increased risk of complications during and after childbirth, which compromises their ability to care for themselves and their children.

These 12–14-year-olds do not know how to take care of themselves, so what happens when they now become wives and mothers? They cannot take care of and provide for their babies and that is one reason behind the high caseload of malnutrition for CU5 in Illeret. ***(KII, health worker, Lomadang – Illeret, N. Horr)***

In addition, it was also mentioned that when girls are married at an early age, they are not physiologically mature, and their bodies may not provide the optimum environment for the unborn child to develop. This carries the risk that the baby will be born underweight.

Another thing that I have realized is this thing of early marriage because you can see a child, say someone of 12 or 13 years getting married … she hasn't developed to hold that baby even if she gets pregnant. And most of the time you find that child being underweight because the mother was not mature. ***(Male participant, KII with NGO health worker, Illeret – N. Horr)***

In communities where both early marriage and polygamy are accepted practices, men end up polygamous at an early age (early to mid-20s). Marital unions in these cases feature extremely young women married to young men who have little to no capacity to care for their families. Situations of this nature reinforce the vulnerability of young women and the children.

We also face the challenge of polygamous marriages where young people marry at a teenage age. The result is that a young man who has many wives ends up siring so many children but with his limited resources he cannot provide for the children. ***(Male respondent, KII with community leader, N. Horr)***

The study communities revealed that women and children in polygamous relationships experience heightened vulnerability due to multiple competing needs and expectations from the same man who himself has limited resources and economic opportunities. Thus, mothers and children are unable to access the resources needed to guarantee a healthy diet. This has implications for both maternal health and child health for CU5. The link between polygamy and maternal and child nutrition is well illustrated in one of the interviews, as captured below.

The other factor contributing to acute malnutrition is the high occurrence of polygamy … you can see a man having three wives … they are competing for the same resources from that man, e.g., from animals and other sources. Whether each wife gets enough of it (the resources) is a question that has not been answered—and this affects pregnant and lactating women because they need the energy to carry out exclusive breastfeeding. ***(Key informant, NGO health worker, Illeret – N. Horr)***

Early marriage is closely related to a girl's education. Among the Samburu it is considered a waste of resources to educate girls who then leave to get married. Due to this culture, most young women, especially in remote areas, are not enrolled in school and remain at home helping with chores, taking care of livestock, or are taken out of school prematurely when they are considered ready for marriage.

Taking a girl to school is a waste of your resources because she will be married and go to her own family and the benefits of that education will not reach you but that family. ***(Female participant, FGD for elderly women, Yaqbarsadi, Garba – Merti)***

Among the Borana, there are changing norms around the practice of CEFM. For example, households with educated parents are more likely to allow girls to pursue education and are less likely to subject them to CEFM largely because of increasing urbanization, exposure to modern living, and changes by traditional leaders. In addition, there has been a concerted effort by the government and civil society organizations towards the implementation of government policy that discourages CEFM.

As a community, we have discussed the issue of child and early marriage and heard from the government that any girl child who is below 18 years old—don't dare to marry them, and we have accepted … The reason why we have accepted this is that if someone turns 18 years of age, they are now mature and can differentiate what is bad or good and have got an Identity Card. ***(Male participant, FGD with middle-aged men, Sericho-Merti)***

There is an apparent linkage between CEFM and malnutrition in CU5 as reflected in the integrated management (IMAM) by county department of health outreaches as a significant ratio of mothers with children in the program were below 18 years old. Key informant revealed that the younger the mother, the higher the chances of having multiple children in the program, due to multiple births at an early age and inadequate access to assets and resources and minimal decision-making power. The situation common among the Dassenach community as reported below.

Almost all the children that were enrolled in this nutrition program belong to the group of young married mothers and they are the ones who face the most problems, they don't get healthy foods and are unable to feed their children. ***(Female respondent, KII with mother mentor, Lomadung, Illeret – N. Horr)***

Pregnant and lactating mothers are also at high risk (of acute malnutrition) because of their physiological status, inadequate food, and lack of dietary diversity. For the adolescent mothers, it's because they get married very early—I mean, when they are still young and with low body weight more and still a child, and then they get another child who is also demanding their share of food … ***(Female KII, health worker, N. Horr)***

- **Intimate Partner Violence (IPV)**

The study revealed that IPV is an accepted norm in the study communities and is culturally regarded as a family matter to be handled by elders who is most cases rule in favor of the perpetrator (man) and out of fear of retaliation and women are not keen on reporting the cases. However, only severe cases that lead to hospitalization are addressed with survivors only visiting health facilities for medical attention without reporting for action to be taken against the perpetrator appropriate action. In case of arrest, most do not proceed to full hearing and determination due to lack of witnesses.

Gender-based violence is just like a normal life … it's like the normal thing … they (the women) are used to being beaten unless they (the woman) have been injured badly, that is when they will go to the hospital but even reporting it to the police, they won't agree. ***(Male respondent, KII with NGO health worker, Illeret – N. Horr)***

IPV violates women's rights, harms the survivor's mental and physical well-being, and has implications on nutrition interventions, especially in situations where the mother or her child is enrolled in a nutrition program. IPV results in mothers and their children missing outreach activities and relapsing on treatment progression leading to negative nutrition outcomes in infants. The resulting psychological trauma impedes a mother's ability to care for her child.

It has an indirect effect on the (nutrition) program … let us say if a woman is beaten and she cannot attend the outreach clinic, it means that month the child will be a defaulter… or if she has run away and gone to other places with the children you can't find them. It contributes to high defaulter cases. ***(KII, NGO health worker, Illeret Horr)***

- **Other Forms of Violence Against Girls**

Most key informants reported a high prevalence of violence, especially rape and defilement, occurring when women and girls go out to fetch water and firewood in remote areas. These incidences are often resolved locally by community elders and involve compensation to the young girl's family in the form of cattle. The risks faced by women and girls while undertaking their roles (e.g., fetching water, firewood and going to the market) present a barrier to women in completing tasks necessary to securing household nutrition and are likely to influence nutrition outcomes for mother and child. Girls who get pregnant out of wedlock and the children brought forth are treated as outcasts by family and community. It is considered shameful and a dishonour to the immediate family and the community. Among the Gabbra, once it is discovered that a girl has conceived out of wedlock she is disowned and sent away from home. Most of these girls move to town settings where they fend for themselves and their children. This renders them more vulnerable during a period of their lives when they most need support from their families to carry the pregnancy to term and to raise the newborn baby. This practice may be viewed as a form of structural violence and discrimination against girls, perpetuated by a culture that places a high value on family honor in contrast to the value it places on the life of the mother and her unborn child. To cope, such mothers are likely to fall into maternal risk behaviors such as alcoholism and transactional sex. Additionally, due to their vulnerability, they risk falling into exploitative and abusive relationships linked to poor health outcomes for both mother and child.

3.3.3 Norms and beliefs related to household feeding practices

a. Diet/food related norms practices

The study found numerous feeding practices, food related taboos, norms and values which manifest among the study communities and often inform behavior and practices related to food acquisition, consumption, and preferences and apply differently to men, women, girls, and boys of different ages.

b. Mealtime Practices

Household feeding practices did not vary much across the study communities. Most households reported having one meal a day, either the midday or evening meal, with very few families having two meals a day, and the most vulnerable households (e.g., single mothers) unsure of getting their main meal. Also, the study noted that about 50% of the individual interview respondents serve an average of six people at every meal as summarized below in Table 9.

Table 9: Summary of timing of the main meal and number of people per meal

		Frequency			
Code	**Response**	**Marsabit**	**Isiolo**	**Total**	**Percentage**
Time of main meal	Morning	0	0	**0**	**0%**
	Mid-day	24	10	**34**	**39%**
	Evening	8	36	**44**	**50%**
	No response	4	0	**4**	**5%**
	Mid-day and Evening	1	3	**4**	**5%**
	At the time when food is obtained	1	1	**2**	**2%**
Number of people fed	1 to 3	6	8	**14**	**16%**
	4 to 5	8	23	**31**	**35%**
	6 plus	21	19	**40**	**45%**
	No response	3	0	**3**	**3%**

During mealtimes, fathers or male household heads are served first and given the most food as breadwinners believed to work hardest followed by children. In some households, children are served first and the youngest child eating last because the mother must cool their food or feed them. Mothers eat last if there is food left, after serving all family members and feeding CU5. However, among the young and educated households below 30 years old all their family members eat the same time as they are bound by cultural norms that require men to be served first. Thus, during lean times, women go without food. This compromises their nutritional health further undermining PLW's ability to care for themselves and their infants and exposing them to the risks of malnutrition.

c. Food Preference and Taboos

Scarcity and cost of fruits, vegetables, and plant protein in ASALs leave households with little option but to subsist on maize and rice-based carbohydrate diets with low protein and vitamin intake greatly affecting the ability of mothers and children to obtain a balanced diet. Food taboos and preferences that restrict consumption of nutrient-rich foods (e.g., fish, chicken, and eggs) also limit the variety of nutritious foods available to them. The absence of preferred foods (e.g., meat) further, exposes mothers and children the risk of suffering acute malnutrition. The taboos also lead to undervaluing of available foods (e.g., fish sold at throwaway prices to brokers in Illeret who then transport the fish to more lucrative markets) and make it difficult for the community to secure money and nutritious foods. The Gabbra/Sakuye and Samburu have food taboos that hinder them from eating chicken and those eating chicken may be looked down upon e.g., *"Samburu's don't eat birds."* Certain clans and families among the Gabbra believed to have supernatural powers that enable them to act as seers and traditional healers, believe that eating chicken will make them lose that power.

People with special powers do not eat (chicken). According to Gabbra culture, we do not eat chicken—it came down from our forefathers and we cannot violate that tradition. But those who live in the town can eat (chicken) … but it is wrong for them to do that. ***(Female participant, FGD with elderly women, Konye, Dukana – N. Horr)***

Although a cultural taboo against eating chicken was noted during the study, most urban families are less conservative and eat chicken, as stated below by a respected Gabbra traditional seer.

The people living in town eat chicken, but for us who live in the village, we don't eat chicken since we consider chicken like pork. ***(IDI with female seer, El besso, N. Horr)***

Culturally, the Samburu, Borana, and Dassenach do not eat fish despite some of them living in areas with large production of fish which is equally a very nutritious food.

There is fish along Ewaso Ng'iro, but the community does not eat fish that is accessible. There is also a cultural belief against eating eggs and chicken. Chicken is looked down upon and is referred to as birds. Women keep chicken for commercial use only but do not eat it. In this community, the preferred food is ugali, goat and cow meat. ***(Female respondent, CBO leader, Oldonyiro)***

3.3.4 Norms and beliefs related to maternal nutrition

a. Maternal Feeding Habits During Pregnancy

Across all the communities in the study, there is a strong understanding of the need for a healthy diet for women during pregnancy. Some of the foods that were mentioned by respondents as being appropriate for pregnant women included sources of protein such as beans and liver.

In our culture, there are no specific restrictions on what women can eat. However, pregnant women should eat beans and liver, foods that contain vitamins. ***(IDI with breastfeeding mother, Bisika – Merti)***

Pregnant women in Borana eat mainly animal protein (e.g., meat, bone soup, milk, and blood).

We feed our women on animals' meat, milk, and we mix blood with animal fat like sheep fat, which we know is like good medicine than medicine at the hospital and give them since we don't eat vegetables that have been stored in the fridge. ***(Male participant, FGD, Sericho)***

In most cases, pregnant women eat many types of food except chicken, though feeding habits do change during different life stages. Pregnant mothers are subjected dietary restrictions and taboos. Pregnant Rendile mothers do not eat food that has been left overnight which they believe causes constipation and are also discouraged from consuming honey, which is believed to cause miscarriage. Some Borana's eat chicken, but pregnant women are advised to avoid eating eggs believing that the fetus will grow big, and the mother will have trouble delivering. Traditional healers and elderly women e.g., among the Samburu prescribe herbs believed to keep mother and child healthy but these may negatively affect the mother and her unborn child.

There are *herbs known as "lasarmai" that are given to a pregnant mother to improve her immunity. Some other products are derived from trees such as certain gums (resins) which are believed to be good for the health of pregnant mothers.* ***(Male participant, young men FGD, Karare, Saku)***

Pregnant mothers who follow men to the *fora (pastures)* face major nutrition challenges as their diet is restricted to available milk and blood, which is not sufficient for their nutrition needs. This leads to weight loss and sometimes the mothers suffer malnutrition and must be brought back from the *fora* for treatment. Similarly, poor nutrition for mothers who have accompanied livestock to the *fora* affects development of the unborn child and is likely to contribute to babies being born underweight.

Pregnant mothers go to the fora and are given milk and blood without food and when they get weak they are brought back to the clinic. ***(Female respondent, KII with TBA, Kargi)***

b. Maternal Feeding Habits After Delivery

There are notable differences across the various cultures in foods mothers eat after delivery e.g., Gabbra women are treated to the traditional prescription of salts, herbs, soup, and tea to aid recovery.

When she gives birth, the mother is given a mixture of magadi and ukwaju (tamarind) before taking that mixture a goat is slaughtered … and she is given soup from the meat of that slaughtered goat. After taking the soup she also takes a mixture of magadi and ukwaju to remove all the waste from her stomach and she does the same thing the following day also, and for the next seven days she only takes strong tea: nothing else. ***(Female respondent, IDI with grandmother, Toricha – Maikona)***

As described above, taking tea for the first 7 days believing that the mother's stomach cannot handle ordinary food after delivery is a common practice among the Gabbra, Sakuye, Borana, and Dassanech. while among the Samburu, women who have given birth are provided with foods such as maize, rice, and porridge that are believed to help them recover.

You will only be given maize, rice, porridge until you are strong, and you will eat rice and beans. ***(FGD participant, Nantundu-Oldonyiro)***

For the mother who has just delivered, the husband slaughters a sheep for her, and she is given soup and fat. If there is no sheep, the husband buys her camel bones and prepares soup for her. ***(Elderly man, FGD participant, Kiwanja -Ngaremara)***

Among the Rendille, Samburu, Sakuye, Gabbra, and Borana, a goat is slaughtered to celebrate the birth of a child. The meat is prepared for the newborn's mother to help her recover; however, the practice varies between communities. Among the Samburu, the meat for the new mother (*ikopet*) is only eaten by the mother and other women, it is taboo for men to eat it. The Gabbra slaughter a goat, but the meat is mostly eaten by men and community members, the new mother hardly eats any of it.

There are *no specific foods for any group, but when you kill an animal, everyone has their portion. The rear leg is meant for men, the ribs for Moran (warriors), and the head and the intestines for women.* ***(Female participant, FGD with lactating mothers, Kargi)***

c. Feeding Habits of Lactating Mothers

Among the Rendille and Borana, lactating mothers do not eat food that has stayed out overnight as it is believed to cause constipation for the mother and not good for the baby. Across all ethnic groups in the study, lactating mothers eat certain foods to produce more breast milk for the baby as stated below by respondents in Marsabit and Isiolo counties.

We eat food like fluids, porridge, and soup so that the baby can breastfeed. Apart from that, we eat normal food that everyone is eating. ***(Female respondent, IDI with lactating mother, Kargi)***

At the hospital, we are advised to breastfeed the baby for six months without giving them water. But for you to breastfeed properly you must eat well—porridge, tea, and fruits so that your baby is obtaining enough breastmilk. ***(Female respondent, IDI with breastfeeding mother, Game – Burat)***

Respondents also demonstrated an understanding that varied diet that includes different classes of foods is critical for nutrition during this period.

A mother who has a child or is breastfeeding should take foods like ugali, spinach, beans, let's say even sometimes cabbage. Just good food, good for your health. ***(Female IDI with lactating mother, Loiyangalani)***

Among the Sakuye and Borana, new mothers are not allowed to eat food prepared with dry maize (i.e., *githeri*, a mixture of boiled maize and beans) because it is believed that "that the food is hard" will interfere with the mother's post-delivery healing. Poor dietary habits of lactating mothers within pastoralist settings leads to malnutrition in both mothers and children.

They say if mothers don't eat well, even if they breastfeed their children, they can't get satisfied with the breast milk since even mothers they don't take care of themselves. As breastfeeding mothers, they are supposed to eat good food like liquid food—they should take porridge, milk, and even tea to produce more milk, but you realize mothers even don't eat well; sometimes they don't have that food, you just find them taking tea in the morning, skip lunch sometimes, and eat and what they might eat as supper is maize or milk if they get it. As you can see if a mother does not eat well, and their body is lacking nutritious food likewise their child also will be unhealthy. ***(Female respondent, KII with health staff, El besso – N. Horr)***

Cultural food taboos and beliefs influence maternal feeding habits during pregnancy, after delivery, and during lactation. These taboos prevent mothers from eating nutritious food (e.g., eggs and chicken) often making it difficult for lactating mothers to meet maternal dietary needs or to nurse newborns leading to underweight children. After delivery, all the communities in the study, apart from the Samburu and Turkana, prescribe a 40-day window for a mother to recuperate. This practice offers an excellent opportunity for nutrition programming to instill the recommended IYCF practices.

3.3.5 Norms, beliefs, and practices related to infant & young children feeding

a. Early initiation and duration of breastfeeding

Among the Rendille, in a practice associated with the *Saale* clan, newborns should not breastfeed until *Lngejepa*, a ceremony to welcome the baby, is performed. For babies born at night, this would mean that they only get to breastfeed the following day.

You know people in the past, when a child is born, the baby will not be breastfed until he goes through what is called "Lngejepa." If the baby is born at night, the baby will wait until the following day before breastfeeding. ***(Female participant, FGD with young mothers' group, Ngurrnit)***

Gabbra (specifically Gabbra phratries,[10] Algana and Garr of North Horr), initiation of breastfeeding is delayed until certain traditional rituals are performed. The Garr i.e., Garr Qarbayo/Garr Qalu and Garr Jalle are said to have supernatural powers. Among the Garr, a child born at night is not breastfed until the following morning when certain traditional rituals are performed. Garr Qarbayo/Garr Qalu clan practices *qumbi,* a branch from the *mukhu buqe* tree is placed on the forehead of the baby and is believed to grant them supernatural powers as seers. Garr Jalle practice *buqe*, placing fruit from *mukhu buqe* tree in the child's mouth and a blessing pronounced on the child giving them supernatural powers. After the rituals, the babies are fed on camel milk (*ankaro*) and then breastfed.

Meanwhile, the respondents had a general understanding that children should breastfeed for a period of at least two years, a practice often enforced by grandmothers and mothers-in-law while the men are away in the *fora*. This has since changed as men spend shorter durations away from their wives leading to lower birth spacing and shorter durations of breastfeeding.

In the past, we used to breastfeed children for two to three years but these days they are breastfed for only one year. ***(Female participant, FGD for elderly women, Godha – Merti)***

Among the Turkana, Sakuye, and Dassanech, termination of breastfeeding by lactating mothers occurs as soon as they conceive. Turkana and Dassanech believe that continued breastfeeding while the mother is pregnant will make the breastfeeding child suffer diarrhea and become unhealthy.

It happened just that I was pregnant, and I was still breastfeeding. But when I realized I was pregnant and then the child was grown enough to feed on other foods, and he was healthy too, I stopped breastfeeding and it did not affect him. ***(Female respondent, IDI with lactating mother, Loiyangalani)***

In cases where a mother does not produce enough milk, the baby is fed on boiled cow milk. Delayed initiation of exclusive breastfeeding impairs a baby's ability to nurse and increases the chance of premature initiation of other foods contributing to negative nutrition outcomes for the child.

b. Colostrum avoidance

When mothers discard colostrum before the first breastfeeding, the newborns miss out on the nutritious advantages it provides, including improved immunity, leaving them at risk of poor health outcomes. Notably, others who delivered in health facilities were more open to feeding their babies colostrum. The Gabbra feed infants on colostrum (known as *anan/um mucha* or breast milk), unlike Sakuye in Dabel who extract and discard colostrum as its considered unclean and Rendilles who believe newborns should not consume colostrum (known as *dambar*) because they will not be strong.

The first milk is called "damba," and if the baby drinks and can't be strong, he will never be strong. ***(Female Participant, young mothers FGD, Kargi)***

c. Pre-lacteal feeding

Pre-lacteal feeding is common in ASAL communities e.g., Gabbra, newborns are fed camel milk (*ankaro)* before the first breastmilk believing that camel milk boosts the child's immunity, Borana's give newborns cream from boiled cow milk, believing that it helps clean the stomach, and Samburu's give newborns ghee. However, these pre-lacteal feeding practices appear to be gradually receding.

These days we only practice breastfeeding, nothing else, but in the past, once a child was born, they were given camel milk and traditionally they call it "ankaro," but now it is different. You are not allowed to give anything until they reach six months, only breastfeeding. ***(Female respondent, IDI with grandmother, Gamel – Isiolo)***

In this community (Samburu) they believe that for the child to remove meconium (the first black stool), the baby is given liquid fat (ghee) before commencing breastfeeding. The giving of these pre-lacteal foods complicate digestion for the infant. ***(KII, NGO Worker, Oldonyiro)***

[10] There are about 40 clans in the Gabbra community divided into five phratries (also referred to as Gos): the Algana, Sharbana, Garr, Galbo and Odola.

Pre-lacteal feeding is linked to traditional practices of some clans or households with special powers, (e.g., seers and traditional healers). Among the Rendille, male children from the clans believed to have supernatural powers are given herbs to take before breast milk.

When a baby is born at night, they are not breastfed, instead the infant is made to taste some herbs in the morning before being breastfed. ***(Female respondent, IDI with grandmother, Ngurrnit)***

Pre-lacteal feeding is against the recommendation of exclusive breastfeeding for the first six months after birth. Initiation of other foods before six months elapses jeopardizes development of the baby's digestive system for optimal uptake of nutrients and increases the risk of early termination of breastfeeding which increases the risk of suffering acute malnutrition among CU5.

d. Initiation of complementary feeding

Low birth spacing and inadequate nutrition for nursing mothers may lead to early weaning. Dassanech mothers who conceive within three months after delivery are unable to simultaneously meet their nutritional needs and breastfeed, forcing them into premature weaning while heavy workload among Samburu, soon after childbirth hinders them from exclusive breastfeeding and leads to early weaning.

Women do most of the work, take care of animals, clean cow/goat sheds, fetch firewood. After three weeks, they leave children and go to graze, these activities undermine exclusive breastfeeding. ***(KII, NGO worker, Oldonyiro)***

Premature introduction of complementary feeding was mentioned by a health worker as a cause for both compromised immunity in infants and as a risk factor for acute malnutrition, as stated below.

That EBF is not happening is a reality because you will see a mother giving birth and after two to three months you see the child being given other foods … the child has not even developed immunity and they are already being fed on complementary foods. The chances of that child developing acute malnutrition are very high because they are being introduced to other meals at early stages—in Illeret there is nothing like EBF. ***(Key Informant, NGO health worker, Illeret – N. Horr)***

Delayed initiation of breastfeeding, colostrum avoidance, and premature weaning go against scientific evidence that confirm the benefits of colostrum and exclusive breastfeeding. These cultural practices negatively affect infant nutrition and well-being. Premature weaning compromises optimal nutrient uptake and increase chances of children being malnourished.

3.3.6 Knowledge and perceptions regarding IYCF

Knowledge of exclusive breastfeeding and weaning was high among young PLW and educated women who were not committed to traditional child feeding practices. Most mothers said they received IYCF information from healthcare workers, grandmothers, mothers-in-laws, neighbors, and female friends.

The nurses at the hospital will tell you if your child gets to six months give him food. ***(IDI with breastfeeding mother, Gamel – Isiolo****)*

Mothers interviewed reported that the education they obtained at the hospital was key to ensuring that they adhered to six months of exclusive breastfeeding.

We follow instructions from the hospital which says a baby should breastfeed exclusively for up to six months. ***(FGD participant, young mothers' group, Ngurrnit)***

Despite indications of high levels of awareness of exclusive breastfeeding and IYCF, non-adherence to recommended IYCF practices and exclusive breastfeeding was high. Besides, limited food choices after weaning hinders healthy baby development as available food do not meet their required nutrients leading to acute malnutrition in mothers and children.

You know our communities are pastoralists; they don't know how to feed children well and they don't even consider feeding children a serious issue. For example, after birth, the baby is given camel milk, baby food and water for fear that the baby might die of hunger and dehydrate if fed on breastmilk only. Besides, after six

months, the baby is fed on maize and milk most of the time and risks suffering acute malnutrition. ***(Female KII, health staff, El besso – N. Horr)***

All study communities had a good understanding of "exclusive breastfeeding," weaning, and child feeding, however, the practices are often undermined by socio-cultural practices perpetuated by elderly women who contradict the acceptable IYCF standards.

a. Local perceptions of wasting, normal, and overweight in children

Although malnutrition is not new in the study sites, it is not associated with conventional measures (e.g., mid-upper arm circumference [MUAC]) instead, most mothers relate their baby's health to a good appetite, actively playing, and not crying. They believe unhealthy children have brown hair and sagging skin. The Gabbra and Borana refer to malnourished children as "weak" (*faa edanin).*

They are called weak (faa edanin) amd don't have weight. ***(FGD elderly woman, Konye, Dukana, N. Horr)***

Superstition was used to explain such conditions. For instance, among the Borana and Gabbra, the problem of underweight children was associated with various causes including evil spirits.

When a child keeps on crying and they stop taking breast milk, we say they are infected by something which is called "urga" (an evil spirit). ***(Female respondent, IDI of grandmother, Toricha – Maikona)***

Among the Gabbra, it was reported that domestic hygiene and children encountering dirt during play contributes to children being underweight.

The children eat mud and that makes them underweight, and they can have diarrhoea. ***(Elderly woman FGD, Konye – Dukana, N. Horr)***

Factors that were identified as contributing to healthy children included a hygienic environment and "proper caring" by their mothers.

Children who have weight are those who do not eat mud. Those are the ones who are taken care of very well by their mothers. ***(Female respondent, elderly women's FGD, Konye – Dukana, N. Horr)***

Borana and Gabbra respondents said that elderly women and traditional healers offer traditional explanations and remedies for babies who do not feed well, are underweight, or malnourished.

Those children who are under age 5 years do not just suffer from diseases that are treated at the hospital, they can also suffer from diseases that require traditional treatment, their mother can easily know this. ***(Male respondent, men's FGD, Sericho – Merti)***

When a child keeps crying and stops taking breast milk, we say they have an infection called "urga," so incense obtaibed from camel dung is lit in the house. It is believed that after burning the incense the baby gets well. ***(Female respondent, IDI of grandmother, Toricha – Maikona).***

Mothers who hold such beliefs are less likely to seek medical care for their children or do so late when the child is in critical condition. The study communities struggled to describe various forms of malnutrition, only relating it to superstition and malevolent spirits. Also, knowledge gaps of symptoms of wasting and stunting limits mothers' and caregivers' ability to detect acute malnutrition and seek appropriate medical attention and instead seek the services of traditional healers.

3.3.7 Perceptions towards mothers of children with acute malnutrition and lack of food

Except for those in Dassanech, mothers in the study communities are stigmatized if their children are enrolled in nutrition programs. The shame associated with such stigma discourages enrollment in these programs. As the noted exception, having children enrolled in malnutrition programs in Dassanech is viewed with envy as access to nutrition commodities is seen as a source of livelihood.

On the day we have an outreach (to enroll children in the nutrition program) you will find mothers arguing to have their children enrolled in the program. This is because they are used to having the commodities—in many households it is their major source of income. They only give the child a single pack and sell the rest for cash. ***(Female respondent, KII - health worker, Illeret)***

Negative perceptions and shaming of mothers of children suffering from acute malnutrition is common among the Gabbra and Borana communities. Mothers of children with acute malnutrition are shamed and ostracized which prevents the most vulnerable mothers from seeking care and treatment for their children and can easily lead to further deterioration of their children's health.

Recommendations

- Build capacity and sensitize community and religious leaders, mothers, and fathers and institutional structures, to challenge harmful cultural practices and taboos that affect health and nutrition of mothers and children using targeted SBC strategies.
- Provide nutrition education to primary caregivers (e.g., mothers and grandmothers) and fathers on the negative effects of cultural practices that conflict with IYCF such as avoidance of colostrum, pre-lacteal feeding, premature weaning, and food related taboos.
- Establish income sources for vulnerable and marginalized populations to enable them to fend for themselves and their children and use SBC strategies that target their personal growth and avoidance of risk behaviors such as transactional sex, and alcohol and drug abuse.
- Support establishment of services that respond to the needs of adolescents and youth (e.g., gender and youth sensitive staff training), engage youth in the design of programs intended for them, and sensitize communities about the unique needs of adolescents and youth.
- Adopt an individual case management approach for households enrolled in treatment to help track progress and disincentivize abuse of nutrition commodities (i.e., sharing of food supplements, selling or misuse of supplements by mothers/caregivers).

3.4 How patterns of power and decision-making across age and gender affect malnutrition among vulnerable groups

Patterns of power and decision-making

- Men, as household heads, make most household decisions while women are responsible for decisions on household nutrition (e.g., meal choice, cooking, and child feeding).
- Mothers-in-law and grandmothers have an important role in household decision-making, particularly regarding maternal and child nutrition, and have a strong say on issues such as mothers' diet during pre- and post-natal periods, pre-lacteal feeding, time of weaning, and seeking healthcare.
- Boys and girls are socialized into roles that demarcate the decision-making spheres by gender and age with girls expected to support their mothers in domestic chores (e.g., childcare and watering small livestock) and boys involved in herding livestock.

3.4.1 Power and decision-making at the household level

Men and women make varying household decisions however, men are head of households and make key decisions (e.g., access to and use of resources like land, cash, and livestock). Women make some decision when their husbands are away in the *fora* with men's approval. Women's decision-making is an intricate negotiation process involving mother's-in-law and elders as summarized in Table 10.

Table 10:Summary of decision-making in the household for respondents to IDIs

		Frequency			Percentage
Code	**Response**	**Marsabit**	**Isiolo**	**Total**	
Decision-making on major decisions in household	Male household head	26	43	**69**	**76%**
	Female household head	13	7	**20**	**22%**
	No response	1	1	**2**	**2%**

a. Decision-making on matters related to food

Women have power over decisions around food bought and mealtimes often consulting their husbands as they provide resources to buy food or buying the food themselves.

Among the Rendille, women are the ones involved in kitchen affairs. If the food stock is exhausted, men go to sell their animals in livestock markets and then buy food. The woman is then given the food, and she plans what to cook and at what time. ***(Male participant, FGD with elderly men, Kargi)***

Women tasked with food preparation and childcare and can decide on the type of food consumed with approval from household heads (men) as shown below in Table 11.

Table 11:Patterns of power and decision-making at the household level

Areas of household (HH) decision-making	Who can make decisions?			
	Married Men	**Married Women**	**Boys**	**Girls**
Buying food	Yes	Yes (with consultation)	No	No
Cooking food	No	Yes	No	Yes
Caring for children	Yes (are consulted)	Yes	No	Yes
Seeking health for children	Yes (are consulted)	Yes (with consultation)	No	No
Attending training	Yes	Yes (with consultation)	No	No
Marriage	Yes	Yes (with consultation)	No	No
Child spacing	Yes	Yes (with consultation)	No	No
Start business	Yes	Yes (with consultation)	Yes (with consultation)	No
Property inheritance	Yes	No	No	No
Sale of livestock	Yes	No	No	No
Spending on HH income	Yes	Yes (with consultation)	No	No

b. Decision-making on sexual and reproductive health issues

Men are the decision-makers in matters regarding child spacing. Further, the findings from communities in Marsabit revealed how power dynamics varied with age—women's influence on decision-making increases as they grow older. However, in a case where there is a differing opinion between wife and husband, the husband's decision took precedence.

c. Decision-making among young people

Decision-making among young people is informed by gender and age. In the father's absence, the eldest son assumes the role of the household head and must be consulted in decision-making on key decisions. The eldest son is the *de facto* heir and assumes ownership of the family herd. Other male members of the household remain dependent on the eldest son for access to the household livestock. In most cases, younger male siblings prefer to work as herders, which allows them to build their herd and acquire autonomy. Girls/young women do not have autonomy over household decision-making. Women's inferior status among pastoralists is normalized and culturally internalized at an early stage. This is reflected in the unequal distribution of resources and decision-making at the household level and has implications on maternal and child nutrition since power and resources are required to ensure household food security and dietary diversity is controlled by men. If the mother does not have autonomy over such nutrition products, there is a high risk that the products will be diverted from their intended use (i.e., supplementary food will be used by men, fed to other children, or sold).

Participation of both men and women in interventions that seek to address acute malnutrition in children is essential to ensuring women receive much-needed support from their spouses. Deciding jointly as a household also affords power to both spouses to fulfil their respective household nutrition needs and those of their children. Considering household power dynamics and the influence of imbalances of power on household nutrition, addressing harmful cultural norms and their negative consequences is critical. It is likely that any approach which seeks to alter existing power structures by empowering women may be challenged by men. The risks of unintended and negative consequences arising from interventions that alter power dynamics should be analyzed and mitigated.

d. Role of mother-in-law and grandmother in decision-making

Mothers-in-law and grandmothers are held in high regard and play a critical role in childcare and feeding due to their knowledge and vast childcare experience. They wield substantial influence on key childcare and feeding practices, despite mothers being the primary caregivers. The data also shows that some families consult mothers-in-law and grandmothers on key household decisions (e.g., household management, healthcare, maternal and child nutrition, finances, and general family well-being) in addition to being relied on as alternate caregivers for infants and children.

e. Public participation and decision-making

Participation in decision-making on community activities is dominated by men. Women must seek permission from male relatives (father/spouse) to participate in or accept community roles, and their time poverty constrains their involvement and hinders their input and benefits from interventions.

You know, its men who go to meetings and it has been like that. Women remain at home, so the decisions are made by the men. Women and men are not supposed to sit under the same tree and talk. ***(KII, county official, Marsabit)***

Recommendations

- Men make most household decisions and programs that seek to address acute malnutrition should involve men to promote effective participation of women in nutrition program design e.g., through facilitated group dialogues, nutrition education, challenge gender harmful traditional norms and rigid notions of fatherhood and masculinity.
- Grandmothers and elderly women play a key role in maternal and child nutrition and should be involved in design and implementation of nutrition programs e.g., trained to support positive maternal and child nutrition behaviors at household and community levels.
- Leverage on the presence of men and women at cultural events to promote SBC messaging for joint household decision-making and child nutrition (first 1,000 days).
- Engage men and boys as agents of change in childcare and nutrition using innovative positive parenting interventions or as mentors, role models, or champions.
- Sensitize men and empower women to actively participate in joint decision-making on health and nutrition e.g., incomes, nutrition, health-seeking behavior, and childcare.

3.5 Gendered barriers to control over critical resources and acute malnutrition

Section Highlights

- Cultural norms, values, practices, and beliefs give control and ownership of strategic assets to men. Limited control of assets by women has dire implications on food security because women cannot make independent decisions on food purchases. Dependency on their husbands affect women's access to services with financial implications (e.g., health services).
- Low levels of education (i.e., high illiteracy levels), implies limited skills to participate in and benefit from development initiatives and economic activities by communities. This hinders them from active involvement in project activities and dims opportunities for paid work. Women are further marginalized because of their subordinate status to men.
- Local communities have traditional systems of ensuring that members have access to social support and safety nets. However, due changes in livelihoods and a transition to sedentary lifestyles, the fortunes of such networks have dwindled and forced vulnerable and marginalized populations into destitution. Meanwhile, social capital does not benefit members who are excommunicated (e.g., single unmarried mothers), rendering them more vulnerable.

3.5.1 Access to productive resources e.g., assets/income and acute malnutrition

a. Access to critical livestock resources

Commitment to traditional pastoralist lifestyle, with distinct and gendered socio-cultural norms that accords men higher status than women and determines access to productive resources (e.g., livestock) to men and women by age, was reported. Livestock rearing is the main livelihood activity in both counties, and a key productive asset in the local economy accounting for most household income. Trade in livestock and livestock products, agriculture, casual labor, and consumables (e.g., vegetables, clothes) were noted. All women, regardless of age, said they were engaged in unpaid domestic work, caring, and livestock activities (e.g., watering livestock and milking) as shown below in Table 12.

Table 12:Summary of the main occupation in the household for respondents in in-depth interviews

		Frequency			**Percentage**
	Response	**Marsabit**	**Isiolo**	**Total**	
Main occupation	Livestock rearing activities	15	29	**44**	**29%**
	Trading in livestock or livestock products	1	3	**4**	**3%**
	Fishing activities	1	0	**1**	**1%**
	Agricultural activities	2	4	**6**	**4%**
	Unpaid domestic work & caregiving	30	38	**68**	**45%**
	Casual labour	5	3	**8**	**5%**
	Petty trading e.g., shop, vegetable stall	9	3	**12**	**8%**
	Bee keeping	0	1	**1**	**1%**
	Wage employment	0	1	**1**	**1%**
	Boda boda	1	2	**3**	**2%**
	None	2	0	**2**	**1%**
	No Response	1	0	**1**	**1%**

The family is a key aspect of the livestock economy as all family members (men, women, boys, and girls) are involved in livestock rearing and production. However, women's control is limited to livestock products (e.g., milk) while men have the final say on the sale and management of livestock income.
In this area the primary resource is livestock. Women rarely own cattle unless the husband dies. ***(IDI father, Adhele, Sericho)***

Samburu men control all financial resources. Women don't have to means to buy food. They sell goats and handover all the money to the man. Normally, they go together to the market to sell. The man buys what he thinks is necessary and tells the woman to go back home. ***(Female respondent, KII community leader)***

When men migrate in search of water and pasture, women are left behind to look after the small stock and sick ones with instructions on livestock that may be sold or slaughtered should need arise and women cannot make decisions to sell or slaughter livestock without concurrence of her husband.
Sometimes women are left with small stock and must wait for men to come back. If a child gets sick, it's challenging as they cannot sell livestock without the man's permission. ***(KII, government official)***

Women own livestock through marriage gifts from parents and husband's relatives. This inheritance system is discriminatory and restricts women's access to livestock and strategic assets. The rules imply that when a woman is widowed or divorced, she technically loses her right to her husband's property.
It is only in a marriage where the woman can own livestock. A man gives the wife some animals, but the control will still come from the husband. ***(FGD, middle-aged man, Oldonyiro, Nantundu)***

Women stated that their spending priorities would be different from their husbands if they had the opportunity to access and control financial income from livestock. However, they do not have direct control over critical assets (e.g., livestock) therefore, cannot meet household food needs which negatively affects household nutrition and other needs (e.g., medication, school fees).
We depend on livestock as our principal source of income. Husbands bring income by selling animals and decide how to spend on food. We have no access to money as women. There are challenges because of other personal needs which you will never achieve. ***(Female respondent, IDI with mother with CU5, Oldonyiro)***

My husband makes all the decisions. Given the opportunity, I whould have bought different food from what my husband buys. ***(IDI with newly married first-time pregnant woman, Oldonyiro)***

b. Access to other sources of income

Men control strategic resources (e.g., livestock) while women have access to and control the sale of livestock products (e.g., milk, butter, ghee), cooking utensils, and income generated from her trade (e.g., sale of chicken, eggs, *miraa* [*khat*], sugar, gums, resins, and charcoal).

The woman has authority over the money she gets from selling milk. She is the one who sells it and has authority over it. ***(Female participant, FGD with elderly women, Godha, Merti)***

Middle-aged women among the Rendille and Samburu communities are involved in the collection and sale of honey, gums, and resins, and have control over the income derived from these products.

We collect and sell honey which we mix with other traditional herbs to make a traditional medicine to sell. ***(Female participant, FGD for middle-aged women, Ngurrnit, Marsabit)***

Women sell milk, goats, sheep, "miraa" (khat), farm produce, poultry, honey, tailoring services, and shopkeeping. They enhance their husband's status and are the greatest entrepreneurs in Kinna with potential for trade. ***(KII, county official, Isiolo)***

FGDs revealed that land is communally owned and control of it is entrusted to male community elders. Community members can access the land and build shelters, as well as graze their animals following grazing routes and rules. The agro-pastoral community maintained that most produce was for household consumption due to limited income from farming.

People used to farm, but these days the river has changed its course and the only people who practice farming are the ones who are well off. **(Female participant, FGD with elderly women, Godha)**

Involvement of women in alternative IGAs (e.g., trade, collection of gums and resins for sale) confirms their ability to supplement household income and their great potential to gain and manage resources. This involvement also points to their flexibility in adopting alternative forms of livelihood, which is an excellent opportunity to enhance women's ability to address household food and nutrition needs.

c. Youth's access to and control over productive resources

Except for the eldest son who can inherit from his father, most young people do not have access to or control over family livestock. A youth's only source of access to resources is to begin working as a herder to grow his own herd. For girls it is much harder to either access or control resources because they are not considered heirs and are viewed as a source of wealth through potential bride prices.

Livestock belongs to our father. If my father is alive he is the one who controls all the resources, but everyone has their shares. Assume I want to start a business and do not have the resources. I can involve myself in paid casual work to get the money that I need to start the business. If I ask for money from my father, I cannot get it because he doesn't understand anything about business and is therefore not willing to get involved. ***(Male participant, FGD with unmarried young men, Gotha, Merti)***

Young couples have very few assets to depend on, a situation compounded by a lack of assets held by young wives with little knowledge, early exposure to marital life, and/or no social capital. Men's absence in the *fora* with livestock leaves the young women vulnerable and compromises their ability to meet household food needs, thus contributing to maternal and child malnutrition. The findings on access to and control over critical resources are summarized below in Table 13.

Table 13:Access to and control over critical resources

Description of Asset/ Resource	Who can Access				Who can Control			
	Men	Women	Boys	Girls	Men	Women	Boys	Girls
Land	Yes	Yes	Yes	Yes	Yes/No	No	No	No
Farm produce	Yes	Yes	Yes	Yes	Yes	No	No	No
Large Livestock (camels, cattle)	Yes	Yes	Yes	Yes	Yes	No	No	No
Small Livestock/ shoats	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Livestock products (Dairy etc)	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Markets	Yes	Yes/No	Yes/No	Yes/No	Yes	Yes/No	No	No
Poultry	Yes	Yes	Yes	Yes	No	Yes	No	No
Poultry products	Yes	Yes	Yes	Yes	No	Yes	No	No
Fishing	Yes	No	Yes	No	Yes	No	Yes	No
Fishing Equipment	Yes	No	Yes	No	Yes	No	Yes	No
Beehive/Honey	Yes	Yes	Yes	No	No	Yes	No	No
Gums and resins	No	Yes	Yes	Yes	No	Yes	No	No
Petty Trade	No	Yes	No	No	No	Yes	No	No
Charcoal burning	Yes	Yes	No	No	No	Yes	No	No
Casual labor	Yes	No	Yes	No	Yes	Yes/No	No	No
Family labor	Yes	Yes	Yes	Yes	Yes	Yes/No	No	No
Salaried Employment	Yes	Yes/No	No	No	Yes	Yes/No	No	No
Remittances	Yes	Yes	No	No	Yes	Yes	No	No
Radio	Yes	No	Yes	No	Yes	No	No	No
Mobile phone	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Kitchen ware & utensils	Yes	Yes	Yes	Yes	No	Yes	No	No
Pottery, Weaving, Basketry	No	Yes	Yes	Yes	No	Yes	No	No
Benefits								
Access to Education	Yes	Yes	Yes/No	Yes/No	Yes	Yes	No	No
Income from Sale of Livestock	Yes	Yes	Yes	Yes	Yes	No	No	No
Access to mobile money	Yes	Yes	No	No	Yes	Yes/ No	No	No
Access to credit	Yes	Yes	No	No	Yes	Yes/ No	No	No
Ability to Access to Health Services	Yes	Yes	Yes	Yes	Yes	Yes	No	No

NB: Yes/No responses mean that control or access is based on changing circumstances. In casual labor and paid employment, single mothers and some married women would have full access and control whereas some husbands control access to all resources of their wives. “Girls” here is used to refer to unmarried girls and “Women” include young married girls.

3.5.2 Barriers to mothers’ access to nutritious foods across different life stages

Household food insecurity is a barrier to a mother’s nutrition. The quality of a mother’s diet after delivery of a baby depends on the family’s ability to afford culturally preferred foods (e.g., meat).

There is a general perception among the Borana that women from well-off households are more likely to have high protein diets as the family can afford to slaughter livestock and to provide food such as meat and animal liver. ***(Male FGD participant, Sericho)***

There is a difference in what I eat as a pregnant woman because the men are given ugali (i.e., maize meal) with milk … and you know in the Turkana community wives are the ones who provide, sometimes a mother is pregnant, and she can miss the milk since it is not enough for all. She’s left to eat ugali without milk. ***(Female respondent, IDI with breastfeeding mother, Kiwanja - Ngaremara)***

The study found cases of child couples with both partners are below the age of 18. Such young couples face unique challenges when it comes to ensuring that mothers and children have sufficient food to meet their daily nutrition requirements. Moreover, child mothers are ill-prepared for marital life and parenthood thus, limiting their ability to provide optimal care to their children. Child mothers married to teenage men do not have access to livestock from their families and are yet to acquire adequate wealth thereby hindering them from providing for their households. This is most evident in Gabbra, Rendille, Borana, and Dassanech where wealth is under the custody of elderly family heads.

One challenge young mother face is that they don't know how to breastfeed because they are young, also such a mother was married to a young man who has no wealth and no ability to feed her and then they face a shortage of food. ***(Female respondent, KII with mother mentor, Illeret – N. Horr)***

Most households reported having one main meal a day in the evening because they must search for food during the day which forces the children to spend the entire day with an empty stomach.

We take our main meal in the evening. You know things here are different and life here is very hard. So, whatever you get to take in the morning might be Uji or tea. Children can spend the entire day waiting for whatever you will get in the evening so that they sleep after having their meal. ***(IDI, lactating mother with CU5, Loiyangalani)***

a. Cultural value attached to livestock as a barrier to household nutrition

Livestock have high social and cultural value and define a person's social status, earning them respect in society. Most Samburu and Borana men prefer to accumulate livestock for prestige, social security, and as primary investment and will not sell/slaughter to feed the family. Large livestock are rarely sold/slaughtered to meet household needs but only sold as a last resort during lean times as milk remains a major source of protein even though it is only available in sufficient quantities during the wet seasons thus, posing a major food security challenge.

Among pastoralists, ownership of cattle is for prestige as it brings respect among peers, and one is highly placed in society. Selling livestock is frowned upon—it's like selling land which in the other communities is a prized possession. The people are contented with accessing milk and meat or selling only to pay fees. They sell cattle only during extreme hunger. ***(Female respondent, KII, county official)***

The study shows that men control vital productive assets (e.g., cattle) leaving women dependent on low-value resources e.g., sale of small stock (with spouse approval), chicken, eggs, and milk. The cultural value placed on accumulation of livestock, rather than profits from their sale shows that men's control of livestock may not automatically lead to family well-being. Socio-cultural and economic function of livestock should be considered when designing nutrition programs. Without access to and control over valuable assets, women's capacity to respond to and cope with food insecurity is limited.

b. High illiteracy levels

Most of study participants had no formal education with majority having dropped out or completed primary school leading to high illiteracy levels that bars from the mainstream economy (e.g., employment) and limits income opportunities. Girls and boys work to sustain livestock production thus, affects school attendance, especially for first born boys, considered as heirs, and are introduced to pastoralism early in life. Young men are socialized into herding early in life denying them a chance to go to school and to break the cycle of illiteracy, that would increase their chances of employment and improving their lives. Illiteracy in women partly contributes to sub-optimal childcare practices.

Most of these women haven't gone past class 8 … most of them just lower classes and with that knowledge, the chances of her knowing the best how to take care of a child becomes a challenge to her. ***(Male respondent, KII, health worker at NGO, Illeret – N. Horr)***

c. Women's workload

From dawn to dusk, women's time is occupied with unpaid care work, livestock production, and domestic chores. This time poverty stops them from participating in productive activities and limits their income contribution to the family budget which negatively affects availability of nutritious food.

3.5.3 Access to social capital and networks

a. Role of family, relatives, and other forms of social capital in child-rearing

Although the findings reveal a heavy and unequal household work burden for women, they are often supported in childcare and feeding and other domestic chores (e.g., cooking and fetching water) to ease the burden. The support women receive is anchored on household and community social capital and depends on the quality and quantity of social family relationships and bonds that include children (mostly girls), close female relations, grandmothers, mothers-in-law, and sometimes neighbors.

You know when the mother is pregnant, she doesn't do a lot of work, but the children help, my daughters help their mother but when the children go to school the mother takes care of herself. **(Male IDI with father, Kargi)**

Older women are also supported in the roles because of advanced age. *My daughter who stays near my place assists me in fetching water because I am old.* ***(IDI with grandmother, Karare)***

Women and their households also receive finance-related support from relatives and friends that is helpful in times of stress as they use the cash to meet household needs and feed their children.
During those times, I ask for assistance from my relatives who usually assist me occasionally, and they send us some money for a few months. **(Female respondent, IDI with mother, Game, Burat)**

b. Community social ties and bonds

Sharing resources, time, and help have emerged as key aspects of relationships among study respondents. Assisting in times of need emerged as a cultural obligation with unwritten rules of reciprocity. Women reported inter-household cooperation in terms of labor, building shelters, fetching firewood, sharing food in lean times, and providing labor during social events like weddings and burials. The practice of households sharing food in difficult times acts as a cushion to shield vulnerable households against severe food shortages and may help prevent malnutrition in children.
Even my mother can help, and my neighbor can help. ***(IDI with pregnant mother, Nantundu, Oldonyiro)***

Food sharing remains a key cultural coping mechanism with the targeted beneficiaries having a strong food sharing culture. Although food sharing is a positive aspect of social capital, it can negatively affect nutrition interventions (e.g., food sharing). Among the Dassanech, food sharing was identified as a barrier to positive implementation of nutrition programs because mothers share food supplements meant for malnourished children with their siblings or their neighbors' households to avoid falling ill.
The main issue here is that sometimes the nutrition commodities given at the health facility is the only "food" in the house. If it's the only thing in the house, there's a lot of sharing of the commodities among the siblings and that means that the child will not get the right dosage of the commodities given—as a result improvement becomes a problem, mothers relax and will use nutrition commodities instead of food. You know nutrition commodities are very sweet and if there's maize and plumpy nut in the house, what would you go for? So, the issue here is there's no food in the house ... leading to a lot of sharing. ***(KII, health official, Illeret)***

Social capital in pastoralist communities is built through exchange of livestock or sale of livestock products. However, diminishing livestock herds due to recurrent droughts mean that a key source for assisting the needy is no longer accessible. Weak social support systems and safety nets driven by the transition to a more sedentary lifestyle means more household vulnerability linked to alienation by relatives, low household incomes, and food insecurity. The exchange for community social support was guided by informal social controls and conformity to social norms that restrict individual freedoms e.g., Gabbra and Samburu girls who get pregnant outside wedlock or before circumcision are treated as "outcasts" and expelled for shaming their families and communities. However, the young men responsible for the pregnancies are allowed back into the community after cleansing and cannot marry the pregnant girls. They are stigmatized and barred from participating in cultural events. Local elders wield informal social control power and can influence the level of trust between communities and healthcare workers thereby affecting the uptake of health services by mothers and children.
If a girl gets pregnant before marriage, it is not viewed well, she loses support. The newborn child and the mother are seen as outcasts. When help is being distributed to vulnerable, they are not recognized. If you ask for a list, her name will be missing. ***(KII, government official, Isiolo)***

c. Membership in CBOs

Involvement of young and older men in community groups addressing CEFM, FGM/C, and economic empowerment is low when compared to women. Women praise group initiatives because they have rescued girls from harmful practices and are allowed to continue with their education. Some women-

owned self-help groups among the Samburu are involved in investment initiatives (e.g., property ownership and livestock trading) that generate income leading to increased financial independence of group members while also targeting behavior change related to IYCF.

Social groups and networks form the basis for building social capital and present opportunities for interventions that seek to benefit from the networks and social capital to adopt interventions that address malnutrition. Interventions that override existing social support systems risk undermining vital individual and community survival mechanisms relied on over the years. More women groups can be engaged in peer support, collective learning, and economic empowerment. However, women's participation in activities outside the home should not transfer roles to girls who go to school.

3.5.4 Access to technology, innovation, and information

The findings show improved access to technology and information (mobile phones), though relatively low compared to other parts of Kenya. Most respondents had mobile phones with disparities across gender, age, and education levels with men having more access compared to women who largely used mobile phones to receive funds from relatives, spouses, and friends. The low levels of education also restricted optimal use of phones (e.g., reading and writing text messages).

The issues are these phones are new to us and using them is an issue; I don't know how to read and write. And when I ask for help, the person helping steals from me and I can't tell. (Female respondent, IDI mother with a CU5, Nantundu – Oldonyiro)

Generally, young people have more access to information because they are technologically adept. Mobile phones offer access to social and financial networks and services, as well as information regarding the health economy, jobs benefits that support access to food, and security updates.

If you are going through financial hardship, you can just call your brother and ask them to send you something, and you hear he has sent you something, so you send the children to withdraw it for you … this is a great advantage. ***(Female respondent, IDI with pregnant mother Adhele-Sericho)***

Mobile money services such as M-Pesa, which people use as a saving and banking facility have increased access to financial services as they do not require collateral to provide short loans.

With a phone, you can borrow a loan from M-shwari. You take and it helps. ***(FGD with young unmarried woman, Ngaremara – Isiolo Central)***

Another respondent reported using the phone to access veterinary and health service providers.

We don't have roads or good government so the only thing that you rely on is this phone, and when there is giving birth and they are stuck in the mud like the last time, you just call them and know what is happening … the only good thing we have is the phone, even the network is strong. ***(IDI with mother, Karare-Saku)***

You can use phones to apply for a job online and when you get employment, you can support your family. ***(Male FGD participant, Loiyangalani)***

Increased use of mobile phones presents an avenue for technology use in implementation of nutrition activities (e.g., to send SBC messages, cash transfer and third-party tracking during case management).

3.5.5 Barriers to access to public and private services

Accessing private and public services depends on the availability and affordability of the services with infrastructure limited to major highways, towns, and administrative headquarters. In most cases government services remained the most visible in areas with NGOs with local and private-sector companies delivering some services (e.g., schools, hospitals, community boreholes). Most service providers failed to consider provision of services to migratory communities without physical homes.

During drought "Jilaal" the community shifts to the "Fora" looking for water and pasture. During this time women uptake of services reduces. Those in the program miss their appointments and resume during the wet season. It's dry, around March and they shift. ***(Female KII, Health Worker)****.*

Those enrolled in the nutrition program miss their appointments and only resume during the wet season. ***(Female respondent, KII with health worker, N. Horr)***

The most common services were health and banking services however, these are found in the small towns far away most settlements, thus presenting accessibility challenge.

a. Poor market access

Most of the targeted communities had poor road networks, making access and movement difficult. Government and NGOs acknowledged that the Dassanech community in Illeret lacked services.

The area (Illeret) is marginalized because it is the furthest end towards Ethiopia along Lake Turkana. Illeret town is on the shore of Lake Turkana. The town has water though it's not piped, and residents use donkeys to fetch water. But for health facilities, there is one public health center with most services in Marsabit county headquarters about 700 km away albeit with a lot of challenges. The population in Illeret is also growing very fast but only has a little dispensary without access to quality healthcare services. ***(KII, county official, Marsabit)***

Physical access to markets emerged as a key challenge as traveling to sell livestock sometimes requires an overnight stay making it expensive for traders, as stated below.

I take about two hours to get to the nearest market, but the other market in Oldonyiro takes close to three hours. Sometimes when I have money, I can take a motorbike, but it is very expensive, most times I walk to the market. ***(Male respondent, IDI with male caregiver, Oldonyiro-Isiolo)***

Box 1: A case study of Oldonyiro Ward, Isiolo County on poor access to services

Oldonyiro Ward is part of Isiolo Central subcounty. Most areas in the subcounty are next to town and may have access to some services. However, Oldonyiro Ward has unique characteristics. The ward has limited accessibility, poor road infrastructure, and long distances to basic services. Ethnically and culturally, the ward comprises Samburu speakers while other areas are Boran-dominated. The people living in this ward have difficulty accessing transportation which hinders movement of goods and services, further marginalizing women. As opposed to other wards where there are alternative livelihoods, in Oldonyiro, livestock dependency is high. There is also a nuance of inferiority if a person does not keep cattle. Social-cultural injustices thrive in the physically inaccessible areas as noted below: transportation is challenging—there is no road network. Reaching the remote areas where FGM/C is done is very hard. There is no rescue center to take the rescued girls (rescued from FGM/C and marriage). FGM/C is being carried out in secret on girls aged 9 and above. **(Female respondent, KII with CBO leader, Oldonyiro-Isiolo)**

Due to poor road networks, the cost of goods in the remote areas is way above the retail price in other parts of the county making them unaffordable. This limits access to markets, hinders trade, reduces locally available foods, and affects dietary diversity and nutrition of mothers and children. Long distances combined with cultural norms restrict women's movement and limit involvement in trade forcing women to sell their goods locally at lower prices and negatively affecting their ability to buy nutritious foods and maintain a balanced diet for their households.

b. Difficulties in accessing health care services

In remote areas, distance to health facilities hinder women from accessing services thus, deliver at home and miss vital breastfeeding information and other health promotional messages. The staff too don't speak local dialects hindering comprehensive health and nutrition education, individual consultation, and follow-up. Mentor mothers and CHVs sometimes provide support however, women's restricted mobility and inadequate access to resources hinder them from attending to critical pre-natal and post-natal care services and compromising adherence to nutrition programs.

c. Gender of health staff and preference for TBAs/Herbalists

Conservative cultural norms inform women's preference for female midwives when seeking health care services in public health facilities. This prevents women from attending critical pre-natal and post-natal care services and instead seek the services of TBAs.

In the Borana culture, it is not good for a man to see the nakedness of a woman, but our clinic has a man. Women come to me, but I refer them to the hospital. Even the husband must not be present. The women completely refuse to be checked by men. There was a time a woman almost killed the baby because she kept her legs closed when she was taken to the clinic until the female CHV was called. ***(Male KII, health worker)***

Initially, the women preferred to work with TBAs because the facility nurses were male and female attendants are preferred. When I came here, that changed since I realized that most of the population is at risk of HIV infection. I discouraged TBA attendance upon noting the high prevalence of HIV to minimize mother to child transmission. ***(Female respondent, KII with health worker, Mbarambate)***

TBAs are preferred as they are easily accessible, provide personalized care during pregnancy, delivery, and post-natal period. Most TBAs are elderly, experienced and command a lot of respect in the community, provide counseling on birth spacing, child, maternal health, and nutrition. However, they sometimes promote practices that contradict approved health guidelines (e.g., pre-lacteal feeding).

d. Religious beliefs and practices

Islamic and Catholic religious practices were mentioned as inflexible on birth spacing without offering reliable alternatives. Birth spacing was done through breastfeeding practices and absence of men from home for long periods during dry spell. Low birth spacing weakens women's bodies with some mothers having 2-3 CU5 forcing to sacrifice childcare demands of one child for another that leads to reduced care and compromising quality of childcare and poor nutrition outcomes in children.

High reproductive rate, child spacing isn't practiced here. Male partners do not want to accept family planning. Religion prohibits the use of clinical hormonal methods. They prefer the lactation amenorrhea method. Mostly, men do not live with pregnant women. They come back after birth and leave them pregnant again. ***(Female respondent, KII with nurse, Mbarambate)***

e. Poor access to education and employment opportunities

The study found high illiteracy levels among most respondents who lacked formal schooling and for those with formal education, primary school was noted as the highest level. Low education levels limit formal employment opportunities. In rural communities (e.g., Illeret and Loiyangalani) parents do not take their children to school. The Gabbra on the other hand argue that at least one child must be trained to take care of the family camel herd, usually firstborn sons, though girls are not excluded. Poor education infrastructure in parts of Samburu and Dassenach communities has made some participants hold the view that education is of very little value to their children.

…. We depend on livestock, nothing else. We have not been to school so we cannot get employment and our children have gone to school, only a few are employed and are salaried. We just depend on our livestock and there is nothing much that we wait for from outside. ***(Male participant, FGD with men, Godha)***

Illiteracy and low levels of education were mentioned as some of the underlying drivers behind behaviors that contribute to poor maternal and child nutrition.

Most of these women haven't gone past class 8 … only attending lower classes and with that level of knowledge knowing how best to take care of a child is a challenge … ignorance of knowledge in childcare leads to poor childcare and subsequent acute malnutrition in children. ***(Key informant, NGO health worker, Illeret – N. Horr)***

f. Poor access to water services

Access to clean drinking water in the study areas was a challenge compounded by recurrent droughts, unpredictable weather, and unreliable water sources. Distance to water sources varies with seasons, with women traveling longer distances to collect water in dry seasons. Piped water is available in some areas with restricted access and rationing that cannot meet local demands. Women fetch water for household use while men graze and water livestock. Searching for water during the dry season is very tasking and tiring, further compromising women's ability to care for themselves and their children.

I go to fetch firewood from very far and when there are no rains, I go to fetch water from a far distance. ***(Female respondent, IDI with mother of CU5 in nutrition program, Karare, Marsabit)***

During the dry season, there is no water. Women spend almost half the day going to the nearest functioning borehole. Sometimes the queues are too long and by the time they come back, she is busy and will not have time for the baby. ***(Female participant, FGD with mothers, Kinna-Isiolo)***

Recommendations

- Empower women to achieve self-determination through women-owned savings and loan groups, promote access to credit and cash transfers to vulnerable and marginalized women (e.g., female-headed households, widows, PWDs), skills acquisition for young women and girls through vocational training and adult education, and increasing women's decision-making power and choices over marriage, fertility, and education.
- Strengthen and/or form mother-to-mother support groups to enhance the ability of women to build social and financial capital towards overcoming negative cultural taboos, reducing household food insecurity, and addressing acute malnutrition.
- Utilize culturally sensitive mobile health care outreach services to target remote settlements and mobile pastoralist communities.
- Design and implement transformative gender awareness programs that seek to educate both men and women to complement their roles, especially those related to childcare.
- Advocate for and promote vocational skills training for out-of-school youth and young married women. This will equip them to access paid work opportunities, engage in small business ventures, diversify their livelihoods, and break intergenerational barriers of gender disparity.
- Explore workable income-generating possibilities that give women more income and leverage on household spending decisions. Existing women's group initiatives (e.g., harvesting and sale of honey, gums and resins, sale of small livestock) can be strengthened by providing increased access to credit, training on the value addition of raw produce, and access to markets.

3.6 Effect of legal, policy, regulatory and institutional practices on acute malnutrition

Section Highlights

- The Gabbra, Borana, Rendille, Turkana, Samburu, Dassanech have strong traditional governance systems of council of elders that make key decisions at the community level, including enforcing cultural values. However, their involvement in designing nutrition interventions is limited, and this has implications on the fit and success of the interventions.
- Most participants were aware of laws and policies such as right to property and unlawful traditional practices like FGM/C and CEFM yet continued with these practices that have negative health outcomes for women and girls and compromise women's ability to provide food for their households leading to acute malnutrition in mothers and children.
- Service delivery for nutrition related programs have been implemented with little attempt to contextualize them to meet specific needs of men, women, girls, and boys. Failure to consider the socio-cultural issues underlying acute malnutrition leads to the flawed design of health and nutrition programs which eventually do not address acute malnutrition.

The desk review identified a gap between formal and informal laws, policies, and institutions. This cuts across service delivery at national and county levels and the effects are felt at community level. This section seeks to identify the implications of this disconnect for women, men, boys, girls, and vulnerable groups in the context of rights to property ownership and inheritance, harmful traditional practices, and health and nutrition programs.

3.6.1 Existing formal and informal institutions, and service delivery

The study confirmed adequate legal and institutional frameworks governing health and nutrition in Kenya (e.g., Constitutions of Kenya 2010, national gender policy, county gender policies, national and county-level nutrition policies). The study participants are aware of these laws and policies and the elaborate social structures guiding community activities led by elders and household heads. The Samburu council of elders and middle-aged men (*Lpiroi)* have influence over the community and oversee community leadership and development interventions. The Borana council of elders (*Gadda*[11]*),* and the Gabbra council of elders (*Yaa)* led by the president of the council *(Heilu)* hold a firm command on the community's cultural issues.

Health and nutrition services are devolved, with the County Steering Group and Nutrition Technical Working Groups responsible for coordinating the programs. Communities are involved in decision-making through their

[11] Ta'a T. The Gadaa System and Some of Its Institutions Among the Booranaa: A Historical Perspective. *Ethiopian Journal of the Social Sciences and Humanities*. 2016;12(2):81-97. doi:10.4314/ejossah. v12i2.

leaders and social institutions (e.g., council of elders, public and beneficiary forums). However, failure of health and nutrition programs to effectively engage with these institutions affects nutrition and health service delivery. Women and youth are often invited to participate in county-level activities however, the study found that their participation in these forums is low, especially if elderly men are present as they subdue the voices of women and youth in public spaces hence their views are not fully incorporated or prioritized in the design of health and nutrition programs. This contrasts with the Constitution of Kenya 2010 which demands meaningful public participation of youth, men, and women in the design and implementation of programs.

Imagine in public forums, men are called to give their views, but women are called for just a symbolic representation … just to be seen in the meetings but their views are not taken. The presence of women in meetings is symbolic, their views are not heard. A woman is not regarded as someone with ideas. ***(Female participant, KII with county official, Marsabit)***

Women do not have a say in the community … they are not decision-makers in most of the activities. They rely on their husbands, and they can't give you information if they are seated with men … not unless you separate the men from the women, and they have the freedom to talk … but if their men are there, it is very difficult for them to say this is happening and this is not happening. ***(KII, Male NGO health worker, Illeret N. Horr)***

The study encountered nutrition programs that are not well-aligned to local contexts and do not consider socio-cultural dynamics or meet the specific needs of men, women, girls, and boys (e.g., following nomadic pastoralists to the *fora* [pasture areas] to provide services) thus hindering access and/enjoyment of full benefits.

3.6.2 How laws, policies, formal/informal institutions address the rights of vulnerable groups

The study found that informal institutions support cultural practices that have direct implications on the rights and well-being of women, youth, and adolescents e.g., traditional justice systems that propagate discriminatory property and inheritance rights (e.g., girls are not entitled to own land).

a. Female Genital Mutilation/Cutting (FGM/C)

Among the Rendille, Borana, Gabbra, and Samburu communities, FGM/C is a deeply rooted and widely practiced social-cultural norm to control girls' sexuality. It violates the rights of women and girls, risks the lives of survivors, and has life-long psychological impacts and devastating consequences to their health, access to education,[12] and future life opportunities. The practice is conducted in secret with the approval of elderly men and women and is seen as a vital cultural tradition that determines progression to motherhood and societal acceptance.

Currently, FGM/C its outlawed[13] as it infringes on the rights of women and girls. The 2019 Borana council of elders (Guumi Gaayo) declaration prohibiting FGM/C is a good sign to ending the practice.[14] Due to the fear of arrest and sentence FGM/C is conducted in secrecy and most cases are unreported. The low reporting gives a false impression that the practice has reduced and hinders efforts to eliminate the practice.

This thing (FGM/C) is done in a very secretive way. There is no ceremony like it used to be in the old days where when girls were circumcised, and community members would sing, and everybody would know that there is a girl circumcision ceremony. On such days there was plenty of food like Christmas but because of law enforcement the circumcision events are now done underground, and nobody can tell except the relatives and especially female relatives and elderly men. ***(Male FGD participant, middle-aged men, Karare)***

b. Child Early and Forced Marriage (CEFM)

CEFM follows soon after FGM/C and forces girls into premature adulthood and unequal power relations with older men where their rights and voices are subdued. The practice is driven by social norms and expectations of womanhood among pastoralists and desire to "control girls' sexuality" and was noted as common despite being outlawed in Kenya. A few cases of government arrests of perpetrators of CEFM were mentioned although most cases remained unreported as they are done secretly with the support of traditional institutions and local leaders. The practices are propagated through families and have negative health and nutrition outcomes. CEFM sets the

[12] GoK (2013). Education Act.
[13] Gok (2011). *Prohibition of Female Genital Mutilation Act*; GoK (2006). *Sexual Offences Act*; GoK (2001). *Childrens Act*
[14] Whispers from the North. 41 *Gumi Gayo: Amendment and Declaration of Law*. Published September 2020. https://www.whispersnorth.com/2020/09/14/41-gumi-gayo-amendment-and-declaration-of-law/

stage for a lifetime risk of maternal morbidity and mortality, limits aspirations of survivors and deprives them of access to education and economic opportunities. Besides, a mother's inability to provide household food and her lack of decision-making power on nutrition matters exposes them and their children to acute malnutrition.

c. Laws and practices on property rights and inheritance

The study found that traditional justice systems based on cultural hierarchies prioritize age and gender and discriminate against women and girls on property and inheritance rights. Older men and firstborn sons are privileged over women, younger men, girls, and boys. Inheritance rights of boys and young men is tied to seniority in birth order and initiation. Traditionally, the warrior phase (*Moranism*) starts at circumcision and lasts 12–15 years. In some communities (e.g., Borana, Gabra, Samburu, and Rendille) young men are only allowed to marry or inherit property after graduating from the warrior stage into elder status. They undergo training and preparation to take up adult roles. In contrast, girls' initiation (FGM/C) is generally performed between the ages of 9–13 and the girls are immediately married thereafter, transitioning them into adulthood, making them miss their youth, and requiring them to make necessary preparations for adult and the responsibilities of motherhood.

Young men marry at about the age of 25 … For young girls, there seems to be no exact time frame. Since the girls don't have an elaborate process of initiation into adulthood like the boys, female circumcision marks the transition of a girl into adulthood and later marriage. For a girl to get married, the circumcision ceremony would be carried out in the morning and then she would get married in the evening … age of marriage varies, some are getting married as young as 10 to 12 years, which is against the law ***. (Female KII, county official)***

Whereas young men and boys graduate into adulthood prepared to access, own, and manage property, and run a family, young women enter married life under subjugation to male spouses, underage, without rights to own property, and without the skills to navigate marital life. Among the study communities, property belongs to the man (husband) or his eldest son (when he dies) or is held in custody by the husband's brothers in total disregard of the country's inheritance laws[15] granting equal property and inheritance rights to women, men, boys, and girls.

The government says inheritance is for both girls and boys and that is what we know. ***(FGD with young mothers, Dabel)***

The government is responsible for civil registration however, being border communities, ASALs face grave challenges in obtaining civil registration documents (e.g., birth, identity, marriage, and death registrations) despite these documents being required to secure property rights. This challenge denies men, women, and youth access to critical resources and results in reduced capacity to provide for the household.

d. Sexual gender-based violence (SGBV)

The main forms of SGBV in study areas are IPV, CEFM, FGM/C, wife beating, rape, and defilement. SGBV leads to physical, mental, and emotional harm, shame, psychological trauma, and compromises mothers' ability to care for themselves and their children. SGBV increases the risk of pregnancy and of contracting sexually transmitted infections including HIV. Most SGBV cases occur when women are performing their roles (e.g., fetching water and firewood, going to the markets or health facilities). Survivors of SGBV are often withdrawn and less likely to provide optimal care to their infants or produce enough breastmilk, leading to negative maternal and child health and nutrition outcomes. Despite all forms of SGBV being outlawed,[16] traditional institutions continue to address them through negotiated settlements (e.g., *Maslah*[17] among Muslims). *Maslah* is subjective, biased, and favors male perpetrators at the expense of female survivors.[18] Institutions that should address SGBV (e.g., police, law courts and health departments) have lengthy, complex, and costly procedures that hinder successful prosecution.

3.6.3 Nutrition programming practices

National/county governments and NGOs that promote malnutrition interventions are coordinated by the County Health Steering Group (CSG) and TWGs. Decentralized hiring of CHVs to support households (e.g., women in

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[15] GoK (2014). *Marriage Act No. 4 of 2014*; Gok (2013). *Matrimonial Property Act of 2013*. GoK (1981). *Law of Succession Act*

[16] GoK (2006). *Sexual Offences Act No 3 of 2006*; GoK (2015). *Protection Against Domestic Violence Act*

[17] Okalo, A. S. (2019). *Mainstreaming Alternative Justice Systems for Improved Access to Justice: lessons for Kenya* (Doctoral dissertation, University of Nairobi).

[18] Mohamed, K. Z., & M Muriithi, P. (2020). A Critical Analysis of Maslaha as a Traditional Dispute Resolution Mechanism Northeastern Kenya. *Journal of Conflict Management & Sustainable Development*, *5*(1).

Adheles Kinna) helped improve adherence to exclusive breastfeeding. However, in some areas (e.g., Nantundu and Lemorijo in Oldonyiro), most CHVs were men, limiting interaction with mothers on sensitive gender issues.

3.6.4 Challenges facing nutrition programming

The KIIs revealed that despite a long history of interventions to address acute malnutrition, the prevalence of GAM in the study areas remained high. A visit to nutrition outreaches found nutrition program staff who do not speak local languages and are thus unable to offer nutrition counseling or education. This, coupled with low literacy levels in the targeted communities, limited information reaching the target beneficiaries. Nutrition programs were not tailored to suit socio-cultural contexts or specific household needs and without follow up, malnutrition relapses were commonplace.

a. **Lack of contextualization of interventions**

The study shows that vulnerable and marginalized communities (mostly women) are often not duly considered when designing nutrition programs. A thorough understanding of the socio-cultural norms and community structures including recognition of the critical role that men play in decision-making should be considered.

… the man is the decision-maker, and the woman is controlled by the man, thus the need to involve men to change the situation. So, I think the best approach is empower spouses together because if you empower the mother (e.g., about her right to access health services) she cannot make the decision herself without approval from the husband. That's why involving men is key. We need to bring them together and inform the man of the rights of the woman. ***(KII, government official, Isiolo)***

b. **Physical access to services**

Poor infrastructure (e.g., in Oldonyiro, Ngurrnit, North Horr, and Laisamis) and inadequate supplies makes it difficult for target communities to access nutrition and health services.

Access roads provide an enormous challenge making transport of goods and services a big problem. Vehicles wear out fast (1-2 months) and thereafter suffer frequent breakdowns and repairs leading to high cost of transport, goods, and services. ***(Male respondent, KII, county official, Kargi-Marsabit)***

In Illeret, the county health department in collaboration with international NGOs uses community outreaches to address acute and moderate malnutrition in mothers and children but falls short of accessing mobile communities in the fora and those who live in the national park, a restricted Kenya Wildlife Service (KWS) area.

Because of constant movement by some community clusters, it becomes very difficult to reach them. El masich, Bar chaloki, and Bar chakuoro keep moving and others go to the park (Sibiloi National Park) where we are not allowed by the KWS … it is a challenge because all people have a right to health services. KWS have restrictions of people going into the park and have tried to move them out of the park to enable them access to services without success due to their pastoral lifestyle. Besides, it's difficult to access and serve them inside the park… as there are no roads and mobilizing them in a central place is a challenge. ***(Key informant, NGO health worker, Illeret – N. Horr)***

c. **Failure in Design of Nutrition Interventions**

Integrated management of acute malnutrition (IMAM)[19] has been used over the years to respond to moderate and acute malnutrition in children and mothers. However, the approach has heavily relied on therapeutic fooding (e.g., RUSF, RUTF, and CSB) substituting daily diets of some communities and has made them dependent on them. This has weakened community response to malnutrition using local food and exposes them to further malnutrition. Although IMAM is a holistic approach for treatment of malnutrition, it focuses on distribution of nutrition commodities thus, failing to sustainably address the underlying causes of malnutrition making it counterproductive and creating dependency on nutrition commodities.

d. **Abuse of Nutrition Commodities**

Abuse of nutrition commodities was reported, especially in Illeret, with those enrolled in programs increasingly being dependent on nutrition commodities. The commodities do not serve the intended purpose as they are either shared with family members, not taken as prescribed, or sold for cash.

[19] GoK (2010). National Guideline for Integrated Management of Acute Malnutrition.

Although some mothers say lack of food at home is the main reason for abuse of nutrition commodities, others from these locations have successfully graduated their children out of nutrition programs. You find that the child who is severely malnourished is supposed to be out of the program after two months, but the child's stay is prolonged for 4-5 months without any explanation. Most of the notorious cases of malnutrition are from drunkard mothers who misuse food supplements either selling to buy liquor and tobacco ***(Key informant, NGO health worker, Illeret – N. Horr)***

The distribution of nutrition commodities (e.g., Plumpy' nut*)* has not addressed malnutrition in Illeret instead, it has made the community dependent on the products. FGDs revealed massive misuse of nutrition commodities that were either sold for cash, shared with family members or neighbors, or consumed by fathers who believe it enhances libido. Also, households that received nutrition commodities in Illeret were considered "special" or "advantaged" due to access to "free food" with some mothers intentionally underfeeding their children to secure enrollment into nutrition programs to receive the products (i.e., Plumpy'nut *or* RUTF[20] and supplementary porridge [i.e., CSB+[21] and MSBP[22]]). Lack of follow-up has normalized misuse and abuse of nutrition commodities.

Recommendations

- Utilize existing informal structures and/or community discourse to gain community support for nutrition interventions that seek to build on identified positive cultures (e.g., two years of breastfeeding) to create rapport and address acute malnutrition.
- Use evidence-based approaches to design contextually informed approaches critical for the success of nutrition interventions to address acute malnutrition.
- Equip implementing agencies to support communities in addressing maternal and child malnutrition, including use of local staff who understand the local context and who can overcome language barriers when providing nutrition and health education.
- There should be deliberate and intentional actions for inclusion of women and girls in policy and decision-making on critical resources and assets since the sustainability of interventions to address acute malnutrition requires inclusive management of communal resources.
- Nutrition interventions need to be driven by evidence and learning and approaches to address acute malnutrition should be both curative and preventive.

4. Conclusion and Recommendation

- There is a clear gender dimension to how roles, responsibilities and workload are distributed among men and women in pastoralist communities. This has implications on time use, with women carrying significantly greater burdens for both productive and reproductive roles. It also has a seasonal dimension – whereas the workload on both men and women increases during the dry season, during the wet season men have lighter duties while the workload on women either doesn't change or increases. This has implications on women's childcare roles and likely affects children's nutrition outcomes.
- Pastoralist communities are highly patriarchal, with decision-making typically considered a male domain. This limits a woman's ability to access resources needed to ensure household food security and restricts her say on other critical decisions like child spacing, with implications for caring practices, mother and child health and nutrition. In addition, grandmothers and mothers-in-law have a significant influence on related practices and decision-making, especially over young households.
- Some strong cultural beliefs, norms and practices typically dictate relations between boys, girls, men and women in these communities. Some of these practices have a negative impact on the health and well-being of women and girls, including FGM/C, Child, Early and Forced Marriage (CEFM), and common acceptance of gender-based violence against women. Such practices have downstream, adverse effects on caring practices

[20] Plumpy'Nut is a specifically formulated Ready-to Use Therapeutic Food (RUTF) for the nutritional rehabilitation of children six months of age and adults suffering from severe acute malnutrition (SAM). It comes as a peanut-based paste dispensed in 92 gm plastic sachets.
[21] An extruded maize and soy micronutrient-fortified blend used as standard care for moderate acute malnutrition (MAM).
[22] Malted sorghum-based porridge used as an alternative to CSB+.

and child nutrition. In addition, some strong cultural dietary taboos restrict women's (PLW in particular) consumption of certain relatively accessible and nutrient-rich foods, like eggs and chicken.

- Women in pastoralist communities included in the study have limited access to and control over productive assets and resources. They do not control important household resources such as capital and are limited in their ability to access external income due to factors including restrictions on decision-making and/ or limited formal education. This constrains their capacity on many issues including ensuring household food security, with likely negative impacts on children's nutrition outcomes. Younger illiterate women married to older men seem particularly disadvantaged in this regard.
- Programming to address acute malnutrition in these ASAL communities remains notably top-down and minimally informed by significant contextual factors and nuances. The limited meaningful involvement of local informal leaders, community structures and institutions remain a questionable gap that needs to be filled. Related programming needs to be informed by contextual factors and specifics, evidence and learning. Finally, a broader approach to addressing acute malnutrition that prioritizes both long-term preventive and curative treatment measures remains critical.

4.1 Further Research Recommendations

- A deeper understanding of local community perspectives (through qualitative, ethnographic and/ or participatory approaches) and of community structures and organizations working to address acute malnutrition would help establish a knowledge base on the underlying GYSD-related factors which remain at the root of persistent acute malnutrition in such pastoralist communities. Given that this is a relatively new area of study especially for Northern Kenya, clear research and evidence gaps remain.
- Action research within ongoing interventions to address acute malnutrition could help to better understand the deeper barriers to success on PAM, including changes that need to be made in related program priorities and design. Pilot programs incorporating some of the report's recommendations, with in-built action/ implementation research dimensions, would help inform scale-up, real-time learning and the use of learning for strengthened programming and impact.

4.2 Further Programmatic Recommendations

4.2.1 Gender roles, responsibilities, time use and workloads

- Integrate men in matters relating to maternal and child health and nutrition, in culturally sensitive ways. Training and/ or support programs could also target men (including community leaders) as important influencers on household decisions regarding health, nutrition, related priorities and roles.
- Explore further feasible income-generating possibilities that could give women an income and more leverage on household/ family decisions, health and nutrition including ICYF. Existing women's initiatives can be strengthened, and new ones formed, as channels to stimulate the economic empowerment of women.
- Knowledge on the trade-offs that women make between their child-caring and other roles is important in the design of nutrition-related programs. For example, their child-care roles might limit many women from participating in income-generating activities and from supportive empowerment and/ or capacity building opportunities. As well, where women are required to fend for the family, child-care is inevitably compromised. Nutrition-related programming should thus have an explicit gender-sensitive outlook and seek to address the many limitations that mothers face in optimally catering to household and child health and nutrition.

4.2.2 Power and Decision-Making and acute malnutrition

- In the study communities where men make most household and community decisions, nutrition-related programs need to engage men as well as women. This is critical to promoting effective women's participation in nutrition-related and other community programs, e.g., men could facilitate group dialogue focused approaches to strengthen community knowledge on health, nutrition and gender norms, and could also interrogate fatherhood and masculinity in ways supportive of positive behavioral and social norms change.

- Grandmothers and mothers-in-law are influential on infant/ child-care, family health and nutrition, playing an important role educating young mothers on IYCF, maternal nutrition and child upbringing. In addition, they act as secondary caregivers with substantial influence on caring practices. Related programs should therefore capitalize on their community legitimacy and specifically target them for training and support to promote positive maternal and child health and nutrition at HH and community levels.
- Leverage men's and women's presence at cultural events as opportunities for social and behavior change communication (SBCC) on relevant issues, e.g., targeting nutrition for PLW and early child development (the first 1,000 days). Such occasions could also be tapped to promote positive messaging on more equitable household decision-making and communication, for example.

4.2.3 Gender, socio-cultural norms, beliefs and practices affecting acute malnutrition

- Design and implement social behavior change communication (SBCC) that targets harmful practices against women and girls; There is a need for implementation approaches that raise awareness and seek to catalyze and support positive change on harmful traditional practices (HTPs) that affect women and girls. These commonly include female genital mutilation and cutting (FGM/C), CEFM and the ostracization of girls who get pregnant out of marriage. Approaches need to raise awareness on how these practices affect mother and child health and nutrition, including of the under 5s.
- Formal systems (e.g., MoH and other departments) should work with existing traditional/ community leaders and social institutions to address beliefs and practices on household and child feeding practices that have a negative impact on mother and child nutrition.
- Promote a balanced diet and dietary diversity by countering cultural taboos that restrict the consumption of certain foods that have been proven to provide the required nutrients for the health of both the mother and child.
- On early initiation to and exclusive breastfeeding, provide education on the negative impact of cultural practices that conflict with current science regarding IYCF, e.g., address issues of colostrum avoidance, pre-lacteal feeding and premature introduction of complementary feeding. This would mean deliberately targeting certain sub-groups within the communities where this study was conducted.
- Address household feeding practices that are detrimental to the health of both the mother and child e.g., mothers should be encouraged and supported to ensure that they have adequate nutrition during the various life stages.
- To address the inappropriate use of therapeutic treatments and supplements given to malnourished children (RUTF and RUSF), future interventions need to adopt a multi-pronged approach that deals with the underlying factors i.e., address household food insecurity, incorporate awareness into programming, to strengthen knowledge on proper RUTF/ RUSF use. Adopting a case-based approach with third-party follow-up could help ensure that supplements are only utilized for the intended children.
- To avoid creating perverse incentives that may promote food supplements as a source of prestige, design programs that reward mothers whose children successfully graduate from nutrition therapy within reasonable timeframes.

4.2.4 Barriers to access and control of critical assets and acute malnutrition

- Select elders, religious, community and/ or political leaders of goodwill could be supported as women's empowerment champions.
- Engage and support locally rooted, traditional institutions like Traditional Birth Attendants/ Skilled Birth Attendants and elderly women, who hold respected opinions in the society, to promote IYCF and related messaging, for example.
- Support the strengthening or formation of women's social networks which offer empowerment opportunities. These may include mother to mother support groups (MTMSGs), among others, to help women build social and financial capital towards addressing and overcoming negative socio-cultural norms and taboos, towards strengthening household food security, health and nutrition.
- Culturally sensitive mobile health care outreach services or outposts are necessary to target both remote settlements and mobile pastoralist communities

- Design and implement transformative gender awareness programs that seek to educate both men and women in the complementarity of their roles, especially related to caring for children
- Advocate for and promote educational investments in youth and children, to break intergenerational barriers of gender disparity.

4.2.5 Relating Law, Policies, Regulatory and Institutional practices to gender and social dynamics

- Utilize existing community and informal leaders and structures to reaffirm or secure community buy-in for diverse nutrition-related interventions.
- Adopt a multi-pronged approach to nutrition and resilience programming that includes context sensitive interventions designed to target both nutrition-sensitive and nutrition-specific outcomes. E.g., addressing household food insecurity, gender inequities and limiting the misuse of nutrition treatments (RUTF and RUSF).
- Use evidence-based approaches in designing contextually informed interventions to address acute malnutrition, this being fundamental to their lasting success.
- Design innovative ways to deliver food supplements and monitor their use, e.g., using mentor mothers to help ensure that mothers with children in the program utilize nutrition and food supplements for the intended children and purposes.
- Implementing agencies need to ensure that project teams are well equipped to support communities in addressing issues to do with maternal and child nutrition. This includes sensitive staffing policies and recruitment, so qualified project staff comprehend local contexts and speak local languages, to foster effective communication effectively with target beneficiaries.
- Strengthen the capacity of community institutions to work alongside formal systems in improving maternal and child health and nutrition, as well as the capacity of formal institutions to form productive partnerships and work collaboratively.

The GYSD analysis provided specific data for Isiolo and Marsabit confirming that the social and care environment is critical for the management and reduction of persistent acute malnutrition. The study confirmed that current health and nutrition interventions focus on treatment of malnutrition and address about one third of the underlying causes of acute malnutrition i.e., access to healthcare, while household food security, social and care environment and primary healthcare remains largely unattended to. Although basic policy instruments such as community strategy exist, it has not been adequately resourced and effectively implemented.

The basic and systemic causes of malnutrition mainly, gender, social and cultural norms significantly contribute to malnutrition and addressing them is critical to sustainably reduce persistent acute malnutrition in Isiolo and Marsabit counties. For instance, unchecked distribution of nutrition commodities creates dependency on the products and children overstaying in nutrition programs, yet it remains the key strategy in Isiolo and Marsabit. Sustained and targeted social behavior change interventions coupled with case management of mothers and children enrolled in nutrition programs that addresses gender and socio-cultural dynamics provides an excellent opportunity to sustainably reduce persistent acute malnutrition in Isiolo and Marsabit counties.

The GYSD findings affirm the need to embrace a socio-ecological model that targets changing individual behavior and practices to address issues such as FGM/C, CEFM, intimate partner violence and other social cultural norms, practices and taboos that negatively impact on the health and nutrition of mothers and children. To sustainably address persistent acute malnutrition, the program needs to focus on attitude and behavior change, empowering women, girls and youth and other vulnerable populations and promote positive masculinity given than men hold decision making power and influence key decisions and household and community levels. Nawiri should adopt participatory community approaches and scale up implementation to counties to sustainably address household health and nutrition.

4.3 GYSD results by Activity, Thematic Areas and implications on Nawiri TOC Purposes

Key GYSD issues in five thematic areas i.e., workload and time burden, social norms, power and decision-making, access and control over assets/resources, informal (traditions/practices) and formal (laws/policies) systems and

structures affect all Nawiri TOC purposes i.e., TOC **Purpose 1 (P1)**, on nutrition, caring and feeding practices; **Purpose 2 (P2), on** health, nutrition and WASH; **Purpose 3 (P3)**, formal and informal systems, access and control of productive assets and resources and decision-making power; and on **Purpose 4 (P4)**, on livelihoods. For instance, gender roles, responsibilities, time use and workload directly impact on time available for PLW for caregiving and taking care of themselves under P1, on access to health and water for domestic purposes under P2, on access to and control over household resources and HH decision-making under P3, and on women's time available for livelihood activities under P4. Thus, the GYSD findings have been reflected in Nawiri TOC purposes, with the implications on planned interventions shared in Table 14 below.

Table 14: Implications of GYSD Findings on USAID Nawiri Theory of Change (TOC)

GYSD Thematic Area	Key GYSD Findings	Implications of GYSD findings on Nawiri TOC purposes	
Gender roles, responsibilities, time use, and workload	• Deeply rooted gender-based divisions of labor and unequal workloads burden women. Childcare and infant and young child feeding (IYCF) practices and high labor demands placed on women in both the wet and dry seasons, hinder optimal maternal and child nutrition. • Women's heavy workload involves lots of repetitive, laborious, and time-consuming tasks that take long hours leaving little or no time for rest, selfcare and childcare. • Long distance to access food, fuel, water, nutrition, and health services affects women's and children's health/nutrition • Women do reproductive, productive and community roles and the heavy work burden can force them to compromise on family health, nutrition and WASH and undermine time for childcare • Men are rarely involved in household activities, like childcare, rather, they are out with the livestock much of the time, especially during dry season herd migrations. Key influencers at community level play a critical role in sociocultural change, therefore, supporting the creation of enabling environments for positive social change, including by engaging community, religious and traditional leaders, remains urgent.	To create an enabling environment for positive community and social change, champions of positive change need to be built and supported among elders, religious and community leaders. Link the new OUTPUT O3.2.1.3.2 Improved engagement of community custodians of culture as agents of positive social cultural norms change to LLO 3.2.1.1.1 Equitable division of labor in productive, reproductive and community work improved and to LLO 3.2.1.1.2 Women have improved child spacing and delayed first pregnancy for married and unmarried adolescent girls. Link revised O 3.2.2.1.2 Improved knowledge, and skills, and agency for women, youth and other marginalized groups on interpersonal communication and dialogue at various levels TO O 3.2.1.1.2 Women have improved child spacing and delayed first pregnancy for married and unmarried adolescent girls (for increased agency and life skills in navigating life for pre-marriage age adolescent girls).	
Gender, socio-cultural norms, beliefs, and practices	• Some dominant socio-cultural norms continue to undermine optimal nutrition and health, especially of women, adolescent girls, infants and young children, in ASAL AM hotspots. These include practices of discarding colostrum, delaying initiation of breastfeeding/ pre-lacteal feeding, early introduction of complementary foods and dietary taboos that particularly affect PLW (no chicken, eggs or fish).	Add a new OUTPUT under LLO 3.2.1.3 to read O 3.2.1.3.2 - improved engagement of community custodians of culture as agents of positive social-cultural norms change (i.e. creating enabling environments for positive social-cultural norms). Link LLO 3.1.2.1 Context- specific and financed county policies and plans developed and operationalized TO LLO 3.2.1.3: Communities have improved social norms and community attitudes on negative cultural beliefs, taboos and harmful traditional practices (to ensure enforcement of laws against HTPs)	

	• Early child marriage for girls and minimal child-spacing further aggravate the health and nutrition of mothers and their children, as do harmful traditional practices (HTPs) including female genital mutilation/ cutting (FGM/C) and premature childbearing, all considered "acceptable" in target communities. These practices leave many young mothers particularly vulnerable to sub-optimal physical and mental health and limited community/ social support, adversely affecting their nutrition.		
Patterns of power and decision-making	• 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. Men heavily dominate public spaces and conversations, with women very often excluded from critical health and nutrition-related decisions, which adversely affects the health and nutrition of mothers and children. • Women do not have control of their sexuality, e.g., high fertility, restricted movement to health facilities • Men control decision making over critical resources i.e., WASH, land, livestock, health, and nutrition services • Girls' transition to marriage and motherhood is very culturally determined, regardless of age, physiological, psychological or emotional readiness. These norms disenfranchise girls of opportunities to gradually progress to adult- and parenthood as boys do, relegating girls and women to more vulnerable and inferior lives. Inevitably, the multiple associated negative impacts adversely affect the health and nutrition status of girls, women and their children. • Older women influence & control "low value" HH resources and first-born sons are heirs to household assets. • High illiteracy rates for women and youth hinder equitable decision-making power.	Link LLO 3.2.2.1: Women, youth and other marginalized groups have equitable dialogue and HH decision making on income, use of production and nutrition resources TO LLO 3.2.1.1: Women and girls have reduced workload Link NEW O 3.2.1.1.2 Improved engagement of community custodians of culture as agents of positive social-cultural norms change to LLO 3.2.2.1: Women, youth and other marginalized groups have equitable dialogue and household decision-making on income, use of production and nutrition resources LLO 3.2.2.2 changed to an OUTPUT and reworded to read O3.2.2.1.2 Improved knowledge, skills and agency for women, youth and other marginalized groups on interpersonal communication and dialogue at various levels. This revised output (O3.2.2.1.2) is linked as a precondition to LLO 3.2.2.1: Women, youth and other marginalized groups have equitable dialogue and HH decision-making on income, use of production and nutrition resources. A new LLO added - LLO 3.2.2.2 Increased women voter registration as a precondition to IO 3.2.2 Men, women, youth and other marginalized groups have equitable decision making at HH and community levels Three outputs added as preconditions to new LLO 3.2.2.2. These are: • O 3.2.2.2.1 County governments have improved capacity and outreach services to register voters, especially women, youth and marginalised groups; • O 3.2.2.2.2 Women have improved awareness on voting rights and benefits of women's representation; • O 3.2.2.2.3 Improved motivation of department of persons registration county staff ensure they communities IDs (also a precondition to O 3.2.1.2.1 Increased birth registration)	

Access to and control over critical assets and resources	• Men control access to HH assets, resources, nutrition, and health services e.g., livestock, land, water points, markets, income, education, child spacing • Women have access to & control over milk and small livestock • Erosion of traditional social capital due to changing livelihoods has weakened social capital/networks key for HH survival in lean times • Limited extension services to agro-pastoralists mostly target livestock rearing and women are largely excluded since livestock rearing is men's domain.	No significant change under this theme	
Laws, policies, formal and informal institutional practices	• Conflict between formal laws/policies and cultural norms hinder effective implementation of nutrition programs • Despite high awareness of laws, policies and human rights (incl. legal property/ inheritance rights and HTP-related), prevailing norms and beliefs discriminate against women and girls on property ownership and propagate HTPs, fueling negative health outcomes for women and girls and undermining effective childcare. • Community social norms typically don't recognize women and girls' rights to inherit property, thereby denying them access to assets that would enhance their income and security and increasing their vulnerability and food insecurity. • Dominant settled-population and treatment- oriented approaches to addressing malnutrition have further failed to cater to particular challenges affecting the nutrition of mothers and children in pastoralist ASAL communities, including widespread HH food insecurity affected by cycles of seasonality and mobility. • As well, the lack of official IDs among many women and vulnerable groups continues to undermine their access to valuable support, resources and services (e.g., for PWDs), including to voting rights, inheritance and property rights, which are critical to the empowerment of and opportunities open to women in particular.	There are no significant changes under this theme	

4.4 Gender Action Plan (GAP)

Nawiri gender action plan (GAP) is a key outcome of the GYSD analysis and Table 15 below provides a summary of key findings, proposed interventions, strategies and indicators aligned to the key gender analysis domains. It further shows whether the indicators are new or are part of the MEAL plan. For effective monitoring of the GAP,

the project will collect age and sex disaggregated data and track gender outcomes which identify key gender inequalities and constraints that Nawiri aims to improve. Additionally, personnel responsible for gender specific outcomes coupled with gender capacity building will enhance monitoring, implementation and reporting of the outcomes of planned activities.

Table 15:USAID Nawiri Gender Youth and Social Dynamic Analysis Action Plan

Thematic Areas of GYSD Analysis	Key GYSD Findings	Proposed Interventions	Gender strategy	Indicators	Intervention Monitoring & Evaluation
Gender roles, responsibilities, time use, and workload	-Women's heavy workload involves lots of repetitive, laborious, and time-consuming tasks, taking long hours to finish and leaves little time for rest, selfcare/childcare. Long distances to access food, fuel, water, nutrition, and health services lead to poor mental health -Women do reproductive, productive and community roles and heavy work burden might force them compromise on hygiene and sanitation or lead to trade-offs of activities with caring time -Men are rarely involved reproductive and community roles e.g., caring and perform a single task over a long period of time e.g., herding livestock	-Engaging men and boys (Male Champions) in reproductive activities e.g., child and maternal care fetching water, cleaning, washing, cooking -Strengthen peer-to-peer support groups, women's social networks, couple communication, role sharing and joint couple planning and implementation. -Create safe spaces for women, girls, PWDs and other vulnerable groups to discuss and resolve issues provide psychosocial support to survivors of harmful traditional practices -Innovative water storage & preservation to free women's time, reduce workload, and increase their participation in productive activities and time for self-care and childcare	-Complementary awareness raising and training for both men and women on reproductive roles -Increase women's and girls' agency over how they spend their time, and increase the participation of men and boys' caregiving roles -Targeted SBC messaging tailored for different groups completed by IEC materials, theatre, training	-# Of women reporting at least 2 hours daily for selfcare/rest -# Of men involved in at least 2 childcaring practices e.g., feeding CU5, bathing, taking child to the clinic, playing, changing diapers, toilet training, dressing -# Of safe spaces established by counties with support of Nawiri and used by women, girls and PWDs -# Of functional peer-to-peer support groups regularly over a period of at least 6 months -# Of safe spaces established by counties with support of Nawiri and used by women, girls and PWDs	These are new indicators and will be integrated into MEAL Plan
Gender, socio-cultural norms, beliefs, and practices	-Women have low social status due to deeply rooted harmful traditional practices e.g., FGM/C, CEFM, IPV with negative outcomes on maternal, child health and nutrition -Existence of social cultural norms that contradict MOH guidelines e.g., child marriage, birth spacing, colostrum avoidance, pre-lacteal feeding, early introduction to complementary feeding Cultural taboos that prohibit consumption of nutrient dense foods e.g., chicken, eggs, fish by women and children	-Create awareness on the effects of harmful cultural practices e.g., FGM/C, IPV, CEFM -Support elected, religious and community leaders and champions to speak out against or challenge harmful traditional practices (HTP) -Build capacity of local institutions (duty bearers) e.g., police and health facilities to effectively respond to cases of GBV e.g., GBV reporting desks, safe spaces for survivors, -Challenge cultural taboos that restrict eating nutritious foods e.g., fish, chicken,	-Work with faith communities, council of elders and traditional leaders to change attitudes towards women and girls and the sense of impunity on SGBV -Work with champions, trendsetters to reject standing norm and effect change	-# Of men, women, boys, and girls reached through awareness raising activities on the effect of harmful cultural practices e.g., HTP -# Of men, women, boys, and girls involved in sensitization campaigns against harmful cultural practices e.g., FGM/C, IPV, CEFM -# People consuming nutrient dense foods that were culturally forbidden -# Of men, women, boys, and girls reached in awareness raising activities on the effect of HTP e.g., FGM/C, IPV, CEFM	These are new indicators and will be integrated into the MEAL plan
Patterns of power and decision-making	-Women do not have control of their sexuality, e.g., high fertility, restricted movement to health facilities -Men control decision making over critical resources including management of water systems, land, livestock, and access to health services by women and children do not prioritize reproductive activities	-Engage mothers & fathers to respond household related decisions on feeding practices and health seeking behavior and enable adequate nutrition access for their themselves and their children -Empower women and girls to have decision making powers and control over income/cash at household to increase women's spending	-Elevate women to decision making positions at HH and community levels through SMART Couple approach -Education and training of women and youth -Increase representation and leadership of women	-# Of women and youth in leadership positions at community, ward or subcounty levels -# Of women with improved birth spacing -# Of community members reporting improved engagement of informal	These are new indicators and will be integrated into the MEAL plan

	-Older women have decision making power on control and use of resources particularly "low value" resources while youth (first-born sons) are heirs. -High levels of illiteracy hinder equitable youth and women's decision-making power.	on hygiene and sanitation commodities, health, water, food, etc. -Strengthen couple communication the need to for shared decision making at HH level, to give women greater power e.g.., food preferences in HHs (who eats which food/s, how often, when, and why etc.)	and youth in all household and community level activities	institutions on service delivery for maternal and child health -# Of women and youth in leadership positions at community, ward or subcounty levels -# Duration of breastfeeding rate (a proxy of natural birth control methods) -# Of live births receiving at least four antenatal care (ANC) visits during pregnancy	
Access to and control over critical assets and resources	-Men control critical household assets and resources e.g., livestock, land, water points, markets, income, diet, health, education, number of children. Women have access & some over control of milk and small livestock -Erosion of traditional social capital due to transforming livelihoods has weakened social capital and networks key for household survival in lean times -Limited extension services to agro-pastoralists mostly target livestock rearing and women are largely excluded since livestock rearing is men's domain.	-Diversification of alternative livelihoods, incomes and asset building for mothers while ensuring it does not increase the workload -Use of digital technologies to improve access to income generating opportunities for youth through market driven TVET, entrepreneurship, and access to markets -Increase opportunities for women and girl's socio-economic empowerment through establishment of women-owned savings and loan groups and access to credit facilities or cash transfer services.	--Impart relevant skills to youth to enable them secure productive opportunities -Secure private property rights and land tenure for women and youth -Promote economic empowerment models for saving access to credit and investments	-PM32: # of individuals participating in USG assisted group-based savings, micro-finance, or lending programs -PM34: % of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income, or employment) -BL 32: % of women and men in union who earned cash in the past 12 months -BL 33: % of women in union and earning cash who report participation in decisions about the use of self-earned cash	The proposed indicator has been captured both through process monitoring and baseline data indicators (data)
Laws, policies, formal and informal institutional practices	-Most nutrition programs do not factor in the mental health or emotional well-being of mothers related to CEFM, IPV, FGM and HH vulnerability -Structural barriers e.g., access to health, water, sensitivity to culture, high levels of illiteracy negatively impact on health and nutrition programs -Conflict between formal laws/policies and cultural norms hinder effective implementation of nutrition programs	-Leverage on existing informal structures to win community support of nutrition programs that address acute malnutrition -Targeted capacity-building of community institutions to work alongside formal systems in improving MIYCN -Support governments to create an enabling environment (i.e., policy, laws, funds & investment) for enforcement of laws and policies.	-Dissemination of laws and policies that protect the rights of women, youth and children -Policy advocacy to lobby counties to domesticate and budget for implementation of laws and policies -Develop a grievance reporting system that responds to the needs of women	-# of girls enrolled and completing basic education -# Of community leaders/Elders or informal institutions e.g., speaking against HTP -% Of county government funds allocated to support health and nutrition programs -# Of girls enrolled and completing basic education	The proposed indicator to be captured through review of other activity reports

Annexes

Annex 1: References

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Annex 2: Scope of Work

USAID Nawiri GYSD Analysis Terms of Reference to explore the underlying causes of acute malnutrition in Isiolo and Marsabit counties of Northern Kenya

1.0 Introductions

1.1 Background

USAID Office of Food for Peace (FFP) is funding a five-year Development Food Security Activity (DFSA) project that is being implemented in the ASAL counties of Isiolo and Marsabit in Kenya. The project, *Nutrition in ASALs Within Integrated Resilient Institutions* (Nawiri) is led by Catholic Relief Services (CRS), an international humanitarian agency of the Catholic community in the United States of America, in a consortium with Concern Worldwide, Village Enterprise, Tufts University, GAIN, IBTCI, and The Manoff Group. The project's goal is to sustainably reduce levels of acute malnutrition among vulnerable populations in Isiolo and Marsabit counties. The project is implemented using a phased approach, involving a research phase (2019–2020) that will inform program design and an implementation phase (2021–2024). Nawiri's implementation involves collaboration and consultation with Isiolo and Marsabit county governments to infuse co-creation and ensure co-learning and co-design of the project interventions to ensure sustainability.

2.1 Goal

The goal of the Nawiri Gender Youth and Social Dynamics (GYSD) analysis is to identify key evidence gaps on the intersection between gender, youth, and social dynamics and acute malnutrition in Isiolo and Marsabit counties, to inform the project's research and learning agenda, including the design of subsequent implementation pilots, and to strengthen gender integration across Nawiri, as informed by the project's theory of change (ToC).

2.2 Specific Objectives

The specific objectives of the Nawiri GYSD analysis are:

1. To better understand the root causes of gender inequalities and correlations with the root causes of persistent acute malnutrition in Isiolo and Marsabit counties, as per Nawiri's ToC.
2. To support refinement of Nawiri's ToC based on GYSD analysis findings and inform the design and implementation of gender transformative interventions in Isiolo and Marsabit counties.
3. To support the design and development of effective gender, youth, and social dynamics capacity building initiatives for Nawiri project participants and partners in Isiolo and Marsabit.
4. To facilitate effective gender and youth integration into Nawiri's Monitoring, Evaluation, Accountability and Learning frameworks, project planning, and key program interventions.

3.1 Scope of Work

The scope is to provide overall technical leadership for both the GYSD desk review and related qualitative field studies in Isiolo and Marsabit counties to contribute to the refinement of Nawiri's ToC and to the design of the key Nawiri interventions to address acute malnutrition. This includes:

- Identify and gather key resource materials for the desk review, especially those from Kenya's ASAL and similar contexts.
- Map correlations between gender, youth, social dynamics, and acute malnutrition knowledge/information gaps in target counties.
- Design field study plans and develop data collection tools and procedures, train survey team, in liaison with Nawiri team leads.
- Clear assessment and recommendations on specific areas where Nawiri/wider stakeholders can add value to sustainably reduce acute malnutrition through GYSD-focused interventions.
- Provide clear and tangible suggestions for gender and youth sensitivities and integration into Nawiri, as fits.
- Provide a comprehensive GYSD analysis report of not more than 50 pages to highlight recommendations and any key evidence gaps in the Nawiri context.

3.2 Justification of the study

Existing studies (published and grey literature) shed some light on the drivers of acute malnutrition, including gender and social dynamics, in Kenya's ASALs and similar contexts. However, robust data on the interplay of gender and other social dynamics affecting acute malnutrition in Isiolo and Marsabit remains limited. Although existing literature may provide information on various topical ASAL and nutrition issues, it is generally not specific to how GYSD factors impact acute malnutrition, nor is it current or explicitly related to Isiolo and Marsabit counties.

Thus, there is a need to further explore existing studies and reports on the intersection between GYSD and global acute malnutrition in the study sites or similar contexts, with a specific focus on the areas and research questions of inquiry, including a detailed review of relevant laws and policies affecting both counties. The review will build on the initial literature review and scoping studies carried out during the proposal development stage, while additional information and resources will be sought from other development partners and relevant county and national government departments. The key research questions for the GYSD analysis are:

a) How do laws, policies, regulations and institutional (formal, informal & traditional) practices influence gender and social dynamics and how they intersect to affect acute malnutrition?
b) How do sociocultural norms, beliefs, and practices affect acute malnutrition across gender and age among vulnerable social populations in Isiolo and Marsabit? How are related norms, beliefs, and practices changing over time?
c) What is the relationship between acute malnutrition and women's and men's, girls', and boys' roles (productive, reproductive, and community) responsibilities, time use, and workloads?
d) What are the barriers to women's, men's, girls', and boys' access to and control over critical resources, assets, income, social networks, public and private services, employment, technology, and information? How do they impact nutritional status/acute malnutrition?
e) How do patterns of power and decision-making across age and gender impact acute malnutrition among vulnerable groups at the household, community, and county government levels in Marsabit and Isiolo counties?

3.3 Study Methodology

The GYSD analysis will be done in two phases, a desk review (Phase 1) and primary qualitative data collection (Phase 2). The desk review will focus on identifying and analyzing published and grey literature on the intersection between GYSD and global acute malnutrition in the study sites (or similar contexts) to determine what is already known about the correlation between acute malnutrition and GYSD in ASAL areas (in Isiolo and Marsabit counties). To complement this, the qualitative field study will build on Phase 1 analysis and findings to deepen knowledge, specifically on the underlying determinants of acute malnutrition relating to gender and social dynamics in Isiolo and Marsabit.

The GYSD qualitative field study will be conducted at three levels; household, community, and institutional, to ensure that the perspectives and views of key gender, youth, nutrition, and related stakeholders, particularly social protection, are duly captured by the study. The design and execution of the qualitative field study will be explicitly informed by the findings of the desk review. Appropriate data collection methods and tools will be used to ensure that relevant data is collected to inform subsequent activity design and appropriate gender and youth intervention strategies. The use of gender and youth analysis tools to gather information from participants, or to enable them to share their views on deep underlying issues in a safe environment/space, will be facilitated and encouraged. Sensitive data collection and rigorous data analysis and reporting is pivotal; not only to ensure quality and comprehensiveness but also for the overall outcomes of the study.

4.1 GYSD Analysis Research Team

4.2 Key roles of the consultant (s)/firm

The consultant reports to the Nawiri Gender Youth and Social Dynamics (GYSD) lead with key working relations with Nawiri GYSD Analysis and County teams. The main roles will include:

- Review all relevant Nawiri project documents and develop a GYSD analysis plan.

- Design the GYSD study methodology, sampling plan, and draft data collection tools including the data collection procedures in collaboration with Nawiri staff.
- Draft GYSD training agenda for field/research assistants in collaboration with the GYSD lead.
- Prepare inception report and detailed field work plan.
- Facilitate training of the research team.
- Oversee and assure quality though processes of pre-testing, review, and finalization of data collection tools, through appropriate collaboration, as guided.
- Supervise and actively support primary data collection in the field to ensure quality processes and outcomes.
- Coordinate data analysis and write the report, collaborating with the necessary Nawiri personnel.
- Facilitate a validation and dissemination workshop.
- Prepare final comprehensive desk review report informed by Nawiri team/other key actor critical feedback on the draft and the key actor validation and dissemination session outcomes (as above).

4.3 Individual Consultant(s)/Firm Qualifications

- Master's Degree in gender studies, nutrition, sociology, and/or other relevant social science, with at least 10 years of experience in gender programming and socioeconomic analysis.
- A combination of strong experience in qualitative research methods and extensive expertise in gender analysis preferably in the East Africa and/or pastoralist contexts.
- In-depth knowledge and experience of participatory research approaches and tools.
- Proven experience in gender research/studies.
- Experience integrating gender issues into food security/nutrition programs, as well as gender considerations in ASAL area and agro-pastoralist programming. Experience working in a related role with FFP or USAID an added advantage.
- Experience in training and coordinating with diverse groups of project staff and stakeholders, especially on relevant issues and work. Consortium experience an added advantage.
- Experience in ASALs, particularly in Northern Kenya, will be an added advantage.
- Experience in qualitative data analysis packages such as NVivo.
- Excellent analytical and English language report writing skills for diverse audiences, including local and international.
- Fluency in written and spoken English and excellent communication and interpersonal skills.
- Excellent time management skills, ability to take initiative and deliver task within set deadlines.

5.1 Reporting Plan

The consultant is expected to submit two bound copies and a soft copy of the final study report (which should be 50 pages maximum, without annexes), including the following components:

- Preliminary Pages (title page, table of contents including list of annexes, acknowledgements, executive summary, list of acronyms and abbreviations, definition of terms and concepts).
- Introduction: Project description, context, purpose, and objectives of desk study.
- A complete and comprehensive bibliography.
- Methodology and methods, data sources, quality control, data management and analysis mechanisms, and the study limitations.
- Desk study findings organized by the key research questions.
- Conclusion based on the findings, key recommendations, and appendices (as per agreement).
- Power point presentation (maximum 20 slides) of the key findings and recommendations.
- Facilitate an interactive Nawiri team dissemination session as guided, at end of assignment.

6.1 Schedule

The consultant (s) shall outline the study's anticipated overall schedule. (i.e., duration, phasing, timing, key milestones, etc.) as well as anticipated work hours/days required. Include an outline of issues that might affect data collection and key risk mitigation measures.

6.2 Payment Schedule and Deliverables

The items in Table 3 below will be delivered during the planning, implementation, analysis, and reporting phases of both the desk review and field research:

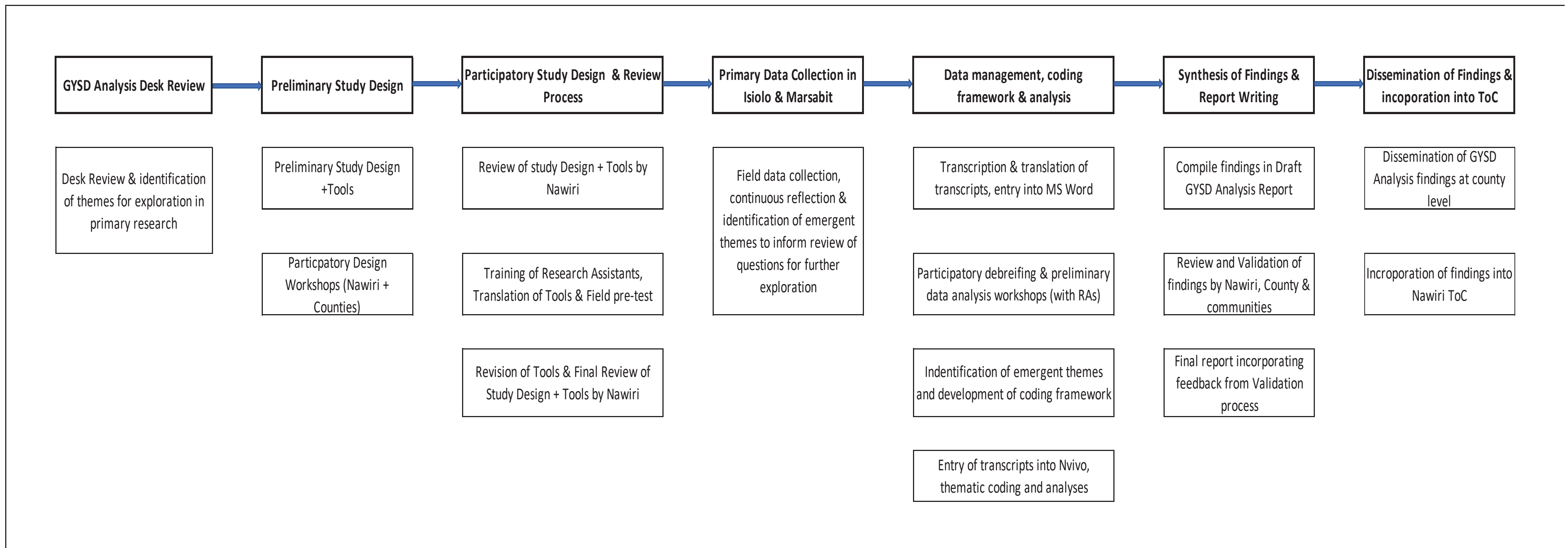
Table 1: Payment Allocation by Deliverables

Pay Schedule	Criteria (deliverables)	
	PHASE 1 – Desk Study	
30%	**Planning Phase** • Submission and approval of **inception report** and **bibliography** in line with proposed Nawiri format, including a detailed **work plan & timeline.**	**GYSD Analysis Phase I: Detailed Desk Review**
30%	**Comprehensive Desk Review** • A comprehensive bibliography. • Timely submission of draft report incorporating reviewers' comments, including a full set of findings and recommendations, with all Inception Report commitments addressed.	
40%	**Final Report** • Submit 2–3-page standalone findings summary, conclusions & recommendations based on the full report. • Share electronic/hard copies of final DS report integrating draft report feedback. • Facilitate interaction with Nawiri team and share PowerPoint presentation (max. 20 slides) of key findings, recommendations, and queries as per prior guidance. Highlight recommendations and questions to inform field research (Stage 2).	
	Phase 2 – Primary Field Research	
30%	**Design Field Plan, Develop Tools, Train and Support Field Researchers** • Design data collection tools based on desk review findings. • Training of the research team.	**Phase II: Qualitative Primary Data Collection/ Fieldwork**
30%	**Primary Data Collection** • Pre-testing, review, and finalization of tools. • Oversee and actively support primary data collection, ensure quality and rigor throughout the process. • Supervision, active oversight, and field-team support through data collection.	
40%	**Data analysis, Report Writing and Dissemination** • Lead and facilitate data analysis, reporting, and engage key actors as guided by Nawiri. • Oversee rigorous data coding, quality translations, transcriptions, data cleaning, and analysis. • Share draft report for review by Nawiri team. • Finalize report based on feedback received. • Facilitate an interactive validation & dissemination meeting with key actors as guided.	

Table 2: Estimated duration of activities (60 Days)

DELIVERABLES	ESTIMATED DAYS
Initial meeting with consultants to share project documents, agree on key deliverables and timelines	0.5
Review of project documents and submission of inception report and bibliography	4
Inception meeting to discuss revised inception report and bibliography/lit to be included	0.5
Finalize inception report and initial draft bibliography based on feedback received	1
Comprehensive desk study	9–12 (tbc)
Incorporate Nawiri team input into draft report and submission of final report	2
Prepare PPT presentation on key findings and recommendations, to inform Phase 2	1
Subtotal	16
Use desk review inputs to design data collection tools, in collaboration with Nawiri team	3
Preparation and training of research team	1 & 3 (4)
Pre-testing, review, and finalization of tools	3
Supervision of primary data collection	6/county?
Data analysis, in collaboration with key Nawiri actors, as guided	10
Report drafting	10
Incorporating Nawiri team input into final report and report finalization	3
Validation and dissemination workshop, supported by PowerPoint presentation	2
TOTAL	

Annex 3: Gender Analysis Study Design/Research Matrix



Annex 4: Interview Guides for the Gender Analysis

Tool	Languages
In-Depth Interview Guides (IDIs)	
IDIs: PLWs, Mothers, Fathers, and Other Caregivers	English, Kiswahili, Samburu, Gabra, Borana, Dassanach
Focus Group Discussion Guides (FGDs)	
FGDs: Men, Women, Girls, and Boys	English
Key Informant Interview (KII) Guides	
KII Guide 6.1: National/County Government Officials KII Guide 6.2: Development Agencies/NGOs, and Health Workers KII Guide 6.3: TBAs, Traditional Healers, and Community/Cultural Leaders	English
Other Tools	
Direct Observation Checklist	English
RA Training Workshop Agenda	English
Debriefing Guide and Template	English

Annex 5: List of Key Interviewees

Marsabit County

	Name	Organization	Designation
	County and National Govt		
1	Gutu Bante	County Govt. Depart. of Gender & Youth	Gender Officer
2	Michael Ogom	County Govt. Depart. of Gender & Youth	Principal Gender Officer
3	Jillo Ibrae	County Govt. Depart. of Gender & Youth	Director Youth
4	Annemarie Denge	County Govt. Depart. of Gender & Youth	Director, Culture & Gender
5	Issack Hassan	County Govt. Depart. of Education	Director, ECD
6	Bokayo Arero	County Govt. Depart. of Health Services	Director Family Health
7	Mercy Busuru	County Govt. Depart. of Health Services	SC Nutrition Officer
8	Diko Fora	National Government, N. Horr	Deputy SC Administrator – Maikona
9	Koriye M. Koriye	County Govt., Illeret Ward	Ward Administrator
10	Samuel Lelei	National Govt., Illeret Ward	Chief
11	Bonaya	National Govt., Loiyangalani	Deputy SC Administrator
12	Abdiya Ali	Ileret Dispensary, N. Horr	Nutritionist
14	Mary Lemaro	County Govt., Department of Health, Karare	Community Health Volunteer
	UN Agencies, NGOs, and Other Humanitarian/Development Actors		
15	Bokayo Arero	Family Health	Director Health
16	Isako Jirma	Caritas	Director
17	Sabdio Roba	Mercy Corps	Project Officer, Girl Project
18	George Gasharamo	UNICEF	Nutrition Support Officer (NSO)
19	Sabdiyo Galgallo	Red Cross	County Coordinator MNCH
20	Bob Kaugi	Concern Worldwide	Snr. Manager, Health & Nutrition
21	Moses Raminya	Concern Worldwide	Project Officer, Health & Nutrition
22	James Ayolo	Sign of Hope	Project Manager, MIYCN
	Community Leaders		
23	Hirkena Bullo	Kargi Ward	Rendille Elder
24	Galgallo Tuye Adano	N. Horr	Elder, Gabbra Council
25	Hamato Sharamo	El besso Dispensary, N. Horr	Community Health Assistant
26	Dokata	El besso, N. Horr	Traditional healer & seer
27	Nakayo	Kargi Ward	Traditional Birth Attendant
28	Dima Watta	Dukana	Traditional Birth Attendant
29	Lkotikan Learbora	Loiyangalani	Rendille Elder
30	Mamo Diba	North Horr Ward	Ward Administrator
31	Ashuu	N. Horr	Traditional Birth Attendant

Isiolo County

	Name	Organization	Designation
	County and National Govt		
1	Godana Boru	County Govt., Depart. of Gender & Youth	NCPD/Youth
2	Dr. Guyo	County Govt., Depart. of Health,	Dep. Director M&E
3	Patrick Muriuki Daniel	County Govt., Depart. of Health, Oldonyiro	Community Health Extension Worker
4	Lengima	County Govt., Depart. of Health, Lemorijo, Oldonyiro	Community Health Volunteer
5	Elisabeth Lesampowua	County Govt., Oldonyiro Ward	Ward Administrator
6	Judy	County Govt., Depart. of Health, Ngaremara	Community Health Volunteer
7	Maria Agoretti	County Govt., Depart. of Health, urat, Isiolo Central	Community Health Volunteer
8	Waqo Abdullahi	County Govt., Garbatulla	Ward Administrator
9	Nuria Kushu	County Govt., Depart. of Health, Mbarambate, Garbatulla	Nurse
10	Fatuma Abdi	County Govt., Depart. of Health, Kinna	Community health volunteer
11	Nasibo Issacko	County Govt., Depart. of Health, Merti	Lead Community Health Volunteer
12	Abdullahi Kunu	County Govt., Depart. of Health, Merti SC, Isiolo	Sub-county Nutrition Coordinator
13	Abdullahi Huka	Cherab Ward, Merti SC	Ward Administrator
14	Frank	County Govt., Depart. of Health, Merti	Nurse
15	Nasibo Elema	County Govt., Depart. of Health, Gotha, Merti	Community Health Volunteer
16	Diba Abgudo	County Govt., Depart. of Health, Gotha, Merti	Community Health Volunteer
	UN Agencies, NGOs And Other Humanitarian/Development Actors		
17	Ali Mohammed Noor	Living Goods	Community Health Supervisor
18	Sharon	UNICEF	
19	Dan Cliff Mbura	ACF	Nutrition Program Manager
20	James Jirma Galgalo	Caritas, Isiolo	Director
21	Halima Mariam	Red Cross	Nutrition Officer
	Community Leaders		
22	Anne Chuma	Local CBO, Oldonyiro	CBO Leader
23	Kalumpa Kabelo	Sericho, Garbatulla	Traditional Birth Attendant
24	Ali Harro	Merti	Herbalist
25	Robe Guyo	Chari, Merti	Traditional Birth Attendant

Annex 6: Data collection tools

A) In-Depth Interview Guides

(i) In-Depth Interview Guide for Pregnant Women, Lactating Mothers and Mothers with Children Under 5

English Version

Instructions

These are questions or themes that will guide the discussion in the in-depth interviews. Every question will elicit probing based on the narratives of the mothers and fathers in the study locations. In-depth interviews will be complemented by observation studies (see observation checklist below). The interviews will take us between 1 hour, 30 minutes, however, feel free to give as many details as you can.

Beginning the interview

- Thank the respondents for accepting to participate in the study
- Introduce yourself and clearly explain purpose of the study.
- Assure participants of confidentiality of all responses and the voluntary nature of their participation. Ensure they understand what "confidentiality" means!
- Do you have any questions or comment at this stage?
- Are you happy to proceed with the interview? If so, can you sign/ fingerprint the consent form? (Ensure all understand what they are signing).
- To ensure that we will be recording the interview. This will allow us to check later that we have

General Information

Please record the following details

Date	Start time	End time
Ward	Sub-county	County
Interviewer	Note-taker	Interview #
Language of interview	Audio-file name	

[Gain consent before turning on the recorder]

A]. Socio-demographic characteristics

Please record participants' gender	
When were you born?	
What is your highest level of formal/ school education?	
Are you single or married?	
If appropriate, do you have a co-wife?	
Who is the head of your household? (Who makes the most decision in your home)	
What is your occupation? (What do you spend most of your time on)	
What is your ethnicity?	
Which religion do you follow?	
How many children do you have?	
How many children do you have under the age of 5?	
What time do you have your main meal? How many people do you feed at every household meal? How many meals do you have in day?	

B] Questions/Themes

1. Gender roles and Time Use

a] Activities men, women, boys, and girls engage in

On a normal day, what activities do you do between the time you wake up and the time you go to sleep? (***Probes:*** *How are these activities different for different seasons? Where do these activities take place? At what time of the day do these activities take place? How do you benefit? How do other people in your household benefit? Do you require any assistance to carry out your day-to-day activities? And what could help you? How do household members support in doing these activities? What activities do you do related to caring for your children each day? Do you receive any help looking after the children? If so, in which ways? How does pregnancy change your day-to-day activities? How does caring for the baby change your day-to-day activities?).*

b] Activities specific to Infant and Young Children Feeding and Time Use

What do you feed your child/children on? Please explain any differences between what your different children eat *(**Probes**: At what times? How much time do you spend on cooking for your child/ children? How much time do you spend feeding your children? How do your daily activities affect child feeding? Who else participates in child feeding? Under what circumstances do other people feed your baby? How do you ensure your child is fed properly?*

2. Socio-cultural Norms, Beliefs, Perceptions, and Values.

a] Norms & Beliefs related to maternal nutrition

As a woman, what foods do you normally eat? Are there differences between what you eat and what is eaten by other people in your household? Are there any foods that you are not allowed to eat? If so, can you share a few examples? Why are you not allowed to eat these foods? ***(Probes:** Which types of food do you eat as mother (a) adolescent girl (b) pregnant mother (c) mother with newborn (d) breastfeeding mother. In your households who gets the most food. Who gets served first? Give reasons? Who eats last? Give reasons).*

b] Norms & Beliefs related to Infant and Young Children Feeding and Child Nutrition

What foods do you normally give to your children? Are there any foods that children are not allowed to eat? Can you share some examples? What are the reasons that prevent children from eating these foods? ***(Probes:** What foods are boys below 5 years not allowed to eat? What foods are girls below 5 years not allowed to eat? Where do you get information on foods that children are not allowed to eat?).*

In trying to understand issues around breastfeeding (local concept) and how it relates to the health of babies and young children, we are asking some mothers and grandmothers about their experiences and the experiences of other mothers in their communities. Can you tell us what happens to the child immediately after birth? ***(Probes:** Please describe the activities that happen to the baby immediately after birth? What do new mothers usually do before breastfeeding their newborn baby for the first time? What did you feed to your baby for the first time immediately after birth? How long after the birth did you start breastfeeding? How long did you breastfeed your last baby for? About how many times a day and night did you feed him or her? Can you remember how old your baby was when you first gave him/ her any other food apart from breastmilk? What made you start giving the baby other food apart from breastmilk at that time? What types of foods did you give your baby? How did you decide which types of food to give them for the first time? How did you learn about which foods to give your baby/child?*

c] Local perceptions of Wasting, Normal and Overweight in Children

How do you know your baby/child is healthy? How do you know your baby/child is unhealthy? Please explain the signs that make you worry about your baby or child's health? How do you know when your baby is well-fed? How do you know when your baby is not well-fed?

3. Barriers to access to and control over critical resources (Assets, income, social networks, public and private services, employment, technology, and information).

a] Access & control over productive assets

What livelihood resources does your household depend on? (***Probes:** What is the main source of income for your household? Who brings in this income? What other sources of income do you have in your household? Who brings in the income? How is it spent? How do you decide on how to spend your income? How do you decide how much is spent on food? What challenges to you experience in accessing income sources?).*

b] Access to public and private services

What public and private services do you have access to? If so, which ones? ***(Prompt for** Availability of health facilities, types of health services, distance to schools and education centers, distance to water sources, how clean are the water sources, means of transport, trading activities, distance to the types of markets, livestock extension and veterinary services, livestock insurance, health insurance **[e.g NHIF, Linda Mama, UHC],** savings and credits facilities **[e.g Chamas, Saccos, Mobile Money Credits],** access to banking services **[formal and mobile banking]**:* How do you access this services? How do you use these services? What determines your participation in these services? How do use these services help you meet your food needs at the household? What challenges do you experience while accessing these services?).

c] Access to social capital & networks

How do you support each other in this community during times of need? During what times do you seek help or assistance? What are some of the needs? Who helps? ***(Probes:** How do you access this help? How do you use this help? What determines your participation in these help and support services? How do these support mechanisms help you meet your food needs at the household? What challenges do you experience in accessing these services?).*

d] Access to technology and information
What kind of modern technologies do you use in this community? ***(Prompt:** Access to mobile phones, energy-saving jikos, solar-powered lamps, radio, television, motorbikes?**)*** How do you access this technology? How do you use this technology? How does this technology help access information? How do these services help you meet your food needs at the household? What challenges do you experience in accessing these services?).

4. Power and Decision-Making
a] Power and decision-making at the household level
In your household, what issues do you make decisions on? *(**Probes:** Decisions of marriages, education? Which ones do you need to consult? Who else do you consult before making decisions? Who makes decisions about what food to buy, what to cook, how many meals per day, feeding of children, how about going to the clinic, how about attending trainings on maternal health and nutrition, the decision on child spacing? How about seeking employment? income-generating activities? If you were the primary decision maker, would you spend the income differently? If yes, how?*

b] Community participation and decision-making
How are you involved in different community activities? *(**Probes:** How are you involved in any health/ nutrition activities, weddings, funeral, community barazas, chama/sacco? As an individual in what ways do you benefit from attending such activities?*

Wrap up:
- Do you have anything to add about what we have discussed?
- Do you have any questions you want to ask me?

We have come to the end of the interview.

Thank you for your time

<u>**Kiswahili Translation**</u>

Instructions
These are questions or themes that will guide the discussion in the in-depth interviews. Every question will elicit probing based on the narratives of the mothers and fathers in the study locations. In-depth interviews will be complemented by observation studies (see observation checklist below). The interviews will take us between 1 hour, 30 minutes, however, feel free to give as many details as you can.

Beginning the interview
- Thank the respondents for accepting to participate in the study
- Introduce yourself and clearly explain purpose of the study.
- Assure participants of confidentiality of all responses and the voluntary nature of their participation. Ensure they understand what "confidentiality" means!
- Do you have any questions or comment at this stage?
- Are you happy to proceed with the interview? If so, can you sign/ fingerprint the consent form? (Ensure all understand what they are signing).
- To ensure that we will be recording the interview. This will allow us to check later that we have

General Information
Please record the following details

Date	Start time	End time
Ward	Sub-county	County
Interviewer	Note-taker	Interview #
Language of interview	Audio-file name	

[Gain consent before turning on the recorder]

A]. Socio-demographic characteristics

Please record participants' gender Nakili jinsia ya mhusika	
When were you born?	

Ulizaliwa mwaka gani?	
What is your highest level of formal/ school education? Umesoma ukafika kiwango gani?	
Are you single or married? Je, umeolewa/umeolewa?	
If appropriate, do you have a co-wife? Mume wako ana familia ingine kando nah ii?	
Who is the head of your household? (Who makes the most decision in your home) Nani anasimamia hii nyumba? Nani hufanya maamuzi kwa nyumba yako?	
What is your occupation? (What do you spend most of your time on) Kwa kawaida wewe hufanya kazi ya aina gani?	
What is your ethnicity? Wewe ni wa kabila gani?	
Which religion do you follow? Wewe ni wa dini gani?	
How many children do you have? Uko watoto wangapi?	
How many children do you have under the age of 5? Watoto wangapi wako chini ya umri wa miaka tano?	
What time do you have your main meal? How many people do you feed at every household meal? How many meals do you have in day? Mnakula chakula kuu saa ngapi? Unalisha watu wangapi kwa nyumba yako?	

B] Questions/Themes
1. Gender roles and Time Use
a] Activities men, women, boys, and girls engage in
On a normal day, what activities do you do between the time you wake up and the time you go to sleep? (***Probes:*** *How are these activities different for different seasons? Where do these activities take place? At what time of the day do these activities take place? How do you benefit? How do other people in your household benefit? Do you require any assistance to carry out your day-to-day activities? And what could help you? How do household members support in doing these activities? What activities do you do related to caring for your children each day? Do you receive any help looking after the children? If so, in which ways? How does pregnancy change your day-to-day activities? How does caring for the baby change your day-to-day activities?).*

Majukumu ya jinsia na matumizi ya wakati
Shughuli wanazozifanya wanaume, wanawake, wavulana, wasichana
Kwa siku ya kawaida ni shughuli gani wewe hufanya kuanzia uamke hadi ulale? (***Uchunguzi zaidi:*** *Shughli zako hubadilika aje kwa msimu ya jua na mvua? Ni wapi wewe hufanya shughuli zako na kwa wakati gani? Unafaidikaje? Wakaaji wa nyumba hii wanafaidika aje kwa hizi shughulu? Unahitaji usaidizi wowote kwa kufanya shughuli zako? Kama kunayo gani? Nini inawezakusaidia? Wakaaji wa nyumba hii wanakusaidia aje kwa kufanya hizi shughuli? Ni shughuli aina gani wewe hufanya ambayo inahusiana na ulezi wa mtoto? Unapata usaidizi wowote kwa kulea mtoto? kama kunayo gani? Uja uzito inabidilisha vipi shughuli zako za kila siku? Kulea mtoto inabadilisha aje shughuli zako za kila siku?*

b] Activities specific to Infant and Young Children Feeding and Time Use
What do you feed your child/children on? Please explain any differences between what your different children eat (***Probes***: *At what times? How much time do you spend on cooking for your child/ children? How much time do you spend feeding your children? How do your daily activities affect child feeding? Who else participates in child feeding? Under what circumstances do other people feed your baby? How do you ensure your child is fed properly?*

Shughuli maalum ya kulisha watoto wachanga na watoto wadogo na matumizi ya saa
Unalisha mtoto/watoto wako nini? Tuelezee tofauti yoyote ya vyakula ambavyo watoto wako wanakula? (Uchunguzi ya ziada: Wakati gani? Unatumia muda gani kumpikia mtoto wako? Unachukua muda gani kumlisha mtoto? Shughuli zako za kila siku inaadhiri aje kumlisha mtoto wako? Nani mwingine anansaidia kumlisha mtoto? Ni wakati gani watu wengine hulisha mtoto wako? Unahakikisha aje mtoto analishwa vizuri?

2. Socio-cultural Norms, Beliefs, Perceptions, and Values.
a] Norms & Beliefs related to maternal nutrition

As a woman, what foods do you normally eat? Are there differences between what you eat and what is eaten by other people in your household? Are there any foods that you are not allowed to eat? If so, can you share a few examples? Why are you not allowed to eat these foods? ***(Probes:** Which types of food do you eat as mother (a) adolescent girl (b) pregnant mother (c) mother with newborn (d) breastfeeding mother. In your households who gets the most food. Who gets served first? Give reasons? Who eats last? Give reasons).*

Mila na desturi inayohusiana na lishe ya wamama
Kama mama ni chakula gani we hukula? Kuna tofauti gani kati ya chakula ambacho we hukula na kile Wengine hukula? ¿Kuna chakula ambacho hufai kula? kama kunayo, tuelezee kadhaa. Mbona hukubaliwa kula hivi vyakula? Kuna chakula maalum inayopewa: (a) mtoto msichana? (b) mama mjamzito? (c) mama mtoto mchanga? (d) mama anayenyonyesha? Nani hupewa chakula mingi kwa hii nyumba? Nani hukula chakula wa kwanza? Tuelezee zaidi? Nani hukula chakula wa mwisho? Tuelezee zaidi

b] Norms & Beliefs related to Infant and Young Children Feeding and Child Nutrition
What foods do you normally give to your children? Are there any foods that children are not allowed to eat? Can you share some examples? What are the reasons that prevent children from eating these foods? ***(Probes:** What foods are boys below 5 years not allowed to eat? What foods are girls below 5 years not allowed to eat? Where do you get information on foods that children are not allowed to eat?).*

Mila na desturi inayohusiana na malisho ya watoto wachanga na watoto wadogo
*Kwa kawaida wewe hulisha watoto wako chakula ya aina gani? Kunazo chakula watoto wadogo hawakubaliwi kula? Tuelezee mifano kadhaa. Ni sababu gani zinafanya watoto wasikule hivi vyakula? (**Uchunguzi zaidi**; Ni vyakula gani watoto wa kiume wenye chini ya umri wa miaka tano hawakubaliwi kula? Ni vyakula gani watoto awa kike wenye chini ya umri wa miaka tano hawakubaliwi kula? Unapata wapi habari kuhusu vyakula ambavyo watoto hawafai kula?*

In trying to understand issues around breastfeeding (local concept) and how it relates to the health of babies and young children, we are asking some mothers and grandmothers about their experiences and the experiences of other mothers in their communities. Can you tell us what happens to the child immediately after birth? ***(Probes:** Please describe the activities that happen to the baby immediately after birth? What do new mothers usually do before breastfeeding their newborn baby for the first time? What did you feed to your baby for the first time immediately after birth? How long after the birth did you start breastfeeding? How long did you breastfeed your last baby for? About how many times a day and night did you feed him or her? Can you remember how old your baby was when you first gave him/ her any other food apart from breastmilk? What made you start giving the baby other food apart from breastmilk at that time? What types of foods did you give your baby? How did you decide which types of food to give them for the first time? How did you learn about which foods to give your baby/child?*

*Kwa kujaribu kuelewa mambo ambayo yanahusu kuwanyonyesha watoto, na jinsi inavyohusiana na afya ya watoto na watoto wachanga, tunauliza wamama na nyanya kuhusu uzoefu wao na wamama wengine katika jamii? Unaweza tuelezea ni mambo gani hufanyika baada ya mtoto kuzaliwa. **(Uchunguzi ya ziada**: tuelezee shughuli zote zile hufanika baada ya mtoto kuzaliwa (punde tu)?Ni nini wamama wapya katika jamii yako hufanya mara ya kwanza kabla ya kumnyonyesha mtoto?Ni nini ulimpa mtoto wako kwa mara ya kwanza kabla ya kumnyonyesha?Ulikaa muda gani kabla ya kumnyonyesha mtoto kwa mara ya kwanza?Ulinyonyesha mtoto wako kwa muda gani?Ni mara ngapi kwa siku na kwa mchana ulimnyonyesha mtoto wako?Unawezakumbuka mtoto wako alikuwa na umri gani ukimpea chakula mara ya kwanza?Ni nini ilikufanya umpatie mtoto chakula kingine mbali na kumnyonyesha?Ni chakula ya aina gani ulimlisha mtoto?Uliamua aje aina ya chakula ya kumpea mtoto kwa mara ya kwanza?Ulijifunza wapi kuhusu chakula ya kumlisha mtoto?*

c] Local perceptions of Wasting, Normal and Overweight in Children
How do you know your baby/child is healthy? How do you know your baby/child is unhealthy? Please explain the signs that make you worry about your baby or child's health? How do you know when your baby is well-fed? How do you know when your baby is not well-fed?
Unawezajua aje mtoto wako ako na afya? Unawezajua aje mtoto wako hana afya? Tafadhali tuelezee vitu ambavyo vinakupea wasiwasi kuhusu afya ya mtoto wako? Unawezajua aje mtoto wako analishwa vizuri? Unawezajua aje mtoto wako halishwi vizuri? (Angazia kilo ya mtoto)

3. Barriers to access to and control over critical resources (Assets, income, social networks, public and private services, employment, technology, and information).
a] Access & control over productive assets
What livelihood resources does your household depend on? (***Probes:** What is the main source of income for your household? Who brings in this income? What other sources of income do you have in your household? Who brings in the income? How is it spent?*

How do you decide on how to spend your income? How do you decide how much is spent on food? What challenges to you experience in accessing income sources?).

Upatikanaji na udhibiti juu ya mali ya uzalishaji

*¿Ni riziki gani inayowaletea mapato nyumbani? (**Uchunguzi zaidi**; ¿Mapato kuu ya nyumba yako ni gani? ¿Ni nani huleta hayo mapato? ¿Ni mapato gani ya ziada unayo nyumbani? Nani huleta mapato ya ziada? Mnatumia aje hayo mapato? Unaamua aje juu ya matumizi yake? ¿Ni changamoto gani wewe hupata kwa kutafta haya mapato?*

b] Access to public and private services

Upatikanaji wa huduma za umma na za kibinafsi

What public and private services do you have access to? If so, which ones? ***(Prompt for** Availability of health facilities, types of health services, distance to schools and education centers, distance to water sources, how clean are the water sources, means of transport, trading activities, distance to the types of markets, livestock extension and veterinary services, livestock insurance, health insurance **[e.g NHIF, Linda Mama, UHC]**, savings and credits facilities **[e.g Chamas, Saccos, Mobile Money Credits]**, access to banking services **[formal and mobile banking]**:* How do you access this services? How do you use these services? What determines your participation in these services? How do use these services help you meet your food needs at the household? What challenges do you experience while accessing these services?).

¿Ni huduma gani ya umma na ya kibinafsi wewe hupata? ¿kama kunayo, gani? (kwa haraka; kupatikana kwa huduma za hospitali,aina za hospitali,umbali wa shule,upatikanaji wa maji,usafi wa maji,huduma za usafiri,biashara,umbali wa soko,huduma ya mifugo,bima ya afya(mifano;NHIF,Linda mama,UHC) huduma ya mikopo na akiba (mifano;chamas,saccos,Mobile Money Credits),huduma ya benki.Unapata aje hizi huduma?Unatumia aje hizi huduma?Ni nini huamua kushiriki kwako kwa hizi huduma?Unatumia aje hizi huduma kupata chakula nyumbani?Ni changamoto gani wewe hupitia kutumia hizi huduma?

c] Access to social capital & networks

How do you support each other in this community during times of need? During what times do you seek help or assistance? What are some of the needs? Who helps? ***(Probes:** How do you access this help? How do you use this help? What determines your participation in these help and support services? How do these support mechanisms help you meet your food needs at the household? What challenges do you experience in accessing these services?).*

*Mnasaidiana aje katika hii jamii wakati wa shida? Ni wakati gani wewe huomba msaada? Ni misaada gani? Nani husaidia? (**Uchunguzi zaidi**; Unapata aje hizi msaada? Unatumia aje huu msaada? Ni nini huamua kushiriki kwako kwa hizi misaada? Hizi misaada zinakusaidia aje kupata chakula nyumbani? Ni changamoto gani wewe hupata kwa kutafuta hizi huduma?*

d] Access to technology and information

What kind of modern technologies do you use in this community? ***(Prompt:** Access to mobile phones, energy-saving jikos, solar-powered lamps, radio, television, motorbikes?**)*** How do you access this technology? How do you use this technology? How does this technology help access information? How do these services help you meet your food needs at the household? What challenges do you experience in accessing these services?).

*¿Ni vifaa gani vya kisasa mnatumia katika jamii yenu? **(uchunguzi zaidi**: upatikanaji wa simu ya mkono, jiko, taa za sola, radio, televisheni, ¿pikipiki) Unapata aje hizi vifaa vya kisasa? Unatumia aje hivi vifaa? Hivi vifaa vya kisasa vinakusaidia aje kupata habari? Hivi vifaa vinakusaidia aje kupata chakula nyumbani? ¿Ni changamoto gani wewe hupata kwa kutafta hivi vifaa?*

4. Power and Decision-Making

a] Power and decision-making at the household level

In your household, what issues do you make decisions on? *(**Probes:** Decisions of marriages, education? Which ones do you need to consult? Who else do you consult before making decisions? Who makes decisions about what food to buy, what to cook, how many meals per day, feeding of children, how about going to the clinic, how about attending trainings on maternal health and nutrition, the decision on child spacing? How about seeking employment? income-generating activities? If you were the primary decision maker, would you spend the income differently? If yes, how?*

*Kwa nyumba yako wewe hufanya maamuzi gani? (**Uchunguzi zaidi**: uamuzi wa kuoa, masomo? Ni gani mnafaa kujadiliana au kushauriana? Ni nani mwingine anafaa kuhusishwa kabla ya kufanya maaumuzi? Ni nani hufanya maamuzi kuhusu ununuzi wa chakula, upishi, na mara ngapi chakula kupikwa nyumbani, kulisha watoto, kuenda kliniki, kuhudhuria mafunzo kuhusu afya ya wamama na lishe bora, upangaji uzazi? na kutafuta kazi,kazi zinazoleta mapato. Kama uamuzi ingekuwa wako pekee, nini ingebadilika katika matumizi ya mapato? Tuelezee zaidi*

b] Community participation and decision-making

How are you involved in different community activities? *(**Probes:** How are you involved in any health/ nutrition activities, weddings, funeral, community barazas barazas, chama/sacco? As an individual in what ways do you benefit from attending such activities?*

*Unajishirikisha aje katika shughuli mbalimbali za kijamii? (**Uchunguzi zaidi**: Unajihusisha aje katika shughuli ya afya na lishe? Arus?,¿matanga? baraza? chama? Kibinafsi unafaidika aje kwa kuhudhuria hizo shughuli?*

Wrap up:

- Do you have anything to add about what we have discussed?
- Do you have any questions you want to ask me?

We have come to the end of the interview.

Thank you for your time

<u>Borana/Gabra Translations</u>

Beginning the interview

- Thank the respondents for accepting to participate in the study
- Introduce yourself and clearly explain purpose of the study.
- Assure participants of confidentiality of all responses and the voluntary nature of their participation. Ensure they understand what "confidentiality" means!
- Do you have any questions or comment at this stage?
- To ensure that we accurately capture what you are going to tell us we will be recording the interview using a voice recorder. This will allow us to check later that we have all the information that you intended to provide.
- If you agree to the interview, we will need you to sign a form indicating that you have been informed on what the interview will entail and provided consent to be interviewed.
- Are you happy to proceed with the interview? If so, can you sign/ fingerprint the consent form? (Ensure all understand what they are signing).

General Information

Once the consent form is signed and before beginning the interview please record the following details:

Date	Start time	End time
Ward	Sub-county	County
Interviewer	Note-taker	Interview #
Language of interview	Audio-file name	

A]. Socio-demographic characteristics

Please record participants' gender
When were you born? *Gann kam dalat?*
What is your highest level of formal/ school education? *Baranot ess get?*
Are you single or married? *War qabtha?*
Who is the head of your household? (Who makes the most decision in your home) *Ent war kanat mata?*
What is your occupation? (What do you spend most of your time on) *Ujji tam ojjat?*
<u>(Instruction to interviewer: Ask only if appropriate)</u> Do you have a co-wife? *Masanu qabtha?*
What is your ethnicity? *Atin gos tam?*
Which religion do you follow? *Atin dhini tam?*

How many children do you have? *Ijjole agam qabth?*
How many children do you have under the age of 5? *Atin ijjole gann shan jala agam qabth?*
What time do you have your main meal? *Gise tam wa nyatan?* How many people do you feed at every household meal? *Nam agamit min kan kesa gololfat?*
IN THE PAST, has any of your children been enrolled in a feeding programme because they were unwell?
CURRENTLY do you have any of your children enrolled in a feeding programme because they are unwell?

Section 1. Gender roles and Time Use

a] Activities men, women, boys, and girls engage in

On a normal day, what activities do you do between the time you wake up and the time you go to sleep? *Egi thiram ka tag bultii thebitut jithui tanat maan ojat?]*

Probes

- *How are these activities different for different seasons? [uji tate tan barri jijira?] Where do these activities take place? [uji tan, essat ojat]*
- *At what time of the day do these activities take place? [uji tan oja tam ojat?]*
- *How do you benefit? [atin akam uji tan irra fithamt]*
  How do other people in your household benefit? [uji tan enn dibit irra fitham?]
- *Do you require any assistance to carry out your day-to-day activities? [qarqar tokole feta uji tan ojachu?]*
- *If so, what? And what could help you? [manit uji tanan siqarqar?]*
- *How do household members support in doing these activities? [name ola kan akamin uji tanan siqarqar?]*
- *What activities do you do related to caring for your children each day? [ujin atin ojat ta ijole tate guthis siqarqart jirti?]*
- *Do you receive any help looking after the children? [ennut ijole tate lalich siqarqar?] If so, in which ways? [oja jirt, akamin?]*
- *How does your pregnancy change your day-to-day activities? [ulfini kunin akamin daqanki tate jijir?]*
- *When you have a baby how does it change your day-to-day activities? [maamuli daim kaketi, akamin, daqanki tate jijir?]*

b] Activities specific to Infant and Young Children Feeding and Time Use

What do you feed your child/ children on? *[ilman kanke manin fith?]* Please explain any differences between what your different children eat *[ilman kanke waan isin nyat fa me nuthim.]*

Probes

- *At what times are you involved in feeding your baby/child? [oja tam fa?] How much time do you spend on cooking for your child/ children? [dabichi sagale ijolee gise agam si fudat?]*
- *As a mother, how much time do you spend feeding your children? [gololi ijole tanteti, gise agam sifudat?]*
- *How do your daily activities affect child feeding? [daqankiin tante akamin golol ilman kanketi dibth?]*
- *Who else participates in child feeding? [ilman kanke enn dibit golol si qarqar?]*
- *Under what circumstances do other people feed your baby? [oja tam fa ilman kanke name dibiin si gololch?]*
- *How do you ensure your child is fed properly? [manit si ubachis ag gololi ilman kanketi midag?]*

Section 2. Socio-cultural Norms, Beliefs, Perceptions, and Values

a] Norms & Beliefs related to maternal nutrition

As a woman, what foods do you normally eat? [*akaa nam uwa sagalle akami faa nyatt*] Are there differences between what you eat and what is eaten by other people in your household? [*tofautin jirti wan atin nyatuf ta biytti tan nyatt min kanke kessat*] Are there any foods that you are not allowed to eat? [*sagallen atin nyachun imalin jirti*] If so, can you share a few examples? [*tam faa*] Why are you not allowed to eat these foods? [*maafu inyan*]

Probes:

- *Which types of food do you eat as a mother? (Aka aba worra sagallen tam faa nyaat) (a) adolescent girl (b) young unmarried woman (aka qero sagalle tam nyatt)*
- *In your households who gets the most food. [min kanke kesat inut sagalle gutho argatt]*
- *Who gets served first? [enut qarra nyat] Why do they eat first? [maf qara nyat] Who eats last? [enut ege nyat]) Why do they eat last? [maf ege nyattan]*

b] Norms & Beliefs related to Infant and Young Children Feeding and Child Nutrition

What foods do you normally give to your children? [*sagalle tam ijolle kenitan*] Are there any foods that children are not allowed to eat? [*sagalle ijolle nyaachu imalin tam faa*] Can you share some examples? [*tam faa*] What are the reasons that prevent children from eating these foods? [*sagalle tan ijolle maff nyaachu imalin*]

Probe

- *What foods are boys below 5 years not allowed to eat? [sagalle tam faa ijolle dira gann shani jalla nyaachu imalin]*
- *What foods are girls below 5 years not allowed to eat? [sagalle tam faa ijolle thubra ta gan shani jalla nyaachu imalin]*
- *Where do you get information on foods that children are not allowed to eat? [odhu guba sagalle ijollen nyaachu imalin essa dagetan?]*

c] Breastfeeding Practices

In trying to understand issues around breastfeeding (local concept) and how it relates to the health of babies and young children, we are asking some mothers and grandmothers about their experiences and the experiences of other mothers in their communities. Can you tell us what happens to the child immediately after birth? [*kessa nutim wan ijolle didiqo tochan oja isin dalat*]

Probes

- *Please describe the activities that happen to the baby immediately after birth. [kessa natim wan ijole didiqo oja dalatu tatt]*
- *What do new mothers usually do before breastfeeding their newborn baby for the first time? [awan gorom i odho ijolle didiqo muuch inosifne yo isin qara dalat maan faa tatt]*
- *What did you feed to your baby for the first time immediately after birth? [ijolle didiqo yo isin dalatt qara maan kenanif] How long after the birth did you start breastfeeding?* [*muda agam tett odho muuch osisu inaansinu*]
- *How long did you breastfeed your last baby for? (Gann agami ossifti daim kakanke kaa egee)*
- *About how many times a day and night did you feed him or her? [guyaa alkan mar agam osifti]*
- *Can you remember how old your baby was when you first gave him/ her any other food apart from breastmilk? [gann daimi kankee sagalle itt nyaachu jalqabatt qabataa]*
- *What made you start giving the baby other food apart from breastmilk at that time? [maan gul daim sagalle sunn kenuff jalqabatt]*
- *What types of foods did you give your baby? [sagalle akami faa daima kenitt]*
- *How did you decide which types of food to give them for the first time? [karra kami gargar bafatt sagalle qara daima kenuff malt]*
- *How did you learn about which foods to give your baby/ child? [akamin baratt sagalle ijole kenuff malan]*

d]Local perceptions of Wasting, Normal and Overweight in Children

How do you know your baby/child is healthy? [*akamin bett aka ijole tantee urgoftu*] How do you know your baby/child is unhealthy? [*akamin bett aka daimi kanke faya intatin*]

Probe

- *Please explain the signs that make you worry about your baby/child's health? [manti garsis aka dhaimi kanke fayaa intatin]*
- *How do you know when your baby is well-fed? [akamin bett aka dhaimi kanke aka thasa quff]*
- *How do you know when your baby is not well-fed? [akamin bett aka dhaimi kanke inquffin]*

<u>**Section 3. Barriers to access to and control over critical resources**</u> ***(Assets, income, social networks, public and private services, employment, technology, and information).***

a] Access & control over productive assets

What livelihood resources does your household depend on? [*mini kankee kun manin fidham]*

Probes:

- *What is the main source of income for your household? [qabeni gudha kesan kam] Who brings in this income? [enut dufan?]*
- *What other sources of income do you have in your household? [qaben dibin isan qabthan kam] Who brings in the income? [enut dufan] How is it spent? [maan irr oll]*
- *How do you decide on how to spend your income? [akamin itt woli galtan aka qaben kan itt tumitan]*
- *How do you decide how much is spent on food? [aka mitt woli galtan garr qott sagalle]*
- *What challenges to you experience in accessing income sources? [rako akamm argattan aka qaben kanatt battan?]*

b] Access to public and private services

What public and private services do you have access to? *[qarqasi sirkalatif kaa aba toko akamin itabatt]* If so, which ones? *[tam faa qarqasi kunn]*

<u>**Probe**</u>

- *Availability of health facilities, (hospitali jirra) types of health services, [kaa akami faa]*
- *Availability and distance to schools and education centers, [skul jirra, issan irra fagoo]*
- *Access to water supply: distance to water sources, how clean are the water sources, means of transport, [bisan qabtu isan irra fago, bisan qullo moo, mani daqatan]*
- *Availability and access to trading activities and markets, type of markets, distance to markets, [soko jirti, soko akami, isan irra fago]*
- *Availability of livestock services: livestock extension and veterinary services, livestock insurance, [soko orri jirti, qorsi orri jirra, qarsi orri jirra]*
- *Availability of health services: health insurance [e.g NHIF, Linda Mama, Universal Health Care], [qarqasi garr afya jirra]*
- *Availability of savings and credits facilities [e.g Chamas, Saccos, Mobile Money e.g., MPESA, M-Shwari, Other mobile money loans], [fullan besse itt oll keyattan ka den faa dadhani iraa fudatan jirti]*
- *Availability of banking services [formal and mobile banking]: [qarqasi aka banki faa jirra]*
- *How do you access these services? [akamin dandhetani itt battan] How do you use these services? [akamit tumitan]*
- *What influences your ability to participate or not participate in these services? [maant akatini qarqars kann sentuf iseen si tolch]*
- *In what ways do these services help you in meeting your food needs at the household? [qarqasi kunin akamin si qarqar garr sagalle]*
- *What challenges do you experience while trying to access these services? [raqo akami faa aragatt qarqas kanatt baisi?]*

c]Access to social capital & networks

How do you support each other in this community during times of need? *[karra kamin wal qarqatan goss tan kessat]* During what times do you seek help or assistance? *[oja tam faa qarqars barbat]* What are some of the needs? [*qarqas akami faa]* Who helps? *[ennutt nam qarqar]*

Probes:

- *How do you access this help? [akamin itt batt qarqas kan] How do you use this help? [akamin itt tumit qarqars kann]*
- *What influences your ability to participate or not participate in this help and support services? [maanit aka qarqas kan sentuff insenn sitolch]*
- *In what ways do these help and support activities help you meet your food needs at the household? [qara kamin qarqasi kunn sagalle minn kett argattuni si tolcha]*
- *What challenges do you experience in accessing the help and support services that you need? [raqo akami argat ta kara qarqas kanan argatun]*

d] Access to technology and information

What kind of modern technologies do you use in this community? *[wani aretin dio tan gadh baatt taa issan tumitan tam faa]* ***(Prompt:** Access to mobile phones, energy-saving jikos, solar-powered lamps, radio, television, motorbikes?**)***

<u>Probe:</u>

- *How do you access these technologies? [qara kamin itabatt] How do you use these technologies? [akamin itt tumit]*
- *How does having these technologies change how you access information? [qara aretin kunn akamin si jirjir aka odhu argattani]*
- *How do these technologies help you meet your food needs at the household? [kara aretin kunni akamin sagallen si duff]*
- *What challenges do you experience in accessing these technologies? [rako akamin faa aragatt kaa qara aress kanatin batan]*

4. Power and Decision-Making

a] Power and decision-making at the household level

In your household, what issues do you make decisions on? *[ola kanke kan kesa, wani isan it malatan maan fa?]*

<u>Probes</u>

- *Decisions of who in your household gets married and when [mal halkuma fa?], how about decisions on the education of your children? [ta tamari f?]*
- *Who makes decisions about what food to buy [enut murti sagale minat bitan,] what to cook [sagale daban guyat kesat], and how about what food to give to your child, [defe nafa] how many meals per day, feeding of children, [ijole sagale nyachisiti]?*
- *How about taking the child/ children to the clinic, [daqis klinikii fa]? How about health issues that affect your wife [jar themsiftu war uwa]*
- *How about attending women's activities and trainings [thema ula baranota]?*
- *How about the decision on how many children to have? How about the decision on when to have another child? [ilman gargar guthufacha]*

- *How about getting employment? [uji barbathachis fa], how about engaging involvement in income-generating activities? [wan wa gath sii sensisan fa] toch?*
- *Which ones do you need to consult? [tam it malachuu maltan]*
- *Who else do you consult before making decisions? [en dibin mala tag murti imbufanne?]*

b] Community participation and decision-making
How are you involved in different community activities? *[uji gumii ta ak akaa akamiin kees jirt]*
Probes:
- *How are you involved in any health [waan thame walansatifi] activities? How about health activities related to healthy eating for babies/ children? [deefe nafa akamiin kees jirt]*
- *As an individual in what ways do you benefit from attending such activities? [ak nam took, waan kan kees jiracha maan irra argat].*

Wrap up:
- Do you have anything to add about what we have discussed?
- Do you have any questions you want to ask me?

We have come to the end of the interview.

Thank you for your time

__Samburu Translation__

Beginning the interview
- Thank the respondents for accepting to participate in the study
- Introduce yourself and clearly explain purpose of the study.
- Assure participants of confidentiality of all responses and the voluntary nature of their participation. Ensure they understand what "confidentiality" means!
- Do you have any questions or comment at this stage?
- To ensure that we accurately capture what you are going to tell us we will be recording the interview using a voice recorder. This will allow us to check later that we have all the information that you intended to provide.
- If you agree to the interview, we will need you to sign a form indicating that you have been informed on what the interview will entail and provided consent to be interviewed.
- Are you happy to proceed with the interview? If so, can you sign/ fingerprint the consent form? (Ensure all understand what they are signing).

General Information
Once the consent form is signed and before beginning the interview please record the following details:

Date	Start time	End time
Ward	Sub-county	County
Interviewer	Note-taker	Interview #
Language of interview	Audio-file name	

A]. Socio-demographic characteristics

Please record participants' gender
When were you born? *Anu kitiiewaki*
What is your highest level of formal/ school education? *Nabaa isome iyie*
Are you single or married? *Iema tanaa miema*
Who is the head of your household? (Who makes the most decision in your home) *Ngai kitok tenaaji?*
What is your occupation? (What do you spend most of your time on)

Nyo shake iyas iye ngata kitok?
(Instruction to interviewer: Ask only if appropriate) Do you have a co-wife? *Iyata ngae ngoroyeni?*
What is your ethnicity? *Alo marei ira iye*
Which religion do you follow? *Taaji shi iomon iye ngai?*
How many children do you have? *Nkera aja iata iye?*
How many children do you have under the age of 5? *Ngera aja inonoo naata larin imet metodou?*
What time do you have your main meal? *Aankat shi inya ntae ndaa?* How many people do you feed at every household meal? *Ltangana aja shake inturut iye te nkaji ino?*
IN THE PAST, has any of your children been enrolled in a feeding programme because they were unwell? *Keatai ngata napimaki nkera inonoo te uji o plamisap tenkera kemena?*
CURRENTLY do you have any of your children enrolled in a feeding programme because they are unwell? *Keatai taata nkerai ino napimitai te uji o plamisap.*

Section 1. Gender roles and Time Use

a] Activities men, women, boys, and girls engage in

On a normal day, what activities do you do between the time you wake up and the time you go to sleep? *[Amaashi nyo iyas iye tiniyototo ana adake metabau nkurie nilura?]*

Probes

- *How are these activities different for different seasons? [kewatiwata shake kulo siatin te nkolong o lari?] Where do these activities take place? [taaji iasishere ana ramat]*
- *At what time of the day do these activities take place? [aa kata shi ias ana kuna siaitin?]*
- *How do you benefit? [nyo reto dwake ele siai li asita]*
  How do other people in your household benefit? [aje eiko teneret ana siai ltungana lkule le ngajino?]
- *Do you require any assistance to carry out your day-to-day activities? [iyeu shaake te kuna ramat niasita?]*
- *If so, what? And what could help you? [tanaa neja, aa reto iyou?]*
- *How do household members support in doing these activities? [amaa iasita kulo siatin ngae shi likiret tangajino?]*
- *What activities do you do related to caring for your children each day? [aa baa ias iye tankang naret nkera inonoo?]*
- *Do you receive any help looking after the children? [nyo nikiretoki ramat e nkera inonoo?] If so, in which ways? [tanaa ee aji kingo tinikiret?]*
- *How does your pregnancy change your day-to-day activities? [amaa iroshio nyo naibelekenyu taatwa ramat ino e nkang?]*
- *When you have a baby how does it change your day-to-day activities? [amaa iata nkerai kini nyo nabelekenyunye taatwa ramat ino enkang?]*

b] Activities specific to Infant and Young Children Feeding and Time Use

What do you feed your child/ children on? *[Aaa daa shaake incho nkera inonoo?]* Please explain any differences between what your different children eat *[Keata napaasha te ndaa nanya nkera kunini o kuna nkule botoro.]*

Probes

- *At what times are you involved in feeding your baby/child? [Aankat iti iye ngoji teneishori nkerai ino kini daa?] How much time do you spend on cooking for your child/ children? [ropiyani aja iasishere tinnturut nkerai ino kini]*
- *As a mother, how much time do you spend feeding your children? [saai aja iishu tinincho nkeraio ino ndaa?]*
- *How do your daily activities affect child feeding? [amaa siai niasita aji eiko tinikintapal incho kerai ino daa?]*
- *Who else participates in child feeding? [ngae ngae/likae eishorita nkerai ino daa nkata nimitii ngoji?]*
- *Under what circumstances do other people feed your baby? [aa kat eidim likai tungani neisho nkerai ino ndaa?]*
- *How do you ensure your child is fed properly? [aji inko tiniyeu nisip ajo ken yaita nkerai ino ndaa atibiraki?]*

Section 2. Socio-cultural Norms, Beliefs, Perceptions, and Values.

a] Norms & Beliefs related to maternal nutrition

As a woman, what foods do you normally eat? Are there differences between what you eat and what is eaten by other people in your household? Are there any foods that you are not allowed to eat? If so, can you share a few examples? Why are you not allowed to eat these foods?

Probes:

- *Which types of food do you eat as father? [aa daa enya lpayan] (a) young unmarried men [aa daa enya nkolionto]*
- *In your households who gets the most food. [Ngae nanya ndaa kitok tengaji ino]*
- *Who gets served first? [ngae eorikini ndaa tekwe] Why do they eat first? [Ngae enya ndaa tekwe] Who eats last? [ngae enya ndaa tesedi lkule] Why do they eat last? [aanyo peenya ndaa tesedi]*

b] Norms & Beliefs related to Infant and Young Children Feeding and Child Nutrition

What foods do you normally give to your children*? [aa daa eishori ngera*] Are there any foods that children are not allowed to eat? [*keat shi ndaa nermenya nkera]* Can you share some examples? [*indim nilimu ndaa nemenya nkera*] [What are the reasons that prevent children from eating these foods? [*aanyo pemenya nkera kuna daki*]

Probe

- *What foods are boys below 5 years not allowed to eat? [akwa daki menya layok e larin imet metodou]?*
- *What foods are girls below 5 years not allowed to eat? [akwa daki menya ntoye e larin imet metodou]*
- *Where do you get information on foods that children are not allowed to eat? [aji apa itiningie iyie kulo omon ajo keata ndaki nemenya nkera?]*

c] Breastfeeding Practices

In trying to understand issues around breastfeeding (local concept) and how it relates to the health of babies and young children, we are asking some mothers and grandmothers about their experiences and the experiences of other mothers in their communities. Can you tell us what happens to the child immediately after birth? [*indim nilimu ntasim naasi teneini nkerai iniakata*]

Probes

- *Please describe the activities that happen to the baby immediately after birth. [tiliki yoo naikoni nkerai iniakatai peini]*
- *What do new mothers usually do before breastfeeding their newborn baby for the first time? [nyo eas ntomononi teneisho ewon eituitanak nkerai]*
- *What did you feed to your baby for the first time immediately after birth? [nyo inchoo nkerai ino inakatai peini] How long after the birth did you start breastfeeding? [saai aja eishu nkerai natiiwaki ewon etu eishori lkina?] How long did you breastfeed your last baby for? [lapatin aja etanaa nkerai ino esedi lkina?*
- *About how many times a day and night did you feed him or her? [nkata aja e mbari o ne kwarie injo inia kerai lkina]*
- *Can you remember how old your baby was when you first gave him/ her any other food apart from breastmilk? [indim ni paru ajo kewaa nkerai pengasu anya ndaa nagol?]*
- *What made you start giving the baby other food apart from breastmilk at that time? [Nyo nikinguna nchoo nkerai ino inia daa nagol]*
- *What types of foods did you give your baby? [aa abila endaa inchoo nkerai]*
- *How did you decide which types of food to give them for the first time? [aji inguna piijo ana daa supat eyeri neishori inia kerai?]*
- *How did you learn about which foods to give your baby/ child? [aji itumo kuloomon ajo anaa daa supat neishori ngerai]*

d]Local perceptions of Wasting, Normal and Overweight in Children

How do you know your baby/child is healthy? [*aji ngo tiniyolou ajo keisupata sesen ana kera*] How do you know your baby/child is unhealthy? [*aji ingo tinijo kemena sesen ena kerai*]

Probe

- *Please explain the signs that make you worry about your baby/child's health? [nyo naiturumu ajo kemena ana kerai]*
- *How do you know when your baby is well-fed? [nyo naiturumo ajo kenya ana kerai ndaa aipidaki?]*
- *How do you know when your baby is not well-fed? [nyo naiturumo ajo menya ana kerai ndaa aitibiraki]*

Section 3. Barriers to access to and control over critical resources ***(Assets, income, social networks, public and private services, employment, technology, and information).***

a] Access & control over productive assets

What livelihood resources does your household depend on? [*akwa ramat/siai ana naiturut ntae tangaji ino*]

Probes:

- *What is the main source of income for your household? [Aa siai sapuk shaake nayaki ntae ndaa] Who brings in this income? [ngae nayeu ana daa]*
- *What other sources of income do you have in your household? [keatae ngae ramat nayaki ntaki ndaa] Who brings in the income? [ngae nayeu] How is it spent? [aji eikoni teneitumiyari]*

- *How do you decide on how to spend your income? [aji shaake eikoni ajo kunaa masaa ayeri neinyanguni na mara ngule]*
- *How do you decide how much is spent on food? [aji inko tinijo kuna ropiyani nainyangu ndaa]*
- *What challenges to you experience in accessing income sources? [aa nyamal itum tiniyeu dwaake niasishere kuna ropiyani/malin?]*

b] Access to public and private services

What public and private services do you have access to? [*keatai huduma e srikali o nkule nemera neserikali naati kunen?]* If so, which ones? [*akwa*]

Probe

- *Availability of health facilities, types of health services, [keatai siptali]*
- *Availability and distance to schools and education centers, [kebaa sukuul tengoji nimanya]*
- *Access to water supply: distance to water sources, how clean are the water sources, means of transport, [keatai ngare, kebaa, keisupat ngare niatata, keisupat reke litumiaa.]*
- *Availability and access to trading activities and markets, type of markets, distance to markets, [keatai ngoji ee nkinyanga kebaa, aji etuu]*
- *Availability of livestock services: livestock extension and veterinary services, livestock insurance, [keatai ltun gana le petinari lootiene, o inshuarans]*
- *Availability of health services: health insurance **[e.g NHIF, Linda Mama, Universal Health Care],***
- *Availability of savings and credits facilities **[e.g Chamas, Saccos, Mobile Money e.g., MPESA, M-Shwari, Other mobile money loans],***
- ***Availability of** banking services **[formal and mobile banking]**: [keatai benki]*
- *How do you access these services? How do you use these services? [aji ingo tinitum kuna huduma]*
- *What influences your ability to participate or not participate in these services? [nyo nikino ntumiai angata mi ntimiaa kuna huduma]*
- *In what ways do these services help you in meeting your food needs at the household? [aji eiko kuna huduma tinikinturut te kang ino]*
- *What challenges do you experience while trying to access these services? [aa nyamali itum tiniyeu dwaake nintumiaa kuna huduma]*

c]Access to social capital & networks

How do you support each other in this community during times of need? [*aji inkoko tiniretoki ate taatwa ele osho*] During what times do you seek help or assistance? [*aa kata inia nilo arum reto*?] What are some of the needs? [*akwa retoi nenia si dwaake niyeu*] Who helps? [*ngae likndima atereto*]

Probes:

- *How do you access this help? [Aji inko tinitum reto] How do you use this help? [aji inko ana reto tinitum]*
- *What influences your ability to participate or not participate in this help and support services? [aji inko tinijing ankata ingwaa ana ngurup e reto]*
- *In what ways do these help and support activities help you meet your food needs at the household? [amaa kunaa baaa nitii keata nikingo tinikeretoki aiturut ndaa e nkera inono]*
- *What challenges do you experience in accessing the help and support services that you need? [aa nyamali iyum tiniyeu nitum reto taatwa ana mbaash]?*

d] Access to technology and information

What kind of modern technologies do you use in this community? *Keataa masaa nemeti apa tekwe naatapaashutwa taata naiteneneng ramat?]*

(Prompt:** Access to mobile phones, energy-saving jikos, solar-powered lamps, radio, television, motorbikes?**)

Probe:

- *How do you access these technologies? [aji inko tinitium kuna masaa] How do you use these technologies? [aji inko tiniasisheree kuna masaa]*
- *How does having these technologies change how you access information? [*
- *How do these technologies help you meet your food needs at the household? [aji kingo tinikiret kuna masaa tumo ndaa e ngaji ino?]*
- *What challenges do you experience in accessing these technologies?*

[aa nyamali dwaake itum ltungani iasihere kuna masaa]

4. Power and Decision-Making

a] Power and decision-making at the household level

In your household, what issues do you make decisions on? *[amaa tengangino akwa omon shaake indim iye atoolo?]*

Probes

- *Decisions of who in your household gets married and when [Olata le lomon le nkiema], how about decisions on the education of your children? [Olata le omon le sukuul e nkera]*
- *Who makes decisions about what food to buy [wolata e lomon le lendaa nayeri] what to cook [olata le ndaa n ayeri], and how about what food to give to your child, [olata le ndaa naishori nkera] how many meals per day, [feeding of children, [olata le aankata eishori ndaa naishori nkera]?*
- *How about taking the child/ children to the clinic, [aaya nkera clinic]? How about health issues that affect your wife [nkitomoya e nkera]*
- *How about attending women's activities and trainings [tanaa kopoi aaning lomon eipirita ntomonok]?*
- *How about the decision on how many children to have? [olata e lomon naipirita ishoi?] How about the decision on when to have another child? [lomon naipirita ishoi e nkai kerai eitoki]*
- *How about getting employment? [lomon le siai], how about engaging involvement in income-generating activities? [lomon le siai nayeu ropiyani?*
- *Which ones do you need to consult? [aa wolata nayari ni mbarisho ngas ewon etu iwol]*
- *Who else do you consult before making decisions? [akwa ngule?]*

b] Community participation and decision-making

How are you involved in different community activities? *[ama iyie iti shaake wolata e losho]*

Probes:

- *How are you involved in any health activities? [keata nitii taatwa lomon le ltomoya/siptali] a How about health activites related to healthy eating for babies/children? activities? [o ana naishori nkera uji o plamisap]*
- *As an individual in what ways do you benefit from attending such activities? [nyo si dwake itum ltungani iti atwa ana paash]. In what ways do you think your wife benefits?*

Wrap up:

- Do you have anything to add about what we have discussed? [*keata dwaki niyeu ni mbaru te kulo omon likitejo*?]
- Do you have any questions you want to ask me? [*keata ngae nikiyeu nikimbar nanu?]*

We have come to the end of the interview.

Thank you for your time

(ii) In-Depth Interview Guide for Mothers-in-law and Grandmothers

English Version

Beginning the interview

- Thank the respondents for accepting to participate in the study
- Introduce yourself and clearly explain purpose of the study.
- Assure participants of confidentiality of all responses and the voluntary nature of their participation and any information that you provide will only be used for the purposes of this study.
- This interview will last between 1 hour and 30 minutes, however, feel free to give as many details as you can.
- Do you have any questions or comment at this stage?
- To ensure that we accurately capture what you are going to tell us we will be recording the interview using a voice recorder. This will allow us to check later that we have all the information that you intended to provide.
- If you agree to the interview, we will need you to sign a form indicating that you have been informed on what the interview will entail and provided consent to be interviewed
- Are you happy to proceed with the interview? If so, can you sign/ fingerprint the consent form? (Ensure all understand what they are signing).

General Information

Once the consent is signed and before beginning the interview, please record the following details.

Date	Start time	End time
Ward	Sub-county	County
Interviewer	Note-taker	Interview #
Language of interview	Audio-file name	

[Gain consent before turning on the recorder]

A]. Socio-demographic characteristics

Please record participants' gender
When were you born?
What is your highest level of formal/ school education?
Are you single or married?
Who is the head of your household? (Who makes the most decision in your home)
What is your occupation? (What do you spend most of your time on)
What is your ethnicity?
Which religion do you follow?
How many children do you have?
How many grandchildren do you have?
How many grand children do you have under the age of 5?
What time do you have your main meal? How many people do you feed at every household meal?

<u>Section 1. Gender roles and Time Use</u>

a] Activities men, women, boys, and girls engage in

On a normal day, what activities do you do between the time you wake up and the time you go to sleep?

<u>Probes:</u>

- *How are these activities different for different seasons?*
- *Where do these activities take place?*
- *At what time of the day do these activities take place?*
- *How do you benefit?*
- *How do other people in your household benefit?*
- *Do you require any assistance to carry out your day-to-day activities? If so, what? And what could help you?*
- *How do household members support in doing these activities?*
- *What activities do you do related to caring for your grandchildren/ grandchild each day?*
- *Do you receive any help looking after the grandchildren/ grandchild?*
- *How does the pregnancy of your daughter/daughter-in-law i.e., son's wife change your day-to-day activities?*
- *How does caring for your grandchildren/grandchild change your day-to-day activities?*

b] Activities specific to Infant and Young Children Feeding and Time Use

What do you feed your grandchild/ grandchildren on? Please explain any differences between what your different grandchildrenchildren/grandchild eat

<u>Probes</u>:

At what times?

- *How much time do you spend on cooking for your grandchild/ grandchildren?*
- *How much time do you spend feeding your grandchildren/grandchild?*
- *How do your daily activities affect grandchild/grandchildren feeding?*
- *Who else participates in grandchild/grandchildren feeding?*
- *Under what circumstances do other people feed your grandchild/grandchildren?*
- *How do you ensure your grandchild/grandchildren is fed properly?*

<u>Section 2. Power and Decision-Making</u>

a] Power and decision-making at the household level

When it comes to decisions related to your children (son, son's wife, Daughter, Daughter's husband) how are you involved?

Probes:

- *Decisions on who gets married and when?*
- *How about going to the clinic?*
- *how about decisions on the health of your daughter/daughter in law i.e., son's wife?*
- *How about decisions on what your daughter/daughter in law i.e., son's wife should eat at different times? When she is pregnant? When has she just given birth? When is she breastfeeding?*
- *How about decisions on when to have children?*
- *How about seeking employment?*
- *How about the income-generating activities?*

- *Who makes decisions about what food to buy?*
- *what to cook?*
- *How many meals per day, feeding of children?*
- *Which ones do you need to consult?*
- *Who else do you consult before making decisions?*

When it comes to decisions related to your grandchildren/grandchild, how are you involved?

Probes:

- *Decisions about when to start breastfeeding. How about what else they should be fed apart from breast milk?*
- *When are they feeling unwell? Decisions about what kind of treatment or where to go for treatment?*
- *How about when they should start school? How about where they should go to school?*
- *How about initiation?*
- *Which other decisions do you need to consult?*
- *Who else do you consult before making these decisions?*

b] Community participation and decision-making

How are you involved in different community activities?

Probes:

- *Decisions about traditional rites of passage for boys and girls?*
- *How are you involved in any activities that relate to the health of mothers?*
- *How are you involved in any activities that relate to the health of babies and children? As an individual in what ways do you benefit from attending such activities?*

<u>Section: 3. Socio-cultural Norms, Beliefs, Perceptions, and Values</u>

a] Norms & Beliefs related to maternal nutrition

- In this community are their differences between what men and women eat?
- What are some of the foods that you are not allowed to eat as a woman? Why are you not allowed to eat these foods?
- How does this change for women of different ages?

b] Norms & Beliefs related to Infant and Young Children Feeding and Child Nutrition

What foods are normally give to your grandchildren/ grandchild?

<u>Probes:</u>

- *What are some of the foods (if any) that your grandchildren/grandchild are not allowed to eat?*
- *What are the reasons that prevent grandchildren/grandchild from eating these foods?*

c] Breastfeeding Practices

In trying to understand issues around breastfeeding (local concept) and how it relates to the health of babies and young children, we are asking some mothers in law/grandmothers about their experiences and the experiences of other mother s in their communities. Can you tell us what happens to the child immediately after birth?

<u>Probes:</u>

- *Please describe the activities that happen to the baby immediately after birth.*
- *What do new mothers usually do before breastfeeding their newborn baby for the first time?*
- *What was your grandchild/grandchildren fed for the first time immediately after birth? How long after the birth did your daughter/daughter in law start breastfeeding?*
- *How long did your daughter/daughter in law breastfeed their youngest child for?*
- *Can you remember how old your youngest grandchild was when he/she was first given any other food apart from breastmilk?*
- *What types of foods was the baby fed? What were the reasons why the baby was fed other food apart from breastmilk at that time?*
- *How are you involved in decisions about breastfeeding?*
- *How about child feeding?*

d]Local perceptions of Wasting, Normal and Overweight in Children

We are now going to talk about the health of your grandchildren from the time they are babies upto the time they are 5 years old.

How do you know your grandchild/grandchildren is healthy?

<u>Probes:</u>

- *How do you know your grandchild/grandchildren is unhealthy?*
- *Please explain the signs that make you worry about your baby or grandchild's health?*
- *How do you know when your grandchild is well-fed?*

- *How do you know when your grandchild (baby) is not well-fed?*

Wrap up:
- Is there anything else you would like us to know about the issues we have discussed?
- Do you have any questions you want to ask me?

We have come to the end of the interview.
Thank you for your time

Borana and Gabra Translations

Beginning the interview
- Thank the respondents for accepting to participate in the study
- Introduce yourself and clearly explain purpose of the study.
- Assure participants of confidentiality of all responses and the voluntary nature of their participation and any information that you provide will only be used for the purposes of this study.
- This interview will last between 1 hour and 30 minutes, however, feel free to give as many details as you can.
- Do you have any questions or comment at this stage?
- To ensure that we accurately capture what you are going to tell us we will be recording the interview using a voice recorder. This will allow us to check later that we have all the information that you intended to provide.
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- Are you happy to proceed with the interview? If so, can you sign/ fingerprint the consent form? (Ensure all understand what they are signing).

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Interviewer	Note-taker	Interview #
Language of interview	Audio-file name	

[Gain consent before turning on the recorder]

A]. Socio-demographic characteristics

Please record participants' gender
When were you born? *Gann kam dalat?*
What is your highest level of formal/ school education? *Baranot ess get?*
Are you single or married? *War qabtha?*
Who is the head of your household? (Who makes the most decision in your home) *Ent war kanat mata?*
What is your occupation? (What do you spend most of your time on) *Ujji tam ojjat?*
What is your ethnicity? *Atin gos tam?*
Which religion do you follow? *Atin dhini tam?*
How many children do you have? *Ijjole agam qabth?*
How many grandchildren do you have? *Ijolle ako wan tetti agam?*
How many grand children do you have under the age of 5?

Ijolle ako wan tetti ta gann shani jalla agam?
What time do you have your main meal? *Gise tam wa nyatan?* How many people do you feed at every household meal? *Nam agamit min kan kesa gololfat?*

Section 1. Gender roles and Time Use

a] Activities men, women, boys, and girls engage in

On a normal day, what activities do you do between the time you wake up and the time you go to sleep? *[Egi thiramka tag bultii thebitut jithui tanat maan ojat?*]

Probes:

- *How are these activities different for different seasons? [uji tate tan barri jijira?]*
- *Where do these activities take place? [uji tan, essat ojat]*
- *At what time of the day do these activities take place? [uji tan oja tam ojat?]*
- *How do you benefit? [atin akam uji tan irra fithamt]*
- *How do other people in your household benefit? [uji tan enn dibit irra fitham?]*
- *Do you require any assistance to carry out your day-to-day activities? [qarqar tokole feta uji tan ojachu?] If so, what? And what could help you? [manit uji tanan siqarqar?]*
- *How do household members support in doing these activities? [name ola kan akamin uji tanan siqarqar?]*
- *What activities do you do related to caring for your grandchildren/ grandchild each day? [ujin atin ojat ta ijole tate guthis siqarqart jirti?]*
- *Do you receive any help looking after the grandchildren/ grandchild? [ennut ijole tate lalich siqarqar?] If so, in which ways? [oja jirt, akamin?]*
- *How does the pregnancy of your daughter/daughter-in-law i.e., son's wife change your day-to-day activities? [ulfini kunin akamin daqanki tate jijir?]*
- *How does caring for your grandchildren/grandchild change your day-to-day activities?). [maamuli daim kaketi, akamin, daqanki tate jijir?]*

b] Activities specific to Infant and Young Children Feeding and Time Use

What do you feed your grandchild/ grandchildren on? *[ilman kanke manin fith?]* Please explain any differences between what your different grandchildrenchildren/grandchild eat *[ilman kanke waan isin nyat fa me nuthim.]*

Probes:

At what times? [oja tam fa?]

- *How much time do you spend on cooking for your grandchild/ grandchildren? [dabichi sagale ijolee gise agam si fudat?]*
- *How much time do you spend feeding your grandchildren/grandchild? [gololi ijole tanteti, gise agam sifudat?]*
- *How do your daily activities affect grandchild/grandchildren feeding? [daqankiin tante akamin golol ilman kanketi dibth?]*
- *Who else participates in grandchild/grandchildren feeding? [ilman kanke enn dibit golol si qarqar?]*
- *Under what circumstances do other people feed your grandchild/grandchildren? [oja tam fa ilman kanke name dibiin si gololch?]*
- *How do you ensure your grandchild/grandchildren is fed properly? [manit si ubachis ag gololi ilman kanketi midag?]*

Section 2. Power and Decision-Making

a] Power and decision-making at the household level

When it comes to decisions related to your children (son, son's wife, Daughter, Daughter's husband) how are you involved?

Probes:

- *Decisions on who gets married and when?*
- *How about going to the clinic, [daqis klinikii fa]*
- *how about decisions on the health of your daughter/daughter in law i.e., son's wife?*
- *How about decisions on what your daughter/daughter in law i.e., son's wife should eat at different times? When she is pregnant? When has she just given birth? When is she breastfeeding?*
- *How about decisions on when to have children?*
- *How about seeking employment? [uji barbathachis fa]*
- *How about the income-generating activities? [wan wa gath sii sensisan fa] toch?*
- *Who makes decisions about what food to buy, [enut murti sagale minat bitan,]*
- *what to cook [sagale daban guyat kesat]*
- *How many meals per day, [feeding of children, [ijole sagale nyachisiti]?*
- *Which ones do you need to consult? [tam it malachuu maltan]*
- *Who else do you consult before making decisions? [en dibin mala tag murti imbufanne?]*

When it comes to decisions related to your grandchildren/ grandchild, how are you involved?
Probes:
- *Decisions about when to start breastfeeding. How about what else they should be fed apart from breast milk?*
- *When are they feeling unwell? Decisions about what kind of treatment or where to go for treatment?*
- *How about when they should start school? How about where they should go to school?*
- *How about initiation?*
- *Which other decisions do you need to consult? [tam it malachuu maltan]*
- *Who else do you consult before making these decisions? [en dibin mala tag murti imbufanne?]*

b] Community participation and decision-making
How are you involved in different community activities? *[uji gumii ta ak akaa akamiin kees jirt]*
Probes:
- *Decisions about traditional rites of passage for boys and girls?*
- *How are you involved in any activities that relate to the health of mothers?*
- *How are you involved in any activities that relate to the health of babies and children? As an individual in what ways do you benefit from attending such activities? [ak nam took, waan kan kees jiracha maan irra argat].*

<u>Section 3. Socio-cultural Norms, Beliefs, Perceptions, and Values</u>
a] Norms & Beliefs related to maternal nutrition
- In this community are their differences between what men and women eat?
- What are some of the foods that you are not allowed to eat as a woman? Why are you not allowed to eat these foods?
- How does this change for women of different ages?

b] Norms & Beliefs related to Infant and Young Children Feeding and Child Nutrition
What foods are normally give to your grandchildren/ grandchild?
<u>Probes:</u>
- *What are some of the foods (if any) that your grandchildren/grandchild are not allowed to eat?*
- *What are the reasons that prevent grandchildren/grandchild from eating these foods?*

c] Breastfeeding Practices
In trying to understand issues around breastfeeding (local concept) and how it relates to the health of babies and young children, we are asking some mothers in law/grandmothers about their experiences and the experiences of other mothers in their communities. Can you tell us what happens to the child immediately after birth?
<u>Probes:</u>
- *Please describe the activities that happen to the baby immediately after birth.*
- *What do new mothers usually do before breastfeeding their newborn baby for the first time?*
- *What was your grandchild/grandchildren fed for the first time immediately after birth? How long after the birth did your daughter/daughter in law start breastfeeding?*
- *How long did your daughter/daughter in law breastfeed their youngest child for?*
- *Can you remember how old your youngest grandchild was when he/she was first given any other food apart from breastmilk?*
- *What types of foods was the baby fed? What were the reasons why the baby was fed other food apart from breastmilk at that time?*
- *How are you involved in decisions about breastfeeding?*
- *How about child feeding?*

d]Local perceptions of Wasting, Normal and Overweight in Children
We are now going to talk about the health of your grandchildren from the time they are babies upto the time they are 5 years old.
How do you know your grandchild/grandchildren is healthy?
<u>Probes:</u>
- *How do you know your grandchild/grandchildren is unhealthy?*
- *Please explain the signs that make you worry about your baby or grandchild's health?*
- *How do you know when your grandchild is well-fed?*
- *How do you know when your grandchild (baby) is not well-fed?*

Wrap up:
- Is there anything else you would like us to know about the issues we have discussed?
- Do you have any questions you want to ask me?

We have come to the end of the interview.
Thank you for your time

____

Samburu Translation

Beginning the interview

- Thank the respondents for accepting to participate in the study
- Introduce yourself and clearly explain purpose of the study.
- Assure participants of confidentiality of all responses and the voluntary nature of their participation and any information that you provide will only be used for the purposes of this study.
- This interview will last between 1 hour and 30 minutes, however, feel free to give as many details as you can.
- Do you have any questions or comment at this stage?
- To ensure that we accurately capture what you are going to tell us we will be recording the interview using a voice recorder. This will allow us to check later that we have all the information that you intended to provide.
- If you agree to the interview, we will need you to sign a form indicating that you have been informed on what the interview will entail and provided consent to be interviewed
- Are you happy to proceed with the interview? If so, can you sign/ fingerprint the consent form? (Ensure all understand what they are signing).

General Information

Once the consent is signed and before beginning the interview, please record the following details.

Date	Start time	End time
Ward	Sub-county	County
Interviewer	Note-taker	Interview #
Language of interview	Audio-file name	

[Gain consent before turning on the recorder]

A]. Socio-demographic characteristics

Please record participants' gender
When were you born? *Anu kitiiwaki*
What is your highest level of formal/ school education? *Nbaa isome iye*
Are you single or married? *Iema tanaa miema*
Who is the head of your household? (Who makes the most decision in your home) *Ngae nkitok tenaaji*
What is your occupation? (What do you spend most of your time on) *Alo siai ias*
What is your ethnicity? *Alo marei ira iye*
Which religion do you follow? *Taaji shi iomon ngai*
How many children do you have? *Ngera aja iata iye*
How many grandchildren do you have? Ngera aja e ngera inono iata
How many grand children do you have under the age of 5? *Ngera aja e ngera inono naata larin Imet metodou*
What time do you have your main meal? *Aa saa shi inya iye ndaa* How many people do you feed at every household meal? *Ltungana aja shi inturut iye tengaji ino*

Section 1. Gender roles and Time Use

a] Activities men, women, boys, and girls engage in

On a normal day, what activities do you do between the time you wake up and the time you go to sleep?
[Amaa shi tembari nyo iyas iye tininyototo ana adake metabaki teipa?]
Probes:

- *How are these activities different for different seasons? [Keiwotiwata shaake ana ate tengolong o lari?]*
- *Where do these activities take place? [taaji iyas kuna baa]*
- *At what time of the day do these activities take place? [anu easi kuna baa?]*
- *How do you benefit? [nyo si dwaake reto e na ramat]*
- *How do other people in your household benefit? [aji eiko ngaji tenetum reto y kuna baa?]*
- *Do you require any assistance to carry out your day-to-day activities? [indim nijo dwaake iyo reto taatwa kuna baa?] If so, what? And what could help you? [tanaa neja aa nyo si nikiret aitelelek ilo siai?]*
- *How do household members support in doing these activities? [aji eiko ltungana le ngaji ino tinikiret taatwa kuna baa?]*
- *What activities do you do related to caring for your grandchildren/ grandchild each day? [nyo iyas iye tiniret ngera inonoo o nkera e nkera inonoo?]*
- *Do you receive any help looking after the grandchildren/ grandchild? [Keata reto nitum te ngera e ngera inonoo?] If so, in which ways? [tanaa ee aji eiko tinikiret?]*
- *How does the pregnancy daughter/daughter in law change your day-to-day activities? [Aji eiko nkiroshi e ntito ino o ngoroyeni e nkerai ino teneibadilish mbaa inoo?]*
- *How does caring for your grandchildren/grandchild change your day-to-day activities?). [aji eiko reto e nkera inonoo teneibadilish mbaa inonoo?]*

b] Activities specific to Infant and Young Children Feeding and Time Use
What do you feed your grandchild/ grandchildren on? *[aa daa shaake incho nkera e nkera inonoo?]* Please explain any differences between what your different grandchildrenchildren/grandchild eat *[keata ntoki nabelekeny te ndaa nanyaita nkera e nkera inonoo taata o apa nanyaita ninoo]*
Probes:
At what times? [aa ngata?]

- *How much time do you spend on cooking for your grandchild/ grandchildren? [ngata nabaa iya iye ayarakita nkera e nkera inonoo ndaa]*
- *How much time do you spend feeding your grandchildren/grandchild? [saai aja iishu injorita nkera e nkera inonoo ndaa?]*
- *How do your daily activities affect grandchild/grandchildren feeding? [amaa mbaa inonoo keata naiko nkochorita endaa e kuna kera?]*
- *Who else participates in grandchild/grandchildren feeding? [Ngae likai likiret tininturut nkera e nkera inonoo?]*
- *Under what circumstances do other people feed your grandchild/grandchildren? [Akwa katitin shaake ikinturoki ltungani likae nkera e nkera inonoo?]*
- *How do you ensure your grandchild/grandchildren is fed properly? [Aji ingo pe eipidaa nkichoro endaa e nkera e nklera inonoo?]*

Section 2. Power and Decision-Making

a] Power and decision-making at the household level
When it comes to decisions related to your children (son, son's wife, Daughter, Daughter's husband) how are you involved?
Probes:

- *Decisions on who gets married and when? [amaa tengaji Ngae naol ajo ngae eemi naa aakat eemi*
- *How about going to the clinic, [Ngae naitei oloto ajo anchom sipitali]*
- *how about decisions on the health of your daughter/daughter in law [lomon le nkitomoya le ntomononi e layeni lino]*
- *How about decisions on what your daughter/daughter in law should eat at different times? [oloto e ndaa nayer ntomononi e layeni lino] When she is pregnant? [nkiroisho enye] When she has just given birth? [o teneisho] When she is breastfeeding? [o teneitanak lkina]*
- *How about decisions on when to have children? [o nkata taa nataa keyeu nkera]*
- *How about seeking employment? [o tanaaku keyiaya siai]*
- *How about the income-generating activities? [o siai nayeu silingini?*
- *Who makes decisions about what food to buy, [aa daa iyeri neinyanguni,]*
- *what to cook [aa daa eyeri]*
- *How many meals per day, [feeding of children, [katitin aja eishori ngerai ndaa tembari]?*
- *Which ones do you need to consult? [aa woloto naa lazima pi mbaru]*
- *Who else do you consult before making decisions? [Ngae likae imbarishere etu inko toki?]*

When it comes to decisions related to your grandchildren/ grandchild, how are you involved?

Probes:

- *Decisions about when to start breastfeeding. [oloto e nkitak e nkerai teneini] How about what else they should be fed apart from breast milk? [nyo ngae eishori meti kule e nkotonye]*
- *When are they feeling unwell? [amaa tanaa kemwai kerai] Decisions about what kind of treatment or where to go for treatment? [ngae najo ntoki naishori tanaa aji eyai nkerai metumo reto?]*
- *How about when they should start school? [teneyeu nejing sukuul] How about where they should go to school? [ngae nalimu sukuul nayeuni nejing]*
- *How about initiation? [lchekut]*
- *Which other decisions do you need to consult? [Akwa olot nkule naa keyari nimbarisho ng'as dewon etuol]*
- *Who else do you consult before making these decisions? [Ngae ele eyeuni metaa imbarishere?]*

b] Community participation and decision-making

How are you involved in different community activities? *[Amaa iye itii shaake woloto e mbaa]*

Probes:

- *Decisions about traditional rites of passage for boys and girls? woloto ntasim e layok o ntoye*
- *How are you involved in any activities that relate to the health of mothers? [Keata nijo te ntimoya e ntomonok]*
- *How are you involved in any activities that relate to the health of babies and children? [keata nijo te ntimoya e nkera kunini] As an individual in what ways do you benefit from attending such activities? [nyo si dwake faida nitum iyre te kuna baa].*

<u>Section 3. Socio-cultural Norms, Beliefs, Perceptions, and Values</u>

a] Norms & Beliefs related to maternal nutrition

- In this community are their differences between what men and women eat? *[amaa te le oshoo keatai ntipat e lewa or ne ntomonok]*
- What are some of the foods that you are not allowed to eat as a woman? *[akwa daki nimeyeuni ninya ira ntomonk]* Why are you not allowed to eat these foods? *[aanyo pemeyeri ninya ana daa]*
- How does this change for women of different ages? *[keata tofauti ira ntomoni kitok or ira ngini?]*

b] Norms & Beliefs related to Infant and Young Children Feeding and Child Nutrition

What foods are normally give to your grandchildren/ grandchild? *[aa daa shake incho ngera e ngera inonoo]*

<u>Probes:</u>

- *What are some of the foods (if any) that your grandchildren/grandchild are not allowed to eat? [aa daa nemeyeri neishori nkera e nkera inonoo]*
- *What are the reasons that prevent grandchildren/grandchild from eating these foods? [nyo eaku tenetama kuna kera ana daa nemeyeri nenya]*

c] Breastfeeding Practices

In trying to understand issues around breastfeeding (local concept) and how it relates to the health of babies and young children, we are asking some mothers in law/grandmothers about their experiences and the experiences of other mothers in their communities. Can you tell us what happens to the child immediately after birth? *[indim nilimu ntasim e nkerai natiiwaki ewon etenak lkina peini]*

<u>Probes:</u>

- *Please describe the activities that happen to the baby immediately after birth. [tilikiyoo naikoni nkerai teneuini]*
- *What do new mothers usually do before breastfeeding their newborn baby for the first time? [nyo eiko ntomoni natiishe nkerai ewon etu itanak lkina]*
- *What was your grandchild/grandchildren fed for the first time immediately after birth? [nyo eishooki nkerai e nkerai ino tekwe peini] How long after the birth did your daughter/daughter in law start breastfeeding? [saai aja etowana nkerai e nkerai ewon etenak lkina]*
- *How long did your daughter/daughter in law breastfeed their youngest child for? [taangat eitaanaki nkerai e nkerai ino lkino]*
- *Can you remember how old your youngest grandchild was when he/she was first given any other food apart from breastmilk? [Indim ataparu ajo kewaa nkerai e nkerai ino pengasu aisho ndaa nagol]*
- *What types of foods was the baby fed? [aa bila e ndaa eishooki] What were the reasons why the baby was fed other food apart from breastmilk at that time? [indim atejo aanyo peishori ndaa nagol eitanakitae lkina]*
- *How are you involved in decisions about breastfeeding? [aji inkoye tinijingaa oloto e nkitanak e nkera]*
- *How about child feeding? [oo naishorireki ndaa nagol]*

d]Local perceptions of Wasting, Normal and Overweight in Children

We are now going to talk about the health of your grandchildren from the time they are babies upto the time they are 5 years old.
How do you know your grandchild/grandchildren is healthy?
Probes:
- *How do you know your grandchild/grandchildren is unhealthy? [aji ingo tinisip ajo kemena/kemwai nkerai e nkerai ino]*
- *Please explain the signs that make you worry about your baby or grandchild's health? [nyo naitodolu ntimoya ntimoya e nkerai e nkerai ino]*
- *How do you know when your grandchild is well-fed? [aji ingo tiniyolo ajo Kenya ana kerai daa tanaa keishoritae ndaa aitibiraki]*
- *How do you know when your grandchild (baby) is not well-fed? [aji ingo tiniyolou ajo meishoritae ana kerai ndaa aitibiraki]*

Wrap up:
- Is there anything else you would like us to know about the issues we have discussed? [*keata ngae toki dwaake iyou nimbarisho te kuna baa*]
- Do you have any questions you want to ask me? *[keata ntoki nikiyeu nikimbar]*

We have come to the end of the interview.
Thank you for your time

iii) In-Depth Interview Guide for Fathers and Male Caregivers

English Version

Beginning the interview
- Thank the respondents for accepting to participate in the study
- Introduce yourself and clearly explain purpose of the study.
- Assure participants of confidentiality of all responses and the voluntary nature of their participation. Ensure they understand what "confidentiality" means!
- Do you have any questions or comment at this stage?
- To ensure that we accurately capture what you are going to tell us we will be recording the interview using a voice recorder. This will allow us to check later that we have all the information that you intended to provide.
- If you agree to the interview, we will need you to sign a form indicating that you have been informed on what the interview will entail and provided consent to be interviewed.
- Are you happy to proceed with the interview? If so, can you sign/ fingerprint the consent form? (Ensure all understand what they are signing).

General Information
Please record the following details

Date	Start time	End time
Ward	Sub-county	County
Interviewer	Note-taker	Interview #
Language of interview	Audio-file name	

[Gain consent before turning on the recorder]

A]. Socio-demographic characteristics

Please record participants gender
When were you born?
What is your highest level of formal/ school education? *Bara*
Are you single or married?
Who is the head of your household? (Who makes the most decision in your home?
What is your occupation? (What do you spend most of your time on?
(Instruction to interviewer: Ask only if appropriate) How many wives do you have?
What is your ethnicity?
Which religion do you follow?
How many children do you have?

How many children do you have under the age of 5?
What time do you have your main meal?
How many people do you feed at every household meal?

Section 1. Gender roles and Time Use

a] Activities men, women, boys, and girls engage in

On a normal day, what activities do you do between the time you wake up and the time you go to sleep?

Probes

- *How are these activities different for different seasons? Where do these activities take place?*
- *At what time of the day do these activities take place?*
- *How do you benefit? How do other people in your household benefit?*
- *Do you require any assistance to carry out your day-to-day activities?*
- *If so, what? And what could help you?*
- *How do household members support in doing these activities?*
- *As a father in what ways are you involved in caring for your child/ children? What activities do you do related to caring for your children each day?*
- *Do you receive any help looking after the children? If so, in which ways?*
- *How does your wife's pregnancy change your day-to-day activities?*
- *When you wife has a baby how does it change your day-to-day activities?*

b] Activities specific to Infant and Young Children Feeding and Time Use

What do you feed your child/ children on *?]* Please explain any differences between what your different children eat

Probes

- *As a father under what circumstances are you involved in feeding your baby?*
- *At what times are you involved in feeding your baby/child?*
- *As a father, how much time do you spend feeding your children?*
- *How do your daily activities affect child feeding?*
- *Who else participates in child feeding?*
- *Under what circumstances do other people apart from your wife feed your baby?*
- *How do you ensure your child is fed properly?*

2. Socio-cultural Norms, Beliefs, Perceptions, and Values.

a] Norms & Beliefs related to maternal nutrition

As a man, what foods do you normally eat? Are there differences between what you eat and what is eaten by other people in your household? Are there any foods that you are not allowed to eat? If so, can you share a few examples? Why are you not allowed to eat these foods?

Probes:

- *Which types of food do you eat as father? (a) young unmarried men*
- *In your households who gets the most food.*
- *Who gets served first? Why do they eat first? Who eats last? Why do they eat last?*

b] Norms & Beliefs related to Infant and Young Children Feeding and Child Nutrition

What foods do you normally give to your children? Are there any foods that children are not allowed to eat? Can you share some examples? What are the reasons that prevent children from eating these foods?

Probe

- *What foods are boys below 5 years not allowed to eat?*
- *What foods are girls below 5 years not allowed to eat?*
- *Where do you get information on foods that children are not allowed to eat?).*

c]Local perceptions of Wasting, Normal and Overweight in Children

How do you know your baby/child is healthy? How do you know your baby/child is unhealthy?

Probe

- Please explain the signs that make you worry about your baby or child's health?
- How do you know when your baby is well-fed?
- How do you know when your baby is not well-fed?

3. Barriers to access to and control over critical resources (Assets, income, social networks, public and private services, employment, technology, and information).

a] Access & control over productive assets

What livelihood resources does your household depend on?

Probes:

- *What is the main source of income for your household? Who brings in this income?*
- *What other sources of income do you have in your household? Who brings in the income?*
- *How do you decide on how to spend your income?*
- *How do you decide how much is spent on food?*
- *What challenges to you experience in accessing income sources?*

b] Access to public and private services

What public and private services do you have access to? If so, which ones?

Probe

- *Availability of health facility types of health services,*
- *Availability and distance to schools and education centers,*
- *Access to water supply: distance to water sources, how clean are the water sources, means of transport,*
- *Availability and access to trading activities and markets, type of markets, distance to markets,*
- *Availability of livestock services: livestock extension and veterinary services, livestock insurance,*
- *Availability of health services: health insurance **[e.g NHIF, Linda Mama, Universal Health Care],***
- *Availability of savings and credits facilities **[e.g Chamas, Saccos, Mobile Money e.g., MPESA, M-Shwari, Other mobile money loans],***
- ***Availability of** banking services **[formal and mobile banking]**:*
- *How do you access these services? How do you use these services?*
- *What influences your ability to participate or not participate in these services?*
- *In what ways do these services help you in meeting your food needs at the household?*
- *What challenges do you experience while trying to access these services?*

c]Access to social capital & networks

How do you support each other in this community during times of needs? During what times do you seek help or assistance? What are some of the needs? Who helps?

Probes:

- *How do you access this help?*
- *How do you use this help?*
  What influences your ability to participate or not participate in this help and support services?
- *In what ways do these help and support activities help you meet your food needs at the household?*
- *What challenges do you experience in accessing the help and support services that you need?*

d] Access to technology and information

What kind of modern technologies do you use in this community? (

(Prompt: *Access to mobile phones energy-saving, solar-powered lamps, radio, television, motorbikes?*

Probes

- *How do you access these technologies?*
- *How do you use these technologies?*
- *How does having these technologies change how you access information?*
- *How do these technologies help you meet your food needs at the household?*
- *What challenges do you experience in accessing these technologies?*

4. Power and Decision-Making

a] Power and decision-making at the household level

In your household, what issues do you make decisions on?

Probes:

- *Decisions of who in your household gets married and when, how about decisions on the education of your children? [ta tamari fa,]*
- *Who makes decisions about what food to buy, what to cook, how many meals per day, [feeding of children,*
- *How about taking the child/ children to the clinic? How about health issues that affect your wife?*
- *how about your wife attending women's activities and trainings and what food to give to your child?*
- *how about the decision on how many children to have? How about the decision on when to have another child?*
- *How about your wife's getting employment? how about your wife's involvement in income-generating activities?*

- *Which ones do you need to consult?*
- *Who else do you consult before making decisions?*

b] Community participation and decision-making

How are you involved in different community activities?

Probes:

- *How are you involved in any health activities? How about health activities related to healthy eating for babies/ children? activities?*
- *As an individual in what ways do you benefit from attending such activities? In what ways do you think your wife benefits?*

Wrap up:

- Do you have anything to add about what we have discussed?
- Do you have any questions you want to ask me?

We have come to the end of the interview.

Thank you for your time

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Borana and Gabra Translations

Beginning the interview

- Thank the respondents for accepting to participate in the study
- Introduce yourself and clearly explain purpose of the study.
- Assure participants of confidentiality of all responses and the voluntary nature of their participation. Ensure they understand what "confidentiality" means!
- Do you have any questions or comment at this stage?
- To ensure that we accurately capture what you are going to tell us we will be recording the interview using a voice recorder. This will allow us to check later that we have all the information that you intended to provide.
- If you agree to the interview, we will need you to sign a form indicating that you have been informed on what the interview will entail and provided consent to be interviewed.
- Are you happy to proceed with the interview? If so, can you sign/ fingerprint the consent form? (Ensure all understand what they are signing).

General Information

Please record the following details

Date	Start time	End time
Ward	Sub-county	County
Interviewer	Note-taker	Interview #
Language of interview	Audio-file name	

[Gain consent before turning on the recorder]

A]. Socio-demographic characteristics

Please record participant's gender
When were you born? *Gann kam dalat?*
What is your highest level of formal/ school education? *Baranot ess get?*
Are you single or married? *War qabtha?*
Who is the head of your household? (Who makes the most decision in your home) *Ent war kanat mata?*
What is your occupation? (What do you spend most of your time on) *Ujji tam ojjat?*

(Instruction to interviewer: Ask only if appropriate) How many wives do you have? *Nad'een agamm qabd?*
What is your ethnicity? *Atin gos tam?*
Which religion do you follow? *Atin dhini tam?*
How many children do you have? *Ijjole agam qabth?*
How many children do you have under the age of 5? *Atin ijjole gann shan jala agam qabth?*
What time do you have your main meal? *Gise tam wa nyatan?* How many people do you feed at every household meal? *Nam agamit min kan kesa gololfat?*

Section 1. Gender roles and Time Use

a] Activities men, women, boys, and girls engage in

On a normal day, what activities do you do between the time you wake up and the time you go to sleep? *Egi thiram ka tag bultii thebitut jithui tanat maan ojat?]*

Probes

- *How are these activities different for different seasons? [uji tate tan barri jijira?] Where do these activities take place? [uji tan, essat ojat]*
- *At what time of the day do these activities take place? [uji tan oja tam ojat?]*
- *How do you benefit? [atin akam uji tan irra fithamt] How do other people in your household benefit? [uji tan enn dibit irra fitham?]*
- *Do you require any assistance to carry out your day-to-day activities? [qarqar tokole feta uji tan ojachu?]*
- *If so, what? And what could help you? [manit uji tanan siqarqar?]*
- *How do household members support in doing these activities? [name ola kan akamin uji tanan siqarqar?]*
- *As a father in what ways are you involved in caring for your child/ children? (Attin akk abbah ijolle karra kaminn qoqorti ijolle kess jirt?) What activities do you do related to caring for your children each day? [ujin atin ojat ta qarqarqars ijolle tantetti ata guyya ch'uffah tamm faa?]*
- *Do you receive any help looking after the children? [ennut ijole tate lalich siqarqar?] If so, in which ways? [oja jirt, akamin?]*
- *How does your wife's pregnancy change your day-to-day activities? [ulfini nitti tetti akamin ujii tante ta guyaa ch'uffah jijir?]*
- *When you wife has a baby how does it change your day-to-day activities? [Ojja niittin tante daimi argatte akamin, hujii tante jijir?]*

b] Activities specific to Infant and Young Children Feeding and Time Use

What do you feed your child/ children on? *[ilman kanke manin fith?]* Please explain any differences between what your different children eat *[ilman kanke waan isin nyat fa me nuthim.]*

Probes

- *As a father under what circumstances are you involved in feeding your baby? (Attin akk abbah gise akkami golol daima kess jirt)*
- *At what times are you involved in feeding your baby/child? [oja tam fa?]*
- *As a father, how much time do you spend feeding your children? [gololi ijole tanteti, gise agam sifudat?]*
- *How do your daily activities affect child feeding? [daqankiin tante akamin golol ilman kanketi dibth?]*
- *Who else participates in child feeding? [ilman kanke enn dibit golol si qarqar?]*
- *Under what circumstances do other people apart from your wife feed your baby? [oja tam fa ilman kanke name dibiin si gololch?]*
- *How do you ensure your child is fed properly? [manit si ubachis ag gololi ilman kanketi midag?]*

2. Socio-cultural Norms, Beliefs, Perceptions, and Values.

a] Norms & Beliefs related to maternal nutrition

As a man, what foods do you normally eat?(Akk namm d'irra sagalle tam faa nyatt) Are there differences between what you eat and what is eaten by other people in your household?(tofauti jirti waan attin nyaatuf akk worri irra gadd aff nyaat Minn kanke

kann kess) Are there any foods that you are not allowed to eat?(Sagallen attin nyachuu immallin tam faa) If so, can you share a few examples?(Tam faa) Why are you not allowed to eat these foods? (Maff nyaachu immalin)

Probes:

- *Which types of food do you eat as father? (Attin akk abbah worra sagalle Tam faa nyaatt) (a) young unmarried men (qerro qarr Minn infud'in)*
- *In your households who gets the most food. (Minn kanke kaan kess ennut sagalle gudho argat)*
- *Who gets served first? (Ennu qara bassan) Why do they eat first? (Maaf qara nyattan) Who eats last? (Ennut egge nyatt) Why do they eat last? (Maff egge nyatt)*

b] Norms & Beliefs related to Infant and Young Children Feeding and Child Nutrition

What foods do you normally give to your children? (Sagalle akamm ijolle tantetti khennit) Are there any foods that children are not allowed to eat? (Sagallen ijollen nyaachu immalin jirti) Can you share some examples? (Tam faa) What are the reasons that prevent children from eating these foods? (Maff sagalle sunn ijolle nyaachu d'owan)

Probe

- *What foods are boys below 5 years not allowed to eat? (Ijollen d'irra taa gann shanni jalla maan nyaachu immallin?)*
- *What foods are girls below 5 years not allowed to eat? (Ijollen dubra taa gann shanni jalla Mann nyaachu immalin)*
- *Where do you get information on foods that children are not allowed to eat?). (Oddu gubba sagalle ijollen nyaachu immalin essa argattan)*

c]Local perceptions of Wasting, Normal and Overweight in Children

How do you know your baby/child is healthy? *[akkamin better akk daimi kanke urgaah]* How do you know your baby/child is unhealthy? *[Akkamin better akk daimi kanke fayya intattin]*

Probe

- Please explain the signs that make you worry about your baby or child's health? *[jijiram akkamm fatt si rifachis yo daimi kanke fayya intattin]*
- How do you know when your baby is well-fed? *[akkamin bett yo daimi kanke quff]*
- How do you know when your baby is not well-fed? *[Akkamin bett yo daimi kanke inqufinn]*

3. Barriers to access to and control over critical resources (Assets, income, social networks, public and private services, employment, technology, and information).

a] Access & control over productive assets

What livelihood resources does your household depend on? *[Minn kanke khun maninn fiidham]*

Probes:

- *What is the main source of income for your household? [Qabbeni guddan issan erregattan kamm] Who brings in this income? [Ennut d'uffan]*
- *What other sources of income do you have in your household? [Qabbeni d'ibbin guddan issan erregattan Kam? Who brings in the income? Ennut d'uffan] How is it spent? [Mann irr olt]*
- *How do you decide on how to spend your income? [Maant qad'abb Khan wann inn irr oll gargarbas]*
- *How do you decide how much is spent on food? [Akammin akk qoddi guddan sagalle gulbaa tolchan]*
- *What challenges to you experience in accessing income sources? [Rakko akkammi argatt barbadd qadabba kessat]*

b] Access to public and private services

What public and private services do you have access to? If so, which ones?

Probe

- *Availability of health facilities, (hospitality jirra) types of health services, (hospitali akkami faa)*
- *Availability and distance to schools and education centers, (Iskull jirra, isannt d'iatta)*
- *Access to water supply: (bissan jirru) distance to water sources, (issant d'iatu) how clean are the water sources, (bissan qullo moo?) means of transport, (bisann maanini d'aqattan)*
- *Availability and access to trading activities and markets, (sokon jirrti) type of markets, (soko akamm) distance to markets, (sokon isant d'iatti?)*
- *Availability of livestock services:(sokoniorri jirrti) livestock extension and veterinary services, (qorsi orri jirra) livestock insurance,*
- *Availability of health services:(hospitali jirra) health insurance **[e.g NHIF, Linda Mama, Universal Health Care],***
- *Availability of savings and credits facilities (fullan besse it oll kheyatt jirrti, taa Denni fann ohh) **[e.g Chamas, Saccos, Mobile Money e.g., MPESA, M-Shwari, Other mobile money loans],***
- ***Availability of** banking services (banki jirrti) **[formal and mobile banking]**:*

- *How do you access these services? (Qarqars Khan akkamin argattan) How do you use these services? (Qarqars Khan akkam tumitan)*
- *What influences your ability to participate or not participate in these services? (Qarqars Khan akk attin sentuf all attin insenn mantt si tolch)*
- *In what ways do these services help you in meeting your food needs at the household? (Qarqars khunnin akamin akk attin sagalle argattu si tolch)*
- *What challenges do you experience while trying to access these services? (Rako akkim faa argatt odho qarqars Khan barbadhu)*

c]Access to social capital & networks

How do you support each other in this community during times of needs? (Isann Goss tessan tann khessat Kara kamin will qarqartan) During what times do you seek help or assistance? (Gise akkam faa qarqars Fett) What are some of the needs? Qarqars Khan faa Fett) Who helps? (Ennut si qarqar)

Probes:

- *How do you access this help? (Karra khaminn argatt)*
- *How do you use this help? (Karra khaminn tummit)*
  What influences your ability to participate or not participate in this help and support services? Qarqars Khan akk attin sentuf all attin insenn mantt si tolch)
- *In what ways do these help and support activities help you meet your food needs at the household? (Qarqars khunnin akamin akk attin sagalle argattu si tolch)*
- *What challenges do you experience in accessing the help and support services that you need?.(rako akkam FAA argatt odho qarqars Khan barbadhu)*

d] Access to technologyand information

What kind of modern technologies do you use in this community? (Wonti arretin Dio tann gadd bae Mann kha isan it bau dandettan Tam faa)

(Prompt: *Access to mobile phones, (akk silki faa) energy-saving (jikos, (jiko dio Tanna faa) solar-powered lamps, radio, television, motorbikes? (Motori faa)* **)**

Probe:

- *How do you access these technologies? (Karra khaminn qarqars sunn sennu dhandet)*
- *How do you use these technologies? (Qarqars Khan akamin tumit)*
- *How does having these technologies change how you access information? (Wann arretin Dio tann gadd batt akammin akk attin odhu argatu jirrti)*
- *How do these technologies help you meet your food needs at the household? (Wonti arretin tunn akamin akk attin sagalle argattu si qarqartan)*
- *What challenges do you experience in accessing these technologies? (Rako akamm faa argatt wann arrett Dio d'uf khan barbadh kessat)*

4. Power and Decision-Making

a] Power and decision-making at the household level

In your household, what issues do you make decisions on? *[ola kanke kan kesa, wani isan it malatan maan fa?]*

Probes:

- *Decisions of who in your household gets married and when, [mal halkuma fa,], how about decisions on the education of your children? [ta tamari fa,]*
- *Who makes decisions about what food to buy, [enut murti sagale minat bitan,] what to cook [sagale daban guyat kesat], how many meals per day, [feeding of children, [ijole sagale nyachisiti]?*
- *How about taking the child/ children to the clinic, [daqis klinikii fa]? How about health issues that affect your wife [jar themsiftu war uwa]*
- *how about your wife attending women's activities and trainings [thema ula baranota] and what food to give to your child, [defe nafa]?*
- *how about the decision on how many children to have? How about the decision on when to have another child? [ilman gargar guthufacha]*
- *How about your wife's getting employment? [uji barbathachis fa], how about your wifes involvement in income-generating activities? [wan wa gath sii sensisan fa] toch?*
- *Which ones do you need to consult? [tam it malachuu maltan]*
- *Who else do you consult before making decisions? [en dibin mala tag murti imbufanne?]*

b] Community participation and decision-making

How are you involved in different community activities? *[uji gumii ta ak akaa akamiin kees jirt]*

Probes:

- *How are you involved in any health [waan thame walansatifi] activities? How about health activites related to healthy eating for babies/ children? activities? [deefe nafa akamiin kees jirt]*
- *As an individual in what ways do you benefit from attending such activities? [ak nam took, waan kan kees jiracha maan irra argat]. In what ways do you think your wife benefits?*

Wrap up:

- Do you have anything to add about what we have discussed?
- Do you have any questions you want to ask me?

We have come to the end of the interview.

Thank you for your time

B) Focus Group Discussion Guides

(i) Focus Group Discussion Guide for Elderly Men and Women

English Version

A] Instructions and Housekeeping

- Introduce yourself to the group *[Good morning/evening and welcome to this discussion. My name is_______ and my colleague(s) is ________; We are part of the CRS Nawiri project team conducting a Gender, Youth and Social Dynamics Analysis and Acute Malnutrition in communities of Marsabit and Isiolo Counties]. This is part of the larger Nawiri, which is a project in this community aiming to reduce malnutrition.*
- We are here to research on the gender and socio-cultural factors and how they relate with acute malnutrition. We want to hear your opinion on this issue so that future programmes including Nawiri project can reflect and meet your needs.
- This is not a test and there are no right or wrong answers; it is just your experiences and opinions we are interested in.
- It is okay if you have different opinions in this group – we do not expect you to agree about everything
- Respect, allow everyone to speak, one person to speak at a time, everyone gives space for others to talk, all to share their opinion
- Honest answers are needed
- This focus group discussion will last about 2 hours. However, please feel free to give as many details as you can.
- All information you provide will be confidential and we will not reveal your name or personal details to anyone outsides our research team. Whatever you say will not be discussed with anyone else in the community – check everyone is comfortable with this, any objections?
- Your participation is Voluntary. You free to leave at any time or discontinue the interview
- You do not have to answer any questions you don't feel like, and you can stop or leave at anytime
- Ensure the location of the interview is safe, quiet, and neutral.
- Ensure no one else is listening to the group discussion
- Avoid your own opinions or guiding answers.

B] Please explicitly ask the participants the following, and check their understanding

- Do you agree that we can audio record the interview? This will let us check that we have recorded your views correctly. *[Ask them to put up their hands if they agree. If they disagree, they can't participate].*
- Do you have any questions about the research or concerns you would like to raise before we start? May you allow me if you are happy to proceed with the interview? *[Ask them to put up their hands if they agree. If they disagree, they can't participate].*

General information

Please record the following details

Date	Start time	End time
Ward	Sub-county	County
Moderator	Note-taker	Interview #
Language of Interview	Audio-file name	

Beginning the discussion

[Turn on the audio recorder**]**

As participants to briefly introduce themselves

Socio-demographic characteristics of FGD participants

Age range	
Gender of Group	
Ethnicity	
Livelihood Activity	

Themes

1. **Barriers to access to and control over resources and assets**

<u>Access to and control over productive resources profile</u>

Now I would like us to take 25 minutes to identify and sketch/free list the livelihood resources [assets, cash income sources, social networks, employment, opportunities] that are available in this community? *(**Ensure participants mention:** What are the most valuable assets/resources? What is the cultural and economic value of these assets and resources? Who can access (a) assets e.g., livestock, land etc (b) cash income sources (c) employment opportunities (d) other livelihoods resources? **Probe for each resource:** How do different groups (men, women, boys, and girls) access these resources? Which groups are not able to access these resources? Why? What benefits are obtained by being able to access these resources by the different groups (men, women, boys, and girls)? What has changed? Why?*

	Access				Control			
	Men	**Women**	**Boys**	**Girls**	**Men**	**Women**	**Boys**	**Girls**
Resources Land Equipment Labour Cash Education/training, etc. Other								
Benefits Outside income Asset ownership Basic needs (food, clothing, shelter etc) Education Political power/prestige Other								

What are the challenges you experience in accessing and use of these resources?
Ni changamoto gani mnapata wakati mnatumia hizi rasilimali

Access to private and public services

What types of services (i.e., 'huduma') are available in this community? Healthcare services? Education? Water services? Transport? Trade and Markets? Animal veterinary extension services? Insurance? Banking? Community credit and savings? *(**Probes:** Which groups of people can access and make use of these services? How do men, women, boys and girls, people with disability make use of these services? Do all people make use of these services in the same way? Why? Why not? Are there certain groups that are not able to access and make use of these services? Which one? Why? How has this changed over time? Why? What are your views about healthcare service providing? What challenges do you experience with service providers and what is the effect on child health? How do the health care providers treat men and women differently?*

	Access			
	Men	**Women**	**Boys**	**Girls**
Public services Healthcare services Education Water Transport Agriculture & Livestock extension				
Private services Trade and Markets				

Insurance Banking Community savings & credit				

What challenges do you experience while accessing these services? How do men and women in this community use these services to support childcare and their food needs

What kinds of technologies (i.e., 'teknologia' or 'mifumo ya kisasa ya kufanya mambo') are available in this community? (***Probes:*** *Mobile phones, energy-saving jikos, solar-powered lamps, radio, television, motorbikes? What determines access to these technologies? How do men and women in this community use these technologies to support childcare and their food needs?).*

What kind of support mechanisms do people in this community have access to? ***(Probes:*** *How do men and women access and use these support systems? Are there factors that determine participation of men and women in these social networks? How do these support mechanisms help you as a community to meet your food needs at the household?).*

2. **Power and Decision-Making**

Now, I would like you to tell us about decision-making in this community. How are you involved on issues that affect your lives?.
Household: *(education, food to buy, what to cook, order of eating, feeding of children, how about going to the clinic, how about attending trainings on maternal health and nutrition, decision on child spacing, how about seeking employment? How about income generating activities).*
Community: *(Marriage, initiation, conflict, floods, services).*
Societal: How does the government (county and national) involve men, women, boys, and girls in decision making? How are different groups involved in interventions/projects that are meant to improve livelihoods, education, health of the mother and the child?

3. **Socio-cultural Norms, Beliefs, Perceptions, and Values**

What are some of the traditional practices associated with the feeding of infants, pregnant mothers, breastfeeding mothers, boys, girls, men, and elderly men? (***Probe:*** *What does your culture have to say about the first breast milk (colostrum)? About a baby's first feeding? What does your culture say about breastfeeding? How long it should last? What are the roles of fathers? Are there sayings and songs related to child feeding in this community? Which ones and what do they mean? How do you know that a child is healthy in this community? How do you know a child is unwell? What makes children unwell?*

In this community, how are boys and girls prepared for marriage? ***(Probes:*** *What are the rites of passage for boys? What are the rites of passage for girls? How about from being a girl to a woman? How about from being a boy to man? How have these rites of passage changed over time? How do these practices affect the health of a mother? How do these practices affect the health of children? Are there sayings and songs related to rites of passage in this community? Which ones and what do they mean?*

4. **Laws, rules, and practices**

What traditional laws govern the rights of boys, girls, men, and women in relation to marriage, inheritance, relationships, property ownership, gender-based violence and conflicts?
What government laws govern the rights of boys, girls, men, and women in relation to marriage, inheritance, relationships, property ownership, gender-based violence and conflicts?
What can be done to mitigate the gap between existing government laws and cultural practices?

5. **Conclusion**

Is there anything else you want to say about the situation in your community?
Is there anything you want to ask us?

We have come to the end of our discussion, we appreciate your time and inputs, we look forward to sharing with you the results.

Thank you for your time!

Kiswahili Version

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Beginning the discussion

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As participants to briefly introduce themselves

Socio-demographic characteristics of FGD participants

Age range	
Gender of Group	
Ethnicity	
Livelihood Activity	

Themes

6. **Barriers to access to and control over resources and assets**

<u>Access to and control over productive resources profile</u>

Now I would like us to take 25 minutes to identify and sketch/free list the livelihood resources [assets, cash income sources, social networks, employment, opportunities] that are available in this community? *(**Ensure participants mention:** What are the most valuable assets/resources? What is the cultural and economic value of these assets and resources? Who can access (a) assets e.g., livestock, land etc (b) cash income sources (c) employment opportunities (d) other livelihoods resources? **Probe for each resource:** How do different groups (men, women, boys, and girls) access these resources? Which groups are not able to access these resources? Why? What benefits are obtained by being able to access these resources by the different groups (men, women, boys, and girls)? What has changed? Why?*

Upatikanaji wa huduma za kibinafsi na umma

Ningependa kuchukua muda mchache tuweze kujadiliana kuhusu rasilimali zinazopatikana katika hii jamii (Mali, jinsi ya kupata mapato, mitandao ya kijamii, ajira/kazi, na nafasi zingine). (**Hakikisha washiriki wametaja:** Mali yenye thamana ya juu, thamana ya kiuchumi na kitamaduni ya hiyo mali, nani anaweza kupata na kuitumia, (a)mali kama vile mifugo (taja aina zote za mifugo), ardhi n.k (b)mapato ya pesa (c)nafasi ya kazi (d)riziki zingine za kusaidia maishani. Ni vipi (wanaume, wanawake, wavulana na

wasichana) wanapata na kutumia hizi rasilimali? Ni nani hana uwezo wa kutumia na kupata hizi rasilimali? tuelezee zaidi. Ni faida gani (mwamme, mwanamke, mvulana, msichana) anapata kwa kutumia hizi rasilimali. ¿Kuna mabadiliko yoyote ya jinsi ya kutumia na kupata hizi rasilimali? Tuelezee zaidi

	Access				Control			
	Men	**Women**	**Boys**	**Girls**	**Men**	**Women**	**Boys**	**Girls**
Resources Land Equipment Labour Cash Education/training, etc. Other								
Benefits Outside income Asset ownership Basic needs (food, clothing, shelter etc) Education Political power/prestige Other								

What are the challenges you experience in accessing and use of these resources?
Ni changamoto gani mnapata wakati mnatumia hizi rasilimali

Access to private and public services
What types of services (i.e., 'huduma') are available in this community? Healthcare services? Education? Water services? Transport? Trade and Markets? Animal veterinary extension services? Insurance? Banking? Community credit and savings? *(**Probes:** Which groups of people can access and make use of these services? How do men, women, boys and girls, people with disability make use of these services? Do all people make use of these services in the same way? Why? Why not? Are there certain groups that are not able to access and make use of these services? Which one? Why? How has this changed over time? Why? What are your views about healthcare service providing? What challenges do you experience with service providers and what is the effect on child health? How do the health care providers treat men and women differently?*

Upatikanaji wa huduma za kibinafsi na umma
¿Ni huduma za aina gani zinapatikana kwa hii jamii? Huduma za hospitalli, za masomo, za maji, huduma za usafiri, za biashara na soko, huduma za mifugo, za bima, za benki, huduma za akiba na mikopo? (**uchunguzi zaidi:** ¿Ni kina nani wanaweza pata na kutumia hizi huduma? Ni vipi wanaume, wanawake, ¿wavulana na wasichana wenye ulemavu wanaweza kupata hizi huduma? Kila mtu anaweza kutumia hizi huduma kwa usawa? Tuelezee zaidi. Kunao wale hawawezi kutumia hizi huduma? tuelezee zaidi. Kumekuwa na mabadiliko yoyote ya matumiza ya hizi huduma? tuelezee zaidi. Mna maoni gani kuhusiana na huduma za afya? ¿Ni changamoto zipi mnapatana nazo kutoka kwa watoa huduma na zinachangia vipi kwa afya ya mtoto? ¿Kuna tofauti ya vile mtoa huduma anamsaidia mwamme au mwanamke?

	Access			
	Men	**Women**	**Boys**	**Girls**
Public services Healthcare services Education Water Transport Agriculture & Livestock extension				
Private services Trade and Markets Insurance Banking Community savings & credit				

What challenges do you experience while accessing these services? How do men and women in this community use these services to support childcare and their food needs

Ni changamoto zipi mnapata wakati mnatafuta hizi huduma za umma na za kibinafsi? Wanaume na wanawake wanatumiaje huduma za kibinafsi na za umma kwa kusaidia utunzaji wa watoto na kupata chakula nyumbani.

What kinds of technologies (i.e., 'teknologia' or 'mifumo ya kisasa ya kufanya mambo') are available in this community? (***Probes:*** *Mobile phones, energy-saving jikos, solar-powered lamps, radio, television, motorbikes? What determines access to these technologies? How do men and women in this community use these technologies to support childcare and their food needs?).*

¿Ni vifaa gani ya kisasa zinapatikana katika hii jamii? ***(uchunguzi zaidi****: simu ya mkono, jiko, taa ya sola, redio, televisheni, pikipiki. ¿Ni nini huamua upatikanaji wa hizi vifaa za kisasa? Hizi vifaa za kisasa zinatumikaje na wanaume na wanawake kwa utunzaji wa watoto na kupata chakula nyumbani?*

What kind of support mechanisms do people in this community have access to? ***(Probes:*** *How do men and women access and use these support systems? Are there factors that determine participation of men and women in these social networks? How do these support mechanisms help you as a community to meet your food needs at the household?).*

¿Ni aina gani ya ushirikiano mko nayo katika hii jamii? (uchunguzi ***zaidi****: ¿ni vipi wanaume na wanawake wanaweza kupata na kutumia faida za hizi ushirikiano? ni mambo gani yanachangia mwanamme na mwanaumme kujishirikisha katika huo ushirikiano wa kijamii? Hizi ushirikiano zinawasaidiaje kama jamii kwa utuzi wa watoto na kupata chakula manyumbani?*

7. Power and Decision-Making

Now, I would like you to tell us about decision-making in this community. How are you involved on issues that affect your lives? Ningependa mtuelezee kuhusu maaumizi ama ukataji kauli katika hii jamii. Ni vipi mnajishughulisha katika mambo yanayo husu maisha yenu.

Household: *(education, food to buy, what to cook, order of eating, feeding of children, how about going to the clinic, how about attending trainings on maternal health and nutrition, decision on child spacing, how about seeking employment? How about income generating activities).*

Nyumbani: (masomo, ununuzi wa chakula, mpangilio wa kukula, kulisha watoto, kuenda kliniki, kuhudhuria masomo ya kinamama na lishe bora, upangaji uzazi, kutafuta kazi, shughuli zinazo leta mapato ya ziada)

Community: *(Marriage, initiation, conflict, floods, services).*
Jamii*: (Ndoa, taratibu ya kupita kutoka utoto hadi utu uzima, mgogoro, mafuriko na huduma zingine)*

Societal: How does the government (county and national) involve men, women, boys, and girls in decision making? How are different groups involved in interventions/projects that are meant to improve livelihoods, education, health of the mother and the child?
Jamii: Ni vipi serikali ya kitaifa na ile ya county inawashirikisha wanaume, wanawake, wavulana na wasichana kwa kufanya maamuzi? Ni vipi hivi vikundi vinajihusisha katika mambo ya miradi zinazosaidia kuinua hali ya riziki, masomo na huduma za afya kwa kina mama na watoto

8. Socio-cultural Norms, Beliefs, Perceptions, and Values

What are some of the traditional practices associated with the feeding of infants, pregnant mothers, breastfeeding mothers, boys, girls, men, and elderly men? (***Probe:*** *What does your culture have to say about the first breast milk (colostrum)? About a baby's first feeding? What does your culture say about breastfeeding? How long it should last? What are the roles of fathers? Are there sayings and songs related to child feeding in this community? Which ones and what do they mean? How do you know that a child is healthy in this community? How do you know a child is unwell? What makes children unwell?*

Ni tamaduni zipi zinahusishwa na kulishwa kwa watoto wachanga, wamama waja wazito, wamama wanaonyonyesha, wavulana, wasichana, wanaume na wazee wanaume. (Uchunguzi ***zaidi****: utamaduni yenu inasemaje kuhusu* ***maziwa ya matiti ile ya kwanza*** *baada ya mtoto kuzaliwa? Kuhusu kinacho pewa mtoto kwa mara ya kwanza? Kuhusu unyonyeshaji wa watoto? Watoto wanafaa kunyonyeshwa kwa muda gani? Baba ako na jukumu gani? Kunazo nyimbo ama shairi zinazo imbiwa watoto wakilishwa? Tuelezee zaidi na maana yake pia. Unaweza juaje watoto wakiwa na afya nzuri? Unaweza juaje watoto ambao hawana afya nzuri? Ni nini inawakosesha Watoto kuwa na afya nzuri?*

In this community, how are boys and girls prepared for marriage? ***(Probes:** What are the rites of passage for boys? What are the rites of passage for girls? How about from being a girl to a woman? How about from being a boy to man? How have these rites of passage changed over time? How do these practices affect the health of a mother? How do these practices affect the health of children? Are there sayings and songs related to rites of passage in this community? Which ones and what do they mean?*

Kwa hii jamii, wavulana na wasichana wanatayarishwa aje kwa ndoa? (Uchunguzi zaidi: Ni njia zipi zinatumika kwa wavulana? Ni njia zipi zinatumika kwa wasichana? Na ni njia zipi zinatumika kwa wasichana ndio wawe wanawake, wavulana wawe wanaume? Hizi njia zimebadilika kwa vyovyote? Hizi njia zimeathiri aje afya ya mama? Hizi njia zimeathiri aje afya ya watoto? Kunazo nyimbo zinazo husishwa na hizi shughuli katika hii jamii? Tuelezee zaidi.

9. Laws, rules, and practices

What traditional laws govern the rights of boys, girls, men, and women in relation to marriage, inheritance, relationships, property ownership, gender-based violence and conflicts?
Ni sheria zipi za kitamaduni zinatumika kushughulikia haki ya wavulana, wasichana, wanaume na wanawake kuhusu ndoa, urithi, uhusiano, umiliki wa mali, ukatili wa kijinsiana na migogoro?

What government laws govern the rights of boys, girls, men, and women in relation to marriage, inheritance, relationships, property ownership, gender-based violence and conflicts?
Ni sheria zipi za serikali zinatumika kushughulikia haki za wavulana, wasichana, wanaume na wanawake kuhusu ndoa, urithi, uhusiano, umiliki wa mali, ukatili wa kijinsia na migogoro?

What can be done to mitigate the gap between existing government laws and cultural practices?
¿Ni nini inaweza fanywa kupunguza pengo iliyoko kati ya sheria za kiserikali na za kitamaduni?

10. Conclusion

Is there anything else you want to say about the situation in your community?
Is there anything you want to ask us?

We have come to the end of our discussion, we appreciate your time and inputs, we look forward to sharing with you the results.

Thank you for your time!

<u>Samburu Translation</u>

A] Instructions and Housekeeping

- Introduce yourself to the group *[Good morning/evening and welcome to this discussion. My name is_______ and my colleague(s) is ________; We are part of the CRS Nawiri project team conducting a Gender, Youth and Social Dynamics Analysis and Acute Malnutrition in communities of Marsabit and Isiolo Counties]. This is part of the larger Nawiri, which is a project in this community aiming to reduce malnutrition.*
- We are here to research on the gender and socio-cultural factors and how they relate with acute malnutrition. We want to hear your opinion on this issue so that future programmes including Nawiri project can reflect and meet your needs.
- This is not a test and there are no right or wrong answers; it is just your experiences and opinions we are interested in.
- It is okay if you have different opinions in this group – we do not expect you to agree about everything
- Respect, allow everyone to speak, one person to speak at a time, everyone gives space for others to talk, all to share their opinion
- Honest answers are needed
- This focus group discussion will last about 2 hours. However, please feel free to give as many details as you can.
- All information you provide will be confidential and we will not reveal your name or personal details to anyone outsides our research team. Whatever you say will not be discussed with anyone else in the community – check everyone is comfortable with this, any objections?
- Your participation is Voluntary. You free to leave at any time or discontinue the interview
- You do not have to answer any questions you don't feel like, and you can stop or leave at anytime
- Ensure the location of the interview is safe, quiet, and neutral.
- Ensure no one else is listening to the group discussion
- Avoid your own opinions or guiding answers.

B] Please explicitly ask the participants the following, and check their understanding

- Do you agree that we can audio record the interview? This will let us check that we have recorded your views correctly. *[Ask them to put up their hands if they agree. If they disagree, they can't participate].*
- Do you have any questions about the research or concerns you would like to raise before we start? May you allow me if you are happy to proceed with the interview? *[Ask them to put up their hands if they agree. If they disagree, they can't participate].*

General information

Please record the following details

Date	Start time	End time
Ward	Sub-county	County
Moderator	Note-taker	Interview #
Language of Interview	Audio-file name	

Beginning the discussion

[Turn on the audio recorder**]**

As participants to briefly introduce themselves

Socio-demographic characteristics of FGD participants

Age range	
Gender of Group	
Ethnicity	
Livelihood Activity	

Themes

11. Barriers to access to and control over resources and assets

<u>Access to and control over productive resources profile</u>

Now I would like us to take 25 minutes to identify and sketch/free list the livelihood resources [assets, cash income sources, social networks, employment, opportunities] that are available in this community? *(**Ensure participants mention:** What are the most valuable assets/resources? What is the cultural and economic value of these assets and resources? Who can access (a) assets e.g., livestock, land etc (b) cash income sources (c) employment opportunities (d) other livelihoods resources? **Probe for each resource:** How do different groups (men, women, boys, and girls) access these resources? Which groups are not able to access these resources? Why? What benefits are obtained by being able to access these resources by the different groups (men, women, boys, and girls)? What has changed? Why?*

	Access				**Control**			
	Men	**Women**	**Boys**	**Girls**	**Men**	**Women**	**Boys**	**Girls**
Resources Land Equipment Labour Cash Education/training, etc. Other								
Benefits Outside income Asset ownership Basic needs (food, clothing, shelter etc) Education Political power/prestige Other								

What factors limits control?

1. Nyo nikkimitiki intore malin intore o ramat malin tengang

Kore taata ikiyou nikiya nkiti rishata aiparakino ntokitin tanaa malin nikiata taatwa losho. (Ngoji naingwaa ropiyani, ltungana likiret, siaai)
Nyo ntokitin tanaa malin naata tipat kuliko ngule? Nyo naata tipat taatwa lkereti lang? aji kingo tinikutum ntokitin naatuwana suom, nkulupo, siai o nkule tokitin? Ngae oata malin tana suam, nkulupo ropiyani, siai.
Aji eiko ntomonok, lpayani, layok (lmuran) o ntoye tenetum kuna malin? Alo turur lemebaki kuna malin? Na aanyo? Aa faida natum ltungana loobaki kuna malin? Nyo naibelekenye tana ngamata na aanyo?

	Ngae naata				**Ngae eitore**			
	Lewa	Ntomonok	Lmuran	Nkolionto	Lewa	Ntomonok	Lmuran	nkolioto
Malin Nkulupo Masaa Siai Ropiyani sukuul O nkule								
Paida Ropiyani nikinjori Ntokitin nintore Ntokitin nayeri niata Nkisoma Rikoret o nkule								

Akwaa baa nikimitiki intore kuna malin?

Access to private and public services
What types of services (i.e., 'huduma') are available in this community? Healthcare services? Education? Water services? Transport? Trade and Markets? Animal veterinary extension services? Insurance? Banking? Community credit and savings? *(**Probes:** Which groups of people can access and make use of these services? How do men, women, boys and girls, people with disability make use of these services? Do all people make use of these services in the same way? Why? Why not? Are there certain groups that are not able to access and make use of these services? Which one? Why? How has this changed over time? Why? What are your views about healthcare service providing? What challenges do you experience with service providers and what is the effect on child health? How do the health care providers treat men and women differently?*

	Access				**Control**			
	Men	**Women**	**Boys**	**Girls**	**Men**	**Women**	**Boys**	**Girls**
Public services Healthcare services Education Water Transport Agriculture & Livestock extension								
Private services Trade and Markets Insurance Banking Community savings & credit								

What limits access to public services? To private services How do men and women in this community use these services to support childcare and their food needs

What kinds of technologies (i.e., 'teknologia' or 'mifumo ya kisasa ya kufanya mambo') are available in this community? (***Probes:** Mobile phones, energy-saving jikos, solar-powered lamps, radio, television, motorbikes? What determines access to these technologies? How do men and women in this community use these technologies to support childcare and their food needs?).*

What kind of support mechanisms do people in this community have access to? ***(Probes:** How do men and women access and use these support systems? Are there factors that determine participation of men and women in these social networks? How do these support mechanisms help you as a community to meet your food needs at the household?).*

Ntimuto e huduma e serikali oh noloopeny

Akwa huduma naatii atwa ale osho? Huduma eh siptali, nkisoma, nkare, sokoni, ldawai leesiom, inshuarans, lbanki, saco.
Akewa ltrururi leltungana leetum neitumiaana huduma? Aji eiko lewa, ntomonok, lmuran, nkolioto o ltungana ltardo neitumiaa ana huduma? Keitumaa ltungana pooki ana huduma? Aa nyo?
Akwa kulo tungana lemeitumia huduma? Akwa? Aanyo? Keti ngata naibelekenya kulo omon? Aanyo?
¿Aje etu lomon le sipitali teiye? Akwa nyamali itum teeltungana le siptali na aji eiko teneitanyamal afya eh nkerai ino? Amaa ltungana le siptali keiris ltungana (lpayani o ntomonok)

	Ngae leata				Ngae eitore			
	Lewa	Ntomonok	Lmuran	Nkolionto	Lewa	Ntomonok	Lmuran	Nkolioto
Huduma e serikali Siptali Nkisoma Ngare Lbarabara Ltung'ana le petinari								
Huduma nemera ne serikali Mbiashara Inshurans Lbenki Sako e losho								

Nyo nimikinjo shomo ngojitin eh serikali? O neloopeny? Amaa ntomonok o lpayani lele oshoo aji eiko teneditumia kuna hudumani aretie ngera nje netumie ndaa?

Amkwa masaa natapaashutwa tele oshoo (tekinoloji), simui, njiko, ltaa le solar, redioi, t.v, lpikipiki) aji ngo pitum kuna tokitin? Aje eiko ntomonok oh lpayani teneitumia kuna masaa aaretie ngera netumie ndaa?
Akwa retoi itumtoto taatwa ele osho? Aji eiko lpayani o ntomonok tenetum nieitumiaa ana reto? Aji ingo ltung'ani piijing atwa kuna reto? Aji eiko ana reto tinikiret tana ngaji ino?

12. Power and Decision-Making

Now, I would like you to tell us about decision-making in this community. How are you involved on issues that affect your lives?
Household: *(education, food to buy, what to cook, order of eating, feeding of children, how about going to the clinic, how about attending trainings on maternal health and nutrition, decision on child spacing, how about seeking employment? How about income generating activities).*
Community: *(Marriage, initiation, conflict, floods, services).*
Societal: How does the government (county and national) involve men, women, boys, and girls in decision making? How are different groups involved in interventions/projects that are meant to improve livelihoods, education, health of the mother and the child?

2.Nkitoria o ndungoto e lomon

Kayeu taa nikimparu o ng'ai shaake odung lomon eipirita.
Nkang: Nkisoma, ndaa nainyang'uni, ntoki nayeri, nyata e ndaa, nchoroto e ndaa enkerai, lototo e clinic, tanaa kopoi aning lomon le ntomonong o lomon eipirita nyata e ndaa supat, nkididikoto e nkerai tene eiuni, lomon le yare e siai, mpaa nayau ropiyani.
Lmarei: Nkiema, Latimi, Larabal, Nkera sabuk Nayeisho, Asat natum lmarei.
Losho: Aji eiko serikali e county o serikali kitok tene eliki Lpayeni, Ntomonok, Layok o Ntoiye ndungoto e lomon.
Aji eiko nkule ltururi napaasha tenayau reto arapu nkishon e ltungani, Nkisoma, supatisho e sesen enkerai o ng'otenye.

13. Socio-cultural Norms, Beliefs, Perceptions, and Values

What are some of the traditional practices associated with the feeding of infants, pregnant mothers, breastfeeding mothers, boys, girls, men, and elderly men? (***Probe:*** *What does your culture have to say about the first breast milk (colostrum)? About a*

baby's first feeding? What does your culture say about breastfeeding? How long it should last? What are the roles of fathers? Are there sayings and songs related to child feeding in this community? Which ones and what do they mean? How do you know that a child is healthy in this community? How do you know a child is unwell? What makes children unwell?

In this community, how are boys and girls prepared for marriage? ***(Probes:** What are the rites of passage for boys? What are the rites of passage for girls? How about from being a girl to a woman? How about from being a boy to man? How have these rites of passage changed over time? How do these practices affect the health of a mother? How do these practices affect the health of children? Are there sayings and songs related to rites of passage in this community? Which ones and what do they mean?*

3. Lkereti
Akwa kereti shaake eipirita nshooroto e ndaa e nkera, ntomonong nairoshio, ntomonong naitanakita nkera, Layok, Ntoiye, Lpayeni o Lpayeni Ararin. Akwa omon shaake ejo lkereti linshi eipirita kule ekwe e lkina, nyata e ndaa ekwe te nkerai, lomon eipirita naata e lkina, ng'amata nawau intanak nkerai, akwa siaitin eas Lpayeni, keatai lkiek eranyakina nkera kunini tene ei turuti, Akwa na nyo ejo, Aji inko tiniiyelou ajo keisupat nkerai sesen, aji inko tiniiyelou ajo keibiswang nkerai, nyo naitomwai nkera.

Amaa taatwa ale lmarei, akua tokitin e imaa ntoye o layok owon eanyita nkiema?
Akua keretin eimaa layok, akua keretin eimaa ntoye, nyo aitoki imaa ira ntito ana niaku ntomononi, nyo aitoki eimaa layok ana metaa lpayeni, aji eikuna ilo kereti linshi peiwotiwata ta ng'amat, aji eiko kulo kereti linshi tene eitanyamal supatisho e sesen e ntomononi, aji eiko kulo keretin tene eitanyamal supatisho e sesen e nkera, keatai sungoliotin eranyi nkati ekulo lkeretin o ndungot e rashien taatua ale marei, akwa lolo naa nyo ejoito.

14. Laws, rules, and practices
What traditional laws govern the rights of boys, girls, men, and women in relation to marriage, inheritance, relationships, property ownership, gender-based violence and conflicts?
What government laws govern the rights of boys, girls, men, and women in relation to marriage, inheritance, relationships, property ownership, gender-based violence and conflicts?
What can be done to mitigate the gap between existing government laws and cultural practices?

4. Nkitanapat
Akwa kitanapat naipirita lomon le layon, ntoye, lpayeni o ntomonok te nkiema, njungo, sotwaisho, nkiteria e malin, larabal le nkang, larabali? Akwa nkitanapat e serikali naipirita ndedeu e layok, ntoye, lpayani, ntomonok te nkiema, njungo, sotwaisho, nkieteria e malin, larabal le nkang, larabali. Nyo easi poitutumi nkitanapat e serekali o le lkereti metais siaini te ramati e boo.

15. Conclusion
Is there anything else you want to say about the situation in your community?
Is there anything you want to ask us?

Nyo nkai ninyeu nilimumu naipirita ale osho.

We have come to the end of our discussion, we appreciate your time and inputs, we look forward to sharing with you the results.

Thank you for your time!

(ii) Focus Group Discussion Guide for Young Unmarried Men and Women

<u>Borana and Gabra Translations</u>
Instructions

- Introduce yourself to the group *[Good morning/evening and welcome to this discussion. My name is______ and my colleague(s) is________; We are part of the CRS Nawiri project team conducting study on nutrition issues in communities of Marsabit and Isiolo Counties]. This is part of the larger Nawiri, which is a project in this community aiming to reduce malnutrition.*
- We are here to research on gender, social and cultural factors and how they relate with acute malnutrition. We want to hear your opinion on this issue so that future programmes including Nawiri project can reflect and meet your needs.
- This is not a test and there are no right or wrong answers; it is just your experiences and opinions we are interested in.
- It is okay if you have different opinions in this group – we do not expect you to agree about everything
- Respect, allow everyone to speak, one person to speak at a time, everyone gives space for others to talk, all to share their opinion

- Honest answers are needed
- This focus group discussion will last about 2 hours. However, please feel free to give as many details as you can.
- All information you provide will be confidential and we will not reveal your name or personal details to anyone outsides our research team. Whatever you say will not be discussed with anyone else in the community – check everyone is comfortable with this, any objections?
- Your participation is Voluntary. You free to leave at any time or discontinue the interview
- You do not have to answer any questions you don't feel like, and you can stop or leave at anytime

B] Please explicitly ask the participants the following, and check their understanding

- To ensure that we accurately capture what you are going to tell us we will be recording the interview using a voice recorder. This will allow us to check later that we have all the information that you intended to provide.
- If you agree to the interview, we will need each of you to give verbal consent indicating that you have been informed on what the interview will entail and provided consent to be interviewed.
- Do you have any questions about the research or concerns you would like to raise before we start? Are you happy to proceed with the interview? If so, please state that you agree to participate in the interview? *[ask each individual to indicate their agreement/ disagreement to participate by word of mouth]*

General information

Please record the following details

Date	Start time	End time
Ward	Sub-county	County
Moderator	Note-taker	Interview #
Language of Interview	Audio-file name	

Beginning the discussion

[Turn on the audio recorder**]**

As participants to briefly introduce themselves

Socio-demographic characteristics of FGD participants

Age range	
Gender of Group	
Ethnicity	
Livelihood Activity	

<u>Section 1. Barriers to access to and control over resources and assets</u>

<u>Access to and control over productive resources profile</u>

Now I would like us to take 25 minutes to identify and sketch/free list the livelihood resources [assets, cash income sources, social networks, employment, opportunities] that are available in this community?

<u>Probe</u>

- *What are the most valuable assets/resources? [artha tesan tan keesat rasmal makami fa qabthan]*
- *What is the cultural and economic value of these assets and resources? [faithan rasmal kana irra argachuut jirtan tam fa]*
- *Who can access those assets/ resources [enn fat rasmal kan argachu thantha] (a) assets e.g., livestock, land etc (b) cash income sources [bese fa] (c) employment opportunities [ujji fa] (d) other livelihoods resources? [waan jirenna dibi fa]*

<u>For each resource, probe</u>

- *How do different groups (men, women, boys, and girls) access these resources?*
- *Which groups are not able to access these resources? Why?*
- *What benefits are obtained by being able to access these resources by the different groups (men, women, boys, and girls)?*
- *What has changed? Why?*

	Access				Control			
	Men	**Women**	**Boys**	**Girls**	**Men**	**Women**	**Boys**	**Girls**
Resources Land Equipment Labour Cash								

Education/training, etc. Other								
Benefits Outside income Asset ownership Basic needs (food, clothing, shelter etc) Education Political power/prestige Other								

What factors limits access? [rasmal kan argachu wann akamifat isan dow]
What factors limit control? [rasmal kan mant amri sila itqabthan isan dow]

Access to private and public services [argacha huduma serkalatif ta binafsi irra hasomn]
What types of services (i.e., 'huduma') are available in this community? [*huduma serkala ta akami fa argatan]*

Probe
- Healthcare services? *[waan walansa]*
- How about education? *[waan tamari]*
- Water services? *[waan ak bisani fa]*
- Transport? [waan ak karaa fa]
- Trade and Markets? [*waan ak sokoo fa*]
- Animal veterinary extension services? [*waan wallans horii] Insurance? [bima fa] Banking? [waan bankii fa*]
- Community credit and savings? [waan ak chamaa fa]
-

Probe
- *Which groups of people can access and make use of these services? [rasmal kan enfat argachu dantha]*
- *How do men, women, boys and girls, people with disability make use of these services? [name nafaa balaa akamiin rasmal tan argat]*
- *Do all people make use of these services in the same way? [nami chufti rasmal kan tumiu thanthaa] Why? [maanifu] Why not? [maaf tumiu inthanthee]*
- *Are there certain groups that are not able to access and make use of these services? [namii waan kan tumiu inthanthee jira] Which one? [eeenfa] Why? [maanifu]*
- *How has this changed over time? [wanikunin akamiin badilikiit] Why?*
- *What are your views about healthcare service providing? [qarqars wallansa, maan irra jechu thanthetan]*
- *What challenges do you experience with service providers and what is the effect on child health? [dib akami fa argatan, war qarqars ijoleen isani keen irrat]*
- *How do the health care providers treat men and women differently? [warri nam wallan, akamit issan qabat issan nam diratit nam uwwa]*

	Access				Control			
	Men	**Women**	**Boys**	**Girls**	**Men**	**Women**	**Boys**	**Girls**
Public services Healthcare services Education Water Transport Agriculture & Livestock extension								
Private services Trade and Markets Insurance Banking Community savings & credit								

What limits access to public services? [huduma tan argachu maan fat isan dow] To private services? How do men and women in this community use these services to support childcare and their food needs [isan name diratif name uwwa akamin huduma tanan ilmaan guthifat]

What kinds of technologies are available in this community? *[wanni amantana ka isan tumitan ka uji fa isani sablisan kam fa]*

Probes

- *Mobile phones [simu fa], energy-saving jikos [jiko ibitha fa], solar-powered lamps, [sola fa] radio, [radio fa] television, [tv fa] motorbikes? [biqbiqi fa]*
- *What determines access to these technologies? [akam gul waan kan argatan]*
- *How do men and women in this community use these technologies to support childcare and their food needs?). [wani isan maqa doftan kunini, diraf uwiti tesan akam ilmanin guthifat]*

What kind of support mechanisms do people in this community have access to? [*isan ak war athaa tana, qarqans akami fa argatan*]

Probes

- *How do men and women access and use these support systems? [warri diratif ka uwwa akamiin qarqars kan argate amale jiratan].*
- *Are there factors that determine participation of men and women in these social networks?*
- *How do these support mechanisms help you as a community to meet your food needs at the household? [jirachan qarqans kana akam sagale argacha min kanke kesat siqarqar]*

Section 2. Power and Decision-Making

Now, I would like you to tell us about decision-making in this community. How are you involved on issues that affect your lives as young men/ women?

Probes:

At the Household:

- *Education [goss tessan tan kessat enut amri gar skula qabba?]*
- *How about what to eat, what to cook, order of eating, feeding of children, how about going to the clinic, [goss tessan tan kessat enut amri garr sagale bititi qabba, garr sagale dabit qabba?,garr aka sagale eti nyatani qabba, enuti amri gololl ijolle qabba, enuti amri klinik deman qabba, enuti garr barsis wann afya haadatif wann golol sagalee qabba?]*
- *How about seeking employment? [ennuti amri garr uji barbathachiti qabba?]*
- *How about income generating activities [enuti amri wann gara bese ala gath sensisanit qabba?]*

Community:

- *Rites of passage into adulthood*
- *Marriage, [goss tessan tan khesati enuti amri gubba fuda qabba?]*
- *Conflict [goss tesan tan kessat olki diib akamifan dufti?]*
- *Are there sayings and songs related to rites of passage for boys and girls in this community? [mamasi yokhan sirbi gisse wan haadha ijolle dira tif dubra faa tochan jiraa ardha tessan tan kessat?]*

Societal:

- *How does the government (county and national) involve boys and girls in decision making? [Sirkali countitif kaa gubbaa akamini ijolle diratif ijolle dubra marrii woran gattani?]*
- *How are different groups involved in interventions/projects that are meant to improve livelihoods, education, health of the mother and the child? [karra kamin projectin yokhan groubi tofauti wan gubba skula, afya haad ijolle, wan aka qabena faa wolinojata?]*

Section 3. Socio-cultural Norms, Beliefs, Perceptions, and Values

What are some of the traditional practices associated with being a young man/ young woman in this community?

In this community, how are boys and girls prepared for marriage? [*goss tessan tan kessat ijolle diratif ta dubra akamin fuuda kurfessan?*]

Probe

- *What are the rites of passage for boys? How about from being a boy to man? [ijolle dirra manfa kess batti (addha akami faa tolchanif?)]*
- *What are the rites of passage for girls? How about from being a girl to a woman? [agga isin infudin? ijolle dubra manfa kessa batti (adha akamifa tolchanif) timeagga issi infudin]*
- *How have these rites of passage changed over time?*
- *Are there sayings and songs related to rites of passagein this community? Which ones and what do they mean? (Mamasi yokhan sirbi gisse wan adha faa tolchan sirban jiira? kamm faa? maanan issa maan?*
- In your community what does your culture say about the types of foods to be eaten by boys? How about girls? [*haddan tesan wan gubba sagale ijolle dirratif ta dubra nyachumalt manjet?]*

Probe

What type of foods are buys you not allowed to eat? [sagale akami faa ijolle dirra nyachu imalin?]
What type of food are girls not allowed to eat? [sagale akami faa ijolle dubra nyachu imalin]?

Section 4. Conclusion

Is there anything else you want to say about the situation in your community?
[wanni issan nut himu thanthetan dibiin jirti]
Is there anything you want to ask us?
[waani dibiin isan nu gafachu feetan jirti]

We have come to the end of our discussion, we appreciate your time and inputs, we look forward to sharing with you the results.

Thank you for your time!

C) Key Informant Interview Guides

Key Informant Interview Guide for National/County Government Officials

General Information

Date	
Time: Start and End time	
Interviewer	
Note-taker	
Location	
County	

Instructions

Thank interviewee for their time
Introduce yourself and clearly explain the purpose of the study

[Turn on the recorder after gaining consent from the interviewee]

Ask key informants to introduce themselves

Name	
Title/Position	
Department	
Years of Service	

Questions

1. How would you describe the occurrence of acute malnutrition in this county? (***Probes:*** *causes, unique drivers in ASALs).*
2. What is your role as a government in addressing acute malnutrition in this county? *(**Probes:** Other actors and their roles, how has this been addressed in the past, what has changed, existing gender policies on malnutrition/nutrition (national and county), policy relevance in the county and context, decision-making, specific policies on child nutrition, laws empowering women and youths, the involvement of men, women, boys and girls in policy formulation, the process of budgeting and implementation).*
3. What are the existing structures that link the national, county, development partner, private sector, civil society, and the local community? How do you ensure the coordination of different stakeholders/departments/service providers on acute

malnutrition in this county? (***Probes:*** *effectiveness, challenges, area of responsibility, coordination and referral mechanism for acute malnutrition, information flow).*

4. In this county, what are the unique gender and cultural-related challenges that should be considered in addressing acute malnutrition? How would these be addressed in policies and laws at the national and county levels? (***Probes:*** *challenges related to ASAL environment and seasonality, cultural, men, women and youth, issues on the participation of men, women, boys and girls, access and rights of men, women, girls and boys, information flow challenges, gaps with services delivery, NGO approaches, what should be done, how and why).*
5. Do you have anything else to tell me about what we have discussed?

We have come to the end of our interview

Thank you for your time

Key Informant Interview Guide for Development Agencies, NGOs, and Health Workers

General Information

Date	
Time: Start and End time	
Interviewer	
Note-taker	
Location	

Instructions

Thank interviewee for their time

Introduce yourself and clearly explain the purpose of the study

[Turn on the recorder after gaining consent from the interviewee]

Ask key informants to introduce themselves

Name	
Title/Position	
Organization/Institution	
Years of service in the locality	

Questions

1. How would you describe the occurrence of acute malnutrition in this county/sub-county? ***(Probes:*** *Causes acute, whom does it affect, traditional practices, how pregnant women, lactating mothers, and mothers with children under five are affected, local child feeding practices, breasting and caring, changes with seasons).*
2. Within this community, what is the role of your organization/institution in addressing acute malnutrition? **(*Probes:*** *Other actors and their roles, nutrition/health policies and laws supporting service delivery at the county, effect of policy on service delivery, the effect of policy on targeting beneficiaries of nutrition programmes, the involvement of men, women, boys, girls, PWDs in your activities, adoption of global recommendations for malnutrition, laws and policies on women empowerment, youth empowerment, child protection, community laws and practices that support/challenge your work, how the laws and practices change with seasons, the effect of your programmes community practices, what has changed).*
3. Please tell me how the policy framework for multi-sectoral alliances in addressing acute malnutrition is structured in this county? (***Probes:*** *Planning, coordination, participation, the involvement of men, women, boys and girls, identification of needs and priorities on acute malnutrition, referral mechanism for acute malnutrition, conflict of interest and how it affects service delivery, policy and legal challenges experienced by community members, what do you do about it).*
4. What social, cultural, and legislative factors enable/prevent women, men, boys, and girls from accessing these services and resources? (***Probes:*** *how about access to assets, property, rights to ownership of the property).*
5. What is the effect of climate variability on service delivery? (***Probes:*** *How does it affect men, women, boys, and girls? How does it affect access to pasture and water? How about health services? How about markets? How about food? how about food prices? Generally, how are livelihoods affected?)*
6. Having worked in this community for some time, what are the key gender and socio-cultural barriers that affect service delivery? (***Probes:*** *changes in gender roles, the status of boys and girls, participation of men, women, boys and girls, socio-cultural factors, service provision challenges, on collaborating with community)*
7. What should be done about the issues you've mentioned for future programming on nutrition? *(**Probes**: effective organization linkages, coordination, opportunities, recommendations on gender and socio-cultural factors).*
8. Do you have anything else to tell me about what we have discussed?

We have come to the end of our interview

Thank you for your time

Key Informant Interview Guide for TBAs, Traditional Healers and Community/Cultural Leaders

General Information

Date	Ward
Time: Start and End time	Sub-County
Interviewer	County
Note-taker	Interview #

Instructions
Thank interviewee for their time
Introduce yourself and clearly explain the purpose of the study

[Turn on the recorder after gaining consent from the interviewee]
Ask key informants to introduce themselves

Name	
Community Role	
Years of services in that position	

Questions

1. What is the local understanding/perceptions of acute malnutrition in children in this community? ***(Probes:*** *causes/driver of acute malnutrition, cultural causes, how are pregnant women, lactating mothers, and children under five affected and why, local food consumption practices, what foods are preferred, restricted/prohibited and why, feeding practices for children, breastfeeding, and caring for children, rituals on food, changes with seasons).*
2. In your capacity, what is your role in addressing acute malnutrition? (***Probes:*** *Other groups and what they do, recognition from county gov't and NGOs, working relationships, community practices supporting your work, formal laws that challenge community practices on malnutrition)*
3. What local prevention and treatment mechanisms exist in this area for acute malnutrition? (***Probes:*** *How do you coordinate with the various community institutions to address acute malnutrition? How do you coordinate with the county service providers? What challenges do you experience as a community in addressing acute malnutrition?).*
4. In terms of access, describe for me how men', women', boys' and girls' access to and use of services and resources is like in this community? How do men, women, boys, and girls receive information about services?
5. What social, cultural, and legislative factors enable/prevent women, men, boys, and girls from accessing these services and resources? *(**Probes:** status of girls, boys, women and men, rights to property access and ownership, control of resources).*
6. What challenges does this community experience? *(**Probes:** How does it affect men, women, boys, and girls? How does it affect access to pasture and water? How about health services? How about markets? How about food? h ow about food prices? Generally, how are livelihoods affected?)*
   Being part of this community, what are the key challenges you experience delivering your services related to acute malnutrition? What should be done about it? (***Probes:*** *Cultural issues, knowledge, perception about your role and your services, linkages with health workers? With other government actors? With NGOs?)*
7. If you were to advise a local NGO and government that wants to prevent acute malnutrition, what would you ask them to consider?
8. Do you have anything else to tell me about what we have discussed?

We have come to the end of our interview
Thank you for your time

D) Direct Observation Checklist

County/Sub-County	
Date	

Instructions for observation studies
These themes will guide the informal direct observation studies. Researchers will observe the social relations and environment and document activities at different times of the day. The researcher will keep detailed notes of the days' activities by finding time during a day away from the informants to document the ongoing observations at least 2 times each day to reduce recall bias. Notes to be backed up digitally on a weekly basis on the next cloud as screenshots of the field journals and eventually as typed notes.

Themes
- Availability of Water and Sanitation
- Distance to health center/dispensary/markets/trading centers
- Infrastructural development (roads, electricity)
- Community resources (Abattoir, Water)
- Livestock and Farming activities
- Income generating activities
- Market dynamics (Livestock market, food, prices, and types of food).
- Community events participation
- Centers of worship/religion
- Food Consumption/Feeding practices
- Membership in community groups/welfare associations/food related projects
- Where to obtain food for big events e.g., weddings/funerals/rituals

End

E) Debriefing Template

Time and date of debrief	
Location (Ward, Sub-County & County)	
Attendees	
Absent	
Debrief notes prepared by	

Debriefing Themes

1. **Logistics and feasibility**

a. Reminder to data collectors
   - Upload audio files
   - Place the consent in a safe location
   - Complete the reflection notes
   - Fill in the data management spreadsheet

b. How feasible was it to fin and interview respondents in a private setting?
c. Were there any issues with the recording quality and notetaking?
d. Are there tools/guides too long? Do we have concerns about informant/participant fatigue and if so, what do you think we should do about this?

2. **Successful aspects of the interviews**

a. Instances of excellent probing, active listening, managing time well and keeping the interview on track?
b. Patterns emerging from the data

3. **Challenges and issues faced**

a. Instances of interviewer fatigue or distraction?
b. Issues with asking many yes/no questions without giving the respondents opportunities to speak at length? How could we better elicit long, descriptive, insightful responses?
c. Issues of failing to follow the guide. Going off topic? Skipping around too much rather than moving topic by topic?

4. Content of data

Discuss the key domains, noting major themes emerging from today's research and noting whether some of the domains were skipped or not explored in depth

a. Gender roles and responsibilities and acute malnutrition
b. Barriers to access to and control over resources and acute malnutrition
c. Social cultural norms, values, perceptions and practices and acute malnutrition
d. Power and decision-making and acute malnutrition
e. Law, policies and practices and malnutrition
f. Actions/What needs to be done to improve child nutrition
g. New themes or data coming up

The End

F) Research Assistant Training Agenda

Day	Objective	Planned Activities
Sunday 15th	**Participants Arrive at the venue**	
Monday 16th	(a) The team gets to know each other (b) Introduce and discuss the study – Nawiri project, study objectives, research questions (c) Discuss findings from desk study – what is already known (d) Introduce the gaps – what is unknown, less clear, what are the main knowledge gaps, what we need to find out to answer the research questions. (e) Deepening understanding of (a) the study's geographical, social, political and economic context (b) core concepts (gender, youth dynamics, social dynamics, pastoralist livelihoods, sedentarization undernutrition, acute malnutrition and how they intersect). (f) group work session where participants discuss concepts, find local 'meanings' and translate concepts into local languages	Session 1: Introductions and Climate setting Session 2: Background to Study Session 3: Desk Review Findings & Gaps Session 4: Study Context [group work]
Tuesday 17th	(a) Reflection on Day 1 (b) complete context and gender analysis preparatory work; revisit the research questions. (c) discuss who needs to be interviewed to answer the research questions. (d) introduce the study design and qualitative research concepts; discuss qualitative interviewing techniques and how these apply to the different research participant groups. (e) introduce the tools and explain how the information they generate will be useful in addressing the research questions (f) begin an overview of study tools and proceed into tool-by tool discussion (g) Group work sessions on tools: where participants discuss tools, review questions, and work on translating concepts into the local language (h) Discuss data management, transcription, and translation of field interviews	Session 1: Reflection on day 1 Session 2: introduce study design, key concepts in qualitative research, qualitative research methods Session 3: [group work session on qualitative research] Session 4: introduce the tools and <u>interviewing techniques</u> Session 5: Tool 1 (IDI Guide) provide an overview of IDI tool – and question by question discussion Session 6: Group work on IDI translation of IDI tool
Wednesday 18th	(a) Reflection on Day 2 (b) Continue discussions IDI tool – discuss translation and key concepts (c) Discuss FGD tool. (d) Discuss field interviewing techniques and research ethics in qualitative research (e) Discuss reflexivity, note-taking, and field debriefing (f) Discuss and practice recording of interviews (g) Continue group activities of the tools (IDI, FGD) (h) Finalize interview questions (i) Preparation for field pre-testing	Session 1: Reflection of Day 2 activities Session 2: Tool 2 (FGD Guide) provides an overview of FGD tool – and question by question discussion Session 3: Group work on the translation of FGD & IDI tool
Thursday 19th	(a) Reflection on Day 3 (b) Conduct field pre-test of interview questions through IDIs and 2 or more FGDs in the field. (c) Also, conduct some KIIs. (d) Conduct a field debrief in the late afternoon. Groups work on transcription and translation.	Session 1: Reflection on Day 3 Session 2: Preparation for Fieldwork Session 3: Field Work Session 4: Debriefing & Assessment of RAs
Friday 20th	(a) Reflection on Day 4 (b) Reflect on and review the pre-test experience. What worked well? What did not work so well? Why? Timing? Rapport? Probing? Recording? Note-taking? Introductions and closure? Ethics and researcher behaviour? What was the most difficult? Most surprising? What did we learn? Identify issues in the interview questions and agree on how to refine them. Reflect and evaluate the workshop. (c) Discuss fieldwork planning.	Session 1: Reflection on Day 4 Session 2: Review of Tools Session 3: Finalize Fieldwork planning

Day	Objective	Planned Activities
Saturday 21st	Departure from workshop	