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GENDER ANALYSIS & STRATEGY REPORT FOR TURKANA AND SAMBURU COUNTIES

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Matthew Nims, Agreement Officer

ATTN: Kathleen Hartin

Agreement Officer's Representative

khartin@usaid.gov

Prepared by

Mercy Corps USAID Nawiri Consortium

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ACRONYMS

ADVANTAGE	Advancing the Agenda of Gender Equality	MIYCF	Maternal Infant Young Child Feeding Practices
ASAL	Arid and Semi-Arid Lands	MNCH	Maternal Newborn Child Health
BHA	USAID Bureau of Humanitarian Assistance	MIYCN	Maternal Infant Young Child Nutrition Practices
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa	MOPSYGA	Ministry of Public Service, Youth and Gender
CDCS	Country Development Cooperation Strategy	NGEC	National Gender and Equality Commission
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women	NNAP	National Nutrition Action Plan
CBO	Community Based Organization	NGO	Non-Government Organization
CHW	Community Health Workers	PAD	Program Appraisal Documents
CHV	Community Health Volunteer	PAM	Persistent Acute Malnutrition
CSO	Civil Society Organization	PPR	Performance Plan and Report
DO	Development Objective	RH/FP	Reproductive Health / Family Planning
EAC	East Africa Community Agreement	SAGAS	Semi-Autonomous Government Agencies
FGD	Focus Group Discussion	SDGEA	Solemn Declaration on Gender Equality in Africa
FGM	Female Genital Mutilation	SGBV	Sexual Gender Based Violence
FNSP	Food and Nutrition Security Policy	SLM	Sustainable Land Management
GBV	Gender-Based Violence	SOW	Scope of Work
GEFE	Gender Equality and Female Empowerment	SRHR	Sexual Reproductive Health and Rights
GEWE	Gender Equality and Women Empowerment	STEM	Science, Technology, Engineering and Math
GoK	Government of Kenya	ToC	Theory of Change
GYSD	Gender Youth and Social Dynamics	UN	United Nations
GTA	Gender Transformative Approaches	UNHCR	United Nations High Commission for Refugees
IP	Implementing Partner	USAID	United States Agency for International Development
IPV	Intimate Partner Violence	USD	United States Dollar
J2SR	Journey to Self-Reliance	WASH	Water, Sanitation and Hygiene
KDHS	Kenya Demographic and Health Survey	WEEE (WE3)	Women's Entrepreneurship and Economic Development
KEA	Kenya and East Africa	WEF	Women Enterprise Fund

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EXECUTIVE SUMMARY

USAID Nawiri is a five-year initiative funded by USAID's Bureau of Humanitarian Assistance (BHA) whose goal is to sustainably reduce PAM levels in Turkana and Samburu in September 2019. Mercy Corps is taking a lead role in a consortium composed of Save the Children, Research Triangle Institute (RTI), Centre for Humanitarian Change (CHC), the BOMA Project, African Population and Health Research Centre (APHRC), and Caritas Lodwar. In two other counties, Marsabit and Isiolo, Catholic Relief Services leads a separate consortium with a similar mandate. This initiative seeks to utilize evidence to inform implementation actions that support sustained reductions in Persistent Acute Malnutrition (PAM).

Persistent Acute Malnutrition (PAM) rates frequently remain at, or above, emergency levels in Samburu and Turkana County. This is despite significant investment in addressing the problem, even when household access to food and quality healthcare increases. Across both counties, 75 percent of people live in poverty, less than 70 percent of households register acceptable food security scores, and 25 percent of children ages six to 23 months receive a minimally acceptable diet. In Turkana, global acute malnutrition (GAM) levels are consistently above emergency thresholds, peaking as high as 35 percent during a recent drought.

This document presents the results of a gender analysis conducted in December 2020 in Turkana and Samburu counties, a Gender strategy and Implementation Framework informed by the findings and study recommendations. The Gender Analysis sought to identify, understand, and describe gender differences and the impact of gender inequalities as they relate to persistent acute malnutrition in Turkana and Samburu. This is premised by the Nawiri theory of Change that Gender and identity can either undermine or support nutrition resilience. The Gender Strategy and Implementation Framework has been developed following an analysis of the study findings, their implications in clarifying underlying causes of Persistent Acute Malnutrition and implications to pathways of nutrition resilience. Findings and recommendations in this report will help inform the design of program approaches and implementation actions, complementing other formative research in pursuit of multi-sectoral approaches and activities for delivering results at scale.

The Gender Strategy and Implementation Plan is aimed at enabling USAID Nawiri to promote gender equality and women's empowerment for nutrition resilience in Turkana and Samburu counties. The report and strategy will enhance learning on how gender is a factor as we identify and understand the root causes of persistent acute malnutrition (PAM) in the arid and semi-arid lands (ASALs) of Kenya's Turkana and Samburu counties. Both will support sustained learning actions through the evidence generation and implementation of evidence informed interventions with a gender lens.

Our research involved interviews with individuals, government officials and community service providers to learn how gender, gender-based norms, and social behaviors contribute to food insecurity and malnutrition within Turkana and Samburu counties.

This study reinforces the fact that advancing gender equality requires a holistic approach that also addresses complex social dimensions underpinning malnutrition, inequality, marginalization, and oppression. Some of the findings revealed attitudes, behaviors and norms that not only maintain gender inequities and contribute to gender-based violence within the geographical study areas but are root contributors to nutritional inequalities. This work also illuminated connections among scarcity of resources, coinciding gender-based violence and food and nutrition insecurity. Additionally, the findings surfaced evidence that:

- Adolescent girls are more susceptible to malnutrition because they have limited agency and voice
- Grandmothers and mothers-in-law play a critical role for enabling adolescent girls to seek care regarding sexual and reproductive health
- Male dominance in household decision-making correlates with those who own, provide and control resources

- Women are engaging in the productive spaces, and can make decisions around food, though not commensurate to that of male counterparts

The Gender Strategy and Implementation Plan proposes interventions designed to address household power dynamics, women’s time poverty, adolescent agency and addresses gender-based violence. Interventions include:

- Adolescent and youth interventions
 - Peer-based programs (based on age sets)
 - Socio-economic empowerment
 - School-based life skills and health
- Interventions are focused on addressing social-cultural systems, gender norms and dynamics
 - Male engagement approaches to address household dynamics
 - Social change efforts to address systemic discrimination of women and girls through strategic entry points such as community gatekeepers
- System and policy interventions including the dissemination policy guidelines, advocacy for policy actions, and the strengthening of institutions for gender transformative actions
 - Gender and youth sector working groups
- Strengthening intersectoral, integration and multisectoral actions for resourcing and gender-based planning, budgeting, monitoring and use of evidence to drive actions
 - Improving mechanisms for data collection and use

These have been designed to ensure interventions are gender-transformative and address systemic root causes of gender inequality and, by extension, food insecurity and poor nutrition. A learning plan is included in this report and strategy to guided sustained learning that strengthens use of evidence from research and strategic learning activities to design gender responsive informed actions and guide implementation actions, through an iterative process of collaborative, learning and adaptations.

GENDER ANALYSIS

BACKGROUND

In December 2020, USAID Nawiri conducted a gender analysis to understand how relevant formal and informal laws, norms, policies and institutional systems and structures relate to gender equality and influence food and nutrition security in the counties of Samburu and Turkana, Kenya. The objective of this analysis is to examine and contextualize social norms on gender that influence the roles, responsibilities, decision-making processes, behaviours and power dynamics among women, men, adolescents and youth in Turkana and Samburu.

Over a five-year period from October 2019 through September 2024, USAID Nawiri will maintain a robust learning and research agenda. The agenda is framed by priority thematic areas of inquiry (AoI), in which this gender analysis will inform and complement. Research and learning activities are designed and executed in close collaboration with county government, civil society, the private sector, and communities. This agenda fills critical gaps in understanding the complex causality of PAM in Samburu and Turkana, while providing valuable insight into the combination of integrated activities with promise for sustainably reducing PAM in the local context.

The two counties studied are home to a population in which 75 percent of people live in poverty, less than 70 percent of households register acceptable food security scores, and only 25 percent of children six to 23 months old receive a minimally acceptable diet. Global acute malnutrition levels are consistently above emergency thresholds, peaking as high as 35 percent in the 2017 drought.

Turkana County Context

Turkana County is the second largest of 47 counties in the Republic of Kenya. It covers an area of 71,597.6 km², accounting for 13.5 percent of the total land area in Kenya¹. Eighty percent of the county is categorized as either arid or very arid (Turkana County Annual Development Plan 2019/2020).

Specific gendered constraints in Turkana:

- Turkana has a customary land tenure system in which access is mainly inherited, with no formal documentation. The community traditionally demarcates land using indicators such as family graves, large old trees (e.g., mango trees), and watering wells. Women have no land ownership rights, though daughters of chiefs or women from rich families are allocated land. However, at times their brothers can take this land away once the parents are dead².
- Communities in Turkana have traditional land management systems. Councils of elders ensure each community member has access to land. They sort out land-related disputes at the community level but women, youth, and other vulnerable groups (those with disabilities, HIV, etc.) are seldom involved in discussions on land-related matters.
- Access to community land for investment, or any other business, must be done through negotiations with the elders, in consultation with the chief and relevant government officials. Women are not allowed to participate in the decision-making forums.
- Resource-based conflicts are mainly over grazing areas, water points, boundaries, urban expansion, fencing of livestock passage routes, conservancies, and refugee camps. The community has limited knowledge and awareness about the Constitution of Kenya; however, they have legal frameworks on community land governance. Chiefs disseminate information to the community during barazas (local meetings).



Women in Turkana West waiting for health care.

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Factors affecting women and youth land access rights include religious beliefs that women should not mingle with men, low literacy levels among women, lack of female role models who have succeeded in accessing land in Turkana, high poverty levels, and gender inequalities. Additionally, the commoditizing of girls in marriage limits their agency and drives harmful adaptive practices in shocks as draughts, fuelling inter-communal conflicts over (animal) resources (raids), cultural barriers and social norms, discriminatory traditions, and poor access to information.

Samburu County Context

Samburu is a semi-arid county situated in the northern part of Kenya, covering 21,065.1sq. km. The Integrated Household Budget Survey conducted in 2015 by Kenya National Bureau of Statistics ranked Samburu among the top seven counties with highest food poverty incidence levels at 60 percent. The people of Samburu are

¹Turkana county investment plan 2016-2020

² FAO. 2017. The community land rights of women and youth in Turkana County, Kenya

pastoralists, living in semi-arid lands in north central Kenya. They subsist mainly on their herds of cattle, goats, sheep, and occasionally camels. For the Samburu people, livestock are more than a form of wealth and a source of subsistence, livestock are a focal point for social relations, ritual acts, and shared meaning.



©USAID Nawiri 2021
Involvement of both genders in finding solutions to address persistent acute malnutrition in Samburu County

Gendered divisions of labour in Samburu County, like many other contexts in Kenya, is characterised by women taking up reproductive roles, such as cooking, childcare, fetching water and firewood, and cleaning. Men sell livestock, herd, and participate in community meetings. Disparity in labour distribution influences constraints and opportunities for men and women. Additionally, women's productive capacity in income-generating activities is limited as they are disproportionately involved in household food production. This means that they have limited accumulated assets and resources to fall back on, particularly during times of shocks, making them more vulnerable to external shocks.

RATIONALE AND OBJECTIVES

Gender and identity can either undermine or support nutrition resilience. In Turkana and Samburu—like much of the world—women, men, adolescents, and youth have unique and intersecting identities and live within complex social systems dictating roles, responsibilities, power dynamics, decision-making and relationships. Understanding the intersectionality of gender and drivers of persistent acute malnutrition could provide opportunities towards driving positive and sustained changes in reducing PAM.

In January 2020, USAID convened stakeholders from across the USAID Nawiri consortia for a Gender, Youth and Social Dynamics Consultation in Isiolo, Kenya. The workshop provided an opportunity for staff and county government counterparts from all four counties to interrogate the Nawiri ToC (see following paragraphs for discussion) from a gender perspective.

Insights from this collaborative exercise included the identification of gaps and uncertainties in evidence in how gender and nutrition are interlinked in the local context. This workshop was key to informing the focus and design of the gender analysis in addressing the issue of PAM in Northern Kenya.

As part of the Mercy Corps-led consortium convened to study the issue in Turkana and Samburu counties, we conducted the gender analysis. Integral to that was our consultation with county government officials and stakeholders in reaching consensus on evidence gaps to be explored.

The analysis focused on the less-understood dynamics of gendered identities and intersectionality's across Turkana and Samburu within specific thematic areas believed to be key leverage points in reducing persistent acute malnutrition (PAM). The data told different stories across the varied contexts of Samburu and Turkana, helping USAID Nawiri understand the role of gender in the complex causality of under-nutrition. Findings of Nawiri's research and learning activities informed by the gender analysis will be used to co-create and execute—together with county partners—integrated multi-sector interventions that deliver lasting results for nutrition resilience at scale in Samburu and Turkana. The causal factors that lead to undernutrition are complex, dynamic, and specific to local context. Questions in this analysis aim to fill knowledge gaps in relation to the intersection of gender, youth, social dynamics, and malnutrition. Research was driven by these key questions, which aimed at addressing gaps in existing research:

- What factors influence adolescents' sexual and reproductive experiences, behaviours, and decision-making?
- What are the attributes, behaviours and roles that define masculinity within Turkana and Samburu societies?
- How do women and men in Turkana and Samburu define and experience women's empowerment?
- How do women, men, adolescents and youth experience shocks and stresses differently? How do they define their resilience capacities and vulnerabilities in the face of such shocks and stresses?

The analysis proposed interventions and adaptations in support of the four purpose areas of USAID Nawiri's Theory of Change (ToC):

- Vulnerable households maintain food security despite exposure to shocks and stresses.
- Vulnerable households have low disease burden.
- Stable and resilient nutrition-enabling environment.
- Formal institutions monitor, learn, and adapt to more effectively manage and scale interventions to prevent and respond to acute malnutrition.

Objectives to Drive ToC

To ensure this work will drive gender equality and equity in nutrition outcomes within the counties, it accomplished objectives that correlate with the ToC purposes:

- Identify and describe specific gender norms and how they influence women's and men's gender roles, decision-making, and access to resources and services related to food and nutrition security at household and community levels during different seasons and times of crises. *(Relating to ToC purposes 1 and 2 of the ToC, focusing on food security and disease burden.)*
- Review relevant formal and informal laws, policies, and institutional systems and structures related to gender equality and how these influence food and nutrition security. This review identified enablers and barriers to gender equality and women's empowerment for food and nutrition security. Including the level of influence that women and youth have in decision-making processes at community and local government levels. *(Relating to ToC purposes 3 and 4, focusing on a stable and enabling environment, learning and institutions.)*
- Identify gender and age drivers in the ToC to achieve program goals and develop recommendations for how to reduce gender barriers faced by women and girls for food and nutrition security. This may include recommendations on how to reduce women's workloads and how men can take on more childcare and share decision-making power, as well as how to reduce gender-based discrimination within formal and informal institutions.
- Explore how to safely navigate women's and girls' empowerment for food and nutrition security. This must include identification of mitigations for potential negative consequences of the programming, which could

manifest as increased workloads of women from their participation in program activities that could trigger gender-based violence (GBV) due to changing power relations between women and men.

Lens of Analysis

The Gender, Youth and Social Dynamics (GYSD) lens:

The study applied a GYSD lens approach that recognizes the specific interconnectedness of gender, age, and social dynamics in the context of acute malnutrition. This allowed researchers to examine how social, gender, and generational inequalities influence unequal power relations are (re)produced and reinforced by institutions over time. The lens was useful in teasing the potential for transforming harmful gender norms, roles, and relations towards enhancing gender equality.³ Specific to nutrition and food security is understanding how food is accessed and utilized through a complex interplay of institutional factors. Institutions in this context refers to rules and norms that structure how things are done, who does what, who accesses and controls what, and who can decide at the levels of household, community, market, and beyond.

Social Relations Approach:

This is a feminist approach associated with Naila Kabeer that focuses on the relations between the state, market, community, and family⁴. It recognizes gender relations are complex, institutions are gendered, and gender inequality is reproduced through a range of institutions that include the household, market, and state (macro) levels⁵. The social relations approach teases out the immediate, underlying, and structural causes of gender inequality and how they affect women, men, boys, and girls. State and non-state interactions are important to examine in these contexts to ensure that interventions do not reinforce gender, generational and power inequalities, which in turn negatively affect nutrition and food security.

LITERATURE REVIEW

Our desk review was a foundation upon which we built our analysis. Desk review activities included scanning literature, analysing secondary data, and creating a reference list so that all documents are organized and easily accessible to all team members. Broadly, the purpose was to:

- Understand the gender context of Turkana and Samburu counties
- Analyse available secondary data to identify key themes, gaps, and opportunities
- Gather data and information to inform the final report

Country Context

The question on malnutrition and gender is best understood in the context of food availability, its distribution systems, its diversity, its nutritional sufficiency, and the connection with social factors that reproduce malnutrition. This study is cognisant of the interconnectedness of food and nutrition security and gender inequality. Literature demonstrates the state of nutrition at a global level is alarming, with an estimated average of

³ Feighery, J., Ingram, P., Li, S., & Redding, S. (2011). Intersections of youth and food security. *Report submitted to the United States Agency for International Development.*

⁴ Emily Hillenbrand, Pardis Lakzadeh, Ly Sokhoin, Zaman Talukder, Timothy Green & Judy McLean (2014) Using the Social Relations Approach to capture complexity in women's empowerment: using gender analysis in the Fish on Farms project in Cambodia, *Gender & Development*, 22:2, 351-368, DOI: [10.1080/13552074.2014.920992](https://doi.org/10.1080/13552074.2014.920992)

⁵ Emily Hillenbrand, Pardis Lakzadeh, Ly Sokhoin, Zaman Talukder, Timothy Green & Judy McLean (2014) Using the Social Relations Approach to capture complexity in women's empowerment: using gender analysis in the Fish on Farms project in Cambodia, *Gender & Development*, 22:2, 351-368, DOI:

[10.1080/13552074.2014.920992](https://doi.org/10.1080/13552074.2014.920992)

821 million people undernourished. Poor nutrition causes nearly 45 percent of the deaths of children younger than five.

Malnutrition is the single-largest contributor to disease globally. Vulnerable women are at greater risk of malnutrition than men and more girls die of malnutrition than boys. Almost five million children younger than the age of five die of malnutrition-related causes every year in the developing world. According to the Kenya Demographic Health Survey 2014, wasting is concentrated in the north: more than 11 percent of children in Garissa, Wajir, Mandera, Marsabit, Turkana, West Pokot, and Samburu are wasted. Turkana tops out at 23 percent and at least one-quarter of children are underweight in the counties of Mandera, Marsabit, Turkana, West Pokot, and Samburu.

Primary causes of undernutrition among children up to five years old are inappropriate breastfeeding practices. Nine percent of women between 15 and 49 years old are underweight and younger and rural women are more likely to be underweight. Geographically, the north-eastern region of Kenya has the highest proportion of underweight women, with 29 percent who are underweight. Notably, micronutrient deficiencies are highly prevalent among women and children younger than five. The prevalence of anaemia, and iron deficiency in pregnant women is 41 percent, 36 percent, and 26 percent respectively; and in children between six and 59 months, it is 26 percent, 22 percent, and 13 percent respectively.

Laws, Policy, and Institutional Frameworks

Laws and policies influence the context in which men and women act and make decisions. They contain gender gaps that define gender inequality, and food and nutrition insecurity. For example, gender gaps enable gender-blind provisions that fail to recognize the different needs of women and men. As a result, we have laws and regulations that overtly or implicitly perpetuate gender biases. In this study, we refer to “laws” as formal statutory laws, whereas “policies” and “regulations” include formal and informal rules and adopted procedures.

The Constitution

Kenya’s Constitution provides a progressive foundation for gender equity. Theoretically, the equality of men and women is assured in the Bill of Rights, which states women and men have the right to equal treatment, including the right to equal opportunities in the political, economic, cultural, and social spheres. More than this, the bill of rights recognizes forms of marginalization and entitles every person to fundamental rights and freedoms, regardless of race, sex, pregnancy, marital status, health status, ethnicity or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language, or birth. Institutional frameworks to address malnutrition include:

- Food and Nutrition Security Policy (FNSP), which underscores the importance of access to safe food and water in sufficient quantity and quality to meet nutrition and health needs.
- National Nutrition Action Plan (NNAP) operationalizes the FNSP, 2012-2017, which serves as a road map for coordinated implementation of nutrition interventions by the government and nutrition stakeholders.
- National guideline on healthy diets and physical activity, which include principles of healthy diets for the general population, a set of dietary guidelines for Kenyans throughout the lifecycle, recommendations for physical activity for all ages (including those with special needs), roles and responsibilities of various stakeholders in promoting healthy diets, and guidance for advocacy and resource mobilization for promotion of healthy diets.

Policy and Institutional Frameworks on Gender and Nutrition

Kenya has established progressive policy and corresponding institutional framework to support initiatives toward gender equality. Enabling factors to provide adequate nutrition for women, men, and their families as highlighted in institutional mechanisms include ensuring women have access to decision-making spaces, eliminating all forms of gender-based violence, and ensuring women have access and control of productive resources. Food and nutrition policies in Kenya include:

- **Kenya Health Policy 2012-2030:** An overarching framework for delivery of health services that are comprehensive and people driven. The goal is for the realization of the right to health by all Kenyans.
- **National Food and Nutrition Security Policy Implementation Framework 2017-2022:** Ensuring all Kenyans always enjoy safe food in adequate quality and quantity to fulfil their nutritional needs for optimal health.
- **Kenya Strategic Investment Framework for Sustainable Land Management (SLM) 2017-2027:** An approach for facilitating interventions, actions, and investments for the management of the country's natural capital in a sustainable manner.
- **National School Meals and Nutrition Strategy 2017–2022 Food Security Bill 2017:** Drives awareness and intake of sufficient, locally available, and nutritious foods among schoolchildren and their communities. This strategy aims to improve school enrolment, attendance, retention, completion and learning of schoolchildren with equity.
- **Food Security Bill 2017:** Stipulates food is a human right, defined as “the right of every person to have regular, permanent and free access, of all times, either directly or by means of financial purchases, to quantitatively and qualitatively adequate, sufficient and safe food, corresponding to his or her cultural traditions and which ensures a physical and mental, individual or collective fulfilling and dignified life free of fear of hunger or under nutrition”

Findings in Literature

Cultural Norms and Beliefs

Men are considered household heads and breadwinners for the family. Notably, in some cultural contexts, men buy food for the household, and by extension, determine the type of food consumed in homes. This perception has restricted women's agency in making food related decisions and accessing productive resources. The role of men in determining types of food consumed in the home should be recognized within their respective contexts and the implications to women's agency and joint household decision making.

It is observable in cultural contexts where men buy food for the household, women have limited decision-making space and, therefore, reduced contribution toward household food provision and nutritional intake⁶. Cultural norms of female seclusion and gender segregation in public spaces reduce women's mobility and public interactions, as well as the marketplace to procure production inputs, labour during peak seasons, or selling their produce. Social norms also restrict women's access to training and information on new technologies provided by governments⁷.

⁶ Lung'aho, M; Birachi, E; Butare, L.; Musoni, A.; Muhinda M., JJ.; Ngabo, F.; Buruchara, Robin. 2015. Rwanda nutrition, markets and gender analysis 2015. An integrated approach towards alleviating malnutrition among vulnerable populations in Rwanda. Government of Rwanda; Centro Internacional de Agricultura Tropical (CIAT), 339

⁷ Agarwal, B., (2018)., Gender equality, food security and the sustainable development goals, Current Opinion in Environmental Sustainability

Access to and Control of Resources

Women lack access and control to productive resources compared to men. They have limited access to land, education, information, credit, technology, and decision-making capacity. Nationally, only 8 percent of women own a house alone and 7 percent own land alone. Forty-two percent own a house and 39 percent of women own land (alone, jointly, or both)⁸. To enable women to realize their potential in food production and family income, it is important to safeguard their rights to means of production, rights to land, water, and other resources.⁹ Rights over land are important not only in determining agricultural output but also in accessing other resources, such as credit and participation in local decision-making processes¹⁰.

According to research on sub-Saharan Africa, women provide over 80 percent of agricultural labour as producers or providers of food¹¹. In addition, a study on gender equality and food security showed that women's access to land and natural resources can significantly enhance their ability to produce and procure food¹².

Kenya has a robust and progressive framework that supports women's access and control to resources, even though there is a disconnect between what is in written laws and what is culturally practiced. The Matrimonial Properties Act (2013) provides women with the right to buy and register land individually, inherit land from their parents, and make decisions about land that is bought and sold in their names. Rights over land are important not only in determining agricultural output but also access to other resources, such as credit and participation in local decision-making processes.

Gender Roles, Responsibilities and Time Use

Women play a central role for household and community resilience, as well as national food security, as women are food producers, household food managers, and consumers¹³. They are the predominant caregivers in the home and their care work goes unrecognized and undervalued. Care work is the '*hidden engine*' that keeps the wheels of our economies, businesses, and societies turning. It is driven by women and girls who are trapped at the bottom of the economy because they have limited time to get an education, earn a decent living, be involved in their communities, or have say in how societies are run¹⁴. According to the USAID Kenya Gender analysis report March 2020, Kenyan women work 15 to 17 hours a day, while men work only six to seven hours. Especially for rural women where demands on their time is exacerbated by climate change, which is reducing access to water and wood for fuel, thus forcing women to travel longer distances to find these resources. Additionally, gendered norms on the distribution of domestic work and unpaid caregiving to women constrain their mobility and limit their ability to participate and advance in high-level value chains.

Women and girls spend a disproportionately more time than men and boys on care work, like caring for children, the elderly, and the sick, and on household work like cooking, cleaning, and other household tasks¹⁵. In contexts like Samburu and Turkana, these roles include long hours in fields, walking long distances to fetch fuel wood and

⁸ Kenya National Demographic Health Survey (KNDHS). 2014

⁹ Agarwal, B., (2018)., Gender equality, food security and the sustainable development goals, Current Opinion in Environmental Sustainability

¹⁰ Policy Framework on Food Security in Kenya 2016, An exploratory paper on campaign against hunger

¹¹ IFPRI Vision 2020 on food, agriculture and the environment

¹² Agarwal, B., (2018)., Gender equality, food security and the sustainable development goals, Current Opinion in Environmental Sustainability

¹³ Agarwal, B., (2018)., Gender equality, food security and the sustainable development goals, Current Opinion in Environmental Sustainability

¹⁴ Oxfam. Not all Gaps are Created Equal-The True Value of Care Work. <https://www.oxfam.org/en/not-all-gaps-are-created-equal-true-value-care-work>

¹⁵ Oxfam. (2019) Gendered Patterns of Unpaid Care and Domestic Work in the Urban Informal Settlements of Nairobi, Kenya Findings from a Household Care Survey

water, or informal employment at the lower levels of the rural value chains under poor working conditions¹⁶. Disproportionate share of unpaid care work is disempowering to women and girls in many ways, leaving them with limited time to engage in productive activities (affecting their ability to earn income), or have their personal leisure time (to re-energize). Unpaid care work is central to human welfare, including household nutrition. Efforts should be made to recognize, reduce, and redistribute women's disproportionate share of unpaid care work.

Nutrition is also influenced by intra-household gender disparities. A study on gender analysis in Baringo, Marsabit, Samburu and Wajir counties of Kenya found households practiced food-eating hierarchies where women eat food after male household members despite their key role in food preparation¹⁷. Additionally, for women providing household food production labour, their productive capacity through participation in income generating activities is diminished¹⁸. Linked to this is the disproportionate amount of care work women must shoulder, while men sell livestock, oversee herding, and participate in community meetings¹⁹. Thus, women have limited assets and resources to fall back on, particularly during shocks.

Agency and Decision-Making

Agency as an enabler for women and adolescent girls is complex, multi-layered, and requires working at multiple levels and across various dimensions. It is critical to make gains in women's economic empowerment²⁰. In both counties of study, men have the most power / status / privilege over the women within the household. The man is the head of the family or household, women and girls are perceived as less and are 'owned' by virtue of paid dowry or bride price. Men own and control resources, including animals, and command a lot of respect. It is believed in these communities that culture dictates that women should not be given any privilege or position of power. Women only supplement men in everything they do. This is further evidenced by the Kenya Livestock Systems Activity Gender and Youth Analysis Report 2019 that indicated among young men across the Northern Kenya counties, the most-held gender beliefs are that men are the key decision-makers and household heads.

Improving self-agency for women and adolescent girls is important for gains to gender equality, economic empowerment of women, and by extension, improved nutrition²¹. Expanding agency brings broader gains for gender equality and advances the agenda of poverty elimination and shared prosperity.

Invisibility of Adolescent Girls

The opinions and experiences of adolescent girls and young women are often bypassed by program interventions due to gendered assumptions that women are mainly in the private (household) sphere rather than in the public sphere²². Married and non-school going girls are mostly invisible because they are socially isolated, they occupy a

¹⁶ Nutrition Security and Sustainable Agriculture (ISS FANSSA) (2019) How EU development cooperation can improve both gender equality and nutritional outcomes in the rural sector

¹⁷ World Food Program. 2017. Gender analysis study capacity strengthening interventions in Baringo, Marsabit, Samburu & Wajir counties.

¹⁸ Ibid

¹⁹ Espila, L. 2017. The impact of progressive social behaviour change in Samburu Kenya. <https://snv.org/update/impact-progressive-social-behavioural-change-samburu-kenya>

²⁰ The SEEP Network (2019), Practical Tools and Frameworks for Measuring Agency in Women's Economic Empowerment

²¹ Solidarity Center, ICRW, CDT (2019) "The Benefits of Collective Bargaining for Women, A Case Study of Morocco," The Solidarity Center, Washington DC., <https://www.solidaritycenter.org/wp-content/uploads/2019/02/The-Benefits-of-Collective-Bargaining-for-Women-A-Case-Study-of-Morocco.219.pdf>

²² Okwany, A. 2008. Negotiating Tensions in Girlhood: Situated and Constrained Agency of Urban Poor Girls in Kibera, Kenya. Paper presented at the International conference on Youth and Citizenship in Africa, The International Institute of Social Studies, The Hague, Netherlands (21st -22nd November).

subordinate position in the homes into which they are married, including polygamous ones²³. Non married girls, including school-going ones, are also burdened by reproductive roles such as childcare, home keeping and taking care of livestock, among others. Expecting this work from girls is seen as socialization for becoming wives and parents. Lack of security mechanism and permeation of harmful gender norms place adolescence girls at risk of sexual and gender-based violence as they perform their gendered roles, such as looking for water or looking after livestock²⁴.

The Nexus of gender-based violence (GBV) Practices and Food and Nutrition Security

Food insecurity reinforces GBV in households and this undermines efforts to ensure household and national food security and nutrition. GBV primarily affects women and girls in their productive and reproductive years, compromising their capacity to be productive workers, earners and caregivers — reinforcing poverty, food insecurity and malnutrition²⁵. The combination of poverty drives women to seek livelihood opportunities at high personal risk, leaving them vulnerable to exploitation, robbery, and assault while they collect firewood or charcoal, work in the fields, walk near refugee camps, or withdraw money from banks and other institutions. The correlation between thwarted masculinity with perceived low status stemming from unemployment or loss of herds and male drinking or other negative coping behaviours is commonly linked with intimate partner and domestic violence, usually of women and children²⁶. In both the counties, GBV is reproduced through harmful cultural norms leading to teenage pregnancies, early marriages, and FGM, as well as intimate partner violence. Other traditional practices also play a part in the subjugation of women, including taboos or practices preventing women from controlling their fertility. These include son preference, female infanticide, early pregnancy, and bride price. In some communities beliefs that men can only marry circumcised women (e.g., Samburu Morans) perpetuates FGM, as young women also believe they must be circumcised to marry.

Shocks

During periods of shock that lead to food scarcity, household tensions and pressures are heightened and interventions such as food assistance, if carried out in a gender-responsive manner, can reduce occurrences of GBV²⁷. Food distribution practices that are gender-blind are likely to exacerbate intra-household tensions that lead to GBV²⁸. For example, lack of adequate security to protect women and girls as they collect food or take part in productive activities may result in GBV, and in some cases, women may be coerced to exchange food for sex. During periods of economic stress, women and young girls are the first to stop eating, despite the risks to their health²⁹. Any reduction in household food availability is likely to affect women and girls more than men and boys, given intra-family inequality in food distribution.

²³ Okwany (2012) Gendering Youth: Decentering the Male in Youth Discourse. Paper presented at the Child and Youth Institute Youth and Social Transformation in Africa. Codice, CODESRIA. Dakar Senegal

²⁴ Mercy Corps, Wealth and Warriors: Adolescents in the Face of Drought n.d.

²⁵ ACTED 2019. Drought Needs Assessment Baringo, Samburu and Mander

²⁶ World Bank 2016. A Social Impact Analysis for Kakuma Town and Refugee Camp Turkana County, Kenya.

²⁷ Pattugalan, Gina. 2014. Linking food security, food assistance and protection from gender-based violence: WFP experience. <https://odihpn.org/magazine/linking-food-security-food-assistance-and-protection-from-gender-based-violence-wfp%C2%92s-experience/54606951900>

²⁸ Humanitarian Practice Network, 2014. Special Feature, Gender-Based Violence in Emergencies. Number 60.

²⁹ Nutrition Security and Sustainable Agriculture (ISS FANSSA) (2019) How EU development cooperation can improve both gender equality and nutritional outcomes in the rural sector.

RESEARCH DESIGN AND METHODOLOGY

Research Design

The analysis adopted a case study design, allowing in-depth, multi-faceted exploration of complex issues in real life settings to explain, describe, and explore phenomena in natural settings. The project scope spanned the two ASAL counties of Samburu and Turkana. In-depth exploration was crucial in developing an understanding of the complex, multidimensional nature of nutrition and food security with a view of generating practical policy and program intervention options. Crucially, exploring gender and food security in context helps explain complexities of real-life situations and thus ensure options recommended are evidence-based, feasible and sensitive to the project locale.

Targeted Population

The study considered the age, marital status, and sex of respondents as key dynamics in six categories. The following categories were targeted and interviewed separately; Pregnant women and mothers with children under five (U5) aged 30-39; pregnant women and mothers with children under five (U5) aged 15-25, including married adolescent girls; fathers aged 15-25, including *Morans* who are just married; fathers aged 30-39, including those in polygamous settings; unmarried adolescent boys aged 12-17, including unmarried *Morans*; and unmarried adolescent girls aged 12-17. In addition, the study targeted community leaders and elders, among other key actors. The literature review informed the selection of key actors on food production and uptake in the two counties, aligned with the targeted sample on assessments and formative data collection planned within the broader learning agenda.

Sample Size

The process applied maximum variation sampling, the method allows for sample cases that are purposefully as different from each other as possible. It aims to capture and describe the essential themes across key populations. The four sites (pastoral, agro-pastoral, Peri-urban and fisheries) exemplify key population characteristics, such as rate of change in malnutrition spikes and dips, health indicators, and socio-economic dynamics. The use of maximum variation sampling allowed in-depth investigation into the primary research questions, by speaking with multiple stakeholders representing different genders, ages and positions within targeted counties. The actual sample size entailed 32 focus group discussions (FGDs) and 56 semi-structured and/or key informant interviews (KIIs). In addition, 4 FGDs and 12 semi structured interviews and KIIs drawn from key populations with shared characteristics were conducted, as well as state and non-state actors at county and sub-county levels.

	Pregnant Women and Mothers with Children U5 in Turkana	Fathers in Turkana	Adolescent Girls, Unmarried, in Turkana	Adolescent Boys, Unmarried, in Turkana	Key Informants (inclusive of elders) in Turkana	Turkana TOTAL
Pastoral and agro-pastoral	2 FGD	2 FGD	2 FGD	2 FGD		
	6 SSI	6 SSI				
Peri-urban, including fisheries	2 FGD	2 FGD	2 FGD	2 FGD		
	6 SSI	6 SSI				

TOTAL	4 FGD	4 FGD	4 FGD	4 FGD	0 FGD	16 FGD
	12 SSI	12 SSI	0 SSI	0 SSI	4 SSI	28 SSI

Table 2: Samburu Data Collection Table

	Pregnant Women and Mothers with Children U5 in Samburu	Fathers in Samburu	Adolescent Girls, Unmarried, in Samburu	Adolescent Boys, Unmarried, in Samburu	Key Informants (inclusive of elders) in Samburu	Samburu TOTAL		
Pastoral and agro-pastoral	2 FGD	2 FGD	2 FGD	2 FGD				
	6 SSI	6 SSI						
Peri-urban, including fisheries	2 FGD	2 FGD	2 FGD	2 FGD				
	6 SSI	6 SSI						
TOTAL	4 FGD	4 FGD	4 FGD	4 FGD			0 FGD	16 FGD
	12 SSI	12 SSI	0 SSI	0 SSI			4 SSI	28 SSI

Research Methodologies

This analysis employed a desk review and qualitative methods to investigate individual, household, community and institutional gendered attitudes and beliefs, behaviours and aspirations that contribute to persistent acute malnutrition or offer entry points for positive social and behaviour change. The analysis obtained informed consent from all respondents taking into consideration their different literacy levels. Methodologies included:

- **Focus Group Discussions (FGD)**

Age, sex, and gender-disaggregated focus group discussions conducted at the field level involved pregnant women and mothers with children younger than five (U5), young fathers, unmarried adolescent girls, and boys in counties.

- Trend analysis assessed changes, such as impact of livelihood transitions on roles and identities of men and women such, women’s decision-making in the household and community, and women’s capacities to respond to shocks and stresses change or stay the same.
- Social mapping developed an inventory of resources within the community and within the household, as well as identified the location of community resources in relation to the households and how these changes across seasons and/or migration. FGD sessions also included adolescent consultations whereby participants used drawings to discuss meaningful and sensitive issues and identify pathways that support positive social change and healthier lives.

- **Semi-Structured Interviews (SSI)**

Participants for SSIs included pregnant women and mothers (including adolescent girls) with children younger than five (U5), as well as fathers - younger and older. Sessions explored underlying socio-cultural norms influencing food and nutrition security of women, men, boys, and girls. Sessions also explored perceptions of men and community leaders regarding women’s empowerment, formal institutions engaged in women empowerment within the study locale, as well as perceptions of the community towards GBV.

- **Key Informant Interviews (KIIs)**

Sessions conducted with community elders and government representatives from the departments of health, agriculture, and gender explored socio-cultural norms influencing food and nutrition security, community perceptions toward GBV, women's access to economic activities and a trend analysis on changes in roles and livelihood opportunities for women, girls, men, and boys. KIIs with government officials focused on policy and institutional frameworks on women's economic empowerment and nutrition.

Induction of the Research Team

The research team comprised the study consultants, Mercy Corps staff and research assistants who were recruited from the two counties. The study team was inducted into conducting adolescent responsive consultations using a Mercy Corps guide developed and tested in other interventions³⁰, as well as other reference materials for effectively engaging adolescents in interviews and consultations³¹. A two-day induction workshop was organized to introduce the team to the purpose of the research and the study tools, as well as the process of obtaining informed consent. Consultants provided an overview of the study, including objectives and guiding questions, key concepts in relation to gender equity and food security, as well as protocols for ethical and inclusive data collection. Practice sessions involved mock interviews and FGDs, followed by presentations at plenary. In addition, the workshop addressed key issues around qualitative research methods and principles, note-taking, best practices in data transcription, as well as mobile technology to facilitate recording of interviews.

Pilot

Each County conducted a pilot prior to actual data collection. The locale for the pilot study was outside of the sampled sites. Pilot data collection involved FGDs with adolescent boys, girls, fathers, and mothers. In addition, the pilot involved KIIs with community elders. Following completion of the pilot, a debrief session was held where insights from the pilot were used in the finalization of the tools. Logistical plans for the main study were created from the pilot.

Data Collection

During the induction phase, the study team agreed on a framework that was used to pair enumerators as interviewers and note-takers. For interviewers, priority was given to the enumerators who spoke the local dialect and could translate the tools to the vernacular with ease. A daily schedule was developed and shared with the research team. FGD sessions and SSIs were facilitated by enumerators with support from the study team in each county; consultants facilitated all KIIs. Daily debrief sessions were organized to keep track of interviews completed and support needed to ensure daily targets were met. In addition, the debrief sessions were used to review quality and progress of data transcription.

Data Quality

To guarantee data and procedural quality, daily meetings were organized to address any data gaps, quality concerns and challenges encountered during interviews. Enumerator training emphasized the importance of ethical practice, care, and attention to detail in interviewing and recording responses. Training covered entrenched cultural norms, including community patriarchy and guidance gaining trust. Enumerators from the catchment area were prioritized to mitigate any language barriers.

³⁰ 1. Global Adolescent Consultations: *A guide for creative, qualitative data collection* by Mercy Corps & 2. *Global Adolescent Consultations: A Tool for Creative, Qualitative data collection* by Mercy Corps.

³¹ 1. Building Assets ToolKit: *Developing Positive BenchMarks for Adolescents* & 2. Building Assets ToolKit: *The Instruction Guide*, both by the Population Council Inc.

Data Analysis

NVIVO software was used to code qualitative data. This entailed reading all transcripts to identify key themes in line with study objectives. After the initial coding, a different researcher read through the codes to check consistency and make any necessary realignments. This ensured reliability in the coding. An analysis workshop was organized after coding where emerging findings were shared and key lines of inquiry agreed on to inform the report writing.

Ethical Safeguards

Research protocols were approved by the AMREFs Ethics and Scientific Committee and the research permits were granted by the National Commission for Science, Technology and Innovation. All respondents received unique codes to protect identities and transcripts from interviews were encrypted for privacy. Consultants worked with the Mercy Corps team to ensure protocols on handwashing and social distancing were observed to minimize risks of COVID-19. Researchers and participants were provided hand sanitizer and masks. Mobilization of pregnant adolescent girls and women considered conducting interviews closer to residences to reduce harmful risks of long travel on rough terrains.

The 'Age Dilemma'

Although the study categorised respondents based on age, identifying the right age for respondents proved challenging. For example, in Lmarmaroi in Samburu, only girls eight to 10 years old are considered adolescents, as many girls older than 10 are married and are not considered girls. This challenge was much less present in Turkana where the adolescents are in the typical age range of 12 to 19 years old.

Language Barrier

Researchers experienced language barriers, as most respondents did not speak Swahili. This was anticipated, however, and research assistants from the respective communities were hired to facilitate the data collection process. To further address this challenge, the training component had a section where all the tools were translated to the local dialect. Research assistants administered the tools, as they understood the dialect and nuance required.

To address the language barrier, research assistants, who speak the local language, were recruited from the local communities to facilitate the data collection process. Furthermore, research tools were translated to the local dialect. The research assistants administered the tools since they understood the dialect and nuance required, besides this, the communities were more comfortable with the research assistants from their community.

FINDINGS

Focus Area 1: How do adolescents and youth exercise personal agency as it relates to their sexual and reproductive health and behaviours?

Turkana and Samburu have two of the highest rates of early pregnancy in Kenya at 26 percent and 20 percent, respectively. Studies have established adolescent pregnancy increases risk of poor infant nutrition outcomes, including preterm birth, low birth weight, and small for gestational age. As such, USAID Nawiri sought to understand questions such as how adolescents view certain practices that are both harmful to girls and accepted by the community, such as “beaded girls” in Samburu. How does broader conflict and household violence influence the norms around relationships and sex among adolescents? Do adolescent girls and boys have agency in health-seeking behaviour, sexual behaviour, and sexual debut? How do the Samburu age-sets influence their sexual practices, decision-making and social capital? Whom do pregnant girls and young mothers rely on for advice.



Finding 1: Adolescent agency in health-seeking behaviour, sexual behaviour and sexual debut

Adolescent girls are more susceptible to malnutrition because of their limited agency and voice. The limited individual agency of young adolescent girls places them in precarious conditions. The girl child is discriminated against from the earliest stages of life, through her childhood and into adulthood. In Samburu County, girls are exposed to female genital mutilation, child marriages, sexual abuse, and sexual exploitation.

Generational norms and pressure for power and control that adults and elders have over young people often impinge on their agency. This, however, does not mean agency is usurped from young people.

Adolescent girls enact agency in multiple ways and are constantly negotiating and employing strategies as they make choices in a context of marginality and dominant male adult voices. Depending on the situation, they may comply with decisions of their parents; other times, they disagree. For example, adolescents in the study mention they can disagree with their fathers about being forced to have sex with men their father’s age. This is more possible for adolescent girls who have access to school because they are sensitised on their right of choice.

When it comes to making decisions on beading practices, men in male headed households make the decision for the child to be beaded and they receive rewards from the Morans. This was demonstrated from narratives by Samburu Adolescent girls Lukoroto Peri Urban; Samburu Adolescent girls Poro Agro Pastoralists; Samburu Adolescent girls Lengusaka Pastoralists; Samburu Adolescent girls Loikas Peri Urban. From the discussions, most of the girls do not approve of these practices because of the risks associated with early marriage and they propose ways that Mercy Corps can work with communities to address the issue. Below are narratives from adolescent girls.

“The person to make the decision whether a girl is to be married is the father. It is the father's decision in this matter probably because he wants money or to increase his wealth (R6). The father receives money and cows and what follows after is child marriage before which the girl is beaded. (R9). A warrior can identify a girl and without telling her during ranyata, he places the `nkerin' [one of his bead that he wears it across the chest] to the girl and goes away the girl goes back home and it's a taboo for to remove the nkerin and so the warrior will come with beads and gives to the girl. The mother of the girl will build a small house called singira in the compound where the Moran shall be meeting and sleeps there with the girl.”

Narratives from adolescent girls on agency over sexual behaviour and debut indicate different experiences. For example, some girls, particularly those with boyfriends make their own choices over sexual matters, such as when and with whom to have sex with. This was narrated by adolescent girls from peri-urban and agro pastoralist Samburu communities, and by those living in fisheries communities in Turkana.

Sexual debut for some girls in Samburu was mentioned to begin from 16 to 17 years old i.e. in high school from form two and three as that is when hormones are most active. Adolescent boys begin this same age as well.

As for the Turkana adolescent girls, matters related to sex can be discussed with a trusted friend because often parents discourage early sex debut. Girls can make choices on when to have sex in consultations with their sexual partner and they have a right to refuse to have sex with a boyfriend etc. These girls receive education from health providers and their schools on preventing pregnancy and sexually transmitted infections.

Young mothers mention they choose when to start having sex and can refuse sex with their husbands. Agency, sexual behaviour, and debut are important determinants of adolescent SRH, and ultimately nutrition outcomes.

Examining how adolescents enact agency provides pathways and strategies for improving nutritional status where adolescents can use their voice and to make choices without fear of reprisal.

Finding 2: The influence of age sets on adolescents and youths

Age sets inform the social fabric of the Samburu culture. They constitute groups of boys or girls of similar age groups together. These age sets are given names like *Ikishami*, which means they are loved. The age sets guide behaviours of members, frame the sexual boundaries, roles and responsibilities. For example, norms on marriage, sex, circumcision, how to be a man, how to be woman, the accepted behaviour between women and men, as well as norms about intergenerational relations and conduct. Norms about age set behaviour are meant to be adhered to and respected.

Age sets have a leader called *Launoni* who has influence over the other age set members. Responsibilities are assigned to specific age sets. Age set classification has implications for the overall nutrition of Morans. They are not supposed to eat in a setup where women are present; limiting spaces where they can be able to prepare a healthy nutritional diet since most spaces are run by women.³² Male elders play a critical role in ensuring continuity and adherence to age set requirements. Narratives from Samburu elders, fathers from peri-urban, urban, and agro pastoralists indicate that age sets continue to be relevant.

Finding 3: Pregnant adolescents and young mothers turn to elderly women and rarely visit the clinic for advice

Among adolescent girls, mothers, grandmothers, and other female elders play critical roles in enabling girls to seek health care. Girls and young women seek guidance and information on SRH from these women, who also play a role in customary practices, such as *beading* among the Samburu. Where abortion occurs from the *beading*

³² FGD Elders. Samburu. 2020

practice, mothers and elders offer counsel on abortion procurement. Sex education, however, centres on abstinence and non-contraceptive use, with teachers, peers and nurses also providing girls information about SRH. These gender-blind, accommodative and gender exploitative communal actions contribute to intergenerational perpetuation of risks and limited agency of women and girls, reinforcing inequalities across multiple pathways to nutrition resilience.

Narratives from adolescent girls in Turkana indicate mothers play critical roles in addressing their health concerns, especially in accessing health care when they are unwell. However, girls do not discuss family planning, protection and use of condoms or other SRH issues with their mothers. Instead, health workers are the main providers of this information. Married adolescent girls in Turkana indicate they can seek health care and consult with their husband in matters of child spacing and contraceptive use. Consent from the husband is still needed for their SRH choices. The study findings indicate that girls in Turkana and Samburu enact agency within a constrained environment.

Finding 4: Taboo influence on food uptake and sexual reproductive health

Traditional customs and beliefs may influence eating habits and food taboos that deny women, (especially when pregnant or breastfeeding), nutrients they require.

Older women and grandmothers who act as gatekeepers of culture reinforce taboos for lactating and pregnant mothers. Elderly women play an instrumental role in advising pregnant and lactating mothers on their nutrition, as well as their babies. Study findings indicate utilization of carbohydrate-rich foods and fruits by agro-pastoralists. This may be because they produce for subsistence use or have greater access to these foods in the markets than any other food sources. Fruits were also widely mentioned; however, protein-rich foods were not commonly mentioned. Regarding child nutrition, early pregnancies are cited as one of the reasons for poor child nutrition, along with poor child spacing and lack of productive resources (money). Large families may have limited means to support family nutrition requirements. For example, there is an assumption that women who are married into polygamous homes marry into wealth. However, the study revealed this was not always the case.

Taboos also govern SRH. For example, in Samburu culture aborting is unacceptable due to the belief that women lose weight, become thin and could die. Additionally, promiscuous men are believed to be “loose” and become thin. *“It is good for a man to have one woman especially when he is still young and when he becomes a mature man, he can marry many women.”*³³

Finding 5: School and mass media have been useful in disseminating knowledge on SRH and use of family planning

As a result of improved penetration of mass media and education in these regions, there is increased access to information influencing agency in health-seeking and sexual behaviour. Adolescents and women of reproductive age get knowledge and information about family planning methods through mass media (radio) and at the health facilities.

Focus Area 2: What are the attributes, behaviours and roles that define masculinity within Turkana and Samburu societies?

A growing body of evidence shows that engagement of fathers has positive outcomes for maternal, infant, and young child nutrition because of their crucial emotional support to mothers and children. Male engagement is

³³ FGDs. Adolescent Boys. Agro-pastoralists Samburu

connected to improved weight gain in preterm infants, improved breast-feeding rates and uptake of maternal health services.

This focus area was guided by the following questions: How do men, women, adolescents, and youth view men's ideal roles in the reproductive and productive sphere? What barriers and opportunities exist for men to realize these ideals? How does the identity of pastoralists as warriors influence men's behaviour? What leverage points (i.e., rituals, relationships, livelihoods) exist for redefining healthier masculinities and encouraging positive social and behaviour change (i.e., equitable decision-making) for reducing persistent acute malnutrition?

Finding 1: In both counties, men have distinct roles and responsibilities that cannot be performed by women, girls, and adolescents

Masculinity is predominantly concerned with providing for one's family or household, and manhood is defined by how a man is able to provide. From their perspectives, male roles are spread mainly across two main categories: productive roles (geared toward generating income) and reproductive roles (related to housework and childcare). Male productive roles in Samburu include looking after animals and selling livestock. Reproductive roles include providing food for respective households but not cooking it, making decisions on circumcision of both girls and boys, buying school items and ensuring participation in school, harvesting honey, and providing security to the household.

According to Turkana adolescent boys, male productive roles include forming village saving and loans associations; selling livestock to raise money for food; doing casual work; looking after goats; selling in the shop; farming; and finding work to be able to provide for the family. Reproductive roles include paying school fees, paying medical bills, childcare by providing items needed by women during childbirth like basins; paying medical bills for mothers; providing food; expressing love, care, and responsibility. In both contexts, (Samburu and Turkana) adolescent boys view gender roles as quite distinct where men are predominantly engaged in productive spaces whereas women and girls are in reproductive spaces. As such, these perspectives indicate men play a dominant role in deciding household dynamics and ultimately outcomes of nutrition.

Finding 2: Poverty, disability and lack of jobs are main barriers while ability to father is an opportunity for men to realize these ideals

Poverty is a significant barrier to the realization of goals. Disability further entrenches marginalization, as individuals with disabilities are not able to access opportunities. Men cite lack of jobs and high demands from family as additional barriers. In Samburu, they pride themselves on being the ones who **father** and control the number of children by applying safe days as a means of birth control. Men acknowledge women also play a big role in family planning as they inform their husbands of their safe days. They see themselves as the breadwinners of the home, the heads who make major productive decisions and the leaders who provide direction in the household. Because of the pressure to meet the expectation of an ideal male, men get frustrated and resort to alcoholism and other harmful behaviours that spiral to GBV in the household. Toxic masculinity plays out as men are expected to meet the male breadwinner status in a context wrought with high unemployment, frequent drought and few livelihood options to meet daily family needs.³⁴ Toxic masculinity manifests in the way men perceive other men who do not provide for their families; such men are labelled "women" -further reinforcing the perception of women as lesser, unequal - and are labelled as men without voice and ability to make decisions in their families.³⁵

³⁴ FGD Samburu Men.2020

³⁵Turkana Fathers Kakwanyag Peri Urban

Finding 3: Pastoralists as Warriors influence responsible behaviour and encourage endurance, strength, and courage

Narrations from peri-urban-based fathers reveal warriors are charged with responsibility for protecting their communities and are expected to perform and model adherence to the age set rules. These gender and generational role assignments are critical in shaping the lives of young men in these communities because, in their formation, warriors learn norms on masculinity, how to conduct themselves as men, responsibilities and the nature of their interactions with community members. Those who fit into the “warrior” roles are recognised while those who may not -especially among the Morans - are socially isolated. They are also active subjects who engage with these norms and reconstruct other ways of being men. The idea that masculinities can be reconstructed means that warriors with support from the community can learn new ways of being more gender equitable. For example, access to education also exposes warriors to other norms and ways of performing manhood.

Finding 4: Improved sharing of responsibilities and decision-making matters between men and women

Gender and generational norms assign different roles to men and women. In contexts with limited livelihood opportunities and shock-prone environments, some gender roles may change. For example, women tend to participate in fragmented livelihood opportunities to cater to their families. Men presently build houses, a role performed by women in the old Samburu tradition. The type of house built nowadays, as compared with traditional houses, explains the change. Men are more flexible and can carry out roles previously meant for women. For example, when a woman is sick it is the husband’s responsibility to take care of the family, such as by cooking for the children. In both counties there is more shared decision-making in the households and men run businesses and practice farming.

Turkana, like Samburu, is governed by male elders in what traditionally is referred to as the “tree of men,” where men discuss family and societal issues, and no woman is allowed. Field study observed that elderly men and women are keepers of norms and must participate in gender-transformative interventions. Women have disproportionate responsibility for household chores as they gather food for the family, walk long distances to fetch water and firewood, look after children and young livestock -also frail livestock during droughts - and, in the case of agro-pastoralists, cultivate the farm. They are also more predisposed to gender-based violence. Men, on the other hand, spend most of their time on leisure activities such as playing card games, sleeping under trees or catching up amongst themselves in the marketplaces. Field studies in both counties demonstrate this.

Focus Area 3: How do women and men in Turkana and Samburu define and experience (or not experience) women’s empowerment?

Scholars define women’s empowerment as women’s ability to claim enabling resources, exercise voice and agency, and make decisions directly affecting themselves. A wealth of evidence shows women’s empowerment is associated with improved household dietary diversity and improved optimal infant and young child feeding practices. This positive correlation is linked to gender roles subscribed to women in the household. Among Samburu pastoralists, “women are foremost constituted as food givers, responsible for providing sustenance to children and elders.”³⁶

Analysis focused on domains critical for improving maternal and child nutrition outcomes including these questions: What role do women play in decision-making and access to household resources and expenditures? How do women define, and exercise agency related to family planning, health-seeking behaviours and MIYCF practices? Does this change across differently structured households? How are responsibilities in the reproductive

³⁶ Holtzmann, J. (2002). Politics and Gastro Politics: Gender and the Power of Food in two African Pastoralist Societies; p. 1045.

sphere shared among women and girls, men and boys? Do women have and/or want more access to economic opportunities?

Finding 1: Level of participation in decision-making is consistent with those who own, provide, and control resources

Study findings demonstrate intra-household decision-making constitutes diverse patterns and practices. The role of women in decision-making goes beyond what decision women can or cannot make. It also involves the degree to which women's decisions are sought and/or welcome in the decision-making process, impact of their decisions in the household, how and why women are included in decision making processes, strategies women employ to expand opportunities to contribute to decisions and impacts of leaving women out of decision-making. Study participants in the two counties indicated men predominantly make intra-household decisions in male-headed households, or men have the final word. Dominance in decision-making is consistent with those who own, provide and control resources or have the means to acquire resources within the household. In households where females are the dominant breadwinners, they are likely also to be the main decision-makers.

Women have a double burden, as they are expected to be heavily involved in the reproductive space and contribute to the household budget. Contrary to dominant perceptions that women are primarily engaged in reproductive work, women are also engaged in the productive space, including vending and the sale of vegetables and charcoal. Women are able to make decisions about food. Women with breadwinning status share decision-making with their spouses regarding the sale of livestock.³⁷ Despite male dominated household decision-making, in the absence of men (such as during periods of drought or in an emergency) women step in or take risks and take the lead. Intra-household conflict manifests at times when women resist decisions made by men or when they do not consult men.

Finding 2: Constrained agency in practices related to family planning, health-seeking behaviours and MIYCF practices

Mothers from both counties are constantly negotiating the use of family planning in a context where male decision-making on the type of method is dominant. The effect of not using family planning is the increased likelihood of women developing malnutrition because of frequent pregnancies (without a nutritious diet) and child deliveries, which deplete a woman's nutrition reserves. Women-headed households have more autonomy over family planning. In terms of agency concerning MIYCF, women often decide on what to eat, however in some household's men still decide and women have to apply strategies for consuming their preferred foods. For example, women with morning sickness may take the opportunity to choose their food, unlike during other periods.

³⁷Study findings, see a selection below, indicate in both counties and across livelihoods (peri-urban, agro-pastoralists, fisheries and pastoralists) that intra-household male decision-making is valued.

We follow orders because husbands are the head of the family; Women are obedient to their husbands. If I live alone, I am the breadwinner therefore, I can make decisions alone. In emergencies, I make decisions because my husband may be away — Samburu Mothers, 30-49 Years, FGD Peri-urban

For houses where the husband has passed on, mostly it's the women who make decisions but mostly their decisions can be interfered with by the brothers of her late husband — Samburu Pregnant women and Mothers with children under 5 years, Pastoralists.

A woman can decide who goes to fetch water, a man has authority to decide who goes to school. A female-headed household, the decision rests on a woman — Turkana Mothers 30-49 Years Kakwanyang Peri-urban.

Women can make decisions when to access the available resources, like children going to the stream to collect water, when is the right time for fishing; children going to school, that is in single-headed families — Turkana Mothers 30-49 Years Lomekwi Fisheries.

Finding 3: Responsibilities in the reproductive sphere are slightly shared among women and girls, men and boys

Men who support reproductive labour are perceived as weak, and it was noted that their participation in reproductive activities is limited. When it occurs, they see it as helping their wives, meaning it is the women's primary role. It was notable that some men adjust their roles when their wives are lactating; in such instances, they provide nutritious food to help the wife recover by slaughtering goats. Additionally, during periods of lactating, men are forced to work extra to source nutritious food for the mother's recovery. Increasingly, men are appreciating the importance of redistributing household chores. Fathers in Samburu acknowledge men should also share reproductive responsibilities in the household, such as childcare and cooking for the children. *"Nowadays, people are more liberal than in the past"*³⁸.

Finding 4: Women have more desire for and access to economic opportunities

In peri-urban settings, empowered women are seen as those who are in business, professionals, and leaders and thus are seen as good people in the society. Empowered women are seen as women who are working hard to be economically stable to see that their children are living a good life. They therefore engage in activities such as farming and casual labour (weeding in farms, washing clothes). Ways of supporting women include men supporting women by giving them money (resources) to register into financial groups such as VSLA or SILC groups.

Despite progressive policy advancing women's empowerment, more still needs to be done to address values and ideologies that inform cultural and gender norms. Observations in both counties reveal society is largely patriarchal, where men are valued as leaders and gatekeepers of family norms with a duty to teach children and wives how to behave well and maintain family values.

Finding 5: The normalized perspective of GBV is slightly changing

Perceptions of GBV are mixed. There is notable recognition of the role of awareness and education in supporting communities to move away from practices that are harmful to women in particular. However, norms continue to persist that some forms of GBV, such as domestic violence, are justified as "disciplining" the woman for resistance towards a man's idea or forgetting to carry out her duties. Intimate Partner Violence (IPV) is still silenced and regarded as an issue in the private domain; because of this, women tend to not seek help. GBV is also legitimized through processes, such as the 'Kitala' in Turkana. "Kitala" involves negotiation with parents of girls and women by husbands who are seeking to have their wives return home to them after leaving due to violence. In some cases, women have accepted this form of intimate partner violence and view it as normal. In the community, support for survivors of GBV is varied from being accepted by family, to being tolerated, to being forced to marry the rape perpetrator, to being supported to go back to school.

Perceptions of men on GBV also vary. Some men perceive GBV and harmful practices as a normal way of life, whereas others view it as unacceptable.³⁹ Some men do not support early marriages and girl beading.⁴⁰ Gender-based violence has a ripple effect on household relations and affects adolescent boys. FGDs with adolescent boys in Samburu revealed that violence in the household affected mothers and sometimes they missed meals when their mothers fled intimate partner violence. Adolescent boys are also beaten by their fathers when they try to intervene.⁴¹ Intimate partner violence also leads to sex among adolescents. *"When a woman goes to "Kitala" (runs away from home after having been beaten by the husband), we Morans get a chance to access the girls*

³⁸ FGDs Elders, Samburu.2020

³⁹FGDs. Turkana Fathers Kaikor Pastoralists

⁴⁰ FGDs. Fathers Samburu.2020

⁴¹ FGD, Adolescent boys, Samburu. 2020

when their mothers are not around. This might cause pregnancies among girls and even diseases. ``⁴² It also affects access to food. When women flee their homes, food provisions are affected, as women are the primary custodians of meal preparation. Scarce resources in the household and alcohol intake catalyse intimate partner violence within households.⁴³ Adolescents observe parents mostly fight when they are drunk, and they admit to being psychologically affected. They do not like seeing their mother being beaten by their father, thus they turn back to their father and start beating him in order to safeguard their mother.⁴⁴ Regarding adolescent girls' interaction with GBV, their fears include being raped when they are raided.⁴⁵

Focus Area 4: How do women, men, adolescents, and youth define shocks and stresses, their vulnerabilities to these shocks and stresses, and their capacities to build resilience?

Evidence has established a connection between climate change, migration, and gender disparities, but the data is scarce. There is little known on how women and girls are affected (as those left behind or those who migrate) and how this affects household nutrition security, MIYCF practices and care-seeking behaviour. When drought forces men to migrate with their herds, women report more opportunities, as well as greater roles at home and increased violence. When women and girls are compelled to migrate to urban areas for work, they also face risks. How do women and girls, men and boys view vulnerabilities and capacities tied to different shocks and stresses?

Finding 1: Women, Adolescent Girls, Adolescent Boys and Men are Applying Agency to Adapt to Shocks

Women and men leverage different resources, including skills and networks during shocks, and stresses. The same goes for adolescent girls and boys who are applying entrepreneurial skills to support the provision of household needs. This is because of differentiated vulnerability to different types of shocks/stresses, resilient capacities that the various groups can access and use and how the systems they depend on either increases or decreases their exposure to the risks. To cope, women engage in diversifying their livelihood sources to sustain their households. Anticipation for drought was raised as a motivator for some men to marry as they anticipate increased demands for labour by women at household level i.e., fetching water. Vulnerable widows prefer to be remarried to have someone support them in the provision of household needs. The assumption is that when they get married, they receive financial support from men (discussions with participants showed that this is not always the case). Others engage in casual labour jobs like weeding other people's farms, washing clothes, and fetching water. Changing social norms regarding roles also includes more women engaging in economic activities to sustain their households and provide a balanced diet. Adolescent boys and girls take care of young ones to support in care work when their parents are away in search of income. Girls primarily play the role of washing clothes, caring for children, and cooking. Boys help in cooking and fetching water.

DISCUSSION

USAID Nawiri Theory of Change

The theory of change posits that if marginalized, excluded, and vulnerable groups maintain stable and resilient food security despite exposure to shocks and stresses (Purpose 1), and IF these groups have and maintain a low disease burden (Purpose 2) and they have a stable and resilient nutrition enabling environment (Purpose 3), including formal institutions that monitor, learn and adapt to more effectively manage and scale interventions to

⁴² FGD, Adolescent boys, Samburu. 2020

⁴³ Ibid

⁴⁴ FGDs, Adolescent girls, Samburu, 2020

⁴⁵ Ibid

prevent and respond to acute malnutrition (Purpose 4), THEN persistent acute malnutrition will be sustainably reduced in Turkana and Samburu. The USAID Nawiri ToC provides a gender-sensitive, risk-informed, and systems-focused framework for addressing the immediate, underlying, and basic drivers of acute malnutrition in Turkana and Samburu.

The findings of the gender analysis confirm and shed more understanding on the assumptions of the ToC, including cultural factors and systems affecting adolescents and women agency, masculinity, male perception on women empowerment and vulnerabilities faced by the adolescents and youths. The main contribution of the gender analysis, as it relates to the ToC is to provide practical entry points and refine already anticipated intervention strategies. The connection between findings, strategies and the Nawiri ToC are elaborated in detail Table 3 in the strategy section.

Addressing Age, Sex Drivers

Literature on sexual health and reproductive health and rights suggests the body is conceptualized differently based on a particular context. In many African contexts, the body is constructed as not just individually owned but communally owned as well⁴⁶. In Turkana and Samburu, the two perspectives seem to exist. On one hand, due to ongoing gender awareness and rights activities in the counties, some individuals are now claiming their rights to body autonomy to a limited extent. It is, however, noted that activities only focused on enabling the individual to claim their rights may not always be effective. Rather a combination of community-led activities that enable new community norms that are more equitable and supportive may be more successful.

Transforming Harmful Gender Norms

Recent literature provides important insights for consideration as practitioners engage with social norms.⁴⁷ A contextualized approach where different populations' cohorts and livelihood communities are actively engaged in dialogues and designing new enabling norms works better. Communities can identify their own change actors and voices of adolescent girls and boys taken into account in these conversations. Collaborating with community-based and civil society organizations, participatory methodologies can be deployed enabling adoption of new and protective norms.

In both counties, gender norms are not static and are continually shifting due to intersections of political, social, environmental, and economic factors. These shifts in gender norms are having effects on intra-household gendered dynamics like decision-making, access and control over resources, participation in productive and reproductive labour and individual agency. To empower women and reduce gender inequality, and by extension malnutrition levels, transforming the harmful norms remains imperative.

Transforming Decision-Making in the Household and Beyond

Households are spaces where resources are not equally shared, accessed or controlled. Therefore, constant bargaining takes place, as household boundaries do not always have clear demarcations⁴⁸. Efforts to support women and girls so they are equipped to bargain better in this capacity are important for gender equality and, ultimately, for nutrition and food security. Field findings indicate men in Turkana and Samburu have a major say

⁴⁶Izugbara, C. O., & Undie, C.-C. (2008). Who Owns the Body? Indigenous African Discourses of the Body and Contemporary Sexual Rights Rhetoric. *Reproductive Health Matters*, 16(31), 159–167. doi:10.1016/s0968-8080(08)31344-5

⁴⁷ Cislighi, B. and Heise, L., (2018). Theory and practice of social norms interventions: Eight Common Pitfalls. *Globalization and health*, 14(1), pp.1-10. <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0398-x>

⁴⁸ SOAS https://www.soas.ac.uk/cedep-demos/000_P516_EID_K3736-Demo/unit1/page_10.htm

in child spacing, family size and family planning choices. This finding is similar to findings from other contexts.⁴⁹ Utilizing combined approaches that build women’s agency and working with men and family members to adopt more equitable norms are likely to improve women’s bargaining power and empowerment.⁵⁰ Considering peer and communal level influences to individuals and households is an opportunity to leverage positive intentions of individuals and households. Such interventions may enhance women’s decision-making capabilities beyond the household into political or community leadership because gender norms in the private sphere (household) inform norms in the public sphere and vice versa.

Transformative Policy Level Interventions

Efforts at the policy level to address gender inequality and the need for empowerment of women and girls should receive an intersectional lens for an accurate understanding of how marginalization is experienced in each and in both counties and how this experience sustains low levels of food security and nutrition. It was notable that across sectors there is need for better integration of gender. For example, it was evident in the analysis that gender intentionality can be improved if SRHR and SGBV issues are comprehensively integrated in the health policy.

The literature also revealed that policy interventions are not enough on their own. Context specific actions including “*elders’ declarations* to end harmful practices among the Samburu community, though gender accommodative, provide an opportunity while also limiting in their view to recognise the agency of women, adolescent girls, boys and youth. Interventions to advance gender equality must be integrated to have a holistic approach that also addresses the complex social dimensions underpinning malnutrition inequality, marginalization, and oppression. Efforts at the policy level should be strategic such that policy addresses the complex interconnectedness of gender equality, food security and nutrition. Policy implementation actions should consider the enablers and barriers if change has to be sustained. Presently, efforts to address the challenge of nutrition are disconnected from gender inequality and its multiple intersections as a key driver of persistent acute malnutrition.

RECOMMENDATIONS

Recommendations seek to be gender-transformative, actively striving to examine, question, and change rigid gender norms, negative masculinity, and power dynamics as a means of reducing persistent acute malnutrition, as well as fulfilling gender-equity objectives. The interventions will target gender norms, power dynamics, and stereotypes. The recommended interventions target the individual, family, organizational, structural, and societal contributors to gender discrimination and inequality. Recommendations are carried into the Gender Strategy; a separate report being delivered in tandem with this summary of findings. The Gender Strategy provides detailed actions on the recommended interventions below, and how to ensure they are sustained.

The strategy integrates resilience as a process—a way of thinking, acting, and learning—requiring a comprehensive and multi-dimensional understanding and considerations of the dynamic places in which we work. The resilience lens approach will enable an activated systems analysis, learning and unlocking iterative, longer-term strategies to build impact, innovation, and influence at scale. Interventions and processes will ensure capacities and strategies most critical to sustaining long-term development gains are inclusive, transparent, and representative of all people, and can help transform systems to be more capable of growing a progressive future.

⁴⁹ Gamage, S., John, N., & Schaub, E. Intra-Household Bargaining and Decision-Making, Social Norms and Women’s Empowerment: Evidence from a Global Investment in Gender Equality and Women’s Empowerment.

⁵⁰ Ibid

1. Addressing Vulnerabilities Faced by Women, Men, Adolescent and Youths

- Undertake peer-based age set interventions, as a strategic leverage point for empowering female and male adolescents and youths and addressing drivers to risky behaviours, gender norms and malnutrition.
- Support socio-economic empowerment interventions, linking to opportunities in Kenya's national government, as well as counties, relevant to meeting the unique needs of women, girls, men and boys of diverse ages, vulnerabilities, empowerment levels and agency.
- Support school-based guidance and counselling and life skills sessions building social assets of adolescents considering differential vulnerabilities of female and male adolescents, and support towards adoption of safer behavioural practices.
- Target adolescents' girls' influencers that have an impact on the reduction of teen pregnancy, increased uptake of contraceptive services and improved MIYCN for pregnant adolescents' actors. These include mothers in law and young women as possible change agents to adolescent girls, continuously learn and expand opportunities for positive influences among social change actors.
- Collaborate with other actors to address all forms of GBV. Empower women and girls on the SGBV service referral pathways and available services. Working with and enhancing the capacity of community opinion leaders (elders), community justice systems and community health systems in addressing social norms associated with GBV, delayed justice, and access to comprehensive SGBV services.
- Nawiri's health education interventions will need to incorporate information on the nutritional benefits of locally available foods, protein-rich foods, especially to children and lactating mothers. As such, work closely with the government in designing an SSBC strategy and positive messages to promote among others - improved maternal, infant, and young child feeding practices.

2. Addressing Social-Cultural Systems, Gender Norms and Household Dynamics

- Integrate a positive gender norm change and develop a strategy for male engagement. Couples embracing gender equality and joint household decision-making can contribute improved nutrition at household level. This will also address the negative beliefs and feelings around women earning more than their husbands.
- Work with male change agents/male champions in advocating for improved nutrition within households and communities.
- Address harmful cultural norms that affect individuals and enhance inequalities and malnutrition.
- Support women empowerment efforts through access to socio-economic opportunities, access to and control of resources and participation in places where decision-making happens.
- Adopt strategies to address household dynamics, enhance joint/couple decision-making, enhance household resilience and increase household income opportunities for better nutrition outcomes.

3. System and Policy Interventions

- Address multiple systems level gaps that allow gender inequity as a root cause of acute malnutrition.
- Advocate for and support gender transformative policies, actions, and their implementation -including those that challenge inequitable norms, practices, supporting sustained social change.
- Advocate, support and promote uptake of intersectoral and multi-sectoral integrated actions that prioritise and improve planning, resources allocation, budgeting for gender responsive actions (i.e., data collection and use), monitoring and acting on gender inequalities and gender-based violence.
- Strengthen institutions for leadership and accountability on gender transformative actions at various levels

- i.e., gender and youth sector working groups for improved planning and coordination of activities supported by state and other non-state actors, ownership of gender integration across institutions and leadership levels.
- Enhance social inclusion and improve participation of minority and vulnerable groups.

4. Gender lens in Research, learning at systems and intervention levels informs design and adaptations for sustained reductions in PAM

Strengthen use of evidence from research and learning to design gender responsive informed actions and guide implementation actions, through collaborative, learning and adaptations.

- Capacity for GESI supports gender Responsive actions
- Co-create learning agenda, learn, reflect and adapt
- Document changes and learnings from Nawiri actions
- Review and Revise ToC to inform pathways to gender dynamics to sustained reductions in persistent acute malnutrition

GENDER STRATEGY

INTRODUCTION

As described above, the USAID Nawiri's Gender Analysis study has established that fundamentally male-oriented decision-making structures significantly influence nutrition outcomes because they are interwoven with the fabric of life in these counties -- access to resources, education, opportunities, urbanization, employment.

Thoroughly analyzing root causes of pervasive norms and structures enabling gender inequalities has been critical in identifying appropriate responses for cultivating environments with good nutrition outcomes for all people, regardless of gender or status.

Compounding the situation are shocks such as prolonged drought, COVID-19, climate change and other stressors all- too- familiar for people of developing nations. Shocks and stressors, previously less frequent, often with impacts along gender lines.

Interventions proposed in this document reflect cognizance of not only these shifts and changes and the influence of male-dominated decision-making but also of the opportunity in fostering men's own development as key contributors to labor and food systems among others, as well as cultivating empowerment for women and girls.

Empowerment of women and girls is critical for positive outcomes of changing gender norms. Efforts toward enhancing the ability of women and girls to own decisions most-relevant in their health and other areas of their lives must be paramount in any work toward gender equality, including in the pursuit of nutrition and food security.

Interventions are designed to broadly engage communities within Turkana and Samburu counties broadly by collaborating at the level of households, community organizations and county governments. Interventions are linked to USAID Nawiri's ToC respective purposes and sub purposes:

Purpose 1: Vulnerable households maintain food security despite exposure to shocks and stresses; **Purpose 2:** Vulnerable households have low disease burden; **Purpose 3:** Stable and resilient nutrition enabling environment;

and **Purpose 4:** Formal institutions monitor, learn and adapt to more effectively manage and scale interventions to prevent and respond to acute malnutrition.

The Strategy and Interventions were borne out of findings highlighted by research questions posed in the Scope of Work for the USAID Nawiri Gender Analysis.

The gender strategy emphasizes a people-led, contextualized approach where communities are actively engaged in dialogues (households and communities) and collaboratively address cultural norms, as well as enhance a more enabling environment for communities. The objective is for communities to identify their own change actors. Interventions are oriented for collaborative approaches to minimize potential for harm and backlash in response to people who cast off norms that are damaging for healthy nutrition and food security.

The result is a gender strategy that will:

- Achieve progress towards women’s/girls social and economic empowerment, through expanded access to and control over opportunities, resources, benefits and improved agency at individual and household level.
- Adapt organizational policies, procedures, systems and institutions’ strengthening, leadership and accountability, to support gender integration in all USAID Nawiri interventions and promote a gender equitable working environment.
- Build and share knowledge on gender and nutrition in order to advance knowledge, practice and advocacy in gender and nutrition and food security.

GENDER CONSIDERATIONS IN USAID NAWIRI AT DESIGN

Addressing not just the effects of gender and other intersectional inequalities maintaining harmful societal norms but also challenging and transforming the systemic, unequal power dynamics that perpetuate them is central to our mission of alleviating poverty, oppression and suffering at Mercy Corps.

As such, USAID Nawiri from its outset has recognized the need to target vulnerable groups and marginalized individuals. The program proposal identified the need to focus on structural causes of malnutrition tied to gender and rooted in the marginalization of women and girls. Additionally, empowering adolescent girls is key to ending the intergenerational nature of persistent acute malnutrition. Addressing systemic cultural barriers to enable this demographic to earn and manage additional income, will bring them autonomy and better lives. Coupled with investments in institutional leadership, accountability and resourcing is key to enabling the environment for sustained multi-level actions to nutrition governance and resilience. Approaches to address these issues are embedded in every aspect of the ToC.

CONCEPTUAL FRAMEWORK

The conceptual framework of the strategy draws on the gender analysis study conceptual lens that views “gender as a social relation.” The concept of social relations of gender shifts attention from looking at women and men as isolated categories, to looking at the social relationships through which they were mutually constituted as unequal social categories (Kabeer and Subrahmanian 1996). Further, the way gender relations manifest varies from society to society and changes over time. These relations define the way in which gender roles and responsibilities are assigned to women, men, girls and boys, and their ascribed roles are assigned a relative value. Social relations of

gender explain why women and men are valued differently and how this affects their relative opportunities and life chances.

For the conceptual framework of the gender strategy, the gender relations lens described above has been translated into a focus on the ecological model (considers the complex interplay between individual, relationship, community, and societal levels). This model allows us to understand the range of factors that affect gender equality. The gender analysis points to heavy gender inequitable social norms in the Samburu and Turkana counties. These norms and stigma inevitably impede women's access to and control over resources and services, among others. As such, based on the ecological model, USAID Nawiri will design interventions that will contribute to sustainable reduction of persistent acute malnutrition in Kenya's ASAL. This will be achieved by challenging gender inequitable social, cultural norms and systems that influence actions at the household and community level, and that hinder women's and girls' full potential and their participation, as well as facilitating an enabling environment that supports the establishment of new opportunities to optimize benefits through policy engagement and systems level influences.

The other approach that the strategy will focus on is the life course approach, which considers individuals, in all their diversity, throughout their entire lives, considering the different challenges they may face at different stages of their lives and how they are affected by the sociocultural context in which they live. From the study, the girl child is discriminated against from the earliest stages of life, through her childhood and into adulthood. In some communities, girls are exposed to FGM, child marriages, sexual abuse, and sexual exploitation. Due to the entrenched social-cultural and religious attitudes, girls are often treated as inferior and are socialized to consider themselves of less value compared to men. The approach will ensure the interventions provide opportunities for girls and young women.

Finally, focus shifts to the women/girls' economic empowerment and equality, a Mercy Corps approach. This approach to economic development focuses on women's economic empowerment and equality (WE3). The approach addresses the widespread economic and social inequalities between women and men; it works at the intersection of gender equality and economic empowerment. The approach seeks to achieve gender equality, wherein women, just like men, have the power to make choices about their lives and work, to accrue wealth and make decisions about how to use it. It also focuses on five domains of change that are strategic areas of interventions directly contributing to healthy, safe and empowered economic actors: Access, Agency, Leadership, Do No Harm & Safeguarding, and Enabling Environment. These will help to drive equitable economic outcomes via five pathways: Labor Market Development, Financial Inclusion, Climate and Adaptation, Markets in Crisis and Food Security.

GOAL AND OBJECTIVES OF THE GENDER STRATEGY

The purpose of this Gender Strategy is to enable USAID Nawiri to promote gender equality and women's empowerment for nutrition resilience in Turkana and Samburu counties. It sets out project commitments to address persistent acute malnutrition by addressing gender inequalities, power dynamics and negative gender norms identified in the gender analysis report. The Gender Strategy also proposes implementation mechanisms to deliver on its objectives, as well as a framework for accountability.

Strategy Goal:

Improve the effectiveness of the USAID Nawiri program in reducing PAM in Samburu and Turkana counties.

Strategy Objectives:

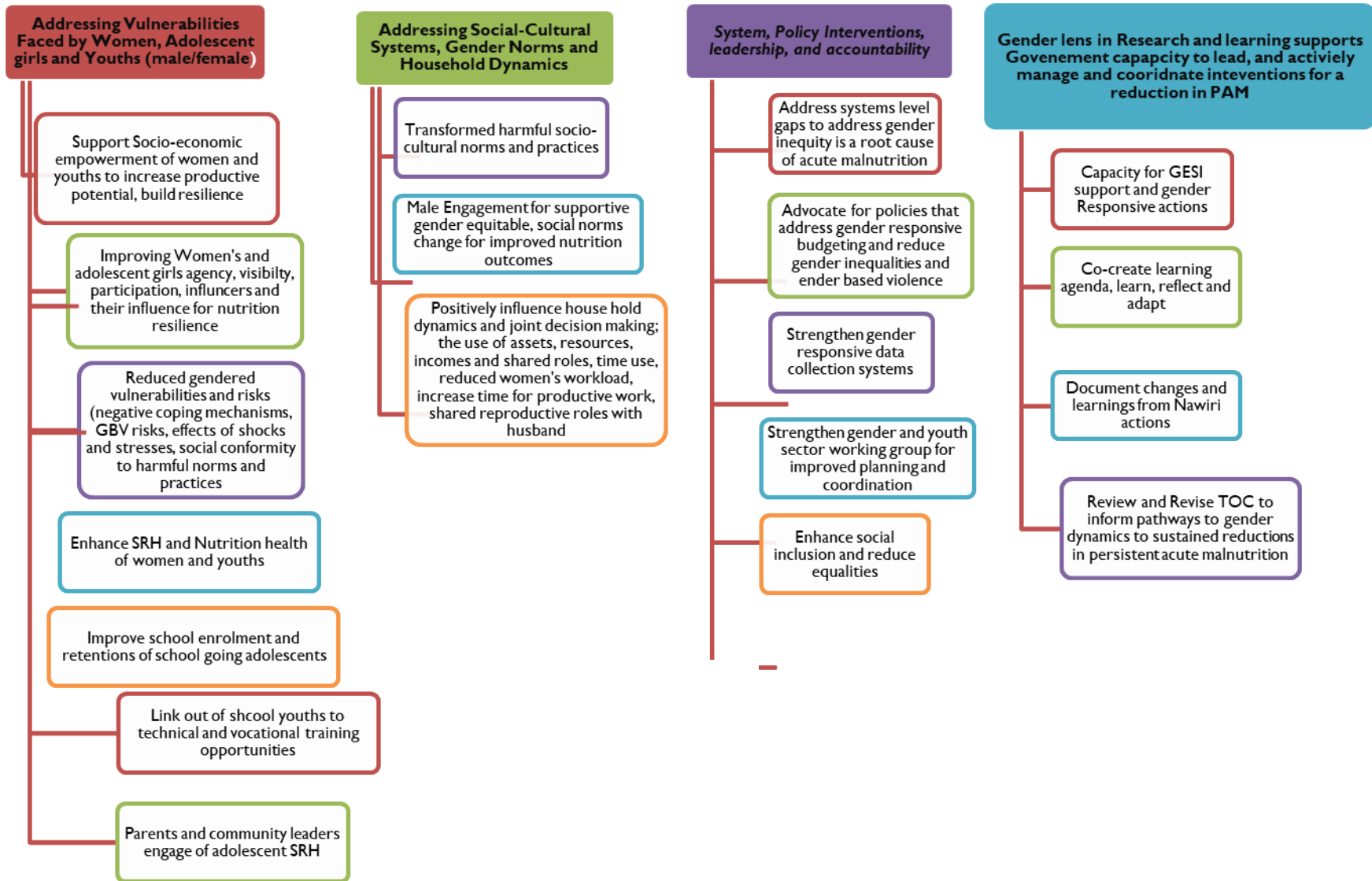
The objectives of the strategy derive naturally from the design of the original ToC and the key recommendations of the gender analysis (as illustrated in the diagram below). The four key objectives are:

- Promote equity, improve impact, and enhance sustainability of nutrition and food security services for men, women and children.
- Provide a gender-sensitive and equity enabling environment for reduction of PAM by addressing social-cultural, gender norms and power dynamics and systems that influence them.
- Strengthen governance, institutional capacities and accountability systems to mainstream gender equality and women's empowerment in policies and programming in Turkana and Samburu Counties
- Strengthen the capacity to use a gender lens in learning, acting and coordinating interventions designed to sustainably reduce PAM

As gender issues are embedded in every aspect of the program, the gender strategy cannot be a stand-alone strategy disconnected from all other lines of actions. Instead, it uses the opportunities of the concrete activities provided by these lines of action to ensure the implementation of an integrated gender-transformational agenda. The specific lines of action under each of the above four strategic objectives, their channels of implementation in the context of other lines of action and their connections to the ToC are summarized in the following tables.

Table 3

Goal: Promote gender equality and women’s empowerment for nutrition resilience in Turkana and Samburu counties.



KEY STRATEGIC AREAS INTERVENTIONS

Result Area One: Reducing Vulnerabilities Faced by Adolescent and Youths

The Gender analysis findings showed that adolescents are more susceptible to malnutrition because of their limited agency and voice. It also indicated that indeed age sets have an influence on adolescent girls and youth in Samburu County. The program seeks to address the gaps identified in activities below that will contribute to Purpose 1: Vulnerable households maintain food security despite exposure to shocks and stresses; Purpose 2: Vulnerable households have low disease burden; Purpose 3: Stable and resilient nutrition enabling environment.

Table 4

Activity	Steps	Pathways for Implementation	Theory of change preconditions addressed
1.1 Pilot – Girl-H adaptations to increase Nutrition Resilience	<ul style="list-style-type: none"> ▪ Selection and formation of community safe space ▪ Formation of girl and boys’ groups and enrolment into safe space ▪ Delivery of service at community safe spaces- Life skills, health services (Nutrition and SRH). ▪ Facilitate financial inclusion activities (Accounts, ID cards) ▪ Monthly in-person review and reflection meeting ▪ Linkage to opportunities of interest – TVET/VTC ▪ Linkage to business mentors ▪ Link to apprenticeship to business grant opportunities ▪ Organize dialogue sessions on male masculinities, GBV etc. ▪ Organize and conduct dialogue sessions with parents and caregivers ▪ Develop advocacy and influence plans. ▪ Facilitate opportunities to return to school for those who want. ▪ Work with stakeholders, policy makers to ensure enabling environment for learning 	<p>Health and Nutrition Intervention</p> <ul style="list-style-type: none"> ▪ CHS ▪ ASRH ▪ MIYCN <p>Economic Strengthening</p> <ul style="list-style-type: none"> ▪ Livelihoods ▪ Financial Inclusion ▪ REAP for Nutrition 	<p>Addressing Vulnerabilities Faced by Adolescent and Youths</p> <ul style="list-style-type: none"> ▪ Enhance access to and demand for SRH and Nutrition services (IO 2.2.1, 2.2.2, 2.2.3) Support Socio-economic approaches, linkage to vocational and training opportunities, business skills and employment opportunities. (IO 1.1.1.1, 1.1.1.2, 1.2.1.3, 1.2.1.3a) ▪ Support Parents and community leaders’ engagement on adolescent SRH (IO 1.3.2.1, 1.3.2.2) ▪ Adolescent girls' have increased agency to make positive life choices (IO 1.3.2) ▪ New link in ToC: environment for learning
1.2 Age Set programming (peer-based intervention)	<ul style="list-style-type: none"> ▪ Identify age set (Peer based) service providers. ▪ Training the peer-based service providers on peer-based programming. ▪ Formation, establishment or strengthening of peer groups. ▪ Delivery of service at peer-based groups- Health (SRH) and nutrition services. 	<p>Health and Nutrition Intervention</p> <ul style="list-style-type: none"> ▪ CHS ▪ ASRH ▪ MIYCN 	<p>Addressing Vulnerabilities Faced by Adolescent and Youths</p> <ul style="list-style-type: none"> ▪ Enhance access to and demand for SRH and Nutrition services (IO 2.2.1, 2.2.2, 2.2.3) Support Socio-economic approaches,

	<ul style="list-style-type: none"> ▪ Link peer to socio economic empowerment opportunities ▪ Economic Strengthening- Financial Capabilities training Entrepreneurship training Entrepreneurship Support Vocational Training, Internship, Employment, Business startup. 	Economic Strengthening <ul style="list-style-type: none"> ▪ Livelihoods ▪ Financial Inclusion 	linkage to vocational and training opportunities, business skills and employment opportunities. (IO 1.1.1.1, 1.1.1.2, 1.2.1.3, 1.2.1.3a)
1.3 Community Dialogue forums with community gatekeepers and custodians of culture	<ul style="list-style-type: none"> ▪ Mobilize community leaders through administration and community strategy. ▪ Conduct intergenerational dialogue sessions on SRH and gender norms. ▪ Integrate gender dialogues in community engagement sessions on specific topics based on learnings 	Health and Nutrition Intervention <ul style="list-style-type: none"> ▪ CHS ▪ ASRH ▪ MIYCN Economic Strengthening <ul style="list-style-type: none"> ▪ Livelihoods ▪ Financial Inclusion ▪ REAP for Nutrition 	Socio-cultural systems facilitate sustained reductions in acute malnutrition (SP3.1) 3.1.1 Influencers reframe norms for W. and Y agency 3.1.2 Communities prioritize nutrition for W & U5 3.1.3 Male Change Agents advocate (IO)
1.4 Develop IEC materials to support the intervention	<ul style="list-style-type: none"> ▪ Conduct a material development workshop. 	<ul style="list-style-type: none"> ▪ SSBC strategy and Communications for learning and adaptations strategy 	Same as above
1.5 Use of local media- discussion on gender norms and power relations	<ul style="list-style-type: none"> ▪ Conduct Radio session with subject matter experts and peer champions 	<ul style="list-style-type: none"> ▪ SSBC strategy and 	Same as above

Result Area Two: Addressing Social-Cultural Systems, Gender Norms and Household Dynamics

The gender analysis findings identified harmful gender norms and traditions that contribute to malnutrition. As a result of these findings, the activities below will be considered to address gender norms, influence decisions at household and communal level and promote intra household decision making and male engagement. This will contribute to Purpose 1: Vulnerable households maintain food security despite exposure to shocks and stresses; Purpose 3: Stable and resilient nutrition enabling environment.

Table 5

Activity	Steps	Pathways for Implementation	Theory of change preconditions addressed
Pilot adaptations to BRIGE Model	<ul style="list-style-type: none"> ▪ Design adaptations to the model ▪ Contextualize curriculum ▪ Identify target areas, mapping and recruiting of participants ▪ Conduct BRIGE facilitators training ▪ Collect baseline data with participating households ▪ Conduct community training with BRIGE household ▪ Conduct regular follow-up and coaching with participating families as they seek to turn their learning into action participants and follow action plans ▪ Conduct Learning sessions, to share learning/accomplishments with community ▪ Training for Local religious leaders and traditional leaders training as they are important gatekeepers and influential members of the community ▪ Training of Income-generating activities for the Households-supporting entrepreneurship or market linkage opportunities ▪ Refresher training 	<p>Health and Nutrition</p> <ul style="list-style-type: none"> ▪ CHS <p>Economic Strengthening</p> <ul style="list-style-type: none"> ▪ Livelihood and Markets ▪ Financial Inclusion ▪ Household economic strengthening 	<p>Addressing Social-Cultural Systems, Gender Norms and Household Dynamics, income streams for women to access quality and nutritious foods (IO 1.2.1, 1.2.2,1.3.1, 1.4.3)</p>
Male engagement for improved Nutrition and addressing gender and power relations	<ul style="list-style-type: none"> ▪ Conduct a workshop to develop a comprehensive "Male Engagement Sub -strategy (to the Gender Strategy)". ▪ Co-create the SSBC package for male engagement in diverse interventions ▪ Mapping and identification of male cultural leaders ▪ Development of Training Modules, IECs & Dialogue Guides for Male Engagement. ▪ Orientation of County ToT's on effective approaches to Male Engagement 	<p>Health and Nutrition</p> <ul style="list-style-type: none"> ▪ CHS ▪ SSBC strategy ▪ Communication for learning and adaptations ▪ REAP for Nutrition 	<p>Addressing Social-Cultural Systems, Gender Norms and Household Dynamics (IO 3.1.1, 3.1.2, 3.1.3, 4.1.1.)</p>

-
- Engage CSOs and collaborate in community actions on gender responsive interventions -including male engagement (Map, enlist, develop a learning agenda, sub grant, roll out -including integration, layering, sequencing, learn, adapt, scale up)
 - Sensitization of CHEWS, CHVs and CORPs on Male Engagement
 - Conducting male engagement sessions
 - Routine Monitoring, learning, Iteration and Knowledge Management
-

Result Area Three: Creating and enhancing an enabling Gender environment through addressing System and Policy barriers, leadership, and accountability

The gender analysis showed that opportunities exist at the county level for increasing leadership and accountability for sustained gender transformation at multiple system levels and these can be leveraged through the activities below which will contribute to Purpose 4: Formal institutions monitor, learn and adapt to more effectively manage and scale interventions to prevent and respond to acute malnutrition.

Table 6

Activity	Steps	Pathways for Implementation	Theory of change preconditions addressed
Strengthen Leadership and Coordination of Gender Sector Working group and County Sector Working Groups (priority -NRM, Water, Sanitation and Hygiene, Agriculture, Livestock, Trade, adolescents, and Youth Technical Working Groups)	<ul style="list-style-type: none"> ▪ Gender Capacity assessment ▪ Capacity Strengthening Plan ▪ USAID Nawiri Capacity building on leadership, GESI and coordination ▪ GSWG institutional capacity development plan developed and implemented ▪ Cross-sectoral SWG rapid institutional capacity, review of sector plans for gender responsiveness, develop and prioritize action plan, train, collaborate to improve planning, budgeting, monitoring of interventions. 	Governance, Institution’s systems strengthening for sustained actions (Purpose 4)	Creating and enhancing an enabling Gender environment through addressing System and Policy barriers, leadership, and accountability (SP and IOs: 4.2, 4.2.1, 4.2.2, 4.2.3)
Support a gender enabling environment	<ul style="list-style-type: none"> ▪ Policy advocacy ▪ Dissemination of national and county policies ▪ Support Samburu County policies i.e., Gender and Anti Beading Policy completion, and collaborate on emerging gaps and actions in policies as needed ▪ Support Turkana Gender Policy completion ▪ Training and capacity building on gender sensitive budgeting ▪ Collaborate with CSOs to influence social change, systems and institutional accountability for gender and nutrition resilience -including resources allocation for nutrition sensitive and nutrition specific interventions 	Governance, Institution’s systems strengthening for sustained actions (Purpose 4)	Creating and enhancing an enabling Gender environment through addressing System and Policy barriers, leadership, and accountability (IO 4.1.1, 4.1.2, 4.1.3)
Amplify the voices of women, youth, and	<ul style="list-style-type: none"> ▪ Social accountability mechanisms executed. ▪ Collaborate with CSOs to influence social change, 	Governance, Institution’s	Creating and enhancing an enabling Gender environment through

vulnerable and marginalized individuals	<p>systems and institutional accountability for gender and nutrition resilience -including resources allocation for nutrition sensitive and nutrition specific interventions</p> <ul style="list-style-type: none"> ▪ Train civil society groups on gender responsive advocacy, nutrition resilience, public participation, and budget tracking ▪ Conduct social accountability forums (amplifying women and youth voices) 	systems strengthening for sustained actions (Purpose 4)	addressing System and Policy barriers, leadership, and accountability (IO 4.1.1, 4.1.2, 4.1.3)
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Result Area 4: Gender lens in Research and Learning supports Government capacity to lead, and actively manage and coordinate interventions for a reduction in PAM

Table 7

Activity	Steps	Pathways for Implementation	Theory of change preconditions addressed
<p>Strengthen use of evidence from research and learning to design gender responsive informed actions and guide implementation actions, through collaborative, learning and adaptations.</p>	<ul style="list-style-type: none"> ▪ Capacity building for GESI support and gender Responsive actions ▪ Co-create learning agenda, ▪ Conduct learning, reflection, and adaptation sessions on gender differentiated dimensions of impacts, support prioritization of actions for scale up ▪ Document changes and learnings from Nawiri actions ▪ Review and Revise ToC to inform pathways to gender dynamics to sustained reductions in persistent acute malnutrition ▪ Review Pilots designs/implementation research and scale up actions in line with Mercy Corps Minimum gender standards ▪ Review Monitoring and evaluation tools in line with BHA required indicators and Mercy Corps GESI minimum standards indicators 	<p>▪ Food and Nutrition Security (Purpose 1); Low Disease Burden (Purpose 2); Enabling Environment (Purpose 3); Formal Institutions & Systems (Purpose 4)</p>	<p>Institutional Capacity of Government Improved to Lead, Manage, and Coordinate Acute Malnutrition Interventions (SP & IO 4.2, 4.2.3)</p> <p>Information systems are used for effective decision making, learning and adaptation (SP & IO 4.3, 4.3.1, 4.3.2)</p> <p>Government uses information from phase 1 research and pilots to prioritize and scale acute malnutrition activities (IO 4.3.3)</p>

MONITORING GENDER STRATEGY

USAID Nawiri will monitor progress on gender strategy implementation based on specific indicators listed in the implementation framework below. The framework is linked to the USAID Nawiri results tracker (i.e. the overall monitoring and reporting framework) to ensure compliance with USAID Nawiri monitoring and evaluation plan.

Table 8

Result area	Indicators
Result Area 1 Reducing Vulnerabilities Faced by Adolescent and Youths	<ul style="list-style-type: none"> ▪ M 35. Percent of participants in USG-assisted programs designed to increase access to productive economic resources who are youth (15-29) ▪ M 3. Number of individuals participating in USG food security programs ▪ Alpha Indicator 5. Percent of men, women, boys and girls who hold gender equitable attitudes.
Result Area 2: Addressing Social-Cultural Systems, Gender Norms and Household Dynamics	<ul style="list-style-type: none"> ▪ BL 32. Percent of women and men in a union who earned cash in the past 12 months ▪ BL 33. Percent of women in a union and earning cash who report participation in decisions about the use of self-earned cash ▪ BL 34. Percent of women in a union and earning cash who report participation in decisions about the use of spouse/partner’s self-earned cash ▪ BL 35. Percent of men in a union and earning cash who report spouse/partner participation in decisions about the use of self-earned cash ▪ BL 34. Percent of participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income, or employment) who are female ▪ Alpha Indicator 4. Average number of hours per day women and men of all ages spend working (for cash, on a voluntary basis, and/or in the household).
Result Area 3: Creating and enhancing an enabling Gender environment through addressing System and Policy barriers, leadership, and accountability	<ul style="list-style-type: none"> ▪ BL 41 Percent of women/men in a union who are members of a community group ▪ Alpha Indicator 6. Number of initiatives, procedures, actions taken by MC programs, government, community, and private sector partners to mitigate risk for gender-based violence.

Intervention Brief on BRIGE and GIRL- H Models

BRIGE (Building Resilience through Integrated Gender Empowerment)

Mercy Corps launched the Building Resilience through Integration of Gender and Empowerment (BRIGE) program in 2015 to explore the intersection of gender and resilience in three distinct contexts (Indonesia, Nepal, and Niger) and generate learning on how to integrate gender and social inclusion into resilience-focused programs. The timing of BRIGE coincided with, and was influenced by, a growing body of evidence on the integral link between gender and resilience.

Gender inequalities in household decision-making, community participation, and market access limit women's ability to prepare for, respond to, and recover from shocks. Relatedly, these same gender inequalities limit women's ability to access and benefit from program activities meant to strengthen resilience. Advancing women's participation in household decision-making, community organizations, and markets is critical to their building resilience for themselves, their families, and their communities. BRIGE realized that designing resilience programs that effectively strengthen women's resilience capacities would require a detailed understanding of each pathway in the program setting.

In recognition of the need for context-specific gender and resilience analysis, BRIGE worked with resilience programs in Indonesia, Nepal, and Niger to develop and pilot measurement tools designed to serve multiple purposes for gender integration in resilience-focused programs.

The specific purpose of each tool was as follows:

1. Household Decision-making Tool: To assess women's agency in household decision-making, particularly in areas such as household finances or disaster response plans that directly relate to resilience to shocks.
2. Community Participation Tool: To assess the level of participation of women and marginalized persons in resilience-building community groups, such as disaster risk management groups or village savings associations.
3. Market Linkages Tool: To assess how access and participation in specific markets differs between men, women and marginalized groups.

Mercy Corps' programs world-wide continue to demonstrate that designing and adaptively managing programs that build resilience requires a detailed understanding of how gender influences differential vulnerabilities and resilience pathways at the individual, household, and community level. The context of Samburu and Turkana is no different. Nawiri proposes to test, learn from, and adapt the tools to the local context to identify gender-related barriers to nutrition resilience, measure how resilience-focused interventions affect these pathways, and support learning among staff and stakeholders. A key learning from the BRIGE program was that the development and use of the tools themselves supported joint learning among program staff, stakeholders, and participants' by encouraging reflection on gender dynamics in households, community groups, and markets that affect resilience.

Findings of the gender analysis, labor and food markets assessments, longitudinal study, and an ongoing comprehensive review and synthesis of key lessons learned from the BRIGE program--among other sources of evidence and learning--will inform the adaptation, testing, and iteration of the tools in the local context. Certain adaptations may be introduced from the beginning, while others will emerge through adaptive learning cycles.

At the same time, Nawiri will introduce the household dialogue approach as a way to address inequality in household decision-making for enhanced nutrition resilience at the individual, household, and community levels. Nawiri will use the Household Decision-Making (HDM) tool to monitor whether and how households change their decision-making patterns after participating in the Household Dialogue intervention. This will inform adaptations to the household dialogue intervention to improve its contribution to resilience through improved equity in decision-making. "Household dialogues" refer to a facilitated curriculum organized with two adults from the same household, typically a married

couple. It presents couples with an opportunity to reflect together on the gendered division of labor within their households, and jointly design and implement plans for their households. It is premised on evidence that addressing household gender norms can catalyze women's participation in household and community decision-making, such that it improves resilience at both levels. Based on findings from the gender analysis, and informed by learning from the BRIGE pilot, one of the key adaptations Nawiri will make at the outset is the adaptation of the HDM tool and household dialogue approach for polygamous unions.

This will include, for example, adapting the tool to include additional questions to capture the wife's status and decision-making in relation to other wives, and how these dynamics may differ seasonally, in the face of shocks, or with the addition of new wives. The tool will help Nawiri understand to what extent the adapted HH dialogue approach is changing gender norms within polygamous households. This is just one potential adaptation, and an example of how the tools will serve to drive adaptive learning and action on gender and resilience in the program.

Girls Improving Resilience Through Livelihoods and Health (GIRL-H)

Mercy Corps began to focus on adolescent girls in 2008, designing and implementing specific programs across the globe and building on the safe space model. Mercy Corps began implementing the Girls Improving Resilience with Livestock program (GIRL) in 2015 with Nike Funding and later with USAID funding. Through the GIRL program, Mercy Corps has worked with nearly 30,000 girls in Kenya and Uganda to improve their health, household food security and access to opportunities. Girls meet weekly with a mentor to learn life skills (such as leadership, goal setting, interpersonal communication and menstrual hygiene); financial literacy; basic literacy and numeracy; entrepreneurship skills; and how to care for livestock. Through collective and learning and action, the program aims to address the social and gender norms that inhibit adolescent girls' social and economic wellbeing and advance their personal agency and financial security.

Since its inception, Mercy Corps has documented evidence on what works (and what doesn't) within the GIRL model, with actionable learnings driving the iterative development of the model over time. For example, under Mercy Corps' USAID-funded Livestock Market Systems Program, and informed by key insights into the diversity of the adolescent experience in Kenya's arid lands, Mercy Corps rebranded the initial model, replacing "livestock" with "livelihoods": Girls Improving Resilience through *Livelihoods*. The first iteration of the model was premised on the theory that livestock ownership was key to girls' empowerment in the drylands, which in turn was key to the resilience of the household and community. Program learning unearthed key insights into the diversity of the adolescent experience and differential vulnerabilities, capacities, and aspirations of adolescents across seemingly homogeneous contexts. In response, Mercy Corps adapted the model--not just in name, but in structure and function--to incorporate a greater diversity of potential pathways to economic and social empowerment among in-school and out-of-school girls.

These and other learnings influenced the latest iteration of the GIRL model: GIRLs Improving Resilience through Livelihoods + Health (GIRL-H), which responds to evidence and insights from girls themselves on adolescent health as a critical pathway to household and community resilience. Implemented in northern Kenya (including Turkana) and Haiti, GIRL-H includes a robust learning agenda, designed to answer the following questions:

- What impact did the project have on increasing girls' productive assets; strengthening girls' decision-making ability; and improving household food security?
- Where in the various value chains are the most viable economic opportunities for girls (e.g. processing, pre-production or other services such as packaging/marketing)?
- What are the characteristics of the girls who have the most economic success (e.g., gatekeepers, incentives, location, age)?
- What are the most effective elements of the model from girls' perspective? What were the least effective elements for girls?
- How effective were interventions with gatekeepers in terms of improving girls' access and control over assets?

Drawing on key learnings and applying human-centered design principles, Nawiri will work together with girls, boys, their parents, and other key stakeholders to optimize the GIRL-H model for sustainable reductions in persistent acute malnutrition and nutrition resilience. We are working together with Mercy Corps' GIRL-H team to identify opportunities for collaboration for learning and impact.

GENDER ANALYSIS LEARNING PLAN (EVIDENCE TO ACTION PROCESS)

The main objective of the USAID Nawiri Gender Analysis aimed to identify, understand, and describe gender differences and the impact of gender inequalities as they relate to persistent acute malnutrition in Turkana and Samburu Counties. Designed within Nawiri's research and learning agenda, research methods supported the emergence of findings that are presented in the GA report. The learning process has been instrumental in analyzing implications of findings with diverse audiences as per Nawiri's co-creation principles which recognize participation of key stakeholders including County stakeholders (government, non-government actors and Nawiri staff. The process has sought to clarify, validate and disseminate in both counties using interactive learning techniques. Learning has involved seeking responses on the key learnings (what, then what and so what). Guided (facilitated) sessions have involved using tools to systematically interact with and make sense of findings and their implications. This initial phase has resulted in the completion of the GA report, the Strategy and implementation framework as summarized below. In addition, the process involved bringing together research and learning working groups (organized around lines of inquiry), to jointly analyze implications of findings to the research streams (scope of work) and what adaptations would be necessary.

The next phase of learning aims at sustaining active collaboration, learning and actions (CLA) through the evidence generation phase (across lines of inquiry and specific study streams, informing design of actions, as well as guiding learnings through implementation actions across all purpose areas, action/implementation research and pilots and across institutions, systems strengthening and enabling environment scope. The Result Area 4 seeks to utilize a gender lens in Research, learning at strategic and intervention levels to inform design and adaptations for sustained reductions in persistent acute malnutrition. Further guided by Communication for Adaptive Learning (C4AL) strategy, learning will be action oriented throughout the program cycle. The learning process summarized below and utilized in the Gender Analysis will continue as an iterative process that allows for adaptive learning and decision-making, including on process and on technical direction.

Internal Nawiri Interrogation of Emergent Findings:

The GYSD lead and team facilitate the USAID Nawiri technical teams to review emergent findings on gender dynamics in relation to persistent acute malnutrition. The adaptive learning process is intended to enable rapid integration of gender across technical sectors, beginning in Phase 1 with the adaptation of other studies in response to findings of the gender analysis.

Gender Sector Working Group Interrogate and Act:

Emergent findings (from research and other learning activities) on gender dynamics in relation to PAM are shared with the GSWG on a quarterly basis for joint interrogation and decision-making. Facilitated by the GYSD team with support of the learning team, the sessions are designed to strengthen a culture of learning within the GSWG and transfer capacity in facilitation of reflect and adapt sessions with other technical platforms in government.

(Non-Gender) Sector Working Groups Interrogate and Act:

Following the reflect and adapt sessions with GSWG, USAID Nawiri's GYSD team supports the GSWG to facilitate reflect and adapt sessions with other non-gender technical platforms at the county level. The purpose of these quarterly sessions is to enable the routine integration of emergent findings on gender dynamics across technical sectors at the county level, whilst strengthening the capacity and motivation of the GSWG to facilitate regular reflect and adapt moments.

Gender Learning Agenda

The Gender Strategy elevates learning as a priority through Result Area 4. USAID Nawiri will develop a learning agenda for gender that will guide the adaptive management of the gender implementation plan and strategic adaptations of the ToC. The Gender Learning Agenda will prioritize key learning questions linked to the gender implementation plan and outline the how, when, what, why, and with whom we will learn. The learning agenda and process will include a comprehensive audience mapping, with engagement strategy tailored to different audiences (actors) aligned to their mandate in gender transformative practice in Resilience, Food Security and Nutrition interventions. The plan will be refreshed following quarterly and annual reflection sessions over the program period. Learning will inform programmatic actions and ToC revisions in a systematic process within phase 1 and during phase 2 of the program (action/implementation and scale up phase). Learning agenda will be co-created with county stakeholders for ownership and streaming a learning for action culture that seeks to clarify critical pathways to nutrition resilience in the context of shocks and multiple drivers of persistent acute malnutrition.

Table 9: Key Findings Tracker (tested and adapted for scale across research areas)

Technical Area	Study Finding	Relevance to Technical Area Why is this finding relevant? Is it surprising? Does it make sense from your technical and contextual experience?	Implications of Findings. What effect could this finding have on USAID Nawiri activities and engagement? Do we need to change what we are doing? “So What?”	Proposed Adaptation for Discussion What adaptations should be made to current or potential USAID Nawiri activities in order to reflect these findings? “Now What?”	Cross Sectoral Technical Discussion: Key Points Fill this out based on the cross sectoral technical discussion i.e. has the discussion changed the team’s reflections on the key findings or the proposed adaptation?	Outcome of Cross Sectoral Technical Discussion Have the cross sectoral discussions resulted in changes to the proposed adaptations?	Outcome of Field Reflection and Adaptation on the Findings Updated reflections and adaptations based on field level discussions. What is the planned adaptation(s)? How will they be implemented and tracked?
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IMPLEMENTATION OF THE STRATEGY

Implementation is a shared responsibility of the USAID Nawiri team, with gender-integration being a cross-cutting goal and collaborative actions with County Governments of Samburu and Turkana County and other stakeholders.

Table 10:

Action	Responsible Person	Timeline
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Dissemination of the strategy	Gender Youth and Social Inclusion lead	Yr. 3 Quarter 1
Implement the activities outlined in this strategy	Thematic leads	Yr. 3,4,5
Respond to requests for capacity building and technical assistance from the county and program staff	Gender Youth and Social Inclusion lead	On going
Monitor and evaluate progress in implementing the gender strategy	Gender Youth and Social Inclusion lead and Monitoring and Evaluation Staff	Annually
Report on progress in implementing gender strategy activities in annual progress reports	Gender Youth and Social Inclusion lead Thematic area leads	

STAKEHOLDER ANALYSIS

Major stakeholder groups in Turkana and Samburu counties were derived from discussions with participants during the gender analysis. The stakeholder analysis provides Mercy Corps information on the stakeholders they can work with directly and indirectly, their interests and entry points. (See annex for lists of stakeholders and related information).

CONCLUSION

This gender strategy has been designed to ensure interventions are gender-transformative and address root causes of gender inequality, and by extension, food insecurity and poor nutrition. Applying a gender transformative lens positions this work to deploy change that is sustainable. To this end, applying social behavior change methods and working with gatekeepers of local cultural and social norms helps ensure positive, gender equitable norms are allowed to supersede unhealthy practices and ultimately become ingrained in the cultures of Turkana and Samburu counties. Transformation of discriminatory norms and practices will lead communities and institutions toward progressive views on gender and enable nutritional equality.

This will allow women to have confidence to participate in decision-making at local, community and national levels. Additionally, applying an integrated approach for interventions across society (households, communities, schools, and counties) helps ensure interventions can become standard within institutions. At the county level, strengthening horizontal and vertical linkages ensures nutrition security outcomes that are sustainable. Empowering adolescent girls and giving

them opportunities, they deserve in leading happy and healthy lives leads to healthier families, strengthened economies, and more equitable and self-reliant societies.⁵¹

Additionally, influencing institutional accountability processes and citizen action toward planning priorities, budget allocation, implementation, monitoring, reporting, and evaluating processes, for example, is the type of approach that will ensure sustainable interventions. Sensitization of communities to hold county governments accountable for provisioning of services will increase government accountability. Sustainability is seen in capacity-building of staff at the county level. It can also be seen at the community-level through applying community mobilization approaches that lead to collective action to hold county governments socially accountable. Collaborative Learning and Adaptations will be a running approach on all actions and strategies.

Table I I: RISK ANALYSIS AND CONTINGENCY PLAN

Potential Risk	Risk rating (High-H, Medium-M, Low-L,)	Mitigation Measures
Resistance from male family or community members to Mercy Corps and co-applicants challenging strong-rooted cultural beliefs, attitudes and practices that hinder gender equality	H	Community leaders/ elders/ gatekeepers will be involved in the implementation; a power analysis should be done and a strategy for ensuring their support to the action will be developed and implemented. Applying context specific approaches that incorporate community ideas on addressing gender inequality, food insecurity and poor nutrition.
Increased incidences of gender-based violence because of women's empowerment	M	Apply male engagement approaches to include men in women's empowerment initiatives.
Women's double burden increased	H	Apply care work redistribution mechanisms through household dialogues.
Poorly formulated self-help groups	M	NAWIRI will work with community elders and opinion shapers to identify the right groups' incidents.
Lack of support at the county level	L	NAWIRI will work closely with the senior county staff including getting buy-in from the governor.
Men may resist strengthening women's leadership and working with women as leaders in peace committees.	H	Application of male engagement approaches to encourage women's leadership and participation in peace committees.

⁵¹ UNICEF. 2017. Empowering adolescent girls is investing in a brighter future

Budget constraints at the county level	H	USAID NAWIRI will work closely with the senior county staff including getting buy-in from the governor.
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Table 12: LISTS OF STAKEHOLDERS AND RELATED INFORMATION

Stakeholders	Description	Interests	Entry Points
Individuals: household members	Adolescents and youth women and men .	Attain and maintain holistic health and wellbeing.	Heads of households can be the entry point for engagement with a view to open up household dialogues with different household members using participatory tools.
Community groups, networks, associations	Community Health Volunteers Nyumba Kumi Women groups Youth groups Clan groups and savings groups Trade and leadership groups Religious	Solving problems and providing local knowledge, addressing negative gender norms that affect nutrition. Manage and allocate resources across different members.	Older men who lead age sets or clans, Elderly women who are the custodians sustaining some norms Educated men and women with social economic means Local political leaders, committee leaders at different levels Male champions, youth and women who are challenging harmful norms.
Organizations	Non -profit organizations working on food security, nutrition, gender, WASH, livelihoods, capacity development and education.	Address community needs based on their mandate and contextualized assessment of community needs	A coordinated multi-actor approach that ensures minimal duplication of efforts, enhancement of community resources. anchoring programs on existing county initiatives to make them sustainable, minimize harm and address food and nutrition needs holistically.
	private sector	Availing resources and creating environments where men, women and youth can thrive.	

		Vibrant economic environments that promote trade advancing livelihoods and their communities.	
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ANNEX I: Gender Analysis Assessment Tools and Guides

ADOLESCENT CONSULTATION FOR ADOLESCENT GIRLS

NUMBER OF FDG PARTICIPANTS: 8-10

STEP 1: INTRODUCTION (5 MINUTES)

DO: Welcome everyone to the group. Create a circle and make sure everyone has a place.

Facilitator and note-taker should be able to see everyone in the group. Introduce yourself and the note-taker, as well as Mercy Corps as an international NGO that works with young people in their community.

SAY: Thank you so much for joining us. The purpose of this conversation is to help us gain a better understanding of the everyday lives of young people your age who live in the districts of X and X. I want to share a few guidelines for our conversation:

- ✓ There are no right or wrong answers, only differing points of view.
- ✓ We are taking notes, so one person should speak at a time.
- ✓ You don't need to agree with others, but you must listen as others speak
- ✓ You are welcome to ask a question or seek clarification if something is not clear.

STEP 2: OBTAIN CONSENT (8 MINUTES)

SAY: Before we start, I want to make sure you all agree to participate.

DO: Read Consent Form aloud to participants.

DO: Answer questions.

STEP 3: GET-TO-KNOW-YOU ACTIVITY (15 MINUTES)

SAY: While we will not include your names in our notes or reports, we want to spend some time getting to know you. I'm going to toss this **balloon / paper ball** to someone. If you catch it, tell us your name, age, number of people you live with, the highest grade you completed in school, and your favorite thing to do in your free time.

DO: Note-taker should record each person's: age, number of people in household and highest grade completed in school in the Participant Register form (not names). Verbally confirm with your group if they are all in-school or out-of-school and unmarried.

STEP 4. THE DAILY LIVES OF ADOLESCENTS (35 MINUTES) The goal of this activity is to allow young people to create and then project their experiences and feelings onto someone like them. The “friend” they create allows for a more open discussion and will serve as a starting point for more difficult discussions. These drawings also serve as data themselves as together they paint a rich picture of the lives of young people.

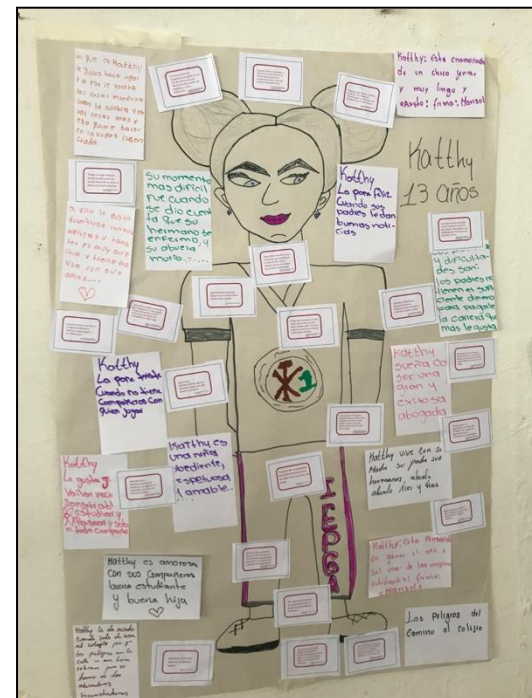
SAY: I want to bring to life a ‘typical’ girl/boy from your neighborhood. Someone who is a lot like you. We will even call him/her your friend. (NOTE: Boys to draw boys and girls to draw girls).

DO: Divide girls or boys into two groups. Give each group a piece of flipchart paper and markers. Give each group 10 minutes to draw. Encourage them to be creative and have fun with drawing!

Facilitator and note-taker will each join a group and moderate this activity. Write everything down on the paper around the drawing.

SAY:

1. Let’s give her/ him a name. What should it be?
2. How old is s/he?
3. Who does she live with? Who is she closest with in her family?
4. How does she spend her day? Ask for details.
5. What does she do in her free time?
6. What did she eat today?
7. Does she earn money? Does she save? Spend? How?
8. What are her biggest challenges?
9. When does she feel unsafe?
10. Draw a big heart. Who does she care about?



An example of a drawing from an adolescent consultation.

DO: Ask one person from each group to introduce their “friend” to the larger group. Ask for reflections from the group.

STEP 5. EXPLORE DEEPER (45 MIN)

The following questions are grouped under three objectives. Some groups of questions are tailored for adolescents’ age and status. When asking these questions refer back to the drawings to make the questions more context specific. Ask for as many details as possible. These questions can be tailored to better guide the programming you hope to do with young people.

OBJECTIVE 1: To better understand the daily lives of adolescents, inclusive of decision making, the division of labor, access to livelihood opportunities, protection risks and actions that enhance gender equality.

FGD Questions for All Unmarried Adolescent Girls

SAY: We're going to talk a little bit more about how your life is similar or different than the girl in this drawing

Theme-Time Use, Roles and Responsibilities

1. In your house, who carries out which household chores? What do girls, women, men and boys do? Who decides who will do this work? *Probe for what adolescent girls are specifically responsible for and your views on men's role in home and outside the home. Let them give reasons for their perspectives.*
2. How do these roles change during times of shocks and crises such as drought? *Probe for what do girls, women, boys and men do during crisis. What influences roles to change during crisis?*
3. How does time use vary among women, men and youth in relation to Maternal Infant Young Child Feeding practices (MIYCF)? *Probe for what do adolescent boys spend most of their time on in relation to MIYCF practices? How do these change during times of shocks and crises such as drought?*

Theme- Harmful practices/Sexual and Gender Based Violence

4. What do you think about practices like early marriage, girl- child beading, girl circumcision? Do they harm girls? If so, how? If not, why do you say so?
5. Who makes the decision about whether a girl is to be married early or beaded in the household and the community? How can Mercy Corps work with them to change these practices? *Observe their reactions and take note.*
6. Is there conflict in this community and violence in the households? *Probe for what type of conflict, who is involved, why is there conflict/ violence? How does this conflict and violence affect relationships and sex among adolescents?*

Theme-Sexual Reproductive Health Rights and Decision-Making

7. Do you make any decisions about your own health or about seeking health care when you need? *Probe for contraception, information, protective, pregnancy, counselling, If not who makes the decision?*

8. Do you make decision of sexual behavior and when to start having sex? If not, who makes it for you? Is it different for adolescent boys? If so, how?
9. How do the Turkana age-sets influence their sexual practices, decision-making and social capital? Are there age sets in your community? *Probe for those for girls and boys. Social capital means quality and quality of networking, associations etc.*
10. Can you disagree with the decision that has been taken for you? If yes, how do you do it? If not, why can't you disagree and what will happen if you do?
11. Who do pregnant girls and young mothers rely on for advice on child care practices?
12. Who in the political space do you think can represent the challenges facing adolescent girls? Give a reason why? Probe for specific examples
13. What kind of services do adolescent girls need? Are these services available? Can you reach them? What are some of the barriers of accessing these services and why?

Theme- Economic Empowerment

14. What economic activities do adolescent girls prefer to engage in? Do adolescent girls have and/or want more access to economic opportunities? Can adolescent girls decide how to use the income they earn from their economic activities?
15. Are men supportive of adolescent girls earning income? If so, which men are supportive and which ones are not and why?
16. Refer to the drawing and describe the scenario of what adolescents shared about feeling unsafe. Is this scenario something that girls worry about when they do their daily work? What are other activities that

SAY: Thank you for your participation. If you have any questions or concerns please tell me before you leave.

FGD Questions for Unmarried Adolescent Boys

Repeat the same introduction (drawing of a boy) exercise before delving into the questions

SAY: We're going to talk a little bit more about how your life is similar or different than the girl (or boy) in this drawing

Theme- Time Use, Roles and Responsibilities

1. How are responsibilities in the reproductive sphere allocated among women and girls, men and boys? What are adolescent boys specifically responsible for? *Probe for what adolescent girls are specifically responsible for and your views on men's role in home and outside the home. Let them give reasons for their perspectives.*
2. How do these change during times of shocks and crises such as drought? *Probe for what do girls, women, boys and men do during crisis. What influences roles to change during crisis?*
3. How do adolescent boys view men's ideal roles in the reproductive and productive sphere? *Reproductive are those carried out at home and productive are income generating*
4. How does time use vary among women, men and youth in relation to Maternal Infant Young Child Feeding practices (MIYCF)? *Probe for what do adolescent boys spend most of their time on in relation to MIYCF practices? How do these change during times of shocks and crises such as drought?*

Theme- Harmful practices/Sexual and Gender Based Violence

5. How do adolescent boys view certain practices that are both harmful to girls and accepted by the community, such as early marriage and “girl-child beading” in Turkana?
6. Do adolescent boys have agency in health-seeking behavior, sexual behavior and sexual debut? How does this compare to adolescent girls? *Agency means being free to act and react*
7. What social and gender norms do families and communities uphold related to sex and reproductive health that contribute to persistent acute malnutrition? *Give Examples*
8. Who are the gatekeepers of these norms and how can the program work with them to transform harmful norms?
9. How does broader conflict and household violence influence the norms around relationships and sex among adolescents? Is there conflict in this community and violence in the households? *Probe for what type of conflict, who is involved, why is there conflict/ violence? How does this conflict and violence affect relationships and sex among adolescents?*
10. Do adolescent boys feel they have access to someone with a political voice who can raise concerns on their behalf? Who in the political space do you think can represent the challenges facing adolescent boys? *Give a reason why? Probe for specific examples*

Say: Thank you for your participation. If you have any questions or concerns please tell me before you leave.

Focus Group Discussion Guide for Pregnant Women and Mothers with Children Under 5 Years

Theme- Time Use, Roles and Responsibilities

1. How are responsibilities in the household allocated among women and girls, men and boys? What are women specifically responsible for? Does this change when they are pregnant

or nursing? What do women view as their ideal roles in the reproductive and productive sphere? *Reproductive roles are those in the home, productive are those that bring income*

2. What activities do men and women carry out in relation to maternal, infant and young child feeding (MIYCF) practices? *Probe for how long and how often?* How is the use of time different for women, men and youth in relation to MIYCF) practices? What are the most time-consuming tasks for women?

Use the trend analysis tool

Ask participants to mention different changes related to gender and identity that have occurred within the community over a period of time. **(Probe how the changes have been valued and some of their consequences? For example, if women are earning money and not just staying at home, is this change valued and what have been the consequences?)**

Theme- Livelihood options/Decision-Making/Nutrition

Events	What Changes happen	What factors have driven these changes?
<i>Roles for women</i>		
<i>Roles for girls</i>		
<i>Roles for men</i>		
<i>Roles for boys</i>		
<i>Livelihood opportunities for women</i>		
<i>Livelihood opportunities for girls</i>		
<i>Livelihood opportunities for men</i>		
<i>Livelihood opportunities for boys</i>		
<i>Women decision making in the household</i>		
<i>Capacities of households to respond to shocks</i>		
<i>Capacities of female household to respond to shocks</i>		
<i>Type of food consumed by women</i>		
<i>Type of food consumed by men</i>		
<i>Type of food consumed by girls</i>		
<i>Type of food consumed by boys</i>		
<i>Type of food consumed by children</i>		

How do gender roles change during times of shocks and crises such as drought? *Encourage them to give examples.*

Use of social mapping tool

Ask participants to develop an inventory of the resources within the community. For example: modes of transport, water sources, health services, GBV services, schools, public service buildings) and within the household. Also identify the location of community resources in relation to the households and how these resources change across seasons and/or migration.

They can mention as you write on the flip chart

Theme- Decision Making/Resilience

3. What resources are within your community? Where are they located in relation to the households? How does this change if you look at the different seasons in your area? Is it safe for women, men, boys and girls to access these resources? What are the dangers?
4. Looking at the resources we have mentioned, what role do women play in decision-making and access to household resources and expenditures? Is there a difference in differently-structured households? *Probe for Female headed household, Male headed, Households with Married adolescents, polygamous families* How do these change during times of shocks and crises such as drought?
5. How do women exercise their power in deciding about family planning, health-seeking behaviors and MIYCF practices? *Probe for can women decide for themselves to access these services? Does this change across differently-structured households? Ask about the different types of households in the community.* Does this change during times of shocks and crises such as drought? If so, how?
6. What economic activities are preferred by women? Do women have and/or want more access to economic opportunities? Can women decide what economic activities to engage in and how to use the benefits from economic activities? Are men supportive of women earning income? *Probe for which men are supportive and which ones are not supportive and why.*

Theme- Harmful practices/Sexual and Gender Based Violence

7. What is regarded as harmful behavior against women and men in this community? What are the main forms of gender-based violence in this community? *Probe for who are the perpetrators, who are victims*
8. What are women's attitudes toward intimate partner violence and other forms of gender-based-violence? How do they view the wider community's acceptance or non-acceptance of GBV? What happens to women and men who speak against GBV in the community?
9. What are the perceptions and roles of women in both conflict and peace building? *Probe for role of women during conflict and their role during peace building*
10. Do women feel they have access to someone with a political voice who can raise concerns on their behalf? *Probe for who and why they think that person has political voice.*

Self-Defined Agency:

In this exercise, we shall introduce an imaginary woman typical to the respective women in the FGD. We shall construct this woman as a "typical case" with whom our participants can easily identify.

SAY: I want to bring to life a 'typical' woman from your neighborhood. Someone who is a lot like you. We will even call her your friend.

DO: Divide women into two groups. Give each group a piece of flipchart paper and markers. Give each group 10 minutes to draw. Encourage them to be creative and have fun with drawing! Facilitator and note-taker will each join a group and moderate this activity. Write everything down on the paper around the drawing.

SAY

1. Let's give her/ him a name. What should it be?
2. How old is she/he?
3. Who does she live with? Who is she closest with in her family?
4. How does she spend her day? *Ask for details.*
5. What does she do in her free time?
6. What did she eat today?
7. Does she earn money? Does she save? Spend? How?
8. What decisions can she make? Which ones can she not? What prevents her from making those decisions? How does she negotiate when she faces resistance as she tries to make decisions?
9. What are her goals? Is she able to achieve them? if yes, what does she need? If not, what are the constraints?
10. How is she viewed in her household and community? Is she valued? How is this value shown and expressed?
11. Who does she interact with?
12. What are her biggest challenges?
13. How can she overcome these challenges?

14. What needs to be done to help her get empowered?
15. When does she feel unsafe?
16. Draw a big heart. Who does she care about?

Say: Thank you for your participation. If you have any questions or concerns please tell me before you leave.

Focus Group Discussion Guide for Fathers

1. How are responsibilities in the reproductive sphere allocated among women and girls, men and boys? What are men specifically responsible for?

Use the trend analysis tool

Theme- Livelihood options/Decision-Making/Nutrition

2. Ask participants to mention different changes related to gender and identity that have occurred within the community over a period of time.

Events	What Changes happen	What factors have driven these changes?
<i>Roles for women</i>		
<i>Roles for girls</i>		
<i>Roles for men</i>		
<i>Roles for boys</i>		
<i>Livelihood opportunities for women</i>		
<i>Livelihood opportunities for girls</i>		
<i>Livelihood opportunities for men</i>		
<i>Livelihood opportunities for boys</i>		
<i>Women decision making in the household</i>		
<i>Capacities of households to respond to shocks</i>		
<i>Capacities of female household to respond to shocks</i>		
<i>Type of food consumed by women</i>		
<i>Type of food consumed by men</i>		
<i>Type of food consumed by girls</i>		
<i>Type of food consumed by boys</i>		
<i>Type of food consumed by children</i>		

How do gender roles change during times of shocks and crises such as drought?

Theme- Time Use, Roles and Responsibilities

3. How does time use vary among women, men and youth in relation to MIYCF practices? How do these time use patterns in relation to MIYCF practices change for men during times of shocks and crises such as drought? *Probe for what men do.*
4. What do men view as their ideal roles in the reproductive and productive sphere?
5. What barriers and opportunities at household and community levels exist for men to realize these ideals? *Probe for barriers first then opportunities*
6. Are men supportive of women earning income? Which economic activities do they see as ideal for women and adolescent girls to engage in and why?

Theme-Harmful Practices- Masculinities

7. How does the identity of pastoralists as warriors' influence men's behavior? Are there any masculinity ideals related to the fishing communities? Probe for different ways men in the community are perceived? Probe about warriors, Fisher men, farmers.
8. What is regarded as harmful behavior against women and men in this community? Is GBV accepted by men and under what circumstances (i.e., his wife has not prepared a meal)? Are there men who do not practice GBV? How are they perceived by the community and why?
9. How is GBV perceived and addressed in the community and by formal institutions? Are there measures enough? What else can be done?
10. What leverage points (i.e., rituals, relationships and livelihoods) exist for redefining healthier masculinities and encouraging positive social and behavior change (i.e., equitable decision-making) for reducing persistent acute malnutrition?
11. What are the perceptions and roles of men in both conflict and peace building? *Probe for both roles separately*

Say: Thank you for your participation. If you have any questions or concerns please tell me before you leave.

Key Informant Interview Guide with Elders

Theme-Social and Gender Norms

1. What are the specific socio-cultural norms that influence food and nutrition security of women and men, boys and girls (i.e., gender-based food taboos, dietary patterns of pregnant and lactating women and girls)?
2. How do the Turkana age-sets influence behavior (i.e., sexual practices and social capital)? *Probe for the various age sets and ask about each.*
3. What is considered as harmful behavior in this community? Is GBV acceptable or not acceptable in the community and in what contexts?
4. How does the response of the community and various local institutions for *example hospitals, police services, chief* affect survivors of GBV, especially women and girls?
5. What are the perceptions and roles of women and men in both conflict and peace building? *Probe for each role*
6. How are social and livelihood-based interventions by formal institutions designed to respond to gender differences in roles, responsibilities and time use for women and men? *Which state and non-state initiatives do you want?*
7. Do women have and/or want more access to economic opportunities? Which opportunities and how does this affect relations with men?
8. Are men supportive of women earning income?

Use the trend analysis tool

9. Ask participants to mention different changes related to gender and identity that have occurred within the community over a period of time.

Theme- Livelihood options/Decision-Making/Nutrition

Events	What Changes happen	What factors have driven these changes?
<i>Roles for women</i>		
<i>Roles for girls</i>		
<i>Roles for men</i>		
<i>Roles for boys</i>		
<i>Livelihood opportunities for women</i>		
<i>Livelihood opportunities for girls</i>		
<i>Livelihood opportunities for men</i>		
<i>Livelihood opportunities for boys</i>		
<i>Women decision making in the household</i>		
<i>Capacities of households to respond to shocks</i>		
<i>Capacities of female household to respond to shocks</i>		
<i>Type of food consumed by women</i>		
<i>Type of food consumed by men</i>		
<i>Type of food consumed by girls</i>		
<i>Type of food consumed by boys</i>		
<i>Type of food consumed by children</i>		

10. How do vulnerabilities and capacities tied to different shocks and stresses differ across groups? Probe for what vulnerabilities and what shocks bring about the vulnerability. Probe for what capacities arise for which shocks. How are different for women, men, girls and boys

Say: Thank you for your participation. If you have any questions or concerns please tell me before you leave.

Semi-Structured Interview Guide with Pregnant Women and Mothers with Children Under 5

Theme-Social and Gender Norms

1. What are the specific socio-cultural norms that influence food and nutrition security of women and men, boys and girls (i.e., gender-based food taboos, dietary patterns of pregnant and lactating women and girls)?
2. What social and gender norms do families and communities uphold related to sex and reproductive health that contribute to persistent acute malnutrition? Probe for examples
3. What are the views of men and community leaders on women's empowerment? Probe for what is perceived as women empowerment first.

4. What are formal institutions actively doing to enhance women’s empowerment? *Probe for state or non-state programs*
5. Is GBV acceptable or not acceptable in the community and in what contexts? *Probe for what is regarded as GBV first*
6. How does the response of the community and various local institutions impact survivors of GBV, especially women and girls?
7. Does seasonality affect interpersonal violence and how so? *Probe for periods when GBV is common, what forms, where, how and what actions are taken*
8. What economic opportunities do women and youth identify as safe, secure and possible?
9. Do women have and/or want more access to economic opportunities? Are men supportive of women earning income? Can women decide what economic opportunities to pursue and how to use the benefits from these opportunities?

Say: Thank you for your participation. If you have any questions or concerns please tell me before you leave.

Semi-Structured Interview Guide with Fathers

Theme-Social and Gender Norms

1. What do men view as their ideal roles in the reproductive and productive sphere?
2. What are the key “win behaviors” among men that if adopted, would support improved food and nutrition security (i.e., men’s engagement in child care; shared water collection)? *Probe on perceptions of men about engaging in child care*
3. What leverage points (i.e., rituals, relationships) exist for redefining healthier masculinities? *Probe*
4. What are the views of men and community leaders on women’s empowerment?
5. What are formal institutions actively doing to enhance women’s empowerment?
6. Is GBV acceptable or not acceptable in the community and in what contexts?
7. How does the response of the community and various local institutions impact survivors of GBV, especially women and girls?
8. Does seasonality affect interpersonal violence and how so?

Say: Thank you for your participation. If you have any questions or concerns please tell me know before you leave.

Interview Guide – Government Officials (Health)

Interview:	
Date:	

Meetings goal:	
Participants:	

Good morning/afternoon _____ First of all, we would like to thank you for your availability to participate in USAID NAWIRI is a Food for Peace-funded program designed to reduce persistent acute malnutrition in your county. The information you shall provide will inform the program interventions and strategy of Mercy Corps who works closely with your offices. The interview will take approximately 1.5 hours. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

Theme-Policy and Institutional Frameworks on Women Economic Empowerment/Nutrition

1. Does your ministry / office have any policy documents or other guidance related to gender equality and access to health? If so, what documents? (Ask for copies) Is there an institutional mechanism in government for addressing GEWE? Food Security and Nutrition? Is it effective?
2. Are there any issues related to gender equality and women’s empowerment, please tell me briefly about your work and how it relates to adolescent girls’ access to health?

Theme-Policy and Institutional Frameworks on Health

3. What are the challenges faced as regards access to health?
4. Are there ways that you collaborate closely with other departments to address access to health? If yes, which ones and in what ways?
5. Please tell me briefly about your work and how it relates to women’s access to health?
6. Thinking about your work in this Ministry / office / sector, over the past 5-10 years, what progress do you think has been made in relation to women’s and girls’ access to health?
 - a. Can you provide some examples of successes?
 - b. In your opinion, what were the main reasons for these successes?
7. How does the county use data to inform its county level activities and practices? Give examples. What data does the county rely on to plan for health-related activities? What are the challenges of producing and using data in the county?
8. How does budget allocation for the various departments take place? What informs what share is allocated for health activities and what specific budget lines are funded? What are the sources of funding for the health budget in the county?

Theme-Policy and Institutional Frameworks on Food Security/Nutrition

9. How do your programs and initiatives address the link between nutrition and Food Security?
10. What are the challenges faced as regards food security and nutrition in the county
11. Are there ways that you collaborate closely with other departments to address food security and malnutrition? If yes, which ones?
12. In your view, what are the main challenges in your work / sector / Ministry / office to working on gender and women's empowerment?
 - a. How does the big four agenda position gender equality and Food Security/Nutrition?
 - b. In your opinion, what kind of support would be most useful for Mercy Corps to provide in the future?
13. How is the community involved in informing county-level policies and practices? Who participates, how, when and what is the impact? What are the challenges of community engagement?
14. What are the most strategic/impactful partnerships for government to promote gender equality, food security and nutrition? (e.g.: Donors, CSOs, Private Sector, etc.)
15. Thinking about the future of work in your Ministry / sector / office, what recommendations do you have for changes in policy or approach related to gender equality, food security and nutrition?

Theme-Sexual and Gender Based Violence

16. What are the programs in place to address GBV prevention and response? Is there a national coordination mechanism? Is there national coverage?
17. How effective are they? What are the gaps?
18. What should priorities be moving forward as regards GBV?
19. Are there ways that you collaborate closely with other departments to address gender-based violence? If yes, which ones, and in what ways?

Interview Guide – Government Officials

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon _____ First of all, we would like to thank you for your availability to participate in USAID NAWIRI is a Food for Peace-funded program designed to reduce persistent acute malnutrition in your county. The information you shall provide will inform the program interventions and strategy of Mercy Corps who works closely with your offices. The interview will take approximately 1.5 hours. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

Theme-Policy and Institutional Frameworks on Women Economic Empowerment/Nutrition

1. Does your ministry / office have any policy documents or other guidance related to gender equality and access to health? If so, what documents? (Ask for copies) Is there an institutional mechanism in government for addressing GEWE? Food Security and Nutrition? Is it effective?
2. Are there any issues related to gender equality and women's empowerment, please tell me briefly about your work and how it relates to adolescent girls' access to health?

Theme-Policy and Institutional Frameworks on Health

3. What are the challenges faced as regards access to health?
4. Are there ways that you collaborate closely with other departments to address access to health? If yes, which ones and in what ways?
5. Please tell me briefly about your work and how it relates to women's access to health?
 - a. How do your programs and initiatives address the link between nutrition and Food Security?
6. Are there ways that you collaborate closely with other departments to address gender-based violence? If yes, which ones, and in what ways?
7. Thinking about your work in this Ministry / office / sector, over the past 5-10 years, what progress do you think has been made in relation to women and girls' access to health?
 - b. Can you provide some examples of successes?
 - c. In your opinion, what were the main reasons for these successes?

Theme-Policy and Institutional Frameworks on Food Security/Nutrition

8. What are the challenges faced as regards food security and nutrition in the county?
9. Are there ways that you collaborate closely with other departments to address food security and malnutrition? If yes, which ones?
10. In your view, what are the main challenges in your work / sector / Ministry / office to working on gender and women's empowerment?
 - a) How does the big four agenda position gender equality and Food Security/Nutrition?
 - b) In your opinion, what kind of support would be most useful for Mercy Corps to provide in the future?
11. How does budget allocation for the various departments take place? What informs what share is allocated for gender relations activities and what specific budget lines are funded?
12. What are the most strategic/impactful partnerships for government to promote gender equality, food security and nutrition? (e.g. Donors, CSOs, Private Sector, etc.)
13. How is the community involved in informing county level policies and practices? Who participates, how, when and what is the impact?

14. How does the county use data to inform its county level activities and practices? Give examples. What data does the county rely on to plan for gender related activities? What are the challenges of producing and using data in the county?

15. Thinking about the future of work in your Ministry / sector / office, what recommendations do you have for changes in policy or approach related to gender equality, food security and nutrition?

Theme-Sexual and Gender Based Violence

16. What are the programs in place to address GBV prevention and response? Is there a national coordination mechanism? Is there national coverage?

17. How effective are they? What are the gaps?

18. What should priorities be moving forward as regards GBV?

Annex 2: Informed Consent Process and Template

'Informed Consent' is the process by which we ensure that people from whom we are collecting personal information have demonstrated that they have adequate knowledge about and understanding of the interview/research activity, its purpose, any risks or benefits to them, the voluntary nature of their participation, and how their information will be used and protected.

This process is an ethical obligation. Each interview participant must give informed consent anytime we collect detailed personal information from program participants, including survey interviews, post-distribution monitoring, focus group discussions, key informant interviews and other similar practices. Informed consent is not required if the team is simply tracking attendance. For participation in in-depth research protocols, please refer to the Research and Learning team for guidance.

Template

Hello. My name is **[name]** and I work with Mercy Corps. Mercy Corps is an international non-governmental organization that **[include description of program activities in this area]** in this **[state, prefecture, etc.]**. We are conducting **[description of the activity e.g. a survey of households and have randomly selected yours]**. The purpose **[include purpose of activity e.g. of the survey is to learn more about your community so that we can improve our programs in the area]**. Participation in the survey is voluntary and you are free to decline to answer any or all questions. We will use the information provided to **[how data will be used e.g used by the research team to help Mercy Corps do better work in this area]** but will not release your name or any identifying information to anyone. The results will be kept confidential – your responses are private. This survey usually takes about **[estimated length of time]** to complete and will not affect your participation in **[other programs/upcoming programs - or it will help determine eligibility into a program]**.

If you have any questions, comments or would like us to change or delete any information about you, please contact **[name of point of contact]** at **[phone]** or **[email]**^[1]. Here is a card with that information for you.

Are you willing for us to spend approximately **[estimated length of time]** with you carrying out an interview?

NAWIRI Gender Analysis Informed Consent template

Hello. My name is **[name]** and I work with the USAID NAWIRI program in Mercy Corps. Mercy Corps is an international non-governmental organization that is implementing the NAWIRI program in Samburu and Turkana

counties. NAWIRI recently started working with the local government, local partners and communities in this county on improving nutrition and livelihoods. We are conducting focus group discussions/ interviews and you have been selected to participate in this session. The purpose of the focus group discussion/interview is to learn more about life in your community and how women and men live together. This will help us design programs that respond to the needs of people. Participation in the survey is voluntary and you are free to decline to answer any or all questions. We will use the information provided to design activities for the improvement of nutrition and livelihoods in this county but we will not release your name or any identifying information to anyone. The results will be kept confidential and responses are private. There will be no personal benefit to you but your insights will contribute greatly to designing relevant activities in the NAWIRI program. This survey usually takes about 90 minutes to complete and will not affect your participation in any other activity by the NAWIRI program or Mercy Corps.

If you have any questions, comments or would like us to change or delete any information about you, please contact Rosemary Mbaluka (rmbaluka@mercy Corps.org or mobile phone number 0722877651). Here is a card with that information for you.

Are you willing for us to spend approximately 90 minutes with you carrying out an interview?

Responses:

YES/ NO?

Uchambuzi wa Jinsia ya Nawiri Yaliyojulisha Hati ya idhini:

Habari. Jina langu ni **[jina]** na mimi hufanya kazi na mradi wa USAID NAWIRI huko Mercy Corps. Mercy Corps ni shirika lisilo la kiserikali ambalo linatumia mradi wa NAWIRI katika kaunti za Samburu na Turkana. Hivi karibuni NAWIRI ilianza kufanya kazi na serikali ya mitaa, washirika wa jamii katika kaunti hii juu ya kuboresha lishe na maisha. Tunafanya majadiliano ya mahojiano / mahojiano ya kikundi na umechaguliwa kushiriki katika kikao hiki. Madhumuni ya majadiliano ya kikundi / mahojiano ya kikundi ni kujifunza zaidi juu ya maisha katika jamii yako na jinsi wanawake na wanaume wanaishi pamoja. Hii itatusaidia kubuni mipango ambayo inajibu mahitaji ya watu. Ushiriki katika uchunguzi ni wa hiari na uko huru kukataa kujibu maswali yoyote au yote. Tutatumia habari iliyotolewa kubuni shughuli za uboreshaji wa lishe na njia za kuishi katika kaunti hii lakini hatutatoa jina lako au habari yoyote ya kitambulisho kwa mtu yeyote. Matokeo yake yatakuwa ya siri - majibu yako ni ya faragha. Hautakuwa na faida yoyote kwako lakini ufahamu wako utachangia sana katika kubuni shughuli husika katika mradi wa NAWIRI. Utafiti huu kawaida huchukua kama dakika 90 kumaliza na haitaathiri ushiriki wako katika shughuli nyingine yoyote na mradi wa NAWIRI au Mercy Corps.

Ikiwa una maswali yoyote, maoni au ungetaka tubadilishe au kufuta habari yoyote kuhusu wewe, tafadhali wasiliana na Rosemary Mbaluka (rmbaluka@mercy Corps.org au kwa simu nambari 0722877651). Hapa kuna kadi iliyo na habari hiyo kwako.

Je! Uko tayari kwa sisi kutumia takriban dakika 90 na wewe kufanya mahojiano?

MAJIBU: NDIO/ LA

Informed consent form

Ethics & Scientific Review Committee

Informed Consent Form

Study Title	A Gender Analysis of Persistent Acute Malnutrition in Samburu and Turkana Counties of Kenya
Investigator(s)	Amy Ibold-812.320.9132-Mercy Corps Wendy Okolo – 0722731319-Leadedge consults Martin Morgan Mailosi-254 706934265-Mercy Corps Lonah Wanjama-254739823356- Mercy Corps Rosemary Mbaluka - 254 722877651- Mercy Corps Aurelia Munene-0708363571- Leadedge consults Eric Nyamwaro-0729980718- Leadedge consults Donvan Amenya-0725527149- Leadedge consults
Study Sponsor(s)	United States Agency for International Development (USAID)
Collaborators	County Governments of Samburu and Turkana

This Informed Consent Form has two parts:

- a. Information Sheet (to share information about the study with you)**
- b. Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form

Part I: Information Sheet

Despite years of investment and notable progress against other key development indicators, persistent acute malnutrition remains stubbornly high in Samburu and Turkana. Undernutrition causality is complex, dynamic, and specific to local contexts. The USAID NAWIRI program seeks to understand the root causes of persistent acute malnutrition and apply a participatory approach in designing and implementing sustainable interventions with the Samburu and Turkana county governments and local communities. There are multiple drivers of malnutrition and this study will confine itself to the objective of identifying, understanding, and describing the gender differences and impact of gender inequalities as they relate to persistent acute malnutrition in Turkana and Samburu. You have been selected to participate in the study to enable us gain insights on the linkages between gender and malnutrition in Turkana/Samburu county. Please remember that participation in the study is voluntary. You may ask questions related to the study at any time. You may refuse to respond to any question, and you may stop an interview at any time. You may also stop being in the study at any time without any consequences.

Who can participate?

Selection of participants to participate in the study is informed by the need to capture and describe essential themes across different groups of the population that explain causal links between gender and acute malnutrition. As such, selection of participants will be purposive based on key thematic strands underlying the study. Consequently, the study sample will be drawn from the following groups: pregnant women and mothers with children U5, fathers of U5 children, adolescent as well as unmarried boys and girls and community leaders in Turkana and Samburu counties.

Voluntary participation

Your participation in the study is voluntary. You will get the same support whether you agree to join the study or not and your decision will not change the support/services you receive. If you choose to participate in this study, you can withdraw your consent and discontinue participation at any time without prejudice.

What is involved in this project?

Participation in this study will require that I ask you some questions related to sociocultural norms, food security as well as issues around laws, policies and institutional systems and structures related to gender equality and how these influence food and nutrition security. I will record the information collected from you in the interview forms. The interview will take about 1-2 hours to complete. Personal information that may disclose your identity will not be collected. Include the following statement If any changes regarding conduct of the study will be made, you will be promptly informed.

How long will the project last?

The study will take place over a duration of 2 months.

What are the risks?

Some of the questions you will be asked are on intimate subjects and may be embarrassing or make you uncomfortable. If this happens, you may refuse to answer these questions if you choose so. You may also stop the interview at any time. The interview may add approximately one hour to the time you wait before you receive your routine services

What are the benefits?

There will be no direct benefit to you from participating in this research study. If you participate in this study, you will help us to learn about gender differences and impact of gender inequalities as they relate to persistent acute malnutrition in Turkana/ Samburu county which will in turn generate evidence for designing policies on food security.

How will we protect your information and maintain confidentiality?

The interviews will be conducted in a private setting. Your name will not be recorded on the interview forms. The interview forms and other study materials will not be disclosed to any third party in line with data protection Act. Information collected will be coded, encrypted, and stored separately from any names or other direct identification of participants. Only research personnel will have access to completed interview forms.

What will happen with the results?

The study findings will be disseminated widely to all key stakeholders at county level to inform the multi-sectoral nutrition and health programming. Dissemination workshops will be organized at county level to share findings from the study. While we recognize impracticalities in involving all participants in the dissemination phase, deliberate measures will be put in place to ensure a wide reach in sharing the finding.

Can I refuse to participate or withdraw from the study?

Participation in the study is voluntary. You will get the same support whether you agree to join the study or not and your decision will not change the support/services you receive. If you choose to participate in this study, you can withdraw your consent and discontinue participation at any time without prejudice.

Compensation

There are no rewards or any payment for participation in the study.

Who can I contact?

If you have any questions, you can ask anyone from our team now or later. If you have questions later, you may contact [Rosemary Mbaluka (Deputy Chief of Party, USAID NAWIRI) - rmbaluka@mercy Corps.org-0722877651]. If you have questions about your rights as a study subject, you may contact:

The Research Officer
Amref Health Africa in Kenya
Wilson Airport, Lang'ata Road
Office Tel: +254 20 6994000
Mobile No: 0795746777
Fax: +254 20 606340
P.O Box 30125-00100
Nairobi, Kenya

Do you have any questions at this time?

Part II: Certificate of Consent

I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to participate in this study.

Print name of Subject	[at least forename and surname]
Signature of Subject	

DD/MM/YYYY	
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If visually impaired, physically impaired, mentally impaired or illiterate

I have witnessed the accurate reading of the **Consent Form** to the potential study subject, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print Name of Subject	[at least forename and surname]
Thumb/Foot print of Subject	
Signature of Witness	[A literate witness must sign and should be selected by the study subject and MUST have no connection to the research team.]
DD/MM/YYYY	

Statement by the researcher/person taking consent.

I confirm that the study subject was given an opportunity to ask questions about the study, and all the questions asked by the study subject have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the study subject.

Print Name of researcher/person taking the consent	[at least forename and surname]
Signature of researcher/person taking the consent	
DD/MM/YYYY	

Informed Consent Form for Parents

I invite you and your child to take part in a research study being conducted by Amy Ibold who is a Senior Advisor, Adolescent Girls and Youth at Mercy Corps and Wendy Okolo from Leadege consults. The study as well as your rights as a participant are described below.

Description: NAWIRI is a program that seeks to understand the root causes of persistent acute malnutrition and apply a participatory approach in designing and implementing sustainable interventions with the Samburu and Turkana county governments and local communities. There are multiple drivers of malnutrition and this study will confine itself to the objective of identifying, understanding, and describing the gender differences and impact of gender inequalities as they relate to persistent acute malnutrition in Turkana and Samburu. Your child has been selected to participate in the study to enable us gain insights on the linkages between gender and malnutrition in Turkana/Samburu county. Please remember that participation in the study is voluntary. Your child's identity will not be revealed to anyone but the Principal Investigator and her research team.

Confidentiality: Your child's answers will not be associated with their name. Rather, each child will be given an identification number on the interviewer's sheet. A record of your child's participation will be destroyed after it has been transcribed.

I agree to the researchers using my child's name in the research and any publications from the study.

.....

Signature

I agree to have you record my child during the study. I understand the audio will only be used for the purpose of research and will not be available to anyone aside from the researcher.

.....

Signature

Voluntary participation

Participation of your child in the study is voluntary. You will get the same support whether you agree your child join the study or not and your decision will not change the support/services you receive. If you choose your child to participate in this study, you can withdraw your consent and discontinue the child's participation at any time without prejudice.

What is involved in this project?

Participation in this study will require that I ask your child some questions related to sociocultural norms, food security as well as issues around laws, policies and institutional systems and structures related to gender equality and how these influence food and nutrition security. I will record the information collected from your child in the interview forms. The interview will take about 1-2 hours to complete. Personal information that may disclose

identity of your child will not be collected. If any changes regarding conduct of the study will be made, you will be promptly informed.

How long will the project last?

The study will take place over a duration of 2 months.

What are the risks?

Some of the questions your child will be asked are on intimate subjects and may be embarrassing or make you child uncomfortable. If this happens, your child may refuse to answer these questions. Your child may also stop the interview at any time.

What are the benefits?

There will be no direct benefit to your child from participating in this research study. If he/she participates in this study, he/she will help us to learn about gender differences and impact of gender inequalities as they relate to persistent acute malnutrition in Turkana/ Samburu county which will in turn generate evidence for designing policies on food security.

How will we protect your information and maintain confidentiality?

The interviews will be conducted in a private setting. Your child's name will not be recorded on the interview forms. The interview forms and other study materials will not be disclosed to any third party in line with the data protection Act. Information collected will be coded, encrypted, and stored separately from any names or other direct identification of participants. Only research personnel will have access to completed interview forms.

What will happen with the results?

The study findings will be disseminated widely to all key stakeholders at county level to inform the multi-sectoral nutrition and health programming. Dissemination workshops will be organized at county level to share findings from the study. While we recognize impracticalities in involving all participants in the dissemination phase, deliberate measures will be put in place to ensure a wide reach in sharing the finding.

Can I refuse my child's participation in the study?

Participation in the study is voluntary. Your child and yourself will get the same support whether you agree that your child joins the study or not and your decision will not change the support/services you receive. If you choose your child to participate in the study, you can withdraw your consent and discontinue participation at any time without prejudice.

Compensation

There are no rewards or any payment for participation in the study.

Principal investigator: Amy Ibold-812.320.9132-Mercy Corps

Co-principal investigator: Wendy Okolo – 0722731319-Leadedge consults

Informed consent statement

I.....give permission for my child
..... to participate in the NAWIRI research project. The study process has been explained to me and my questions answered to my satisfaction. I understand that my child’s right to withdraw from participating or refuse to participate will be respected and that his/her responses will be kept confidential. I give consent voluntarily.

Parent/Guardian Signature

.....

Signature

Date

Investigator Signature

.....

Signature

Date

Child Consent Form

I am [Insert Name] from Mercy Corps. I am doing a study to understand the linkages between gender and malnutrition in Turkana/Samburu county. We are asking you to take part in the research study because you understand the area where you are leaving and challenges on access to food.

For this research, we will ask you some questions about nutrition in Samburu/Turkana counties. We will keep all your answers private and will not show them to anyone including your parent(s)/guardian. Only people from Mercy Corps working on the study will see them.

We don’t think that any big problems will happen to you as part of this study, but you might feel uncomfortable about some questions about how people live around your home and access to food. You also might be upset if other people see your answers, but we will try to keep other anyone from seeing what you write or tell us.

Benefits: There will be no direct benefit to from participating in this research study. If you participate in this study, he/she will help us to learn about gender differences and impact of gender inequalities as they relate to persistent acute malnutrition in Turkana/ Samburu county which will in turn generate evidence for designing policies on food security.

You should know that:

You do not have to be in this study if you do not want to. You won’t get into any trouble if you say no. You may stop being in the study at any time. If there is a question you don’t want to answer, just leave it. Your

parent(s)/guardian(s) were asked if it is OK for you to be in this study. Even if they say it's OK, it is still your choice whether or not to take part. You can ask any questions you have, now or later. If you think of a question later, you or your parents can contact: Principal investigator: Amy Ibold-812.320.9132-Mercy Corps or Co-principal investigator: Wendy Okolo – 0722731319- Lead Edge Consults

Sign this form only if you:

1. Have understood what you will be doing for this study,
2. Have had all your questions answered,
3. Have talked to your parent(s)/legal guardian about this project, and
4. Agree to take part in this research.

Your Signature	Name	Date
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Name of Parent(s) or Legal Guardian(s)

Name of researcher explaining study

Signature	Date
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CONTACT



DARIUS RADCLIFFE

Chief of Party (CoP), USAID Nawiri
MERCY CORPS
tel +254 701 442 396 | skype mdariusradcliffe
The Almont Park
Church Rd. | Westlands – Nairobi, Kenya



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Nawiri is a consortium of:

