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MATERNAL, INFANT, AND YOUNG CHILD NUTRITION

LEARNING BRIEF

INTRODUCTION & RATIONALE

USAID Nawiri's ambitious goal is to have a transformative and sustained effect on maternal, infant, and young child nutrition (MIYCN) in Kenya's arid and semi-arid lands (ASALs). Achieving this is almost impossible without a deep appreciation of the barriers and facilitators to the adoption of improved dietary, feeding, health, and care practices, and how these fluctuate in the face of shocks and stresses. The purpose of this brief is to communicate key findings and insights that have emerged on this topic to date and how these influence USAID Nawiri's future strategic direction.

At the start of the program, significant gaps in our knowledge base existed, including how interrelated structural, social, and behavioral factors (e.g., seasonality, cultural norms, agency to act, gender norms, household food and nutrition security, access to services, etc.) manifest in varying contexts in Samburu and Turkana and which factors are most amenable to meaningful and sustainable change. There was also a shortage of evidence in terms of what social and behavior change (SBC) approaches work well in these contexts, including how effective they have been in reaching pregnant adolescents and adolescent mothers. Our research and learning agenda, therefore, focused on understanding how a complex array of factors affect infant and young child feeding (IYCF) and care practices and the diets of pregnant and lactating women (PLW) and adolescent girls, to identify context-specific solutions and interventions.

LEARNING JOURNEY

This brief encapsulates evidence and learning derived from multiple areas of inquiry, further informed by an in-depth, multi-stage process of county-level analysis, triangulation, and validation of key findings and their implications. The study devoted specifically to MIYCN involved a desk review, stakeholder mapping, and landscape analysis of existing policies, programs, governance structures, and coordination mechanisms, as well as a human-centered design (HCD) process. The desk review captured learning from reports, technical briefs, nutrition plans, and policy documents from Samburu and Turkana counties documenting existing partnerships, interventions, materials, challenges, and gaps. Additionally, to identify critical barriers to optimal MIYCN and care practices and describe their programmatic implications, USAID Nawiri conducted key informant interviews with staff of relevant government ministries, UN agencies, community-based and non-governmental organizations, leaders of mother-to-mother support groups (MTMSGs), and formal health workers. The findings informed a set of design challenge questions to prime what went into the HCD process. The HCD process was selected to allow the team to experiment early and often, improvise as opportunities emerge, and rapidly develop and refine prototypes to make ideas tangible early. The HCD process has already begun to collect insights on the challenges facing the functionality and ongoing sustainability of mother-to-mother support groups for MIYCN delivery, as well as on male attitudes and roles in MIYCN. This has led to the development of concepts for pilot and or scale up anchored by an iterative, learning and adaptation process. Other than the insights that have gone into the HCD process, program implications of other findings have been consolidated through a consultative process with the County Government technical teams and other implementing partners.

INSIGHTS AND IMPLICATIONS

INSIGHT N°1: without gender-transformative approaches to water security and water governance, women and girls will continue to bear the burden of fetching water, with significant effects on their own energy expenditure, as well as reduced time for infant and young child feeding and care, income generation, education, and participation in public life, including more gender-inclusive governance and oversight.

Several studies offered compelling evidence on the tremendous energy and time burden placed on women and girls related to water (as well as firewood collection). This burden is borne almost exclusively by women and girls, is year-round in almost all geographical zones, and contrasts starkly with their minimal involvement in water-related decision-making. It cannot be overestimated how critical a role water security plays in multiple ToC pathways, including as a direct and indirect barrier to the uptake of recommended MIYCN behaviors in the ASALs. However, without a strongly embedded equity lens, water management systems will continue to neglect or misinterpret the needs of women and girls. USAID Nawiri will therefore insist on a gender-transformative approach to its piloting of any intervention in the water sector and prioritize ways to minimize the time and energy burden of water collection on women and girls. Additionally, steps will be taken to increase women and girls' involvement in water-related decision-making and income generation to increase ability to access consistent, clean water, and their participation in accountability mechanisms. Household-level WASH interventions to improve knowledge, attitudes, and practices are warranted, but a systems approach is critical to address the problem, including efforts to improve governance of water and water services, to be more efficient, representative and inclusive, to professionalize management of utility systems and

improve rural sources, generate small-scale irrigation opportunities and replenish water sources (see Water Security for Nutrition Learning Brief). Along with strong social behavior change engagement to address this pervasively gender inequitable elements of pastoral life, these actions that USAID Nawiri will support are aimed to reduce women and girl's time burden to fetch water that impedes collective and community responses to malnutrition, water scarcity, and other challenges to family well-being.

INSIGHT N°2: There is currently a missed opportunity, and indeed demand among communities, for more inclusive SBC approaches recognizing the pivotal role of fathers, elders, and other economic and cultural custodians. Moreover, conventional approaches to MIYCN that promote "optimal" rather than "feasible" behaviors place unrealistic expectations on individuals (mainly women) to overcome structural barriers, and risk disempowering women and entrenching vulnerabilities.

SBC programming aimed at improving nutrition outcomes in Samburu and Turkana has tended to target pregnant and lactating women, neglecting other caregivers, key influencing groups, and custodians of social and cultural norms, despite barrier analyses and community consultations having emphasized their crucial role in the evolution of MIYCN practices. A particularly frequent reproach is that fathers are too often overlooked. It was also clear from consultations that dialogues around behavior change would benefit from acknowledging the choices and trade-offs that stem from financial and livelihood pressures and act as constraints for behavioral adaptations. Appreciative inquiry dialogues aimed at co-creating solutions and agreeing on feasible steps on the path to optimal MIYCN behaviors is an approach more likely to gain traction. Existing SBC tools and training approaches are being reviewed in light of this, with a view to equipping community health volunteers (CHVs) and MTMSG lead mothers with the requisite counseling and facilitation skills, incorporating context-specific barriers brought fore by the research, and broadening their scope to encompass other key audiences (fathers of young children and adolescents, grandmothers, traditional birth assistants, adolescent pregnant and lactating mothers). Furthermore, recent community dialogues and official declarations by elders in Samburu have been heralded as instrumental in shifting attitudes towards female genital mutilation and early and forced marriages. USAID Nawiri aims to leverage such initiatives and increase the engagement of clan elders, age set leaders, and adolescent and youth champions; working through rather than in opposition to dominant culture to influence the adoption of MIYCN and care practices.

INSIGHT N°3: to have any chance of disrupting the intergenerational cycle of malnutrition, systems need to be more responsive to the unique needs and vulnerabilities of different groups of adolescents. Increased opportunities for representation and the incorporation of co-design and feedback loops are critical to the design of fit-for-purpose services.

Despite high rates of undernutrition among adolescent girls and growing evidence linking adolescent pregnancies to increased risk of low birth weight, struggles with IYCF and heightened incidence of childhood malnutrition, currently few nutrition-related activities or services are responsive to unique needs and vulnerabilities of different groups of adolescents in Samburu and Turkana. Our findings indicate that the voices of adolescents, particularly those of young girls, are frequently marginalized by adults in both counties, that adolescent mothers often face a lack of social support, and that there are inadequate 'safe spaces' where girls and boys can freely access information and learn from each other without being reprimanded or stigmatized. Through a HCD process, USAID Nawiri is now experimenting with adapted service models and approaches, including more accessible health and nutrition services, access to information, and psychosocial support for boys and girls. The program is

expanding peer-to-peer approaches with local youth organizations; and in collaboration with the County Department of Health, Youth and Sports, and the Ministry of Education will ensure that SBC materials and intergenerational dialogues address the connections between adolescent girl nutrition, early and forced marriage and pregnancy, and persistent global acute malnutrition (P-GAM).

INSIGHT N°4: the baby-friendly community initiative (BFCI) shows promise, but more effort is needed to arrive at a financially sustainable form of the model that can be effectively scaled up and adapted to the needs of different groups of service users.

The BFCI has been linked to improved breastfeeding and complementary feeding practices in rural settings and is championed by the Government of Kenya. Nevertheless, institutional bottlenecks remain around costing, workforce capacity planning, and the integration of the various service components into the community health system. Without addressing these systemic barriers, the BFCI will not be able to operate in the long term or at scale. USAID Nawiri will therefore provide in-depth technical support to county governments on planning and budgeting for BFCI, alongside ongoing community and facility level interventions. At the community level, barriers to the success of specific components of the BFCI were also identified, including around the establishment and maintenance of peer support groups. This raised the question of how activities conceived to support families can be further focused and tailored to provide the ‘right support at the right time’, and as such be better balanced with competing priorities, and responsive to participants’ real time needs. Via a HCD process, USAID Nawiri is currently experimenting with adapted peer support models that emphasize adult learning principles and meet participants’ demand for practical skills and economic linkages.

INSIGHT N°5: there are significant variations across livelihood zones, sub-counties, and seasons, as evidenced in the longitudinal studies and gender analysis. This suggests the need for highly context-specific and risk-informed MIYCN design interventions.

Both studies revealed many differences in terms of actual MIYCN practices, cultural norms, taboos, and discriminatory practices related to MIYCN, food availability, dietary intake, environmental resource constraints and opportunities, domestic and non-domestic workload, migratory patterns, and childcare arrangements to name just a few. Whilst this level of heterogeneity is expected, a ‘business unusual’ approach requires more serious efforts to adapt programming to the specific needs and nuances of different communities. With the data ascertained from the research phase, USAID Nawiri is much better placed to prioritize and co-design context-specific and shock-responsive MIYCN interventions that are intelligently sequenced, layered, and integrated in line with shifting circumstances, priorities, and capacities.

INSIGHT N°6: decentralization has presented a seminal opportunity to eradicate p-gam and foster nutrition resilience in the ASALS that needs to be capitalized upon without delay. However, integrated county nutrition action plans are yet to be fully operationalized in both counties, and coordination mechanisms need more support to flourish. The political economy analysis (pea) and community health systems (CHS) areas of inquiry laid out how the CHS, upon which many MIYCN interventions rely, remains under-resourced; leading to low coverage, weak monitoring and reporting, and diminished motivation among both CHS staff and volunteers.

To further elevate nutrition on the political landscape and provide the administrative might necessary to harmonize and sustain multi-sector action, USAID Nawiri will champion the formation of a permanent nutrition office within the county executive under the new county administrations in 2022, as well as

improved budget allocations for MIYCN programming and human resources. Meanwhile, in the run-up to the elections, USAID Nawiri will continue to work in close partnership with County Technical Officers, who represent a greater degree of stability and continuity. We will focus on crucial aspects of CHS strengthening that emerged from the research, namely community engagement and accountability, improving MIYCN service accessibility and streamlining the work of community health volunteers. We will also support county governments to undertake more participatory planning and budgeting for MIYCN programming utilizing Ward Development Committees and continue to promote the implementation and monitoring of CHV incentives. Additionally, USAID Nawiri will dedicate resources to strengthening existing coordination mechanisms to facilitate more robust multi-sector analysis, integrated planning and alignment.

CONCLUSION & PRIORITY AREAS FOR ONGOING LEARNING

Changing MIYCN behaviors is complex and multifaceted. Countless factors from knowledge to motivation, current attitudes, local material conditions, social support, social norms, etc. can influence a program's impact. USAID Nawiri's interventions will be tailored to the local context and focus on small, achievable actions for key audience segments through repeated contacts. Furthermore, a critical barrier that USAID Nawiri hopes to mitigate is the limited government funding for health and nutrition programming and human resources for nutrition in the respective counties with the goal of institutionalizing and sustaining MIYCN programming.

Priority Areas for continued learning include:

1. Testing, learning, and adapting health service delivery interventions, including MIYCN, for mobile and migratory communities.
2. Testing and adapting BFCI to make it cost-effective, functional, and inclusive. This may also include exploring necessary modifications for peri-urban and urban settings given the escalation of rural-urban migration.

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