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A Preliminary Stakeholder Analysis for Addressing Global Acute Malnutrition in the Kenyan ASALs

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Summary

Global Acute Malnutrition (GAM) is a persistent problem in the Kenyan Arid and Semi-arid Lands (ASALs), despite the efforts of humanitarian programs and other initiatives. This report presents the findings from a preliminary stakeholder analysis for addressing GAM under the Nawiri program. The analysis identifies stakeholders and seeks to understand their perspectives and knowledge on the problem of persistent GAM and its drivers, and their perceptions on the effectiveness of strategies for addressing GAM.

The survey sample of 216 professionals represents a useful first approximation of Nawiri stakeholders. Recommended next steps include incorporating some of the initial findings into ongoing Nawiri messaging, including sharing evidence related to specific knowledge gaps. For example:

1. While many respondents recognized that GAM is a persistent problem in the ASALs, some indicated that they believe GAM is mainly an issue in emergencies. Nawiri could increase the recognition of GAM as a persistent problem by, for instance, sharing data about GAM rates and how they are changing, and sharing the results of the Malnutrition Hotspot Analysis and Mapping report. This would help ensure all stakeholders have the same understanding of the problem that the project is addressing.
2. Many respondents showed an understanding that malnutrition is complex with multiple drivers at many levels. Nawiri can further develop and solidify this understanding by sharing and explaining the Nawiri framework for addressing acute malnutrition with stakeholders.
3. Most respondents understand and recognize the importance of the basic drivers of malnutrition despite having limited experience addressing them and INGOs rarely programming for them. Nawiri can

continue to discuss these basic drivers to gain more information about how they have been addressed.

4. Seasonality was not mentioned by respondents but is important in the ASALs. Nawiri has the opportunity to address this knowledge gap by monitoring seasonal trends to better understand the ways that seasons impact malnutrition in the ASALs and by working with stakeholders to help them better understand the seasonal dimension of malnutrition. While Nawiri gathers the data specific to the target counties, the project could use research from other areas to help stakeholders understand generally that seasonality matters before getting into specific trends in the ASALs.
5. Combat the “food-first bias.” While respondents understand the importance of the basic drivers of malnutrition, the survey showed that the “food-first bias” is still strong. Nawiri should make efforts when engaging stakeholders to better understand this bias so we can dispel the myth that addressing food intake alone will lead to reductions in malnutrition.

Additional next steps include developing a targeted stakeholder analysis of local civil society; and relevant customary and traditional institutions at the county level and in the Nawiri study areas.

Introduction

Globally, emergency levels of global acute malnutrition (GAM) among infants and young children are increasingly reported. Many contexts, including counties in Kenya's Arid and Semi-arid Lands (ASALs)¹, report persistently high rates of GAM even where there are improvements in related sectors, such as food security. Humanitarian programs have been able to reduce GAM in the short term by addressing the immediate drivers of malnutrition (food intake and disease). However, these interventions do little to address the underlying and basic drivers of malnutrition and we see the rates climb again after the interventions end. Part of the failure to sustainably address persistent GAM is that stakeholders lack evidence on and understanding of the drivers of GAM, which limits their ability to find solutions to address it.

Nawiri is a five-year (2019-2024), evidence-based development project in Kenya's ASALs. It aims to improve understanding of the drivers of persistent GAM through participatory learning processes that will lead to sustainable systemic approaches that address acute malnutrition. The operational research in the first two years will guide the design of context-sensitive, systems-driven, and multi-sectoral approaches to sustainably reduce GAM in four counties (Isiolo, Marsabit, Samburu, and Turkana). These approaches will be implemented in years three through five.

¹ Ministry of Health. (2018). Kenya National Nutrition Action Plan 2018-2022. Republic of Kenya: Ministry of Health.

Objectives and Methods

Objectives

As part of the learning agenda, Nawiri emphasizes the importance of meaningful stakeholder engagement with people at national, county, and community levels. In 2020, the Nawiri consortia conducted a stakeholder survey as part of its effort to identify and understand stakeholder perspectives; and to complement the national and local consultations and desk studies that are happening during the first year of the project.

For the purpose of this survey, a stakeholder is defined as a person, group, organization, or institution that affects or influences (directly or indirectly) one or more of the drivers of GAM in Kenya's ASALs.

The objectives of this stakeholder survey were to:

1. Identify the type of involvement or influence different stakeholders have on GAM.
2. Understand stakeholder knowledge of GAM and its root causes.
3. Understand stakeholder perceptions of the effectiveness of strategies for addressing GAM.
4. Promote wider awareness of and support for Nawiri.

To build a shared understanding of the drivers of GAM, Nawiri adopted a revised conceptual framework for addressing GAM in drylands² (Figure 1). The survey questions were based largely on this conceptual framework.

Methods

The stakeholder survey was conducted through a short online questionnaire using the Qualtrics XM

survey tool from August 19 through September 30, 2020. It covered two general areas: 1) background information about the respondent and their organization or institution, and 2) the respondent's interest or influence on nutrition and perception of challenges and policies affecting nutrition. The survey took approximately 10 minutes to answer completely.

Members of the Nawiri consortia sent the survey link by email to 216 professional contacts in Kenya. To widen the survey's coverage, initial respondents were invited to forward the survey link or submit names of other potential interested parties, a method referred to as "snowball sampling." Seventy-nine people participated in the survey.

Limitations and constraints

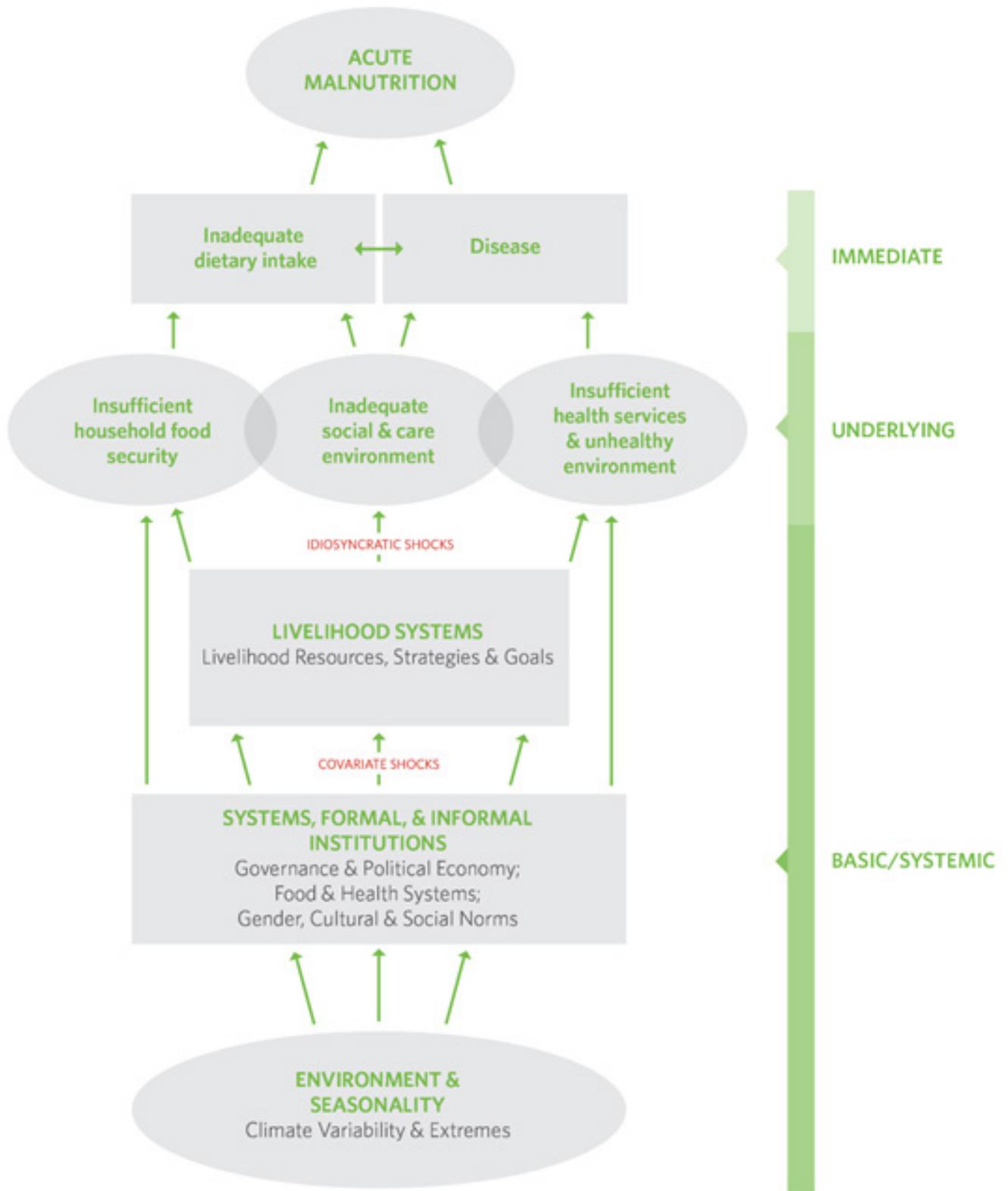
The survey sample was relatively small and self-selecting, which may have introduced some bias.

Although the study team originally planned to broaden participation in the survey through face-to-face interviews, this was impossible due to the Covid-19 emergency measures in Kenya at the time. Being available only online, the survey targeted employed people and so did not reach important stakeholder groups outside of formal employment, such as community groups and tradition institutions.

While this survey represents a useful first approximation of the Nawiri stakeholders, it will be useful to repeat the survey, particularly targeting county and community level stakeholders, to gauge a broader range of perspectives and interests.

² Young, Helen. (2020). Nutrition in Africa's drylands: A conceptual framework for addressing acute malnutrition. Boston: Feinstein International Center, Tufts University.

Figure 1. The Adapted Conceptual Framework for Addressing Acute Malnutrition in Africa's Drylands



Findings

Characteristics of respondents

Individual respondents

The gender of respondents were 63 percent male and 37 percent female, indicating a bias towards men. Possible reasons for this include the targeting of individuals in formal employment. The location of stakeholders' employment reveals a slight bias towards the capital, with 53 percent of respondents based in Nairobi, and 40 percent in ASAL counties (Figure 2).

Respondent organizations

Seven broad categories of stakeholder organizations are represented in the survey:

1. **International NGOs and UN agencies**, including AMREF Health Africa, Concern Worldwide, Food for the Hungry, and the United Nations Children's Fund
2. **National and county government**, including the federal Ministry of Health and county level Departments of Health, Water, Tourism, Agriculture, and Livestock
3. **Donor governments**, including the European Union and USAID
4. **National NGOs and community organizations**, including Community Initiative Facilitation and Assistance Kenya, and WASDA
5. **Research or consulting organizations**, including International Livestock Research Institute, and Kenya Agricultural and Livestock Research Organization
6. **Regional Organizations**, such as the African Union, Interafrican Bureau for Animal Resources
7. **Other**, including Millennium Water Alliance and the Regional Center for Mapping of Resources for Development

Figure 2. Geographical Distribution of Respondent's Work

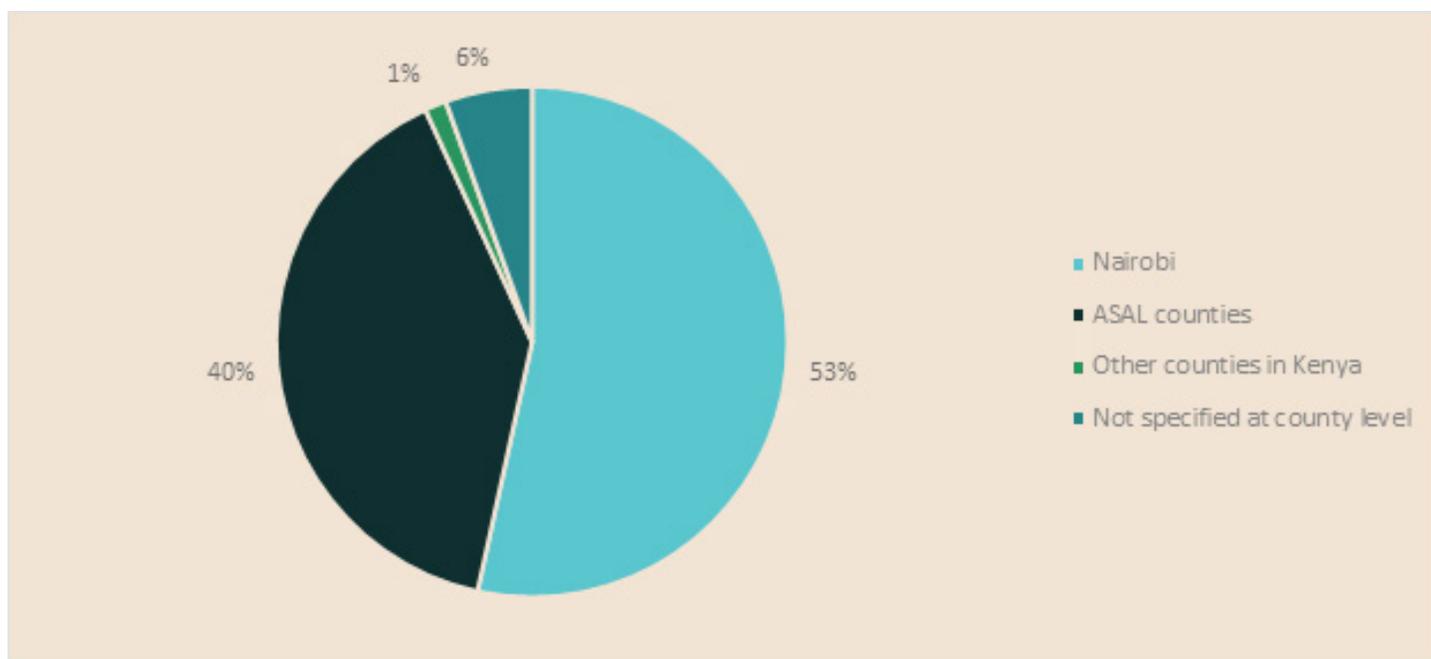


Figure 3. Respondent Organizational Affiliation

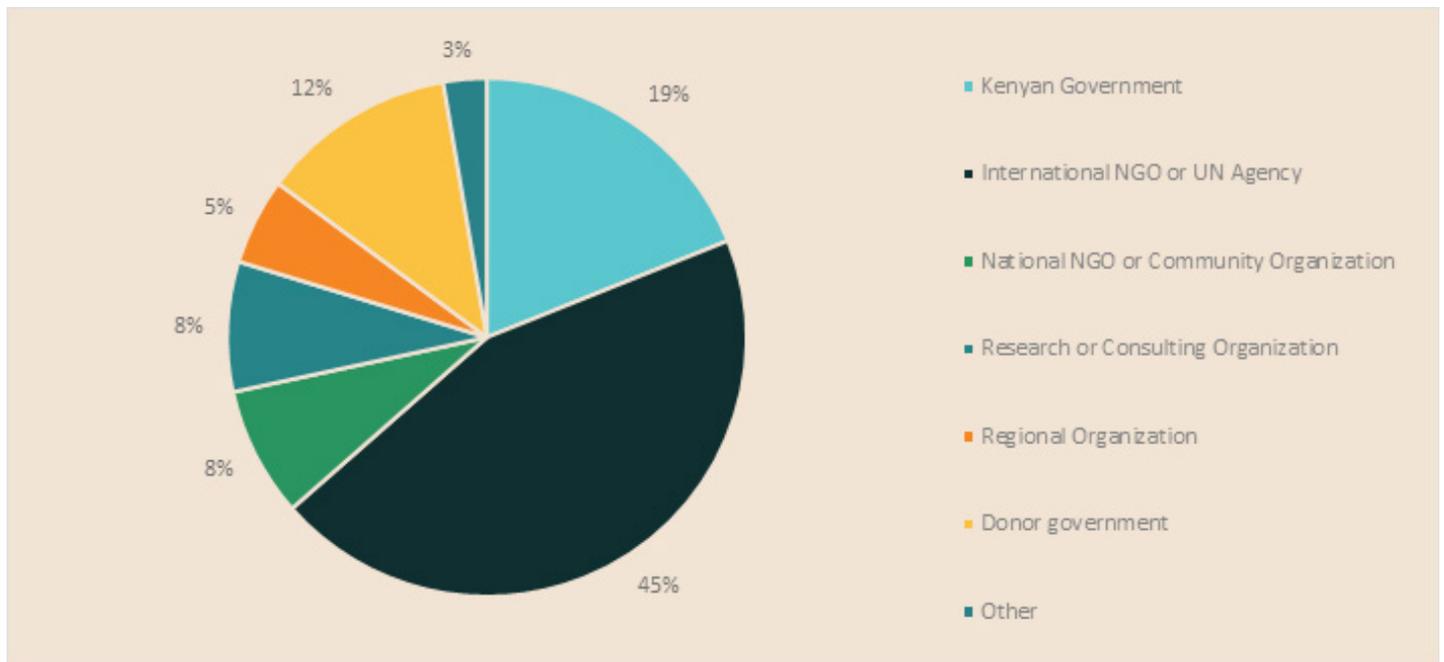


Figure 4. Respondents' Role in Their Organization

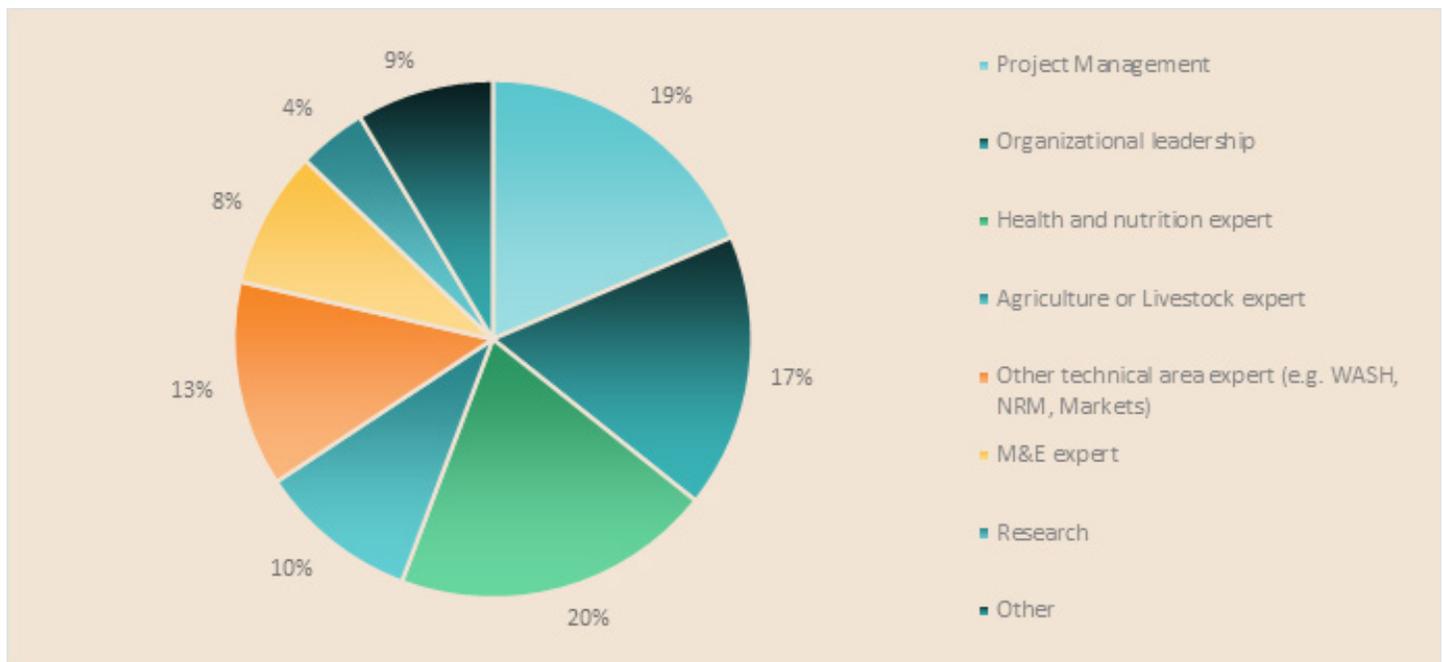


Figure 3 shows the respondents' organizational affiliations. International NGOs are well represented (45 percent of the sample), and the Kenyan government is reasonably so (19 percent). However, responses from national NGOs and community organizations were limited (eight percent). While the data is not exact on whether the government respondents come from the federal or county level, it appears to be split evenly. With the devolution of government to county level in recent years, which has transferred functions from national ministries to county governments,³ it is important for Nawiri to understand the perspectives of representatives in county-level government.

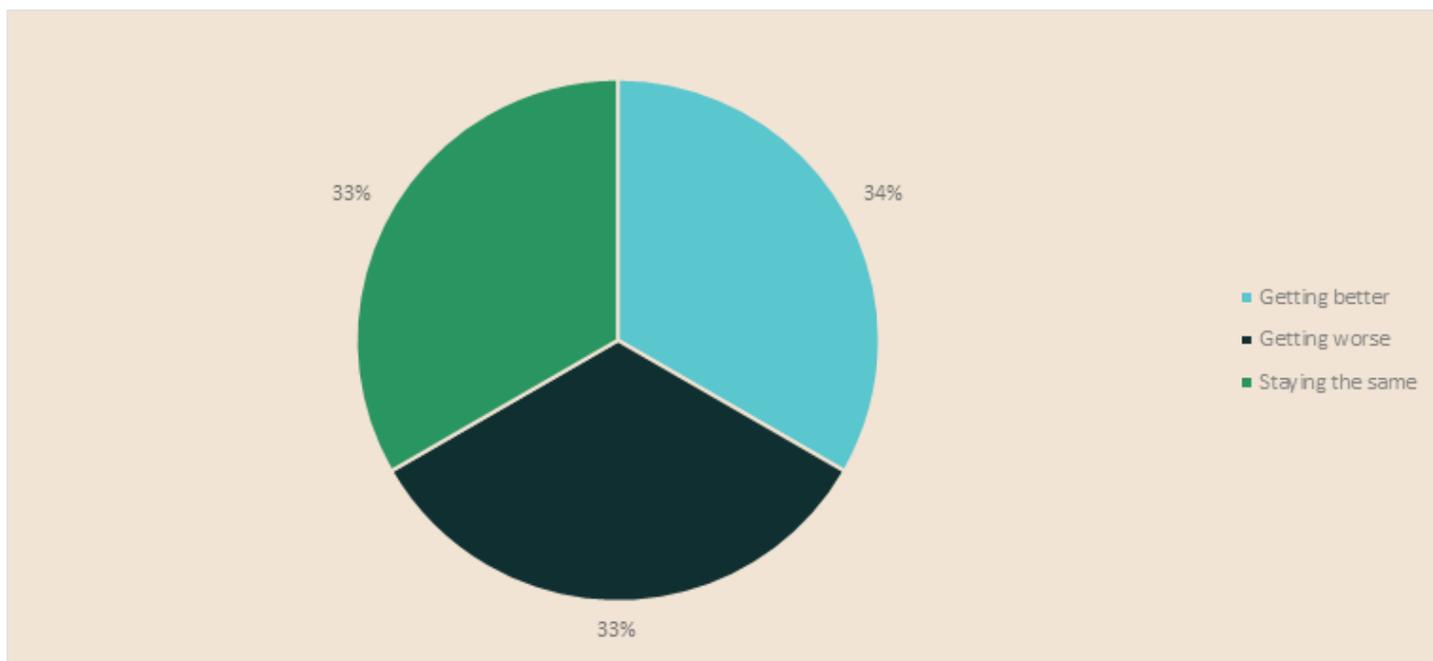
Important stakeholders that did not respond to the survey at all include community-level formal institutions (e.g., Water Resources Users Associations, Community Forest Associations, Community Wildlife Associations, Environmental Management Committees, Ward Adaptation Planning Committees); private sector; media; traditional institutions at the national, county, and community levels (e.g., *korra*⁴, *dedha*⁵); and universities.

Respondents played a wide variety of roles in their organizations, including technical experts (health, nutrition, WASH, NRM, markets, agriculture, livestock); leadership and management; monitoring and evaluation (M&E); and research (Figure 4). More than half of the sample (56 percent) were from technical professional backgrounds (technical program support, research, and M&E). None of the respondents could be identified as political leaders, policymakers in formal institutions, or leaders in customary governance roles, which are gaps.

Trends in acute malnutrition over time

Respondents had very mixed views of the general trends in GAM in the Kenyan ASALs (Figure 5). Approximately one-third thought GAM was improving, another third thought it was getting worse, and the other third felt it was staying the same. This mixed picture suggests there is a need to share evidence on the GAM trends and variability in the ASALs. On behalf of Nawiri, Prof. Sophie Ochola and her team is currently

Figure 5. Overall Perception of the Trends in GAM in the ASALs



3 Birch, Izzy. (in press). Desk Review: Natural Resource Management and Nutrition. Nairobi, Kenya: Nawiri.

4 An institutionalized process for collective decision making, whose decisions are considered binding. Can be organized at any level of social organization at any time.

5 Council of elders.

analyzing malnutrition hotspots in Isiolo and Marsabit counties. Preliminary results show that the prevalence rate of GAM regularly exceeds the emergency threshold of 15 percent in Isiolo and Marsabit counties. The review of this data confirmed the persistence of GAM over the past decade, and from year to year. It also found high variability in GAM rates, within the county and sub-counties, and over time. For example, rates ranged from 4 percent to over 30 percent in different years in the same location. Particular areas were identified as “hotspots,” where malnutrition has been found to recur over years, and in different seasons.⁶ Furthermore, the Kenya National Nutrition Action Plan 2018-2022⁷ also recognizes that GAM rates are above the 15 percent emergency threshold in several arid areas (Turkana, Mandera, North Horr, Samburu, and East Pokot counties).

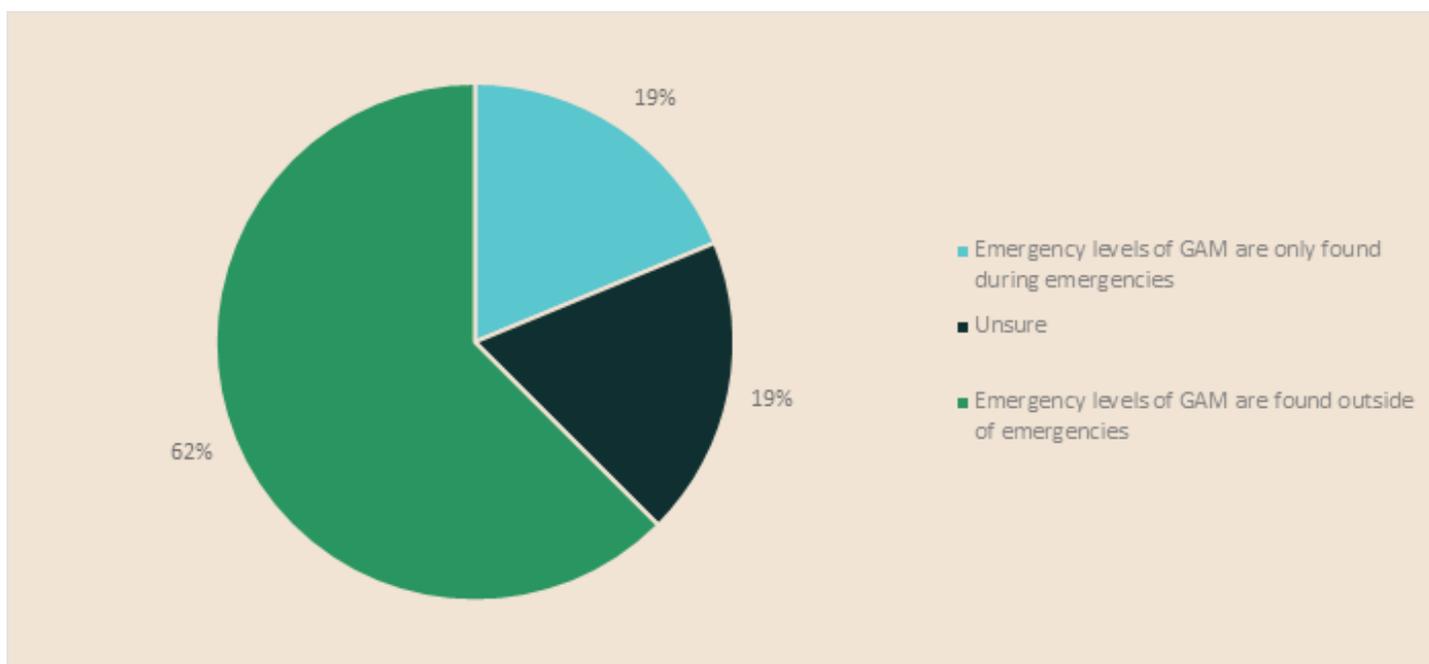
The survey also explored whether respondents perceived emergency levels of malnutrition to

be a short-term phenomenon only associated with emergencies. Only 19 percent agreed that emergency levels of GAM are only found during humanitarian emergencies and drop after emergencies, while the majority of respondents (63 percent) disagreed with this view (Figure 6). This suggests that there is a general widespread awareness among stakeholders that emergency levels of GAM in the Kenyan ASALs are not limited to emergencies, and frequently persist when there is no obvious disaster-related trigger or shock.

In contrast, practical guidelines on nutrition in emergencies and famine early warning systems frequently assume that emergency levels of GAM are only found during the acute phase of an emergency and, following an appropriate response, fall back down after the emergency.⁸

A better understanding of the persistent nature of GAM among stakeholders will be an important step toward a sustainable solution.

Figure 6. Stakeholder Perceptions Regarding the Link Between Emergency Levels of GAM and Humanitarian Emergencies



6 Ochola, S. (in press). Malnutrition Hotspot Analysis and Mapping for the Nawiri project in Isiolo County. Nairobi, Kenya: Nawiri.

7 Ministry of Health. (2018). Kenya National Nutrition Action Plan 2018-2022. Republic of Kenya: Ministry of Health.

8 See, for example: MSF (1995). Nutrition Guidelines. Paris, France, Medecins Sans Frontieres.

WHO. (2000). The Management of Nutrition in Major Emergencies. Geneva, World Health Organization, United Nations High Commissioner for Refugees, International Federation of Red Cross and Red Crescent Societies, World Food Programme.

The Integrated Food Security Phase Classification System provides evidence and standards for categorizing food security and nutrition, ranging from minimal (level 1) to catastrophe/famine (level 5). The latter corresponds to extremely critical levels of acute malnutrition and mortality. http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Communicating_the_Acute_Food_Insecurity_Scale.pdf

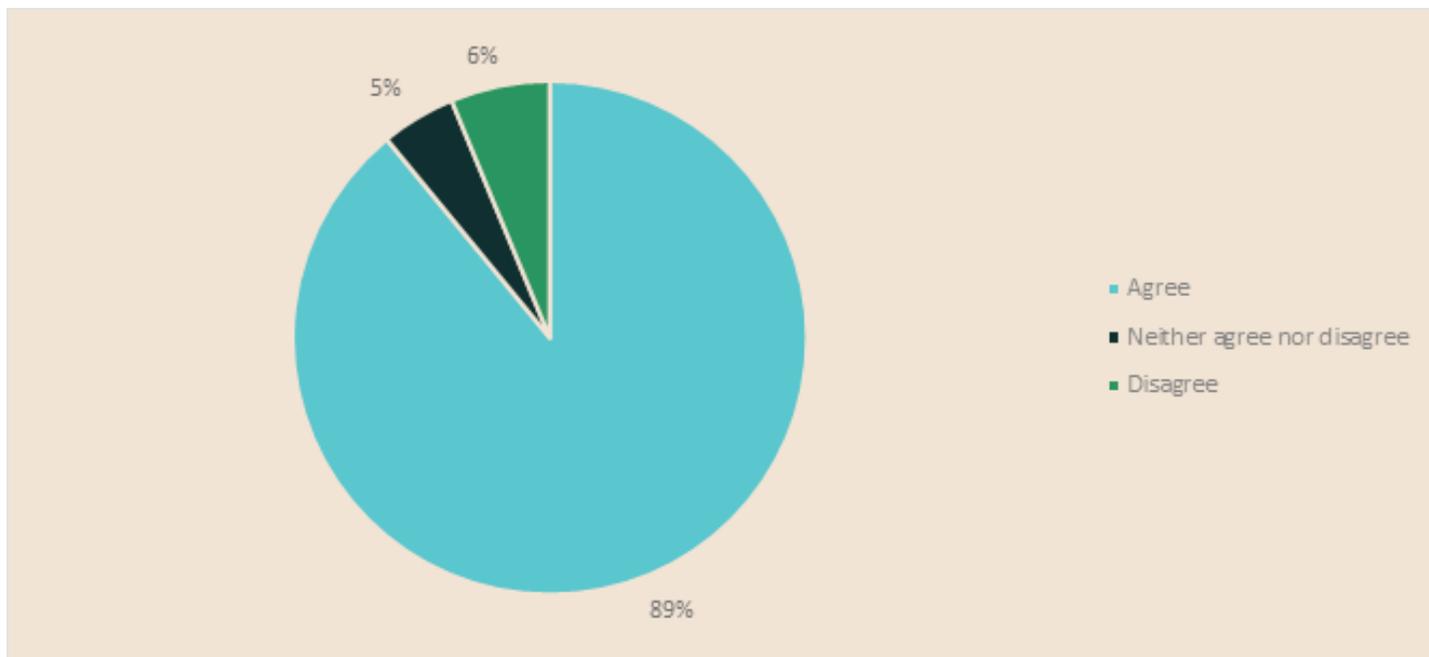
Drivers of acute malnutrition

Stakeholders generally recognize that persistent GAM is a problem. However, there are different viewpoints as to what its drivers are. The majority of respondents (89 percent) recognize that acute malnutrition is caused by multiple and complex underlying factors (Figure 7a). Indeed, the Kenya Nutrition Action Plan (KNAP) also recognizes the

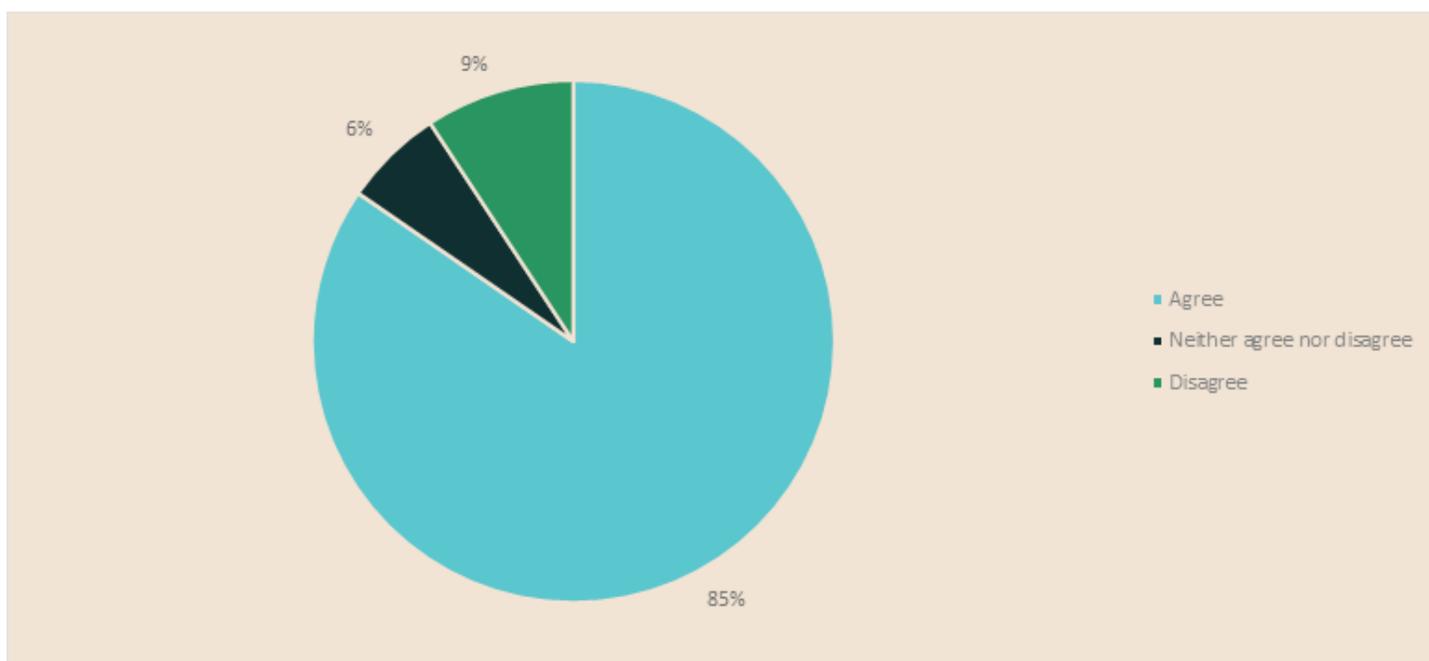
complex set of underlying factors that include immediate, underlying and basic causes. The KNAP notes that the potential for coordinated action “emerges from the shared drivers behind different forms of malnutrition, and from shared platforms that can be used to address these various forms. Examples of shared platforms for delivering triple-duty actions include health systems, agriculture and food security systems, education systems,

Figure 7. Stakeholder Perceptions Regarding Drivers of Malnutrition

a. Acute malnutrition is caused by multiple and complex factors



b. Lack of food security is the main cause of acute malnutrition



social protection systems, WASH systems and nutrition sensitive policies, strategies, and programs.”⁹

However, 85 percent of the respondents indicated that food insecurity is the main driver of acute malnutrition (Figure 7b). The policies and frameworks discussed in the “Review of Government Sector Frameworks on Nutrition in ASALs–Policies and Programs in Isiolo and Marsabit Counties” undertaken by Nawiri shows that the Kenyan and county policies include food insecurity as a contributing cause, but do not identify it as the main driver.¹⁰

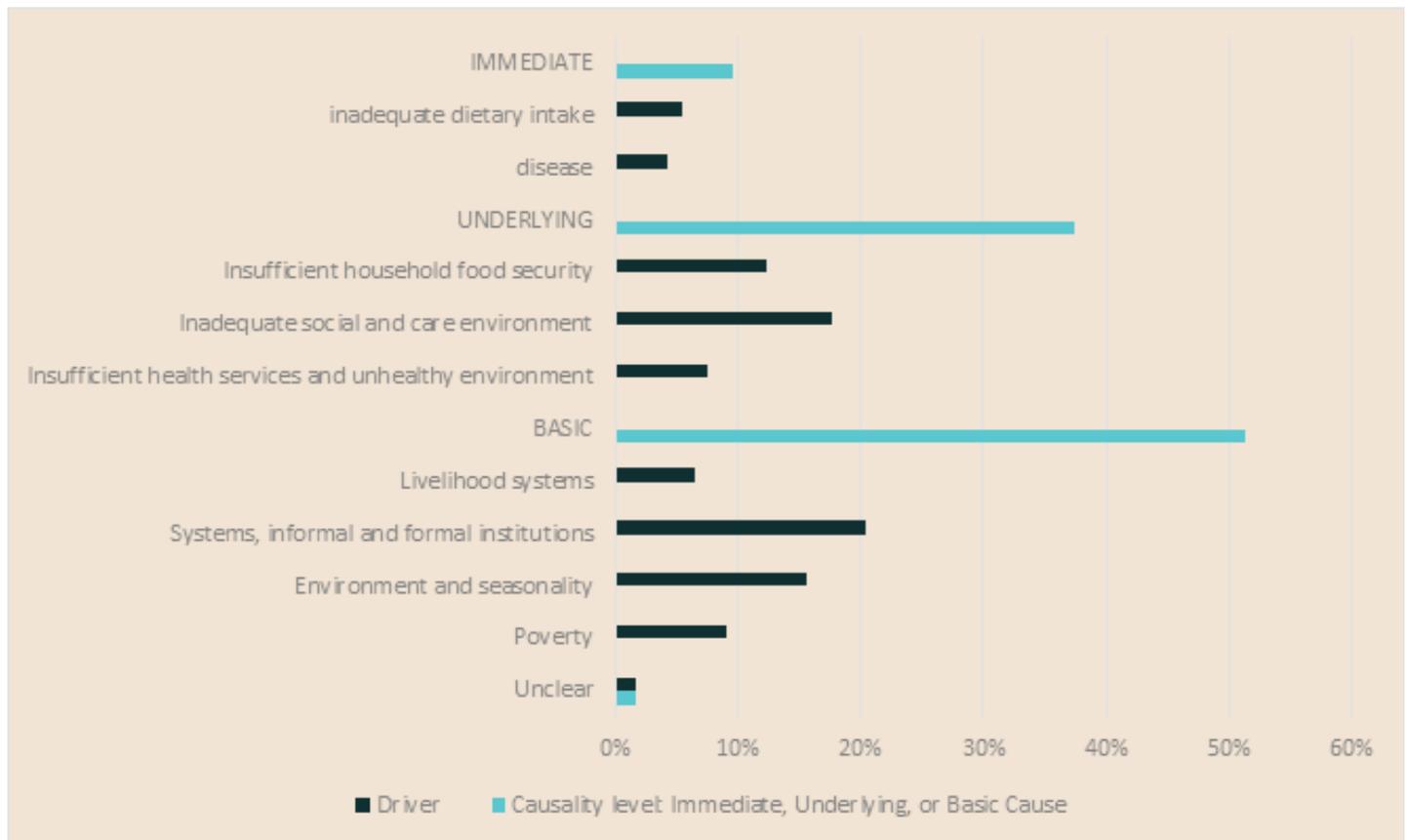
In an open question, we asked respondents to describe in their own words what they perceived were the top three drivers of GAM in the Kenyan ASALs. Their answers were then coded based on the drivers of GAM in the Nawiri conceptual framework (Table 1). The results are presented in Figure 8.

More than half (51 percent) of the top three drivers of GAM that respondents mentioned were basic drivers, while only 10 percent were immediate drivers and 37 percent were underlying drivers. This somewhat surprising finding shows that stakeholders recognize the role of basic drivers as the root cause driving malnutrition causal pathways.

Of these basic drivers, factors related to systems and institutions were mentioned most frequently, followed by factors relating to the environment, climate, and seasonality. Livelihoods were only directly mentioned in 6 percent of the top 3 drivers; although if we include poverty under livelihoods this increases to 15 percent, which is on a par with environment and seasonality. Poverty is linked with household access to resources, which is a fundamental aspect of livelihoods.

Respondents described a broad range of issues related to systems and institutions, which we have

Figure 8. Stakeholder Perceptions of the Top Three Drivers of GAM



9 Ministry of Health. (2018). Kenya National Nutrition Action Plan 2018-2022. Republic of Kenya: Ministry of Health. p.7.

10 Nawiri. (in press). Review of Government Sector Frameworks on Nutrition in ASALs–Policies and Programs in Isiolo and Marsabit Counties. Nairobi, Kenya: Nawiri.

grouped into the following categories. Governance and financing were mentioned most frequently. Policy or legal issues, while only mentioned a few times, might be inferred within the references to institutions.

- **Governance/leadership** – government efforts, leadership, and support
- **Financing** – financial governance, budgets, low investments in the ASALs and production systems, and resource constraints
- **Systemic or institutional failures or weaknesses** – poor infrastructure, weak coordination and implementation
- **Donor or aid dependency** – donor dependence, importation of food and ideas
- **Cultural norms and practices** – gender disparities, harmful social norms, and cultural practices
- **Policy or legal issues** – weak policy environment, insecure tenure
- **Conflict** – resource conflict and community-based conflict

Climate change and climate shocks, especially drought, came up frequently and accounted for seven percent of the total mentioned causes. References to climate were sometimes linked to causal pathways; for example, climate change “food insecurity due to climatic shocks.” Respondents did not mention seasons or seasonality, which suggests this is not considered in the top three drivers.

Effectiveness of interventions addressing malnutrition

Respondents rated the effectiveness of 13 interventions to address GAM (Figure 9a and 9b). The interventions rated as most effective were access to health centers, behavioral change programs, and natural resource management, with more than 80 percent of respondents indicating that they are effective. Respondents rated as the least-effective interventions: vocational training, latrine construction, and provision of WASH items.

Table 1. Respondent responses about the causes of malnutrition coded by driver

Drivers	Totals	Level	Driver
	n	%	%
Immediate	18	10%	
Inadequate dietary intake	10		5%
Disease	8		4%
Underlying	70	37%	
Insufficient household food security	23		12%
Inadequate social and care environment	33		18%
Insufficient health services and unhealthy environment	14		7%
Basic	96	51%	
Livelihood systems	12		6%
Systems and informal and formal institutions	38		20%
Environment and seasonality	29		16%
Poverty	17		9%
Unclear	3	2%	2%
Total	187	100%	100%

(Respondents’ answers were coded twice, first by their specific driver and second as either immediate, underlying, or basic drivers. Note three answers were uncoded as they were unclear.)

Figure 9a. Interventions Rated as Most Effective at Addressing GAM

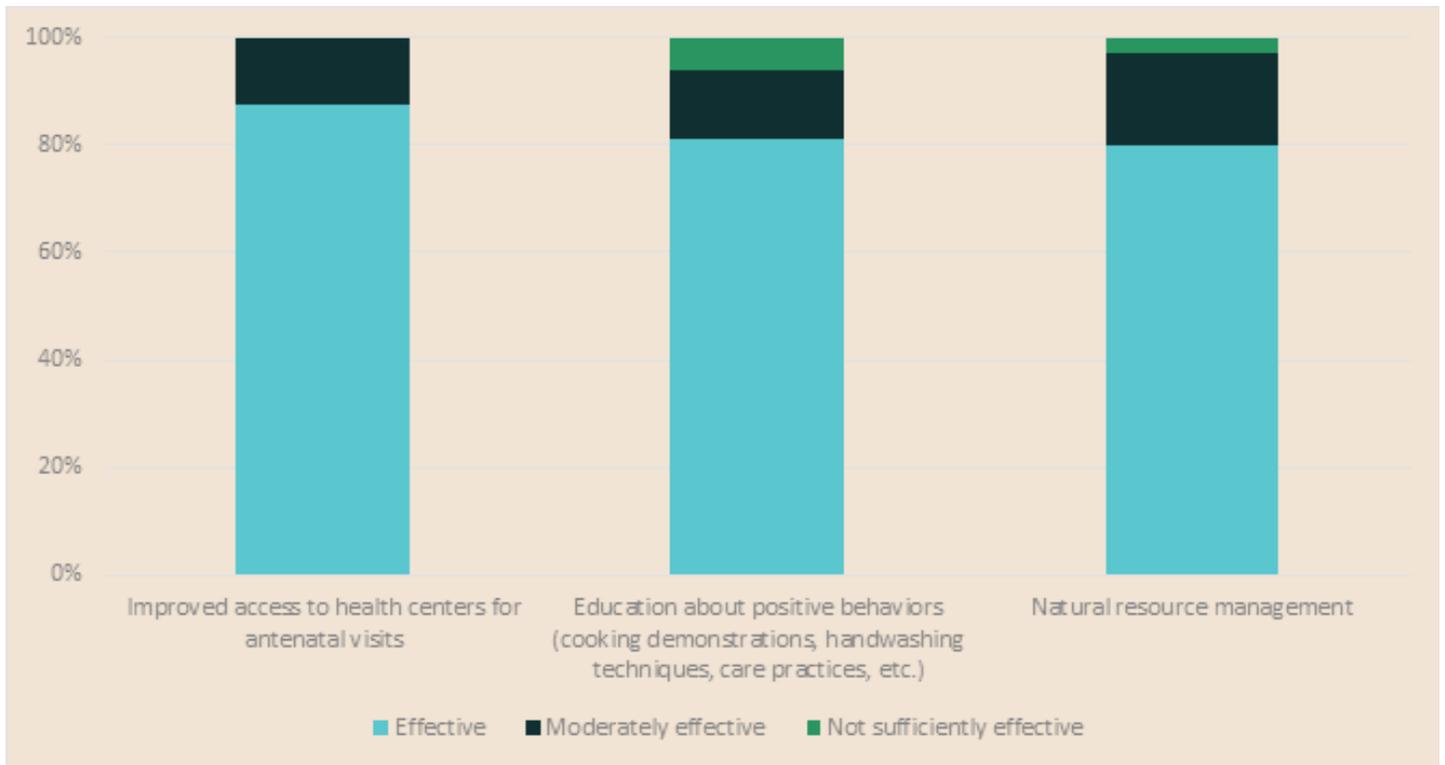
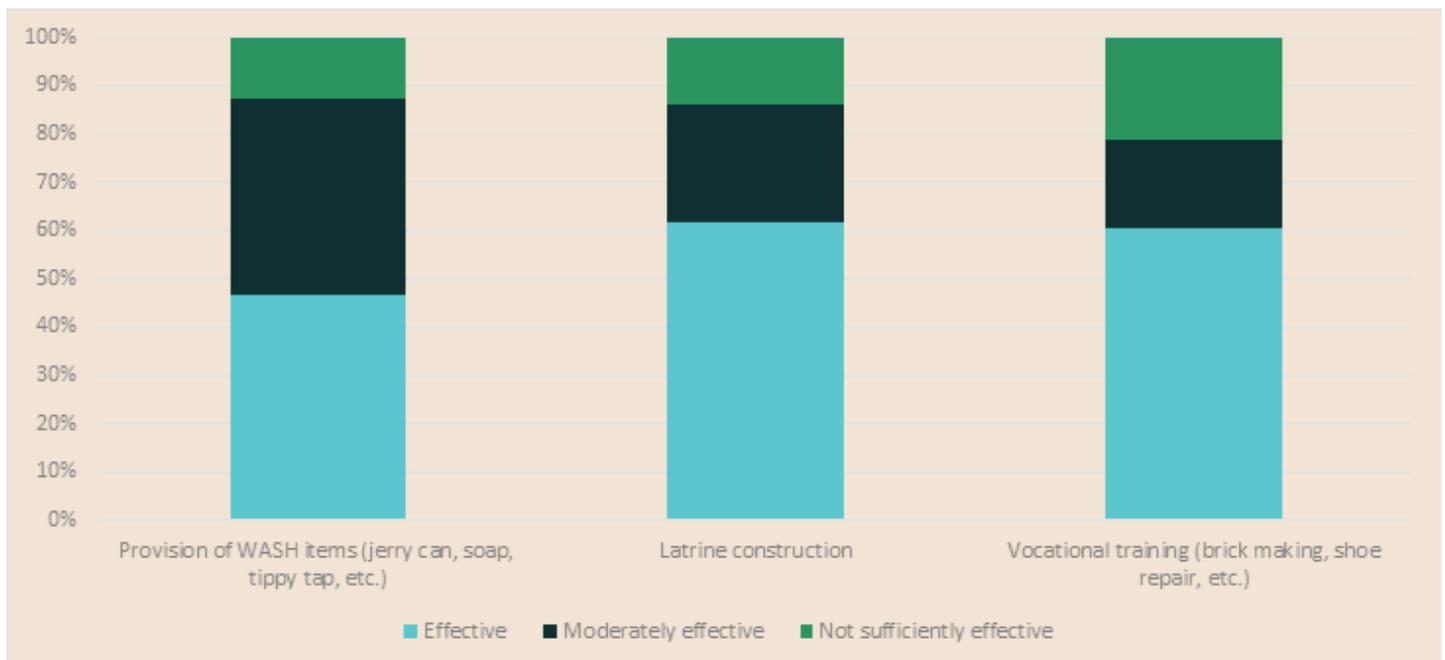


Figure 9b. Interventions Rated as Least Effective at Addressing GAM



Discussion

Stakeholder perceptions and understanding matter, especially in relation to identifying, prioritizing, and shaping strategies to address persistent GAM. Where there are differences in opinions and views on the severity of the problem, there are likely to be mixed motivations to address it. Similarly, where understanding of the drivers is poor there will be confusion regarding the most effective solutions.

The geographic reach of the survey indicates the initial balance between respondents in Nairobi and the ASALs is somewhat weighted toward the capital and those in formal employment, especially people with technical backgrounds in the international NGO sector. While this respondent profile is helpful in understanding international professional viewpoints, further efforts are needed to consult with and engage a wider stakeholder base, including Kenyan civil society, formal institutions, and traditional institutions, especially those based in the Nawiri ASAL counties.

When asked directly if food security was the main cause of malnutrition, the majority of respondents agreed (85 percent), thereby reflecting a strong “food-first bias.”¹¹ This viewpoint is not surprising given the obvious and well-known link between lack of food and malnutrition. However, the reality is far more complex as malnutrition also occurs as a result of disease. Both these immediate drivers—food intake and disease—are influenced by the three underlying drivers: household food security, caregiving behaviors and the care environment, and access to health care and public health services. Furthermore, there is some evidence to show that emergency rates of GAM continue to be reported following improvements in food security.¹²

Addressing this “food-first bias” among stakeholders in Kenya will be a critical part of the

approach to addressing persistent GAM. However, when asked in an open question about the top three drivers of GAM, respondents provided much more complex answers, reflecting all levels of drivers, including the immediate, underlying, and basic drivers. Some respondents highlighted the critical role basic drivers play within a causal pathway. Thus, while the “food-first bias” exists, there is also an appreciation among stakeholders of the basic drivers.

Seasonality features strongly in the Nawiri conceptual framework; yet it was not mentioned by respondents. Seasonality is important in the context of drylands because, although seasonal changes are expected, there is often variability in rainfall, temperature, and vegetation in both space and time. Environmental variability between years and over decades is also a key feature of drylands. The mixed views on trends in acute malnutrition also indicate a lack of understanding of temporal trends. These findings represent a potential knowledge gap that Nawiri must address, both in terms of monitoring trends and promoting understanding among stakeholders.

Another feature of the causal framework that needs further emphasis among Nawiri stakeholders is the relational aspect and the critical role of systems and institutions in driving acute malnutrition or influencing nutrition for the better. Climate shocks (drought, floods, etc.) do not cause disasters on their own; they can only trigger them. The impact of shocks on household food security, for example, is mediated by a wide range of institutions. Similarly, climate change is human induced, by the burning of fossil fuels and other human activities. Such activities can only be regulated through relevant systems and institutions.

11 Pelletier, D. L., et al. (1995). “The food-first bias and nutrition policy: lessons from Ethiopia.” *Food Policy* 20(4): 279-298.

12 Young, H. and A. Marshak. (2018). *Persistent Global Acute Malnutrition. A discussion paper on the scope of the problem, its drivers and recommendations for policy, practice and research.* Boston: Feinstein International Center, Tufts University.

Next Steps

The profile of the respondents indicates some gaps in the stakeholders represented, whose perspectives Nawiri still needs to gather. Despite this information gap, the responses we did receive generated many points of interest and highlighted some important knowledge gaps among respondents. Therefore, the authors propose next steps in two areas for Nawiri to consider:

1. Develop a targeted stakeholder analysis of local civil society and customary/traditional institutions at the county level and in the Nawiri study areas.
2. Incorporate initial findings into ongoing Nawiri messaging.

Targeted stakeholder analysis

As part of developing strong, effective partnerships, it is critical that Nawiri understand the perspectives of representatives from county-level traditional institutions; county-level government; community-level formal and traditional institutions; the private sector; media; coordination forums; international and national NGOs; donors; and national and county-level universities.

To build on this study, the authors recommend that Nawiri develop a map of formal and informal institutions at the county and community levels. This map should explain the role of each institution and its strengths and capacity gaps related to addressing acute malnutrition. Based on this map, Nawiri should then undertake a follow-up stakeholder consultation process to gather perspectives on malnutrition in the four Nawiri counties, particularly from the stakeholder groups that were underrepresented in this survey.

Once the consultation process is complete, the authors recommend that Nawiri share the findings with a wide audience, to validate the findings.

Sharing evidence

Although this survey provides an incomplete picture of stakeholder perceptions, Nawiri can still begin to incorporate some of the findings into its messaging as the project works with project staff and stakeholders. In particular, Nawiri should keep the following in mind as it engages with internal and external stakeholders. After the stakeholder analysis is completed, the authors will be able to provide more recommendations and targeted messaging.

1. While many respondents recognized that GAM is a persistent problem in the ASALs, some indicated that they believe GAM is mainly an issue in emergencies. Nawiri could increase the recognition of GAM as a persistent problem by, for instance, sharing data about GAM rates and how they are changing, and sharing the results of the Malnutrition Hotspot Analysis and Mapping report. This would help ensure all stakeholders have the same understanding of the problem that the project is addressing.
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