

# **Voices for Action: A report of public engagement on vulnerability and solutions to food and nutrition insecurity in the Maasai Community, Kajiado, Kenya**



## **Core Team**

Elizabeth W. Kimani-Murage<sup>1</sup>, Caroline W. Wainaina<sup>1</sup>, Frederick M. Wekesah<sup>1</sup>,  
Teresia N. Macharia<sup>1</sup>, Milka N. Wanjohi<sup>1</sup>, Lynette Kamau<sup>1</sup>, Mwangi Chege<sup>1</sup>

## **Collaborators**

Claudia Mitchell<sup>2</sup>, Jennifer Thompson<sup>2</sup>, Sophie Goudet<sup>3</sup>, Paula Griffiths<sup>3</sup>, Cristina  
Tirado<sup>4,5</sup>, Betty Samburu<sup>6</sup>

## **Affiliations**

1. African Population and Health Research Center (APHRC), Kenya
2. McGill University, Canada
3. Loughborough University, UK
4. UCLA Institute of Environment and Sustainability
5. International Union for Nutritional Sciences (IUNS)
6. Ministry of Health, Kenya

**June, 2017**

## Contents

---

List of Acronyms.....	3
Acknowledgements .....	4
Executive Summary .....	5
Introduction .....	8
Background .....	9
Public Engagement Objectives.....	11
Methodology .....	12
Participatory Methods .....	12
Project Evaluation Methods .....	15
Key Findings and Learning .....	16
Food Security .....	16
Community Action Plan .....	21
1. Water Security.....	22
2. Food and Nutrition Awareness .....	22
3. Income Generation .....	23
4. Empowerment of Girl and Women .....	23
Joint Community and Stakeholders Action Plan.....	24
Evaluation Results.....	28
Process Evaluation .....	28
Impact Evaluation .....	28
Project Achievements & Outputs .....	29
Achievements .....	29
Outputs .....	30
1. Technical Report.....	30
2. Photobook.....	30
3. Blog .....	30
4. Cellphilms (Videos) .....	30
5. Posters .....	31
6. Project webpage .....	31
Challenges and Facilitators.....	31
Conclusion .....	31
References.....	33

## List of Acronyms

---

APHRC: African Population and Health Research Center

CHEW: Community Health Extension Worker

CHV: Community health volunteer

FGD: Focus group discussion

FGM: Female genital mutilation

GFSI: Global Food Security Index

IDI: In-depth interview

KII: Key informant interview

SSA: Sub- Saharan Africa

## Acknowledgements

---

We are grateful to the APHRC research staff (particularly Peter Muriuki, Elizabeth Mwaniki [Intern] and Sandrine Mutoni [Intern]) for their support in the design, data collection and analysis and dissemination; and the Policy Engagement and Communications Team (particularly Lauren Gelfand, Emily Okello-Juma, Maureen Mwende and Shylee Mbuchucha) for their support in the implementation of the project, and development of dissemination products. We would also like to highly thank Robin Vincent for his guidance on the evaluation of the project. We are grateful to the Ministry of Health, Kenya, the County of Kajiado and Kajiado West sub-County, as well as the study communities in Oloika and Lenkobei, in Kajiado West for their support in the implementation of the project. Funding for this project was from the Wellcome Trust through the International Engagement Award, grant number 200247/Z/15/Z.



## Executive Summary

---

### Introduction

Food and nutrition security exists when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life. In Kenya, millions of people are food insecure, particularly those living in arid and semi-arid regions, despite the right to food being one of the fundamental human rights stipulated in the Kenyan Constitution. The African Population and Health Research Center (APHRC), in collaboration with the Unit of Nutrition and Dietetics, Ministry of Health; the County and Sub-County health management teams of Kajiado, Kenya; among other collaborators conducted a public engagement project in Kajiado County: a semi-arid area in Kenya. The project was implemented in two specific communities: Oloika and Linkobei between April 2016 and March 2017, and funded by Wellcome Trust. It aimed to understand the food and nutrition security in the Maasai community, with a particular focus on pregnant and breastfeeding women as well as mothers of children under the age of five.

### Methods

We used participatory public engagement methods, working together with the community to identify their challenges and explore possible solutions. We provided community members with the tools to express themselves, including photo-voice and participatory video through cellphilmng. We also spoke at length with individuals, groups and communities together. With photo-voice, we taught community members in Oloika and Linkobei to use cameras to tell their stories, using pictures and words to explain their own experiences with food insecurity, while with participatory video,

participants recorded their dramatized lived experiences. We also used two-way dialogues (between the office project team and the community) and three-way dialogues (among the project team, community and policy/decision-makers) to come up with an action plan. The community composed songs that were used during the three-way dialogues. An action plan developed during the dialogues, highlighting priority areas for action and the core stakeholder to take action. We further evaluated the impact of the public engagement on the community participants and the project team using focus group discussions with the community and an online survey and group discussion with the project team.

### **Key Findings and Learning**

We report key findings from the public engagement in alignment with the four pillars of food security: food availability, accessibility, utilisation and stability, illustrated by images captured by the community members, and cellphilsms. The findings show that environment, economic empowerment and socio-cultural factors all play a role in limiting food availability and access. That there is little arable land and the area is generally arid, with frequent droughts, together with the pastoralist culture of the Maasai people, has hindered crop farming, leading to a lack of food in the community. A lack of water, too, was identified as a chronic challenge. Finally, the disempowerment of women inhibits their ability to make decisions about food access – also contributing to food insecurity. The dialogues indicated four priority areas for action: (i) water security - finding solutions to lack of water including digging boreholes, and strengthening water harvesting and storage systems; (ii) girl and women empowerment including education for girls and economic empowerment of women; (iii)

food and nutrition awareness through for example providing technical assistance through extension workers and establishing seed banks; and, (iv) Income generation through for example provision of entrepreneurship and business development training, and micro-finance.

The evaluation exercise indicated that the community gained awareness on their vulnerability to food and nutrition insecurity. Further, the community felt empowered in the use of the participatory methodologies to express themselves, and they were very grateful to the project team for empowering them with the skills. The project team was also empowered with skills of public engagement including use of photovoice and participatory video, and also expressed that the exercise made them more aware regarding the depth of the food insecurity situation in the Maasai community.

### **Conclusion**

From the public engagement exercise, we developed a photobook and cellphilsms for further engagement of the government and other policy/decision makers. We conclude that there is need to address the deficits wrought by a lack of food and nutrition security in Maasai communities. Government and community, faith leaders and civil society, donors and partners: all must commit collectively to support the community in finding alternatives to supplement the pastoral lifestyle. Pursuit of drought-resistant crops and innovative approaches to farming such as irrigation should be a collaborative effort between the ministries of agriculture; livestock and fisheries; water and irrigation; and other stakeholders with expertise; and critically, women must be supported to learn, and to lead. Responding to a household's nutrition needs must involve the entire household; including the women.

## Introduction

---

This report outlines the findings from a community engagement project on vulnerabilities and solutions to food and nutrition insecurity amongst the Maasai community in two communities: Oloika and Lenkobei in Kajiado West sub-County, Kajiado. The aim of the project was to get a deeper understanding of the food and nutrition insecurity as it affects women (pregnant and nursing) and children under-five, by exploring the societal, cultural, historical and political factors that may exacerbate the situation. The project was carried out for a period of one year (April 2016 and March 2017). The study employed participatory research methods of public engagement, approaches that enable the participants to be actively involved by empowering them to be creatively and in a participatory way in identifying and voicing out issues affecting them and proposing ways of mitigating the situations.

The public engagement exercise was conducted by the African Population and Health Research Center (APHRC), in collaboration with the Unit of Nutrition and Dietetics, Ministry of Health; the County and Sub-County health management teams of Kajiado, Kenya; among other collaborators. APHRC is an international non-profit research organisation headquartered in Nairobi, Kenya, whose main mission is to generate and deliver scientific evidence for policy and action on population, health and education in Africa. APHRC has long-standing research experience in Africa and brings together a multidisciplinary team of highly experienced African scholars with expertise in various fields including public health, anthropology, sociology, demography, health economics and biostatistics to lead the

development of priority research programs and enhance the use of research findings for policy formulation and program improvement in sub-Saharan Africa. The Center has a well-established working relationship with key stakeholders in the various Government ministries and with parliamentarians throughout the Southern and East African region and continues to engage national and international policymakers and program implementers with research evidence (<http://www.aphrc.org>).

## Background

---

People are considered food secure when they have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life <sup>1</sup>. Food security has four pillars: i) availability, which means that sufficient quantity of appropriate food is physically available and the food may be from own production, commercial imports or food assistance; ii) access to food which means that income or other resources are adequate to obtain sufficient and appropriate food through home production, buying, bartering and gathering among others. Lack of access to adequate and diversified diet results in various forms of nutrition problems; iii) utilisation which includes biological use and is linked to a person's health. It is affected by appropriate food processing and storage practices, adequate knowledge and application of nutrition and child care principles, and adequate health and sanitation services; and iv) sustainability of the other three pillars <sup>1-3</sup>.

In many communities in sub-Saharan Africa (SSA), food insecurity levels remain high <sup>4,5</sup>, with SSA region scoring the lowest in the Global Food Security Index (GFSI) in 2014

(<http://bit.ly/1hmGfPO>). In Kenya, 10 million people, i.e. a quarter of the population are food insecure, particularly those that live in arid and semi-arid regions, often affected by droughts, high poverty levels and accessibility problems due to poor infrastructure <sup>5,6</sup>. The Maasai community of Kenya, are partially nomadic pastoralists, found along the Great Rift Valley on semi-arid and arid lands, with the population being prone to frequent food insecurity due to droughts. Therefore, they face water shortages for both domestic and livestock use, occurring for several months in a year. Due to the low levels of rainfall, farming in this community is generally limited to livestock farming, enabled by moving from place to place in search of pastures. Their main traditional diet predominantly consists of meat, milk, and blood from cattle, with limited vegetables and fruits <sup>7</sup>. Perennial droughts and hunger due to food and water shortages have led to malnutrition and deaths among the Maasai community for many years now <sup>8</sup>. Many interventions have been initiated to mitigate the situation, including food aid, provision of water through sinking boreholes to support cultivation of food crops through irrigation and for their animals. These actions have however not been effective and the situation continues unabated.

A public engagement project funded by the Wellcome Trust was conducted in 2013/14, aimed at establishing innovative, public-informed approaches of community engagement in the baby friendly community initiative that is proposed for implementation at the national level in Kenya. Through this public engagement project, we were able to establish factors that determine maternal, infant and young child nutrition practices including breastfeeding: food insecurity was an important factor affecting nutrition for the community living in Kajiado County, particularly among breastfeeding women and infants. In the previous project, we only interviewed community leaders and not the women and other community members

such as fathers. Additionally, since food security was not the focus of the public engagement exercise, we were not able to adequately establish the vulnerabilities to food insecurity including the real factors exacerbating, and potential ways of mitigation.

In order to improve or contribute to the improvement of the situation we deemed it important to understand three key factors; how food is made available to people in the community; how they economically and physically access food; and how food is utilized. Understanding the constraints underlying each of these factors is a necessary condition for designing and implementing appropriate and effective hunger reduction strategies. To do this, innovative approaches are required in engaging the community to deeply understand how food and nutrition insecurity affects women and children in the eyes of the community; establish the societal, cultural, historical and political factors exacerbating food and nutrition insecurity; and identify ways to empower the community members and enable them to deal with this perennial problem. With the findings from the previous engagement as the driving force, this community engagement project aimed to use participatory methods of public engagement to understand the vulnerabilities to food insecurity in this community, particularly among pregnant women and mothers of young children under five years, through the eyes of the community; and come up with community informed ways of mitigation.

## Public Engagement Objectives

---

The main aim of the public engagement was to get a deeper understanding of the food and nutrition insecurity as it affects women and children in Kajiado County, thus establishing the societal, cultural, historical and political factors exacerbating food and nutrition insecurity

among the Maasai people with a particular focus on pregnant women and mothers of young children below five years.

The specific objectives of the engagement were to:

1. Engage with the communities to get their lived experiences and exacerbating factors that lead to vulnerability to food and nutrition insecurity
2. Devise a community action plan from the community's perception of solutions to the food and nutrition insecurity
3. Using the results from the community engagement, stimulate dialogue between the community and the stakeholders (including the County Government and Community Based Organisations, NGOs) and the project team, for potential action

## Methodology

---

### Participatory Methods

Participatory public engagement methods were used to engage the community and included among others, participatory video<sup>a</sup> and photovoice<sup>b</sup>, skits and songs, in-depth interviews (IDIs), focus group discussions (FGDs), key informant interviews (KIIss) and two and three way dialogues.

A total of 14 IDIs were conducted with fathers, pregnant mothers, grandmothers and mothers of young children, a total of five FGDs, two with mothers and two with fathers and one with community leaders. Five KIIss were conducted with community representatives and healthcare providers. Purposive sampling was used to identify the participants for the FGDs

---

<sup>a</sup> **Participatory Video** is a participatory approach in which a community or small groups creates their own videos/films in relation to critical issues in their lives. This gives the community a chance to explore issues, voice their problems, and come up with solutions through creative stories.

<sup>b</sup> **Photo voice** is an innovative participatory engagement method of facilitating participation by a group. The group generates photographic work that captures their lived experiences through their eyes.

and the IDIs in the community, using information provided by identified key informants like the local county administration and the chiefs.



Figure 1: Mothers being shown how to operate cameras

A total of three photovoice discussions consisting of six women each were conducted with older and younger women as well as with community health volunteers. The women generated photographic work that captured their real experiences and those of

their children with food and nutrition insecurity in the community. The women were trained on use of cameras and the ethics around photo taking. They were then provided with digital cameras to take photos that visually represented their experiences with food and nutrition insecurity, for them, their children and their families.



Figure 2: Later, they discuss the pictures they took and develop captions

Group discussions were then held with the women to discuss/describe the issues represented in the photos taken, the discussions revolved around involving the mothers and the community health workers in identifying what they can see, how

it relates to their lives and what

can be done to improve the situation depicted in the photos. The photos and accompanying stories were then used to engage other community members including community leaders in deducing potential ways of improving food and nutrition security for the women and children and community in general.



Figure 3: Community members record videos to dramatize the challenges of food insecurity.

Further, the community members (women, CHVs and a mixed group of young people) was engaged in creating three participatory videos on the food and nutrition insecurity situation in the community, highlighting the plight of women and children. This methodology gave the community a chance to explore

issues, voice their problems, and come up with solutions through creative stories. The community members including the women and the community health workers were trained on how to use the participatory video to explore their problems, come up with potential solutions and communicate to other community members and leaders and decision/policy makers within their county. In addition, a community dialogue was conducted with the community leaders and community representatives to establish the situation of food and nutrition in the community, what challenges if any that the community has had as regards food security, factors exacerbating vulnerability, and ways of mitigation using locally available skills and resources.

Finally, we used the productions coming out of the community engagement (photo exhibitions and participatory videos) in addition to the data obtained through the discussions to engage the potential change agents including Community Based Organisations and the County government and other decision makers to enhance their awareness on food and nutrition insecurity issues and potential solutions as proposed by the community members, and in turn stimulate dialogue on action to improve the situation of food and nutrition security in Kajiado County and other similar settings. Through this forum, the community members were given an opportunity to voice their problems and potential solutions to policy and decision makers in the county including the government and community based organisations. Finally, an action plan was drawn.

### **Project Evaluation Methods**

The evaluation aimed to determine the impact of the engagement on the empowerment and awareness of the community towards the issues of food and nutrition insecurity as well as assessment of the devised action plan. It also assessed the impact on the public engagement project on the project team with regards to awareness and skills.

The objectives of the evaluation were to:

1. To explore the impact of the public engagement exercise on community awareness of their own problems with regards to food and nutrition security;
2. To explore the impact of the public engagement training and exercise on community empowerment;
3. To explore the impact of the public engagement exercise on the understanding of the project team regarding vulnerability to food and nutrition insecurity among the Maasai Community; and,

4. To explore the impact of the public engagement training and exercise on acquisition of skills by the project team.

For the community, evaluation was done through focus group discussions. The Focus group discussions included participants from the two villages (Oloika and Lenkobei) where the project was carried out. The participants comprised of both men and women who had participated in the public engagement.

For the project team, we used an online survey and a group discussion. The team involved in the implementation of the project filled out an online survey evaluation form regarding their felt/experienced impact of the public engagement project. Further, the team held a group discussion beyond the online survey.

## Key Findings and Learning

---

The Key findings and learning are outlined as per the three objectives of the study.

### Food Security

The **first objective** which was to engage with the communities to get their lived experiences and factors that lead to vulnerability to food and nutrition insecurity was achieved. During the engagement, we found out that economic, climatic, environmental and socio-cultural factors all contribute to food insecurity among the two communities. Water scarcity was considered a leading cause of food insecurity. Further, disempowerment of women was also considered a very important factor in food insecurity. We organize the results thematically

according to the four pillars of food security (availability, accessibility, utilisation and stability) as seen through the eyes of the community.

### **Food Availability**

In terms of food availability, there were barriers that led to appropriate food not always being physically available. There was overreliance on livestock and minimal crop production which was a challenge especially during the dry seasons when livestock could not be sold to buy food. These often led to coping strategies like skipping meals or reduction of meals when meals were not enough. Issues of food availability are summarized in the quotes below;

*“Drought is the main challenge, livestock that we normally sell are dying or are too thin to be sold, so no money to buy food”. (IDI, older mother)*

*“I may not eat enough food when there is no enough food in house so I have to eat little so that my children can eat to satisfactory” (FGD, younger mothers)*

*“We have land to cultivate but we only benefit during the rainy season since there is water shortage during the dry season. Currently all the vegetables and fruits supplied here are either from Kiserian or Ngurumani.” (KII, Chairman)*

*“During dry season there will be food shortage as a result of migration thus increasing the distance to where we get food. And also during rainy season we experience problems with the road as they become muddy” (IDI, grandmother)*

### **Food Accessibility**

Food inaccessibility was also identified as there was no stable means to ensure that there was always adequate income and other resources to obtain sufficient and appropriate food through home production, purchase among other practices. Lack of access to adequate and

diversified diet was hindered by many factors including the fact that markets were far and were only operational once a week. The long distance from the homesteads to the community led to community members preferring to buy non-perishable foods like maize, beans and rice. This meant that other nutrients especially from fruits and vegetables lacked. In addition, during the dry season when the community members migrated in search of pasture, the even longer distances to the marketplace limited access to nutritious foods for the mothers and their children.

*"our own and closest market is Shompole and the other markets are far almost close to Tanzania so us men we do some mathematics on what best food stuffs to buy which are non- perishable like beans. So we buy a lot of beans to sustain the family to the next market day since cabbages are found in Kiserian and not here" (Participatory video participant)*

*"You find most of our people find places that are suitable for our livestock not the people. So we move them to that place whereby it will be far from the market" (CBO representative)*

### **Food Utilization**

Food utilization was mainly affected by water insecurity as well as lack of adequate health care, inadequate knowledge on nutrition and care practices as well as cultural practices especially for pregnant women. It was common to limit the food given to pregnant women as it was believed that if mothers ate well, they will deliver big babies leading to complication during delivery, while access to health facilities was very poor. The excerpts below depicts the community's views on feeding pregnant mothers.

*"In this community, pregnant mothers usually don't eat well as they are believed that when they over feed, they experience problems during delivery period." (FGD, Older Women)*

Further discussions showed that even though the pregnant women were starting to be recognized as a vulnerable group and not always denied food. It is however important to note the pregnant women were overworked to keep them physically fit as depicted below.

*"A pregnant woman looking after livestock, carrying water and she is probably expected to come back in the evening and cook. This is risky for the child and mother's health. She needs to rest but she has no option" (Young mothers - Photovoice)*



*"This woman is expectant and has been looking after livestock and now going to fetch water. She may have woken up early in the morning and taken only tea, spending the whole day hungry." (Community Health Volunteer)*

Water scarcity in the community was largely mentioned in the various discussions. The community mainly relied on rainfall for water. Lack of rainfall, which was frequent, leading



to drying of dams. Many households did not have storage tanks and the pipes to deliver water were broken, all this led to overreliance on rivers as a source of water for the household, which were far from home. Women travelled for long distances in

search of water from the rivers which had poor quality water as a result of mixed use by both animals and human beings. The challenges experienced by the women in sourcing water in the community are captured by the quotes below.

*"We have water shortage as the source is far away and it's not clean. You can have food but no water to prepare it...distance from the water point is a challenge because you take almost six hours to and fro to get the water"* (IDI breastfeeding mother, Oloika)

*"Even with the water being far we have no choice but to fetch water every day as we don't have storage tanks"* (IDI breastfeeding mother)

The findings also showed that utilization was affected by lack of knowledge from parents on child care as well as the care of pregnant and breastfeeding mothers as well as lack of knowledge on the support given by health facilities with regards to tackling malnutrition.

### Food Stability

The food and water availability and access were not stable, mainly affected by seasonality as well as lack of diversified and stable livelihoods. Migration during drought was also said to lead food instability as the population was forced to migrate away from food sources in search of pasture for their livestock. Often, men migrated and left the rest of the family behind, leading to food instability as men are in charge of buying food from markets, which are far from the home. Therefore, their absence means limited access to food for the rest of the family.

*"During dry season there will be food shortage as a result of migration thus increasing the distance to where we get food. And also during rainy season we experience problems with the road as they become muddy"* (IDI grandmother).



*“Migration affects us because when we move away from the market we cannot access food produce.”* (Younger mothers - Photovoice)

Figure 4: A community member herding animals during the dry season

#### Other Socio-Sultural Issues Affecting Food Security

The community members also identified other factors that affected food security situation among women and children in the community including low levels of education and low decision making power amongst mothers.

#### Community Action Plan

The **second objective** was to devise a community action plan from the community's perception of solutions to the food and nutrition insecurity. During two-way community dialogues between the project team and the community, a community action plan was developed highlighting the key priority areas for action. The community highlighted four priority areas for action. In each of the actions, they identified roles of the government and the role of the community to ensure food and nutrition security.

## 1. Water Security

### *Government role*

- Help in the repair of the existing water line
- Provide water treatment elements
- Provide means of water harvesting and storage e.g. by construction of reservoir dams/sink boreholes and provision of storage tanks
- Create awareness the MOH on the consequences of drinking dirty water and how to make the water safer for home use

### *Community role*

- Maintain and expand use of water treatment tablets and liquids
- Install gutters to harvest rain water

## 2. Food and Nutrition Awareness

### *Government*

- Provide relief food during drought (dry seasons) / to poor families
- Repair water supply to encourage cultivation of food crops
- Provide an agricultural extension officer to the areas to educate the communities on what and how to grow
- Provision of capital seed to grow crops
- Through use of the community health volunteers at the community and build and equip more health facilities to provide nutrition counselling at the facility
- Increase and equip more health facilities so as to provide the needed nutritional support for mothers and children below five years

### *Community role*

- Create awareness on the need to eat vegetables
- Create awareness on the need to diversify diets

## 3. Income Generation

### *Government*

- Avail funds to women and youth
- Supply of seeds to plant and cultivate crops, farming equipment, farming and irrigation training
- Provide the market stalls for mothers and improve the roads to increase accessibilities to the markets
- Women representatives to support women groups and assist them register certificates so that they can access loans

### *Community role*

- Form women and youth groups to grow and sustain their ventures

## 4. Empowerment of Girl and Women

### *Government*

- Build a boarding school for the girls to dissuade female genital mutilation (FGM) and school drop out
- Avail bursaries for bright children
- Provide rescue centres for girls escaping female genital mutilation and for those who get pregnant and drop out from school Also for those escaping FGM

### *Community role*

- Send girls to school
- Empower the community on the benefits of taking care of pregnant women
- Empower women in the community by providing skills for starting business, markets to sell their produce, beads, financial assistance to enable them start businesses, among other opportunities

### **Joint Community and Stakeholders Action Plan**

The **third objective** was to use the results from the community engagement to stimulate dialogue between the community and the stakeholders. The stakeholders included the community members, the county government and community based organisations as well as the project team. During the dissemination, findings from the project were shared with the stakeholders. The action plan drafted by the community members was refined in a three way dialogue between the project team, the policy/decision makers and the community members. The actors identified at the community level were revised, expanding beyond community and government to also non-governmental organisations, community based organisations and the private sector. The Ministry of Health, Kajiado County was tasked in spearheading its implementation including presenting it in the multisectoral forum with support of APHRC team. Specific groups and actors were named for particular action as outlined in Table 1 below.

**Table 1: Joint Action Plan**

PRIORITY	STAKEHOLDER	STAKEHOLDER DETAIL	ACTION
1. Water security	Government	Ministry of Works, Kajiado	Build water treatment infrastructure
		Sub-county administration incl. ward	Construct dams and water pans
			Provide water tanks

		administrator and local chiefs	
		Ministry of Health, Kajiado	Create awareness on optimal water and sanitation including water treatment
	Private sector	Tata Chemicals	Maintain water pipeline Provide training for local plumbers
	Community	Community leaders	Emphasize use of water treatment solutions e.g. Waterguard
		Oloika and Lenkobei community members	Participate in public forums organized by county government Practice rainwater harvesting
	NGOs/CBOs/FBOs	AMREF	Increase access to improved sanitation including water treatment
		Dupoto-e-Maa	
2. Girl and Women empowerment	Government	Ministry of Education, Kajiado	Support girls with education bursaries
		Ministry of Gender, Kajiado	Support alternative passage rites Build boarding schools for girls Establish rescue centers for pregnant girls and those fleeing FGM
		Sub-county administration incl. ward administrator and local chiefs	Support alternative passage rites
	NGOs/CBOs/FBOs	AMREF	Support alternative passage rites

		Dupoto-e-Maa	Establish rescue centers for pregnant girls and those fleeing FGM  Support girls on proper management of menstrual hygiene
	Private sector	Equity Bank	Support girls with bursaries under Wings to Fly program
		Tata Chemicals	
	Community	Community leaders	Support alternative passage rites
		Oloika and Lenkobei community members	Send girls in community to school  Local leaders to follow up about bursaries with ward administrator
<b>3. Food and nutrition awareness</b>	Government	Ministry of Agriculture, Kajiado	Provide technical assistance through extension workers
			Establish seed farm/bank
		Sub-county administration incl. ward administrator and local chiefs	Follow-up on sourcing relief food from county government  Increase access to improved sanitation  Support greater male involvement in food and nutrition issues
	NGOs/CBOs	Dupoto-e-Maa	Establish seed farm/bank  Continue to provide agricultural training in greenhouse use and animal husbandry
	Community	Community leaders	Increase male involvement in food and nutrition issues
		Oloika and Lenkobei	Establish kitchen and kitchen gardens - CHVs to sensitize community on community gardens

		community members	Increase involvement of community health volunteers in creating awareness of food and nutrition issues
			Local media e.g. Maiyan to sensitize people
<b>4. Income generation</b>	Government	Ministry of Social Services, Kajiado	Provide assistance with loans applications
		Department of Public Services and Participation	Strengthen communication to improve transparency in funds disbursements
	NGOs/CBOs	Dupoto-e-Maa	Provide training in entrepreneurship and business development
	Private sector	MFIs e.g. Faulu Kenya, Kenya Womens Finance Trust	Provide training in entrepreneurship and business development
	Community	Community leaders	Form savings groups (chama) to pool funds
		Oloika and Lenkobei community members	Develop awareness on business development
			Participate in public forums to get information on business opportunities
			Participate in public budget forums and contribute to county budget prioritisation and allocation

## Evaluation Results

### Process Evaluation

The process of carrying out the project was marred by various challenges including; the rough terrain and long distance to the community, the harsh environment, the language barrier and cultural norms that had some implications on the engagement activities. There were facilitating factors that led to the success of the project including the positive response from the community who were quite interested in the project, women being able to articulate their issues when given the opportunity mainly in their local language, men being receptive to the engagement of their wives in the project although with time restrictions, community leaders supporting the project hence enabling the buy-in by the community.

### Impact Evaluation

The participatory methodology enabled the community to explore and share their lived experiences with regards to food and nutrition security, as well as to devise an action plan. The exercise helped the community to gain awareness on their vulnerability to food and nutrition insecurity. The visual methodologies enabled the community to share their issues regardless of the language barrier and cultural norms, and this made them feel empowered to voice their issues. The presentation of the issues in the photos and the videos motivated the community members to discuss on the various issues associated with food insecurity. The community representatives engaged with government officials on the action plan, which led to prioritisation of issues that can be tackled within given time frames.

The community also gained skills in use of participatory methods. The practice of the women (generally illiterate) taking photos with very minimal supervision led to the women feeling empowered to articulate their issues despite illiteracy. The discussions through the presentation of photos and videos as well as through the interviews reportedly led to the community improving their child feeding practices and general feeding of the family.

The project team was empowered with skills of public engagement including use of photovoice and participatory video. The team also expressed that the exercise made them more aware regarding the depth of the food insecurity situation in the Maasai community. The use of the visual methodologies paved way for the project team to get exposed to the actual reality of the food security issues in the community.

## Project Achievements & Outputs

---

### Achievements

During the engagement with the community members and the main stakeholders, a number of achievements were arrived at. To begin with, the public engagement exercise raised the community awareness on the extent of food insecurity in the community and how this impacted on nutrition security of women and children especially in child feeding as well as the challenges faced by pregnant women. In addition, there was increased awareness on child feeding, the importance of a balanced diet as well as empowering women to have a source of income. The women were more empowered to speak out about the issues of food insecurity and the community leaders were also now more aware of the challenges faced by women in the community and hence empowered to give them better support.

The public engagement exercise not only enabled the community members to reach key stakeholders and influencers with strong messages but the participatory methods used including dramatisation enabled the community members to showcase their food security issues especially on how cultural practices influenced food insecurity.

The project team were also exposed to the lived experiences of the Maasai community which deepened their understanding on the vulnerabilities to food security experienced by the community. From the interaction, the project team felt that the community was now more empowered on articulating their issues and coming up with viable solutions.

## Outputs

### 1. Technical Report

Vocies for Action: A report of public engagement on vulnerability and solutions to food and nutrition insecurity in the Maasai Community, Kajiado, Kenya (<http://bit.ly/2t7NOI6>)

### 2. Photobook

Vocies for Action: Looking at food and nutrition security through the eyes of the Maasai community (<http://bit.ly/2mEz3pH>)

### 3. Blog

Gender inequality as a contributing factor to food and nutrition insecurity in the Maasai community (<http://bit.ly/2u5t1ic>)

### 4. Cellphilsms (Videos)

- Day in the life of a Maasai woman (<http://bit.ly/2tr97jS>)
- Voices for Action Photostory (<http://bit.ly/2twkdVh>)
- Hardship dramatisation (<http://bit.ly/2stzQb0>)
- Poverty dramatisation (<http://bit.ly/2tsLdEe>)
- Pregnancy dramatization (<http://bit.ly/2tsqHnr>)

## 5. Posters

- Food utilisation poster: (<http://bit.ly/2tsLIDI>)
- Food accessibility poster: (<http://bit.ly/2snPn11>)
- Food availability poster: (<http://bit.ly/2tsqXCV>)
- Food stability poster: (<http://bit.ly/2s8o6el>)

## 6. Project webpage

Vocies for Action (<http://aphrc.org/post/projects/voices-for-action-v4a>)

## Challenges and Facilitators

---

The challenges faced while carrying out the public engagement exercise included: the rough terrain; long distance to the community; the harsh environment especially as the project was carried out during a very dry period; language barrier and cultural norms. There were however facilitating factors that led to the success of the project including; working with community members and gate keepers; and positive response from the community as community leaders supported the project which enabled project buy-in by the community.

## Conclusion

---

The project had great deliverables and generally met its objectives as a result of extensive engagement between the community and the project team. The engagement led to awareness and understanding regarding vulnerability to food and nutrition insecurity in the Maasai Community, particularly for women and children. The engagement brought to the fore that economic, climatic, environmental and socio-cultural factors all contribute to limiting food availability, access, utilization and stability among the Masaai community, and how this happens. The deeply entrenched, nomadic pastoralism practiced by the Maasai

limited the sources of livelihood and hindered adoption of crop farming. In any case, there is little arable land available for cultivation and the area suffers from frequent droughts. Lack of access to clean and safe water is one in a myriad challenges that also affect their livestock, which have to be moved to distant grazing lands. This increases the distance to the markets where they can get food, leading to instability of food access. Without food or water for their animals, households cannot sell the animals in the market for a profit, which affects their own ability to access additional food stuffs. The culturally pervasive tradition of limited education for girls, depriving women of opportunities to earn their own income, and excluding women in household decision-making, exacerbates the problem of food insecurity. In addition cultural issues that hinder food and nutrition security were evident that the community highlighted through the public engagement process. For instance, according to the community members, pregnant mothers are overworked and under fed as a way of averting delivery complications. The community proposed for awareness creation in the community on such issues. Various change agents were identified to support in actualizing the suggested solutions including Government and Non-Government agencies, Community Based Organisations Community Leaders and the Private Sector. The achievements from the project included: (i) extensive engagement and involvement of the community that enabled the community to identify issues of food and nutrition insecurity in their community and share their lived experiences; (ii) improved understanding by both the community, the project team and other key stakeholders on the vulnerabilities to food and nutrition insecurity in the Maasai community; (iii) an action plan that outlined the priorities that needed to be tackled by various stakeholders in order to deal with the issues raised regarding the food and nutrition situation in the community; (iv) improvement of skills and empowerment for

both the project team and the community on use of participatory approached; and, (v) various outputs including publications, cellphilsms, and photo galleries.

In summary, the public engagement was a great success in creating awareness and in empowering the community and giving them a voice, particularly for women in this remote setting, who usually have diminished agency and autonomy.

## References

---

1. FAO, WFP & IFAD. *The State of Food Insecurity in the World*. (2012).
2. Lawal, B. O. & Lawal, F. O. Determinants of nutritional status of children in farming households in Oyo State, Nigeria. *African J. Food, Agric. Nutr. Dev.* **10**, (2010).
3. Godfray, H. C. J. *et al.* Food security: the challenge of feeding 9 billion people. *Science (80-. ).* **327**, 812–818 (2010).
4. Clover, J. Food Security in Sub-Saharan Africa. *African Secur. Rev.* **12**, 5–15 (2003).
5. Nyariki, D. M. & Wiggins, S. Household food insecurity in sub-Saharan Africa: lessons from Kenya. *Br. Food J.* **99**, 249–262 (1997).
6. IFPRI. Food Security Report (Prepared by Kenya Agricultural Research Institute | Food Security Portal. (2016). Available at: <http://www.foodsecurityportal.org/kenya/food-security-report-prepared-kenya-agricultural-research-institute>. (Accessed: 11th April 2016)
7. Oiye, S., Ole Simel, J., Oniang'o, R. & Johns, T. he Maasai food system and food and nutrition security. Indigenous Peoples' Food Systems, 2009(The many dimensions of culture, diversity and environment for nutrition and health. (2009). Available at: <http://www.fao.org/3/contents/0ca9ce63-9b8c-52e2-8e5c-1b11c580c425/i0370e12.pdf>. (Accessed: 11th April 2016)
8. Campbell, D. Response to drought among farmers and herders in southern Kajiado District, Kenya: A comparison of 1972-1976 and 1994-1995. *Hum. Ecol.* (1999).

## Corresponding Author

Elizabeth Kimani-Murage

Email: [ekimani@aphrc.org](mailto:ekimani@aphrc.org)



African Population & Health Research Center

P.O. Box 10787-00100,

+254-20-4001000

Nairobi, Kenya



Supported by  
**wellcome** trust