PRO-WASH
Practices, Research and Operations in Water, Sanitation and Hygiene

SCALE
Strengthening Capacity in Agriculture Livelihoods and Environment

USAID
FROM THE AMERICAN PEOPLE

Nawiri



Fragile Gains:
Strengthening Nutrition Resilience in Northern Kenya

A Synthesis of Nawiri's Impact (FY20–FY25)

ABOUT PRO-WASH & SCALE

PRO-WASH & SCALE (PWS) is an activity funded by the U.S. Department of State that provides technical support to humanitarian actors to improve the effectiveness of WASH, agriculture, and market humanitarian activities. PWS provides demand-driven technical support, capacity strengthening, applied data and evidence, knowledge management, and opportunities for peer learning, coordination, and collaboration, helping humanitarian actors translate knowledge, data, and operational experience into practical action that improves program quality, efficiency, and sustainability.

PRO-WASH
Practices, Research and Operations in Water, Sanitation and Hygiene

SCALE
Strengthening Capacity in Agriculture Livelihoods and Environment

COVER PHOTO

Ezra Millstein / Mercy Corps

ABOUT NAWIRI

Nawiri is a US State Department funded Resilience Food Security Activity (RFSA) implemented from 2019-2025 by a Mercy Corps-led consortium of international, national, and local partners. The goal of Nawiri was to sustainably reduce persistent acute malnutrition (PAM) in Kenya's arid and semi-arid lands (ASALs), specifically across Turkana and Samburu counties. Nawiri aimed to reach 598,475 participants with a set of sequenced, layered and integrated (SLI) interventions, and reduce PAM to 12% by 2027.

DISCLAIMER

This learning brief was funded by a cooperative agreement (PRO-WASH & SCALE) from the United States Department of State. The opinions, findings, and conclusions stated herein are those of the author[s] and do not necessarily reflect those of the United States Department of State.

CITATION

Fragile Gains: Strengthening Nutrition Resilience in Northern Kenya. (2026). Produced by Prosper Global as part of the PRO-WASH & SCALE Award

CONTENTS

Executive Summary 4

Introduction 6

Nawiri's Conceptual Framework 7

Nawiri's Overall Impact 9

Secondary Analysis Methodology 9

Nutrition Pathways: Interventions and Key Insights 10

Addressing Immediate Drivers of Acute Malnutrition 10

Addressing Underlying Drivers of Malnutrition 12

Improving Household Food Security 12

Improving the Social and Care Environment 14

Improving Health Services and Environments 15

Improving Basic and Systemic Drivers of Malnutrition 16

Livelihood Systems and Environment and Seasonality 16

Formal and Informal Governance Systems 17

Looking Ahead: Priority Areas for Continued Support 18

Annex 1: Key Data Sources 20

EXECUTIVE SUMMARY

Acute malnutrition in the northern Kenyan counties of Samburu and Turkana has consistently exceeded the Integrated Food Security Phase Classification (IPC) emergency threshold of 15% over the past decade, spiking with repeated droughts and price shocks. The Nawiri Resilience Food Security Activity (RFSA), funded by the United States Agency for International Development (USAID) and implemented from 2019 to 2025 by a Mercy Corps-led consortium, aimed to reduce this rate to 12% by reaching 600,000 people across these two counties with targeted interventions. Nawiri was designed with the understanding that the immediate causes of acute malnutrition—poor dietary intake and disease burden—are closely linked to deeper structural factors, including chronic poverty, food insecurity, limited access to basic services, climate and weather-related shocks, conflict, and harmful social and cultural norms. Lasting improvements in nutrition status would therefore require innovations absent from previous efforts, including: (a) the integration of efforts across sectors, including agriculture, health, financial inclusion; social protection, and water, sanitation, and hygiene (WASH); and (b) simultaneous efforts to address immediate causes of malnutrition *and* their underlying systemic factors. The resulting program design was therefore systems-focused, with an emphasis on strengthening local capacities, institutions, and services that support nutrition while directly supporting vulnerable households to address immediate malnutrition drivers by improving diets and reducing disease.

At the systems and institutions levels, Nawiri strengthened the capacity of local governance structures to plan, implement, and monitor nutrition programs and helped integrate nutrition concerns across relevant sectors. Nawiri and its partners also advocated for the development and strengthening of policy frameworks and community health systems, as well as enhanced cross-sector coordination, promoted community participation and government accountability, and helped improve systems and tools for monitoring, quality assurance, and preparedness.

The activity reached a total of 550,662 individuals across 35 of the 45 wards in the two counties. At the household level, Nawiri implemented a variable intensity targeting strategy in which more vulnerable communities received a full support package, while less vulnerable communities received a basic package. Communities receiving full support and those receiving the basic package showed comparable nutrition levels by endline, suggesting that variable intensity succeeded in lifting more vulnerable communities into a higher nutrition bracket, one on par with their less vulnerable peers. Acute malnutrition across both counties dropped over the activity period, with Samburu declining from 21.8% in 2020 to 17% in 2025, and Turkana declining from 34.5% to 21.5%.

Nawiri also made promising progress at the levels of household, market, and institutional interventions. For example, women's dietary diversity improved nearly threefold and was significantly more impacted by high-intensity interventions. Targeted support for improved agricultural practices also led to a significant increase in production of healthy foods, and capacity strengthening of community health promoters (CHPs) and health facilities helped increase referrals to treatment and facilities in last-mile communities.

However, deeper analysis points to a longer-than-expected lag between the institutional, economic, and behavioral "upstream" impacts seen in the program and "downstream" impacts on nutrition status. So while the program succeeded in reducing acute malnutrition, this lag underscores the fragility of current progress. It will be important to follow up in these communities in coming years to confirm which nutrition pathways are strongest in northern Kenya, and to identify specific local approaches needed to maintain and build on these gains.

This report unpacks these and other findings which stem from a rigorous mixed-method secondary analysis conducted during activity closeout in late 2025 and early 2026. Synthesizing 68 key documents, this analysis interprets quantitative trend analyses of key program data in the context of qualitative evidence to develop key insights into what worked, for whom, and under what conditions. To sustain gains made by Nawiri, future efforts should consider the following priority lessons and recommendations.

- **Pursue integrated and layered program approaches.** Multi-sectoral, multi-year integration is essential for sustained impact. Direct support to household nutrition must be paired with systems-level interventions to create scalable pathways to reduce acute malnutrition.

- **Build on water system improvements with a focus on sustainability.** Where water services are functional and governance is strong, behavior change has proven more resilient—even during shocks. Future investments should go beyond infrastructure to strengthen operations with the goal of sustaining water access rather than allowing systems to slip back into episodic functionality.
- **Reduce women's time poverty to help close the diet diversity gap.** Improvements in women's dietary diversity and household production did not equate to better diets for their children. Closing this gap requires targeted, child-focused nutrition pathways that focus not only on availability of nutritious foods but also on their affordability. Importantly, this should reinforce women's agency rather than add to their burden.
- **Build and study behavior-to-nutrition pathways.** Behavior change is the earliest and most reliable signal of future impact. Continued monitoring of nutrition status in Samburu and Turkana will be critical to confirm whether and how Nawiri's nutrition pathways continue to reduce acute malnutrition.
- **Institutionalize shock-responsive livelihoods protections.** Savings groups, petty trade, and graduation pathways are among the strongest predictors of emerging resilience, yet gains can quickly reverse when shocks hit. Ongoing nutrition interventions must continue to support resilience-building behaviors.
- **Strengthen local institutions and systems.** Nawiri's most durable gains have come where functions—not just activities—have been embedded in county systems. The next phase must consolidate and operationalize these systemic gains to ensure that planning, financing, data use, and accountability functions continue regardless of future funding flows.
- **Support and stabilize digital health management.** The institutionalization of electronic community health information systems (eCHIS) has enabled real-time monitoring and adaptive management. To further strengthen this backbone, county health departments should receive support to continue increasing eCHIS reporting to sustain data-driven decision making and service delivery.

The simultaneous promise and fragility of Nawiri's impact underscores the importance of carrying forward its learnings into future nutrition interventions across northern Kenya.

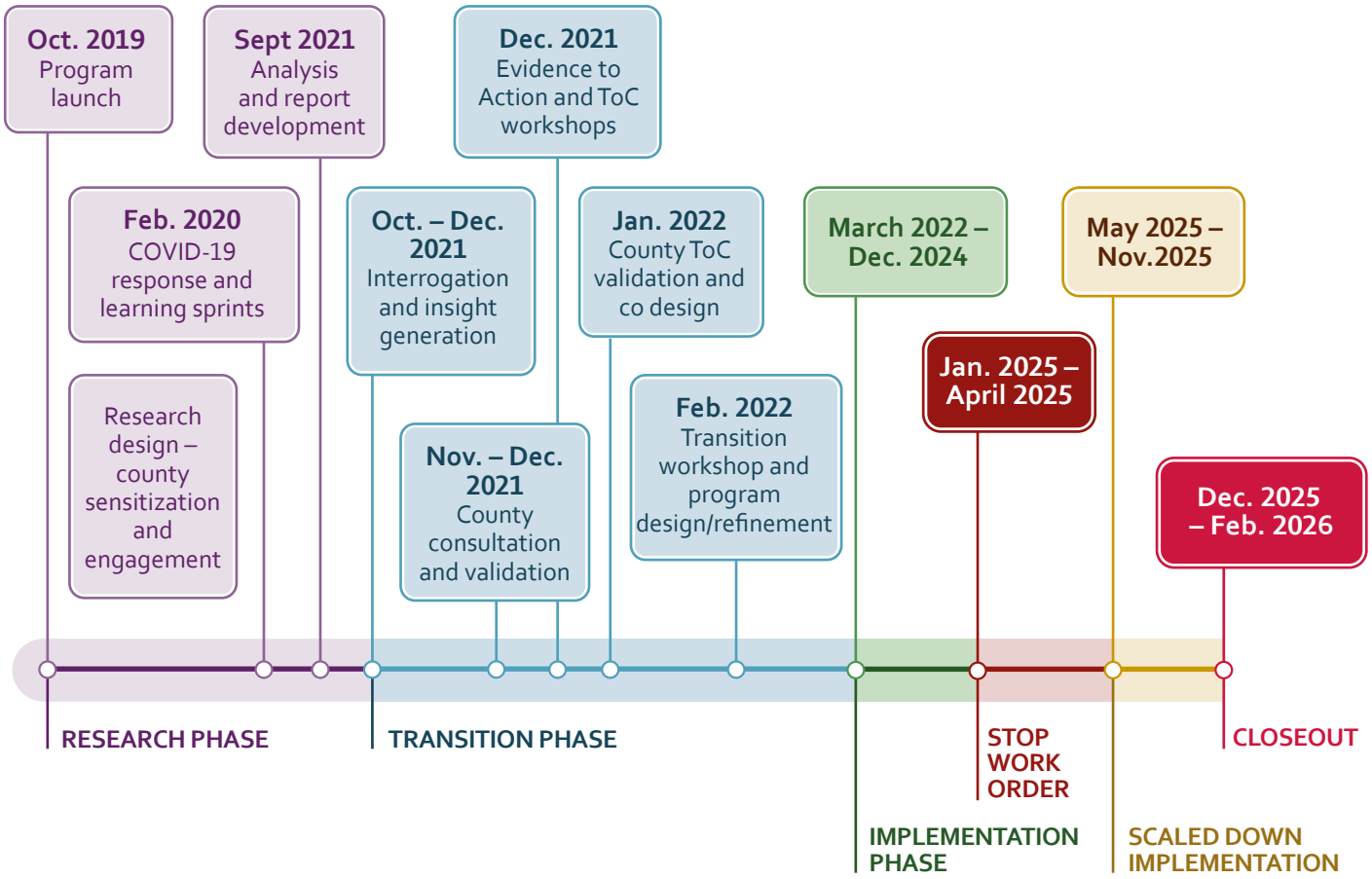
INTRODUCTION

Between 2019 and 2025, a Mercy Corps-led consortium of national and international partners implemented Nawiri (meaning "to thrive" in Swahili), a multi-sectoral $145 million Resilience Food Security Activity (RFSA) funded by the United States Agency for International Development (USAID). The activity operated in the arid and semi-arid lands (ASALs) of northern Kenya where short-term humanitarian interventions had failed to achieve lasting impact on nutrition security, with communities frequently exceeding the emergency threshold of 15% global acute malnutrition (GAM). Nawiri sought to reduce this rate to 12%, ultimately reaching close to 600,000 individuals in Samburu and Turkana counties.

The activity was grounded in extensive analysis of underlying causes of GAM, recognizing that lasting impact would require two critical shifts largely absent from prior efforts. First, intentional integration of multi-sectoral interventions was necessary to address the complex interconnected drivers of malnutrition. Second, a simultaneous focus was needed to understand the immediate causes of GAM and underlying systemic factors that perpetuated vulnerability. This systems-oriented approach therefore emphasized strengthening local capacities, institutions, and service mechanisms in combination with direct support to households and communities.

Research, adaptation, and learning were embedded throughout the activity design. A robust inception phase with extensive formative research helped to contextualize interventions to local realities, while iterative action learning efforts generated evidence and insights to inform adaptive implementation over the life of the activity.

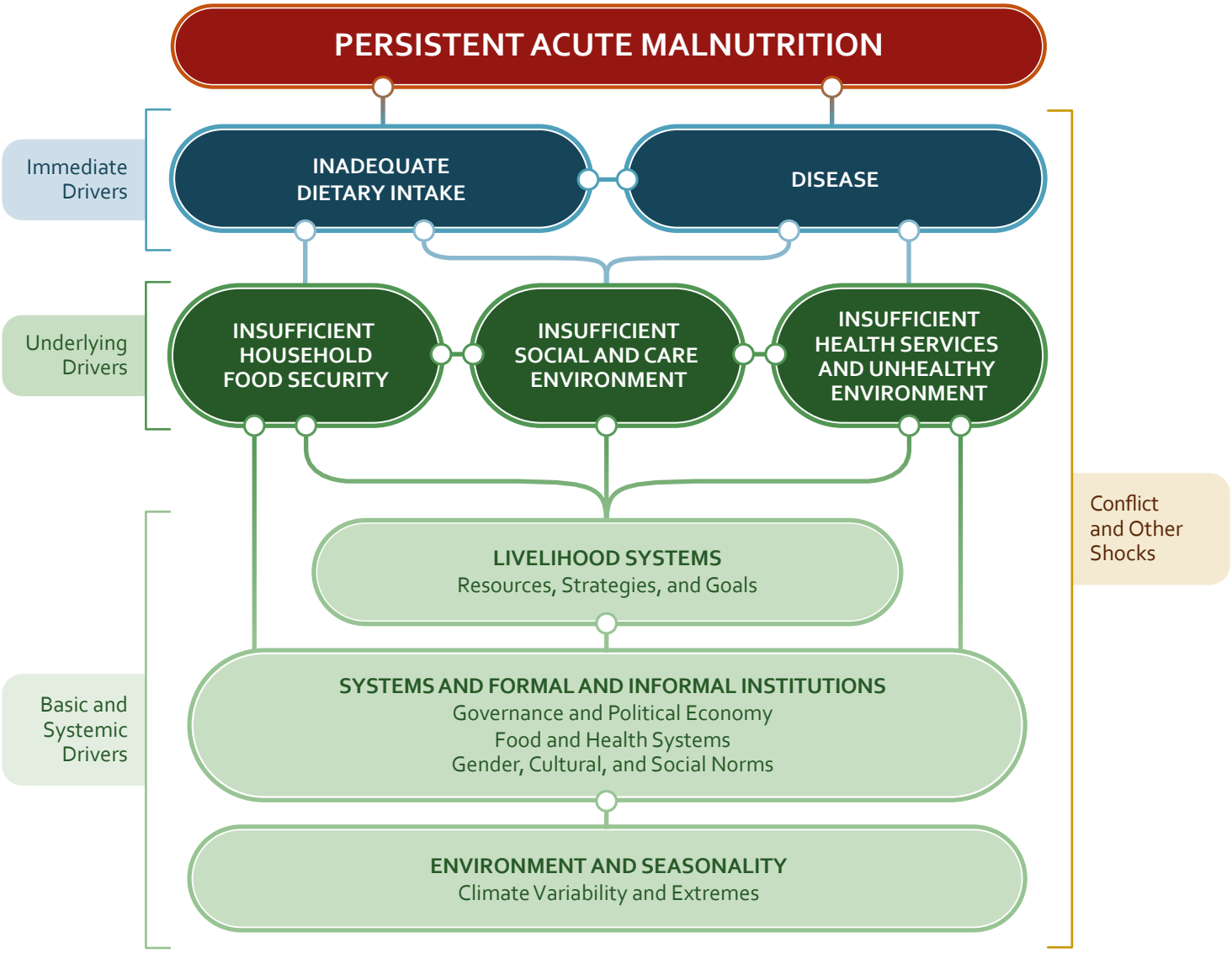
Nawiri's Program Timeline



Nawiri's Conceptual Framework

Nawiri's initial program design built on a conceptual framework for addressing malnutrition in African dryland contexts published by Tufts University's Feinstein International Center, which recognized that the drivers of malnutrition vary across geographies, seasons, livelihoods, and cultural contexts.[1] This framework underscored the importance of formative research "to inform, influence, and finetune the design and targeting of nutrition-sensitive actions."[2] Nawiri therefore began with an in-depth analysis of the complex and interconnected drivers of GAM in Kenya's Samburu and Turkana counties, and developed an adapted conceptual framework incorporating globally recognized determinants of malnutrition, factors identified as particularly relevant to the ASAL contexts, and drivers specific to the livelihoods, climate realities, and sociocultural dynamics of Samburu and Turkana (Figure 1). Nawiri recognized that the immediate causes of acute malnutrition—poor dietary intake and disease burden—are closely linked to deeper structural factors, including chronic poverty, food insecurity, limited access to basic services, climate and weather-related shocks, conflict, and harmful social and cultural norms.

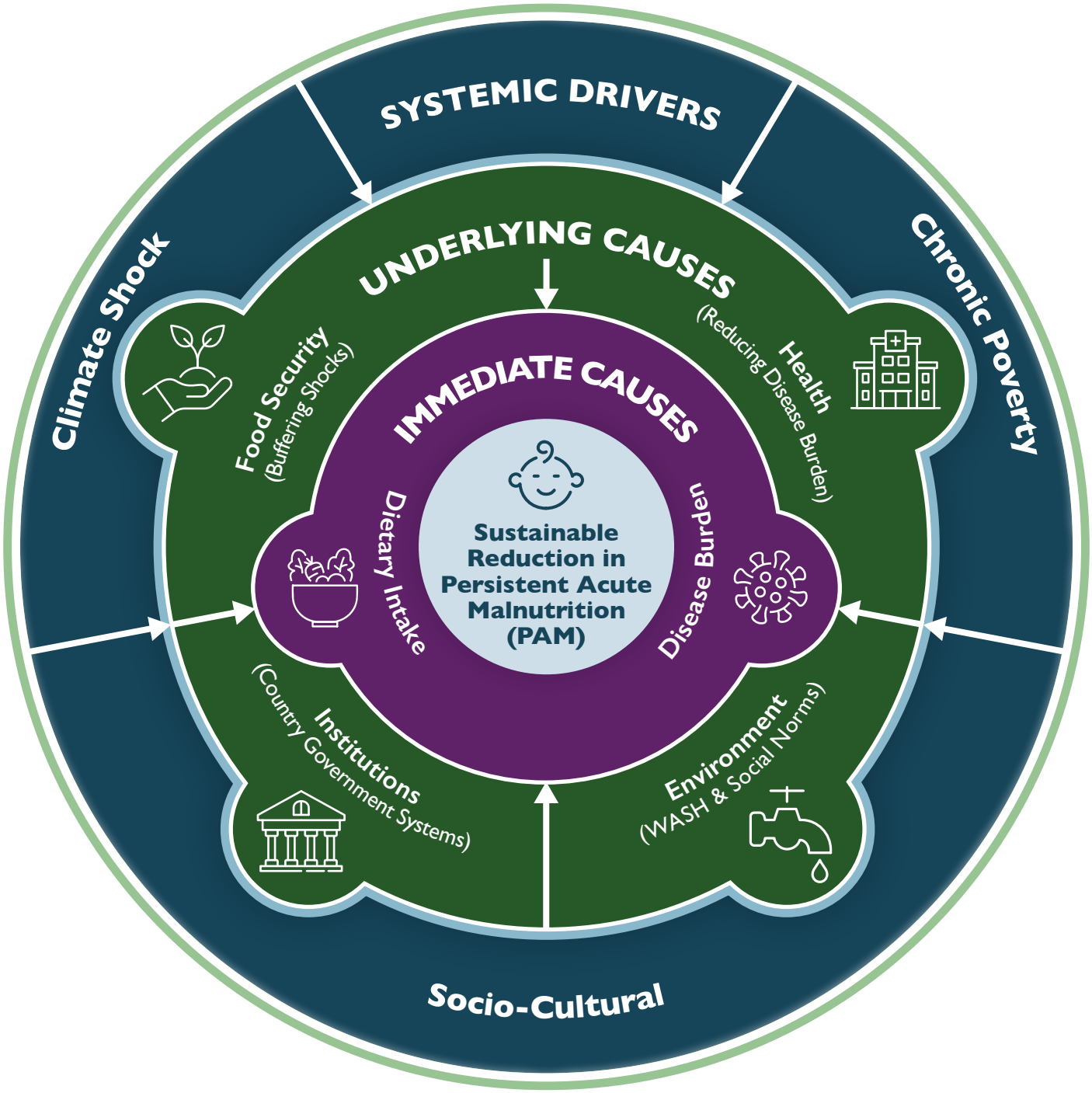
FIGURE 1: Nawiri's Conceptual Framework



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

2 Young, Helen. (2020). *Nutrition in Africa's drylands: A conceptual framework for addressing acute malnutrition*. Feinstein International Center, Tufts University, p. 7.

FIGURE 2: Theory of Change



Nawiri's theory of change was grounded in the belief that sustainable reductions in GAM require coordination across communities, institutions, and systems. The activity therefore combined interventions addressing the proximate drivers of malnutrition and household food insecurity with efforts to strengthen the systems, capacities, and local institutions needed to support long-term nutrition security and resilience.

Nawiri's household-level targeting strategy used the Community Integrated Assessments and Action Planning process to assess vulnerability. Based on 10-year trend analysis, Nawiri identified "malnutrition hotspots" at the ward level and engaged communities to identify the most vulnerable villages in those areas. These villages received the full Nawiri support package,

including anchor group models, livelihood activities, system-level water and market infrastructure improvements, and active community health promoter (CHP) engagement for nutrition screening and referral. A basic package was delivered in less vulnerable villages, focusing on strengthening CHP capacity for nutrition screening referrals, as well as strengthening adapted mother-to-mother support groups.

Nawiri's Overall Impact

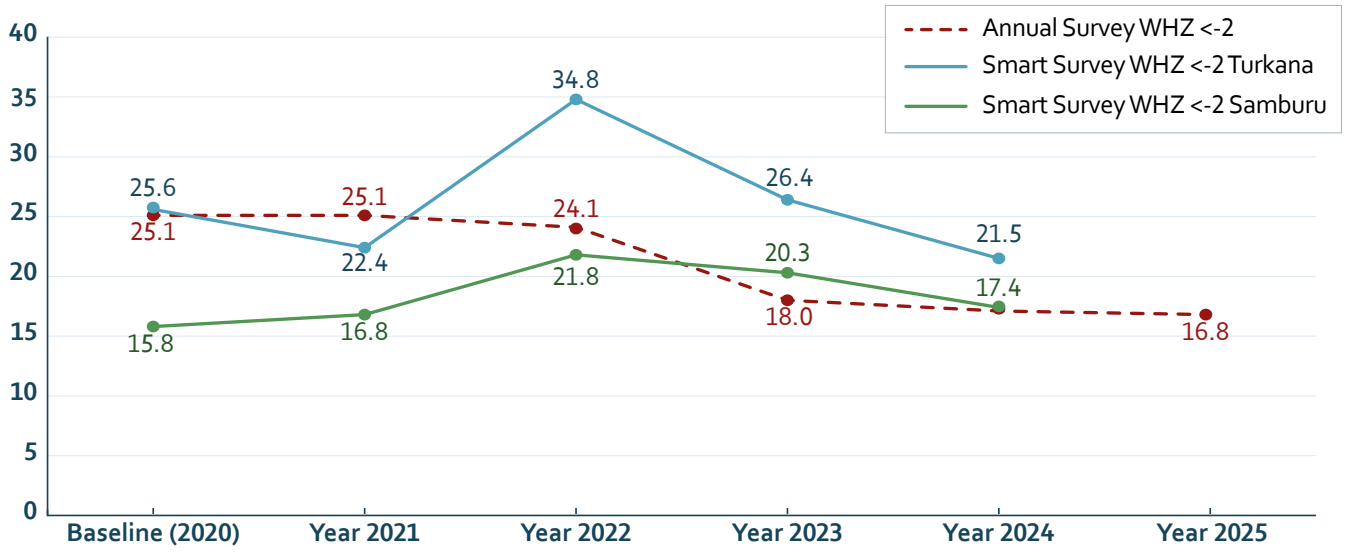
Nawiri sought to reduce the prevalence of GAM in Turkana and Samburu counties to 12% or lower. GAM in both counties declined over the program period, with Samburu declining from 21.8% in 2020 to 17% in 2025, and Turkana declining from 34.5% to 21.5%. Although these levels do not meet the program target and are still above the Integrated Food Security Phase Classification (IPC) acute malnutrition "critical" threshold of 15%, these declines are promising population-level trends, and data on Nawiri participants are also encouraging.

NAWIRI'S REACH

- 550,662 direct participants were reached across 35 of the 45 wards in Samburu and Turkana counties.
- Direct participants were over 50% women, over 40% youth (under 30 years old), and over 15% children (under 5 years old).

The acute malnutrition rate among activity participants dropped from 16.8% at baseline to 11.1% at endline in Samburu, and from 25.6% to 19.6% in Turkana. Nawiri used a vulnerability-based targeting approach that delivered a more intense package of interventions to more vulnerable communities, and village-level analysis suggests this approach was successful. Monitoring data collected in 2025 found no difference in GAM between high- and low-intensity villages, indicating that more vulnerable (and therefore more intensely targeted) wards were able to achieve a nutritional status comparable to other wards. On the other hand, disparities between the two counties persisted, with Turkana showing higher wasting (19.6%) than Samburu (11.1%). Severe wasting was significantly higher in Turkana.

FIGURE 3. Child Wasting Trends Based on Weight-for-Height Z-Score in Children Under 5



Secondary Analysis Methodology

Nawiri conducted a rigorous mixed-method secondary analysis during activity closeout in late 2025 and early 2026. This analysis sought to develop actionable learning from the evidence base established over Nawiri's six years of operation, synthesizing over 65 key documents, including formative research reports, annual participant surveys, program monitoring reports, learning briefs, and external reports. Quantitative trend analyses of key program indicators were interpreted in the context of qualitative evidence to develop insights into observed changes and the impacts of program activities. The goal of this approach was to move beyond simply reporting outputs to developing a nuanced understanding of what worked, for whom, and under what conditions.

Data limitations. The documents and data reviewed for this analysis followed different research methods and analysis procedures and were generally not designed to establish causal relationships. As a result, direct comparison and trend analysis were complicated. Thus, while program impacts could be strongly correlated with program interventions, full attribution of impact was not possible. In addition, indicators reliant on respondent reporting are subject to recall and seasonal biases. Finally, population mobility, conflict, and other access constraints may have distorted inclusion in key studies or survey samples. Moreover, emergent contextual factors—such as recent shocks, evolving social norms, or unmeasured determinants—may not be fully reflected in available data, introducing potential interpretation biases.

NUTRITION PATHWAYS: INTERVENTIONS AND KEY INSIGHTS

This section summarizes Nawiri interventions targeting the drivers of malnutrition at each level of the conceptual framework, summarizing key insights at each level arising from the secondary analysis.

Addressing Immediate Drivers of Acute Malnutrition

As in all contexts, the immediate drivers of malnutrition in ASALs are inadequate dietary intake due to poor access to and/or availability of food and poor health that results from and/or contributes to poor physical utilization of nutrients. Nawiri addressed both of these immediate drivers of malnutrition through social behavior change (SBC), empowerment and capacity strengthening activities implemented through CHPs, anchor groups (see box), and media and community platforms. Messaging and information across these activities focused on the following two areas.

1. Improving ***inadequate dietary intake*** through:
    - improving infant and young child feeding practices;
    - increasing dietary diversity and feeding frequency; and
    - strengthening nutrition knowledge and caregiving practices – with a specific focus on women and children.

2. Reducing ***disease*** through the prevention and treatment of common childhood illnesses including diarrhea, pneumonia, malaria, and acute malnutrition.
    - *Prevention:* Improved hygiene practices were promoted (together with nutrition knowledge) throughout Nawiri's SBC and anchor group activities; reliable access to clean water was addressed as an underlying pathway.
    - *Treatment:* At the same time, Nawiri sought to increase timely care-seeking, reduce untreated illness, and improve early detection and referrals, all of which required efforts to expand the reach of community-level health services within the underlying health services pathway.

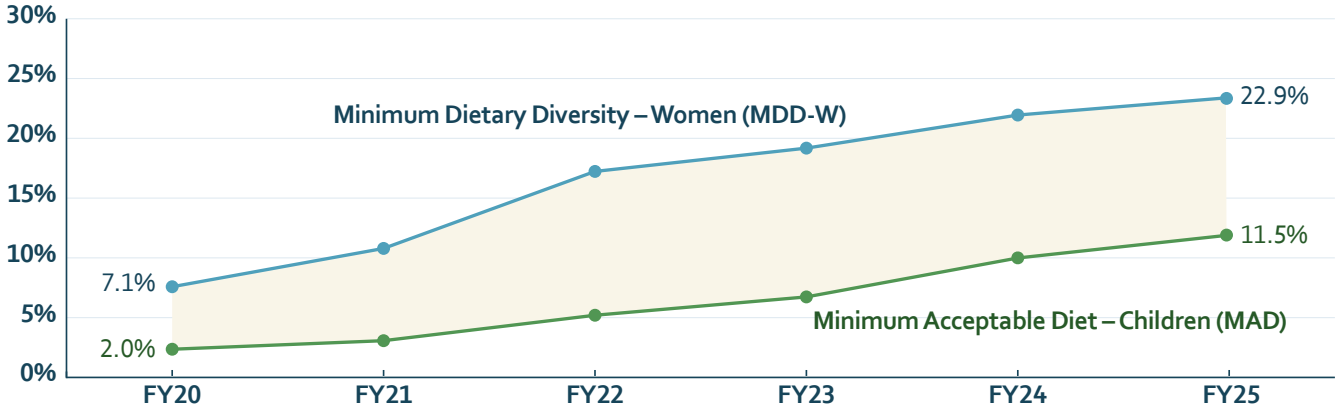
Anchor groups were a central method of engaging participants under the Nawiri program. Groups were formed around shared demographic and/or economic traits, and served as platforms to address immediate drivers of malnutrition through targeted nutrition and health education, assessment and referrals, as well as to address underlying malnutrition drivers through integrated livelihood, financial inclusion and social empowerment support tailored to each group's specific needs. Examples include:

- **GIRL-H Groups:** Targeting adolescent girls and young women with mentorship, life skills, business development, and sexual/reproductive health education.
- **Boy Groups:** Engaging adolescent boys and young men, including tailored sessions like the "moonlight system" that accommodate their herding duties.
- **Adapted Mother-to-Mother Support Groups (AMTMSGs):** Focused on maternal, infant, and young child nutrition (MIYCN), but increasingly also include fathers and other family members for joint decision-making.
- **REAP for Nutrition (R4N) Business Groups**: Support for household livelihoods and economic empowerment, layering nutrition messaging and practical skills.

KEY INSIGHTS

Nutrition impact lags from women to children. Improving women's diet and household production does not automatically or quickly translate to better child nutrition. Women's dietary diversity responded quickly to empowerment, SBC, and food access interventions, improving more than threefold overall, with significantly better results from high-intensity targeting.[3] However this progress was highly sensitive to shocks, such as recurrent drought cycles, rainfall variability, food system disruptions, inflationary pressures, and seasonal food insecurity dynamics affecting nutrition outcomes. This pattern is illustrated by significant drops in both program and population-level figures in 2024,[4] as women presumably reduced their dietary diversity when necessary to protect children. In addition, dietary diversity gains among women outpaced gains among children. Improvements in young children achieving minimum acceptable diets increased overall, but at a slower pace than women's dietary diversity, and with no significant difference found between high-intensity and low-intensity targeting.[5] Affordability gaps, caregiver time poverty, and thin markets are likely barriers to translating gains in women's diets to children—reinforcing the need for child-focused strategies sensitive to time poverty and affordability gaps.

Figure 4. Nutrition Improvements in Women and Children



Dietary Diversity Gap FY20-FY25, Annual Participant-Based Survey

Behavior change takes time to translate into nutrition impact. While Nawiri was unable to reduce the prevalence of illness, particularly diarrhea, it did drive meaningful improvements in household-level indicators related to improved health status, including care seeking, water treatment, and hand washing.[6] So although no measurable changes in the biological markers that indicate nutrition status occurred during the activity period, sustained behavior change in these areas may lead to real gains.

3 According to Nawiri monitoring surveys, women's dietary diversity (MDD-W) improved from 7.1% at baseline to 26.2% in FY24, and these gains are strongly associated with empowerment activities, increased food availability and SBC interventions. High intensity households were 38% more likely to achieve MDD-W according to modeling of annual survey data (12.3% vs 9.2%, p=0.03).

4 A drop in MDD-W to 22.9% in FY25 demonstrates the vulnerability of progress to food price and shock dynamics. Population-level SMART survey data underscores the sensitivity of this metric, showing an alarming decline in MDD-W from 10% in 2023 to 6% in 2024 in Samburu, and in Turkana from 22% in 2023 to 9.6% in 2024.

5 Nawiri monitoring surveys showed an increase in children 6-23 months achieving a minimum acceptable diet (MAD), from ~7% at baseline to ~13% in FY23, but dropping to ~11.5% in FY25, with both counties showing low and similar values in FY25—consistent with food insecurity swings and price shocks. Throughout the program, improvements in MAD lagged behind gains in MDD-W, and no significant difference in children's nutrition was found between high-intensity and low-intensity targeting areas (15.2% vs 12.5%, p=0.17). At the county level, Samburu outperformed Turkana in children's dietary diversity (MDD-C: 17.3% vs 12.8%), likely a result of higher consumption of vegetable, animal source foods (ASF), and pulses in Samburu.

6 Nawiri monitoring surveys found children under 5 with diarrhea in the previous 2 weeks at ~25% at baseline and FY25, and in the FY25 survey over half of children under 5 had had a cough in the past 2 weeks and nearly half had had a fever in the past 2 weeks. At the same time, high-intensity areas showed 47% higher odds of seeking care (81.8% vs 75.3%, p=0.002), especially in Turkana (81.1% vs Samburu 76.5%), with agro-pastoralists most likely to seek care (86.8%). Households practicing recommended water treatment improved from 11% to just over 25%, and households whose members have access to and commonly use a handwashing station increased from 7.5% to over 14.8%. (See also system-level WASH improvements.)

Addressing Underlying Drivers of Malnutrition

Nawiri's conceptual framework identified three main underlying drivers that contribute to poor dietary intake and high disease prevalence: poor household food security, an insufficient social and care environment, and poor health services and environments. This section explores how Nawiri addressed each of these areas.

IMPROVING HOUSEHOLD FOOD SECURITY

To improve ***household food security,*** Nawiri focused on increasing household food access, stabilizing consumption during shocks (such as price shocks or drought), and improving availability of diverse foods in last-mile markets.

- **Improved household production.** To address the availability of diverse food through production, anchor groups targeting agricultural producers promoted nutrient dense crops, livestock, poultry, and fish production. They helped improve climate-smart and nutrition-sensitive production, driving uptake of improved inputs, value-added processing, and post-harvest handling techniques. At the same time, SBC messages helped bridge household production to nutritious consumption, encouraging households to consume meat, dairy, and high-nutrition crops such as leafy greens.

- **Strengthened economic status.** A range of activities were implemented to build household income, driving improved food access. The Rural Entrepreneur Access Project (REAP) for Nutrition (R4N) approach directly integrated a poverty graduation model with nutrition support and messaging (see box), providing employment skills and entrepreneurship support to households and women and youth groups. Business start-up grants helped R4N business groups build microenterprises while consumption smoothing grants helped ensure households could withstand shocks without liquidating assets or undermining long-term investments. Financial inclusion and promotion of savings and credit was integrated into anchor group activities through the village savings and loan association (VSLA) model. Market activation and aggregation strategies helped improve access to markets for households that had become more dependent on purchasing over production, as well as increased the availability of nutritious foods in those markets.

- **Resilience to shocks.** Strengthening of household production, income, and market access were all implemented not only as basic food security measures, but also to provide strategies for households to smooth their consumption in the face of inevitable price and weather shocks.

Integrating Poverty Graduation and Nutrition: R4N

The Rural Entrepreneur Access Project (REAP) for Nutrition (R4N) model was a cornerstone of Nawiri's multi-sectoral approach to nutrition security. R4N delivered sequenced, time-bound, and integrated interventions to ultra-poor households, combining cash transfers, business grants, mentorship, financial inclusion, nutrition screening, and counseling and market system linkages to strengthen households' capacity to withstand shocks and expand access to nutritious foods in last-mile markets. Over 5,500 business startup grants were issued through the three R4N cohorts. R4N households also received a 6-month consumption transfer of $45 per household.

4,000 businesses in the first two cohorts saw over 100% business value growth after 18 months. Nearly all households reported two or more sustainable income sources at endline, and successful linkage of women entrepreneurs to private sector actors for livestock aggregation and food supply bolstered market integration. The Cohort 1 endline showed over 90% of children under 5 and women of reproductive age were free from acute malnutrition for at least 3 months prior to graduation, out-performing population-level baselines by nearly 20 percentage points in some areas, while over 80% of cohort 2 households met graduation criteria.

For more details on the R4N model, see Kim, Jeeyon, Daniel Hudner, and Olga Petryniak. (2025). Closing the Gap: Evidence & Opportunities for Adapting Poverty Graduation for the Most Fragile Contexts. Mercy Corps.

KEY INSIGHTS

HOUSEHOLD FOOD PRODUCTION

Improved production means greater availability of nutritious foods. Promoting improved agricultural practices had a transformative effect on local food systems. Of the acreage under improved management through Nawiri, nearly 40% was dedicated to cereals and pulses,[7] a robust contribution to increased food availability in these communities. Even greater impact can be seen in a 15-fold increase in yield for indigenous leafy vegetables.[8] Robust annual sales[9] suggest that improved production also contributed to household income by providing households with financial resources to smooth consumption, access health services, and maintain dietary diversity. This transformation in crop production and market access improved household food availability, income generation, and resilience while also addressing ongoing challenges in post-harvest handling, storage, and equitable market participation.[10]

HOUSEHOLD ECONOMIC STATUS

Financial literacy, savings, and access to financial services translate into positive and protective behaviors when delivered at sufficient intensity and linked to livelihood and resilience outcomes.[11] High-intensity households—those receiving the full package of interventions—had higher rates of savings;[12] annual report narratives show growing balances and loan uptake, and recurrent monitoring surveys confirm protective associations between regular saving and reduced child wasting. However, while high-intensity programming produced stronger outcomes overall, households in the lowest tertile were less likely to convert program support directly into economic gains. Weaker asset bases, restricted mobility, and higher exposure to shocks constrained these households' ability to improve savings. This outcome highlights the need for targeted strategies to reach the poorest households.

Improvements in objective measures of resilience do not directly lead to improved perceptions by participants. Objective gains in resilience-associated capacities (e.g., care seeking, water access, savings and information access) did not correlate with comparable increases in the subjectively evaluated resilience score, measured through Nawiri monitoring surveys. This suggests a need to better understand the subjective and psychosocial dimensions of resilience that contribute to confidence and wellbeing.

Integrating economic interventions with agricultural support is necessary for households who increasingly rely on purchased food. The cost of a nutritious diet remains high relative to household purchasing power, especially for children and adolescents whose nutritional needs are higher than adults. This trend suggests household reliance on purchasing food is likely to continue growing, highlighting the importance of economic interventions within food security programs.

NAWIRI'S REACH

- **R4N Model:** Supported 16,680 nutritionally vulnerable ultra-poor women to establish 5,560 last-mile businesses; business groups received KES~680M in business grants and consumption smoothing benefiting 75,000+ household members
- **Economic Opportunities**: Over KES 450M invested through vocational training and support benefiting 2,371 youth and 1,339 fisherfolks respectively; over KES 3.3M of cumulative savings from 4,713 VSLA groups (117,825 members) through the GIRL-H model.

7 Total mobilization of participants who applied improved management practices and technologies grew from 25,141 in FY23 to 152,550 in FY25, and adoption reached 69.9% in FY24 among farmers. Samburu's adoption rate in FY25 (79.1%) was relatively higher than Turkana's (50.0%), highlighting county-level disparities. The most common behaviors practiced by farmers were use of improved inputs (42.7%), value added processing (17.6%), and post-harvest handling (9.9%). These interventions led to a total of 593,420 hectares under improved management, including 223,552 hectares dedicated to cereals and pulses, stabilizing the core caloric base of the community.

8 Indigenous leafy vegetables yield was 14,823kg/ha in FY23, a transformative increase from FY22 baseline of 863 kg/ha.

9 The value of annual sales reached a weighted total of $167,120 in FY23, underscoring the central role of cash income in resilience.

10 Evidence from the RMS shows that high-intensity households are four times more likely to produce crops (36.1% vs 11.8%, p<0.001), with agro-pastoralists leading (63.4%).

11 Beyond individual behavior change, program-supported savings accumulated at scale: Nawiri facilitated over $3.3 million in cumulative VSLA saving, with more than 21,000 participants accessing ~$0.14M in loans across financial services workstreams; High-intensity households were more likely to save regularly (62.2% vs 54.0%, p<0.001), with Samburu leading Turkana (76.0% vs 51.0%) ; fisherfolk save most regularly (74.6%).

12 High-intensity households have 48% higher odds of being in a higher wealth tertile (p<0.001), with Turkana outperforming Samburu (35.6% vs 28.8% in the highest tertile).

HOUSEHOLD RESILIENCE TO SHOCKS

Positive financial behaviors improve shock resilience. Household financial interventions, including promotion of savings, facilitation of VSLA coverage, and development of group enterprises through R4N, helped households build shock buffers to protect food budgets during lean seasons. Particularly for ultra-poor women, these household economic interventions can translate into sustained financial behaviors that enhance household planning, enterprise development, dietary resilience, and access to essential goods and services.

Liquid assets are key to household resilience. Strengthening women's access to liquidity is critical for translating agricultural participation into sustained nutrition and well-being for vulnerable households during periods of crisis. In agro-pastoral households, milk and eggs can operate as liquid assets, supplementing cash savings and income to support daily nutrition and routine coping, especially when women and children are left at home with fewer resources while herds migrate. While milk yields were volatile over the activity period, Nawiri demonstrated that fodder cultivation can stabilize this asset by allowing pastoralist households to keep milking animals home while herds migrate to find pasture.[13] While relatively stable livestock meat yields[14] suggest accumulated household wealth, meat does not have the same "liquid asset" function as eggs and milk do for poorer households, as its value is less accessible in the short term.

Safety nets are critical in shock-prone environments. Nawiri successfully reduced spikes in child malnutrition during the lean season by linking households with savings to index-triggered top-ups based on National Drought Management Authority/ Participatory Scenario Planning thresholds and by prepositioning local merchant networks for nutritious foods.

IMPROVING THE SOCIAL AND CARE ENVIRONMENT

Nawiri sought to address the ***inadequate social and care environment*** by tackling harmful gender and social norms and reducing time poverty among women. Inequitable gender norms, poor caregiving practices, and harmful attitudes toward adolescents were core to SBC activities, especially community dialogues and adolescent engagement. Economic empowerment activities (including R4N and VSLA models) largely targeted women and youth, while boys and men received messaging to encourage shifts in norms and attitudes.



KEY INSIGHTS

SBC activities created a meaningful shift in social and gender norms that impact adolescent well-being and nutrition. In Nawiri's final annual survey, participants reported changes in gender norms impacting marriage, child spacing, and diet.[15] Adolescents reported increased positive parenting by male guardians.[16] Demonstrated knowledge and skills around maternal and childcare practices also increased.[17]

13 The FY24 annual survey reported an average milk yield of 0.71 liters per animal, up from 0.49 liters the previous year, and anecdotal evidence suggested that avail roved not only the quantity but also the quality of milk produced.

14 Meat yields went from ~29.2kg in FY22 to ~26.9kg in FY23

15 72.9% of participants reported a change in attitudes and norms related to men, women, girls and boys, and socio-cultural norms including early marriages, child spacing, and partaking of certain foods including chicken and eggs.

16 92.1% of adolescent girls and boys reported positive parenting by their fathers and male guardians, an increase from 77.8% in the previous year.

17 The percentage of caregivers, adolescent girls, and key influencers who demonstrated increased knowledge and skills on optimal maternal, adolescent, and child feeding and care practices increased from 61% in 2024 to 84% in 2025.

IMPROVING HEALTH SERVICES AND ENVIRONMENTS

Significant efforts were directed toward addressing *insufficient health services and unhealthy environments.* Nawiri focused on improving community health systems through strengthening the policy framework for health services, empowering and motivating local health workers and CHPs, expanding the reach of community-level health and nutrition services to reach the last-mile households, and promoting nutrition-supportive skills and behaviors through anchor groups and SBC efforts. The program's approach to improving water access included rehabilitating multi-use water systems (MUS), deploying prepaid kiosks, professionalizing water user associations (WUAs), and integrating these interventions with broader food production and nutrition initiatives.

KEY INSIGHTS

Support for community health systems is key in last-mile communities. Targeted support for CHPs can directly increase referrals to treatment and facilities.[18] Meanwhile, quality of health services can be improved through mentorship—a powerful tool for institutionalizing learning within the health system. County health leadership has increasingly taken the lead in scheduling and tracking mentorship activities, a clear sign of local ownership and sustainability.[19] Institutionalization of electronic community health information systems (eCHIS) enabled real-time monitoring of key nutrition indicators and led to improvements in reporting rates for CHPs.[20] This nutrition pathway continues within governance systems with county support and investment for these interventions.

Sustainable water systems for communities can drive nutrition and health outcomes. Nawiri's focus on rehabilitation of water systems, deployment of prepaid kiosks, and strengthening of WUAs has driven consistent improvements in use of improved water sources[21] that out-performed population-level water access.[22] Nawiri staff found that pre-paid kiosks and MUS rehabilitation improved accountability and continuity in last-mile water services. These water access and reliability improvements translate into nutrition-supportive behaviors,[23] emphasizing the need to couple water system operations and management with nutrition-sensitive productive use (kitchen gardens, small livestock). Yet more work is needed to promote sustainability of water systems. Increased use of water services did not immediately translate into increased willingness to pay for them.[24] Population-level data also reflect an ongoing gap between awareness and practice of health-protective behaviors.[25] Closing gaps in basic water access, promoting shifts to sustainable, market-based water provision, and driving healthy hygiene behaviors will all be essential in addressing water-borne disease, a driver of acute malnutrition.

NAWIRI'S REACH

- 207 **health facilities** supported out of total 492: Turkana: 133, and Samburu: 74; with 251 community health units (CHUs), comprising of 3,019 CHPs trained across both counties; 60% of total referrals (both self and CHPs) come from Nawiri-supported facilities (KHIS data 2025).
- Rehabilitating **water systems**: revived 16 large scale irrigation schemes in Turkana; rehabilitated and expanded 57 water infrastructures enabling ~150,000 participants to access safe drinking water from an investment of KES 371M+ in multi-use water systems, attracting over KES 148M+ in co-investment from county governments.

18 97% of referrals by CHPs were successfully linked to treatment for malnutrition, childhood illnesses, and micronutrient needs, demonstrating improved case detection and responsiveness.

19 The structured mentorship model reached over 950 healthcare workers and CHPs in 145 facilities, enabling mentors and mentees to identify performance gaps jointly, practice new skills, and reinforce correct service delivery standards over time. 75% of referrals from Turkana and 77% of referrals from Samburu originated from Nawiri-supported facilities.

20 Adoption of eCHIS reached ~50% of CHPs by FY24–FY25.

21 FY23–FY25 annual results reports document how rehabilitation of MUS, deployment of prepaid kiosks, and the professionalization of WUAs have driven consistent improvements in use of improved water sources. Results from the RMS show that households in high-intensity areas have 80% higher odds of using improved water sources (45.5% vs 31.7%, $p<0.001$). Turkana outperforms Samburu (43.8% vs 35.1%).

22 SMART survey reveals a significant decline in household water utilization, consuming more than the recommended WHO amount of at least 15 liters/person/day in Turkana from 51% in 2023 to 36% in 2024, whereas an improvement in Samburu from 15.4% in 2023 to 47.6% in 2024.

23 RMS data show +80% odds of improved source use associated with water access and reliability improvements.

24 The annual survey revealed low willingness to pay for water services 19% in FY24 and slightly dropped to 18% in FY25. Similarly, findings from the SMART survey in 2024 indicate only 32% of households are currently paying for water services in Turkana compared to 19.6% in Samburu.

25 Results from the SMART survey still show a quality of practice gap. Data reveals a profound disconnect between awareness and behavior. While an average of ~91% of households in Turkana and Samburu are aware of handwashing, only 25.5% in Samburu compared to 62.7% in Turkana actually practice it at all four critical instances, with an equally high fecal burden of about 59.4% practicing open defecation.

Improving Basic and Systemic Drivers of Malnutrition

Sustainable nutrition security at the individual level cannot be achieved without addressing the structural drivers that shape vulnerability, constrain service delivery, and determine the resilience capacity of livelihoods and institutions. Nawiri's individual- and household-level interventions were all supported and facilitated by systems-level approaches that strengthened the institutions, systems, and norms that support improved nutrition.

LIVELIHOOD SYSTEMS AND ENVIRONMENT AND SEASONALITY

In the ASALs, ***livelihood systems*** and ***environment and seasonality*** are inextricably linked. Agro-pastoral and pastoral livelihoods are extremely climate sensitive and highly exposed to drought cycles. Thin, fragmented markets limit income stability and undermine food affordability. Diversification of household income is limited and inconsistent, and liquidity for households is restricted by the asset-rich/cash-poor dynamics common to agricultural and pastoral economies. Variable rainfall and recurrent drought lead to increasingly common climate shocks that disrupt livelihoods and interrupt access to markets and services. Seasonal fluctuations in food availability, prices, and labor demand undermine food security and livelihood strategies. Geographic isolation and pastoral mobility patterns constrain access to markets and services.

Nawiri's approach to strengthening livelihood systems focused *on improving agricultural productivity* within an increasingly unpredictable and shock-prone environment, *strengthening livestock market systems* to be more inclusive of and beneficial to vulnerable communities and *diversifying household incomes* and *strengthening financial inclusion*. Working with communities, local governments, and producer groups, Nawiri promoted and facilitated a range of agricultural interventions to improve local production and strengthen resilience. This included climate-smart and nutrition-sensitive agriculture techniques, such as efficient irrigation schemes and fodder cultivation. Nawiri worked to improve animal health service provision in last-mile communities in Samburu and Turkana through both public and private sector pathways, facilitating trade linkages and infrastructure improvements that helped Nawiri-supported producers increase livestock sales to local and regional export markets. These market system interventions were linked to the household-level livelihood and financial inclusion activities described above.

NAWIRI'S REACH

- **Market System Strengthening**: Nawiri participants generated over KES 147M from sales of 246,100 goats and sheep through 11 private sector off-takers; over 2,800 local service providers in input supplies, processing, financial and non-farm services providers; harvested over 2 million tons of fodder for resale or feeding animals; produced over 1.5 million tons of maize, over 6 million tons of green leafy vegetables, and over 1.1 million tons of orange flesh sweet potatoes.
- **NRM/Fodder Production**: Established 39 fodder production sites covering ~17,800 ha used by 8,472 households generating a production volume of ~185,000 MT; 78,300 ha of land reclaimed for crop and fodder production.

For more information on Nawiri's fodder intervention, see Mercy Corps (2025) Increasing Milk Availability Through Fodder Production: Lessons and Insights from Nawiri.

KEY INSIGHTS

Household agricultural production improvements must be coupled with market system strengthening. The transformation in crop production and market access, through climate-smart agriculture, group-based production, and market linkages, improved household food availability, income generation, and resilience while also addressing ongoing market system gaps in post-harvest handling, storage, and equitable market participation. At the system level, the activation of last-mile markets and trader aggregation led to daily access to diverse foods and reduced procurement time, especially for women and girls.[26] Integrated rangeland and market systems interventions have strengthened livestock and crop systems, enhancing ecological resilience, productivity, and income generation.[27]

26 Market system strengthening outcomes included: Nawiri participants generated over KES 147M from sales of 246,100 goats and sheep through 11 private sector off-takers; over 2,800 local service providers in input supplies, processing, financial and non-farm services were linked to producers.

27 Agricultural land management outcomes included over 198,500 hectares of rangeland rehabilitated, and 78,644 hectares of irrigated farmland developed, benefiting 152,558 households. An additional 317,334 hectares were placed under management specifically for disaster risk reduction and natural resource management, utilizing drought-tolerant varieties and improved water technologies.

Weather-related risks are a critical threat to agricultural productivity. Weather-related risks must be mitigated through systemic support. Nawiri found that high-intensity support helped improve access to early warning information, but did not improve anticipatory action by households.[28] Yet participant surveys did indicate an overall trend of increasing use of climate information and risk reduction measures.[29] Targeted promotion of weather-related risk reduction technologies—such as flood mitigation measures, drought-tolerant crop varieties, and integrated pest management—was also successful.[30] Insights below on community advocacy for better access to weather information, and on local government shifting to more data-driven planning and decision-making, illustrate a deeper piece of this nutrition pathway.

FORMAL AND INFORMAL GOVERNANCE SYSTEMS

County-level governance and coordination structures vary in capacity and effectiveness. Community-level governance systems, such as WUAs, ward development planning committees, and CHPs, are evolving and under-resourced. Informal institutions are heavily influenced by often-harmful social and cultural norms around gender, household systems, and mobility practices, undermining equitable access to resources and services. ***Strengthening these formal and informal institutions*** was a central pillar of Nawiri's overall approach. Nawiri worked to strengthen local capacity to plan, implement, and monitor nutrition programs across local governance structures, including county, ward, and village governments and civil society organizations. Nawiri and its partners advocated for the development and strengthening of county-level policy frameworks, with an emphasis on those that support and operationalize community health systems, enhance cross-sector coordination to ensure integrated approaches to nutrition programs, promote community participation and government accountability, and improve systems and tools for monitoring, quality assurance, and preparedness.

Local Governance Milestones

Nawiri's implementation period saw counties make historic financial and governance commitments that firmly established resilience-building within public systems. Key examples include

- $19.65M Co-investment: County governments allocated $17.4M (Turkana) and $2.25M (Samburu) to complement Nawiri's water and health initiatives.
- Ward Development Fund Act: Enacted in Turkana to institutionalize permanent funding for community-identified priorities.
- 50% Reporting Rate via e-CHIS: Half of health promoters now utilize electronic data systems, enabling county teams to manage outreach and decision-making in real-time.

These investments ensure that data-driven decision-making and service delivery platforms are institutionalized, ensuring that the shift from reactive aid to proactive resilience is sustained through local leadership.

KEY INSIGHTS

Co-creation with government and local partners can catalyze policy shifts favoring resilience and nutrition integration. Participatory planning and budgeting mechanisms—particularly the establishment and scaling of ward development planning committees and multi-sector platforms—have fostered increased transparency, local ownership, and responsive budgeting.[31] County budget allocations[32] and the Turkana Ward Development Fund Act demonstrate the potential to achieve ward-level, nutrition-relevant investments (e.g., MUS operations and management, minor health outreach works, and community platforms). Multi-sector platforms, such as the Multi-sector Nutrition Platform, coordinated planning and investment across nutrition, health, water, sanitation, and hygiene, and social protection, driving more significant resource investments.

28 Results from the RMS show that high-intensity households had 29% higher odds of receiving early warning information (65.2% vs 59.2%, p=0.006), but actual use of the information is similar (82.4% vs 80.2%) across groups.

29 By the end of year 6, Nawiri reported over 445,224 people as having used climate information or implemented risk-reducing actions to improve resilience to weather related risks.

30 Application of weather-related risk reduction technologies grew from a baseline of 19.5ha to 237,982ha in FY25.

31 35 ward development planning committees were trained and empowered to integrate community priorities into county integrated development plans, resulting in more equitable resource allocations and nutrition-sensitive budgeting.

32 In Samburu, the County's nutrition budget increased by 350%, from $1.2 million to $5.4 million while Turkana's budget increased by 511% from $157,000 in FY 2024/25 to $961,000 in FY 2025/26.

These allocations of local government funds for infrastructure and service investments represented a ***tangible shift toward institutionalizing long-term resilience functions***—signaling that nutrition has transitioned from a donor-driven agenda to a domesticated public priority with protected funding streams. With support from Nawiri and other partners, advocacy efforts led to the enactment of a series of nutrition-supportive policies: gender, peace, and monitoring and evaluation policies. All three were passed in Samburu, while Turkana passed the gender and monitoring and evaluation policies, as well as the village delineation act regulations, the Ward Development Fund Act, and the Animal Health Act, institutionalizing investment and funding streams for local resilience priorities.

Government investment in data technology enables anticipatory action by vulnerable households. Data-driven decision-making advanced under Nawiri, with both counties allocating $62,000 each to operationalize geographic information systems and institutionalize monitoring and evaluation committees to track implementation of county integrated development plans. Participatory scenario planning and climate advisories enabled anticipatory action, strengthening community resilience and climate adaptation. Communities increasingly demanded early warning information for proactive action, signaling improved governance literacy and trust in local systems. Increased adoption of eCHIS further facilitated local government planning of and support for health services. Improved CHP reporting facilitated by eCHIS enabled counties to target outreach to low-minimum-dietary-diversity and high-illness clusters and to monitor community actions in near real time. County monitoring and evaluation also began to institutionalize routine data reviews, linking community signals to subcounty action.

LOOKING AHEAD: PRIORITY AREAS FOR CONTINUED SUPPORT

Nawiri demonstrates that reducing malnutrition in shock-exposed contexts is possible when interventions understand the inter-related and complex drivers of malnutrition. Meaningful, sustained progress requires targeted efforts to increase household food security and strengthen social, health, and environmental conditions. Those pathways, in turn, must be improved through systems-level interventions that strengthen local governance, institutions, and environmental management. This section aims to translate these core findings into specific and clear program recommendations that build on Nawiri's most promising interventions.

- **Pursue integrated and layered program approaches.** Multi-sectoral, multi-year program integration is essential for sustained impact. Joining economic, WASH, and health interventions yields outcomes that siloed or standalone efforts fail to achieve. Nawiri's simultaneous interventions addressing water, market participation, and behavior change contributed to complementary and reinforcing effects. Innovative models such as R4N—which applied the poverty graduation model to target nutrition outcomes—must continue to be paired with systems-level interventions to create scalable impact on acute malnutrition.

- **Build on water system improvements with a focus on sustainability.** Where water services are functional and governance is strong, behavior change has proven more resilient—even during shocks. However, sustainability risks are clear. Willingness and ability to pay for water services remain low, preventive maintenance is uneven, and supply chains for spare parts are not yet fully institutionalized. Without deliberate handover of operations and management functions, MUS service reliability—and the behavior change it enables—could erode. Future investments should go beyond infrastructure to strengthen operations. Institutionalizing maintenance calendars, tariff models, service charters, and formal linkages between WUAs and county departments are critical next steps. The objective is to preserve water access as a dependable platform for care, production, and diet quality, rather than allowing systems to slip back into episodic functionality.

- **Reduce women's time poverty to help close the diet diversity gap.** Closing this gap requires targeted, child-focused nutrition pathways that focus not only on availability of nutritious foods but also on their affordability, and on reinforcing women's agency rather than adding to their burden. For example, an integrated intervention that develops women-led animal source food microenterprises (such as eggs and milk), locates them near health facilities and early childhood centers, links them to savings and graduation platforms, and integrates MIYCN counseling into their market

channels would build on Nawiri's successful R4N model, addressing availability and affordability of nutritious food while reducing women's time burdens. Integrating MUS with time-saving and nutrition-enabling add-ons, such as hygiene stations and kitchen gardens, is another approach that can directly reduce women's time poverty.

- **Build and study behavior-to-nutrition pathways.** Behavior change is the earliest and most reliable signal of future impact. Shifts in savings habits, child healthcare-seeking, hygiene, and production practices consistently lead to improvements in nutrition outcomes. Continued monitoring of nutrition status in Samburu and Turkana will be critical to confirm whether and how Nawiri's nutrition pathways continue to reduce acute malnutrition. At the same time, it will be important to address the resilience paradox in which objective gains did not always translate into perceived resilience, particularly for women facing persistent time poverty and stress. Future investments must therefore layer material improvements with psychosocial and agency-building elements that ensure resilience is felt by—and empowers—households. Coaching, peer support, and visible service reliability are examples of interventions that can convert objective capacities into confidence, reinforcing behaviors that sustain gains through uncertainty.

- **Institutionalize shock-responsive livelihoods protections:** Savings groups, petty trade, and graduation pathways are among the strongest predictors of emerging resilience, yet gains can be quickly reversed when shocks hit. Savings are depleted during lean seasons, markets thin out, and households revert to negative coping strategies, undermining dietary diversity and microenterprise viability. Ongoing nutrition interventions must continue to support resilience-building behaviors such as savings, care seeking (for both prevention and treatment of illness), use of improved water sources, and resilient agricultural production practices, while expanding shock-responsive livelihood support systems. Nawiri's linkage of community savings and microenterprises to early-warning triggers—through National Drought Management Authority-aligned, time-bound liquidity top-ups—protected assets and diets when prices spiked or drought intensified. These efforts should be co-financed and institutionally anchored within county social protection frameworks, ensuring that household resilience endures under stress.

- **Strengthen local systems and institutions.** Nawiri's most durable gains have come where functions have been embedded in county systems. Participatory planning platforms, policy reforms, and co-financing commitments have moved nutrition and resilience from donor-driven projects into domestically led public priorities. The next phase must consolidate and operationalize these system gains. This means protecting nutrition and resilience budget lines across local government budget cycles; formalizing county responsibility for digital public infrastructure, such as eCHIS; and strengthening ward-level governance oversight over budgets and services. This will ensure that planning, financing, data use, and accountability functions continue regardless of future funding flows. Specific interventions could include formalizing financing commitments through memoranda of understanding with county governments; collaborating with county treasury and planning departments to issue budget circular memoranda that safeguard and expand dedicated nutrition budget lines; and supporting counties to institutionalize quarterly public performance scorecards that track indicators.

- **Support and stabilize digital health management.** The institutionalization of eCHIS has enabled real-time monitoring and adaptive management. To further strengthen this backbone, county health departments should be supported to continue increasing eCHIS reporting through mentorship, data bundling, and definition of standard operating procedures, and to embed institutional microdata reviews in routine supervision within existing county monitoring and evaluation committees. This is critical to sustaining data-driven decision making and service delivery within community health systems.

Across the pathways to addressing these drivers of malnutrition, evidence shows meaningful progress in household practices, local governance, service delivery platforms, and county ownership, with clear improvements in known predictors of nutrition such as savings, dietary diversity, and healthcare seeking. Yet the reduction in acute malnutrition, as encouraging as it is, lags behind these leading indicators. The simultaneous promise and fragility of Nawiri's impact underscores the importance of carrying forward lessons learned and applying them to future interventions in northern Kenya.

ANNEX 1: KEY DATA SOURCES

The table below lists the specific documents analyzed for this report and from which quantitative data referenced in the footnotes are taken.

DOCUMENT TYPE	ROUNDS	TIMELINES	CREDIBILITY/STRENGTHS
Baseline and Mid Term	Portfolio level (MC + CRS)	May 2022 and November 2021	Population Level Analysis for USG Nawiri investment – Population based survey
Longitudinal Studies	Waves 1-6	May 2021 – September 2023	Rigorous statistical methodology
Annual Participants Survey report (ABCD and AGCD)	4 Rounds (Annual)	July 2022 – September 2025	Rigorous statistical sampling methods – Participant - based survey
Recurrent Resilience Monitoring Survey (RMS)	Quantitative Wave 1	August – September 2025	Rigorous statistical methodology – Participant-based survey
Annual Results Report	Year 1 – Year 6	October 2020 – October 2025	Descriptive narrative report
Inception phase research studies	12 (refer to the 12 SoW)	Year 1 – Year 2	Exploratory and Formative (mixed)
External Sources (JMMI, KHIS, SMART surveys)	Continuous	FY20 – FY25	Independent, nationally recognized datasets (SMART survey – Population-based survey)
Learning briefs	Continuous	FY20 – FY25	Problem-focused or solution-oriented narrative