COUNSENUTH with funding support of Irish Aid is mainstreaming gender into Lishe Ruvuma, an integrated community based nutrition Program, in Ruvuma region with the objective of enhancing gender equity, better gender relations and caring practices for women and children; and thereby expected to lead to better nutrition outcomes. This Newsletter describes the first phase of this initiative.

The initiatives to improve nutrition cannot achieve lasting success without taking into consideration the social, economic and biological differences between men and women and in particular, the gender inequalities which stand in the way of good nutrition. Women who are primary caregivers in the society and play the central role in nutrition are particularly vulnerable to deficiencies in care, diet, health and sanitation services. The mother’s primary responsibility for child rearing depends on her ability to understand the need for nutrition and the safety nets available around her in the community to support child care which includes support from boys and men. It is therefore, vital to ensure women have equal opportunities to education, access to the resources, capacities to make decisions, leadership and knowledge to benefit from community and household production resources. They also need to be free from gender based abuses and be engaged at all levels from the household, community and local government level.

Table 1: Gender Inequities identified in Ruvuma Region

- Women’s low level of decision making power over family resources.
- Low level of male participation in child caring practices, health services for children and women, household chores and family wellbeing matters.
- Girls being exposed to local harmful beliefs and practices through “jando and unyago”, a tradition that exposes girls to early childhood sex.
- Boys generally being preferred and valued over girls and being encouraged to pass exams, complete Primary School and advance to higher education while girls are barred from passing exams.
- High prevalence of teenage pregnancies and high rates of primary and secondary school drop outs among girls.
- Girls being forced to enter into childhood marriages (ages 15-19), leading to high childhood conception and birth complications.
- Generally inadequate support and care for women and children in families and high family abandonment by men.
- Strong influences of mothers in law especially in decisions about child feeding and caring practices.
- Gender based violence against women and girls.

INTRODUCTION

Gender equality, human rights and rights based approach have always been cross cutting components of COUNSENUTH’s community programmes. Likewise, when in 2013, the Centre for Counselling, Nutrition and Health Care (COUNSENUTH) proposed to Irish Aid, Lishe Ruvuma program whose aim was to reduce childhood stunting through a package of Essential Nutrition Actions, mainstreaming of gender equity concerns affecting the health and nutrition of women and children was among key interventions.

The 5 Year Program was designed to be implemented in Songea, Madaba and Tunduru district Councils, Ruvuma region in close collaboration with the Local Government Authorities at all levels.

The first step was to conduct a rapid appraisal into the barriers posed by social norms, gender disparities and related factors that could negatively affect maternal, infant, young child and adolescent health and nutrition. The results of the rapid appraisal revealed staggering results, as indicated in table 1.
The results of the Rapid Appraisal guided the program design to plan interventions for Key Result Area 5 on gender: Key Result Area 5: *Gender relations and the situation of women and girls enhanced and gender equality is mainstreamed into the program interventions for improved caring practices for women, children, and adolescent girls’ for better nutrition outcomes and reduced childhood pregnancies for girls.*

Implementation of this was effected throughout the Nutrition Program by integrating brief gender equity contents and particularly behavior change messages into all nutrition education & training content, job aids and BCC messages.

Furthermore, a formative research conducted in the same districts by Ajuco University from Songea in 2017 confirmed gender inequalities as some of the key barriers to adoption of important pro-nutrition practices such as exclusive breastfeeding.

As a result of the formative study, a pilot project was designed to intensify integration of gender equity into nutrition in 12 villages of the three districts, to test a method which has been shown to be effective in transforming behaviours, *The Transformative Reflective Leadership Approach (TRLA)*, (UZIKWASA report 2015).

The pilot started late in 2016, in 7 villages in Tunduru DC, Namiungo Ward (Nammanga, Namiungo, Nangolombe, Mnazimmoja, Misufini, Pachanne and Mnenje villages). Early in 2017, the pilot was expanded to 3 more villages in Muhukuru Ward (Barabarani, Maniamba and Nakawale) in Songea DC and finally to two more villages in Madaba DC, in Wino Ward (Wino and Lilondo villages), making a total of 12 pilot villages.

A few indicators were benchmarked through a baseline survey using quantitative and qualitative methods. The process, effects and outcomes of the pilot will be reported in the conclusion of the pilot project after July 2018.

**Transformative Reflective Leadership Approach (TRLA) Training of Leaders**

TRLA is defined as a process whereby leaders and followers help each other to advance to a higher level of development in their own communities. TRLA was used in engaging leaders and influential people in each village to reflect on their community situation through an initial 4-5 days retreat. Here they go through a reflection process, engage in dialogue with each other, slowly understanding of their true gender and nutrition situation and thereby identify gender disparities that have negative effects on nutrition. Then they select priority areas for action and come up with transformative follow up strategies and plans to improve or correct the situation. This becomes a continuous process in their communities until they make it part of their day to day leadership responsibilities.

From the retreat, the leaders immediately engage with wider communities through theatre performances, songs, ngomas and meetings to share their understanding of their community situation as relates to gender equity and nutrition and pass behavior changing messages on...
This process forms a continuous cycle of “reflection (assessment & analysis) to taking action, to reviewing of progress, to strengthening of actions” and continues to improve gender interventions with the support of COUNSENUTH facilitators. The Influential Village Leaders also take direct actions to correct obvious gender inequity/norms abuses or discrimination against any gender particularly women and girls using correct channels such as appealing to the Ward Gender Desk Officer or the Police. The Influential Village Leaders become their own agents of change.

This approach has become popular in these pilot communities because it allows people to discuss issues affecting their own communities openly, coming to a consensus and coming up with solutions and action plans to address those challenges.

The trained influential leaders have been active sensitizing their communities on positive gender norms and practices using different platforms and events that are often ongoing in their communities for instance: Ward Development Committee meetings, Village Committee meetings, Lishe Ruvuma initiated Village Health and Nutrition Days, harvest celebrations, wedding ceremonies, cultural events such as “Jando na Unyago” and all other community opportunities.

**Imparting life Skills and reproductive health rights knowledge in Schools as part of Gender & Nutrition Pilot Project**

TRLA was also utilized to impart life skills, gender & nutrition knowledge to Primary School teachers to equip them with skills to identify and overcome students’ daily challenges and use the knowledge to enhance formation of school clubs which would help students to be involved in intellectual, social and gainful activities, become assertive, develop better leadership and negotiation skills, live healthier lives and become responsible and productive citizens of their society.

Schools are also known to be a mirror of the society and vehicles of knowledge for the society in that what is learnt in school easily reaches households and wider communities.

Seven (7) Primary Schools were involved from the 3 District Councils, training about 15 teachers and 301 students-boys and girls.

**Sensitization of District Officials**

In order to inform policy and Council Plans COUNSENUTH also oriented district officials from different departments including from Agriculture, Community Development, Planning, Health, Medical, Education and District Nutrition Officers, using the TRLA. The sensitization was expected to improve the understanding of leaders on gender inequities and nutrition problems that exist in their communities. Using nutrition as an entry point to addressing gender inequity and gender based violence seemed to be more acceptable to all parties than if gender inequity was presented solely as a concern.

The District leaders showed genuine concern about the gender inequity situation and its consequences to the health of women, children and adolescents and they showed commitment to mainstream gender concerns into Council Plans.
Mass Media Gender Campaign in Tunduru, Songea & Madaba

Different activities including road shows, traditional dances, and role plays together with sensitization of leaders graced the media campaigns that reached about 4,000 people with powerful behaviour change gender and nutrition messages. The Influential Village Leaders and students were the main campaign organizers using different performances with messages to educate the public on positive gender relations for better nutrition outcomes.

SOME PRELIMINARY SNAPSHOT OBSERVATIONS

The two diarists placed in the project have documented a few observed positive changes as a result of the pilot project. Here are some of the documented success stories:

- An increased number of men are reported to have improved their health seeking behaviours, now more inclined to take their children to receive health care.

- There is an observed change in community mind-set about the value of girls and boys and it is becoming less frequent for girls to be barred from passing exams by their fathers as it used to be.

- There are testimonies of women reporting reduced workload due to male participation in taking on some household chores.

- There have also been other significant observations: For example, the village influential leaders’ gender and nutrition groups have now become much respected groups in the villages and are being called upon to solve gender-based violence cases.

  - One such is a case of a young school girl who was to be forced to marry an older man and the village gender and nutrition groups managed to put this to a stop and the girl continued with her schooling.

  - Another case is that of a father who had abandoned his wife and a 2 year old child and the village gender and nutrition group was able to reconcile the family and now they are together.

- Generally, there is observed increase in the number of villages that now report child rape cases to the Police Gender Desk and these cases are finally attended by the Prevention and Combating of Corruption Bureau (PCCB) that takes necessary legal actions.

CONCLUSION

From the mainstreaming of gender into nutrition we are learning through this Pilot Project that positive gender behaviors can be promoted as part of nutrition practices and that Nutrition is a good entry point to scale up gender equity interventions and this effort has potential for enhanced nutrition outcomes rather than conducting gender equity as a parallel program.

Look Forward To Part II