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CASE STUDY

From the ground up: How Kenyan women leaders are rewriting gender-responsive nutrition governance

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Introduction

In Kenya, where malnutrition intersects with entrenched gender inequalities, women leaders are reshaping systems. As leaders in diverse roles such as governors, civil servants and community champions, women are aligning adolescent health, community voices and gender equity with policy and service delivery.

With support from Global Affairs Canada (GAC), Nutrition International has partnered with 10 county governments, leveraging both Nutrition International and county funds, to embed gender in county-level nutrition planning and policy. In 2022, dialogues with newly elected women leaders surfaced urgent concerns, including gender-based violence (GBV), sexual and reproductive health and rights (SRHR), menstrual health, adolescent pregnancy and their links to nutrition. Out of these engagements, women leaders in four counties (Makueni, Nakuru, Elgeyo Marakwet and Embu) co-developed proposals that integrate GBV prevention, reproductive health education and school-based nutrition programs.

This case study draws from those county experiences to explore three interrelated questions:

1. **How are women leaders shaping nutrition governance?**
2. **What unique value do they bring?**
3. **What systems need to change to sustain gender-transformative leadership at scale?**

Table 1: *Strategic focus by county*

COUNTY	STRATEGIC FOCUS	KEY FEATURES	CROSS-CUTTING THEMES
Makueni	Gender-responsive adolescent health and nutrition programs	• Improve knowledge on adolescent SRH among primary school-going boys and girls, their teachers and the community. Address topics of sexual and gender-based violence (SGBV) recovery, menstrual hygiene, adolescent pregnancy, and adolescent mental health, drug and substance use	Stigma reduction, community engagement
Nakuru	Strengthening systems and coordination for adolescent nutrition	• Dedicated budget line, expanded menstrual hygiene support, integration of SRH into nutrition programs • Promoting adolescent health to prevent teen pregnancy through increasing awareness and knowledge among adolescent girls and boys about reproductive health and the risks associated with early pregnancy, increasing male involvement in preventing adolescent pregnancies and promoting gender equality	Budget alignment, multisectoral coordination
Embu	Inclusion of pregnant adolescents and young mothers in service design and governance	• Empowering communities to address GBV and adolescent pregnancy — utilizing healthcare workers and community structures	Inclusive service delivery
Elgeyo Marakwet	Cultural transformation and prevention of harmful practices	• Female genital mutilation (FGM) prevention, alternative rites of passage, peer mentorship for SRH and nutrition education • Reduction of pregnancy among adolescent girls • Increased awareness of effects of early marriage among teenage girls • Increased awareness of harmful traditional retrogressive practices that affect girls and women, specifically FGM and SGBV	Norm change, youth empowerment

The case study situates achievements and success stories within the broader feminist political economy of health and development. Additionally, it aligns with key normative frameworks, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Sustainable Development Goals (SDGs), Canada's Feminist International Assistance Policy (FIAP), and Nutrition International's *2025–2031 Program Gender Equality Strategy*. This case study is not intended to share outcomes of the initiatives; however, it does highlight how women are demonstrating their leadership in voicing gender issues in the nutrition space.

Methodological approach

This case study employs a qualitative methodology grounded in the Gender-transformative Framework for Nutrition (GTFN)[1] and the Feminist Political Economy of Health (FPEH).[2] To ensure a comprehensive and multi-perspective foundation for the analysis, this study triangulated data from three key sources:

1. A targeted literature review was conducted to synthesize global, regional and Kenyan research on gender, governance and nutrition.
2. Nutrition International program documents and county-level documents, including the sex- and gender-based analysis (SGBA) report that Nutrition International conducted in Kenya, gender strategies/ action plans, planning materials and program reports, which provided context on local implementation and policy direction.
3. Semi-structured interviews were conducted with seven county-level leaders and stakeholders, including deputy governors, nurses and gender officers, to capture their lived experiences and institutional insights.

Sampling

A total of seven county-level leaders were interviewed in Makueni, Nakuru, Embu and Elgeyo Marakwet. The sample included six women and one man, purposely selected to reflect diverse roles in nutrition governance: a deputy governor, county nurses, a school health coordinator, a gender officer, a nursing officer and a health administrator (male). The diverse profile of participants captured perspectives from political, technical and frontline actors, highlighting the strong presence of women in health and gender portfolios alongside a male viewpoint from county administration.

The study centres on the lived experience and political agency of women. All interviews were conducted with informed consent. Identities have been anonymized unless public roles were explicitly cited or permission was granted.

Table 2: *Criteria for consultation participants*

COUNTY	SELECTION CRITERIA
Makueni	Strong female political leadership and integration of gender in adolescent nutrition program.
Nakuru	Active champions in the County Assembly.
Embu	Political advocacy on adolescent health and multisector coordination.
Elgeyo Marakwet	Integration of youth voices and peer networks in governance.

Analysis

Deductive codes were drawn from the core research questions, including themes such as women in policy, coalition building and budget influence. Simultaneously, inductive codes emerged organically from the interviews, capturing critical dimensions such as mentorship, backlash and trust. To deepen the analysis, all data were also tagged for positive and negative deviance, allowing the team to identify the enabling and constraining conditions that shaped transformative shifts in nutrition governance.

Findings

Historical legacy of women's leadership in nutrition

Women's leadership has long influenced Kenya's nutrition policy, albeit within a deeply patriarchal policy environment.[3] Women leaders and civil society groups have had to fight for space in nutrition governance, often working against industries, male-dominated legislatures and bureaucracies that framed nutrition as "women's work" in the private sphere rather than as a governance priority.[4] Women-led groups, such as the Breastfeeding Information Group (BIG) and *Maendeleo ya Wanawake* Organization (translated as "Women's Development Organization"), emerged from the struggles of mothers, many from rural and urban-poor communities, who faced aggressive formula marketing and inadequate maternal support systems.[5] Their advocacy highlighted the divides of gender, class and locality; economically disadvantaged women were most affected by undernutrition and exploitative marketing practices.[6] The dominant pattern in this period was male resistance to women's leadership. Industry actors and many male legislators opposed stronger protections for breastfeeding.[5] Meanwhile, women were relegated to "soft" social roles, not finance or lawmaking.

Despite this, women leaders made significant breakthroughs. Minister Beth Mugo,[i] and the Kenya Women's Parliamentary Association, backed by male allies and UNICEF, successfully championed the passage of the Breast Milk Substitutes (BMS) Act (2012). This Act remains one of the landmarks in nutrition governance, driven by female leadership. The BMS Act signaled that women could set national policy agendas and influence implementation. It reframed breastfeeding as a governance issue requiring regulation, rather than a private "maternal" concern. This victory established a precedent that women's leadership could fundamentally reshape nutrition outcomes.[5] Even with this success, respondents and documents describe how nutrition was framed as "women's business," the responsibility of mothers, not policy makers.[7] This reinforced the negative perceptions that, while women could advocate, the real power (budgets, laws, enforcement) should remain in men's hands. The case study suggests that when women hold information and authority, they champion practices that positively shape nutrition outcomes.

Kenya's landmark BMS Act (2012) proves that women's leadership can shift nutrition from private "women's work" to national governance.[5]

i Beth Wambui Mugo, former Minister of Public Health and Sanitation and long-serving parliamentarian, is recognized for championing women's leadership, tobacco control legislation and adolescent health reforms in Kenya. *Beth Mugo.* (n.d.). Mzalendo. Retrieved September 15, 2025, from https://info.mzalendo.com/person/beth-mugo/experience/

Women leaders are reshaping county nutrition agendas, yet unequal control of high-budget sectors shows how much further systems must evolve.

Emerging but uneven balance of power at the county level

At the county level, nutrition governance reflects an emerging but uneven balance of power.[ii] Women are increasingly visible, especially as governors, county executives and frontline health officers, yet men still dominate high-budget and high-status departments, such as finance, infrastructure and pharmaceuticals. This concentration of men in "hard" sectors limits women's ability to influence how resources for nutrition are allocated. In Makueni, women hold 40% of the Chief Executive Committee positions (four out of 10) and 27% of director posts (nine out of 33). While women are becoming more legitimized, their roles remain clustered around health and community services, while men dominate finance and infrastructure.

Across counties, men remain widely recognized as the legitimate decision makers over both household and institutional resources, while women are expected to shoulder the burden of care and implementation. Yet, within this unequal terrain, some men are challenging entrenched norms.

Nakuru is an example where chiefs and local administrators — primarily men — intervened in collaboration with the community to work on early marriage by facilitating girls' return to school, directly disrupting patriarchal authority. Additionally, female assembly members successfully advocated for menstrual health kits, linking them to adolescent nutrition and incorporating related indicators into the County Integrated Development Plan (CIDP).

In Makueni, male and female community health volunteers (CHVs) worked side by side to refer women for safe deliveries. The Deputy Governor — a female leader — further advanced a multisectoral approach by integrating nutrition into GBV and school health systems, ensuring adolescent health gained a foothold in broader county governance.[8]

ii Good nutrition governance means that countries have the proper foundations in place — strong strategies, policies and programmes — to support children's right to nutritious diets and essential nutrition services. To be effective, good governance must be grounded in evidence about what works to improve maternal and child nutrition. It also requires governments and partners to have the capacity to turn nutrition commitments into action. Adapted from: UNICEF. (n.d.). *Partnerships and governance for nutrition*. https://www.unicef.org/nutrition/partnerships-and-governance

Women's leadership and influence in practice

Evidence shows that women leaders seldom control the most powerful portfolios or the most significant fiscal levers of government. Access to high-budget sectors such as finance, infrastructure or security remains dominated by men, reflecting entrenched patriarchal hierarchies in resource allocation and institutional authority. Comparative research confirms this pattern globally: women rarely occupy executive roles with de facto fiscal control, and only in those rare cases do we observe measurable shifts in national spending priorities, particularly toward healthcare.[10]

From embedding adolescent nutrition in schools to reframing menstruation as a dignity issue, women leaders are widening what nutrition governance means in Kenyan counties.

Yet exclusion from the fiscal "hard core" of governance does not render women's leadership inconsequential. Instead, women leaders exert influence through relational authority, convening power and the ability to reframe nutrition as a question of social justice rather than technocratic service delivery. Consultations in Kenyan counties echoed this dynamic. In Nakuru, a county officer reflected:

"When we pushed for menstrual health kits, we were really opening the door for bigger conversations about dignity, nutrition and retention in school."

Here, menstrual health acted as a governance entry point, reframing adolescent girls' bodily autonomy and school retention as matters of nutritional justice.

In Makueni, women leaders integrated nutrition into everyday institutional touchpoints, including schools and community dialogues. As the Deputy Governor reflected:

"Our approach was to embed nutrition in the spaces where girls already interact with the system, schools, clinics and community dialogues."

These examples illustrate how women transform where and how nutrition is governed, by situating it within systems of care and education. In Embu, female leaders highlighted adolescent girls' vulnerability, linking nutrition deficits to transactional sex and school absenteeism:

"We see how girls miss school during menstruation, how they come under pressure to trade sex for pads or food. These are not health issues only; they are dignity issues."

Such narratives extend the scope of nutrition policy, framing it as inseparable from gendered experiences of poverty, stigma and bodily dignity. Importantly, consultations underscored that women leaders often "add voice" and visibility rather than fundamentally restructuring budgets or legislation. Their power lies in agenda setting and coalition building, capacities that shift discourse and priorities even in resource-constrained contexts. As a male health administrator in Elgeyo Marakwet, shared:

"They [the women leaders] were able to share the same knowledge even to the clergy pastors, bishops, and priests ... They invited people to forums in churches ... and I would hear the clergy saying our leaders said this, that we have the issue of young mothers, and we need to refer them to hospital and have psychosocial and spiritual support. ... The men were brought on board and given information that it is not the issue of women alone ... we need to work together as a family."

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Emerging shifts in nutrition governance

Across the four counties, women's leadership is catalyzing subtle but significant shifts in nutrition governance. These practices demonstrate that when women gain authority, nutrition is reframed: no longer as narrow technical activities, it becomes a platform for advancing dignity, equity and empowerment. This reframing both amplifies the impact of past investments and signals the potential for systemic scale.

Women as translators of policy and reality

A recurring theme across interviews was the women's role as translators, bridging the distance between formal policy frameworks and the lived realities of communities, especially adolescent girls. In Embu, a nurse explained how female staff reframed menstruation from a hygiene issue into a structural driver of school dropout and exploitation. They advocated for integrated support packages that encompassed nutrition, sexual health and psychosocial care. This resonates with feminist governance scholarship, which highlights women's tendency to expand the definition of health to include structural and social determinants.[12, 13]

Equity-centred programming

Women leaders also advanced equity-centred programming, particularly at the intersections of age, gender and geography. The Nakuru example that discusses how female assembly members and nurses successfully lobbied to prioritize menstrual hygiene in the county development agenda further confirms that. As one technical officer in Embu reflected:

"Girls are not just beneficiaries, they are the reason we rethought the entire program design."

These findings align with global frameworks such as the FIAP, which emphasizes intersectionality, and with comparative evidence showing that women's political participation correlates strongly with investment in social infrastructure.

Elevate trust and community voice

The interviews revealed that women frequently rely on trust-based, emotionally intelligent leadership. In Elgeyo Marakwet, male leaders described how female colleagues gained access to "sensitive" community conversations on adolescent sexuality and GBV that male leaders could not navigate. This "soft power" is often under recognized, yet it is crucial for inclusive governance. Feminist political economy frameworks argue that such emotional labour, while often invisible, is foundational to resilient systems.[2]

"We are giving this opportunity, because when we are talking about women leadership, we are thinking of how we empower the girl child? How do we ensure that we build the capacity of the girl child to create the ability for them to take leadership roles? And basically, it is through education. So, when we create an opportunity for these girls to continue with their education, we are strengthening the future leadership, women's leadership." (Key informant interview, Nursing Officer)

Women leaders were described as more likely to question the status quo, pushing for integrated systems rather than siloed interventions. In Makueni, the Deputy Governor's office championed the convergence of school health, GBV response and nutrition, arguing that such complexity mirrors real life. This aligns with the GTFN principles, which emphasizes the redistribution of power across multiple domains.

Constraints and systemic barriers

Although women leaders have established pathways of influence, patriarchal institutions, resource shortages and bureaucratic inertia systematically limit their authority. Globally, women rarely control the most powerful fiscal decision-making tools, such as the "hard" ministries of finance, infrastructure and security. They are also underrepresented in chief executive roles that shape national budgets. When women do hold de facto executive power, evidence shows that they redirect resources toward the health and social sectors. However, such cases remain the exception rather than the rule. This suggests that women's influence often operates through relationships or symbolism, while men largely maintain control over budgets and institutions.[14]

The barriers that women face are intersectional and shaped by factors such as age, geography and cultural identity. Female leaders, particularly nurses and community health officers, have described how they must consistently work harder to gain legitimacy in governance spaces compared to their male counterparts. This struggle is echoed in feminist institutionalist research,[iii] which documents the additional scrutiny women in political roles face.[15] The Makueni deputy governor also reflected on how progress often relies on personal stamina, saying:

"The work becomes personal. Without structures, you are exposed" (Key informant interview, Nursing Officer).

Several respondents highlighted the double burden of leadership and unpaid care work. As one Nakuru Nursing Officer reflected:

"Your time is divided between your social life as a mother and wife, and at the same time as a leader."

Others pointed to economic barriers, such as lack of funds for sanitary pads or nutritious food, which undermine both women leaders and the adolescent girls they serve. These layered inequalities make women's leadership highly personality driven, requiring individual stamina and personal sacrifice rather than systemic support, underscoring the need for institutional reforms that normalize, resource and reward women's leadership beyond exceptional cases.

iii Feminist institutionalism views institutions as inherently gendered, shaped by both formal rules and informal norms that reproduce power hierarchies. It examines how gendered institutions persist, change and can be transformed through feminist agency and structural reform. Based on definitions by Krook & Mackay (2011) and Waylen (2014) on feminist institutionalism and gendered institutions.

Encouraging signs of institutional support

In Nakuru, female assembly members successfully incorporated adolescent indicators into the CIDP, providing a policy foothold for nutrition. In Elgeyo Marakwet, female health workers leveraged trust to normalize adolescent access to health services, despite the prevailing male dominance in policy frameworks.

A critical factor in this progress has been the partnerships between counties, women's rights organizations (WROs), civil society organizations (CSOs) and youth networks, which have created a space for women leaders to collaborate and reduce their isolation. In Nakuru, women leaders worked with Nutrition International, CSOs and community gatekeepers such as teachers, religious leaders, chiefs and boda-boda groups to strengthen adolescent health. These efforts were anchored in a multi-stakeholder technical working group, established under Nutrition International's support, that brought together the departments of Health, Education and Gender alongside NGOs and the police, ensuring coordination across sectors so that adolescent nutrition remains a continuing county priority. Similarly, in Makueni County, open governance and social accountability initiatives actively facilitated CSO participation in planning and budgeting, enhancing trust and institutionalizing citizen engagement. In Embu County, structured public participation processes have enabled citizens to set priorities for grassroots resource allocation, thereby strengthening collective transparency and shared ownership in county development.

In Elgeyo Marakwet, women leaders partnered with spouses of county assembly members, clergy and community health promoters to address adolescent pregnancy and nutrition. By using churches and community forums as platforms, they made conversations about adolescent health more legitimate and inclusive, bringing male allies and religious leaders into spaces where women's voices had previously been marginalized.

A senior nurse in Elgeyo Marakwet observed:

"It is not just about being a woman, it's how we lead. We listen. We stay in the communities even after the programs end."

This relational approach to leadership has enabled women to navigate systemic barriers, even without formal authority. Many respondents justified the exclusion of women from budgetary and political roles as "tradition." As the Kenya SGBA reported, respondents confirm that men bring the money, so they decide.[10] Women manage the home. This cultural narrative reinforces male dominance over technical and political authority, while women's governance is often viewed as an extension of care work, essential yet undervalued.

What sustains or undermines progress

Progress in gender-responsive nutrition governance does not advance evenly; structural enablers and persistent constraints shape it. Women's leadership often sparks innovation and reframing, yet its durability depends on the presence of supportive ecosystems, technical scaffolding and institutional anchoring. Without these conditions, gains remain fragile, tied to individual champions and vulnerable to reversal under shifting political or cultural pressures. The following analysis highlights the key factors that sustain or undermine transformative progress.

1. Women leaders advanced further where supportive inputs are readily available, such as budgeting, data and coordination capacity, alongside political backing, particularly from male allies. Where these supports were absent, women often faced isolation, burnout or resistance.
2. Policy windows triggered by public crises or widespread dialogue provided opportunities for women to push bold agendas. In Makueni, the integration of nutrition into GBV programming followed a county-wide safeguarding initiative, while in Elgeyo Marakwet, Championing Reduction of Teenage and Adolescent Pregnancies (CRETAP) gained traction after public outcry against FGM. These moments of disruption created legitimacy for advancing gender-transformative approaches.

Women's leadership success pathway

Based on the findings from this case study, the following pathway illustrates how women's leadership in nutrition governance evolves and what sustains progress.

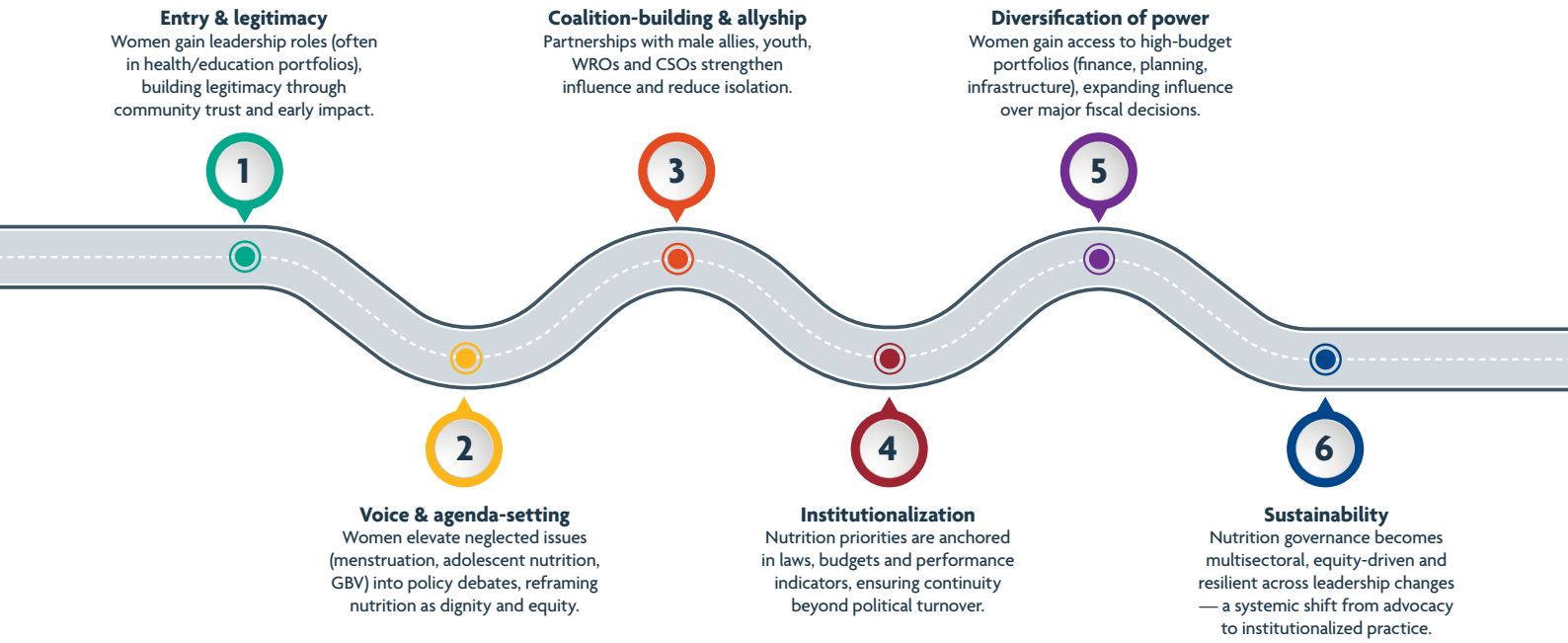

Figure 1: *Women's leadership success pathway*

Figure 1 illustrates how women's leadership in nutrition governance tends to unfold in sequential but reinforcing stages. Women often begin their leadership journeys in portfolios such as health, education or community services. These entry points provide legitimacy by demonstrating tangible impact and building trust with communities. From there, women gain visibility and increasingly act as translators, reframing nutrition programming not as a set of isolated service interventions but as a broader question of dignity, equity and empowerment. This stage of voice and agenda-setting ensures that neglected issues such as adolescent nutrition, menstruation and GBV enter county and national policy debates.

Progress accelerates when women leaders move from isolated advocacy to coalition-building and allyship, working with peers, male champions, civil society organizations and youth groups. Such alliances reduce isolation, strengthen bargaining power and allow women to seize policy windows that emerge during crises or moments of public debate. When these efforts are institutionalized, through legislation, budget codes and performance indicators, they become less dependent on individual champions and more resilient across political transitions.

The pathway also emphasizes the need for diversification of power. Women must move beyond care-associated portfolios into high-budget sectors such as finance, planning and infrastructure to shift the fiscal levers that shape nutrition outcomes.

The final stage is transformation and sustainability, where women's leadership is no longer symbolic or siloed but reshapes governance norms and resource flows. At this stage, nutrition governance becomes multisectoral, equity-driven and durable, anchored in systems rather than personalities.

Conclusions and recommendations

Despite promising practices, few counties have embedded gender-responsive nutrition governance into durable systems such as budget codes, performance indicators or legislation. As a result, progress remains vulnerable to political transitions, with gains often tied to the presence or departure of individual champions and funded projects.

For gender-responsive nutrition governance to become a sustained county priority, women's leadership must be institutionalized, resourced and recognized as central to systemic change. Investing in women-led governance is a strategy for building equitable, resilient and inclusive nutrition systems in Kenya. To sustain and scale transformative impacts, the following actions are recommended.

Recommendation 1: **Resource-relational governance**	Women's leadership often begins with trust, empathy and the ability to open dialogue on sensitive issues such as GBV, adolescent sexuality, menstrual health and other dimensions of SRHR. These contributions are the foundation of inclusive governance but remain undervalued because they are rarely costed or tracked in program budgets. To advance gender-transformative outcomes, nutrition governance should explicitly resource community dialogue, facilitation and school–clinic linkages, and embed recognition of relational work in monitoring frameworks. Doing so acknowledges that emotional intelligence and care work are governance assets essential to resilient systems.
Recommendation 2: **Build alliances and networks**	Progress driven by individual champions is fragile. Sustainable influence requires coalitions across women's groups, youth networks, civil society and supportive male leaders. Building durable networks ensures continuity across political transitions and strengthens bargaining power in county and national decision-making spaces. Investment in cross-county platforms, leadership exchanges and institutionalized partnerships can shift women's leadership from isolated advocacy to collective influence.
Recommendation 3: **Leverage policy windows for reform**	Crises and public debates must be anticipated. Women leaders and their allies should be equipped with prepared proposals, rapid communication strategies and coalitional backing to act decisively when space opens. Seizing these moments can transform short-term disruptions into structural reforms, for example, by embedding adolescent indicators into county development plans or linking nutrition to GBV frameworks.
Recommendation 4: **Institutionalize gender-responsive nutrition governance**	To move beyond personality-driven progress, nutrition priorities must be anchored in formal systems. Counties can integrate adolescent-specific and gender-responsive commitments into legislation, budget codes and performance indicators. Institutionalization safeguards nutrition against political turnover, strengthens accountability and ensures that adolescent health and nutrition remain visible in official reporting and resource allocation.
Recommendation 5: **Expand women's access to high-influence portfolios**	Women's leadership remains clustered in health and community services, which often lack the fiscal weight to drive systemic change. Increasing women's presence in finance, planning and infrastructure portfolios is critical to shifting how resources are allocated. Leadership pipelines, mentorship, improving competence and transparent promotion processes should disrupt occupational segregation and ensure women can shape decisions at the fiscal core of governance.
Recommendation 6: **Strengthen technical and political support system**	Women leaders require robust technical and political support to sustain progress. Investment in budgeting capacity, data systems and inter-departmental coordination enhances their ability to drive evidence-based reforms. Equally, political leaders must provide explicit backing for women-led priorities, creating protective cover against resistance and ensuring that nutrition governance is recognized as a collective responsibility.

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