



SPRING OF THE ARID
& SEMI ARID LANDS
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Survey Report: Root causes of Gender-Based Violence amongst Drought Affected Communities of Musenke Sub-Location, Kajiado County

2023



**Survey Report: Root Causes of Gender-Based Violence amongst Drought Affected
Communities of Musenke Sub-location, Kajiado County**

Springs of the Arid and Semi-Arid Lands

2023

This household survey was conducted by the Springs of the Arid and Semi-Arid Lands (SASAL) with the aim of establishing the root causes of gender-based violence and climate vulnerability. SASAL is a non-governmental organization in Kenya working with the pastoral communities for their improved climate resilience.

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Executive Summary

Since time immemorial, the pastoral community of Musenke Sub-Location in Kajiado County have undergone a myriad of challenges. These challenges are directly and indirectly attributed to changes in weather pattern, under-development, marginalization, government neglect and harmful cultural/societal practices. Such causative factors have resulted to multiple other problems affecting health, gender equality, education, economic status and use of land. The purpose of this study was to carefully identify root causes of gender-based violence and closely associated themes, the extent of harm and level of response. Additionally, the study aimed to understand the community's cultural practices, economic status and willingness to accept and welcome change. The study also aimed to highlight baselines and statistics thus recommending guidelines to actualize solution programs as well as help in tracking impact and sustainability of gender-based violence in the study locality

The study established that; **The most common type of GBV encountered by women and girls of Musenke Sub-Location is psychological/emotional abuse and physical assault. These instances usually occur when they fetch water, collect firewood and when herding animals. Early marriage was prevalent during persistent droughts while the risk of rape and attempted rape was promoted by the long-distance treks to rivers and forests to fetch water and collect firewood. Cultural practices played a major role as a contributor to some forms of GBV such as physical assault, emotional abuse and FGM.** Other contributors to GBV identified are; **lack of policing services, lack of access to justice channels and lack of awareness amongst the community members. GBV victims within Musenke Sub-Location lack access to professional GBV care services.** The health centers that serve the sub-location include Musenke Health Center and Entasopia. **These health centers are inaccessible, always in short supply of drugs and have no specialized unit that provides GBV care services.** The healthcare workers in these facilities also lack specialized GBV training. Women and girls from the study area are of poor economic status, hardly making enough with the small businesses they engage in such as milk vending, vegetable and Shuka 'selling hence unable to fend for themselves and are left at their husband's/society's mercy.

In conclusion, lack of access to water and energy was identified as key contributory factor for GBV prevalence in Musenke sub-location. Climate change has indirectly aggravated instances of gender-based violence such as early marriages, rape, attempted rape and physical assaults. Persistent droughts due climate change result in massive livestock loss hence poverty and migration in search for water and pasture. Cultural practices, on the other hand, influenced the overall perception of women and girls as assets, insurance scheme and inferior/secondary hence increasing their vulnerability and subjecting them to harm. The lack of access to health, policing and justice services has further contributed to less reporting of GBV cases as most of the perpetrators fail to be held to account and leave victims feeling threatened and not trusted by their male counterparts.

This study recommends the promotion of access to water and clean energy as a means of reducing gender-based violence instances as well as economically empowering women to give them the power/status to stand up for and fend for themselves, advocacy and awareness creation

around harmful cultural practices/ GBV harm, basic human rights as well as avenues of seeking justice. The study also recommends the promotion of access to professional GBV services, psychosocial support and policing services among many others.

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Acronyms and Abbreviations

AGBV:	
AMREF:	African Medical and Research Foundation
CHAK:	Christian Health Association of Kenya
C/EFM:	Child/Early Forced Marriage
DO:	Divisional Officer
FGM:	Female Genital Mutilation
FGD:	Focused Group Discussion
GBV:	Gender-based Violence
HH:	Household
HIV/AIDS:	Human Immunodeficiency Virus/ Acquired immunodeficiency syndrome
KES:	Kenya Shillings
KII:	Key Informant Interviews
NGO:	Non-governmental Organization
SGBV:	Sexual and gender-based violence
SASAL:	Springs of the Arid and Semi-Arid Lands
STDs:	Sexually Transmitted Diseases

1.0 Introduction

1.1 Background and Purpose

The drought situation in Kenya more so the recent drought (October 2022) has devastated the lives of the pastoral communities who solely depend on livestock keeping for sustenance (Wafula et al., 2022). These communities are polygamous and hence have big families living in most marginalized areas whose main source of income is nomadic pastoralism. Their economic model involves selling livestock to send children to school, buy food and purchase other basic necessities. They rely on the natural multiplication of their livestock to regenerate wealth (Wafula et al., 2022; Nyariki and Amwata, 2019). It is estimated that the drought situation has led to the loss of 2.4 million livestock hence putting 4.1 million people at the risk of hunger and starvation (Caritas, 2022).

The communities of Magadi Ward in Kajiado County were not spared. Livestock was lost hence escalated poverty level, increased incidences of gender-based violence (GBV), school dropouts, health issues, increased distances to water sources as a result of migration and increased gender inequalities (UNICEF, 2022). Gender based violence incidences such as rape, physical and psychological abuse, child marriages and Female Genital Mutilation (FGM) have further been aggravated by extreme climatic events such as droughts, floods etc. The existing societal structures define a woman/girl's role as that of taking care of the family and domestic animals which involves fetching water, firewood and feeds for animals (UNICEF, 2022). These chores result in women walking long distances (in the case of Magadi ward, approx. 10km) to the nearest river, village/ forest thus exposing them to attacks by strangers and wild animals. While attending to such responsibilities, women face a number of threats that may culminate to actual violence and harm such as trauma related depression, unwanted pregnancy, and sexually transmitted diseases (STDs) which predisposes them to severe forms of mental health. The long treks, harsh weather/environmental conditions and poor quality of water also perpetuate illnesses such as heat stroke, fatigue, migraines, dysentery, cholera etc (UNFPA, 2022).

As a result of drought-induced poverty, girls as young as ten years are given out for marriage, before which they have to undergo Female Genital Mutilation (FGM) to prepare them for marriage (UNICEF, 2022). Most of these girls are forcefully removed from school to undergo such outrageous cultural practices as a means of compensation/insurance for the larger family

who gets dowry. Cattle brought to the parents in form of dowry acts as a cushion to the lost livestock during drought (UNICEF, 2022). Due to cultural beliefs, women lack powers to make any decisions for their daughters' and usually left with mental effects including stress and depression from seeing them married off to old men.

Lack of knowledge and awareness on the harm of such practices further contributes to the problem. The level of education in these areas is also low due to lack of schools and teachers (who often decline to be posted there for work). Additionally, the same practices and norms prevent victims from speaking about GBV, reporting to relevant authorities and hence promoting and encouraging such actions which continuously deteriorates the victim's physical and mental health also affecting their resilience/adaptation capability to climate change (UNFPA, 2022; UNICEF, 2022; Wafula et al., 2022).

1.2 Purpose

The main aim of this study was to set the foundation of AGBV project implemented by Spring of Arid and Semi-Arid Lands (SASAL) in Musenke Sub-location. The assessment was to establish the baseline information for the project, and provide an overview understanding of GBV extent, root causes and available services for girls, boys, men and women in Musenke Sub-location in Kajiado County and hence providing clear pathways for programs/solutions.

The specific objectives of the baseline assessment were:

1. To establish the root causes and extent of GBV in Musenke Sub-location.
2. To examine the availability and accessibility of GBV and health care services to women and girls affected.
3. To analyze the socio-economic conditions of women groups in Musenke sub-location.
4. To assess the existence of community-wide advocacy on GBV challenging harmful societal and cultural norms.

2.0 Methodology

2.1 Qualitative Methods

- ❖ 10 key informants (5 service providers, 5 community members, 8 females and 2 males) were interviewed. The service providers were from the justice, health, protection sectors with individuals who provided insights on the cultural norms, perception, attitudes relating to GBV as well cultural barriers hindering access to support and services within the communities and counties.
- ❖ 6 Focus Group Discussion (FGDs) approximately 60 participants: n=20 male adult, n=20 women adult, n=10 female youth and n=10 male youth: the participants had vast experience in the community, the FGD were triangulated with the findings from KII and Survey.

2.2 Quantitative Method

- ❖ Household survey: sample size of n=343 HH were determined with 95% confidence interval and 5% margin of error. Key quantitative HH questions were administered (refer to the appendices)

2.3 Ethical considerations

Informed voluntary consent was sought for each respondent prior to participation. Minors below the age of 18 years were accompanied by parents/ guardians who consented on their behalf.

3.0 Findings and Analysis

3.1 Sociodemographic features

3.1.1 Age and Gender

Majority of the respondents in Musenke Sub-Location were 93% female and 7% males. In terms of age, slightly less than three quarter, 67% of the respondents were aged between the age of 16-35 years. **Figure 1** on the right indicate percentage age distribution among the respondents.

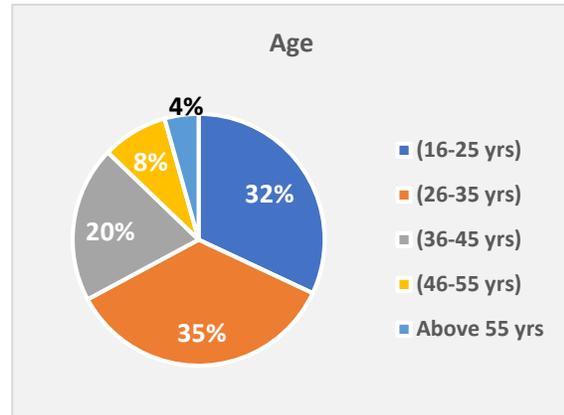


Figure 1: Respondents' age distribution

3.2 Community Profile and Village Layout

3.2.1 Family set up and economic activity

The family set up in Musenke Sub-Location is mainly extended family. Sixty eight percent of participants reported to live with other relatives apart from the nuclear family members. On the average, majority of the households, 90%, comprised of at least six individuals with an average household income of KES. 11,779 per month. Household income is mainly derived from pastoralism as highlighted by 98% of the respondents. The rest of the respondents, 2%, reported involvement in small-scale business enterprises, small-scale farming and agro-pastoral activities. Bead making, grocery shop, selling of vegetables, and selling traditional Maasai “shukas” in the local market were the most common small-scale business enterprises the respondents reported to engage in.

3.2.2 Cooking Fuel, Water and Sanitation

Majority of the respondents, 84%, highlighted lack of access to adequate clean water for use and consumption. The Southern Ewaso Ng’iro River was reported as the main source of water for the community in Musenke Village. **At least eighty three percent of the households reported that they do not have access to basic pit latrines within their households.** All the participants,

100% agreed that there are community latrines available in Musenke Sub-Location. However, 75% of the participants highlighted that the community latrines are not safe for use and are unhygienic especially for girls and women due to overcrowding. The participants during the FGD reported that there is currently no any County Government initiative to increase the number of latrines in the locality.

All respondents, 100%, reported firewood as the main source of fuel energy in Musenke Sub-Location. Firewood was collected in the wild and young girls and women were culturally designated for firewood collection. Ninety eight percent of the respondents reported to be actively involved in firewood collection. Firewood collection zones were reported to be far from the village, at times deep in the forest zones thus unsafe for girls and women. While fetching water or collecting firewood, the respondent highlighted a number of safety concerns for girls and women. Animal attack, attempted rape, and physical assault were the most highlighted safety concerns while fetching water or collecting firewood at 82%, 58%, and 50.2% respectively. Besides, psychological and emotional abuse/violence also emerged as a significant concern especially in the contemporary setting where mental health has grown to be a major public health concern. Notably, one of the emerged observations was the lack of firewood collection groups within the village despite the highlighted risks.

Figure 2 below highlights safety concerns faced while fetching water or collecting firewood.

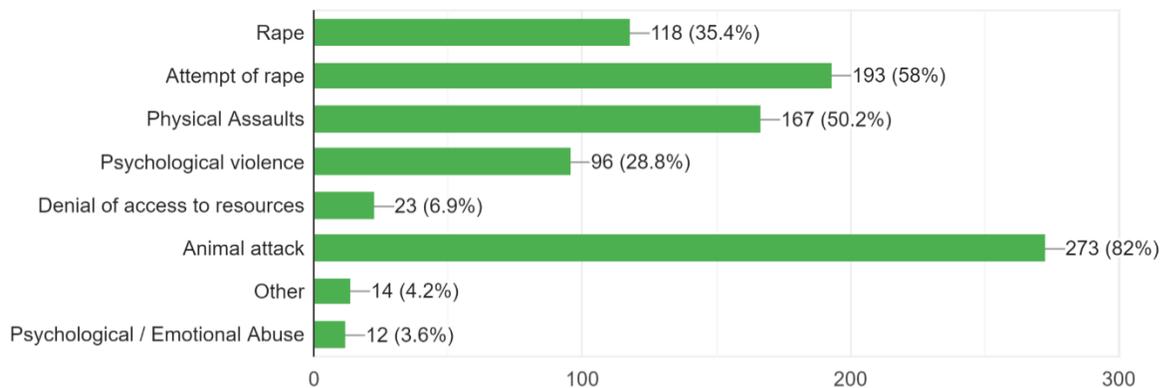


Figure 2: Safety concerns while fetching water or collecting firewood

3.2.3 Gender Roles and Decision Making

The community in Musenke Sub-location is patriarchal in nature, where men solely head the households and take part in key decision-making process in the community. However, 69% of the respondents reported to be household heads, this indicates a high prevalence of female headed households.

Women and girls in Musenke Sub-location play an active role both in the household and in the community. Women take part in livestock production, domestic roles and reproduction. At the household level, women and girls traditionally do house chores, taking care of children, fetching water, firewood and cooking.

Eighty one percent of the respondents indicated that the community has a functional decision-making structure. While 83% of the respondents indicated that women are at times equal participants and decision-makers in the community. However, eighty five percent indicated that women are not involved in key community decision making process. Cultural perception of women being inferior leaders played a significant role in women exemption in key decision-making processes. Women were basically exempted from decisions involving security, land, livestock and wealth. Furthermore, women were not involved in any decision-making regarding marriages or FGM thus standing out as a key contributory factor to GBV within the area of study.

3.2.4 Key Community Challenges

The area of study being an arid and semi-arid area (ASAL) experiences drought from time to time. However, due to the escalating impacts of climate change, drought seasons from 2019-2022 has adversely affected the community. The severe recurrent droughts has led to massive loss of livestock and water shortage thus significant impacting the livelihood of the community. Moreover, the water levels of the Southern Ewaso Ng'iro river has significantly reduced leading to migration and long treks in search of pasture and water for consumption and use.

Young children, girls, and women (specially widows/divorced) are disproportionately impacted by the drought. They are among the most affected and vulnerable community members living within Musenke Sub-location as massive livestock has led to extreme poverty. Moreover, respondents highlighted that loss of livestock and water shortage has led to poor nutrition among children exposing them to increased health risks. A large number of children and young girls stay out of school due to inadequate food and water at home. One participant highlighted the following;

“There is no water and food, animals are taken far way for grazing due to lack of pasture and water. The children have been affected due to lack of water and food. They sometimes don’t go to school because they are hungry. When parents move away from home, children become under the care of others. They face abuses, rape or physical assaults.”

The impact of prolonged drought such as migration in search of pasture and water emerged as key concern during the focused group discussion. Participants elaborated how children and young girls drop out of school when families migrate. The drought season also forces women and girls to walk long distances to collect firewood and fetch water. During these long treks away from home women and girls face risks of assault as they fulfil their cultural responsibilities. Moreover, most are left with no other option as men are usually away in search for pasture for the livestock. Sexual exploitation, abuse by strangers and attack from wild animals such as elephants are the most common encounters faced by women and girls when they are far from home. Respondent 3 (R3) narrated the following;

“Women and girls are not safe from such abuses, where sometimes they encounter not only wild animals which is dangerous to their life but also strange people at the water points and the bush. Women are forced to have sex even though they are tired after a long day of chores, if they refuse, they are beaten” - R3

Key informant 6 (KII6) also added that;

“Women and girls are not safe when accessing firewood and water from the source. They meet unknown people on their way, who threatens them and ended up being raped” KII6.

The findings also highlighted that woman are at times beaten by their husbands for taking too long while fetching water or collecting firewood. Key informant 1 (KII1) highlighted the following;

“Even with long treks to fetch water, women are beaten by their husbands for delaying and leaving the home unattended”-KII1

3.3 Root Causes and Prevalence of GBV in Musenke Sub-Location

3.3.1 High risk areas for GBV in Musenke Sub-Location

Within the area of study, at least 11 zones were identified as the most prone to GBV. These zones were categorized by participants as areas where women and girls are at an increased risk

for GBV. Forest areas where girls and women go to collect firewood and rivers were reported as the most insecure areas by 80% of the participants. The areas include;

- *Orongelata*
- *On the way to the river*
- *Ilangata*
- *Oremit*
- *River*
- *Iremit*
- *Forest areas*
- *Osiati*
- *Endim*
- *Homes-women without husbands exploited by those left with them; Issues of widows facing challenges on denial of their rightful resources by the one entrusted with the responsibilities, also challenge of early marriages*
- *Mlimani*

3.3.2 Most Common Forms of GBV in Musenke Sub-Location

At least eighty eight percent of the respondents reported to have been GBV victims at some point. Early marriages, FGM and physical assault were reported as the most experienced among the respondents who reported to have been GBV victims at some point in their lives at 67.2%, 66.8% and 52.5% respectively. **Figure 3** below shows forms of GBV among respondents who reported to have been victims of GBV. Early marriage and FGM was reported highest among respondents above the age of 46 years at 65% and 50% respectively. Physical assault was reported highest at the age set 26-35 years and 16-25 years at 40% and 33% respectively. The incidence of physical assault was then observed to decline with advance in age with respondent above the age of 46% reporting lowest incidence percentage. **Figure 4** below shows GBV forms experience by age.

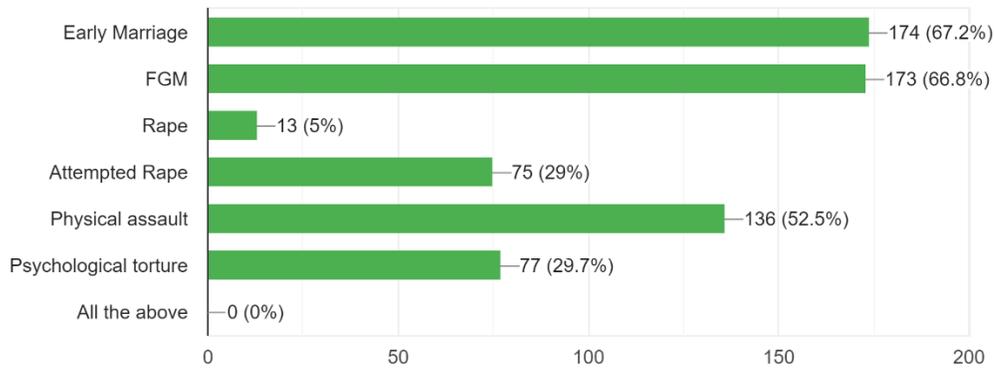


Figure 3: Forms of GBV experienced by victims

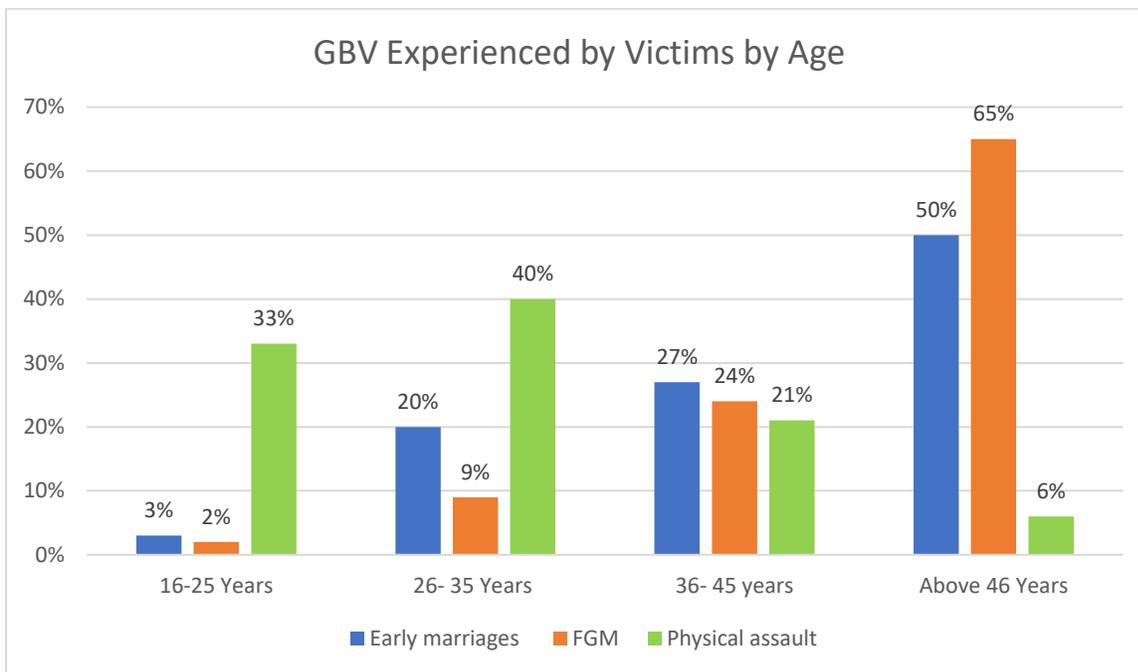


Figure 4: GBV Experienced by victims by age

Early marriages and FGM were the most commonly experienced forms of GBV previously. However, with the escalated community awareness and fight against FGM from the government and non-governmental agencies, its prevalence has significantly reduced. Currently, physical assault (84.2%), psychological/emotional abuse (75.1%), and attempted rape (51.8%) were highlighted as the most common forms of GBV experienced by young girls and women in

Musenke Sub-Location. **Figure 5** below shows the current prevalence of different forms of GBV experienced by women in Musenke Sub- Location.

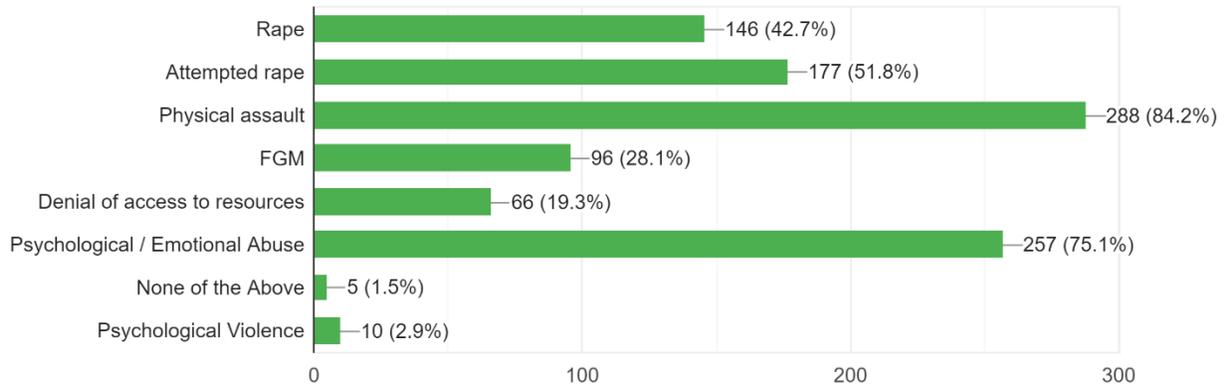


Figure 5: Current Prevalence of GBV in Musenke Sub-Location

3.3.2.1 Frequency of GBV on Musenke Sub-Location

While physical assault, psychological/emotional abuse and attempted rape are the current most common forms of GBV experienced in Musenke Sub-Location, more than one third (40%) of the respondents reported a high frequency of occurrence. **Figure 6** below highlights incident occurrence of GBV cases as reported by the respondent

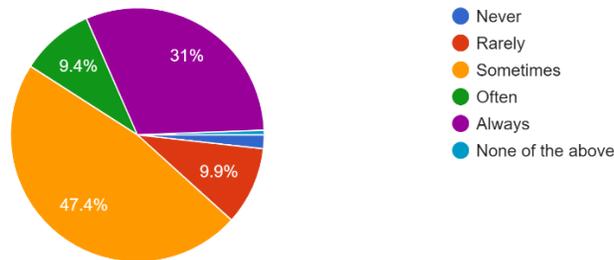


Figure 6: Frequency of GBV occurrence in Musenke Sub-Location

3.3.3 Contributors to GBV Prevalence

Notably, it is observed that there is a very low reporting rate of GBV cases especially rape cases in Musenke Sub-Location. Both KIIs and FGDs discussants revealed that there were

many rape cases in the community. However, it is highlighted that only three incidents of rape had been reported to the relevant authorities for action. Surprisingly, none of the three cases perpetrators were criminalized.

There is no inter-agency committee that deals with GBV cases within the sub-location. According to the discussants, rape victims don't report the cases to their relatives, however they report to the community leaders for medical assistance or referral. One of the elders interviewed noted that some victims report GBV cases to the sub-chief and or the Divisional officer (DO). The victims shy away from their relatives, in fear of stigmatization but also fear reporting to the authorities as most victims are not criminalized. Key Informant 8 highlighted the following;

“Very few cases of rape are reported to the chief or police station. Some victims don't even tell their relative as they fear that they will be accused of lying about the event” KII 8

Low reporting rate for rape cases raises a huge concern in that despite most rape cases going unreported, the scenario poses a significant health risk to the young girls and women. Lack of prompt and early access to post rape care (PRC) at the health facility predisposes the young girls and women to early/unwanted pregnancy, sexual transmitted diseases including HIV/AIDS and mental health associated illnesses such as depression and post-traumatic stress disorder (PTSD).

Besides the low reporting rate of GBV and lack of criminalization of perpetrators, other main contributors for the prevalence of GBV is lack of adequate water and firewood. Women and girls walk long distances in search of drinking water and firewood. This predisposes them to increased risks for GBV. The local culture in Musenke Sub-Location that promotes early marriage and FGM has for years also promoted GBV. The perpetrators always feel entitled to the cultural rights. However, with community awareness, cultural diffusion, and education the culture factor is slowly fading with time.

Other contributory factors to GBV prevalence include; lack of adequate policing services, lack of GBV centers for reporting GBV cases, lack of access to justice and lack of support groups for widows. Lack of reporting GBV cases and lack of access to justice encourage perpetrators to keep up with such practices. The community in Musenke sub-location lack a police post and don't have access to police station. The nearest police station to the sub-location is located at

Magadi town (Approx 30Km away). Putting in consideration the poor road infrastructure in the study area, the distance makes the police station services inaccessible by the community.

The community is mainly influenced by its traditional systems in regards to managing GBV cases. The discussants of the FGDs **revealed that GBV cases are resolved through traditional systems** at the community level and are not reported to authorities. **Rape victims in the sub-location don't get access to justice, but they further face abuses such as denial of access to education.**

Mental health issues and poor health conditions are also some of the health effects reported by women and girls due to forced marriages and abuse related to long treks to fetch water and firewood. Climate change events such as prolonged drought have exacerbated GBV occurrences by inducing migration in search for water and pasture moving the community deep into marginalized areas and further away from social amenities. **Discussants during the FGDs reported that early marriage is a recent concept within the community and not culture since long ago, adult males used to marry adult women and not children (their adulthood could be estimated by breast size).**

Due to the economic instability during the drought, young schoolgirls are married off to adults in exchange for livestock as bride price. **These young girls drop out of school and are barred from education after being married to a man, usually older than their father in age.** An informant explained that the main reason for parents marrying off their young daughters too early is drought induced extreme poverty. **Most of these parents lost their livestock to the drought, as a result they promote early marriages to get cows in form of bride price for their daughters.** One of the respondents narrated the following;

“Drought increased domestic chores by women, increasing their work load both attending to household and other chores related to outside home. The long-distance treks in search for firewood and water. They get raped. Drought results to death of livestock. Due to this, domestic violence against married women increases. Girls are given out for marriage at young age, for the father to get cows as dowry to replace those that he lost due to the famine.” R14

3.3.4 Attitude Towards GBV Reporting

Majority of the respondents (95%) expressed confidence in reporting GBV cases if they were a victim or know someone who has been a recent victim GBV within or outside the study area.

Slightly more than half of **the respondents (55%) indicated to be aware of Civil Society Organizations (CSOs)** such as women groups that sensitize people against sexual gender-based violence (SGBV), FGM and child/early forced marriage (C/EFM) in Musenke Sub-location and mentioned the likes of AMREF, Wamama, Naretoi, Women Village elders, Women groups, Elamae, Mary group, Nengoyo Tiparo, Naloimer, Duonte Wosmen’s group, Church and leaders, Oldorko School, Namekok, Missionaries, Teyia, CHAK.

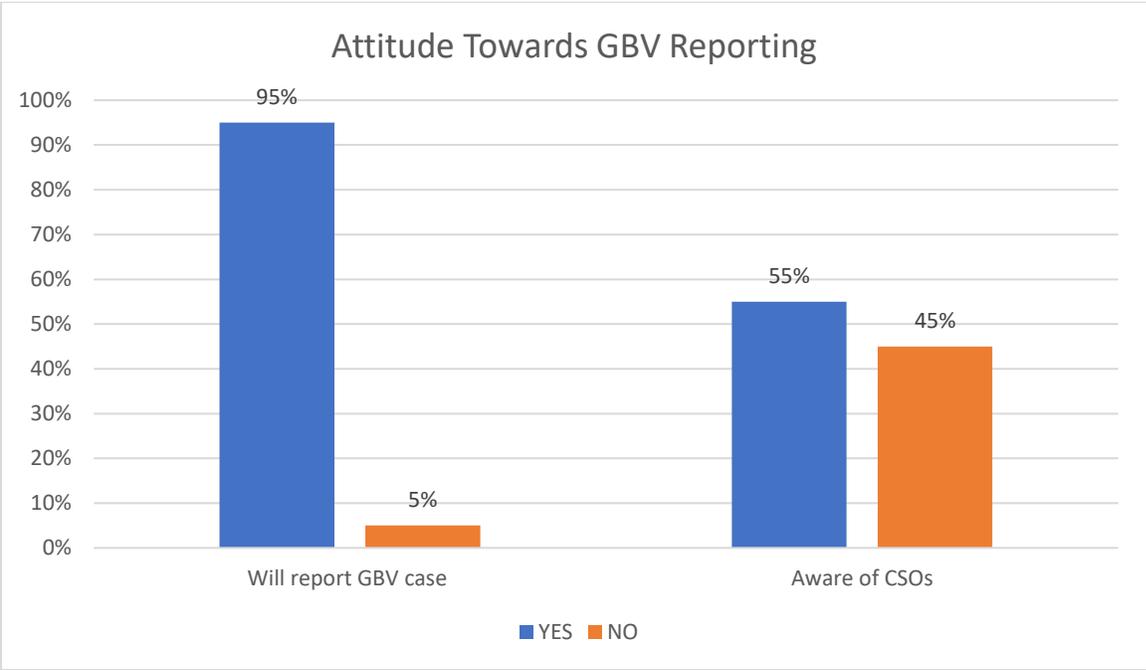


Figure 7: Attitude towards GBV reporting

3.4 Accessibility of GBV Care

More than half, 58% of the respondents expressed knowledge of health care centers that treat GBV victims in Musenke Sub-Location, however, only 6% have ever taken a GBV victim or a relative to the health centers for GBV care.

Only 35% of the respondents expressed knowledge of trained health care practitioners that provide psychosocial support at the community health centre. More than half of the participants, 59.2%, indicate that the health centres in Musenke Sub-Location do not provide psychosocial care support and only 15.6% indicated that the health centres always provide psychosocial care support as shown in **Figure 8** below.

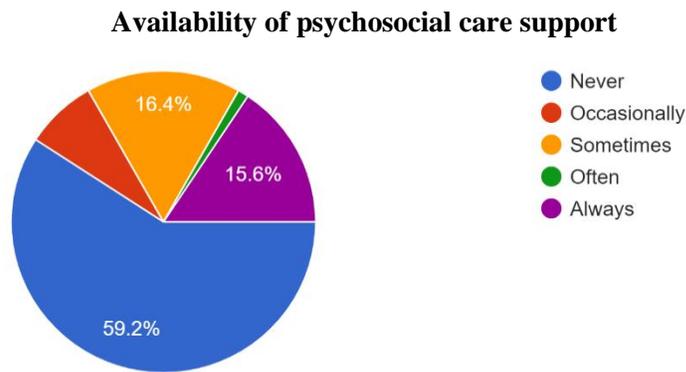


Figure 8: Availability of Psychosocial care support

Musenke Sub-Location is served with only two health centres which include Musenke Health Centre and Entasopia Health Centres. Despite offering primary healthcare such as maternity and family planning **the health centres are inaccessible, always in short supply of drugs and have no specialized unit that provide GBV care services. The average distance of Entasopia Health Center is 10 KM far away from the settlements thus with lack of transportation, the health facility becomes inaccessible.** Family planning services provision is always challenging in combating teenage pregnancies and unwanted pregnancies related to rape as there is need for parental consent. Moreover, uptake of family planning among adult females is low in the region due to cultural beliefs. While the health practitioners in the facilities lack additional training in GBV care, they only offer basic psychosocial support to GBV victims whenever they present to the health facilities. One significant challenge that emerge at the facility level s referral of victims for psychosocial support since it is not a one session care considering lack of accessibility to a higher facility. One of the key informants highlighted the following;

“The is only one nurse that offer diagnostic treatments and preventable services. We don’t have resources to access SGBV trainings. The SGBV needs detailed trainings, the basic nursing

education is not enough. We only offer basic services, but not full comprehensive GBV care services as required.” KII3

3.5 Socio-economic conditions of women groups in Musenke sub-location

3.5.1 Socio-Economic Activity

Beside pastoralism, about a half, 49% of women in Musenke Sub-Location engage in small business as their economic activity. Forty four percent engage in small businesses such as grocery shop and selling vegetables while 5% engage in beadworks. Forty percent of women reported not to engage in any economic activity. **Figure 9** below shows the percentage distribution of socio-economic activity among women in Musenke Sub-Location.

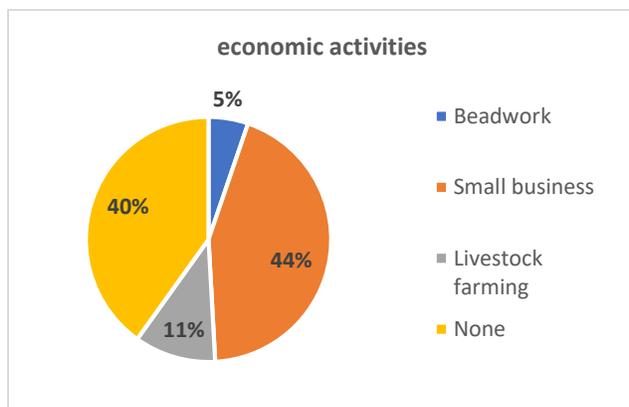


Figure 9: Women economic activities in Musenke Sub-Location

Of the total participants who engage in economic activities away from pastoralism, only 2% have training on entrepreneurship. Besides, only 23% are members of a self-help group. Moreover, of those engaged in beadwork, none have invested in marketing strategies such as social accounts or engage a middleman to market their products beyond Musenke Sub-Location. Besides the engagement in economic activities being small-scale, none of the participants has engaged in value addition to create more value for their products.

3.5.2 Access to Financial Resources

Access to loans and financial services is still very low in Musenke Sub-location, only 9.2% of the respondents reported to have access to loans from financial institutions. Chamas provide the most accessibility to financial resources at 3.1% followed by banks at 2.5%. **Figure 10** below shows how women access to financial resource in Musenke Sub-Location.

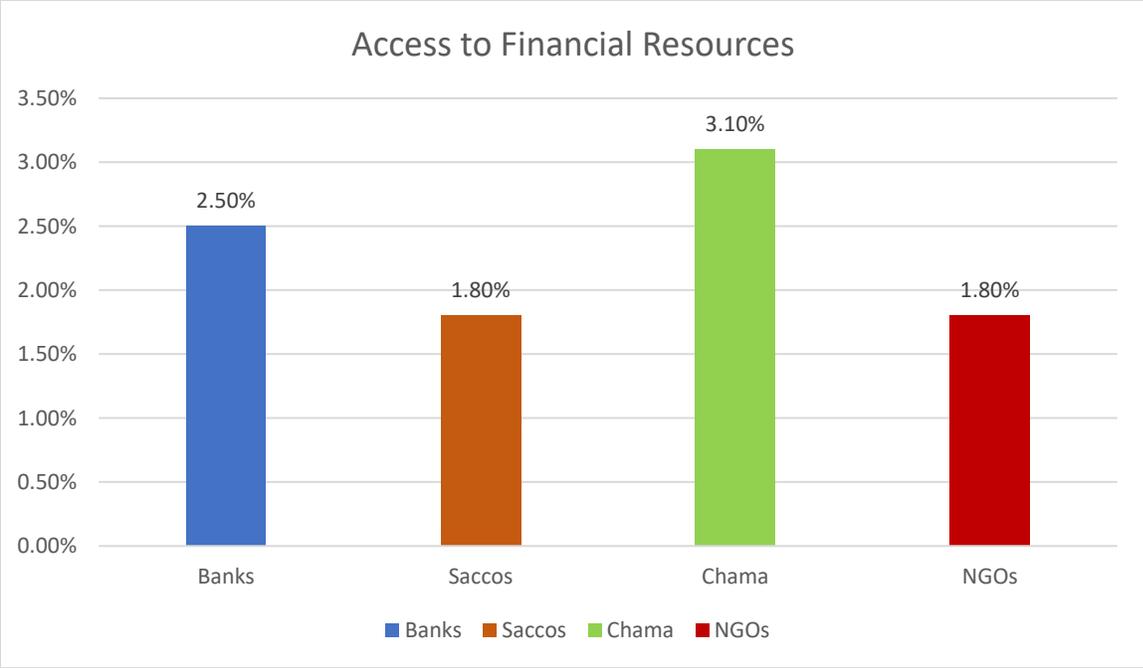


Figure 10: Access to Financial Resources

The study further reveals that in Musenke sub-location, women engage in socio-economic activities as individuals and not as a group or cooperative. This factor tends to reduce their credit score to be used to access financial resources from banks or Sacco’s, thus explaining the low access. Besides, individualization of the socio-economic activities puts them at an increased risks to exploitation by middlemen. Thus, despite the vast opportunity for economic growth, they often face huge challenges such as poor income, lack of marketing strategies, inadequate skills, lack of marketing platforms, inadequate financial resources, lack of promotions and market to sell off their products at a good price.

3.6 Community wide advocacy on GBV challenging harmful societal and cultural norms

Most participants reported to have ever attended community sensitization campaigns on GBV. Sensitizations campaigns organized by the local community leader was observed as the most attended by the participants at 49%. Sensitization campaigns organized by local authorities

such as the chief and national government were the second most attended by the participants. **Figure 11** below shows participation in GBV sensitization campaigns.

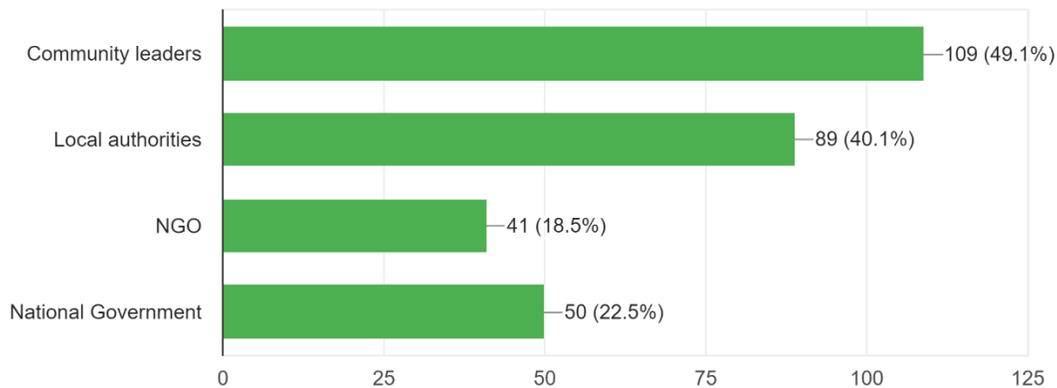


Figure 11: participation in GBV sensitization campaigns

There are very few programs involved in creating awareness on GBV amongst the community in Musenke Sub-location. Only 35% of the respondents indicated to be actively engaged in advocating against GBV root causes. Moreover, considering the patriarchal nature of the community in Musenke, **women and girls have no voice within the community regarding GBV case resolution**. Women and girls who actively take part in advocacy are stigmatized and always considered as outcasts. The local authorities such as chiefs have an influential role in GBV resolution. However, the lack of criminalization of perpetrators derails such efforts.

Sensitization sessions on early marriages and FGM are mainly conducted in schools for school-going children. The last time sensitization was made by NGOs was decade ago in 2013, where AMREF was running a GBV care program in the area. In recent years, there are no such programs going on within the sub-location.

4.0 Conclusion

Women and girls in Musenke Sub-location are at an increased risk of GBV due to increased vulnerability to climate change. Women and girls in Musenke sub-location play an active role both in the household and outside the households. However, during drought periods, women and girls trek for long distances away from home thus facing increased GBV risks. Drought prevalence has increased hunger and poverty situations in the community thus leading to children dropping out from school as they follow their parents when moving to other places in search of pasture and water with their livestock. Those left behind often face a double risk for GBV.

Physical assault, psychological/emotional abuse and attempted rape are the identified main common type of GBV encountered by the women and girls of Musenke Sub-location. While FGM and early marriages are still prevalent in the community, the incidences have significantly reduced due to escalated fight against the GBV forms. Shortage of water and firewood due to climate change make women and girls vulnerable to GBV threats. Other factors that contribute to GBV risks include lack of policing services, lack of access to justice, community's perception and lack of awareness amongst the community members. Most of the GBV cases went unreported, and ended up being settled through traditional settings. The community is mainly influenced by their traditional systems in regards to managing GBV cases. This predisposes the victims to long-term impacts such as severe mental health illness and sexually transmitted diseases such HIV/AIDS. Thus conclusively, climate change has a significant direct aggravating effect on GBV prevalence. The GBV victims within Musenke sub-location have no access to GBV care due to lack of the services at the local health centers. The health centers are not adequately equipped and staff are not trained to provide GBV care.

Despite all the challenges, women in the area of study engage in entrepreneurial activities to fend for their families and cushion them against the wrath of prolonged drought. However, only 50% engage in economic activities that vegetable businesses, milk vending and bead making. These Women, especially those in the bead making business, act as individual entities and not as a group or cooperative therefore lack a good credit score for use to access financial loans. **Major challenges these business-oriented women encounter include; poor income, lack of market, inadequate skills, lack of marketing platforms,** inadequate financial resources, lack of promotions and market to sell off their products at a good price.

5.0 Recommendations

- ✚ To effectively reduce the instances of GBV, the project needs to ensure access to water and clean energy (reduce distance to access both necessities)
- ✚ The AGBV project should advocate and seek partnership for the adoption of programs for fast growing wood fuel trees such as moringa, Prosopis juliflora, and acacia through agroforestry to cushion against climate change and address woodfuel and pasture shortages.
- ✚ The AGBV project should focus on creating awareness to voice against GBV and harmful cultural practices that promote it.
- ✚ The AGBV project should promote access to services such as psycho-social support to GBV survivors.
- ✚ AGBV project should provide awareness to school going children on GBV harm, causes, gender zones within the sub-location and train girls on self-awareness and reporting of GBV threats and incidences.
- ✚ SASAL and other stakeholders should collaboratively engage the traditional leaders, local authorities, parents and guardians on creating awareness and advocating against GBV and harmful cultural practices that promote it.

- ✚ SASAL and other stakeholders should advocate for the community to get access to well-equipped health centers that provide GBV and other protection services to the community.
- ✚ SASAL and other stakeholders should advocate for the community to get access to justices, and convince the national government to install police station to fully protect and provide justice to GBV victims.
- ✚ AGBV project should economically empower women to get better income through alternative sustainable livelihood activity, marketing, enhancing entrepreneur skills and financial support through grants or loans.

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