GENDER ANALYSIS

Unequal Burdens, Untapped Resilience: A Gender Analysis of Drought-Affected Counties in Northern Kenya

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Oxfam and ASAL Humanitarian Network

"While climatic conditions pose challenges, ASALs also harbor immense potential. These regions are home to a rich cultural heritage and a vibrant pastoralist way of life that has thrived for generations," Ambokili Farm

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Acronyms

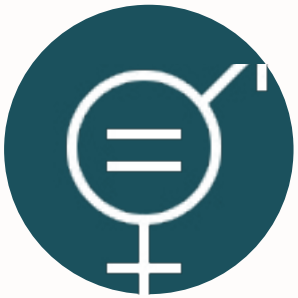
AHN	Arid and Semi-Arid Lands Humanitarian Network
ASAL	Arid and Semi-Arid Lands
CEC	County Executive Committee
DRM	Drought Risk Management
FGDs	Focus Group Discussions
FAO	Food and Agriculture Organization
GBV	Gender-based violence
IASC	Inter-Agency Steering Committee
IDPs	Internally Displaced Persons
IPC	Integrated Food Security Phase Classification
KIIs	Key Informant Interviews
MoGCSW	Mistry of Gender, Child and Social Welfare
NGO	Non-governmental Organization
NDMA	National Drought Management Authority
SEA	Sexual Abuse and Exploitation
PWDs	Persons With Disabilities
SND	Strategies for Northern Development
UNHAS	United Nations Humanitarian Air Service
WRO	Women's Rights Organization

Executive Summary

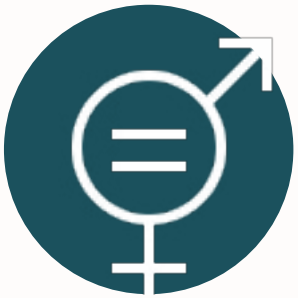
1,500+
survey respondents

This gender analysis examines the intersecting impacts of drought, gender inequality, and limited-service access across four arid and semi-arid counties in northern Kenya— Tana River,Garissa,Turkana and Marsabit. Conducted by Oxfam and the Arid and Semi-Arid Lands Humanitarian Network (AHN), the study draws on mixed-methods data from over **1,500 survey respondents, 27 focus group discussions, and 153 key informant interviews.** It highlights how crises intensify pre-existing gender and social disparities, particularly affecting women, girls, persons with disabilities, and female-headed households.

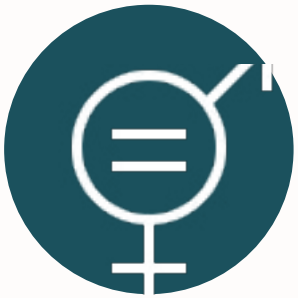
Key findings include:



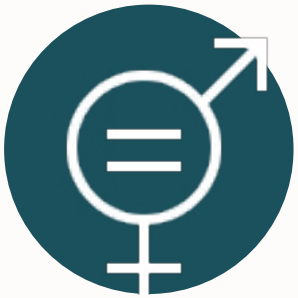
Deep-rooted gendered power imbalances



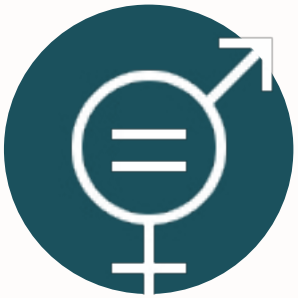
Unequal access to resources and services



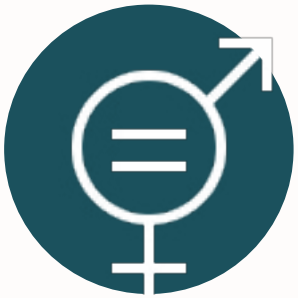
High risk of gender-based violence (GBV)



Critical gaps in WASH and menstrual hygiene



Resilience and emerging leadership



Institutional and coordination weaknesses

Recommendations:

- Scaling gender-responsive services (especially GBV and SRHR)
- Promoting women's leadership
- Investing in MHM and WASH infrastructure
- Strengthening county-level gender coordination and data systems
- Shifting harmful norms through male engagement and community dialogues.

Ultimately, the analysis underscores the urgent need for feminist, inclusive, and locally-led responses to the drought and protection crisis. Without targeted investment, entrenched inequalities will continue to undermine recovery and resilience efforts across the ASAL counties.

Background of the gender analysis

The Arid and Semi-Arid Lands (ASAL) of northern Kenya have faced compounding humanitarian crises driven by prolonged drought, climate-related shocks, entrenched poverty, and gender inequalities. These counties are among the most vulnerable in Kenya, with high levels of food insecurity, poor infrastructure, and limited access to essential services such as healthcare, education, and protection. The Counties are constantly facing different emergencies—from droughts and floods to community conflicts and, more recently, locust invasions. All of these challenges are made worse by the growing impacts of climate change, making everyday life even harder for already vulnerable communities.

36%
Population of ASAL inhabitants in Kenya's territory

60%
of the rural Kenya population depend on agriculture and agricultural production

long rains
March to May

short rains
October to December

80%
ASAL coverage in Kenya's territory

21.8%
Key livelihood areas are livestock and agriculture contribution to Kenya's GDP

These factors have created a complex landscape of gendered vulnerabilities, particularly affecting women, girls, persons with disabilities (PWDs), and other at-risk populations. The prolonged failure of five consecutive rainfall seasons (as of 2023) has resulted in significant livelihood loss, especially in livestock-dependent communities. According to the National Drought Management Authority (NDMA), livestock deaths, crop failure, and water scarcity have worsened the socioeconomic fabric of these counties and deepened gendered and intersectional vulnerabilities.

Given the recurring climate shocks and fragile protection environment, there is an urgent need to generate updated, actionable, and localized gender analysis to inform inclusive humanitarian and resilience programming.

This new gender analysis aims to:

- **Understand how women, girls, men, boys, and PWDs experience drought and humanitarian response differently.**
- **Examine shifts in gender roles, responsibilities, and access to resources due to climate-induced stress.**
- **Identify gaps and opportunities for gender-responsive programming across sectors such as WASH, health, food security, education, and GBV response.**
- **Support feminist approaches to protection, recovery, and resilience-building in the ASALs.**

These factors have created a complex landscape of gendered vulnerabilities, particularly affecting women, girls, persons with disabilities (PWDs), and other at-risk populations.

Context

Kenya has committed to addressing gender-based violence (GBV) through a broad legal and policy framework grounded in both international and regional agreements. Internationally, it upholds key instruments such as the Universal Declaration of Human Rights (1948), the Convention on the Elimination of All Forms of Discrimination Against Women (1979), the Convention on the Rights of the Child (1989), and the **1**993 UN Declaration on the Elimination of Violence Against Women. Kenya has also endorsed the 1994 International Conference on Population and Development Programme of Action and the 1995 Beijing Platform for Action.

Regionally, Kenya is party to several African human rights frameworks aimed at combating GBV. These include the African Charter on Human and Peoples' Rights (1981), the African Charter on the Rights and Welfare of the Child (1990), and the Maputo Protocol on Women's Rights (2003). Additional commitments include the Solemn Declaration on Gender Equality in Africa (2004), the IGAD Gender Policy and Strategy (2004), and protocols from the International Conference on the Great Lakes Region focused on preventing sexual violence (2006, 2011).

Nationally, Kenya has developed a comprehensive legal and policy framework to address gender-based violence (GBV), anchored in its 2010 Constitution. The Constitution enshrines principles such as equality, non-discrimination, and the protection of human dignity, placing a legal obligation on the State to uphold and enforce fundamental rights. Key constitutional articles also affirm the integration of international and regional treaties into national law, reinforcing Kenya's legal accountability in tackling GBV.

Several national laws directly or indirectly address GBV. These include the Children's Act (2001), which supports child protection; the Persons with Disabilities Act (2003), which emphasizes the rights of persons with disabilities; and the Sexual Offenses Act (2006), which defines and criminalizes a wide spectrum of sexual violence and provides survivors with access to emergency medical and psychosocial care. The Penal Code also outlines offenses frequently associated with GBV, such as assault and coercion.

PREVIOUS GENDER ANALYSES AND REPORTS

OXFAM has been working with its partners ASAL Network in the region for seven years. The ASAL Humanitarian Network (AHN) is a coalition of 30 local NGOs and community groups working across 10 Arid and Semi-Arid Lands (ASAL) counties in Kenya. With plans to expand its membership to 45 organizations, AHN is committed to promoting locally-led, evidence-based, and outcome-focused approaches to humanitarian response, capacity building, and advocacy. The network partners with the government, UN agencies, and international NGOs to influence systemic changes in humanitarian response, prioritizing resilience-building and locally-driven solutions that empower ASAL communities.

During the past 5 years, several gender analysis and reports were conducted. Below a brief of the most recent ones.

Wajir County (Oxfam, WASDA & ALDEF, 2022)

The Wajir Gender and Protection Assessment highlighted a significant increase in GBV, harmful practices such as FGM and early marriage, and unequal access to essential services.

Mandera County (Oxfam & RACIDA, 2022)

In Mandera, prolonged drought led to a spike in economic deprivation, reduced food intake, and school drop-outs, particularly for girls.

Samburu County (SND, 2024)

In Samburu, the assessment found a high prevalence of GBV and deeply rooted patriarchal systems where women lacked decision-making power, particularly around livelihood assets like livestock.

Marsabit County (SND, 2024)

The Marsabit analysis emphasized access constraints for women, girls, and PWDs in health, education, and WASH services.

These reports demonstrate clear patterns of gendered and intersectional vulnerabilities in ASAL counties and the need for a specific gender analysis focused on key interventions and identifying key needs and adequate responses for each community group.

Introduction

OBJECTIVES

This gender analysis aims to generate updated, intersectional, and actionable insights to inform drought response, early recovery, and resilience programming in the ASAL counties of northern Kenya. Specifically, it seeks to:

- **To identify differing gendered needs related to relevant sectors (WASH, EFSVL, Nutrition, Protection) of women, men, boys and girls and examine the different roles, rights, and opportunities of these groups, identify disparities, and determine whether they are a concern, and look at how they can be addressed.**
- **To identify gender norms, attitudes and beliefs that drive risks and vulnerabilities**
- **To identify opportunities for increasing voice and participation of women and girls in decision making and humanitarian design/planning**
- **To identify the specific needs of GBV survivors and the extent to which the current response is adequately preventing and responding to GBV with the following additions**
- **To identify specific GBV gaps and barriers concerning service provision or barriers for their implementation. To map existing GBV response services and their accessibility in the Counties; to analyze the equality and accessibility of GBV services and to provide actionable recommendations to strengthen GBV response mechanisms.**
- **Identify county specific gaps and barriers concerning policies and/or barriers for their implementation, in order to inform policy priorities of the respective county projects which will be integrated into the respective Gender Action Plan of the counties**

METHODOLOGY

A mixed-methods approach was applied to generate both quantitative and qualitative evidence while centering lived experiences and local knowledge. Secondary data was used to inform and develop the tools for data collection and to better triangulate data. The assessment was conducted 4 counties in northern Kenya, with purposive selection of locations that are drought-affected and have diverse population groups, including displaced communities and PWDs.

Data Collection Methods included a combination of the following tools:

Household Surveys using KoboCollect to gather disaggregated data on gender roles, access to services, and livelihood impacts.

Key Informant Interviews (KIIs) with government officials, health workers, CSOs, teachers, protection officers, traditional leaders, and women's rights organizations.

Focus Group Discussions (FGDs) disaggregated by gender and age (adult women, men, adolescent girls, boys, youth, PWD caregivers).

Desk Review of prior assessments (e.g., Wajir, Mandera, Marsabit, Samburu reports) and relevant policy frameworks.

ETHICAL CONSIDERATIONS

The study adhered to strict ethical protocols to protect participants' rights, dignity, and confidentiality.

01 **Informed consent was obtained from all adult participants, and guardian consent for minors.**

02 **Do-no-harm principles guided all interactions, particularly when discussing sensitive topics such as GBV or food insecurity.**

03 **Confidentiality was maintained through anonymization of data and secure storage.**

04 **Referrals were made to local services for any participants disclosing protection concerns, with support from trained enumerators.**

Primary data collection for both the qualitative and quantitative research was carried out out between 1st to 25th May 2025 using gender balanced teams. They were trained for two days by AHN Gender Focal Point Person and Oxfam Meal Team on key areas including gender concepts, informed consent, prevention of sexual abuse and exploitation (PSEA), as well as facilitation and notetaking skills and tips. Trainings also covered the ques-tions included in the FGD and KII guides and practical role playing using these tools. Training for the survey enumerators was the same in content except that they focused on survey approach (including on the house-hold listing process) and the specific survey questions including discussion on key terminology for foods and food groups. Data were collected by gender and age in each location with FGDs carried out by one facilitator and one note-taker in each location and women enumerators were matched with groups of women (and girls) while men enumerators were paired with groups of men (and boys). All the FGDs were carried out in the local languages

The selection criteria focused on a wide range of community members, with a specific focus on some vulnerable groups (such as women-headed households, pregnant women, women with more than 5 children, and the elderly). As much as possible, people with disabilities and chronic illnesses were included. The qualitative study sample consisted of community members from 25 locations across four counties in Kenya. A total of 27 Focus Group Discussions (FGDs) were conducted, of which 10 were held with women and female youth, and 17 with men and male youth. Persons with disabilities and individuals with chronic illnesses were included in the FGDs where possible, although not always disaggregated separately. In addition, 153 people shared their knowledge, perceptions, and ideas through Key Informant Interviews (KIIs), including community leaders, health facility personnel, and county officials.

The breakdown by gender and location for each are as show in in table 1 below.

Location	Female Youth	Women	Male Youth	Men	PWD	TOTAL
County 1: TANA RIVER	9	12	09	20	0	**50**
County 2: GARISSA	20	39	0	59		
County 3: MARSABIT	12	17	6	28	10	**73**
County 4: TURKANA	12	22	10	25	11	**80**
Total	**33**	**71**	**25**	**112**	**21**	**262**

Table 1 : Qualitative Data Collection:
Focus Group Discussion Breakdown by Gender and Location (in terms of number of participants)

27 Focus Group Discussions (FGDs) were conducted

10 were held with women and female youth

17 with men and male youth

In total, 29 interviews were conducted, 10 women and 19 men

In total, 29 interviews were conducted with key informants that is, 10 women and 19 men (Table 2). KIIs were conducted using a clear Guide with women and men community leaders, health facilities staff and county coordinators). Some interviews were conducted in local languages and translated into English, while others were conducted and recorded directly in English. This depended on the preferences of the person being inter-viewed.

Location	Women	Men	Total
County 1: TANA RIVER	1	3	**4**
County 2: GARISSA	2	3	**5**
County 3: MARSABIT	3	5	**8**
County 4: TURKANA	4	8	**12**
Total:	**10**	**19**	**29**

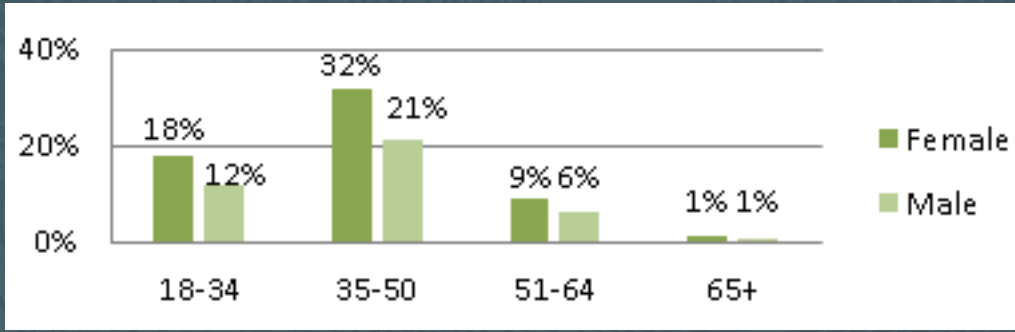
Table 2: Qualitative Data Collection:
Key Informant Interview Breakdown by Gender and Location

Quantitative data was collected in parallel via a survey tool digitally on Kobo using smart phones/tablets. The counties/locations which were selected are Tata River, Garissa, Marsabit and Turkana. The quantitative sample comprised 1,548 individuals from the same counties, interviewed through a household survey. These interviews were conducted with women and men respondents aged 18 years and above. Of the total sample, 923 were women and 619 were men, with 6 responses unclassified. These interviews were conducted with women and men respondents 18 years of age and above. Table 3 (below) outlines the breakdown by gender and location and graph 1 below shows the disaggregated data across the 4 counties.

Location	Women	Men	Total
County 1: TANA RIVER	203	191	**395**
County 2: GARISSA	208	173	**384**
County 3: MARSABIT	212	169	**383**
County 4: TURKANA	300	86	**386**
Total:	**923**	**619**	**1548**

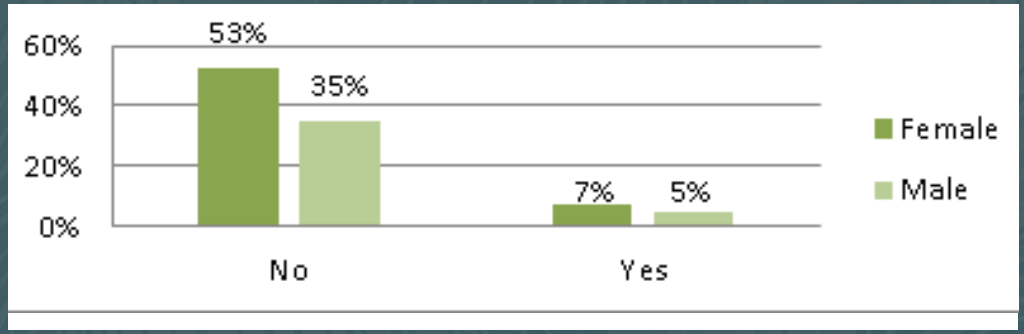
Table 3: Quantitative Data Collection:
Survey Breakdown by Gender and Location

Age Group by Gender



Graph 1: Quantitative data disaggregated by age and gender across all 4 counties

Disability Status by Gender



Graph 2: Respondent disability status across all 4 counties

As can be seen in graph 1 above, a majority of respondents identified as female, with a significant represen-tation of female-headed households, reflecting changing family structures due to displacement and economic hardship.

Approximately 12% of respondents reported a disability as per graph 2 below, with women reporting a higher percentage than men. This signals the importance of disability inclusion in drought and protection response.

The secondary data review consisted of previous gender analysis and reports:

- **Oxfam Kenya, WASDA, & ALDEF. (2022, September)**
  Gender and protection assessment of drought situation in Wajir County, Kenya. Nairobi: Oxfam Kenya.

- **Elisheba Development Consultants. (2022)**
  An assessment of gender and protection issues in Mandera County. Prepared for Oxfam.

- **Strategies for Northern Development (SND). (2024, February)**
  Rapid gender analysis and protection assessment of drought situation in Marsabit County.

- **Ningome, M. (2024, January)**
  Rapid gender analysis and protection assessment of the drought situation in Samburu County. Prepared for Strategies for Northern Development (SND).

Challenges and Limitations

- **Gender imbalance in FGDs:**
  The number of FGDs with women (10) was notably fewer than those with men (17), which may skew qualitative findings toward male perspectives. However, this was redressed with much higher numbers of women respondents in the survey.

- **Underrepresentation of vulnerable groups:**
  Although persons with disabilities and chronic illnesses were "included where possible," there are potential gaps in meaningful representation of these groups. Generally, vulnerable individuals were insufficiently disaggregated in both data sets, making intersectional analysis difficult.

- **Inconsistent gender recording:**
  In the quantitative dataset, six respondents have unclear or missing gender data, indicating potential issues with survey administration or data entry. However, compared to the total number of respondents (over 1000), the margin of error is very small.

- **Geographic and logistical barriers:**
  Some of the counties (e.g., Marsabit, Turkana) have remote and hard-to-reach areas, possibly limiting the inclusion of more isolated communities.

- **Cultural sensitivities:**
  Due to the sensitive nature of topics such as GBV, menstruation, and decision-making power, participants—especially women and girls—may have withheld information or given socially acceptable views in their respective communities.

- **Time constraints or disruptions:**
  In certain locations, data collection was affected by logistical issues including rainfall, which led to shortened FGDs.

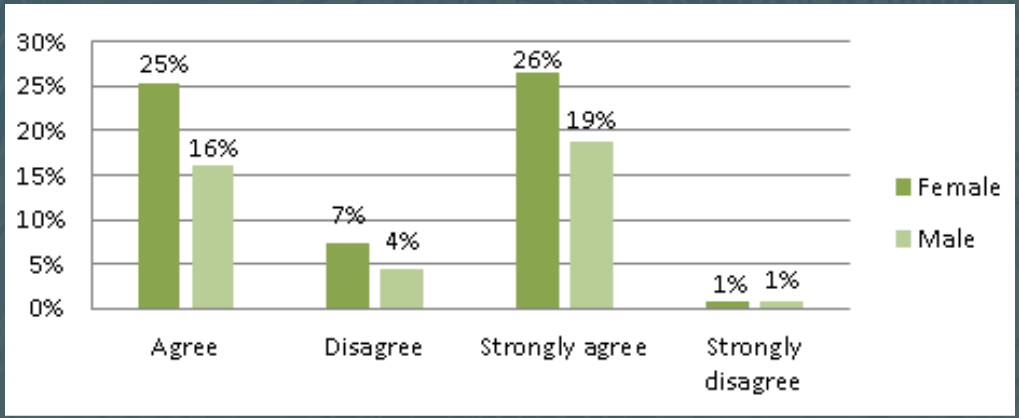
Findings and Analysis

1 | GENDERED POWER RELATIONS

HOUSEHOLD ROLES, RESPONSIBILITIES AND DECISION MAKING

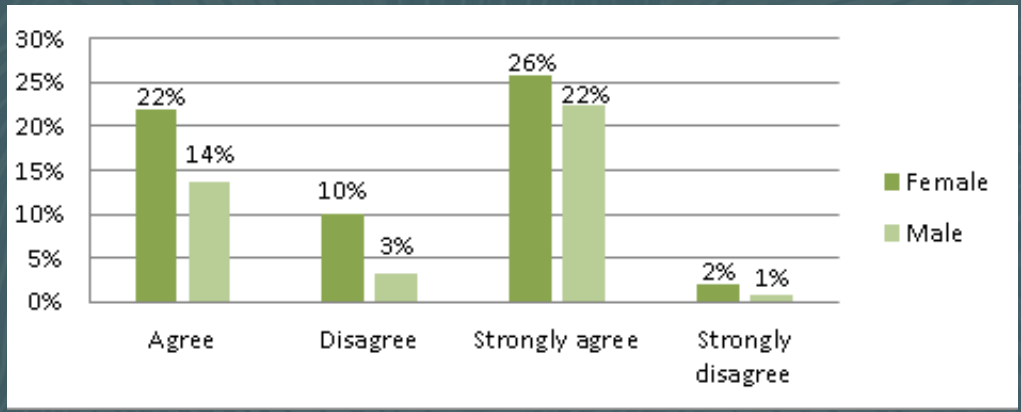
In general, women take on most domestic responsibilities as reported in both FGD narratives and household survey responses. Across the primary data, responses reflected highly gendered household roles with women reported to handle cooking, cleaning, arranging the house, and fetching water and men occasionally performed these tasks, but only in a minority of cases—usually under conditions of absence of adult women. Girls were found to bear a disproportionate burden in water collection, which limits their ability to attend school regularly. In terms of perceptions of roles, the survey shows that both the majority of men and women believe the current gender roles are appropriate, as per graph 3 and 4 below.

Do you believe it is the primary responsibility of women to take care of the household chores?



Graph 3 Perception of female gender roles

Do you believe that men should be the primary providers for their families?



Graph 4 Perception of male gender roles

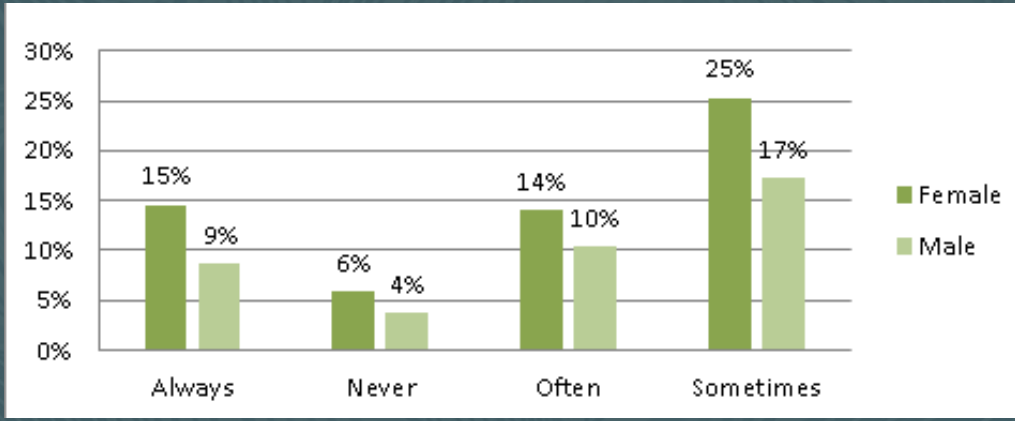
Men continue to dominate household decision-making spaces: over 60% of households reported men as the sole decision-makers for major financial decisions. However, a notable 30% of households indicated joint decision-making, especially in areas with sustained humanitarian presence, suggesting incremental shifts in household power dynamics. The FGDs with women respondents more often cited joint decision-making or their own role, suggesting divergent perceptions of authority.

In addition, the qualitative data reveals women's decisions are often overridden or limited to domestic matters. While the survey suggests some shared household decision-making in about 25% of cases (as per graph 5 below), FGDs reflect a stronger perception of male control, with women expressing frustration about not being heard even when contributing economically -

"We work like men, but we are not listened to like them." – FGD, Samburu

"We work like men, but we are not listened to like them." – FGD, Samburu

Women participate in important decision-making processes (e.g., purchasing and sale of livestock.)



Graph 5 Women participation in decision making processes

Important to also note some county specific differences – for example Marsabit had the lowest scores for women's consistent participation in household-level decisions. A high proportion said women "never" partici-pate, suggesting more entrenched gendered power imbalances. On the opposite end of the spectrum, Turkana scored high on women's active participation in household decisions, with many respondents selecting "always" or "often."

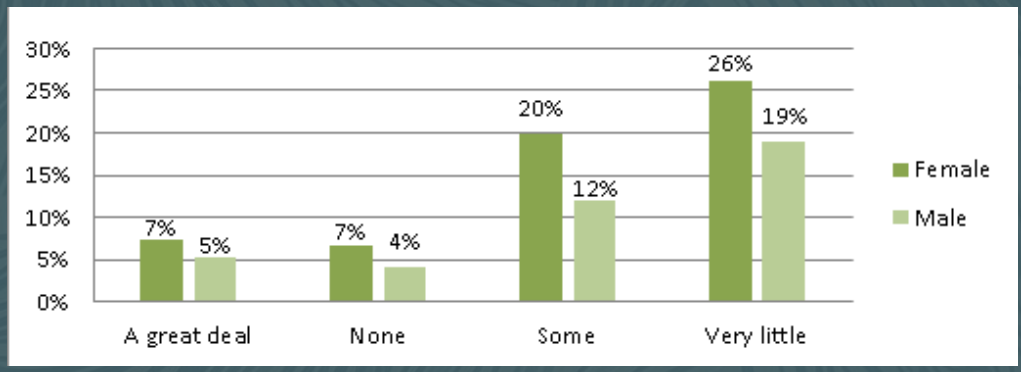
Meanwhile, Tana River had the highest proportion of respondents indicating that women regularly participate in household decision-making, including over livestock sales and grazing. Lastly, compared to other counties, fewer Garissa respondents indicated that women always participate in important decision-making; "sometimes" was more common.

DECISION MAKING AT THE COMMUNITY LEVEL

Both qualitative and quantitative data confirm that men continue to dominate decision-making not just at household but also community levels. While some women are involved, the data shows limited influence and participation, especially in formal forums with men dominating formal leadership spaces. Both FGDs and survey results pointed to limited female participation in community decision-making forums. Even when women participate, their roles are often symbolic. FGD narratives from Samburu and Marsabit reinforced this, with women frequently describing their roles as "supporters, not deciders." Cultural and structural barriers persist, preventing women from influencing decisions related to land, peacebuilding, or local leadership. Women in FGDs further described needing permission to attend meetings or being excluded from critical discussions. Quantitative data also reflected low female involvement in community decision-making.

The survey answers show that not only are women not deciding in community meetings, but they are often not even involved as shown in graph 6 below.

Influence women have in community-level decision-making



Graph 6 Women influence in community decision making

MASCULINITIES AND GENDER NORMS

There is value in expanding on how men and boys are specifically affected by changing roles, and shifting social expectations to inform norm-change and male engagement strategies. Both qualitative and quantitative data suggest there is a slight shift in traditional roles for men and boys with men and boys being a bit more in charge of fetching water followed by boys helping with domestic chores like arranging the house and cooking—roles traditionally seen as female. This implies climate-induced shifts in livelihood roles and care

burdens. Men and boys are adapting but may also be under increased psychological and social pressure due to changing expectations. In many communities FGDs, especially during droughts and floods, boys and men were seen now more frequently involved in caring for livestock, and even engaging in caregiving when female household members are absent or overburdened. In areas like Garissa and Tana River, FGD participants noted that boys are stepping into roles previously seen as "women's work," such as collecting firewood or supporting family chores, due to migration of adults or economic strain. Some community voices highlighted this slow shift in gender norms, with men and boys becoming more aware of shared responsibilities—especially in peri-urban areas. However, change was uneven and context-specific. While some communities accept men's involvement in non-traditional roles, others stigmatize it, reinforcing gender stereotypes.

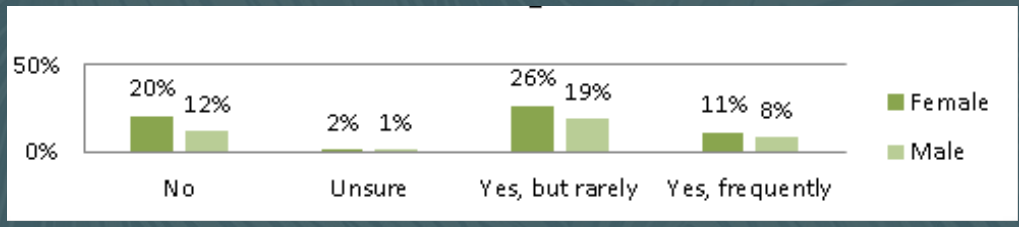
In addition, male respondents and community leaders reported stress and frustration among men, who feel unable to meet their expected role as providers in the face of crop failure, unemployment, or aid dependence. This economic disempowerment is contributing to negative coping mechanisms, including substance use or withdrawal from community engagement. KIIs revealed that men may become resentful of women-focused aid programming, feeling that their own struggles are unacknowledged.

2 | ACCESS TO AND CONTROL OVER RESOURCES

ACCESS TO PROPERTY OWNERSHIP AND FINANCIAL RESOURCES

Both primary datasets highlight women's limited access to financial resources and asset ownership. Survey data showed most women do not own property, and only a few have regular access to credit or income-generation opportunities. A majority of respondents noted that women have limited or no access to financial resources. Responses such as "No" and "Yes, but rarely" were more common than "Yes, frequently", highlighting gendered economic exclusion. Both men and women acknowledge low and unequal access for women but women more frequently said "no" or "rarely" when asked about access to loans or land while men tended to be more optimistic or uncertain about access. Further, the survey data across the 4 counties shows that women mostly do not own property independently. The most frequent response was "Does not own", with fewer cases of "owns alone" or "owns jointly" as per graph 8 below.

Women in community have access to financial resources e.g loans or land ownership



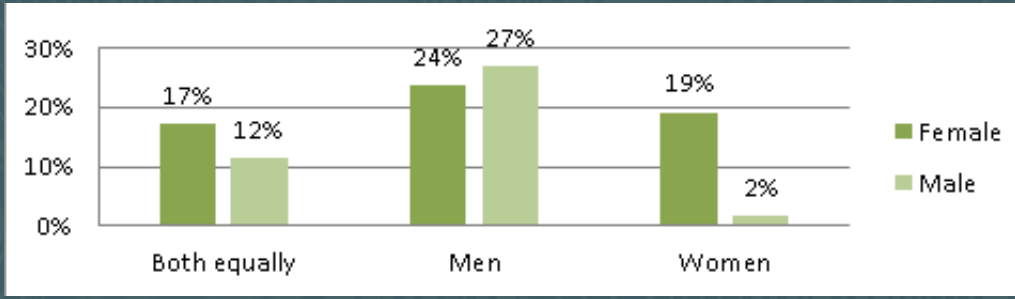
Graph 7 Women access to financial resources

In addition, asset ownership (e.g., land, livestock, mobile phones, household equipment) was skewed towards men or male-headed households, reinforcing structural inequalities in wealth control and security. FGDs reveal that women are increasingly engaging in informal income generation (e.g., selling firewood or milk), which was not fully captured in the survey instruments - **"Women now go to the market. Before, that was shameful." – FGD, Marsabit.**

FGDs further emphasized structural exclusion and cultural barriers, like land ownership being reserved for men. Access to financial services and assets (e.g., land, livestock, bank accounts) remained highly unequal. Fewer than 20% of women reported access to financial resources, and very few owned assets independently. This aligns with earlier findings from Mandera and Wajir assessments, confirming structural economic disempowerment.

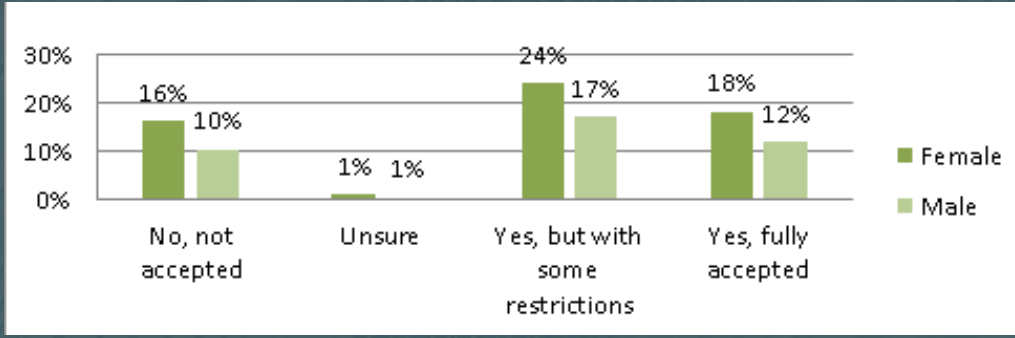
Survey data across the counties also showed that perceptions between men and women differ with women respondents saying that they do make some decisions and are able to engage in some non traditional female work, as graph 8 and 9 shows:

Household major financial decisions maker



Graph 8 Perceptions on financial decision making

Women engage in traditional work reserved for men accepted

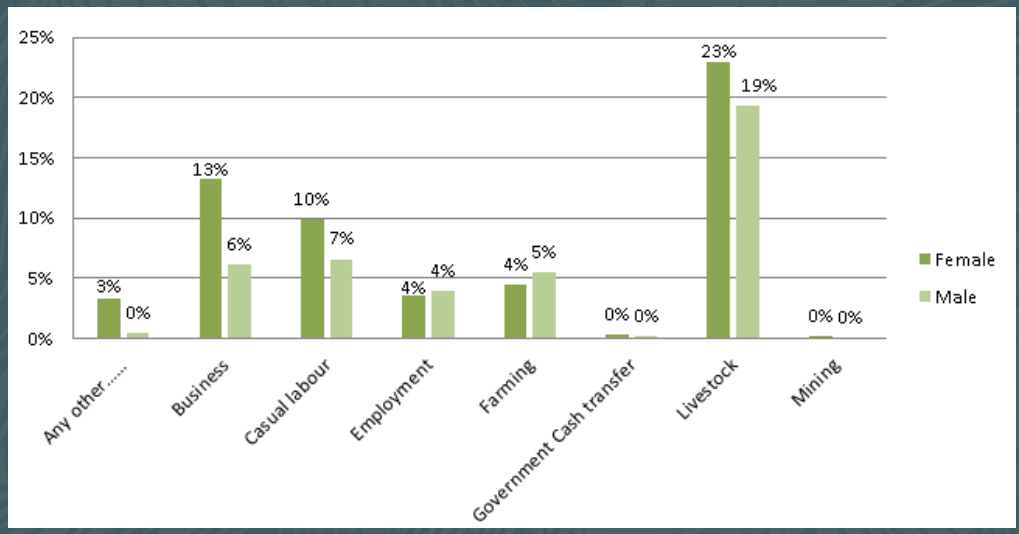


Graph 9 Perception on women engagement in non traditional work

ACCESS TO LIVELIHOODS

The primary sources of livelihood reported were pastoralism, small-scale farming, and petty trade (as seen in graph 10 below). The FGDs confirmed and added that all were heavily disrupted by the ongoing drought. Many women highlighted reliance on remittances or casual labor, often unpaid or underpaid.

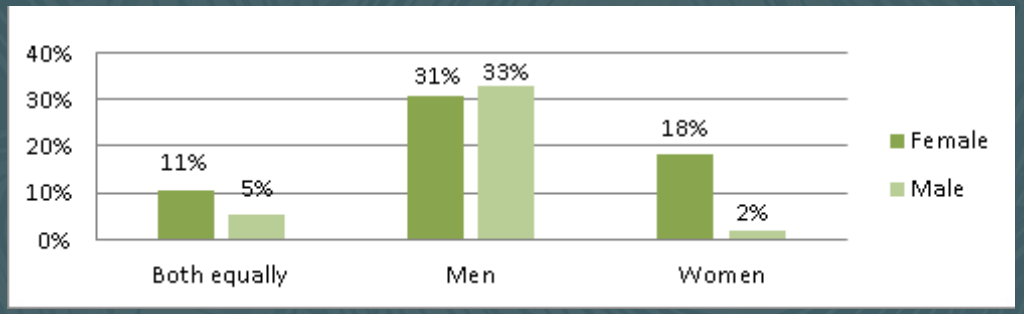
Women in community have access to financial resources e.g loans or land ownership



Graph 10 Source of livelihoods

Already mentioned above under decision making roles, the primary household income earner is the man, as answered by both male and female respondents of the survey across the 4 counties, graph 10 below:

Household Primarily responsible for earning income



Graph 11 Household income earner responsibility

Qualitative inputs however show that women's roles have expanded under pressure: they are increasingly engaging in income-generating tasks traditionally held by men, such as livestock vaccination or market sales. Across counties, participants emphasized how women's roles have expanded due to male out-migration and household economic pressure. **"Women now go to the market, they sell milk or firewood. Before, that was shameful for a woman." – FGD, Marsabit.** Further, both men and women engage in livestock and casual labour, but women are more likely to report involvement in small businesses, cash transfers, and informal work while men dominate employment and farming in formal or larger-scale operations.

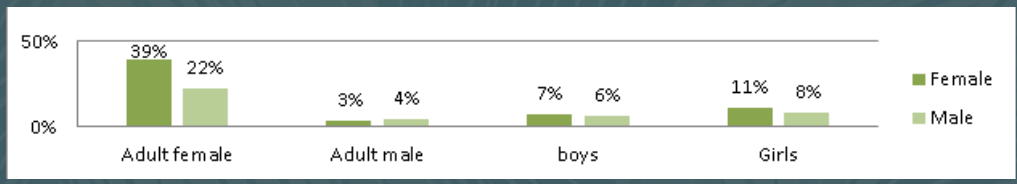
All this albeit without however with the equivalent control over the income generated, from the FGDs, women increasingly contribute to household income, but men retain control over income use- **"We women work hard, but the money decisions are still his." – FGD, Marsabit** so this shift has not necessarily translated into power or recognition. Traditional beliefs still limit women's visibility in formal leadership or decision-making.

3 | WASH

As mentioned under household roles above, the primary collectors of water were adult women and girls as both the survey (graph 11) and FGDs confirm, reinforcing the time poverty experienced by women in the region.

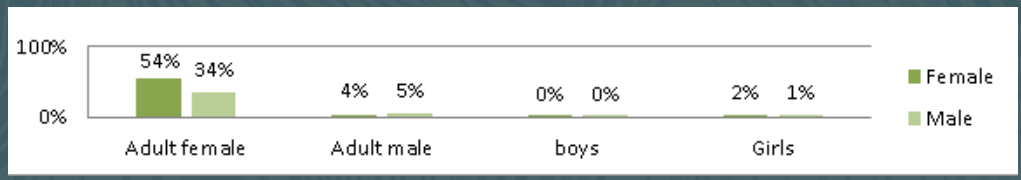
In addition, the survey across the 4 counties showed extra burdens on women around most WASH related ac-tivities such as ensuring the water is safe for drinking (graph 11) or ensuring the family hygiene (graph 12).

Who primarily collects water in the household now?



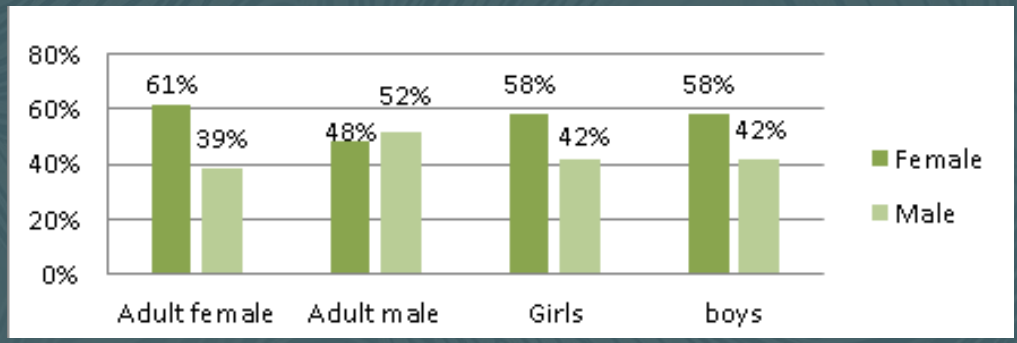
Graph 12 Water collection responsibility

Who is primarily responsible to treat or make sure that water is safe for drinking?



Graph 13 Responsibility for water treatment

Who is responsible for the hygiene of the family?

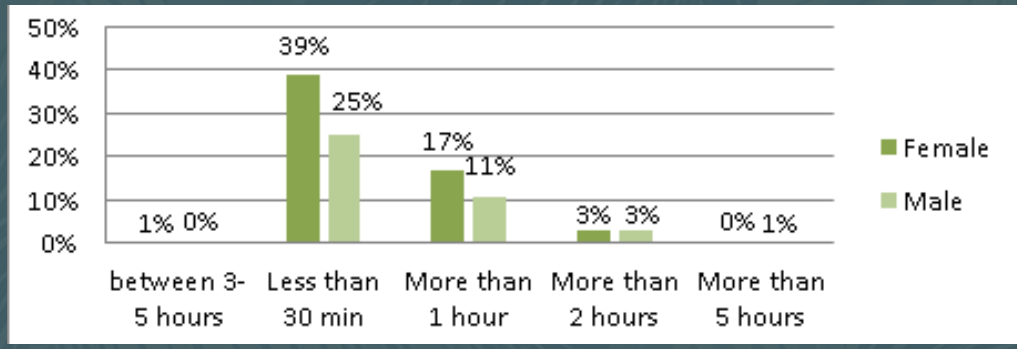


Graph 14 Responsibility for family hygiene

The survey went into detail on number of times households have to fetch water (graph 13), time needed to fetch water (graph 14) and style of water collection (graph 15 and 16).

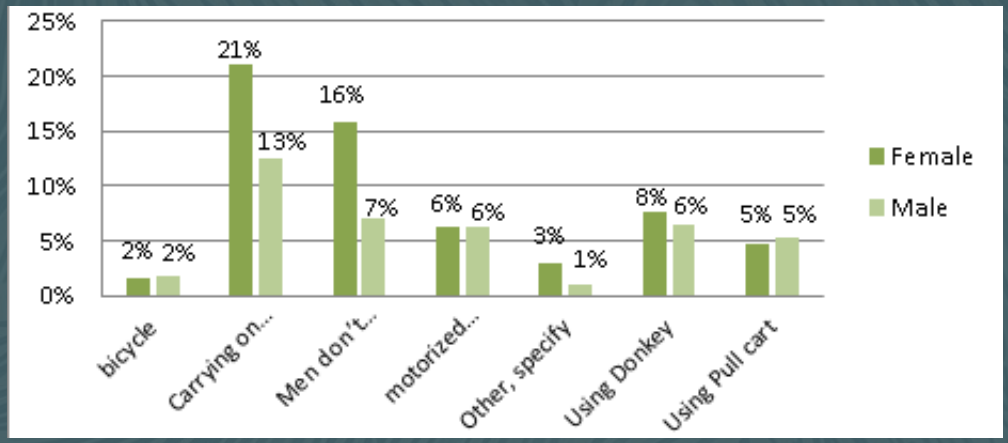
The primary collectors of water were adult women and girls.

How long do you typically take to collect water?



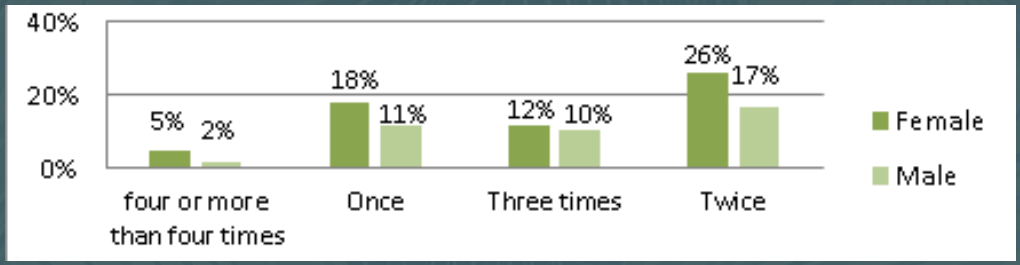
Graph 16 Time needed to fetch water

How do adult male members of the household carry water?



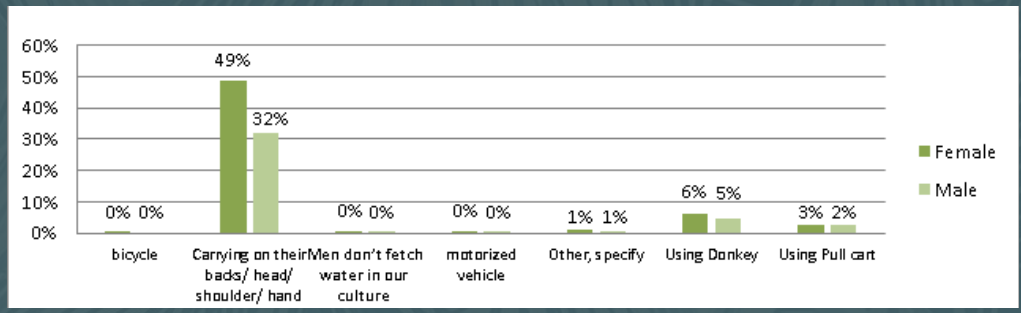
Graph 17 Collection method men

How many times do you need to fetch enough water for the daily household needs?



Graph 15 Number of times needed to fetch water

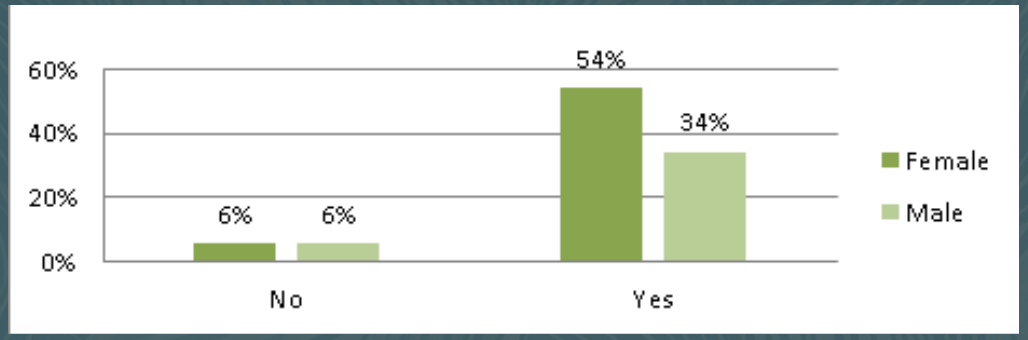
How do adult female members of the household carry water?



Graph 18 Collection method women

Across the four counties respondents were also asked about the safety (graph 17 below) and while the majority of respondents across the counties said they felt safe, it is important to note a difference in survey answers – with respondents in Garissa were the least likely to report that water collection points were safe, suggesting elevated protection risks during water-fetching, particularly for women and girls. In addition, the FGDs showed that lack of water infrastructure contributes to physical burden, safety risks, and lost educational opportunities for girls. FGDs offer richer insight into the consequences, such as girls missing school or facing sexual harassment en route.

Do you perceive the surrounding to the nearest water point safe and secure?

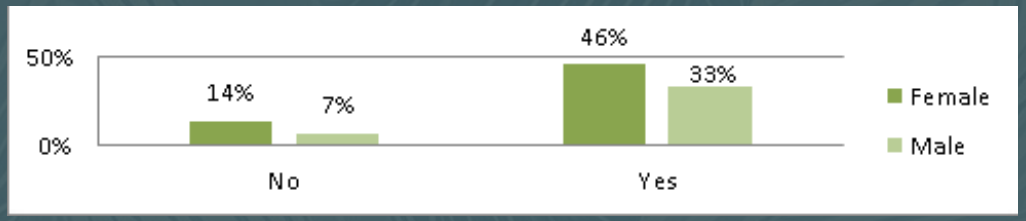


Graph 19 Perception of safety around water points

In terms of the other WASH facilities, graph 18, 19, 20 and 21 below show that there is limited access and usage of both latrines and shower facilities, where they exist they are private and used but that's the case for less than half of the survey respondents across the 4 counties.

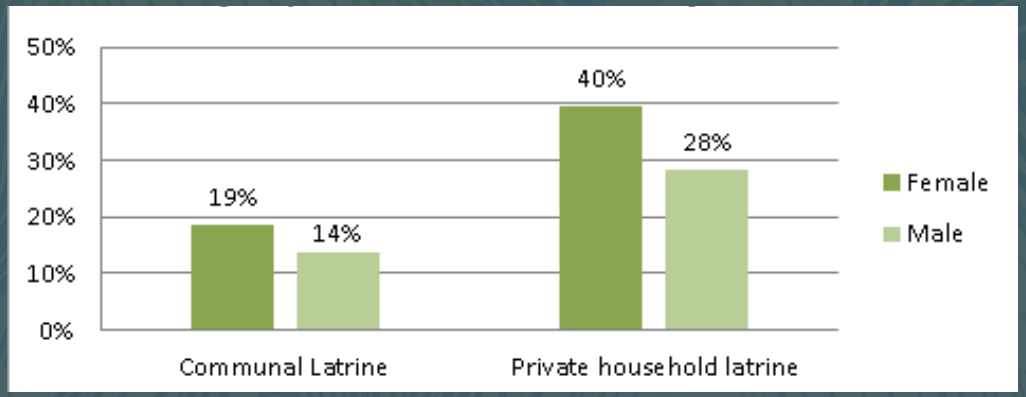
There is limited access and usage of both latrines and shower facilities

Do you have access to latrine facilities?



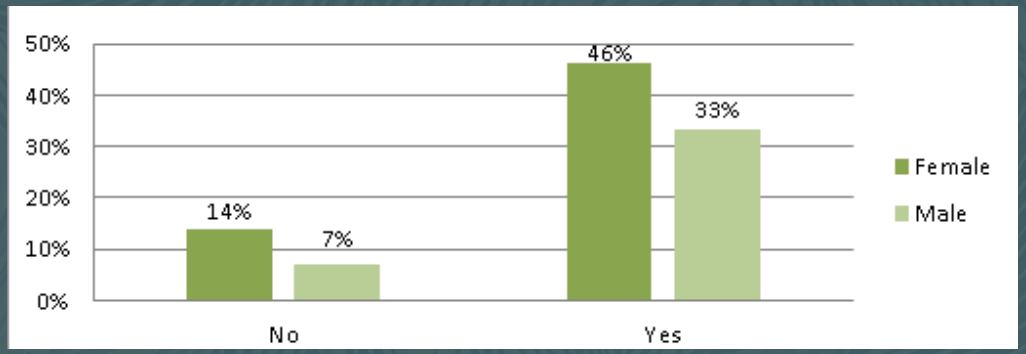
Graph 20 Access to latrines

If yes, is it communal or private?



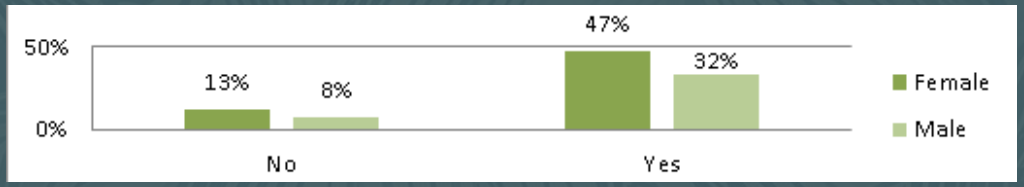
Graph 21 Type of latrines

Do you use the latrine?

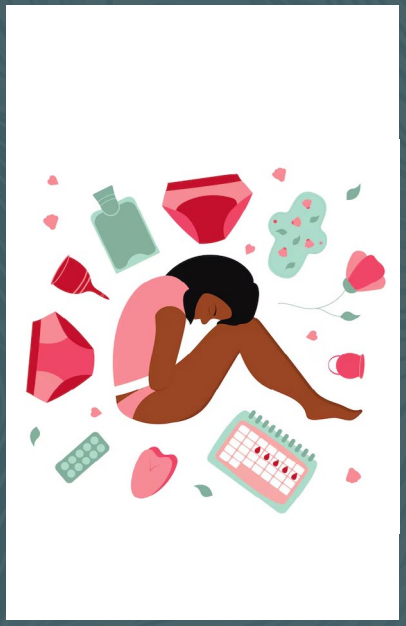


Graph 22 Usage of latrines

Do you have access to a safe place for bathing (showering)?



Graph 23 Access to safe showering

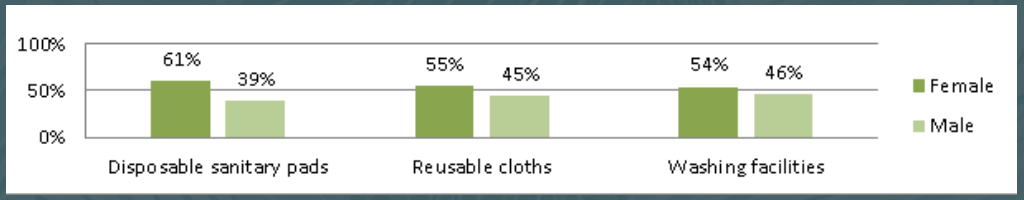


MENSTRUAL HYGIENE MANAGEMENT

Across counties, a consistent pattern emerged: menstrual hygiene management remains a neglected area. Around 45% of women and girls reported not having regular access to menstrual hygiene items, relying instead on cloths as per graph 22 and 23.

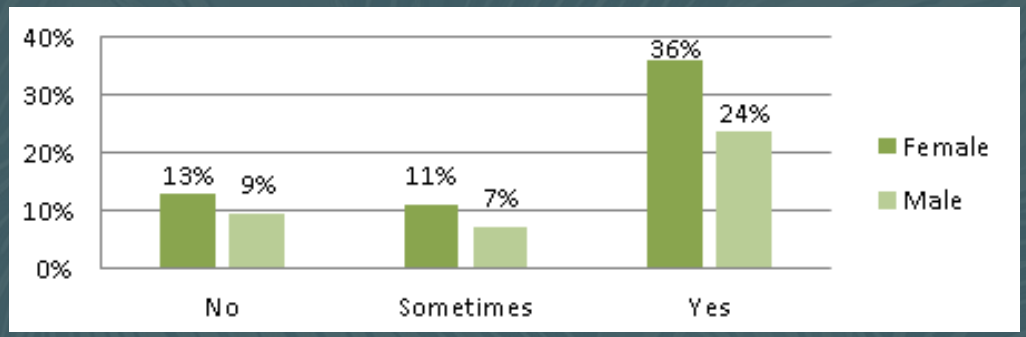
Further, in multiple FGDs, women described little access to sanitary products or safe disposal. Disposable sanitary pads and reusable cloths were the most common materials used.

Which of the following hygiene materials do women and girls in your household use?



Graph 24 Hygiene items type

Do women and girls have regular access and use of these items during flood/drought?

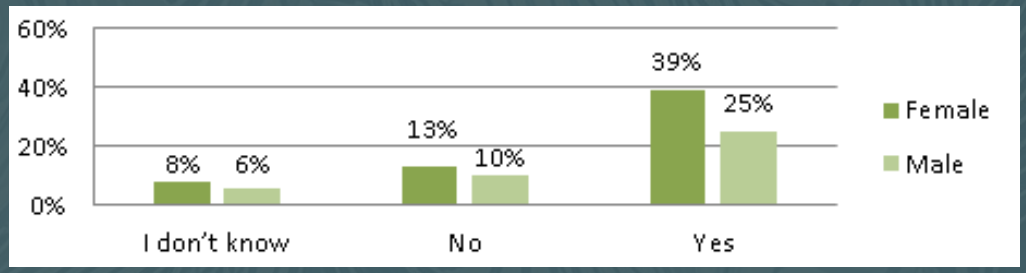


Graph 25 Access to hygiene items

FGD respondents noted restrictions such as exclusion from religious activities, cooking, or fetching water during menstruation—reflecting enduring taboos. Some also feared teasing or social exclusion, particularly adolescent girls: "Girls are not allowed to go to school or cook when they bleed. Some drop out because they are mocked." FGD, Turkana; **"Girls who start menstruating often stop going to school. The teasing is too much." – FGD, Garissa.** Girls also reported teasing by peers and exclusion from school or chores.

At the same time, menstrual health programming was reported as largely absent in schools and community WASH services. And the survey respondents also confirmed that not enough women or girls are receiving in-formation on these issues (graph 24).

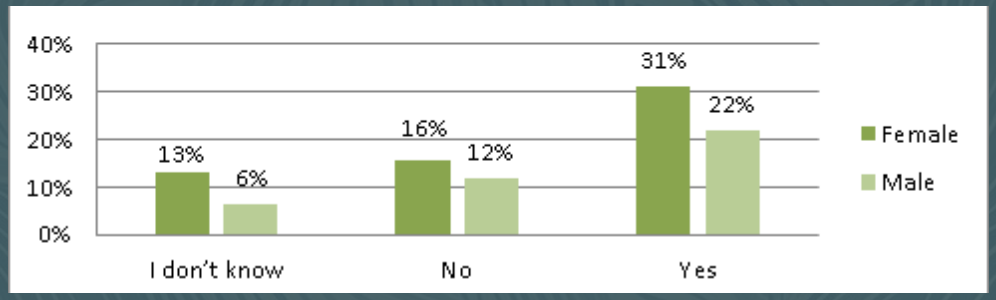
Are women/girls also accessing information about menstrual hygiene?



Graph 26 Access to information on menstrual hygiene

FGDs with women and girls reported direct stigma, harassment, or restriction during menstruation. In addition, the quantitative data further showed that women and girls experience shame, harassment, abuse, or harm due to menstruation as per graph 25 below. –

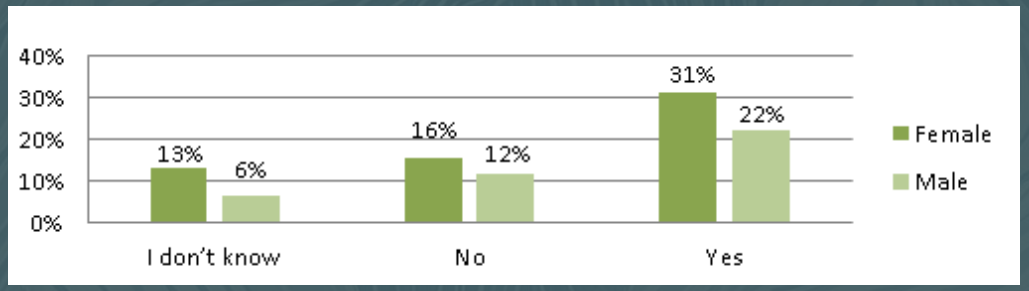
Do women/girls experience shame, harassment, abuse (verbal or physical) or harm because of menstruation?



Graph 27 Experience during menstruation

Men had limited knowledge or involvement, with many unaware of MHM needs or practices. FGDs stressed that menstruation remains a taboo topic among men and boys, leading to teasing and exclusion. FGDs highlighted ritual restrictions and emotional impacts more vividly (e.g., not being allowed to cook or attend religious services), whereas the survey data emphasized awareness gaps, particularly among men and boys, many of whom are unaware of or unsupportive of menstrual hygiene needs, as per graph 26 below.

Are men and boys aware of and/or supportive of menstrual hygiene?



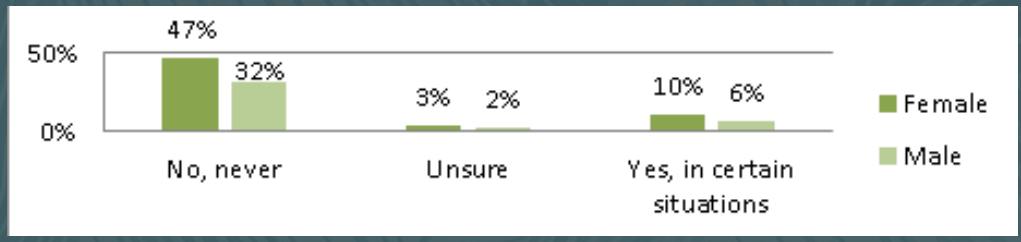
Graph 28 Men and boys aware or supporting menstrual hygiene

4 | GENDER-BASED VIOLENCE (GBV)

GBV PREVALENCE AND ACCESS TO SERVICES

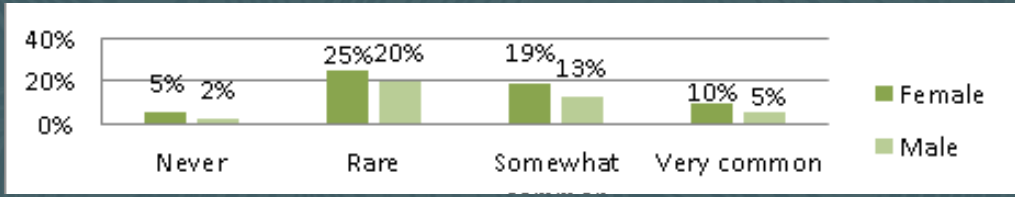
GBV remains a key issue in the four counties as both primary and secondary data sets show. Though there is less normalisation of domestic violence, it is still there as graph 27 shows. Further, GBV was described as somewhat common by 19% of female respondents and 13% of men (graph 28).

In your Opinion, Is it acceptable for a man to use physical violence against his wife?



Graph 29 Perception on domestic violence

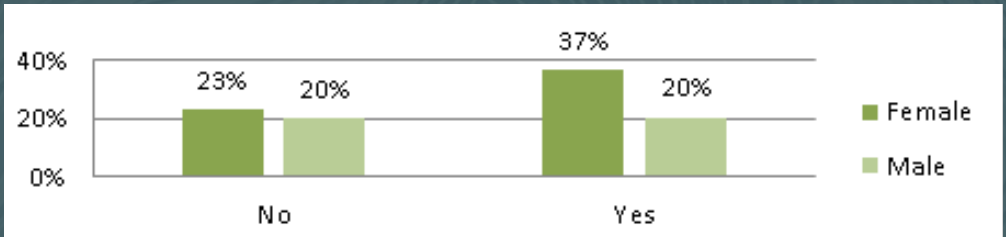
How common is gender-based violence in your community?



Graph 30 GBV prevalence

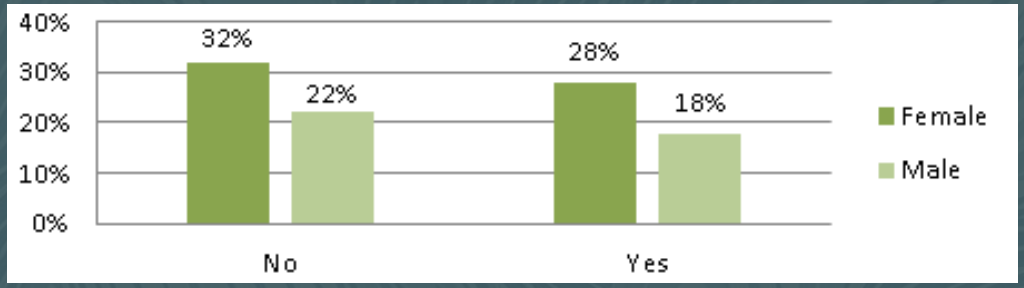
Quantitative data further shows that more female respondents were aware of GBV services than men (graph 29). And that 28% of female respondents knew someone who had accessed versus 18% of men (graph 30 below). This awareness gap may limit help-seeking behavior, especially among men. Also important to note from the qualitative data that while women were slightly more aware of GBV services, they also reported greater personal or observed experience of GBV while men more often denied the prevalence of GBV or were unaware of available services. In addition, gender differences in perception are evident in nearly all topics: women respondents more often reported barriers and negative experiences, while men were more likely to state that services are "Always accessible" or that issues like harassment were not present.

Are you aware of any services available in your community to support GBV survivors?



Graph 31 GBV services awareness

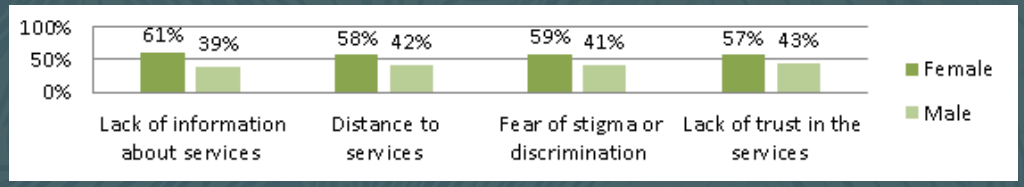
Have you or anyone you know ever tried to access these services?



Graph 32 GBV service accessed

Barriers to accessing services as reported in FGDs included distance, stigma, lack of trust, and lack of information (graph 31 below).

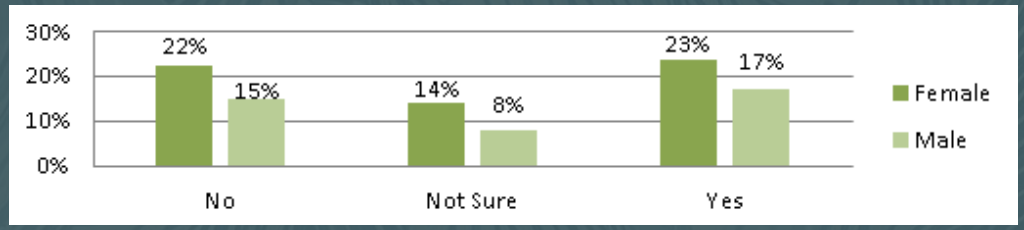
What are the biggest challenges in accessing GBV services?



Graph 33 Challenges in accessing GBV services

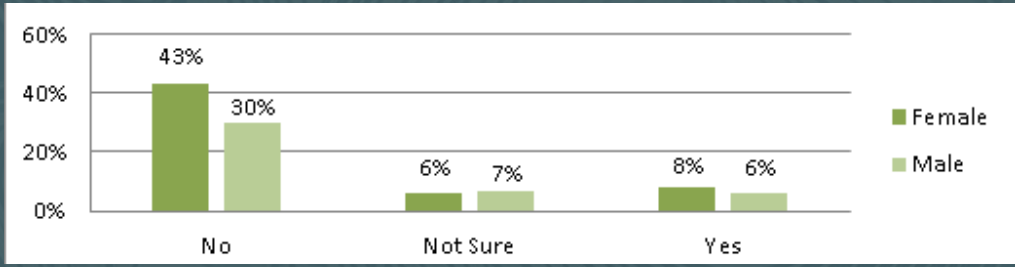
In addition, the survey showed that across the four counties cost was a big factor in accessing services, graph 32 and 33 below addressing this issue.

Are there any financial costs involved in accessing these services?



Graph 34 Cost of accessing services

If yes, are these costs affordable for most people in the community?



Graph 35 Affordability of that cost

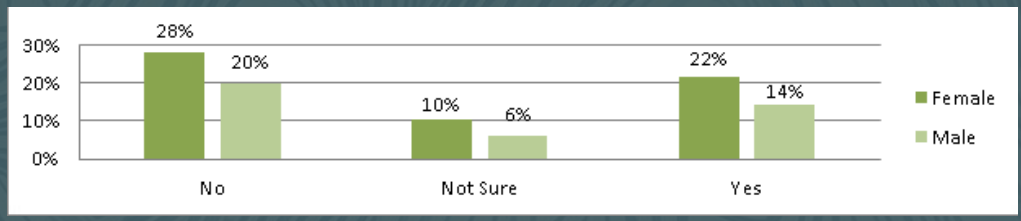
Among the FGDs, for those who tried to access services, many cited challenges such as inaccessible hours, limited staffing, and lack of confidentiality. Women and girls, especially those with disabilities, were identified as most at risk. In Marsabit and Samburu, survivors often relied on informal community networks or elders rather than formal services. Marsabit county survey respondents also reported significantly lower awareness of available GBV services than other counties.

Whereas respondents in Tana River reported the highest awareness of GBV services. There is also a discrepancy in GBV normalization: While a majority quantitatively reported service accessibility, FGD narratives described ongoing fear of retaliation, shame, and community silence around GBV, particularly in Turkana and Marsabit.

STIGMA

KIIs and FGDs confirmed that men rarely engage in GBV prevention and stigmatize survivors, especially girls: **"A woman who reports GBV brings shame. It is better to keep quiet." – KII, Community Leader.** FGDs emphasized the fear of being blamed or shamed, particularly for adolescent girls: **"Many don't come because of shame or fear." – KII, Health Facility, Tana River.** Notably, cultural norms discouraging GBV reporting were cited by over 40% of respondents, with FGD participants describing survivors as "bringing shame" or being "blamed" for their abuse, as per graph 34 below.

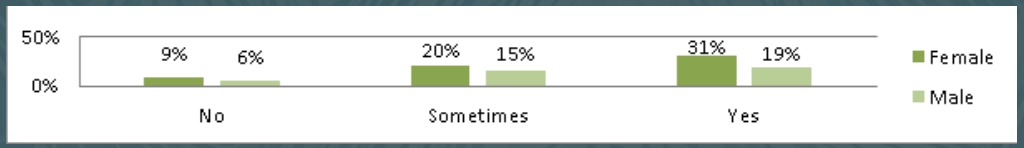
Are there cultural norms discouraging reporting GBV or seeking help?



Graph 36 Cultural norms on GBV support

Community support was inconsistently discussed. Some KIIs highlighted progress in community leadership engaging on GBV, while others noted that male leaders still trivialize or downplay survivor accounts, graph 35 below supporting this.

Do you feel your community supports GBV survivors?



Graph 37 Perception on GBV community support

Health workers consistently reported GBV as a serious yet underreported issue: "We receive 20–30 GBV cases monthly, but that's just a small part of what's happening. **Many don't come because of shame or fear." – KII, Health Facility, Tana River.**

GBV SERVICES AND RESPONSE

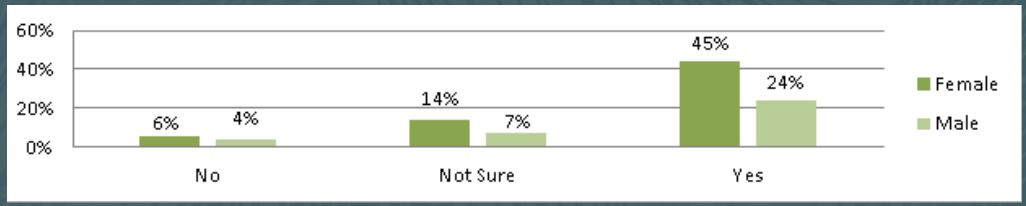
Respondents in both surveys and KIIs highlighted survivors' reliance on informal systems (e.g., elders, chiefs). However, while quantitative responses reported awareness of services but limited access, while health work-ers in KIIs revealed specific caseloads, resource constraints, and lack of confidentiality. While many facilities have staff trained on the clinical management of rape, others cited limited equipment, privacy issues, and lack of consistent supplies. There was no standardized protocol across facilities, and re-ferrals were often informal: **"There is a designated GBVRC, but it lacks adequate resources. Survivors wait for days or are referred to other counties." – KII, Garissa Health Facility**

A recurrent theme was the lack of budget and institutional support: **"Financial resources are the biggest hurdle to real impact. Gender departments exist only on paper without funding." – KII, County Coordinator, Turkana**
Despite county-level gender policies being under development, implementation remained weak, with no dedi-cated budget lines in many cases and poor coordination between sectors.

Overall, qualitative KIIs noted geographic distance, cost barriers, and cultural stigma as major obstacles, especially for survivors in rural and pastoralist areas. **"Doctors to conduct tests are far away, and in conflict zones, they may not come at all."** Participants recommended mobile clinics and community-based support. The survey further complemented the above, with graphs 36 to 39 showing the perception of effectiveness, the staffing situation and the overall convenience of the centres:

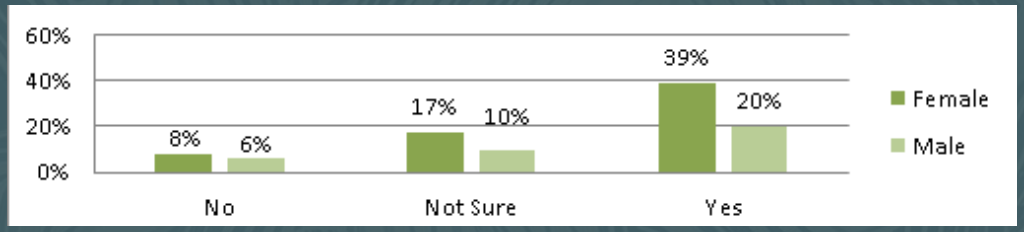
20–30+ GBV cases reported monthly

Do you believe the GBV services are effective?



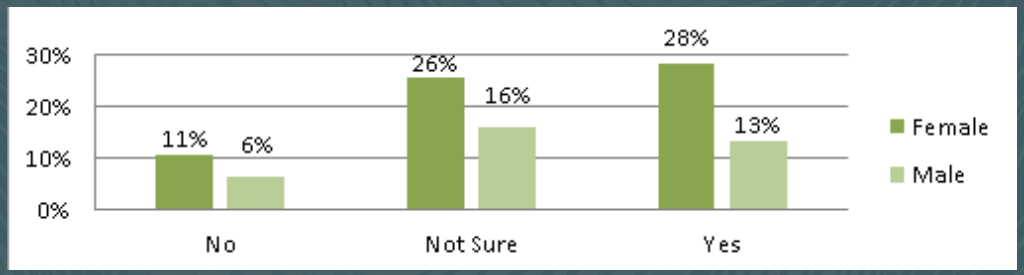
Graph 38 Perception on GBV services

Are the operating hours of GBV services convenient?



Graph 39 GBV services operating hours

Is there enough staff at GBV service centers?



Graph 39 GBV services operating hours

There were some positives too, with good recommendations and some promising practices. Participants across KIIs provided strong, locally relevant recommendations: **"Strengthen the referral systems. Work with chiefs, elders, and community health volunteers to build trust." – KII, County Coordinator, Garissa.**

"Male engagement programs are needed to change attitudes. Let men be part of the solution." – KII, County Coordinator, Tana River. Others noted that gender technical working groups and safe space dialogues had proven successful in shifting norms, though these initiatives were scattered and underfunded, more like them would benefit the community greatly.

CONFLICT AND INSECURITY

Conflict and insecurity exacerbate pre-existing gender inequalities, stripping away already limited access to safety, dignity, and justice. Insecurity was a recurring theme, particularly in Garissa and Tana River, where respondents referred to: militia and bandit attacks; armed raids and cattle rustling and a generalized fear of movement, especially for women and girls. Localised violence in Marsabit and Turkana also restricted women's movement and disrupted essential services. This insecurity heightens GBV risks and reduces women's participation in public life. Male out-migration due to cattle rustling and inter-ethnic conflict left women solely responsible for families under precarious conditions.

Sexual violence and harassment were cited as major risks during and after attacks, particularly when women travel for water, firewood, or school. Lack of safe shelters or transport options compounds these risks.

Boys are often pressured into guarding livestock or engaging in retaliatory actions, exposing them to violence or recruitment into militia groups. Young men are over-policed or suspected during clashes, which can lead to harassment or displacement. Adolescent boys were considered at risk, facing increased exposure to harmful work and are sometimes pushed out of school to support household needs. KII reflections from teachers and health workers indicated rising risks for boys, including child labor, migration for work, and exploitation. Boys were also mentioned as underrepresented in GBV services, yet some may experience emotional abuse or ne-glect, particularly in households experiencing prolonged stress.

In insecure zones, GBV response services are disrupted or withdrawn, leaving communities reliant on informal mechanisms such as elders or clan leaders. Health and justice systems are described as absent or inaccessi-ble during times of unrest. There is no reference to police or security personnel offering protection—rather, the opposite is implied: lack of trust or complete absence.

During conflict or militia attacks, families move at night or sleep in turns to guard livestock. Some men migrate for work, leaving women to cope alone with added burdens of household security and food provision.

Communities asked for:

- **More outreach and mobile units, especially in insecure zones.**
- **Trained community protection volunteers, especially women.**
- **Establishment of local safe houses and trauma support systems.**
- **Support for financial and physical recovery post-attack:**

"There should be financial budgets to construct and maintain community-based protection centers."

5 | COPING STRATEGIES, GENDERED IMPACTS, AND PROGRAM GAPS

COPING STRATEGIES AND RESILIENCE

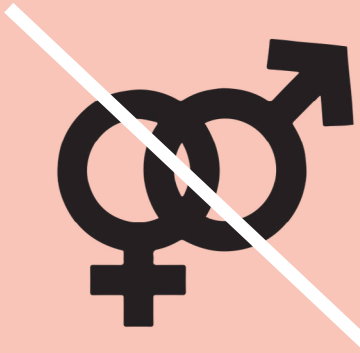
Although specific coping strategy data from the quantitative dataset is limited, qualitative data across FGDs pointed to a range of gendered coping mechanisms:

- Some families skipped entire meals, with mothers eating once a day or after the rest of the family.
- Women and girls generally reduce their food intake to prioritize children during food shortages ("Women skip meals for the children. Sometimes, they don't eat for two days.").
- Girls were withdrawn from school to assist with domestic chores or due to lack of menstrual supplies.
- Boys are pulled out for labor or to support herding in pastoralist households.
- Men migrated in search of pasture, leaving women to manage the household under stress.
- In extreme cases, families resorted to early marriage or transactional sex as survival strategies, as last-resort coping.

These findings underscore the double burden on women—carrying both emotional and material responsibility under crisis, often without decision-making power. The data also shows examples of community-driven resilience.

Despite constraints, communities have created informal support structures which play a key role in survival:

- Sharing food, borrowing small items, and relying on neighbors.
- Collective water-fetching or pooling resources to transport patients.
- Some women engage in:
  - o Small-scale juakali (informal labor) work
  - o Casual work in markets or farms
  - o Forming or participating in VSLAs (Village Savings and Loan Associations) when available
- Women-led peace dialogues in Marsabit and Turkana
- Girl-focused clubs in schools promoting MHM awareness
- Faith-based leaders trained in survivor support



Coping strategies across the ASAL region reflect deep gendered inequalities, with women and girls bearing disproportionate physical, emotional, and nutritional burdens. While community solidarity mechanisms exist, structural supports are weak or absent, leaving families to rely on harmful coping strategies. Strengthening localized, gender-sensitive resilience systems—such as VSLAs, social protection schemes, and mobile out-reach—is essential to reduce reliance on survival-based decisions.

ACCESS TO EDUCATION

Across multiple FGDs, it was clear that girls face significant obstacles to remaining in school, particularly:

- **o Menstrual health challenges: Lack of pads, safe sanitation, and stigma contribute to high absenteeism.**
- **o Cultural taboos: In some communities, girls are kept out of school during menstruation or are expected to marry early.**
- **o Gender-based violence and insecurity: Fear of harassment while walking to school or within schools discourages attendance.**

Female-headed households, or those affected by displacement, report being unable to keep children in school due to food insecurity or caregiving burdens. Militia activity and localized violence in areas like Tana River and Garissa have led to temporary closure of schools, displacement of children and teachers and increased school dropout among boys who are recruited into community defense roles or labor

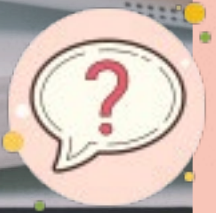
Community Recommendations:

- **Establish transport subsidies and boarding options for remote learners.**
- **Provide free or subsidized school materials, especially for girls and orphans.**
- **Offer menstrual hygiene support in schools to improve attendance.**
- **Train local teachers and volunteers on inclusive and gender-sensitive education approaches.**
- **Address community attitudes through awareness campaigns targeting parents and elders.**

From the data sets

Education levels remain low, with low levels of formal education, particularly for women and girls

Religious education (e.g., Madras) appeared in some responses, indicating a reliance on informal schooling for girls in particular.



A few respondents reached secondary or university levels, the majority reported no education or only primary education.

This shows that access to education is heavily shaped by gender, geography, poverty, and insecurity. Girls, children with disabilities, and those from pastoralist or displaced families are the most affected. There is a clear demand from communities for localized, inclusive, and supportive education infrastructure.

INTERSECTIONAL VULNERABILITIES

Persons with Disabilities (PWDs) were consistently identified as among the most vulnerable, especially during floods, conflict, and displacement. Challenges include:

- o Physical inaccessibility of GBV and health services.
- o Lack of adapted communication formats (e.g., sign language, visual support).
- o Social stigma and invisibility within community protection systems.

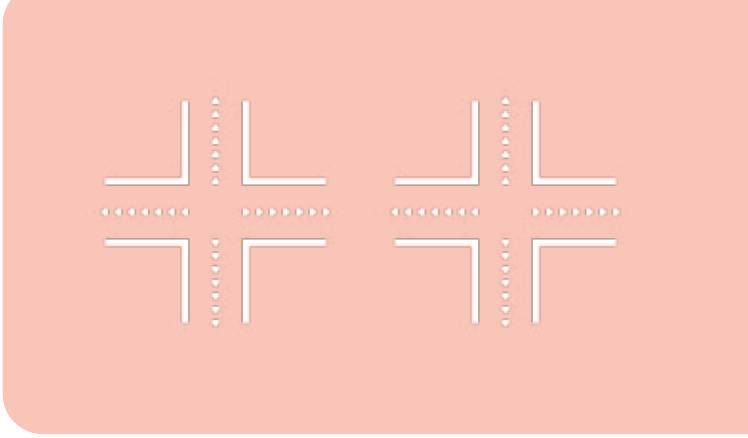
Single Mothers struggle to access protection, legal aid, or livelihoods due to:

- o Gendered stigma
- o Lack of household support
- o Inability to meet indirect costs (transport, childcare)

Women in Remote Rural Areas, due to the geographic isolation, had added disadvantages:

- o Services are physically distant or irregular.
- o Outreach is minimal; most rely on word of mouth or chiefs for information.
- o Cultural norms restrict their mobility and public engagement.

"Persons with disabilities should be supported because some of us stay far and cannot reach services."
"Girls with disabilities are the most vulnerable and are often hidden at home."
"Girls with disabilities are the most vulnerable during times of insecurity." – FGD, Garissa
"Underage girls and elderly women need support most."
"Widows and poor families cannot afford legal help or travel for services."



Elderly Women and Widows were described as economically and physically marginalized:

- o Often excluded from cash transfers or relief targeting.
- o Depend on relatives who may exploit or neglect them.
- o Face barriers in mobility, which limit access to food aid, health care, and legal support.

Adolescents and Orphans were reported vulnerable to:

- o Early marriage, especially during periods of economic stress.
- o School dropout, especially among girls during menstruation or insecurity.
- o Neglect or overwork in households lacking adult support.

ETHNIC OR SEXUAL MINORITIES

While ethnic minorities were mentioned sporadically, there was no in-depth discussion of their unique barriers. LGBTQ+ individuals were notably absent from community conversations, underscoring a critical gap in inclusive programming and protection systems. In the household survey, one question asked whether GBV services are accessible to LGBTQ+ individuals but this being limited to checkboxes, there is little elaboration. There were no direct qualitative quotes discussing the lived experiences of LGBTQ+ people, community attitudes toward them, or their specific vulnerabilities.

The absence of LGBTQ+ voices in discussions likely reflects legal and cultural sensitivities. With homosexuality remains criminalized in Kenya, LGBTQ+ persons often conceal their identity for safety. There is also the like-lihood of stigma and fear: Even in confidential discussions, respondents may be reluctant to raise LGBTQ+ issues due to prevailing taboos or fear of judgment.

There is no evidence of specialized outreach, confidential reporting pathways, or inclusive safe spaces for sexual and gender minorities. It is critical that a do-no-harm, rights-based approach is applied in any gender-sensitive programming. Special care should be taken to protect confidentiality, avoid visibility that may en-danger individuals, and promote inclusive access to services where feasible.

Given the above, while working in legally and culturally constrained environments, agencies should explicitly acknowledge this gap in analysis; apply a do-no-harm approach, ensuring confidentiality and avoiding visibility that may endanger lives and promote inclusive training for staff and non-discriminatory service delivery, even without labelling services as LGBTQ+-specific.

There is no evidence of specialized outreach, confidential reporting pathways, or inclusive safe spaces for sexual and gender minorities.

CLIMATE CHANGE AND GENDERED IMPACTS

Drought and floods exacerbate long-standing gender inequalities; climate impacts are deeply gendered and require context-sensitive resilience planning. As water sources diminish, women and girls walk further, in-creasing their exposure to violence. Livelihood losses, especially in pastoralist communities, strain household food security and deepen women's unpaid labour burden. Increased vulnerability during drought and flood cycles was a recurring theme in focus groups. Women often reported losing access to markets and income-generating activities and faced greater food insecurity as they prioritized children's needs over their own.

They also reporting taking on longer and more dangerous water-fetching routes, increasing exposure to GBV and exhaustion. Female-headed households were especially at risk due to male out-migration and limited control over land and livestock. Menstrual hygiene management becomes more difficult during floods, with lack of safe latrines or bathing spaces disproportionately affecting girls' mobility, dignity, and school attendance. Men reported stress from loss of traditional livelihoods (e.g., livestock herding), leading to tension, migration, or in some cases, withdrawal or risky behavior (e.g., alcohol use). Boys were increasingly expected to contribute to household survival, particularly in food procurement and manual labor, often at the expense of education. The social expectation for men to provide, despite worsening environmental and economic conditions, exacerbated feelings of shame, helplessness, and mental strain.

Across counties, respondents described adaptive roles women had taken on such as forming savings groups (VSLAs), seeking alternative income sources (e.g.,charcoal burning), and engaging in small-scale trading. Some women assumed leadership in community response (e.g., distributing aid, coordinating with NGOs). However, these shifts in roles were often not formally recognized or supported, and without institutional backing (e.g., legal access to resources), their impact remained limited

Drought and floods exacerbate long-standing gender inequalities

Risk Financing and Climate Resilience

There was no direct reference in qualitative discussions to formal mechanisms like parametric insurance, microinsurance, or climate adaptation funds. In addition, women's limited access to loans and property indicates a likely exclusion from formal climate risk financing mechanisms. Participation in VSLAs is mentioned as part of community networks, suggesting informal financial coping mechanisms are more common among women and vulnerable groups. However, the need for financial support to recover from shocks was clear with respondents repeatedly requesting transport subsidies, mobile outreach, emergency cash, and food reserves. Women's groups voiced demand for grants or start-up kits to rebuild livelihoods.

The absence of references to microfinance institutions or insurance schemes suggests either a low awareness or access to such tools in rural and pastoralist communities or a possible disconnect between climate finance strategies at policy level and realities on the ground.

Future programming should integrate awareness-building around climate financing options, targeted support for female-headed households and youth and inclusive approaches that recognize male psychological stress and support women's agency in adaptation.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Access to SRHR services remains uneven across the four counties. While some health facilities offer basic reproductive health services, many lack staff, supplies, and confidentiality. Pregnant women struggle to access maternal and antenatal health care because of distance to clinics, lack of transport or costs of delivery services. **"The clinic is far. Without money or transport, even a pregnant woman stays home." – KII, Health Facility, Tana River.** Insecurity and cultural barriers often prevent women from seeking care in time, and in some areas, births occur without skilled assistance. "Elderly women and widows often deliver at home because they can't travel to the clinic."

There was also a low awareness of family planning services, and where available, some communities report stigma against women seeking contraception. Discussions around SRHR were often censored or avoided, especially in more conservative rural areas, indicating a lack of open dialogue. Adolescents face barriers to accessing age-appropriate SRHR services due to fear of judgment by health workers; lack of youth-friendly spaces and cultural disapproval of sexuality education. Girls are more likely to be pulled from school and married early due to perceived or actual pregnancy risk.

Community recommendations were to

- **Provide mobile SRHR outreach for remote and pastoralist communities;**
- **Distribute free or subsidized sanitary pads, especially through schools and women's groups;**
- **Train female health workers and midwives in rural and conflict-affected areas**
- **Increase SRHR education targeting youth, caregivers, and elders to reduce stigma and improve informed choices.**

These are key as SRHR access in the ASAL counties is deeply gendered and limited by geography, poverty, stigma, and insecurity. Adolescent girls, women with disabilities, and poor or displaced women are the most underserved. Expanding access requires investment in mobile services, education, and respectful, inclusive care models.

ACCOUNTABILITY AND FEEDBACK

Gender-sensitive community feedback mechanisms are largely absent. Women expressed fear or lack of trust in existing complaint systems, especially in cases of SEA or GBV. While GBV service accessibility was mentioned (including for PWDs and children), mechanisms for anonymous feedback, complaints, or SEA reporting are not detailed. Across multiple communities, respondents reported that formal feedback and complaints systems are either non-existent or poorly known. Survivors of GBV or SEA prefer to report to elders or chiefs rather than to formal institutions, which are seen as slow, distant, or judgmental. In one FGD: "Elders come first in line of reporting. If it's something serious, they decide whether to involve authorities."

Respondents identified several consistent barriers to reporting SEA and GBV

- **Fear of blame or social judgment:** **Especially for women and girls, there is a strong fear of being shamed or ostracized.**
- **Lack of privacy and confidentiality:** **Survivors fear their identity will be exposed in small, close-knit communities.**
- **Distance to services:** **For many, services are located far away with no transport or mobile outreach options.**
- **Cost:** **Legal, health, or travel costs deter survivors from pursuing cases.**
- **Cultural beliefs:** **Some community norms discourage women from speaking up or frame GBV as a private matter.**

In addition, few respondents could describe a clear referral pathway for SEA or GBV survivors. There is limited awareness of how and where to report, or whether any follow-up occurs after a report is made.

Participants suggested:

- **Bringing services closer to villages and integrating feedback into health or community centers.**
- **Training local leaders, women, and youth to act as safe focal points or trusted intermediaries.**
- **More outreach and rights awareness campaigns, especially for girls, women, and PWDs.**
- **Using radio or trusted community spaces to educate on how to report safely and confidentially.**

Current feedback mechanisms are inadequate for sensitive issues like SEA. Community-based mechanisms (e.g., elders, chiefs) dominate but may not prioritize survivor safety or confidentiality. There is a clear need to invest in survivor-centered, gender-sensitive complaint and referral systems, integrated into broader protec-tion and accountability strategies, particularly for women, girls, PWDs, and survivors of SEA and GBV.

ACCESS TO TECHNOLOGY & EARLY WARNING SYSTEMS

"Youth, women and girls with disabilities and poor families are often left out when information is shared on the phone or radio." – FGD participant, Tana River.

"We mostly know about floods or droughts when it's already too late to prepare. No one sends us messages or alerts." – KII, Garissa.

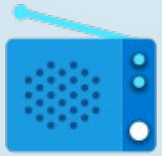
Mobile phone ownership was reported as relatively high in the household survey. The cost of phones, lack of charging stations, and poor network coverage are further structural barriers.

In some areas, women are not permitted to own phones or lack the literacy to use them independently, making them reliant on male relatives for access to information.

Qualitative data indicates uneven access to technology, particularly for women and girls in rural areas, persons with disabilities, the elderly and low-income families

Most information comes through word of mouth (chief barazas); local elders or religious leaders and only occasional NGO mobilizations:

Persons with disabilities are especially excluded due to inaccessibility of tools and lack of adapted information formats (e.g., sign language, visual/ audio aids).



Radio remains the most trusted and accessible medium, but access is inconsistent due to cost, lack of batteries, or control by men in the household.

GENDER DYNAMICS: PERI-URBAN VS. RURAL

Counties such as Garissa (especially Township Sub-County) are more peri-urban compared to remote areas like North Horr (Marsabit) or Turkana North. Peri-urban areas likely offer better access to services (education, health, GBV support), information, and mobility. Participation in decision-making and access to financial re-sources may be somewhat more equitable. In more remote rural areas (e.g., Jarirrot, Dogob, Malakoteni), women and girls face heightened vulnerability due to long distances to services, compounded by a lack of transport infrastructure; limited awareness of rights and available services; stronger traditional norms that restrict women's mobility, ownership of resources, and decision-making power.

In remote rural areas, women's access to services and decision-making is more constrained due to traditional norms, distance, and fewer community-based networks. This suggests a need for location-specific approaches that account for both physical access and prevailing gender norms. For example, underreporting of GBV is higher in rural areas due to stigma, shame, and the ab-sence of confidential or survivor-centered services. Elders and chiefs are the first point of contact, often dis-couraging formal reporting. In peri-urban centers such as in Garissa Township and more peri-urban settle-ments, participants described greater awareness of services, such as counseling and medical care; more frequent NGO presence and some training or outreach activities; more access to radio or mobile phones, albeit still controlled by men in many cases. However, these communities still face overcrowding of services, making access unreliable and persistent taboos and power imbalances, especially around SRHR and GBV reporting :**"Counseling services are very limited even in the town. You wait long or are told to go to another county." – KII, Garissa Township**

GOVERNANCE AND COORDINATION GAPS

County gender focal persons consistently raised concerns about fragmented coordination and inadequate funding. Gender desks exist but lack operational capacity. There is poor integration of gender across drought, climate, and protection planning frameworks - **"The gender department is one person without a budget." – KII, County Official, Samburu.** Respondents frequently cited unclear or uncoordinated roles among actors (government, NGOs, chiefs). Many services are described as sporadic or unreliable, particularly in rural areas: GBV services are "missing" or not sustained and with no clarity on who is responsible for follow-up or survivor support: "Some services are missing or not enough."; "There is no trust in the system… people fear shame and nothing happens after re-porting."

Participants explicitly requested increased government investment in community-level services, particularly shelters, referral mechanisms, and legal aid. Gender desks or GBV units—where mentioned—were often de-scribed as understaffed, untrained in survivor care, not linked to community-based mechanisms: **"The government should provide more funding for local shelters and outreach.".** No mention was made of national GBV policies, referral SOPs, or gender frameworks being used or known at the local level. There is a disconnect between national protection mandates and county-level implementation, which remains highly dependent on NGOs and UN partners: "They should run more awareness programs in villages. People don't know their rights."

Local structures such as chiefs and elders are the first point of contact but are not formally trained or held accountable to standards of protection or confidentiality. Gender Technical Working Groups (TWGs) were not mentioned—suggesting either absence or lack of integration with communities. Several communities noted parallel efforts from NGOs and government but limited integration or referral systems. This results in duplicated efforts in some areas and complete gaps in others. **"People need to be taught their rights and where to report. No one follows up."**

Further community recommendations included training local leaders, police, and health staff on survivor-centered GBV response; funding shelters, transport, and mobile outreach, especially in rural and insecure areas, increased coordination between NGOs and county authorities, with consistent community feedback loops and empowering women-led and youth-led local organizations to play a governance role. Communities are calling for more structured, resourced, and locally accountable governance systems—especially for GBV and protection services. The data reveals a disconnect between policy and practice, exacerbated by underfunding, poor coordination, and limited government presence in rural areas.

Communities are calling for more structured, resourced, and locally accountable governance systems especially for GBV and protection services.

Conclusions

The gender analysis confirms that the ongoing drought crisis in northern Kenya continues to disproportionately affect women, girls, and other marginalized groups, including persons with disabilities. Across counties, entrenched gender inequalities have not only deepened under the strain of climate-induced shocks but have also evolved in complex ways. Women are increasingly assuming roles in income generation and caregiving but without corresponding access to resources, decision-making power, or protection mechanisms. While male dominance in decision-making contributes to inequality, men and boys themselves face stress from changing roles, economic displacement, and lack of targeted psychosocial or GBV services.

Protection risks—particularly gender-based violence—are pervasive yet systematically underreported due to stigma, limited service accessibility, and the normalization of violence. Harmful gender norms remain a per-sistent barrier to equality, from restricting mobility and livelihood access to shaping negative social beliefs around menstruation.

Water collection duties and menstrual taboos limit girls' mobility, school attendance, and safety. WASH-related burdens intensify women's time poverty and exposure to GBV.

Women with disabilities, adolescent girls, widows, and rural women face additional and overlapping barriers to accessing services, reporting abuse, or participating in governance.

Despite these challenges, women, girls, and communities continue to show resilience. Local coping strate-gies, informal support networks, and shifting gender roles—however limited—offer entry points for transform-ative change if met with targeted, inclusive, and feminist humanitarian programming.

Across the datasets, clear and consistent gendered vulnerabilities emerge, shaped by climate shocks, patri-archy, and structural exclusion:

- Women's agency is constrained, even as their responsibilities expand under crisis.
- Girls face compounded risks: early marriage, interrupted education, menstruation-related shame, and limited protection.
- Men remain in control of financial and public decisions, while women's contributions—especially un-paid labor—are undervalued.
- Service delivery systems (GBV, MHM, health) remain inaccessible, under-resourced, and fragmented.
- Local solutions exist: community health volunteers, informal support networks, and emerging women's leadership—yet they require funding and institutional support.
- Men and women perceive gender dynamics differently, particularly in power, access, and protection.
- Women's lived experiences reveal greater vulnerability and constraint, while men's responses often reflect unawareness or minimization of these barriers.
- This mismatch underscores the importance of targeted gender-transformative programming, male engagement, and women-led leadership in humanitarian response.

Key Gendered Sector Related Summary

	GIRLS	BOYS	WOMEN	MEN
WASH	- Bear the burden of water collection, often missing school as a result - Exposed to sexual harassment en route to water points - Excluded from hygiene discussions, especially during menstruation - Lack access to safe latrines and menstrual hygiene materials	- Increasing involvement in water collection due to male out-migration - Face social stigma when taking on traditionally "female" WASH roles - Limited engagement in WASH education	- Primary collectors and managers of household water and hygiene - Face time poverty, safety risks, and health issues from unsafe or distant water sources- Excluded from design of WASH infrastructure	- Limited involvement in WASH activities - Some growing engagement in caregiving roles under stress- Often control household decisions on infrastructure investments
FOOD SECURITY	- Eat last and least during food shortages - School dropout due to hunger or need to help with chores - Vulnerable to child marriage or survival sex as coping - Limited voice in food distribution decisions	- Pulled out of school to work or herd livestock - At risk of recruitment into militia or harmful labor - Under increasing pressure as future providers - Often prioritized over girls in food allocation	- Skip meals to feed children - Engage in informal or unpaid labor to provide food - Limited control over food resources despite rising responsibilities - Involved in food preparation and small-scale sales	- Expected to pro-vide but face liveli-hood loss and stress - Withdraw from family or resort to alcohol/substance use - May feel threatened by shifting household roles
GBV	- At high risk of sexual violence, harassment, and early marriage - Face stigma and mockery during menstruation - Limited knowledge of and access to GBV services - Rarely report abuse due to fear and shame	- Underrepresented in GBV discourse - May witness or perpetrate GBV without adequate prevention education - Face emotional pressure but few support systems - Often excluded from survivor-sensitive interventions	- Most affected by GBV, sexual violence, and stigma in accessing help rely on informal mechanisms due to service gaps - Limited awareness of rights or referral pathways - Carry trauma with little psychosocial support	- Rarely engaged in prevention or support - Some deny prevalence of GBV or normalize it - Feel excluded from aid focused on women - Can perpetuate stigma against survivors

Gender-Responsive Recommendations

Programming and Service Delivery

WASH

• Integrate menstrual hygiene management (MHM) into all WASH and protection responses, including provision of supplies, safe disposal, and education.
• Construct gender-segregated, accessible, and safe latrines and bathing spaces in both rural and peri-urban areas.
• Integrate MHM into school and community WASH programs; provide subsidized pads and education targeting both girls and boys.
• Include adolescents, PWDs, and female-headed households in MHM outreach and education.

GBV

• Expand survivor-centered services in underserved and rural areas through mobile clinics and inte-grated outreach, prioritizing counties with low access (e.g., Marsabit).
• Expand multisectoral referral pathways by training community health workers, teachers, and protection actors on survivor-centered GBV response.
• Launch community-based awareness campaigns on the availability and purpose of GBV services, tai-lored to local languages and cultural contexts.
• Establish formal referral systems and equip health and legal actors with survivor care and confidenti-ality protocols.
• Train female health workers in rural and crisis-prone areas.

FOOD SECURITY

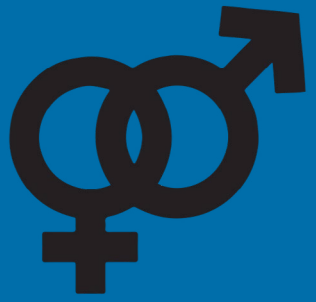
• Support income diversification for women and youth through cash-for-work, vocational training, and access to VSLA or SACCOS.
• Facilitate women's access to VSLAs, microgrants, and climate financing tools (e.g., drought insur-ance, livelihood diversification training).
• Prioritize female-headed and pastoralist households in food aid, cash-for-work, and drought early warning interventions.

COMMUNITY ENGAGEMENT AND NORM CHANGE

- Programs should recognize and support the evolving roles of men and boys rather than exclude them.
- Male engagement strategies are needed—not only to reduce backlash to women's empowerment but to also foster emotional resilience, shared responsibility, and healthier masculinities.
- Involving men and boys in positive role modeling, mental health support, and caregiving roles can help transform gender relations in the long term.
- Engage trusted local figures (e.g., elders, chiefs, CHVs) in referral networks and as allies in breaking stigma around reporting violence.
- Strengthen intergenerational dialogues and school-based programs to normalize conversations around menstruation, GBV, and gender equality.
- Integrate GBV awareness into existing community entry points—school clubs, water points, and health outreach—to normalize help-seeking.
- Support women-led community networks and youth groups in taking leadership roles in drought re-sponse, peacebuilding, and advocacy.
- Scale up male engagement programs (e.g., fathers' groups, mentorship programs for boys) to challenge norms that tolerate GBV and limit women's decision-making.
- Support safe spaces and peer-led initiatives for adolescent girls and young women, especially in displacement-affected areas, to strengthen voice and agency.
- Fund community dialogues and norm-shifting interventions informed by successful local practices (e.g., intergenerational conversations, faith leader engagement).
- Tailor interventions to local norms while promoting progressive role models and norm-shifting dialogues.

INSTITUTIONALIZE GENDER IN COUNTY SYSTEMS

- Operationalize existing county gender policies by allocating dedicated budget lines and building technical gender capacity within government departments.
- Establish or revitalize County Gender Technical Working Groups, ensuring regular meetings, inclusive representation (including PWDs and youth), and joint planning across sectors.
- Develop cross-county coordination mechanisms, especially for survivors referred to services in neighboring counties, including emergency transport and cost coverage.

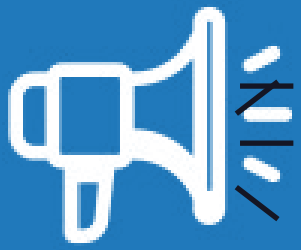


PRIORITIZE INCLUSION OF MARGINALIZED GROUPS

• Design GBV services and outreach with specific adaptations for PWDs and LGBTQ+ individuals, including accessible facilities, trained inclusive staff, and confidentiality safeguards.
• Ensure meaningful participation of adolescents, PWDs, and minority groups in gender assessments, service design, and decision-making spaces.
• Disaggregate data and monitor GBV service utilization by age, gender, disability, and displacement status to improve targeted programming.
• Ensure physical accessibility of services; use sign language, braille, or visual/audio aids.
• Involve PWDs in service design and feedback loops.

POLICY AND ADVOCACY

• Advocate for dedicated funding for gender in emergencies, with flexible resources to support protec-tion, SRHR, and women's leadership.
• Push for the inclusion of disaggregated data requirements in donor reporting to ensure visibility of gendered and intersectional impacts.
• Collaborate with county and national governments to mainstream gender in drought contingency planning and climate adaptation frameworks.
• Future assessments should directly explore awareness of and access to insurance and credit for cli-mate shocks, especially among female-headed households.
• Prioritize rural areas for mobile services, infrastructure investment, and leadership training for women and youth.
• Responses must be both conflict-sensitive and gender-responsive, prioritizing mobile and localized services, protection infrastructure, and trauma-informed care.
• Fund mobile SRHR services and community-based midwifery networks.



MONITORING AND ACCOUNTABILITY

• Ensure humanitarian response teams have gender-balanced field staff, including trained female enumerators, to facilitate access and trust.
• Include gender and protection indicators in all monitoring and evaluation (M&E) frameworks, such as GBV incidence, service uptake, and decision-making participation.
• Establish community feedback mechanisms that are safe, anonymous, and accessible to women, girls, and PWDs.
• Conduct regular joint gender audits and learning reviews with local partners to adapt and improve response strategies.
• Invest in community-based early warning systems that are inclusive of gender and disability—such as using trusted women leaders, CHVs, or youth networks to share alerts.
• Promote accessible information formats (e.g., radio with localized content, pictorial leaflets, community drama).
• Provide shared or subsidized mobile access, particularly for female-headed households.
• Ensure training for women and girls on how to use mobile phones, SMS, and mobile-based reporting for disaster preparedness.

References

Elisheba Development Consultants. (2022). An assessment of gender and protection issues in Mandera County. Prepared for Oxfam.

Ningome, M. (2024, January). Rapid gender analysis and protection assessment of the drought situation in Samburu County. Prepared for Strategies for Northern Development (SND).

Oxfam Kenya, WASDA, & ALDEF. (2022, September). Gender and protection assessment of drought situation in Wajir County, Kenya. Nairobi: Oxfam Kenya.

Strategies for Northern Development (SND). (2024, February). Rapid gender analysis and protection assessment of drought situation in Marsabit County. Retrieved from www.sndafrica.

Gender equality is not a woman's issue, it's a human issue.

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