



<b>Grant Title:</b>	Kenya Drought Response 2021-2022
<b>Grant start and end dates</b>	1 <sup>st</sup> August 2022- 31 <sup>st</sup> Dec 2022
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<b>Total spend:</b>	DKK 875,597
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<b>Date of report:</b>	13 <sup>th</sup> Feb 2023
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### **Background**

Oxfam in Kenya implemented this programme in collaboration with Samburu Women Trust (SWT) which is an indigenous women-led organization and an umbrella network of Implementing partners (IPs) women and girls advancing collective rights among pastoralists, women living with disabilities, hunter gatherers and fisher-folks' communities in Kenya. The organization has been strengthening the capacity of women to influence policies and increase voices and leadership. It is also the convener/secretariat of Coalition of Indigenous Women (CIWO), an indigenous women movement with more than 40 members' representatives drawn from IPs and minorities communities with an aim to amplify collective voices at the national, regional, and international level.

Prolonged drought because of inadequate rainfall in the past 5 seasons in Kenya has caused humanitarian needs to rapidly rise in the marginalized Arid and Semi-Arid Lands (ASAL) region. People living in this region mostly practice pastoralism as a way of life and are faced with severe food and water insecurity for both human and livestock. In pastoral areas, very poor pasture and scarce water resources have driven atypical livestock migration, rapid declines in livestock health and productivity, excess livestock death and a subsequent loss of livelihoods, and an increase in resource-based conflicts.

In Samburu County, the incident of Gender Based Violence has grown significantly due to prolonged drought. More girls are facing forced early marriages in exchange for livestock. Women engage in negative coping mechanisms such as transactional sex to survive. Loss of livestock as a main source of livelihood for pastoral communities has increased tension within families which has increased gender-based violence and raised concerns for gender protection. There is less retention of girls in schools due to lack of School Feeding Programs (SFP) which forces adolescent girls to drop out. There has been an increase the risks or early and forced marriages as well as sexual harassment and rape leading to teenage pregnancies.

Samburu Women Trust has been implementing the ***"Kenya Drought Response 2022"*** program. The program focused on enhancing gender protection related activities in Samburu County and the borders of Marsabit County.

### **Program Context**



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The program primarily focused on promoting gender and protection in the marginalized areas of Samburu and the borders of Marsabit Counties, which have been experiencing serious drought related problems that have contributed to rising cases of gender-based violence among the communities. The gender and protection activities were implemented in *Ngurnit, Lmoti, Lependera, Kamomo and Lapikutuk* villages in Laisamis Sub County, Marsabit County, and in *Siangan, Sumuruai, Leparaan, South Horr and Anderi* in Samburu North Sub County, Samburu County. The grant aimed at addressing the rising cases of gender-based violence, engaging SGBV survivors in need of medical and psychosocial support, raising awareness on GBV Prevention, addressing water resource conflict and strengthen existing resource sharing formulae. During the project period there has been a decrease in resource-based conflicts and an increase in reported SGBV cases. This is because of awareness creation which SWT had been doing alongside SND <sup>1</sup>Water, Sanitation and Hygiene (WaSH) projects and MPCA activities implemented by PACIDA in the same geographical area. SWT has been working with local leaders to mitigate conflicts over resources (primarily water and grazing pasture) and SGBV incidents/cases.

### Partners

In implementing the grant, **SWT** has been partnering with SND<sup>[1]</sup> PACIDA<sup>[2]</sup> and the ASAL Humanitarian Network<sup>[3]</sup> (AHN). During the project period, **SND** has been implementing WaSH related activities; **PACIDA** has been conducting cash transfers to the most vulnerable and highly at-risk community members. **SWT** implemented gender and protection activities and ensured there is coordination among the three implementing partners (SND, PACIDA and SWT). They were also responsible for ensuring the implementing partners take part in the different emergency sector coordination forums meetings and facilitated some. **AHN** has been undertaking coordination roles in the project and enhancing linkages and learning among partners. The AHN contracted **ACTED**<sup>[4]</sup> (Agency for Technical Development and Cooperation) to set up and manage a confidential and secure complains response mechanism to ensure accountability for the target beneficiaries, whilst also contracting REACH<sup>[5]</sup> to undertake monitoring. **Government line Ministries:** Coordination was undertaken with government departments and line ministries, to synergize humanitarian response and establish complementarities with other actors across the response locations.

### Activities implemented

The activities implemented during the project were as follows:

#### 1) Conducted a rapid Gender and Protection Risk Mapping Assessment of the drought Situation

From the assessment conducted in October 2022<sup>2</sup>, cultural norms and practices contribute to most of the SGBV incidences and harmful practices especially during the drought season. The

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[1] <https://sndafrica.org/>

[2] <http://pacida.org>



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assessment found that there exists biased power and control in decision making at the household as the women have no say in any matters of the family. Other identified risks included poor participation of women and children in decision making, beading of girls predisposing them to early marriage, inadequate safety and security in the community which has contributed to protection concerns in the community. High vulnerability of women, youth and elderly to livelihoods and food security. Imbalanced gender roles and responsibilities also play a role in SGBV. Male dominance is still a hinderance/slow the pace in achieving some of the gender and protection initiatives. The assessment had both long and short-term recommendations to mitigate the impacts of drought and reduce some of the gender and protection concerns. Some of the short-term recommendations included provision of relief supplies to affected communities, supplementary feeding for malnourished children, pregnant and lactating women; where there is no water, the communities recommended water trucking. For the long-term interventions, the community recommended drilling of strategic bore holes, restocking of livestock once it rains, off take programmes if there is anticipated drought. See **report**.  
<https://oxfam.box.com/s/gvfnfytz51vpvnr13797a84bhy0a7f>

## **2) Identification of survivors at Risk of SGBV and harmful practices and in need of medical and psychosocial support.**

Drought related domestic violence was on the rise as men and women quarrels on who to take up the different roles and responsibilities at household level. Traditionally, the men have the responsibility of taking care of their families, however with the loss of livelihoods, they have not been able to do so, which has led to conflicts between spouses, trauma, and stigma. Some have even deserted the families and moved to urban centres. The project through SWT held meetings in the communities with different stakeholders involved in gender and protection pathways where 264 female survivors and those at risk of SGBV were identified and plans to support them put in place (referral for medical care and psychosocial support), Meetings with community members were done between 27<sup>th</sup> and 29<sup>th</sup> October 2022 in Ngurunt, Lependra, Siangal and Imoti reaching 561 people (424 women and 134 men). These meetings were convened to raise awareness on gender, protection and to provide information on SGBV health and referral services and options to the affected women and girls. The meetings were also to help promote peer-to-peer sharing and group therapy among the survivors and those at risk restoring the self-esteem and confidence of survivors of gender-based violence. During the meeting the survivors of sexual and gender-based violence indicated that they often felt exploited, threatened, and humiliated as they did not have knowledge on how and where to report incidences of gender-based violence. Most of them also experienced the risk of HIV infection and STI infection because of rape. Other issues like malnutrition and poor hygiene were also identified and affected cases linked to the relevant stakeholders and services within the county for support. The Ministry of Health in the respective Counties provided medical care for the SGBV cases. This was free of charge, however where specialized care was needed, SWT facilitated using funds from Oxfam funded grants that are complementing the Gender and protection activities implemented by this grant. Samburu Women Trust brought in a counselor who provided psychosocial support and counselling to affected survivors. This was done through either group

[3] <https://reliefweb.int/organization/asal-humanitarian-network>

[4] <https://www.acted.org/en/countries/kenya/>

[5] <https://www.reach-initiative.org/>



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therapy or individual counselling as per the identified need. Through the meetings 1683 (1178 female and 505 male) people were reached with messages on gender and SGBV. The report can be found here: <https://oxfam.box.com/s/i6pv81aqxwqitidext8gx24rxg3k44d7>

### **3) Mapping out protection referral Pathways and services to facilitate access to SGBV care to the identified survivors of SGBV and those at Risk of VAWG.**

As a result of persistent drought in both Marsabit and Samburu Counties, reported cases of GBV have been on the rise necessitating the need to have clear referral pathways for those affected to get support. Mapping of referral was done in Ngurnit in Samburu and South Horr in Marsabit. SWT with funding from IBIS facilitated two forums with different duty bearers and service providers in the two areas to agree on the referral pathways for GBV survivors and those at risk. Those in attendance included Chiefs, ward administrators, nurses, village leaders, community volunteers, police, and Community Based Organizations (CBOs). All of them had a role to play in addressing legal, social, and medical concerns for the affected individuals. Apart from sharing the referral pathways, key concerns on drivers of GBV were identified. These included poverty, loss of livelihoods which had affected the men self-esteem and caused trauma in some, illiteracy, inadequate response to drought which has left some of the affected households desperate. There were also a few cases of alcoholism due to frustrations. The team also made recommendations on the need to collaborate for effective service provision and mitigation of SGBV issues. They also recommended that government leads and provides necessary support to survivors. Where there is need for medical care the government to ensure the affected access appropriate care and support including financial support if available to address some of the root causes. The report can be found here: <https://oxfam.box.com/s/u51z49li40w5a5zrw6d0pze2k3f81emc>

### **4) Public Barazas to raise awareness on GBV Prevention.**

The project held public baraza meetings to raise awareness on GBV prevention. It was noted that the level of awareness on Gender Based Violence at community level was very low. Domestic violence had been on the rise which affected women's voice at household and community level. The project developed key gender-based violence awareness and education messages in the local language raising awareness on the vice and maximizing on local dialect for easy of understanding by all. The project held six awareness sessions and identified the issues and workable solutions in the two areas. Since the area is prone to conflicts, the project also created awareness on the need to co-exist peacefully and mitigate conflicts. The communities felt continued engagement with the local leadership was important in mitigating and addressing conflict in the community, SGBV concerns, and women rights related issues, this includes continuous peace meetings, and conversations among the men and youths (morans), inter-tribal sessions for coexistence, championing of alternative justice systems to address conflicts, and encouraging livelihoods diversification). The need for economic empowerment and provision of alternative livelihoods was suggested as a solution to mitigate conflicts related to the drought and its impacts. As a result of the barazas and awareness raising activities, the project observed increase in reporting of SGBV cases, which were because of increase in knowledge. The report can be found here: <https://oxfam.box.com/s/sqh9t73iqbwxybii0ujp54tjd2wvqq83>

**5) Joint peace activities with County peace committee and communities through dialogue forums.**



Due to noted increase in the number of youths involved in crimes (road banditry and community livelihoods theft), SWT and the County governments of Marsabit and Samburu held several meetings to promote peace. It was observed that water points were also some of the areas where conflict over the resource was common. Communities Water Dialogue Forums were held to address water resource conflict and strengthen existing resource sharing formulae in collaboration with local partner Strategies for Northern Development (SND) who was implementing the WaSH component (with DANIDA funds) to promote peace and ensure the resources are shared without conflicts. Under the water infrastructure the communities have water committees with representation from different communities and hold discussions as one team for the benefit of all. They also water their livestock in turns and contribute for the maintenance of the water points. For grazing areas, the communities have agreed on grazing zones and which areas can be used for grazing alternately to enable regeneration of pasture. The government and other local partners also ensured communities access water through water trucking, provided Non-food Items (NFIs), food items to cushion the communities and reduce engagement in criminal activities for survival. Agreements/declarations were done to maintain peace and promote cohesion. The consultations noted that there was need to ensure that indigenous women are adequately included in the peace dialogue committees to ensure that their concerns are also addressed as key actors in peace building processes and decision-making platforms. (See report <https://oxfam.app.box.com/s/gmfq4lnq3z5vf31ohj1sueeo71afv4nq/file/1127818615644> )

## 6) Coordination:

SWT led the coordination component of the project. The partner led SND, PACIDA and AHN in supporting and facilitating the County Steering Groups meetings at county level. Some of the meetings that the partners facilitated and took part in include the WASH coordination, County Steering group (responsible for drought response) and general drought response meetings which are held on monthly basis. WRO are championing women participation in the different meeting. They have been advocating for the voices of the women, encouraging women leadership/representation in different working groups, champion and bring out issues affecting women and girls during the drought and advocating for resource allocation. See report and minutes <https://oxfam.box.com/s/pxunt7xeex46sn8n0tpgv44c6tmd52n4> and WaSH and cash coordination meeting reports <https://oxfam.box.com/s/4y5z1qs8qsgzfpqquk599n3oe75bxbp9t>

## Key Results Achieved

- From the gender and protection risk mapping assessment biased power and control in decision making at the household, it was observed and that women had no say in any family matters. Six (6) public barazas were held to create awareness and sensitize the communities on their rights, GBV and how to mitigate the different forms of abuses there was noted improvement in the decision making on household expenditure. When the Midline assessment was done joint decision making on expenditure had improved from 59% at baseline to 69%. Male head of household decision making reduced from 20% at baseline to 11% at midline.
- There was a noted improvement in the % of household reporting awareness on where to get assistance from 23% to 36%. Households that were aware of child protection services



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improved from 23% to 36%. The percentage of those aware of services for disability remained the same (14%) at midline.

- 68% of households sampled reported having access to protection services. During the midline assessment 16% of the households indicated they have knowledge on community SGBV psychosocial support.
- At midline 72% of households were aware of community psychosocial services. These includes counselling 63%, medical services 28%, legal services 23%, education services 17% and livelihoods services at 16%.
- There was an increase in number of SGBV survivors accessing counselling sessions and receiving psychosocial services. During the project period, 15 women SGBV survivors had access to one-on-one counselling sessions with the counselor reducing the trauma and improving their self confidence and self-esteem.
- Strengthened partnerships among stakeholders has been realized, this has improved referral pathways and enhanced collaborations that have led to strengthening the existing rescue centers. During the project, SWT built partnerships with the police, police gender desk team, chief's office, Ministry of Health, and community health care givers. This has improved access to government services by SGBV survivors in Samburu and Marsabit Counties. 40% of the affected women were able to report SGBV cases to the local chiefs and police station instead of keeping quiet as they now know the different focal points and where to report in case of need.
- In enhancing service provision, gaps and challenges have been identified by the project beneficiaries and key stakeholders, this has improved the quality and timely response mechanisms by the respective duty bearers and service providers (the police, medical Chiefs, ward administrators, nurses, village leaders, community volunteers, and CBOs).
- Through coordination, there is strengthened working relationship between all NGOs working on the drought response. This has enhanced synergy, minimizing duplication and enhanced mechanisms aimed at jointly supporting intended beneficiaries.
- The project was implemented alongside multi-purpose cash transfer (funded by DANIDA) which contributed to improved food security of the community including indigenous women, those at risk and survivors of SGBV. From the midline assessment, Livelihoods coping strategy index reduced from 49% to 30% for H/H under emergency. The H/H in crisis reduced from 24% to 14% while those under neutral category increased from 5% to 35%. Those with severe hunger scale reduced from 26% at baseline to 1% during midline assessment. This improvement contributed to improved wellbeing of women including reduction in GBV that is related to the stresses that comes with the impacts of drought.

### **Challenges.**

The following are the challenges experienced during the project implementation exercise.



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- Inadequate resources, humanitarian aid services and other related drought response mechanisms in the affected counties. This has further accelerated insecurity situations and fueled inter communal conflicts among communities.
- Persistent insecurity especially in Marsabit County affected project implementation where sites for meetings had to be changed and appropriate engagement of local leadership and security officers was done to ensure safety of staff communities attending meeting. Meetings were also held in the communities to avoid travel by locals thus preventing probable attacks.
- As a result of protracted conflicts, there are increased child protection cases with noted increase in number of schools going children dropping out of schools to go and attend to their livestock because of drought.
- Vulnerable and deprived families with children continue to suffer significant loss of their livelihood. As a result of the extended drought period, markets have been affected and the livestock prices have gone down, this has increased vulnerability at the community level.
- The drought has worsened the HH ability to cope, and many HH still need support yet the available resources especially for food security is not sufficient.

### **Recommendations and Conclusion**

- Emergency responses should cover a higher percentage of the population to reduce the suffering.
- There is need to strengthen peace dialogue forums in Samburu and Marsabit Counties to address the escalating insecurity situation because of prolonged drought coupled with natural resources related ethnic conflicts to protect vulnerable populations especially women, children and elderly.
- Economic empowerment programs and alternative livelihoods should be prioritized to ensure that the communities especially women are self-reliant and adaptive to the drought resulting from the devastating impacts of climate change.
- Coordinated efforts among NGOs offering drought response interventions should continuously be strengthened. This is aimed at avoiding duplication and jointly support intended beneficiaries.
- Strategic and innovative approaches should be put in place to improve services offered in supporting the drought-stricken populations in Samburu and Marsabit Counties. This includes providing both cash transfers, WaSH services, Gender protection, providing Non-Food Items (NFIs) and other related humanitarian services to cushion the families and mitigate violence against women.
- Support male youth (Morans) who are severely affected by drought and have been pushed into banditry and cattle rustling activities. This can be done through offering cash transfers or also providing food stuffs.
- For coordinated sexual and gender-based violence programming at County level, there is need for continuous engagement with referral pathway actors and relevant government



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agencies to ensure that the survivors of gender-based violence have access to justice and that the county referral pathways are strengthened for timely and dignified response to survivors.

- There is need to continuously organize and facilitate psychosocial support to survivors of gender-based violence and address stigmatization of survivors of sexual violence.