BASELINE SURVEY REPORT ON REPRODUCTIVE HEALTH, GENDER-BASED VIOLENCE, AND ENVIRONMENTAL CONSERVATION UNDERTAKEN BY THE COUNTY GOVERNMENT OF SAMBURU-DEPARTMENT OF HEALTH IN PARTNERSHIP WITH COMMUNITIES HEALTH AFRICA TRUST (CHAT) IN SAMBURU EAST SUB-COUNTY OF SAMBURU COUNTY

Report prepared by Samburu County Government- Department of Health in Partnership with CHAT for The Nature Conservancy (TNC)

September 2024

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LIST OF ABBREVIATIONS & ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
AYP	Adolescents and Young People
AYFS	Adolescent and Young People-Friendly Services
CHAT	Communities Health Africa Trust
CHMT	County Health Management Team
CLI	Community Leader/Influencer
CPR	Contraceptive Prevalence Rate
CSU	Community Health Unit
DMPA-IM	Depot Medroxyprogesterone Acetate Intramuscular
DMPA-SC	Depot Medroxyprogesterone Acetate Subcutaneous
FBO	Faith-Based Organization
FP	Family Planning
GBV	Gender-Based Violence
HCWs	Healthcare Workers
HF	Health Facility
HMIS	Health Management Information System
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
MCH	Maternal Child Health
MOH	Ministry of Health
NGO	Non-Governmental Organization
RH	Reproductive Health
TNC	The Nature Conservancy
WRA	Women of Reproductive Age

ACKNOWLEDGEMENTS

We extend our heartfelt gratitude to all those who contributed to the success of the baseline survey conducted by Communities Health Africa Trust (CHAT) in partnership with the County Government of Samburu, Department of Health. This initiative was made possible through the generous financial support of The Nature Conservancy (TNC), whose commitment to improving reproductive health, addressing gender-based violence, and promoting environmental conservation has been invaluable.

Special thanks go to the CHAT team for their dedication and tireless efforts in implementing this project in Samburu East Sub-County. We appreciate the collaborative spirit of the Department of Health (MOH) team, whose technical guidance and support were instrumental throughout the survey process.

We also recognize the significant contributions of the enumerators who collected data, often under challenging conditions. Their professionalism and commitment ensured the accuracy and reliability of the findings presented in this report.

Lastly, we express our sincere appreciation to all key partners and stakeholders who have supported CHAT's initiatives in various parts of the country. Your continued partnership and dedication are crucial in enhancing the well-being of vulnerable and hard-to-reach communities living within very fragile ecosystems.

EXECUTIVE SUMMARY

Introduction

This survey was conducted in Samburu East Sub-County across six conservancies to assess the knowledge, attitudes, practices, and barriers related to family planning (FP) and gender-based violence (GBV) among the nomadic and pastoralist communities. It also aimed to gauge the communities' understanding of the benefits of environmental conservation in promoting their overall well-being. The survey targeted five key demographic groups within a population of 14,437, achieving a sample size of 407 respondents.

Methodology

Data was collected using the Kobo Toolbox, employing a cross-sectional design through random sampling. Statistical methods were applied for data analysis, ensuring the accuracy and reliability of the findings.

Key Findings

- Family Planning Knowledge and Attitudes: An overwhelming 98.27% of the community is familiar with family planning, with 95.38% holding positive attitudes towards its use. However, only 79.31% of community leaders believe sufficient information on family planning is available.
- Family Planning Practices: Health benefits (46%) and social influence, particularly partner support (31.43%), were the primary factors influencing family planning methods. Injectable contraceptives were the most commonly preferred method (79.92%).
- Barriers to Accessing Family Planning: Major barriers included a lack of information (74.66%), geographical inaccessibility (48.95%), and cultural or religious barriers (48%).
- GBV Awareness and Challenges: A significant 98.03% of respondents are aware of GBV, with 89.66% acknowledging it as a problem in their community. Physical and sexual violence were the most observed forms of GBV. Fear of stigma (93.10%) and lack of trust in authorities (40.75%) were identified as critical barriers to reporting GBV cases.
- Environmental Conservation: While 89.68% of respondents were aware of the importance of environmental conservation, only 73.95% recognised its impact on community well-being. Firewood (92.62%) was the primary household energy source, highlighting the need for alternative energy solutions.

Conclusions

The survey highlights a strong awareness and generally positive attitudes towards family planning and GBV issues in the Samburu East community. However, significant barriers such as cultural beliefs, geographical inaccessibility, and a lack of information continue to hinder the effective uptake of family planning services and the reporting of GBV cases. Additionally, while there is awareness of the importance of environmental conservation, practical challenges like dependence on firewood for energy remain unaddressed.

Recommendations

i. Enhance Community Engagement: Increase community participation and dialogue with traditional leaders to improve family planning awareness and overcome cultural barriers.
ii. Strengthen Healthcare Services: Improve access to family planning services through a better supply of contraceptives, increased funding, and regular training for healthcare workers.
iii. Address GBV More Effectively: Implement more education and awareness programs alongside more vigorous legal enforcement and better support services for GBV survivors.
iv. Promote Environmental Conservation: Launch community education programs and provide support for alternative energy sources to reduce the environmental impact of traditional practices. ***(See more details under the recommendations section.)***

INTRODUCTION

This baseline survey report presents findings from a study conducted in Samburu East Sub-County, Samburu County, by Communities Health Africa Trust (CHAT) in collaboration with the County Government of Samburu, Department of Health. The survey aimed to assess knowledge, attitudes, practices, and barriers related to family planning (FP), gender-based violence (GBV), and environmental conservation among the local communities. The study targeted diverse demographic groups, including women of reproductive age, adults and young men, healthcare providers, and community leaders, to gain a comprehensive understanding of these critical issues.

The survey was carried out across six conservancies within Samburu East Sub-County, employing a cross-sectional design and random sampling methods. Data collection tools were meticulously developed to capture the complex interactions between cultural norms, access to services, and community attitudes that influence health-seeking behaviours.

This report provides key insights into the community's awareness and practices regarding FP, the prevalence and impact of GBV, and the community's engagement in environmental conservation. It also highlights significant challenges and barriers faced by the community, offering evidence-based recommendations to improve service delivery and promote sustainable health outcomes. The findings aim to inform future interventions, ensuring that efforts are aligned with the needs of the Samburu East communities.

Figure 1. Samburu East sub-county map

1.1 Statement of the problem

Samburu East faces a significant challenge with the low uptake of family planning services and a high percentage of unmet need for contraception. This situation is further complicated by the prevalence of gender-based violence (GBV), which not only impacts women's health and autonomy but also hinders their ability to access and use family planning methods. Despite the availability of family planning services, the interplay between GBV and family planning decisions remains poorly understood in this region. There is a critical need to explore the community's knowledge, attitudes, and practices related to family planning alongside the barriers that stem from GBV and other sociocultural factors. This survey aims to assess these dimensions to uncover how GBV influences family planning uptake and to provide evidence-based recommendations for interventions that address both family planning and GBV in an integrated manner. Understanding these dynamics is essential for improving the health and well-being of women in Samburu East and for promoting gender equality in access to reproductive health services.

This problem statement highlights the complex relationship between GBV and family planning, emphasizing the need to explore this connection in order to develop effective, context-sensitive interventions.

1.2 Survey Objectives

To assess the knowledge, attitudes, practices, and barriers related to family planning among the five cohort groups: Women of reproductive age (18-49 years), Adult men (36 years and above), Youthful men (18-35 years), health care workers, and community leaders and influencers in Samburu East, with a specific focus on understanding the influence of gender-based violence on the uptake of family planning services.

1.3 Specific Objectives

i. To assess the knowledge of family planning methods among women of reproductive age (18-49 years) in Samburu East.
ii. To evaluate the attitudes of adult men (36 years and above) towards family planning and their influence on household decision-making regarding its use.
iii. To examine the practices related to family planning among youthful men (18-35 years) in Samburu East and their involvement in family planning decisions.

iv. To identify barriers women of reproductive age (18-49 years) face in accessing and using family planning services in Samburu East.

v. To assess the role of healthcare workers in educating and promoting family planning services within the community.

vi. To explore the influence of community leaders and influencers on family planning uptake and their perspectives on gender-based violence in Samburu East.

vii. To investigate the impact of gender-based violence on the ability of women of reproductive age (18-49 years) to access and use family planning services.

viii. To assess the attitudes of youthful men (18-35 years) towards gender-based violence and its connection to family planning practices.

ix. To document the challenges faced by healthcare workers in addressing gender-based violence and its effect on family planning service delivery.

x. To analyse the perceptions of community leaders and influencers on the cultural factors influencing gender-based violence and family planning uptake in Samburu East.

METHODOLOGY

2.1 Survey Design

The baseline survey aimed to assess reproductive health, gender-based violence, and environmental conservation within six conservancies in Samburu East Sub-County, Samburu County. A stratified random sampling approach was employed, targeting communities across 94 villages with a total population of 14,431 individuals. The survey aimed for a sample size of 389 respondents but reached 407 due to the enthusiasm and willingness of participants to engage.

2.1.1 Sample Size Determination

The sample size of 389 was determined using Cochran's formula for sample size calculation:

$$n = (Z^2 \cdot P(1-P))/e^2$$

Where:

N= (Z^2. P.(1-P))/e^2		Substituting the values:
n =	required sample size	$n = (1.96^2 \times 0.5 \times (1 - 0.5)) / (0.049)^2$
Z=	-value (1.96 for 95% confidence level)	$n = (3.8416 \times 0.25) / 0.002401$
p =	estimated proportion of the population (assumed to be 0.5 for maximum variability)	$n = 0.9604 / 0.002401$
e =	margin of error (0.049 or 4.9%	$n \approx 400.17$
nadj =	Finite Population Correction (FPC): nadj = n / (1 + ((n - 1) / N))	nadj = 400.17 / (1 + (400.17 - 1) / 14,431) nadj = 400.17 / (1 + 399.17 / 14,431)
nadj =	nadj = adjusted sample size n = 400.17 (initial sample size) N = 14,431 (population size)	nadj = 400.17 / (1 + 0.02766) nadj = 400.17 / 1.02766 nadj ≈ 389
The sample size was adjusted to 389 to account for the population size of 14,431, ensuring a representative sample. The sample reached was 407, exceeding the target due to extended community engagement.		

Table 1. Table showing how the sample size was arrived at

2.1.2 Sampling Method

To ensure diverse representation, 24 villages out of the listed 94 villages from the six conservancies were selected using a random sampling technique. The randomness minimized

selection bias, providing a balanced overview of the communities surrounding the conservancies.

2.2 Data Collection

2.2.1 Data Collection tools

Data was collected using a structured questionnaire developed collaboratively by Communities Health Africa Trust (CHAT) and the Samburu County Department of Health. The questionnaire was designed to capture data on demographic information of the respondents, reproductive health, gender-based violence, and environmental conservation issues.

2.2.2 Data Collection Process

Six enumerators were trained for three days, with one additional day allocated to pre-test the tool. Data collection was conducted over five days, despite initial plans for four, due to logistical challenges, including the vastness and difficult terrain of the coverage area. The data was collected using the Kobo Toolbox app, facilitating real-time data entry and streamlined analysis.

2.2.3 Field Teams and Data Collection Logistics

Data collectors were organised into two teams, each covering three conservancies. Each team comprised county government officials, three data collectors, and one CHAT staff member. This arrangement allowed the teams to effectively manage the logistical challenges of covering the large area within the allocated time frame. *(See the planned schedule in the appendices section.)*

2.3 Data Analysis

Data analysis was performed using the Kobo Toolbox app, allowing immediate processing and analysis of the collected data. The app's analytical tools were used to generate descriptive statistics, providing insights into the key variables of interest.

2.4 Challenges Encountered

Data collection extended into an extra day due to the rugged terrain, poor road networks, and vastness of the targeted area. Despite these challenges, the teams successfully collected data, reaching more respondents than initially targeted.

2.5 Data Quality Control Measures

To ensure data collected was valid and reliable for decision making, a number of measures were put in place. They included:

i. A standardization and pre testing the data collecting tools was done on the third day of training to test the team's accuracy and precision in using the kobo toolbox. Feedback from the test was shared with participants and supervisors.

ii. On the fourth day of the training, piloting of tools was done to ensure all the information was collected with uniformity.

iii. All the survey teams were assigned a supervisor during data collection.

iv. Teams were followed up by the supervisors to ensure all errors were rectified on time. More attention was given to the teams with notable weaknesses.

v. Adequate logistical planning beforehand and ensuring the assigned villages per clusters
were be comfortably surveyed.

FINDINGS

3.1 General Characteristics of the Population (Summary category)

The survey involved the collection of information from 389 respondents in five categories, but the actual data collected was from 407 respondents, which is 4.07%. The non-response rate was, therefore, 0.9%. Based on respondent category data, where information from 407 respondents was collected in the 24 clustered villages within the 6 conservancies

3.1.1 Respondents distribution by category

Respondents' categories	Sample size (389) n	Percentages 100%	Actual sample size (407) n	Percentages 100%	Error n	Error %
Women of reproductive age(18-49yrs)	168	43.18	179	43.98	11	6.54
Youthful men (18-35 years)	72	18.5	82	20.15	10	5.95
Adult men (36 years and above)	72	18.5	75	18.43	3	1.78
Community leaders and influencers	72	18.5	58	14.25	-14	19.4
Health care providers	24	6.16	13	3.19	-11	45.83

Table 2 Table showing respondents' distribution by category

3.1.2 Sample Size and Actual Sample Size Comparison

The survey was initially designed with a sample size of 389 respondents, distributed across five categories. However, the actual number of respondents was 407, leading to variations in the percentage distribution and some errors in the targeted sample sizes, as detailed in the table below:

1. Women of Reproductive Age (18-49 years):	Analysis: This category slightly exceeded the planned sample size by 11 respondents, which resulted in an error of 6.54%. Women of reproductive age constitute a significant portion of the survey, reflecting the focus on family
Planned Sample Size: 168 (43.18%)	
Actual Sample Size: 179 (43.98%)	
Error: +11 (6.54%)	

	planning. The close alignment between the planned and actual percentages indicates effective sampling in this group, which is crucial for obtaining accurate insights into their knowledge, attitudes, and practices regarding reproductive health
2. Youthful Men (18-35 years): Planned Sample Size: 72 (18.5%) Actual Sample Size: 82 (20.15%) Error: +10 (5.95%)	Analysis: The category of youthful men also exceeded the planned sample size by 10 respondents, resulting in an error of 5.95%. Youthful men form a crucial demographic for understanding attitudes towards family planning and gender roles. The slight oversampling may provide additional insights but also requires consideration when interpreting the data to avoid bias
3. Adult Men (36 years and above): Planned Sample Size: 72 (18.5%) Actual Sample Size: 75 (18.43%) Error: +3 (1.78%)	Analysis: The sample size for adult men was very close to the planned number, with a minimal error of 1.78%. This suggests a well-targeted sampling strategy for this group, ensuring that their perspectives are well-represented in the survey, particularly in relation to family planning and community leadership.
4. Community Leaders and Influencers: Planned Sample Size: 72 (18.5%) Actual Sample Size: 58 (14.25%) Error: -14 (19.4%)	Analysis: There was a significant under-sampling of community leaders and influencers, with 14 fewer respondents than planned, resulting in an error of 19.4%. This shortfall could affect the representativeness of this group's perspectives, which are critical in understanding community dynamics, leadership roles, and influence on family planning practices. The error suggests a need for improved strategies to engage this group in future surveys.

5. Healthcare Providers:	Analysis: The most significant discrepancy occurred in the healthcare providers' category, where the actual sample size was 11 respondents fewer than planned, resulting in a substantial error of 45.83%. This under-representation could limit the survey's ability to fully capture healthcare providers' insights on family planning services, potential barriers, and the impact of gender-based violence on service uptake. Addressing this gap is crucial for future research, as healthcare providers play a key role in the implementation and success of family planning programs.
Planned Sample Size: 24 (6.16%)	
Actual Sample Size: 13 (3.19%)	
Error: -11 (45.83%)	
Overall Analysis: The survey's sampling strategy was generally successful, with most categories being close to the planned sample sizes. However, the notable discrepancies in the community leaders' and healthcare providers' categories highlight areas for improvement. These errors could potentially skew the overall findings, particularly in areas where these groups' perspectives are crucial.	

Table 3. Table showing target distribution against actual achieved per respondents' category

Reasons why these cohorts were chosen as the main respondents on the survey

In a survey assessing Knowledge, Attitudes, and Practices (KAP) on Family Planning (FP) and Gender-Based Violence (GBV), the selected cohorts—

i. Women of Reproductive Age (18-49 years),
ii. Adult Men aged 36 years and above,
iii. Youthful Men aged 18-35 years,
iv. Healthcare Providers,
v. Community Leaders or Influencers.

were chosen due to their distinct roles and perspectives within the community. Here's a detailed analysis of why these cohorts were targeted as the main respondents:

1. Women of Reproductive Age (18-49 years)

Relevance to Family Planning: This group represents the primary demographic that uses family planning services. Understanding their knowledge, attitudes, and practices is critical in assessing the accessibility, acceptability, and barriers to family planning services. Women in this age group are directly affected by reproductive health policies and practices, making their insights invaluable in identifying gaps in service provision.

2. Adult Men (36 years and above)

Role in Decision-Making: In many communities, adult men, particularly those aged 36 and above, hold significant power in household and community decision-making, including decisions related to family planning. Their knowledge, attitudes, and practices can heavily influence the reproductive health choices of women and younger men. Engaging this group is essential to understanding the social and cultural norms that impact family planning and GBV.

3. Youthful Men (18-35 years)

Shaping Future Norms: Youthful men are in a transitional phase, beginning to establish their own families and social roles. Their current knowledge, attitudes, and practices regarding family planning will influence future generations. Engaging this cohort is vital for promoting positive reproductive health behaviours and preventing the perpetuation of harmful practices.

4. Healthcare Providers

Key Implementers of Services: Healthcare providers are on the front lines of delivering family planning services and responding to cases of GBV. Their knowledge and attitudes towards these issues directly affect the quality of care provided. Including them in the survey helps to assess the effectiveness of existing services, identify gaps in provider training, and understand the challenges faced in service delivery.

5. Community Leaders or Influencers

Shaping Community Norms: Community leaders and influencers hold a respected position in society and can significantly shape public opinion and behaviour. Their support is often crucial for the success of public health initiatives, including those related to family planning and GBV. Understanding their knowledge and attitudes can help in designing interventions that are culturally sensitive and have the backing of community gatekeepers.

3.1.3 Respondents' gender/sex representation

Respondents' sex/gender representation	Male	%	Female	%
i. WRA (18-49) years	0	0%	179	100%
ii. Youthful Men (18-35) years and above	82	100%	0	0%
iii. Adult Men (36years and above	75	100%	0	0
iv. Community leaders/community influencers	35	65.50%	23	39.65%
v. Health Care Providers	8	61.53%	5	38.46%

Respondents' sex/gender representation	Male	Female
i. WRA (18-49) years	0	179
ii. Youthful Men (18-35) years and above	82	0
iii. Adult Men (36years and above	75	0
iv. Community leaders/community influencers	35	23
v. Health Care Providers	8	5
Total	**200**	**207**
Percentage's	**49.14%**	**50.85%**

Balanced Gender Representation:

The study has a nearly balanced gender representation, with females slightly outnumbering males (50.85% females vs. 49.14% males). This balance enhances the reliability of the data when analysing gender-related aspects, such as differences in attitudes, practices, and perceptions regarding family planning and GBV.

Table 4. Table showing gender distribution per category

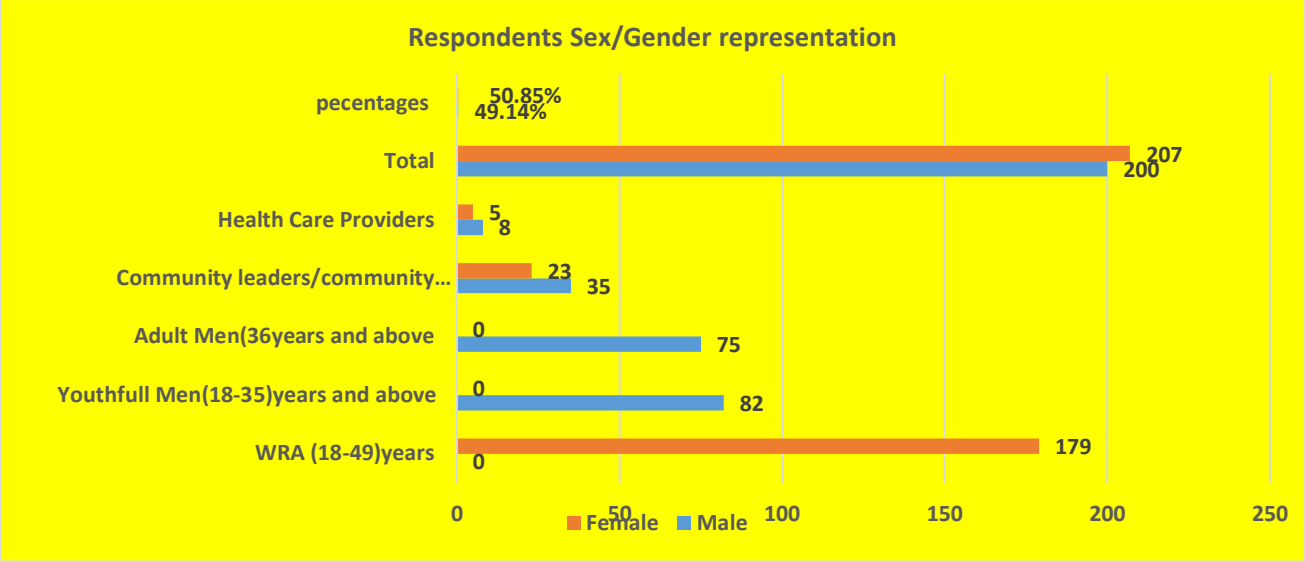


Figure 2. Graphical representation of respondents' distribution by gender

3.1.4 Respondents' distribution by marital status

Marital status	Frequency	Percentage%
Married	318	78.13
Single	74	18.18
Widowed	10	2.45
Divorced	5	1.22

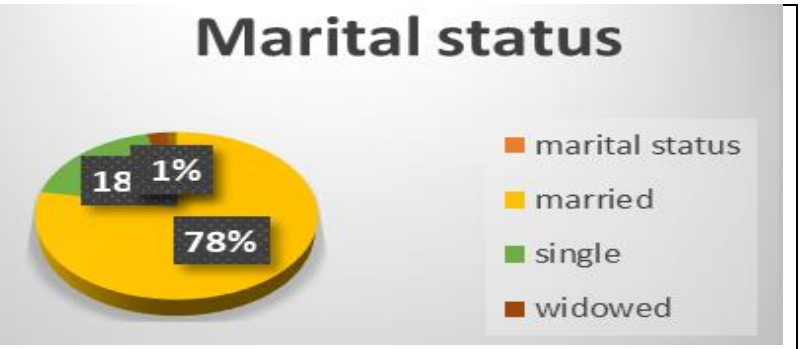


Figure 3. Graphical representation of respondents' distribution by marital status

The marital status data suggests that the majority of respondents are in stable marital relationships, with married individuals comprising the vast majority. This could have implications for the survey, particularly in the context of family planning and gender-based violence, as marital status may influence access to and attitudes towards these services. For instance, married individuals may have different barriers to family planning, such as spousal consent, compared to single individuals. Moreover, the low percentages of widowed and divorced respondents might indicate limited exposure to different family dynamics within the community, which could affect the generalizability of findings related to family planning and gender roles. Understanding the marital status of respondents is crucial for tailoring interventions and educational programs, as these groups may have different needs and face distinct challenges regarding reproductive health and family planning services.

3.1.5 Coverage area of the baseline survey around the six conservancies

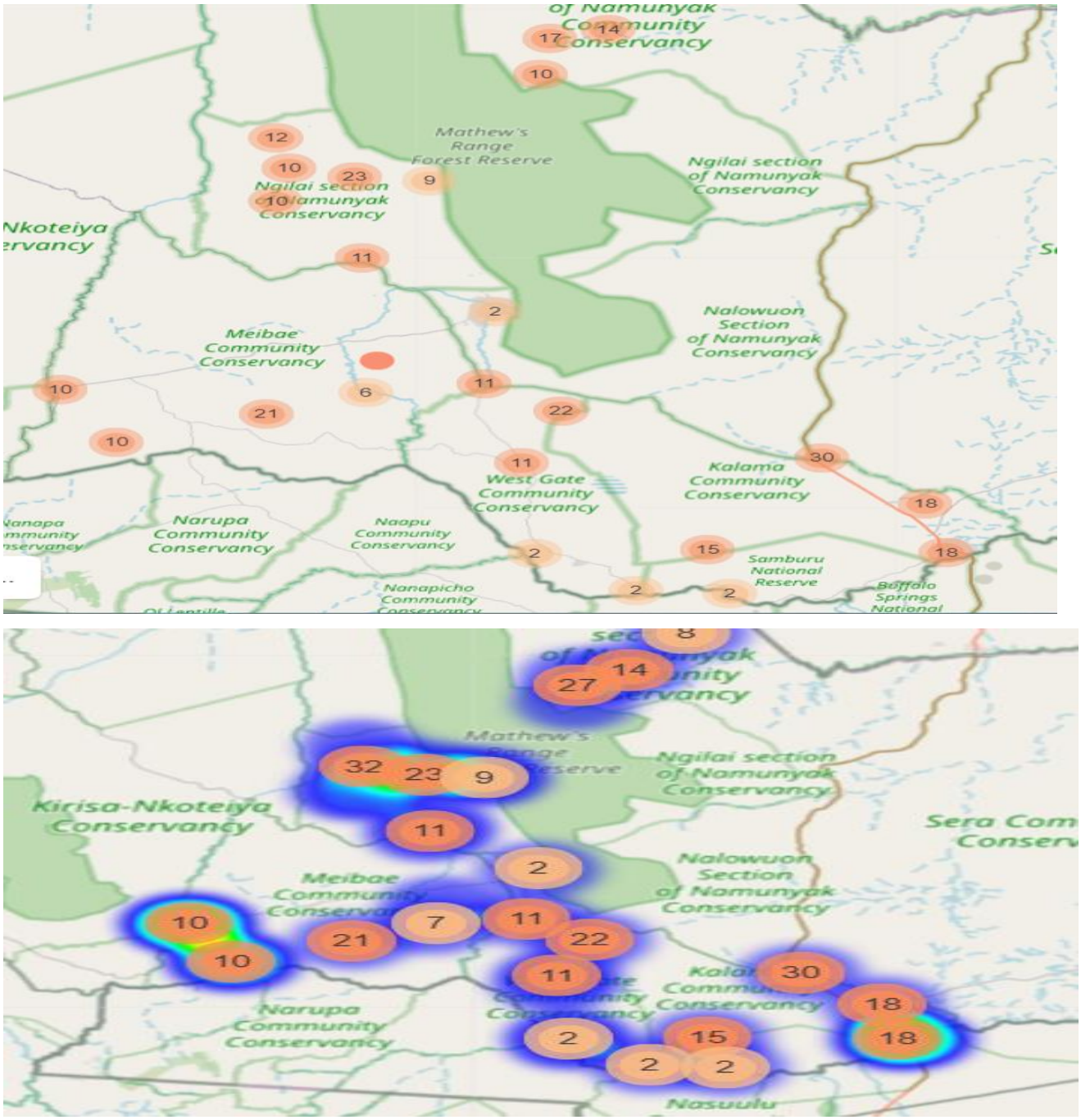


Figure 4. Maps showing respondents' distribution in the six conservancies

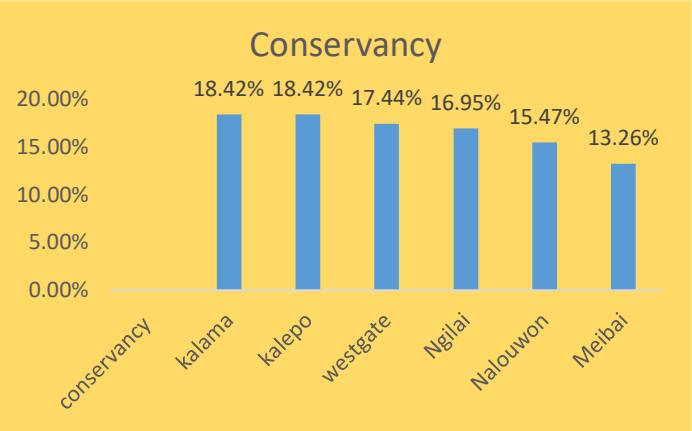


Figure 5. Graphical representation of respondent's distribution within conservancies

Conservancy	Frequency	%
Kalama	75	18.42
Kalepo	75	18.42
Westgate	71	17.44
Ngilai	69	16.95
Nalouwon	63	15.47
Meibae	54	13.26

Table 5. Table showing conservancies representation

Kalama and Kalepo conservancies contributed equally to the survey, with both accounting for 18.42% of the total respondents. This balance suggests that the survey efforts were well-distributed between these two conservancies, likely providing a robust representation of community perspectives from these areas.

Westgate Conservancy had slightly fewer respondents compared to Kalama and Kalepo, contributing 17.44% to the overall sample. This small difference implies that Westgate's representation is still strong, though it reflects a slight decrease in data collection compared to the top two conservancies.

Ngilai Conservancy contributed 16.95% of the respondents, with 69 participants. The proximity in percentage to Westgate shows a consistent effort in sampling, though slightly lower than Kalama and *Kalepo,* indicating that the survey covered this area adequately but with some minor variations in respondent numbers.

Nalouwon Conservancy had 63 respondents, making up 15.47% of the total sample. This reduction suggests that fewer participants were reached in this conservancy, which might indicate either a smaller population or less accessibility during data collection. The representation from Nalouwon is still substantial, though lower than the other conservancies.

Meibae *Conservancy* had the smallest number of respondents, with 54 participants contributing 13.26% to the survey. This indicates that Meibae was the least represented conservancy in the survey. The lower percentage might suggest challenges in reaching respondents in this area, possibly due to logistical issues or population size.

Data Analysis:

The data collected shows a fairly even distribution across the six conservancies, with Kalama and Kalepo having the highest representation and Meibae the lowest.

3.1.6 Respondent's distribution in terms of the highest level of education attained

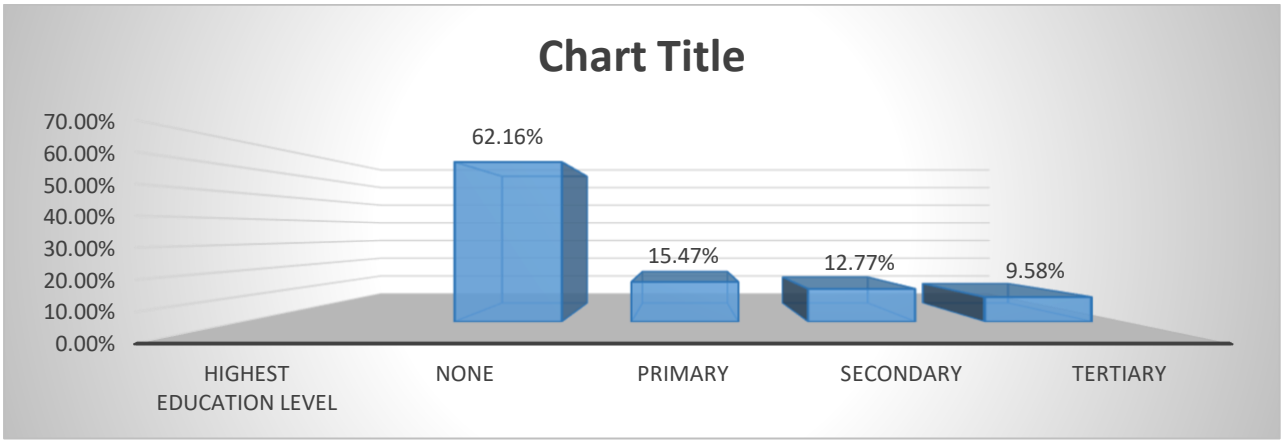


Figure 6. Graphical representation of respondents' highest education level attained

Analysis:

Dominance of No Formal Education: The majority of the population (62.16%) has not received any formal education. This indicates a significant educational gap within the community, potentially affecting their ability to participate fully in economic, social, and health-related activities.

Limited Educational Attainment:

The data shows a gradual decrease in the percentage of individuals as education levels increase:

Primary education: 15.47%

Secondary education: 12.77%

Tertiary education: 9.58%

This pattern suggests that while some individuals begin their education, fewer progress to higher levels.

***Implications for Socioeconomic Development*:**

The high proportion of individuals with no formal education and relatively low percentages in higher education levels could impact the community's socioeconomic development.

***Health and Well-being Considerations*:**

Education is also linked to health literacy and access to healthcare services. Individuals with higher levels of education are generally better equipped to make informed health decisions, including family planning and disease prevention. The prevalence of low educational attainment could pose

challenges in effectively communicating health information and implementing health interventions, potentially impacting community health outcomes.

Gender and Equity Issues:

While the data does not specify gender differences, in many contexts, women tend to have lower educational attainment compared to men. Addressing gender disparities in education could be crucial for promoting gender equality and empowering women within the community.

3.1.7 HCWs' years of experience

The data represents the distribution of healthcare workers' years of experience, showing the percentage and number of workers in each experience bracket.

Figure 7. Graph showing HCWs' years of experience

HCWs' years of experience		
0-5 years	33.30%	8
11yrs- 15yrs	16.66%	4
21 and above	4.16%	1

0-5years experience

The group constitutes the largest proportion of healthcare workers, indicating that the workforce is relatively young or new to the profession. This could suggest a high rate of recent recruitment or a young demographic entering the healthcare sector.

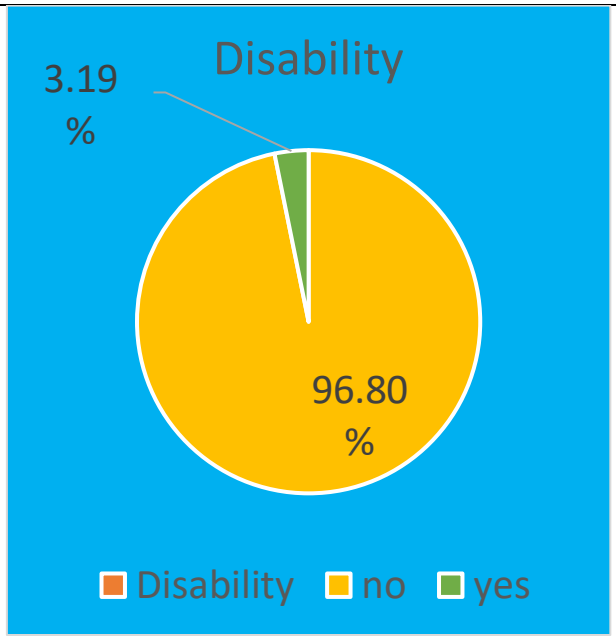
11-15 Years of Experience:

This middle experience group represents a moderate portion of the workforce. These workers are likely to have a solid foundation of practical experience and may serve as mentors to the less experienced staff.

21 Years and Above:

This group makes up the smallest portion of the workforce, indicating that few healthcare workers have remained in the field for over two decades.

3.1.8 Respondents' Inclusivity (Disability)



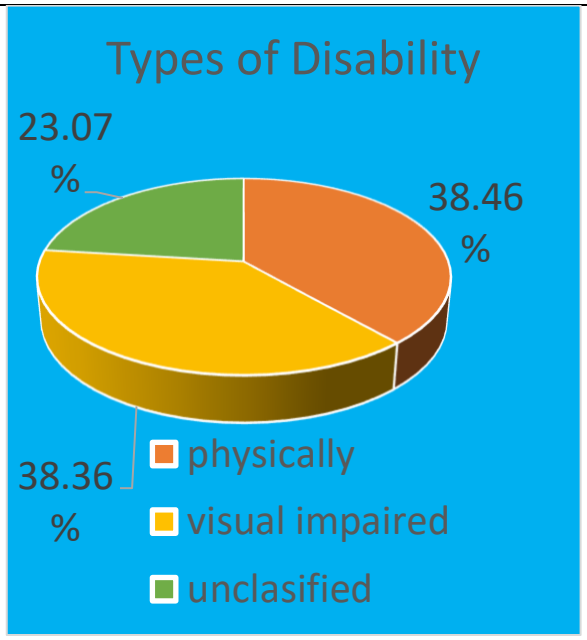


Figure 8. Chart showing disability distribution among respondents

Prevalence of Disability:	**Types of Disability:**
No Disability: The majority of the population, 96.80%, does not have a disability. *With Disability:* A small percentage, 3.19%, of the population is identified as having a disability.	*Physical Disability*: Of those with a disability, 38.46% have a physical disability. *Visual Impairment*: Another 38.36% are visually impaired. *Unclassified Disabilities:* The remaining 23.07% have disabilities that are not specifically classified.

Analysis:

Low Prevalence: The overall prevalence of disability within the population is relatively low at 3.19%. This suggests that a significant majority of the population does not face challenges related to disability.

Distribution of Disability Types: Physical and visual impairments are the most common disabilities among those with disabilities, with nearly equal distribution (38.46% and 38.36%, respectively). This could indicate that physical and visual disabilities are the primary areas of concern for accessibility and support services within this population.

Unclassified Disabilities: A notable 23.07% of disabilities are unclassified, which may indicate a need for better diagnostic tools or more comprehensive reporting methods to accurately categorize and address all forms of disability.

3.2. Assessing Women of Reproductive Age (WRA)- *18 to 49 years*

3.2.1 Assessing WRA knowledge on FP

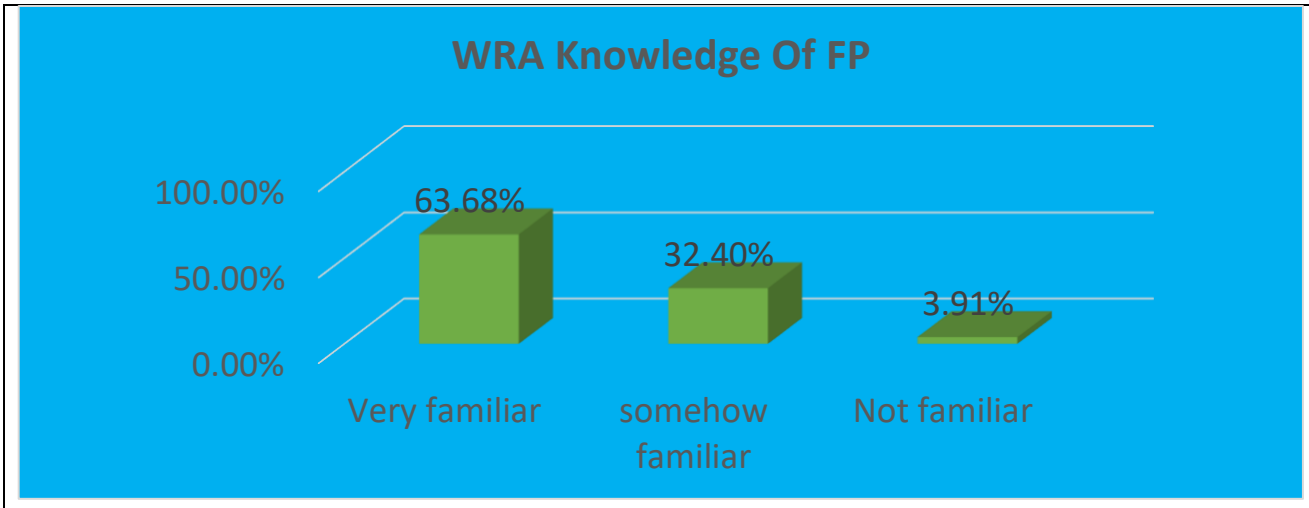


Figure 9. Graphical representation of WRA knowledge of FP

Analysis:

Very familiar: This suggests that a large proportion of women in this age group possess a strong understanding of family planning methods, options, and their importance.

Implication: This high level of familiarity could be attributed to effective outreach, educational programs, and the availability of family planning services in the area. It indicates that most women have access to information and resources that enable them to make informed decisions about their reproductive health.

Somehow familiar: These women have some knowledge of family planning but may not have a comprehensive understanding or confidence in the information they possess.

Implication: This group may benefit from targeted education and counselling to deepen their understanding and resolve any uncertainties they might have. It highlights an opportunity for healthcare providers and community health workers to strengthen the knowledge base of this segment.

Not Familiar: These respondents indicated that they are "Not familiar" with family planning.

I*mplication*: This group represents a potential area of concern. Their lack of familiarity could be caused by various factors such as limited access to information, cultural barriers, or educational gaps. It may also reflect an unmet need for family planning services in certain subpopulations or geographical areas.

Overall Implications:

Knowledge Distribution: The data shows a generally high level of knowledge about family planning among women of reproductive age in the surveyed population, with the majority being very familiar. However, the presence of a sizable portion of women who are only somehow familiar indicates that there are gaps in the depth of knowledge.

3.2.2 Assessing WRA attitude towards FP

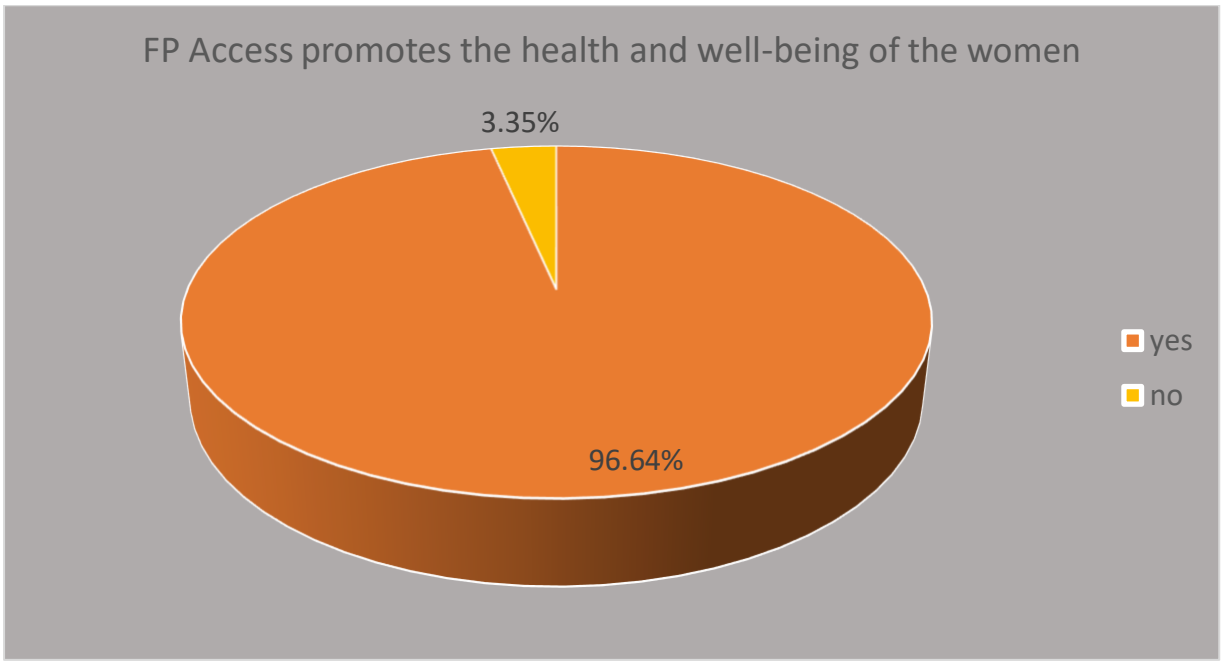


Figure 10. Chart showing women's attitude towards FP

1. Overwhelming Agreement (Yes):

Proportion: A vast majority, 96.64%, of the respondents believe that access to family planning promotes women's health and well-being. This indicates a strong recognition among women of the benefits associated with family planning.

Implication: The high level of agreement suggests that most women understand the positive impact of family planning on various aspects of their lives. These benefits may include better control over the timing and spacing of pregnancies, reduced risk of maternal and child health complications, and improved economic and social well-being.

Further explanations by those agreeing on FP importance
Interpretation: A big percentage of WRA respondents recognize the benefits of family planning, indicating some level of awareness and acceptance. These respondents associate family planning with various positive outcomes: i. Health of the mother: Family planning is seen as a means to protect maternal health, likely by reducing the risks associated with closely spaced pregnancies and high parity. ii. Child Spacing: This is highlighted as a key benefit, allowing women to space pregnancies for better health outcomes for both mother and child. iii. Preventing Unwanted Pregnancy: The ability to avoid unintended pregnancies is recognized as crucial for women's autonomy and well-being.

iv. Having Manageable Family Size: Planning the number of children one can manage financially and emotionally is seen as a way to ensure a stable and healthy family environment.

v. Low Maternal Complications: Respondents believe that family planning can reduce the risk of maternal complications during pregnancy and childbirth.

vi. Healthier Family: The overall health of the family is believed to improve when family planning is practiced, likely due to better allocation of resources and reduced stress on the mother.

vii. Provision of Basic Needs: Family planning is linked to the ability to better provide for the family's needs, contributing to a more secure and stable household.

viii. Happy Family: A smaller, well-planned family is associated with increased happiness and well-being.

ix. Reduced Gender-Based Violence: Interestingly, family planning is also seen as a factor that can reduce gender-based violence within the family, possibly by reducing stress and conflict related to unplanned pregnancies and financial strain.

Overall Implications:

Resistance and Misconceptions: The small percentage of opposition of the idea that family planning promotes women's health and well-being suggests that significant barriers exist in promoting family planning in this community. These could include cultural, religious, or social factors that need to be addressed through community engagement and education.

2. Minimal Disagreement (No):

Proportion: A small percentage, 3.35%, of the respondents do not believe that access to family planning promotes women's health and well-being.

Implication: Although this group represents a minority, it is essential to understand the underlying reasons for their disagreement. This could be due to cultural or religious beliefs, misinformation, or personal experiences that have shaped their perceptions. It highlights the need for further engagement and education to address any misconceptions or concerns.

3.2.3 Assessing the FP practices among WRA

This survey question aimed at establishing how comfortable the WRA were in discussing FP concerns with their male counterparts

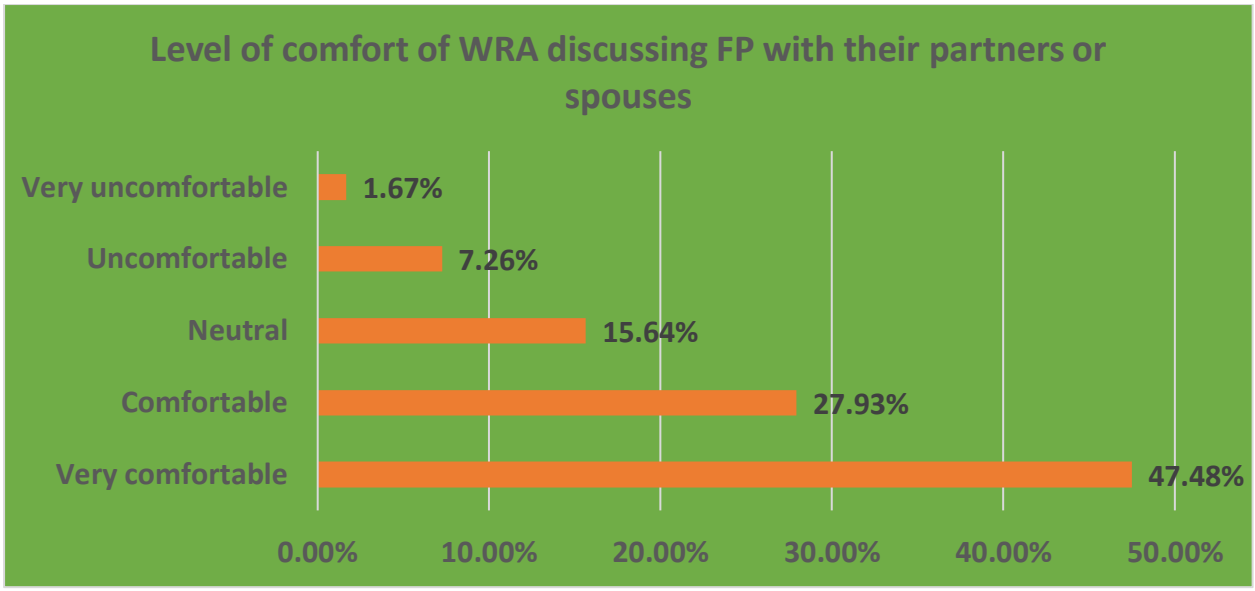


Figure 11. Graphical representation of the Level of comfort of WRA discussing FP with their partners or spouses

Very Comfortable (47.48%, 85 respondents):

Nearly half of the respondents feel very comfortable discussing family planning with their partner or spouse. This suggests a high level of openness and communication in these relationships. Such comfort could be indicative of positive attitudes towards family planning, potentially resulting in more proactive discussions and decisions regarding reproductive health.

Comfortable (27.93%, 50 respondents):

A quarter of the respondents are comfortable with the discussion, though not as strongly as those who are very comfortable. This still reflects a general ease in discussing family planning, but there may be some reservations or areas of hesitation. The comfort level in this group might be influenced by specific factors such as the nature of the relationship or previous experiences with family planning conversation**s.**

Neutral (15.64%, 28 respondents):

A smaller segment of respondents is neutral, meaning they neither feel particularly comfortable nor uncomfortable. This neutrality could stem from a lack of experience with family planning discussions or ambivalence about the topic. It may also indicate that family planning conversations are not a significant aspect of their relationship.

Uncomfortable (7.26%, 13 respondents):

A minority of respondents feel uncomfortable discussing family planning. This discomfort might be due to personal or cultural factors, such as fear of conflict, lack of understanding of family planning issues, or societal norms that discourage open discussion about reproductive health.

Very Uncomfortable (1.67%, 3 respondents):

The smallest group finds the discussion very uncomfortable. This extreme discomfort could be related to deep-seated issues or strong aversions to the topic, possibly due to personal, cultural, or religious beliefs that heavily influence their attitudes towards family planning.

3.2.4 Assessing the challenges faced in accessing FP services among WRA

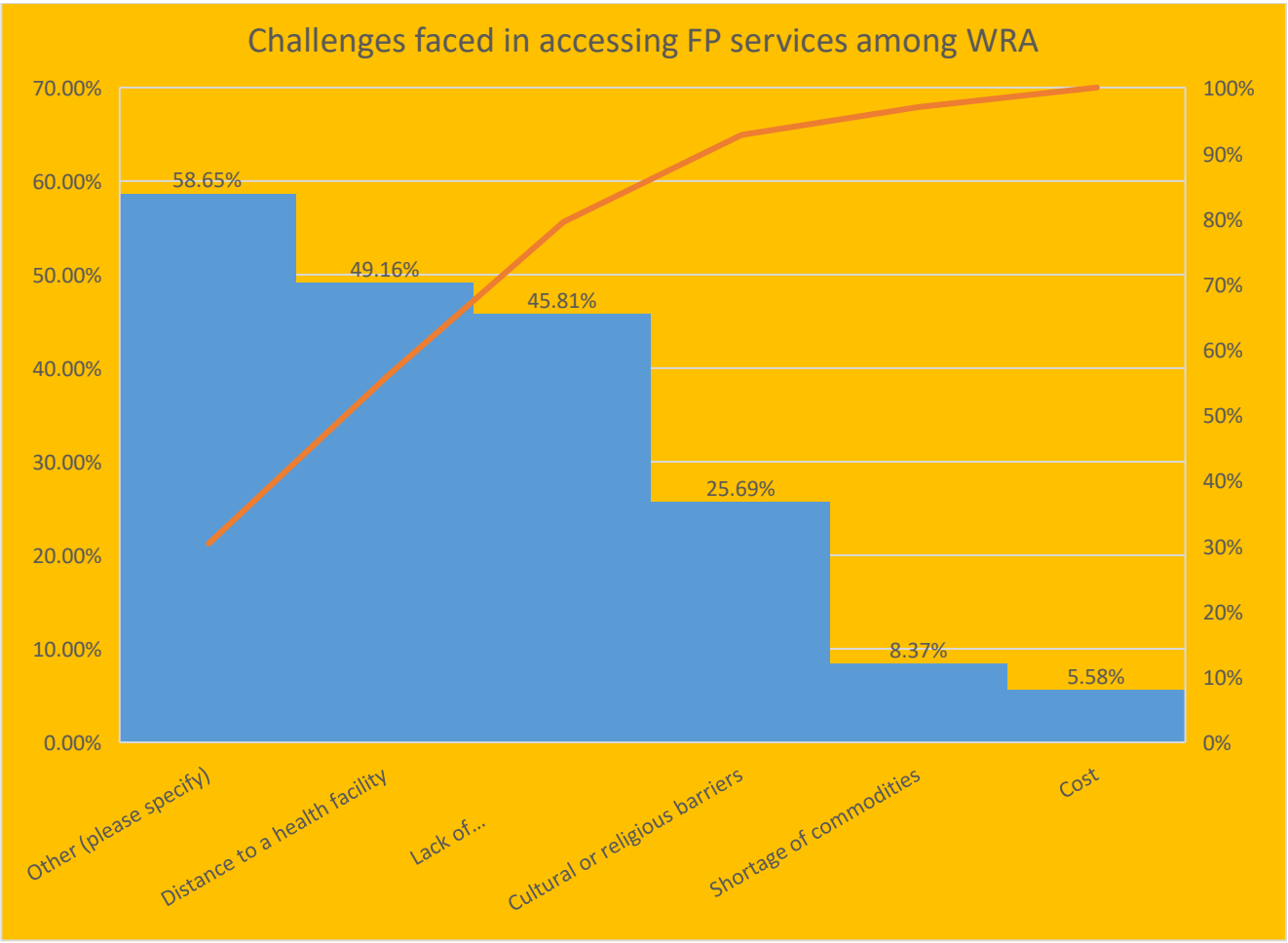


Figure 12. Graph showing various challenges faced in accessing FP services among WRA

Analysis of Challenges in Accessing Family Planning Services

1. Distance to a Health Facility (49.16%)

Distance is the most significant challenge faced by women of reproductive age (WRA) in Samburu East. The nomadic and pastoralist lifestyle of the community often requires them to move frequently in search of water and pasture for their livestock, which results in limited access to static health facilities. This geographical barrier is exacerbated by the rugged terrain and lack of transportation options, making it difficult for women to reach health facilities.

2. Lack of Privacy/Confidentiality (45.81%)

The high percentage of respondents indicating concerns about privacy and confidentiality suggests a strong cultural emphasis on discretion regarding reproductive health matters. In a close-knit, conservative community like that of the Samburu, fear of stigma or gossip can prevent women from seeking family planning services. The communal lifestyle, where personal matters are often shared or easily observable, intensifies this challenge.

3. ***Other Factors (58.65%)***

The majority of respondents indicated "Other" as a challenge. This category could encompass a range of issues, including partner or familial opposition, misinformation or lack of awareness, and fear of side effects. These are critical areas that require further investigation to fully understand the specific barriers within this community.

4. Cultural or Religious Barriers (25.69%)

Cultural and religious beliefs strongly influence health-seeking behaviours in the Samburu community. Traditional norms may discourage the use of modern contraceptives, favouring large families as a sign of wealth and status. Additionally, some religious beliefs may oppose contraceptive use, viewing it as contrary to natural law.

5. Shortage of Commodities (8.37%)

Though a smaller percentage, the shortage of family planning commodities still represents a significant barrier. This issue may stem from inconsistent supply chains, particularly in remote areas, and could contribute to distrust in the health system's ability to provide consistent and reliable services.

6. Cost (5.58%)

While cost is a less frequently cited barrier, it still plays a role in access. For a population that may have limited income due to their pastoralist lifestyle, even nominal fees for services or transportation can be prohibitive.

Recommendations

1. Mobile Health Clinics and Outreach Services

Implementing mobile clinics or outreach services can bridge the gap caused by distance and mobility. These clinics can bring services closer to the nomadic population, reducing travel time and increasing access.

2. Enhancing Privacy and Confidentiality

Health facilities should be designed or modified to ensure privacy during consultations. Training health workers on the importance of confidentiality and adopting discrete service delivery methods could help reduce concerns.

3. Community Engagement and Education

Conduct targeted awareness campaigns within the conservancies to address cultural and religious misconceptions about family planning. Engaging community leaders and influencers in these efforts will be critical to changing attitudes.

4. Strengthening Commodity Supply Chains

Ensuring a reliable supply of family planning commodities through improved logistics and inventory management will help address the issue of shortages. Partnerships with NGOs or government initiatives could be explored to enhance supply chain efficiency.

5. Addressing "Other" Barriers.

Conclusion

The findings highlight significant challenges in accessing family planning services in Samburu East, driven by geographical, cultural, and logistical factors. A multi- approach involving mobile services, community education, and improved infrastructure is essential to overcoming these barriers and enhancing family planning uptake in this unique and mobile population

Discussing the "Others" option

The significant portion of respondents indicating "Other" challenges highlights the need for a more detailed exploration of the specific obstacles faced by individuals, which could help tailor more effective solutions.

i. Lack of Transportation: The absence of reliable transportation options is a major barrier, particularly in rural or remote areas. .
ii. Long Wait Times or Appointments Not Available: Long wait times or the unavailability of appointments can deter individuals from seeking services. Overcrowded facilities or limited operating hours may result in missed opportunities for care.
iii. Geographical Barriers (e.g., Remote Location): Living in remote or hard-to-reach areas limits access to family planning services.
iv. Lack of Information or Awareness About Services: Lack of awareness about available services prevents people from utilizing family planning options.

Misinformation or simply not knowing what services are available can severely limit access.

v. Fear of Stigma or Judgment: Fear of being judged by healthcare providers or the community can prevent individuals from seeking family planning services. This fear can be a powerful deterrent, especially in conservative or close-knit communities. Ensuring privacy, confidentiality, and creating a non-judgmental environment in healthcare settings are crucial steps to address this challenge.

vi. Partner or Family Opposition: Opposition from partners or family members can be a significant barrier to accessing family planning services.

vii. Language or Communication Barriers: Language differences between healthcare providers and patients can hinder effective communication and understanding of services.

viii. Previous Negative Experiences with Healthcare Providers: Negative past interactions with healthcare providers can deter individuals from seeking services in the future. Past experiences of disrespect, discrimination, or inadequate care can create lasting mistrust. Training healthcare providers on respectful and culturally competent care is essential to rebuilding trust and encouraging service use.

ix. Service Availability Only at Inconvenient Times: Limited-service hours can make it difficult for individuals to access family planning, especially those with work or family obligations.

x. Limited Availability of Desired Methods: When preferred contraceptive methods are not available, individuals may be less likely to use any method.

Implications:

The wide range of challenges identified underscores the complexity of accessing family planning services. Addressing these barriers requires a comprehensive approach that includes financial assistance, better transportation options, improved service delivery, and culturally sensitive education.

Possible Interventions: Different barriers affect different segments of the population, suggesting that targeted interventions are necessary. For instance, remote communities may benefit more from mobile services, while urban areas might need more focus on reducing stigma and improving service hours.

Systemic Improvements: The data points to the need for systemic improvements in healthcare infrastructure, provider training, and resource management to ensure that family planning services are accessible to all who need them.

3.2.5 Assessing factors influencing FP decision making among WRA

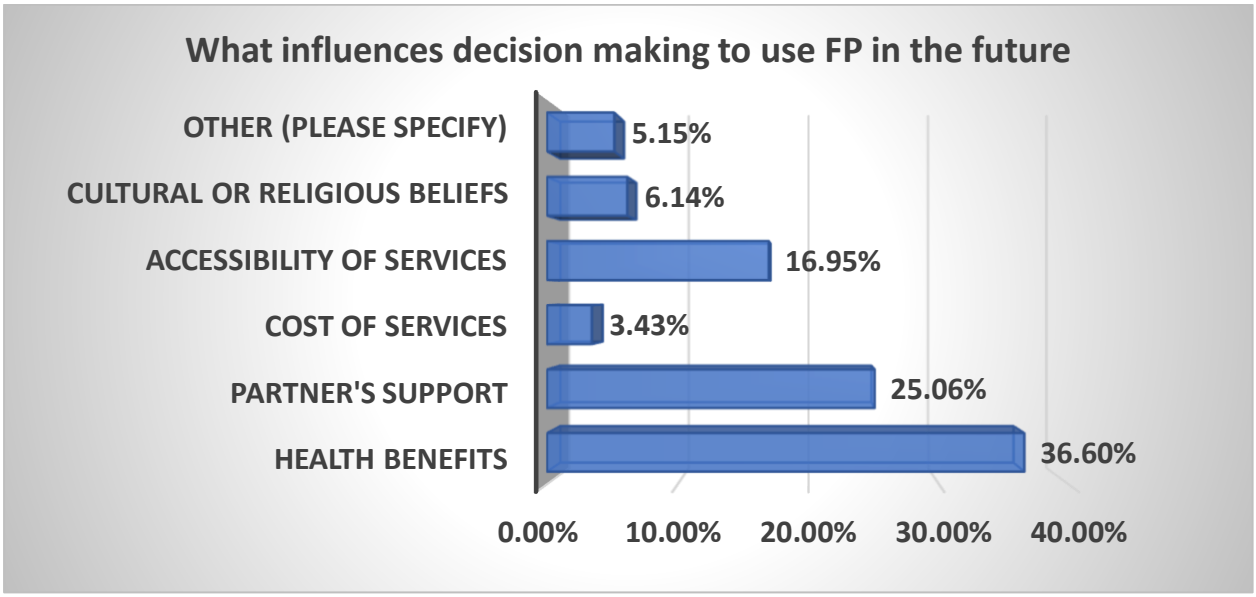


Figure 13. Graph showing factors influencing FP decision making among WRA

Analysis of Factors Influencing Future Family Planning (FP) Use

i. Health Benefits (36.60%)

Health benefits are the most significant factor influencing the decision to use family planning, with 36.6% of respondents highlighting it. This suggests that women in the community are aware of the positive impact that family planning can have on maternal and child health. For pastoralist communities, where access to healthcare is limited, women may view family planning as a means to space pregnancies and avoid health complications.

ii. Partner's Support (25.06%)

The support of partners plays a crucial role in the decision-making process for using family planning. In Samburu East, where cultural norms often place men in positions of authority, having a partner's consent or support is essential for women to comfortably adopt family planning methods. Without male approval, women may face opposition, making this a key influencing factor.

iii. Accessibility of Services (16.95%)

Accessibility, including the distance to healthcare facilities and the availability of services, is another significant factor. As a pastoralist community, the frequent movement of people

may hinder consistent access to health services. Women who cannot easily access family planning services may find it challenging to adopt or continue using them.

iv. Cultural or Religious Beliefs (6.14%)

Although admitted by a smaller percentage, cultural and religious beliefs still play a significant role in the decision to use FP. This is consistent with traditional beliefs within pastoralist communities, where having large families is often valued. These beliefs can discourage the use of contraception or promote the idea that family planning goes against religious or cultural norms.

Recommendations

i. Leverage Health Benefits in Advocacy Campaigns

Since health benefits are the most influential factor, targeted communication campaigns should emphasize the positive health outcomes associated with family planning. Using community health workers to explain these benefits to women and their families could further boost the uptake of services.

ii. Engage Men and Promote Partner Involvement

Programs should focus on increasing male involvement in family planning decisions. Workshops, dialogues, and outreach activities could target men to address misconceptions and promote supportive roles. This can empower women to make decisions about their reproductive health with their partner's backing.

iii. Improve Service Accessibility Through Mobile Clinics

Given the accessibility challenges faced by the nomadic population, the introduction or enhancement of mobile health clinics can ensure that women in remote areas can access family planning services. Regular outreach services, aligned with the pastoralists' movement patterns, can address this issue.

iv. Address Cultural and Religious Concerns Through Community Dialogue

Cultural and religious beliefs should be addressed through community dialogues that include local leaders, religious figures, and influencers. Sensitizing these key figures on the importance of family planning can help dispel myths and promote a more supportive environment for women seeking services.

Conclusion

The findings reveal that health benefits, partner support, and accessibility of services are the major factors influencing future family planning decisions among women in Samburu East. To improve the uptake of family planning services, a combination of awareness campaigns,

male involvement, mobile clinics, and cultural sensitivity will be necessary to address both the practical and cultural barriers faced by this community.

Discussion on the 'Other' option (5.15%, 21 respondents):

i. Fear of potential health risks and side effects associated with family planning methods is a significant factor. Concerns about side effects can deter individuals from using modern contraceptive methods.
ii. Religious Beliefs: Religious teachings and beliefs can strongly influence decisions about family planning.
iii. Cultural Norms and Values: Cultural norms, including expectations around family size and gender roles, impact family planning decisions.
iv. Partner's Preferences: The preferences and attitudes of a partner can significantly influence an individual's decision to use family planning.
v. Access to Family Planning Services: The ease of access to family planning services, including availability and convenience, is a crucial factor.
vi. Education and Awareness about Family Planning: Knowledge and understanding of family planning options influence decisions.
vii. Desire for More Children: The number of children an individual or couple desires directly impacts family planning decisions. Those who wish to have more children may delay or avoid using family planning methods. Understanding and respecting these desires while promoting the benefits of spacing pregnancies can help align family planning practices with personal goals.
viii. Age and Life Stage: Age and life stage, such as being newly married or approaching menopause, influence family planning decisions.
ix. Previous Experiences with Family Planning Methods: Past experiences, whether positive or negative, can shape future decisions. Negative experiences, such as side effects or unsatisfactory results, can deter future use, while positive experiences can encourage continued use.
x. Advice from Healthcare Providers: Recommendations and advice from healthcare providers are highly influential.
xi. Peer and Social Influences: The opinions and behaviours of peers and social networks can impact family planning choices.

xii. Fear of Infertility: Concerns about the potential for family planning methods to cause infertility are common.

xiii. Misinformation or Lack of Information: Lack of accurate information or the presence of misinformation can prevent individuals from using family planning.

xiv. Personal Beliefs about Natural vs. Modern Methods: Preferences for natural family planning methods versus modern contraceptives can influence choices.

xv. Support from Family and Community: The level of support from family and community members can significantly impact family planning decisions.

xvi. Impact on Sexual Pleasure: Concerns about how family planning methods might affect sexual pleasure can influence decisions.

Implications:

The decision to use family planning is influenced by a wide range of interconnected factors, including health, cultural, economic, and social considerations. Addressing these factors requires a holistic approach that takes into account individual, community, and systemic influences.

Need for Comprehensive Education and Counselling: Providing comprehensive education and counselling that addresses these diverse factors is crucial. This includes dispelling myths, offering accurate information, and ensuring that individuals have access to a wide range of family planning options.

Cultural Sensitivity and Inclusivity: Programs must be culturally sensitive and inclusive, respecting individual beliefs and values while promoting the benefits of family planning. Engaging with communities, partners, and healthcare providers is key to creating supportive environments for family planning.

3.2.6 Assessing GBV awareness among WRA

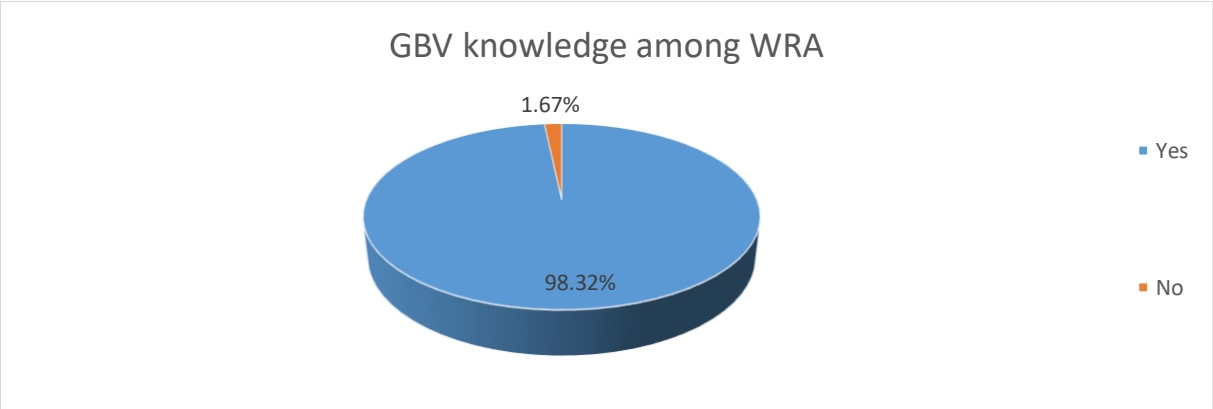


Figure 14. Chart showing GBV awareness among WRA

Analysis of Awareness of Gender-Based Violence (GBV)

i. High Awareness (98.32%)

The data indicates that an overwhelming majority (98.32%) of women of reproductive age (18-49 years) in Samburu East are aware of what gender-based violence (GBV). This high level of awareness suggests that GBV is a recognized issue within the community. It may also reflect the success of previous awareness campaigns, interventions by NGOs, or government efforts in educating the population on the subject.

ii. Low Unawareness (1.67%)

A very small percentage (1.67%) of respondents indicated that they are not aware of what GBV is. This group may consist of individuals who are isolated or have had limited exposure to education or awareness programs. Their lack of knowledge could be due to various factors such as geographical isolation, limited access to information, or cultural barriers.

Recommendations

i. Continue and Expand Awareness Campaigns

Given the high level of awareness, ongoing efforts should be maintained to ensure that this knowledge is retained and expanded. Awareness campaigns should be continuous and tailored to reach the entire population, including those who might still be unaware or have misconceptions about GBV.

ii. Target the Unaware Minority

Special efforts should be made to reach the small group that is still unaware of GBV. This could involve targeted community outreach programs, using methods such as door-to-door visits, small group discussions, or engaging influential community leaders who can help spread awareness in more isolated areas.

iii. Translate Awareness into Action

While awareness is high, it is essential to ensure that this knowledge translates into action. Programs should focus on encouraging reporting of GBV cases, providing support services for survivors, and ensuring that community members know how to access these services.

iv. Strengthen Education and Support Networks

Educational programs should be reinforced with support networks, such as community-based organizations, that can provide immediate assistance and advice to survivors of GBV. These networks can also serve as platforms for continuous education and dialogue on the issue.

v. Incorporate GBV Education into Broader Programs

GBV education can be integrated into broader health and development programs in the community. This ensures that the topic is addressed regularly and in conjunction with other critical issues, such as family planning, maternal health, and human rights.

4.2.2 Do you think GBV is a problem in your community?

3.2.7 Assessing whether GBV is a problem among WRA

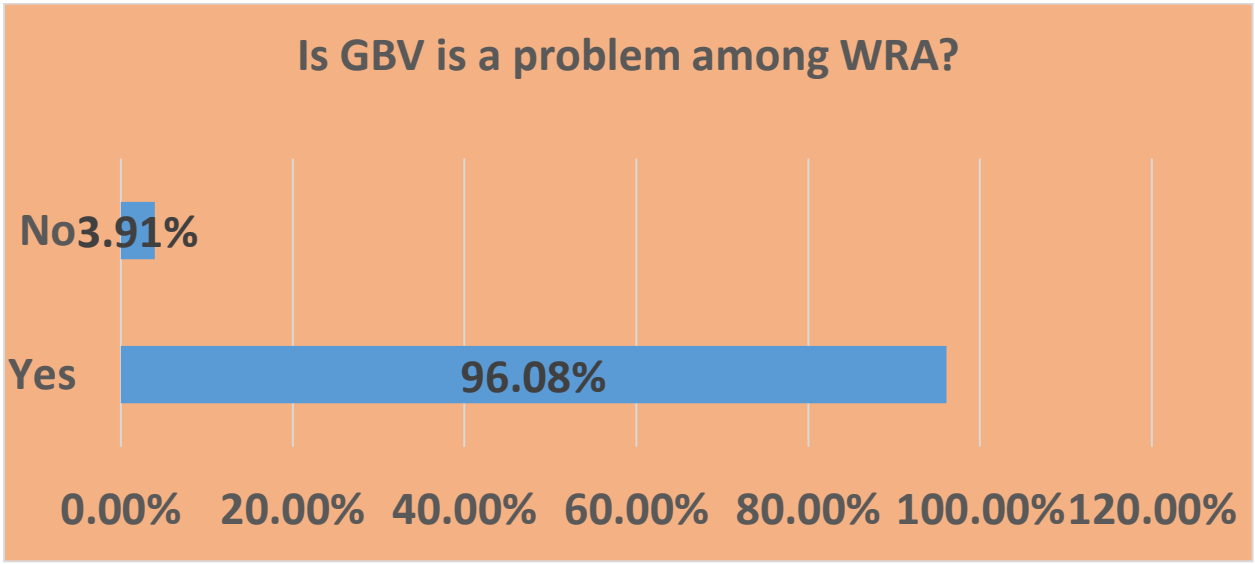


Figure 15. Chart showing whether GBV is a problem among WRA

Analysis of Perception of Gender-Based Violence (GBV) as a Problem in the Community

i. Majority Perception (96.08%)

An overwhelming 96.08% of women of reproductive age (18-49 years) in Samburu East believe that gender-based violence (GBV) is a problem in their community. This high percentage indicates a widespread recognition of GBV as a significant issue, which aligns with the earlier finding that there is a high awareness of what GBV is. It suggests that the women are not only aware of the concept but also acknowledge its prevalence and impact within their community.

ii. Minority Perception (3.91%)

A small percentage (3.91%) of respondents do not see GBV as a problem. This could be due to various reasons, such as normalization of violence within the community, lack of direct experience with GBV, or denial due to fear of stigma. It may also reflect a segment of the population that is less engaged with or aware of ongoing efforts to address GBV, or who may hold traditional views that minimize the severity of the issue.

Recommendations

i. **Deepen Community Engagement and Dialogue**. Given the high recognition of GBV as a problem, it is crucial to deepen community engagement through dialogues that involve not just women but also men, community leaders, and influencers. These discussions can help further unpack the root causes of GBV and foster community-driven solutions.

ii. **Focused Awareness and Education Programs for the Minority.** For the small percentage of individuals who do not see GBV as a problem, targeted education programs should be developed. These could include testimonials from survivors, legal education, and highlighting the long-term social and health impacts of GBV on the entire community.

iii. **Strengthen Reporting and Support Systems.** Since most women acknowledge GBV as a problem, it is vital to strengthen the mechanisms for reporting GBV cases and providing support to survivors. This could involve training local healthcare providers, law enforcement, and community members on how to respond effectively to GBV.

iv. **Address Cultural Norms and Beliefs.** Cultural norms that perpetuate or tolerate GBV should be critically addressed. Working with local leaders to challenge harmful practices and promoting alternative, non-violent forms of conflict resolution can help shift community attitudes.

v. **Empower Women and Promote Gender Equality.** Empowering women through education, economic opportunities, and leadership roles can help reduce the prevalence of GBV. Gender equality initiatives should be integrated into community development programs to challenge the power dynamics that often underlie gender-based violence.

vi. **Continuous Monitoring and Evaluation.** Ongoing monitoring and evaluation of GBV programs are essential to ensure that they are effective and responsive to the community's needs. Regular surveys and feedback mechanisms can help track progress and identify areas that require additional focus.

Conclusion

The findings highlight a strong acknowledgment of gender-based violence as a serious problem within the Samburu East community. This widespread recognition provides a solid foundation for implementing comprehensive strategies to combat GBV. However, the

minority who do not perceive GBV as an issue must be engaged through targeted education and community dialogue to ensure a unified approach to addressing and eliminating gender-based violence in the region.

3.2.8 Assessing the most common types of GBV among WRA

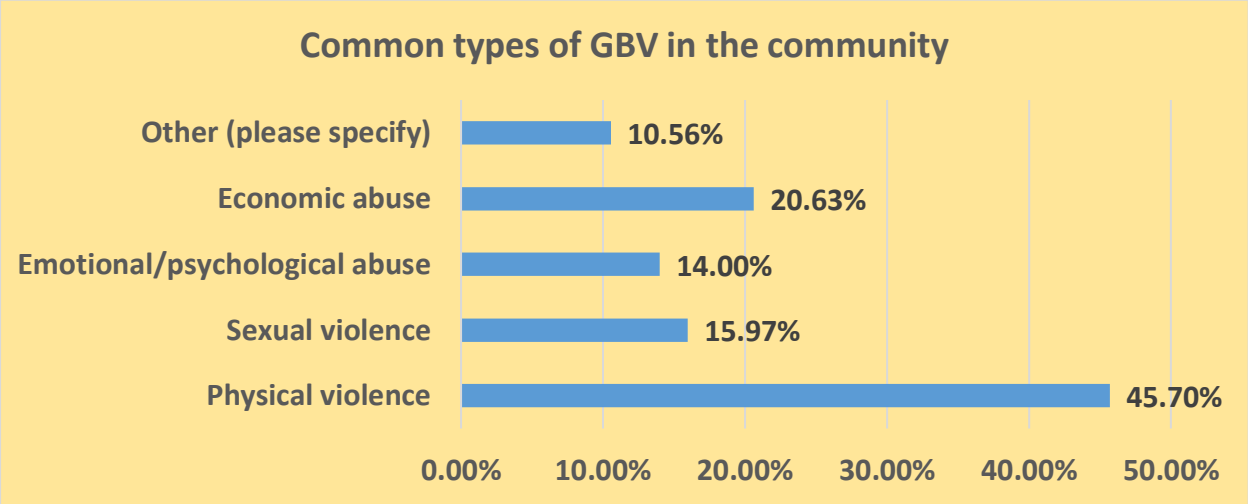


Figure 16. Graph showing most common GBV types experienced by WRA

Analysis of Common Types of Gender-Based Violence (GBV) in the Community

i. Physical Violence (45.70%)

Physical violence is identified as the most common form of GBV in the community, with nearly half (45.70%) of the respondents indicating its prevalence. In the context of a nomadic and pastoralist society like Samburu East, physical violence may be more visible and recognized compared to other forms of abuse. The high incidence could be linked to traditional practices, patriarchal norms, or the use of physical force as a means of control within households and communities.

ii. Economic Abuse (20.63%)

Economic abuse ranks as the second most common type of GBV, with 20.63% of women reporting it. Economic abuse may include restricting access to financial resources, denying participation in economic activities, or controlling property and assets.

iii. Sexual Violence (15.97%)

Sexual violence, reported by 15.97% of respondents, is a significant concern but appears less frequently compared to physical and economic abuse. However, it is important to note that sexual violence often goes underreported due to stigma, fear of retaliation, or cultural taboos

surrounding discussions of sex. The reported figures may not fully capture the extent of the problem.

iv. Emotional/Psychological Abuse (14.00%)

Emotional or psychological abuse, reported by 14.00% of respondents, involves behaviours that harm an individual's mental and emotional well-being.

Recommendations

i. Strengthen Legal and Community Responses to Physical Violence

The high prevalence of physical violence calls for robust legal and community-based interventions. Strengthening law enforcement's ability to respond to cases of physical violence, ensuring that perpetrators are held accountable, and providing protection and support to survivors are critical steps. Community awareness programs should also focus on challenging norms that justify or normalize physical violence.

ii. Economic Empowerment Programs for Women

To address economic abuse, initiatives should be introduced to economically empower women, such as skills training, access to microfinance, and support for women's entrepreneurial activities. Empowering women economically can reduce their dependence on abusive partners and increase their ability to make independent decisions.

iii. Enhance Sexual Violence Reporting and Support Services

Efforts to combat sexual violence should focus on creating safe spaces for reporting, reducing stigma, and ensuring access to comprehensive support services, including medical, psychological, and legal assistance. Community education should also address myths and misconceptions about sexual violence, promoting a culture of respect and consent.

iv. Address Emotional/Psychological Abuse Through Counselling and Support

Interventions aimed at addressing emotional and psychological abuse should include counselling services, both for survivors and perpetrators. Community awareness programs should highlight the impact of emotional abuse and encourage individuals to seek help when needed. Support groups and peer networks can also provide valuable emotional support and a platform for sharing experiences.

v. Engage Men and Boys in GBV Prevention

Given the patriarchal nature of the community, it is essential to engage men and boys in efforts to prevent GBV. Educational programs that promote positive masculinity, challenge harmful gender norms, and encourage men to be allies in the fight against GBV can help reduce all forms of violence.

vi. Develop Community-Based GBV Prevention Strategies

Community-driven approaches, such as the formation of GBV prevention committees, can play a key role in addressing the issue. These committees, consisting of respected community members, can mediate conflicts, raise awareness, and support survivors in accessing services.

3.2.9 Assessing the most appropriate places for GBV help among WRA

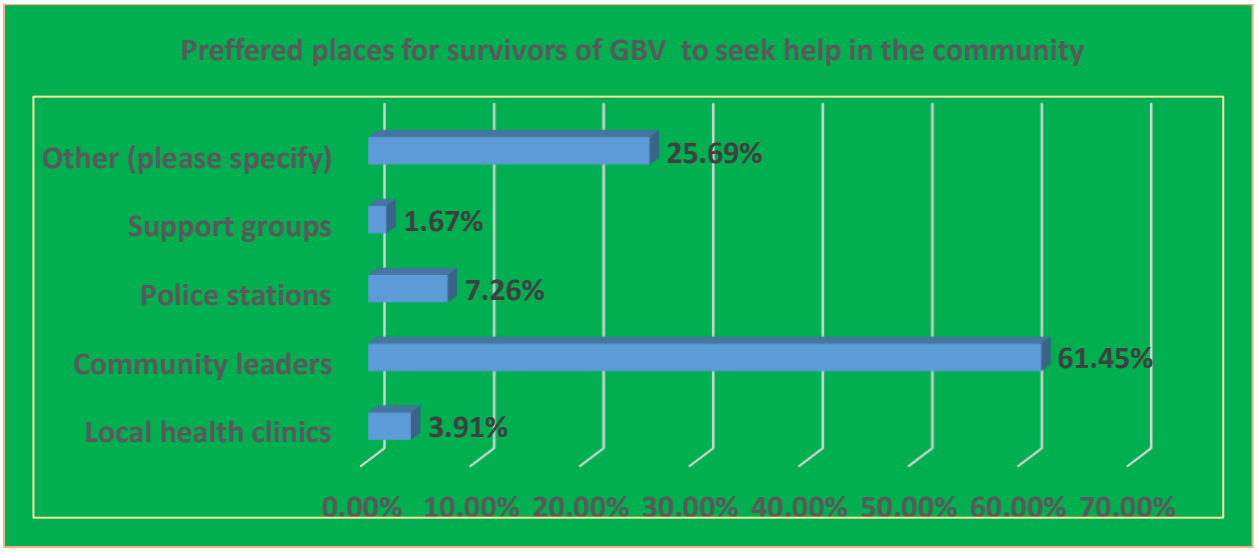


Figure 17. Chart showing preferred GBV help points among WRA

Analysis of Perceived Appropriate Places for GBV Survivors to Seek Help

i. Community Leaders (61.45%)

A significant majority (61.45%) of respondents believe that community leaders are the most appropriate people for GBV survivors to seek help from. This reflects the strong cultural role that community leaders play in the nomadic and pastoralist society of Samburu East. Community leaders are often seen as the primary authority figures who can mediate disputes, provide guidance, and influence decisions within the community. Their involvement in handling GBV cases may be preferred due to their accessibility, cultural alignment, and the trust they command within the community.

ii. Police Stations (7.26%)

Only 7.26% of respondents believe that police stations are the most appropriate place for survivors to seek help. This low percentage could indicate a lack of trust in the formal legal system, fear of stigma, or concerns about the effectiveness of police intervention in GBV cases. It may also reflect geographical barriers, where police stations are far from many of the remote areas where the respondents live.

iii. Local Health Clinics (3.91%)

A small percentage (3.91%) view local health clinics as the appropriate place for seeking help. This low figure might be due to perceived or actual inadequacies in the healthcare system's ability to handle GBV cases, such as a lack of privacy, trained personnel, or comprehensive services. Additionally, cultural beliefs and stigma may discourage survivors from seeking help in medical facilities.

iv. Support Groups (1.67%)

Support groups are seen as the least appropriate place for seeking help, with only 1.67% of respondents preferring this option. This may indicate a lack of awareness or availability of such groups in the community, or it could reflect a cultural preference for more authoritative and traditional sources of support.

Recommendations

i. Strengthen the Role of Community Leaders in Addressing GBV

Since a majority of respondents see community leaders as the primary source of help, these leaders should be equipped with the necessary knowledge and resources to handle GBV cases effectively. Training programs can be developed to educate them on GBV issues, legal rights, and the importance of confidentiality and survivor-cantered approaches. Community leaders can also serve as a bridge between survivors and formal services, ensuring that cases are handled appropriately and support is provided.

ii. Enhance Police and Health Services Accessibility and Trust

Efforts should be made to build trust in the formal support systems, such as police stations and health clinics. This could involve community outreach programs that educate the public on the services available, improve the responsiveness and sensitivity of police and healthcare providers, and ensure that these services are accessible, even in remote areas. Establishing mobile clinics or community policing units could help in this regard.

iii. **Develop and Promote Support Groups**

Although support groups are currently underutilized, developing and promoting these groups could provide valuable emotional and psychological support for survivors. Creating safe spaces where survivors can share their experiences and receive counselling could help in their recovery process. Community education campaigns can raise awareness about the benefits of support groups and how to access them.

iv. Recognize and Integrate Informal Support Mechanisms

The significant percentage of respondents who selected "Other" suggests that there are informal or alternative support mechanisms that are important to the community. These should be recognized and, where appropriate, integrated into the broader GBV response strategy. Efforts should be made to understand these mechanisms better and explore ways to support them in a manner that ensures they are effective, safe, and respectful of survivors' rights.

v. Build Comprehensive GBV Response Networks

Creating a comprehensive network of GBV response services that includes community leaders, police, healthcare providers, and support groups will ensure that survivors have multiple avenues for seeking help. This network should be well-coordinated, with clear referral pathways and protocols to ensure that survivors receive timely and appropriate support.

vi. Conduct Awareness Campaigns

Community awareness campaigns should be conducted to educate the population about the various options available for seeking help, the importance of accessing these services, and the role of different stakeholders in supporting survivors. Such campaigns can help in changing attitudes towards seeking help from formal institutions like police stations and health clinics.

3.2.10. Assessing main challenges to GBV intervention

Respondent 319	**WRA 18-49yrs** *(179)*		**Youthful 18-35YRS** *(82)*		**Community Leaders** *(58)*		**Averages**	
Fear of stigma	41.27%	168	90.24%	74	94.82%	55	93.10%	297
Lack of trust in authorities	13.02%	53	41.46%	39	65.51%	38	40.75%	130
Lack of awareness about reporting mechanisms	16.95%	69	37.80%	31	56.89%	33	41.69%	133
Cultural norms	22.60%	92	95.12%	28	22.41%	13	41.69%	133
Other (please specify)	6.14%	25	18.29%	15	17.24%	10	15.67%	50

Table 6. Showing main challenges to GBV intervention.

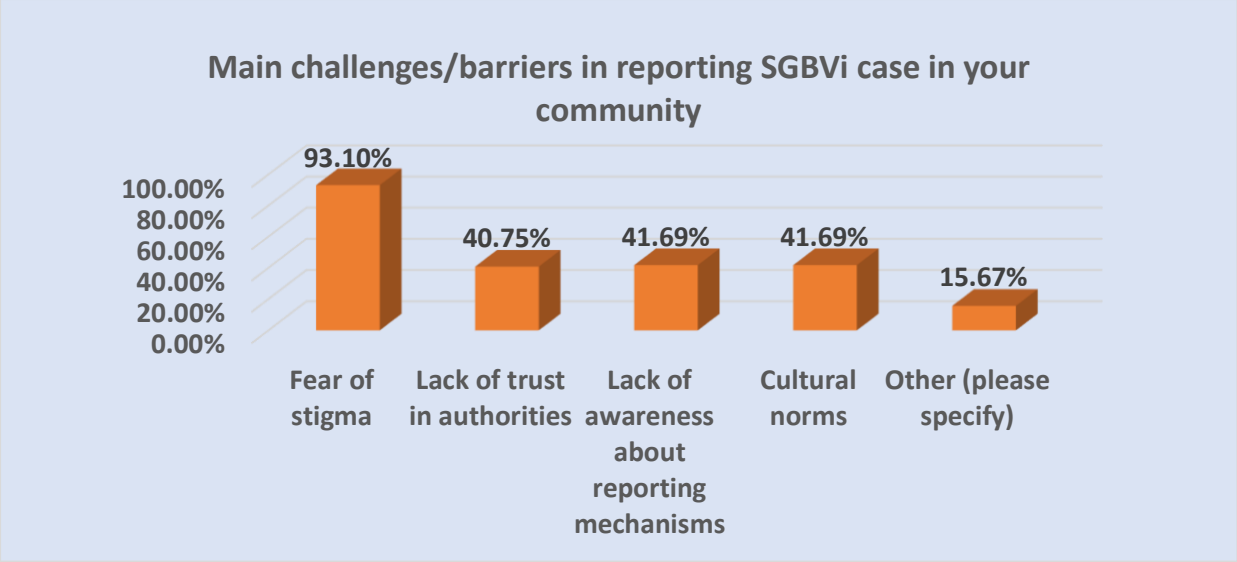


Figure 18. Graph showing main challenges to GBV intervention

Analysis of Barriers in Reporting GBV Cases

i. Fear of Stigma (93.10%)

The overwhelming majority of respondents (93.10%) indicated that fear of stigma is the primary barrier to reporting GBV cases. In the context of a nomadic and pastoralist society like Samburu East, deeply ingrained cultural norms often associate GBV survivors with shame or dishonour. Victims may fear being ostracized or judged by the community, discouraging them from reporting their experiences. This highlights a significant cultural challenge, where community attitudes perpetuate silence and isolation of GBV survivors.

ii. Lack of Trust in Authorities (40.75%)

A sizable portion (40.75%) of respondents expressed a lack of trust in authorities. This distrust could stem from perceived or real inadequacies in the justice and security systems, including delays, corruption, or insensitivity to survivors' needs. Many may feel that reporting GBV cases to authorities will not lead to justice or protection, thereby deterring them from pursuing formal channels of support.

iii. Lack of Awareness About Reporting Mechanisms (41.69%)

Nearly half of the respondents (41.69%) cited a lack of awareness of reporting mechanisms as a key barrier. This suggests that many people are unaware of where or how to report GBV cases or the resources available to them. This gap in knowledge may stem from limited communication channels, especially in remote or nomadic areas, as well as inadequate public education on GBV-related services and rights.

iv. Cultural Norms (41.69%)

Similarly, 41.69% of respondents pointed to cultural norms as a barrier. Cultural beliefs that uphold male dominance, condone violence, or prioritize community reputation over individual rights may pressure survivors to remain silent. These norms may also dictate that GBV issues should be resolved privately within the family or community rather than reported to authorities, further marginalizing survivors.

v. Other (15.67%)

A smaller percentage (15.67%) mentioned "Other" barriers, which may include issues like physical inaccessibility to reporting centres, language barriers, or negative past experiences with authorities or healthcare providers. These additional factors could compound the difficulty survivors face in seeking help.

Other (6.14%, 25 respondents): A small percentage of respondents (6.14%) identified "Other" barriers.

i. Fear of Further Violence from the Perpetrator

Analysis: This fear is often rooted in the power dynamics between the survivor and the perpetrator, particularly in situations where the perpetrator is a family member or someone in a position of authority. The lack of effective protection mechanisms can exacerbate this fear, making survivors reluctant to report incidents.

ii. Stigma and Shame

Analysis: Stigma can stem from cultural beliefs that blame victims for the violence they experience, leading to feelings of shame and guilt. This social pressure can silence survivors and prevent them from seeking help.

iii. Lack of Information

Analysis: Many survivors may not be aware of their rights, the steps to take after experiencing violence, or where to access support services. This knowledge gap can leave survivors feeling isolated and unsure of how to proceed.

iv. Unawareness of Available Support Services.

Analysis: This unawareness can be due to inadequate outreach by service providers or the absence of visible and accessible support systems within the community.

v. Uncertainty About What Steps to Take

Analysis: This uncertainty often arises from the complexity of the legal and support systems, which can be difficult to navigate without guidance. The lack of clear, step-by-step information can discourage survivors from reporting.

vi. Financial Constraints

Analysis: Economic challenges can make it difficult for survivors, particularly those from low-income backgrounds, to prioritize seeking help. These constraints can also exacerbate feelings of dependency on the perpetrator, especially in cases of economic violence.

vii. Cultural and Social Barriers

Analysis: Cultural and social barriers are deeply ingrained and can perpetuate silence around GBV. Survivors may fear damaging their family's reputation or facing backlash from the community if they come forward.

viii. Mistrust of Law Enforcement or Legal System

Analysis: When survivors do not trust the system to protect them or hold perpetrators accountable, they are less likely to report incidents. This can perpetuate cycles of violence and impunity.

ix. Emotional and Psychological Barriers

Analysis: The trauma of GBV can leave survivors feeling overwhelmed, powerless, and unable to take action. Emotional barriers can be particularly strong in cases of prolonged or severe abuse.

x. Complicated Legal Processes

Analysis: Complicated legal processes can be intimidating and inaccessible to survivors, particularly those with limited education or legal knowledge. The fear of getting lost in the system or being unable to understand the process can be a significant deterrent.

xi. Lack of Accessibility

Analysis: Accessibility issues can disproportionately affect marginalized groups, including people with disabilities or those living in rural areas. If services are not physically or linguistically accessible, survivors may have no viable way to report incidents or seek help.

xii. Distance to Support Services

Description: The physical distance to support services, particularly in rural or remote areas, can be a significant barrier to reporting GBV.

Analysis: Long distances to service providers can make it difficult for survivors to access the help they need, especially if transportation options are limited or costly.

xiii. **Pressure from Partner or Family Members**

Analysis: Family dynamics can play a significant role in discouraging survivors from coming forward. In some cases, the family may prioritize maintaining relationships or protecting the family's reputation over the survivor's well-being.

xiv. Difficulty Accessing Services Due to Language Differences.

Analysis: In multilingual communities, language differences can create significant challenges for survivors who do not speak the dominant language. This can lead to misunderstandings, inadequate support, or the inability to report incidents.

Recommendations

i. Stigma Reduction Campaigns

Public Awareness and Education: There is a critical need to address the stigma associated with GBV through public awareness campaigns that promote understanding, empathy, and support for survivors. Cultural influencers, such as community leaders, elders, and religious figures, should be involved in these campaigns to shift community perceptions and reduce the shame associated with reporting GBV.

ii. Community Dialogues:

Organizing community dialogues can foster open discussions about GBV and challenge harmful beliefs. These conversations can help normalize survivor narratives and promote a supportive environment for reporting cases.

iii. Building Trust in Authorities

Police Training and Accountability: To rebuild trust in authorities, it is essential to train law enforcement officers on how to handle GBV cases with sensitivity and professionalism. Community-police partnerships can be formed to ensure that survivors are treated fairly, and their cases are taken seriously.

iv. Establishing Survivor-Cantered Reporting Mechanisms:

Simplifying and improving reporting processes by setting up anonymous hotlines, mobile reporting units, or designated GBV officers in local police stations can ensure that survivors feel safer reporting their cases.

v. Increasing Awareness of Reporting Mechanisms

Community Outreach: Local outreach programs should be expanded to inform people about the available reporting mechanisms and support services. This can include community meetings, radio programs, and posters in strategic locations that explain where and how to report GBV.

vi. Collaboration with Healthcare Providers:

Health centres can also serve as important venues for educating survivors about their rights and the reporting processes. Establishing strong links between healthcare providers and reporting authorities can streamline referrals.

vii. Addressing Harmful Cultural Norms

Engaging Cultural Leaders: Since cultural norms play a significant role in perpetuating silence around GBV, it is essential to involve cultural leaders in promoting positive norms that support survivors. These leaders can advocate for GBV prevention and work to reshape harmful traditional practices.

viii. Alternative Dispute Resolution:

In cases where cultural norms favour resolving issues within the community, alternative dispute resolution mechanisms should be established that protect survivors' rights while aligning with community values. These systems should ensure that justice is delivered without re-traumatizing survivors.

ix. Improving Accessibility to Support Services

Establishing Community-Based Reporting Centres: Creating safe, local reporting centres or integrating GBV services within existing community structures such as health clinics or community halls can make it easier for survivors to access help without having to travel long distances.

x. Developing Mobile Services:

In nomadic communities, mobile services could provide survivors with access to legal, medical, and counselling support, ensuring that they are not excluded due to geographical barriers.

3.3. Assessing Adult Men (above 36 years)

3.3.1 Assessing Adult men's FP Knowledge

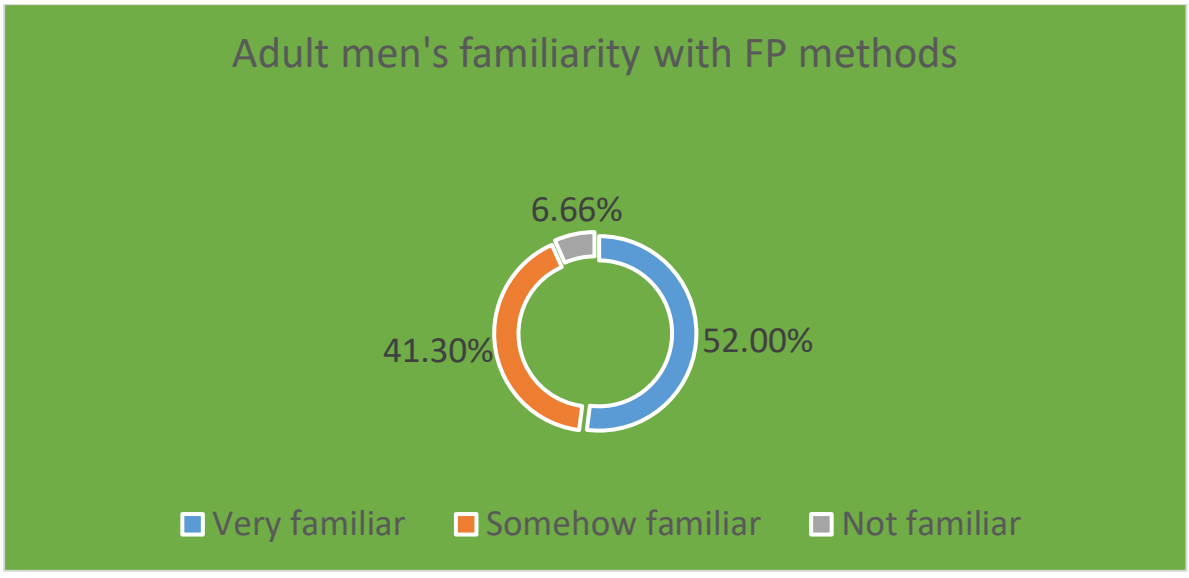


Figure 19. Chart showing adult men's familiarity with FP methods

Analysis of Family Planning Familiarity Among Samburu Adult Men (36+ Years)

i. Very Familiar (52.00%)

Over half of the respondents (52%) are very familiar with different family planning (FP) methods. This is a positive indicator that a significant portion of adult men in this pastoralist community has substantial knowledge about family planning. However, given the context of a nomadic lifestyle and strong cultural influences, this familiarity might not translate into actual use. Men's awareness and knowledge are critical; as male involvement is essential in supporting family planning decisions in patriarchal societies.

ii. Somewhat Familiar (41.30%)

A notable 41.3% of respondents reported being somewhat familiar with family planning methods. This indicates that a large portion of men have limited or incomplete information, which could affect their decision-making or influence over family planning in their households. It suggests a need for further education to enhance their knowledge and understanding of the full range of family planning methods, especially modern contraception methods.

iii. Not Familiar (6.66%)

A small percentage (6.66%) of respondents are not familiar with family planning methods at all. This is a critical group that may be unaware of the available services or have cultural or religious reservations about engaging with family planning. Their lack of familiarity could result from a combination of limited access to information, cultural taboos, or low health literacy.

Recommendations

i. Strengthening Community Education

Targeted Outreach Programs: Increase community-level education to bridge the knowledge gap between those who are somewhat familiar and those not familiar with FP methods. Given the nomadic lifestyle, community health workers should engage men in conservancies, markets, or during community events to raise awareness about FP options.

ii. Utilizing Trusted Channels

Engage community leaders, elders, and men's groups in disseminating information. Culturally relevant messages delivered by trusted individuals are more likely to resonate in pastoralist societies.

iii. Promoting Male Involvement in Family Planning

Education on the Role of Men: Campaigns should highlight the importance of male support in family planning decisions, promoting the idea that men play a critical role in ensuring the health and well-being of their families. Men should be encouraged to actively participate in FP discussions and decision-making alongside their partners.

iv. Cultural Sensitivity

Family planning education should be culturally sensitive, addressing any misconceptions or cultural barriers men may have. Providing clear and respectful explanations of FP methods, and aligning them with community values, could help overcome resistance.

v. Improving Access to FP Information and Services

Mobile Health Clinics: Since this community is nomadic, mobile health services could provide FP education and access to contraceptives directly to remote areas. These services should focus on providing both education and the necessary commodities, ensuring that men are informed about the services available.

Local Resource Centres: Establish resource centres or drop-in clinics within the conservancies, where men can seek information or counselling in private. This could help men who may be hesitant to ask questions in public settings.

vi. Addressing Barriers

Stigma Reduction: Campaigns should aim to reduce the stigma around male involvement in family planning. Encouraging men to view FP as a shared responsibility, rather than solely a woman's issue, could increase their engagement.

Engaging Religious Leaders: Religious figures in the community can be involved in sensitization efforts to reconcile cultural or religious beliefs with modern family planning practices, dispelling myths or misconceptions.

3.3.2 Assessing the attitudes of adult men towards FP

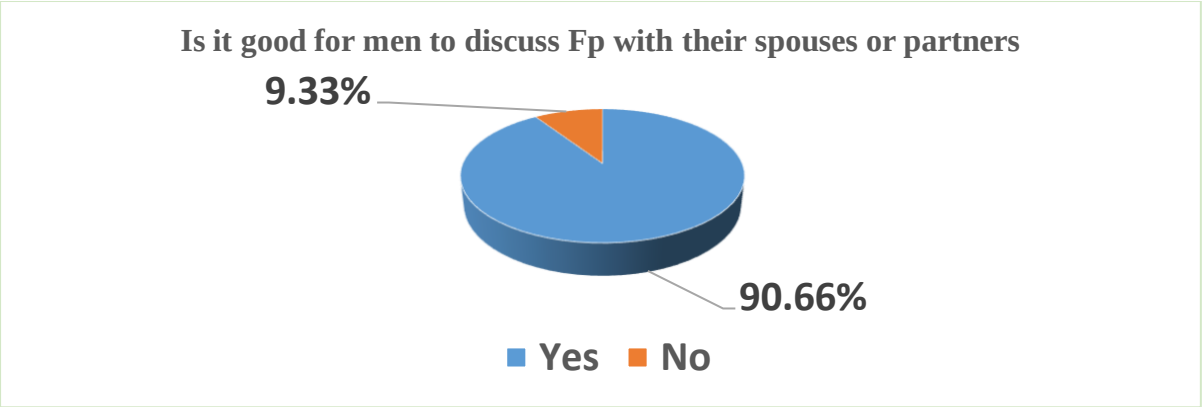


Figure 20. Chart showing men's willingness to discuss FP with their partners or spouses

Analysis of Men's Views on Discussing Family Planning with Spouses

i. Yes (90.66%)

A significant majority of Samburu adult men (90.66%) believe it is good for men to discuss family planning with their spouses or partners. This positive finding reflects growing recognition of the importance of communication and joint decision-making within relationships. In the traditionally patriarchal Samburu community, such shifts in attitudes are crucial for improving reproductive health outcomes. Family planning requires cooperative involvement from both partners, and this data suggests that many men are open to taking an active role.

ii. No (9.33%)

A minority of respondents (9.33%) still feel that it is not appropriate for men to discuss family planning with their spouses. This attitude may stem from deep-seated cultural norms where family planning is often viewed as a woman's issue or is influenced by traditional gender roles that discourage men from participating in reproductive health matters. Such beliefs can act as barriers to open communication and hinder the uptake of family planning services.

Recommendations

i. Encourage Open Communication on Family Planning

Education Campaigns: Continue to promote communication within couples as part of family planning education programs. These campaigns should emphasize that family planning is a shared responsibility and that open discussions between spouses can lead to better health outcomes and stronger relationships.

Couples Counselling: Introduce or strengthen couples counselling sessions at health facilities, where both men and women can learn about family planning together and have the opportunity to discuss their options in a neutral and supportive environment. This can help normalize discussions around family planning.

ii. Addressing Cultural Barriers

Culturally Appropriate Messaging: For the small group of men who believe that family planning discussions should not involve them, targeted messaging should be created. This can be done through workshops or community outreach programs led by elders and respected community members who can help reshape gender norms in a way that still respects cultural values.

Involvement of Male Role Models: Engage men who already support and practice open communication with their spouses about family planning to act as role models or champions in the community. These individuals can help challenge negative perceptions by demonstrating how discussing reproductive health can strengthen families and lead to positive health outcomes.

iii. Build on Existing Positive Attitudes

Male Advocacy Groups: Create or strengthen men's advocacy groups that focus on promoting healthy masculinity, including being supportive partners in reproductive health matters. These groups can provide platforms for men to share their experiences and learn from one another.

Community Health Workers: Leverage community health workers to provide education at the household level, encouraging men to engage in family planning conversations with their spouses. In doing so, the positive attitudes expressed by the majority can be reinforced and normalized throughout the community.

iv. Addressing the Minority Viewpoint

Workshops for Male Engagement: For the men who are hesitant or opposed to discussing family planning with their partners, workshops should be organized to address the misconceptions or fears that may underpin their views. These could focus on the benefits of shared decision-making, both for family health and economic stability.

Peer Support: Offering peer-to-peer education and support can be an effective way to reach this group, as men who initially resist may be more open to advice and experiences shared by peers in similar circumstances.

Conclusion

The data shows a positive trend in the willingness of Samburu adult men to engage in family planning discussions with their spouses. While most men are supportive, a small group remains resistant, likely due to cultural norms or lack of awareness. By building on the current positive attitudes, addressing the concerns of the minority, and promoting open communication through education and culturally sensitive approaches, the community can enhance family planning practices and improve reproductive health outcomes.

3.3.3 Assessing whether adult men accompany their women for FP services

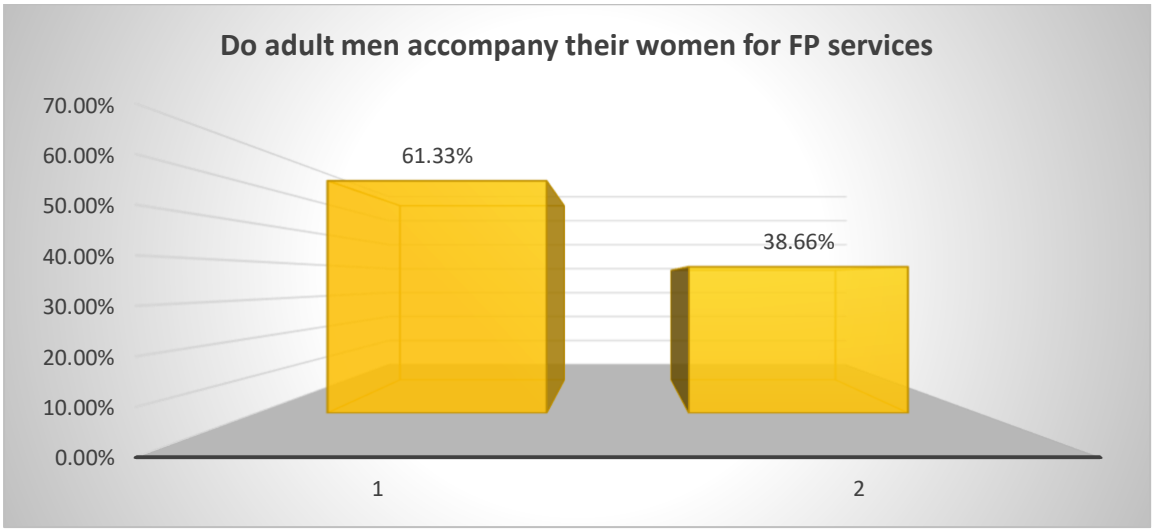


Figure 21. Chart showing whether adult men accompany their women for FP services

Analysis of Men Accompanying Their Partners to Access Family Planning

i. Yes (61.33%)

A significant proportion of Samburu adult men (61.33%) report having accompanied their partner or female friend to access family planning services. This finding highlights a positive shift in male engagement in reproductive health matters, especially within the traditionally patriarchal and pastoralist Samburu community. By being present during family planning visits, men can demonstrate support for their partners and contribute to shared decision-making. This involvement can also reduce any stigma that women may face when seeking family planning services on their own.

ii. No (38.66%)

Despite the majority being supportive, a notable 38.66% of men have not accompanied their partner to access family planning services. This could be due to several reasons, including traditional gender roles, lack of awareness of the importance of male involvement in reproductive health, or logistical barriers such as work commitments, particularly in a nomadic lifestyle where men are often engaged in herding activities. Cultural perceptions that reproductive health is solely a woman's responsibility may also play a role in discouraging men from participating.

Recommendations

i. Promote Male Engagement in Family Planning Services

Targeted Awareness Campaigns: Conduct campaigns emphasizing the importance of men actively participating in family planning. These can focus on the benefits of shared

responsibility in reproductive health, how male involvement supports women's health, and the positive effects on family welfare. Messages can be disseminated through community leaders, healthcare providers, and local radio.

Health Facility Incentives: Health facilities could introduce incentives for couples who attend family planning sessions together. This might include priority access to services or recognition within the community for men who accompany their partners. Creating a welcoming environment for men at family planning clinics can help normalize their presence.

ii. Addressing Barriers to Male Involvement

Flexible Clinic Hours: Since many men in the community may have work-related obligations that prevent them from attending during regular clinic hours, offering flexible clinic hours could allow more men to accompany their partners without disrupting their daily routines.

Mobile Outreach Services: Given the nomadic nature of the Samburu community, mobile health services could be expanded, allowing men to accompany their partners to family planning appointments in a more convenient manner. This can help overcome geographical barriers that might prevent male involvement.

iii. Normalize Male Participation in Reproductive Health

Community Education and Dialogue: Organize forums where male role models who actively participate in family planning with their partners can share their experiences. This can help break down cultural taboos and encourage more men to see family planning as a shared responsibility. Additionally, elders and respected leaders can play a role in endorsing male involvement.

Peer Influence: Engage community influencers and male peers to encourage their counterparts to accompany their partners. Peer education and support groups can serve as platforms to discuss the benefits of joint involvement in family planning and reproductive health matters.

iv. Strengthen Health Provider Training

Gender-Sensitive Training for Health Providers: Ensure that healthcare workers are trained to engage both men and women in family planning discussions, addressing male-specific concerns and fostering an inclusive atmosphere. This will ensure men feel welcomed and valued when accompanying their partners.

Couples Counselling: Promote couple-oriented family planning counselling sessions where both partners can openly discuss their reproductive health needs and make informed decisions together. This service can reinforce the importance of mutual involvement.

Conclusion

The fact that 61.33% of Samburu men have accompanied their partners to access family planning services is a positive step toward shared responsibility in reproductive health. However, there remains a significant portion who have not done so, likely due to cultural, logistical, or awareness-related barriers. By promoting the benefits of male involvement, addressing barriers through flexible services, and normalizing male participation in reproductive health, the community can further enhance family planning outcomes and improve the overall health of families.

3.3.4 Assessing how adult men understand the importance of FP access

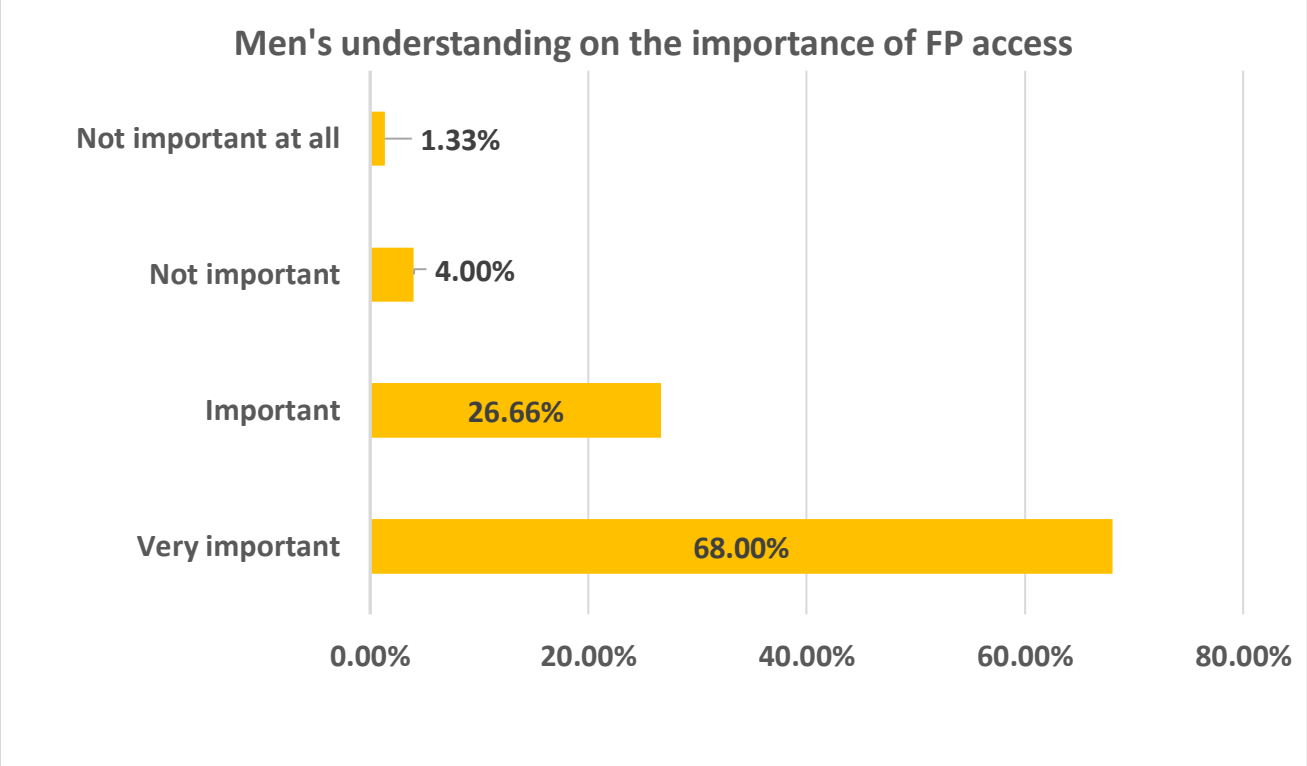


Figure 22. Graph showing adult men's understanding of FP's importance

Analysis of Perceptions of Family Planning's Role in Enhancing Family Well-being

i. Very Important (68.00%)

The majority of Samburu adult men (68%) in this sample recognize family planning as "very important" in enhancing family well-being. This suggests that most men in the community understand the significant role family planning plays in managing family size, improving

maternal and child health, and increasing financial stability by spacing births. Given the nomadic and pastoralist lifestyle of the community, this positive outlook on family planning could be influenced by the practical need to balance limited resources with family demands.

ii. Important (26.66%)

An additional 26.66% of men believe family planning is "important," further reinforcing that the majority of men view family planning positively. Although these men may not be as emphatic as those in the "very important" category, they still understand its benefits in terms of improved quality of life, access to healthcare, and reduced economic pressure on families. This indicates a growing awareness of reproductive health's contribution to family stability.

iii. Not Important (4.00%) and Not Important at All (1.33%)

Only a small percentage of respondents (4% and 1.33%) do not see the importance of family planning. This minority may hold traditional beliefs, associating family planning with negative cultural connotations or religious opposition. In such pastoralist societies, large family sizes have traditionally been seen as a source of pride and labor, contributing to livestock management and survival in a nomadic context. Such views may be harder to change but could be addressed with targeted education.

Recommendations

i. Build on Existing Positive Perceptions

Educational Campaigns: Given that the majority of men already view family planning as important, ongoing educational campaigns can emphasize how it enhances the health and economic stability of families. These campaigns should use real-life examples from within the community to highlight the long-term benefits of family planning for both men and women.

Role Models and Testimonials: Community leaders, including elders and influential men who use family planning, can share testimonials about how family planning has improved their families' well-being. This approach will help reinforce the positive aspects of family planning for those who already believe in its importance while also reaching those who are sceptical.

ii. Address Cultural and Religious Concerns

Engage Religious and Cultural Leaders: For the small percentage of men who view family planning as unimportant, it will be essential to involve local religious and cultural leaders in the conversation. These leaders can play a crucial role in dispelling myths and

misconceptions about family planning and showing how it aligns with community values and family welfare.

Tailored Messaging: Develop culturally sensitive and context-specific messages that address traditional concerns while highlighting the practical benefits of family planning in maintaining herd size and economic stability. Use language and imagery that resonates with pastoralist life.

iii. Highlight the Economic and Health Benefits

Link to Livelihoods: In a pastoralist setting where economic survival is tied to livestock, family planning can be presented as a tool that allows families to focus on growing their herds without the strain of supporting a large family at the same time. This can improve economic resilience and the ability to invest more in each child's health and education.

Health Benefits for Women and Children: Family planning education should focus on the direct health benefits for women, including reduced maternal mortality and healthier, well-spaced children. These benefits contribute to stronger families and communities.

iv. Address Barriers to Access

Improve Service Delivery: Continue to focus on making family planning services more accessible, especially in remote and nomadic areas. Expanding mobile clinics and outreach programs can help ensure that family planning information and services reach all segments of the population.

Inclusive Conversations: Encourage open dialogue between men and women about family planning. Men who view family planning as important should be encouraged to actively support their wives in accessing services. Joint decision-making can strengthen family bonds and ensure the well-being of all members.

Conclusion

The fact that 68% of Samburu adult men consider family planning very important, and 26.66% see it as important, shows that the majority recognize its critical role in enhancing family well-being. The few men who do not see the importance of family planning likely have cultural or traditional concerns, which can be addressed through targeted education and the involvement of community leaders. By building on these positive attitudes and continuing to improve access to services, the Samburu community can make significant strides in promoting family well-being through responsible family planning

3.3.5 Assessing barriers to FP access according to adult men

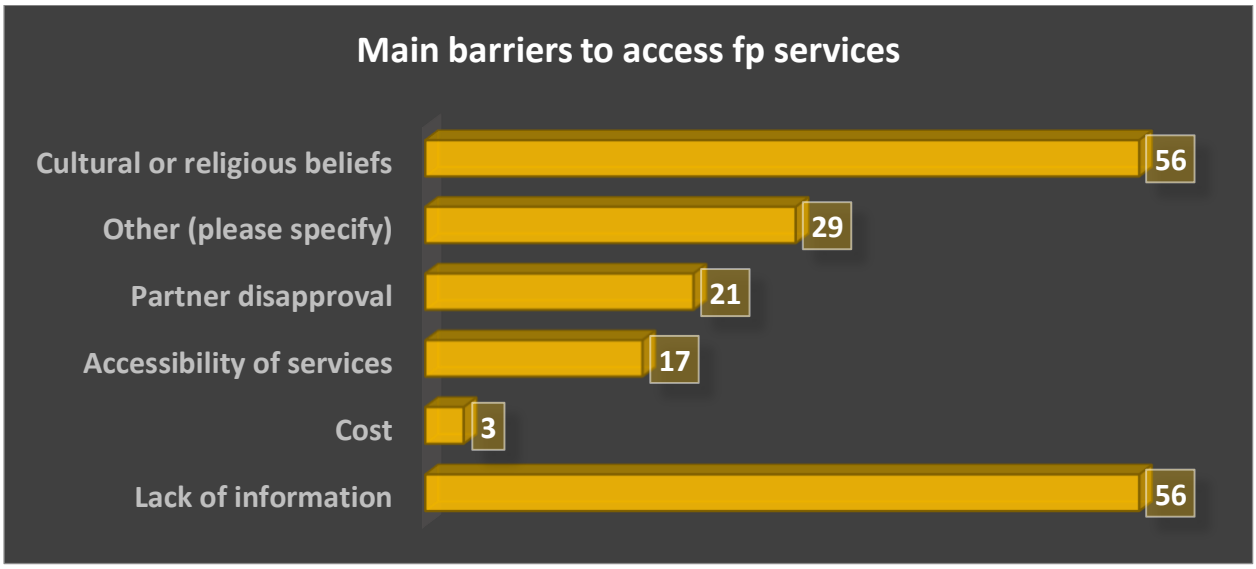


Figure 23. Graph showing main barriers to FP access according to adult men

Analysis of Barriers to Accessing Family Planning Services Among Samburu Adult Men Aged 36 Years and Above

i. Lack of Information (74.66%)

The most significant barrier to accessing family planning services, as reported by 74.66% of respondents, is the lack of information. This indicates that there are significant gaps in awareness and knowledge about family planning methods, benefits, and services available in the community. The nomadic lifestyle and limited access to formal education in pastoralist communities likely contribute to this information gap. It also suggests that outreach programs and communication strategies may not be effectively reaching men in this demographic.

ii. Cultural or Religious Beliefs (48.00%)

Almost half (48%) of the respondents cited cultural or religious beliefs as barriers to accessing family planning. In a deeply traditional and patriarchal society like Samburu, cultural norms often emphasize large family sizes as a symbol of wealth and continuity. Religious beliefs can also play a role, particularly if certain methods of contraception are viewed as contradictory to spiritual teachings.

iii. Partner Disapproval (28.00%)

About 28% of men identified partner disapproval as a barrier. In this context, family planning may be seen as the woman's responsibility, and some men may feel uncomfortable supporting or discussing these services due to entrenched gender norms. This disapproval

could also stem from misunderstandings about family planning or fears about its impact on fertility.

iv. Accessibility of Services (22.66%)

A smaller proportion of men (22.66%) reported difficulties accessing family planning services. Given the nomadic lifestyle of the community and the often-remote locations, physical access to health services remains a challenge. Many may need to travel long distances to reach a clinic, or services may be sporadically available due to logistical challenges.

v. Other Barriers (38.66%)

The "Other" category, at 38.66%, suggests that there are additional factors that hinder access to family planning services. These could include language barriers, mistrust of healthcare providers, fear of stigma, or personal preferences. Further investigation is needed to identify the specific issues included in this category.

vi. Cost (4.00%)

Interestingly, only 4% of men reported the cost as a barrier, suggesting that financial access to family planning services is not a significant concern. This may indicate that family planning services are relatively affordable or subsidized in the region, making them accessible from a financial perspective.

Recommendations

i. Expand Information and Education Programs

Targeted Outreach: To address the information gap, comprehensive and culturally appropriate family planning education should be expanded. Community health workers and mobile clinics can be instrumental in reaching men in remote areas and providing consistent, accurate information about family planning methods and benefits.

Utilize Mass Media: Consider using radio, which is widely accessible even in remote communities, as a tool for family planning education. Programs can address common misconceptions, benefits, and practical information about how and where to access services.

ii. Engage Cultural and Religious Leaders

Cultural Sensitivity: Working with respected community elders, religious leaders, and traditional healers could help bridge the gap between modern healthcare and cultural beliefs. These leaders can play a role in dispelling myths and making family planning more acceptable within the cultural framework.

Religious Dialogue: Involve religious leaders in discussions about how family planning can align with religious teachings, especially in areas where contraception is viewed negatively. This can help address concerns among the 48% of men who see religious beliefs as a barrier.

iii. Promote Partner Communication and Joint Decision-Making

Couple Counselling: Encourage couple counselling on family planning during healthcare visits. This would help address the issue of partner disapproval and foster better communication between men and women about reproductive health decisions. Including men in these discussions can help reduce the 28% reporting partner disapproval as a barrier.

Male Champions: Promote male champions or role models in the community who have successfully supported family planning decisions with their partners. Peer-to-peer influence can be effective in breaking down stereotypes and encouraging more men to participate actively.

iv. Improve Accessibility of Services

Mobile Clinics and Outreach: To address the geographical barriers, increase the availability of mobile clinics or outreach programs specifically targeting family planning services. Bringing services closer to remote, nomadic populations would improve access for the 22.66% who find it challenging to access services.

Telemedicine and Hotline Services: Implement telemedicine or health hotlines where men can access advice and support on family planning issues without having to travel long distances.

v. **Tailored Interventions for "Other" Barriers**

Further Research: It is important to explore the specific issues that fall under the "Other" category (38.66%). Conducting qualitative research could help identify these barriers and inform tailored interventions that can address them effectively.

Address Stigma: If stigma or fear of judgment is one of the "Other" barriers, community education campaigns can emphasize confidentiality and the normalcy of family planning. Ensuring that healthcare workers are trained in handling such issues sensitively will also help.

Conclusion

The main barriers to accessing family planning services in Samburu East Sub- County stem from a lack of information, cultural or religious beliefs, and partner disapproval. By addressing these barriers through culturally sensitive education, community engagement, and improved access to services, the community can increase uptake of family planning

services and improve reproductive health outcomes. Addressing these barriers requires a multi-faceted approach that involves all stakeholders, from healthcare providers to religious and cultural leaders, ensuring that the nomadic pastoralist lifestyle is considered in the design of interventions

3.3.6 Assessing GBV knowledge among adult men

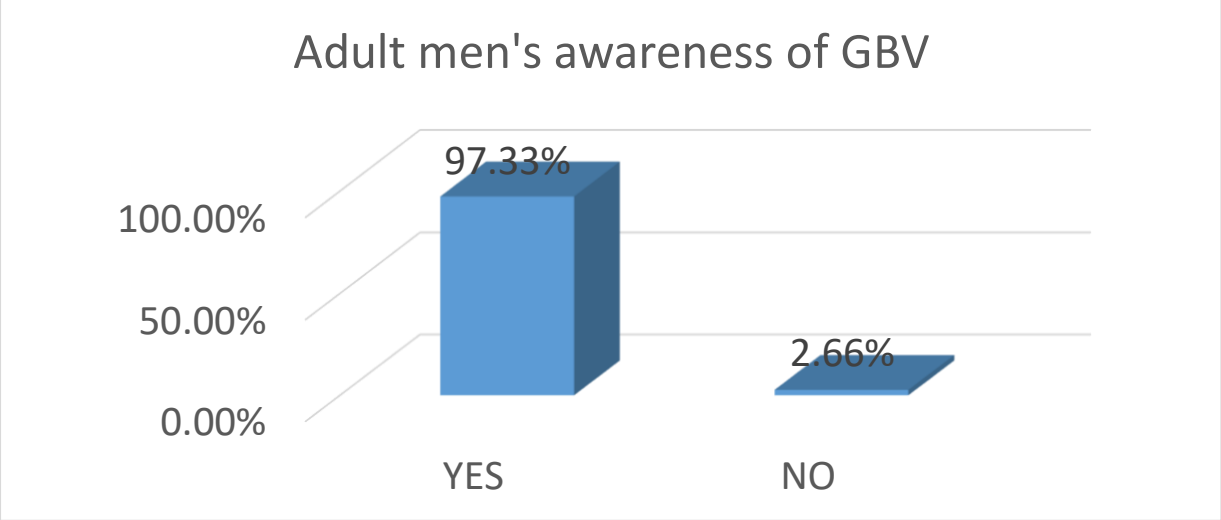


Figure 24. Graph showing adult men's awareness about GBV

Awareness Levels:

Yes: 97.33% (73 respondents)

No: 2.66% (2 respondents)

The overwhelming majority of respondents (97.33%) reported being aware of what gender-based violence (GBV) is. This high level of awareness among adult men in Samburu East Sub- County suggests that GBV is a recognized issue within the community, even among men in a predominantly nomadic and pastoralist setting. The small minority (2.66%) who are unaware represents a very limited portion of the population, indicating that awareness campaigns or discussions around GBV may already be somewhat effective in reaching the majority.

i. **Implications of High Awareness:**

Positive Indicator for Future Interventions: The high awareness of GBV is a positive sign and provides a solid foundation for future interventions aimed at preventing and addressing GBV. It suggests that men in this community are already familiar with the term and are likely

aware of the basic forms of GBV, which could aid in mobilizing support for anti-violence programs.

ii. Potential for Engagement of Men in GBV Prevention:

Given that almost all respondents are aware of GBV, there is an opportunity to engage men as active allies in preventing and reducing gender-based violence. They can play a crucial role as advocates, educators, and protectors in their communities, challenging harmful gender norms and practices that perpetuate violence.

iii. Strengthening GBV Interventions:

High awareness levels also mean that efforts can be focused on deeper engagement beyond just raising awareness. Programs could concentrate on changing attitudes, addressing harmful gender norms, and promoting positive behaviours, such as intervention in violent situations, support for survivors, and fostering respect for women's autonomy.

Areas for Improvement and Recommendations:

i. Addressing the Small Unaware Population:

Although a small percentage (2.66%) is unaware of what GBV is, this still highlights the need for continued education and outreach efforts, especially targeting those with limited access to information. These individuals may be isolated, living in more remote areas, or may not have been reached by previous campaigns.

Recommendation: Enhance community awareness campaigns, particularly in remote or underserved areas, to ensure full community coverage. Utilizing local leaders, radio broadcasts, and community forums can help close the awareness gap.

ii. Shifting from Awareness to Action:

While awareness is high, it is important to focus on translating this awareness into action. This includes encouraging men to actively speak out against GBV, to report incidents, and to support victims.

Recommendation: Implement programs that focus on behavior change and involve men as agents of change. Initiatives like male-led support groups or male champion programs can empower men to take an active stance in ending GBV in their communities.

iii. Engaging Cultural and Religious Leaders:

Despite high awareness, traditional and cultural attitudes may still support or tolerate certain forms of gender-based violence. It is critical to challenge these cultural norms and to engage community leaders in promoting positive change.

Recommendation: Engage influential cultural and religious leaders in the community to help shift attitudes toward GBV. Training these leaders to become advocates for change can reinforce anti-violence messages and encourage broader societal transformation.

Conclusion:

The findings from Samburu East Sub- County demonstrate a commendable level of awareness among men aged 36 years and above regarding gender-based violence. This provides a crucial entry point for further initiatives aimed at eliminating GBV. The focus should now shift towards deeper engagement with men, promoting positive behavioural changes, addressing cultural barriers, and ensuring that all segments of the population are reached through targeted education campaigns. Engaging men in the fight against GBV is key to creating a safer and more equitable society for all.

3.3.7 Assessing adult men's perception of GBV as a problem in the community

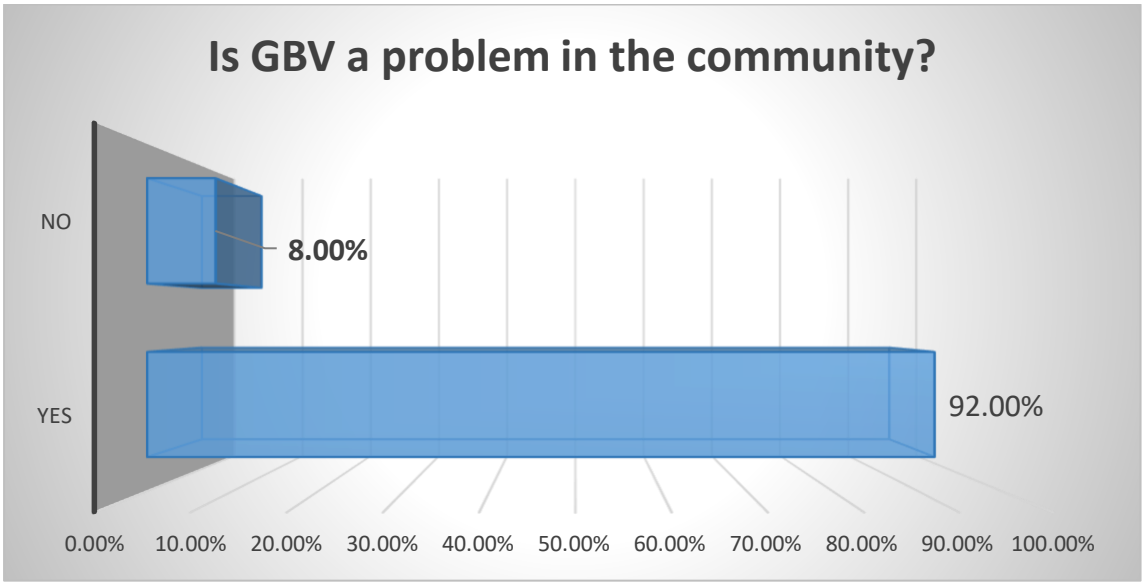


Figure 25. Graph showing adult men's perception of GBV as a problem in the community

Analysis of GBV as a Problem in the Community Among Samburu Adult Men Aged 36 Years and Above

Perception of GBV as a Problem:

Yes: 92.00% (69 respondents)

No: 8.00% (6 respondents)

The majority (92%) of respondents believe that gender-based violence (GBV) is a problem in their community, while a small minority (8%) do not. This indicates a widespread acknowledgment of GBV as a critical issue, even among adult men in a nomadic and

pastoralist setting such as Samburu East Sub- County. The recognition of GBV as a problem is crucial for addressing and reducing its occurrence in the community

Key Insights:

i. **Strong Awareness of GBV as a Community Problem:**

The high percentage of respondents acknowledging GBV as an issue suggests that men are not only aware of what GBV is but also recognize its presence and negative impact within their community. This is a positive indicator for future interventions aimed at tackling the problem.

Implication: Men in the community are likely to be receptive to GBV prevention programs and initiatives since they already view it as an issue that needs to be addressed.

ii. **Minority Denial or Unawareness:**

A small percentage (8%) of respondents do not believe that GBV is a problem in their community. This may indicate denial, ignorance, or the normalization of some forms of violence as acceptable behaviour in traditional or patriarchal settings. Cultural beliefs or lack of direct exposure to GBV cases could also contribute to this perception.

Implication: For this small group, continued education and awareness programs are necessary to shift attitudes and help them recognize the harmful effects of GBV on individuals and the community as a whole.

Recommendations:

i. **Leverage Existing Awareness for Targeted Action:**

Since a significant portion of the community already perceives GBV as a problem, it is important to build on this awareness by implementing specific strategies to reduce GBV. These could include community workshops, male-focused educational campaigns, and initiatives aimed at changing cultural attitudes toward violence against women.

Recommendation: Launch community programs that encourage men to take an active role in preventing GBV, such as by intervening in violent situations or promoting respect for women's rights and autonomy.

ii. **Address the Root Causes of Denial or Minimization:**

For the minority of respondents who do not view GBV as a problem, it is essential to understand the underlying reasons for their perception. Cultural or religious justifications for certain forms of violence, lack of awareness of the negative impact of GBV, or normalization of violence in the community may play a role.

Recommendation: Engage this group through culturally sensitive discussions and education that highlight the harmful consequences of all forms of GBV. Incorporating local leaders and influencers in these efforts could help shift perspectives and reduce tolerance for any form of violence.

iii. Promote Community Dialogues and Safe Reporting Mechanisms:

Given that a large majority view GBV as a problem, creating spaces for open dialogue between community members, including men, women, and leaders, can help foster greater understanding and cooperation in addressing the issue. Establishing and promoting safe reporting mechanisms is also vital to ensure that cases of GBV can be addressed without fear of retribution.

Recommendation: Strengthen community-based reporting systems and support services for survivors. Ensure that these systems are accessible and that survivors and witnesses are encouraged to report GBV without fear of stigma or retaliation.

Conclusion:

The findings indicate that most men in Samburu East Sub- County recognize GBV as a problem in their community, which creates an opportunity to implement effective prevention and intervention programs. Addressing the perceptions of the minority who do not view it as an issue will require targeted education and the involvement of trusted community leaders. Moving forward, the focus should be on empowering men to act as allies in the fight against GBV, fostering a safer and more equitable environment for all members of the community

3.3.8 Assessing the most common types of GBV in the community

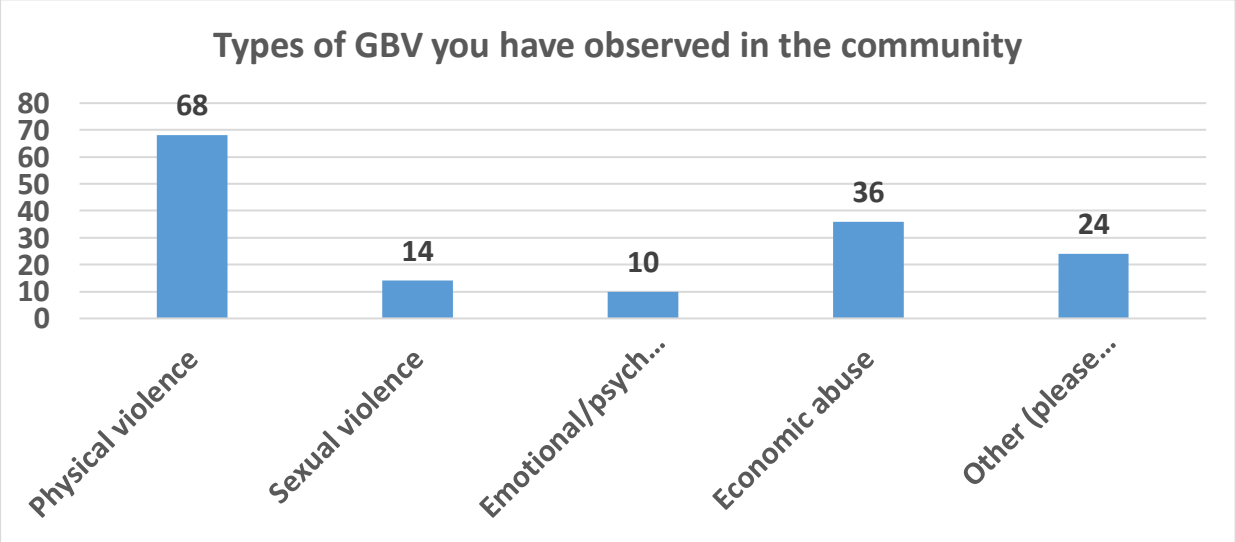


Figure 26. Graph showing most common types of GBV experienced in the communities

i. Physical Violence (68 responses):

Analysis: Physical violence is the most frequently observed type of GBV in the community, with 68 respondents identifying it. This suggests that physical abuse is the most visible or recognized form of GBV within the community. The prevalence of physical violence indicates a severe problem that might be rooted in societal norms, power dynamics, or inadequate enforcement of laws protecting individuals from such abuse. Physical violence is often easier to identify compared to other forms of abuse, which may contribute to its higher reporting or recognition.

ii. Economic Abuse (36 responses):

Analysis: Economic abuse, identified by 36 respondents, is the second most observed form of GBV. Economic abuse can include controlling a person's access to financial resources, limiting their ability to support themselves, or forcing financial dependency. The significant presence of economic abuse highlights the control mechanisms often used in abusive relationships, which can severely limit an individual's autonomy and ability to leave an abusive situation. This finding underscores the importance of addressing not just physical violence but also the broader spectrum of abuses that impact an individual's well-being.

iii. Sexual Violence (14 responses):

Analysis: Sexual violence was observed by 14 respondents, making it the third most commonly reported type of GBV. Although less frequently reported than physical and economic abuse, sexual violence remains a critical issue that is often underreported due to stigma, fear of retribution, or cultural taboos. The lower number of reports may not necessarily indicate lower prevalence but could reflect challenges in recognizing, reporting, or discussing sexual violence within the community.

iv. Other (24 responses):

Analysis: The "Other" category, with 24 responses, likely includes various forms of GBV that do not fit neatly into the listed categories or involve specific cultural practices, coercive control, or other forms of abuse not traditionally recognized. This indicates a range of abuses that may be unique to the community or require more nuanced understanding and response strategies.

This analysis examines the types of GBV that men have observed in their community, focusing on various forms of violence that affect women and vulnerable groups.

i. Economic Violence

Analysis: Economic violence can severely limit a person's autonomy and ability to make decisions, leading to increased dependency on the perpetrator. This form of violence is often

less visible but can have long-term impacts on a victim's well-being and ability to escape abusive situations.

ii. Cultural or Social Violence

Analysis: Cultural violence is deeply rooted in societal norms and can be challenging to address because it is often seen as "normal" or "traditional." However, such practices can perpetuate cycles of violence and reinforce gender inequalities.

iii. Forced Marriage

Analysis: Forced marriage is a severe violation of human rights and can lead to a range of negative outcomes, including loss of educational opportunities, early pregnancy, and continued cycles of violence. It is often perpetuated by cultural norms and economic pressures.

iv. Genital Mutilation/Cutting

Analysis: This practice has severe health consequences, including chronic pain, infections, and complications during childbirth. It is often justified by cultural or religious beliefs but is recognized globally as a human rights violation.

v. Persistent Harassment

Analysis: Harassment can have a profound psychological impact on victims, leading to anxiety, depression, and a sense of powerlessness. It is often underreported due to fear of retaliation or lack of trust in the legal system.

vi. Cyber Violence

Analysis: With the increasing use of technology, cyber violence has become a growing concern. It can be particularly harmful because it can reach a wide audience quickly and is difficult to escape. Victims may experience psychological trauma and social isolation.

Conclusion:

The types of GBV observed by men in their community reflect a range of harmful practices that are rooted in cultural norms, economic power dynamics, and evolving digital threats. Addressing these issues requires a comprehensive approach that includes legal reform, community education, support for victims, and a shift in societal attitudes towards gender-based violence. Engaging men as allies in these efforts is crucial, as their involvement can help challenge the norms that perpetuate violence and promote a culture of respect and equality

v. Emotional/Psychological Abuse (10 responses):

Analysis: Emotional or psychological abuse was identified by 10 respondents, making it the least frequently observed form of GBV in this data set. Emotional abuse, which can include

verbal abuse, manipulation, and psychological coercion, is often less visible and harder to recognize than physical violence. The lower reporting might reflect challenges in identifying and addressing emotional abuse or a cultural tendency to overlook non-physical forms of violence

Summary:

The data reveals that physical violence is the most commonly observed type of GBV in the community, followed by economic abuse. These findings highlight the visible and tangible forms of violence that are more easily recognized. However, the presence of sexual violence, emotional abuse, and other forms of abuse also indicates a broader spectrum of GBV that affects the community, albeit in less visible ways.

Implications:

i. **Comprehensive Interventions:** Address the full range of GBV, with targeted interventions for physical violence and economic abuse, while also raising awareness and support for less visible forms like emotional and sexual abuse.

ii. **Education and Awareness:** Increase efforts to educate the community about the various forms of GBV, particularly those that are less recognized, such as emotional and psychological abuse.

iii. **Support Systems:** Strengthen support systems that address all forms of GBV, ensuring that victims of physical, economic, sexual, and emotional abuse have access to the resources they need.

iv. **Cultural Sensitivity:** Understand and address cultural practices or beliefs that may contribute to or hide GBV under the "Other" category, tailoring interventions to meet specific community needs.

3.3.9 Assessing where GBV survivors can seek help in the community

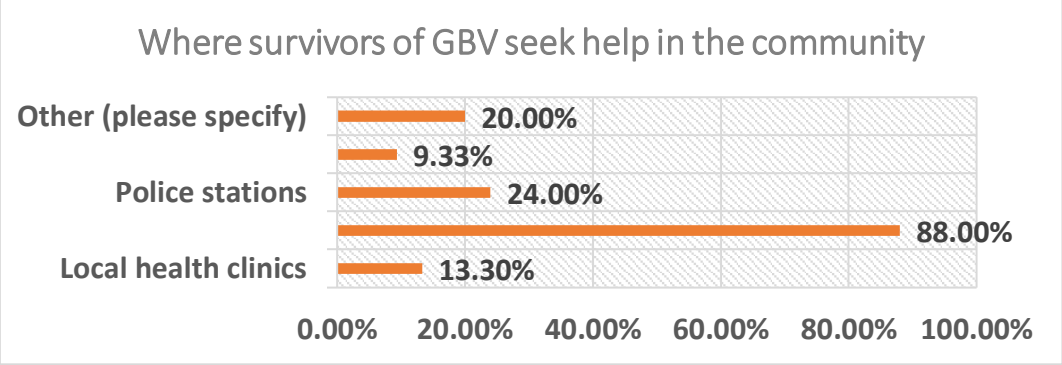


Figure 27. Graph showing views on where GBV survivors can seek help

i. **Community Leaders (88.00%, 66 respondents):**

Analysis: The majority of respondents (88.00%) believe that community leaders are the most appropriate source of help for GBV survivors. This suggests that community leaders are highly trusted and are seen as key figures in addressing GBV issues. Their prominent role could be due to cultural or social structures where community leaders hold significant authority and influence. However, relying heavily on community leaders may have limitations, such as potential bias, lack of formal training in handling GBV cases, or the possibility of conflicts of interest.

ii. **Police Stations (24.00%, 18 respondents):**

Analysis: A quarter of the respondents (24.00%) indicated that police stations are a place where GBV survivors can seek help. This reflects a recognition of the legal and protective role that law enforcement can play in addressing GBV. However, the relatively lower percentage compared to community leaders might suggest issues of trust, accessibility, or effectiveness in the police's response to GBV cases. Survivors might also fear stigma, reprisal, or not being taken seriously when reporting to the police.

iii. **Other (20.00%, 15 respondents):**

Analysis: The "Other" category, with 20.00% of responses, indicates that there are alternative avenues for seeking help that were not explicitly listed. This might include non-governmental organizations (NGOs), faith-based groups, or informal networks that offer support to survivors. The diversity of this category suggests that there are multiple ways survivors can access help, which could be beneficial but also fragmented, leading to inconsistencies in support.

iv. **Local Health Clinics (13.30%, 10 respondents):**

Analysis: Only 13.30% of respondents identified local health clinics as a place where GBV survivors can seek help. This low percentage might indicate that while health clinics are recognized as important for medical care, they may not be seen as the primary resource for dealing with GBV. This could be due to a lack of specialized services, insufficient privacy, or a perception that clinics are not equipped to handle the broader psychological or legal aspects of GBV.

v. **Support Groups (9.33%, 7 respondents):**

Analysis: Support groups were identified by 9.33% of respondents as a source of help for GBV survivors. This suggests that while support groups are valued, they are less prominent compared to other options. The lower percentage might reflect limited availability, awareness, or cultural acceptance of such groups. Support groups can provide critical emotional support

and a sense of community, which are vital for recovery, but their impact may be underutilized if not widely recognized or accessible.

Summary:

The data shows a strong reliance on community leaders as the primary source of help for GBV survivors, with police stations and various "Other" options also playing significant roles. However, local health clinics and support groups are less frequently identified as resources, suggesting potential gaps in the integration of medical, legal, and emotional support services for survivors.

Implications:

i. **Strengthening Community Leadership Training:** Given the reliance on community leaders, it's important to provide them with proper training on how to handle GBV cases sensitively and effectively, ensuring they can offer informed support and referrals.

ii. **Building Trust in Law Enforcement:** Efforts should be made to increase trust in the police, perhaps through specialized GBV units, community policing, or public awareness campaigns to encourage reporting and ensure survivors feel safe seeking help.

iii. **Enhancing Health Clinic Services:** Increase the capacity of local health clinics to handle GBV cases by integrating specialized services, providing confidential spaces, and ensuring that healthcare workers are trained to support survivors.

iv. **Promoting Support Groups:** Raise awareness about the availability and benefits of support groups, and consider expanding these services to reach more survivors. This can provide vital emotional and psychological support that complements other forms of assistance.

3.3.10 Assessing the role of adult men in reducing GBV in the community

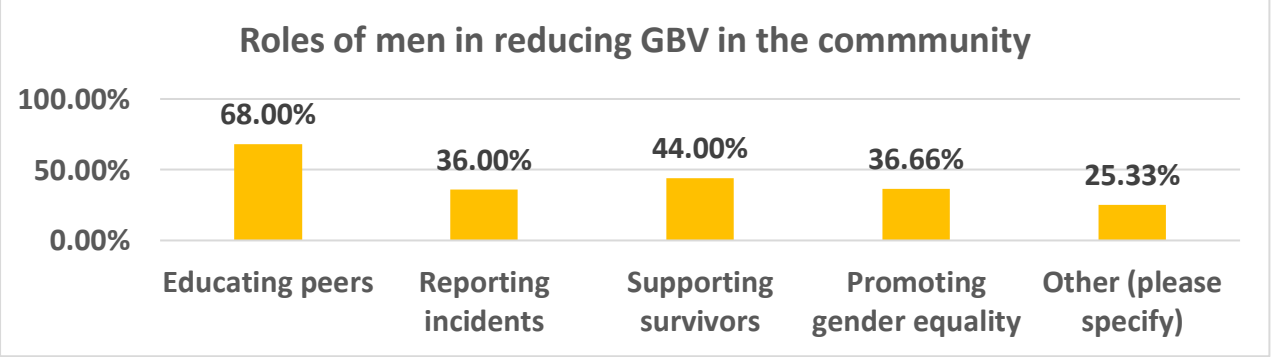


Figure 28. Graph showing roles men can play in GBV reduction

Analysis of the Role Men Can Play in Reducing GBV in the Community Among Samburu Adult Men Aged 36 Years and Above

Key Findings:

Educating peers: 68.00% (51 respondents)

Supporting survivors: 44.00% (33 respondents)

Promoting gender equality: 36.66% (29 respondents)

Reporting incidents: 36.00% (27 respondents)

Other (please specify): 25.33% (19 respondents)

Key Insights:

i. Education as a Primary Role:

The most significant role that men can play, according to the majority of respondents (68%), is educating their peers about gender-based violence (GBV). This indicates that men in the community recognize the importance of spreading awareness and challenging harmful behaviours among their peers.

Implication: Peer education is likely to have a ripple effect, as men can challenge each other's views and behaviours, thereby creating a cultural shift that discourages violence and promotes respect.

ii. Supporting Survivors:

44% of respondents believe men should play an active role in supporting survivors of GBV. This highlights the growing awareness that men can offer crucial emotional, financial, and psychological support to those affected by violence.

Implication: By supporting survivors, men can help break the cycle of stigma and silence around GBV. This support can encourage more survivors to come forward and seek help, contributing to a safer community.

iii. Promoting Gender Equality:

36.66% of respondents identified the promotion of gender equality as a role for men in reducing GBV. This aligns with the understanding that gender-based violence stems from power imbalances, and promoting equality can reduce the likelihood of violence.

Implication: In traditional communities like Samburu, where cultural norms around gender roles are deeply entrenched, men promoting gender equality can lead to long-term change in attitudes and behaviours.

iv. Reporting Incidents:

36% of respondents acknowledged that reporting incidents of GBV is another important role for men. This suggests that there is growing recognition of the importance of accountability and ensuring that perpetrators are held responsible.

Implication: Encouraging men to report GBV cases can strengthen community-based response systems and improve trust in legal and health institutions. However, barriers to reporting, such as stigma and distrust of authorities, may need to be addressed to make this more effective.

v. Other Roles:

25.33% of respondents selected "other" roles, which may include intervening in situations of violence, acting as community advocates, or leading anti-violence initiatives. This diversity in responses indicates that men see multiple pathways for involvement in reducing GBV.

Recommendations:

i. Strengthen Peer Education Initiatives:

Leverage the willingness of men to educate their peers by organizing community forums, workshops, and awareness campaigns led by male role models and influencers. Men can be empowered to challenge harmful gender norms, promote non-violence, and share the importance of GBV prevention.

Recommendation: Train men in the community as GBV peer educators, providing them with the tools and knowledge to engage in meaningful conversations about GBV prevention.

ii. Encourage Male Allies in Supporting Survivors:

Given that a significant portion of respondents see the value in supporting survivors, initiatives should be developed that enable men to offer tangible support. This could include participating in support groups, providing logistical or financial assistance, or offering moral support to survivors.

Recommendation: Establish men's support networks where they can be trained on how to assist survivors without perpetuating stigma or reinforcing victim-blaming narratives.

iii. Promote Gender Equality Through Community Dialogues:

Since promoting gender equality is seen as a way to reduce GBV, men should be engaged in discussions about gender roles, power dynamics, and mutual respect. These dialogues should focus on dismantling harmful stereotypes and building healthier relationships between men and women.

Recommendation: Organize community events where men and women discuss gender equality, the harmful effects of GBV, and ways to foster respectful partnerships in families and the community.

iv. Create Safe Reporting Mechanisms for Men:

With men recognizing the importance of reporting GBV cases, efforts should be made to ensure that reporting is safe, accessible, and without fear of retaliation. This could include working with local authorities and community leaders to build trust and confidentiality in the reporting process.

Recommendation: Develop anonymous and confidential reporting channels that men can use to report incidents of GBV. Train community leaders and police on how to respond to these reports in a manner that protects survivors and encourages justice.

v. Engage Men in Multi-Faceted Roles:

The variety of responses highlights the need to engage men in multiple ways. Tailored programs should address different avenues for involvement, from direct intervention to advocacy and awareness-raising.

Recommendation: Develop comprehensive community programs that incorporate education, advocacy, support for survivors, and reporting, empowering men to take active roles in reducing GBV in diverse ways.

Conclusion:

The findings demonstrate that men in Samburu East Sub- County are willing to take on significant roles in reducing GBV, particularly through peer education, supporting survivors, and promoting gender equality. The recognition of these roles is a positive step toward creating a community where GBV is actively prevented and addressed. Moving forward, it will be essential to provide men with the tools, resources, and support to effectively carry out these roles and to ensure that their involvement contributes to lasting change.

3.4 Assessing Young men (18 to 35 years)

3.4.1 Assessing FP knowledge among young men

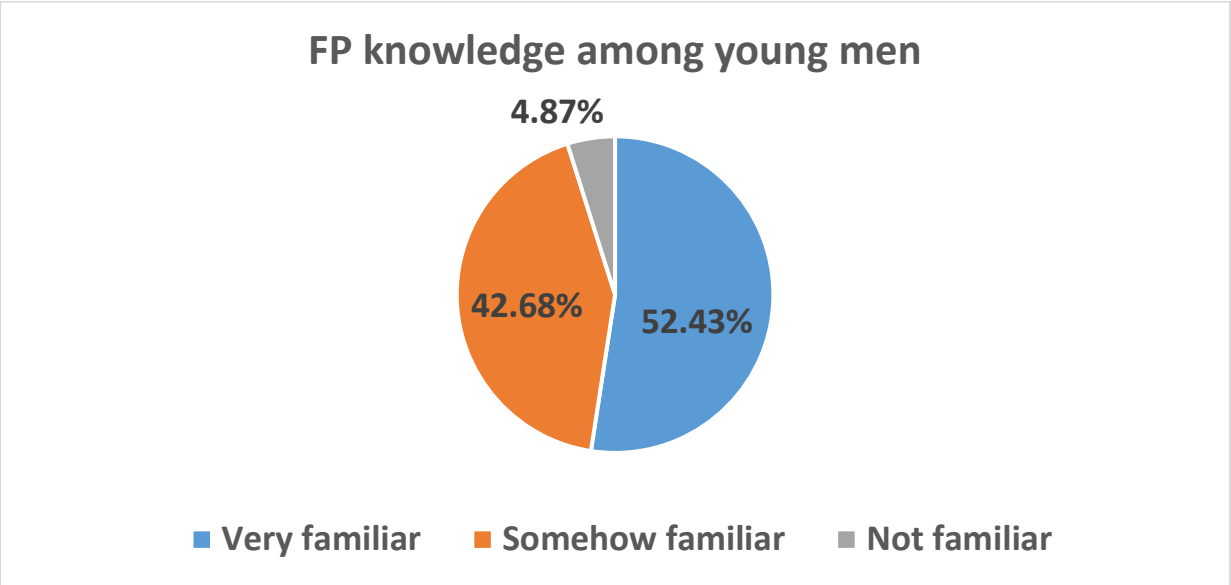


Figure 29. Graph showing FP knowledge among young men

Analysis of Familiarity with Family Planning Methods Among Samburu Youth (Aged 18-35 Years)

Key Findings:

Very familiar: 52.43% (43 respondents)

Somewhat familiar: 42.68% (35 respondents)

Not familiar: 4.87% (4 respondents)

Key Insights:

i. **High Level of Familiarity:**

More than half of the youthful respondents (52.43%) report being very familiar with different family planning methods, while 42.68% are somewhat familiar. This demonstrates that a majority of the youth in the Samburu East sub-county have some level of awareness regarding family planning options.

Implication: The relatively high level of familiarity among this age group presents a strong foundation for promoting family planning and reproductive health practices. Youth who are informed are more likely to make responsible choices regarding contraception and family planning, contributing to better health outcomes for themselves and their families.

ii. **Limited Lack of Awareness:**

Only a small proportion (4.87%) of respondents are not familiar with family planning methods. Although this percentage is low, it indicates a gap that should be addressed, particularly among youth in remote or isolated areas where access to information may be limited.

Implication: There remains a need for targeted interventions to ensure that all youth have access to accurate and comprehensive information about family planning methods, especially those who may not have been exposed to health education programs.

Recommendations:

i. **Enhance Family Planning Education:**

Given the high level of basic awareness, efforts should focus on deepening understanding of the various family planning methods available, including their benefits, side effects, and where they can be accessed. This can be done through youth-friendly reproductive health programs, peer education, and mobile outreach in the conservancies.

Recommendation: Implement educational campaigns that emphasize not just the availability of family planning methods, but also guidance on choosing the most appropriate methods based on personal circumstances, including health needs, family planning goals, and cultural considerations.

ii. **Target Youth Who Are Less Familiar with Family Planning:**

For the minority of youth who are not familiar with family planning methods, there should be tailored outreach programs that focus on increasing awareness, especially in the more remote parts of Samburu East where access to healthcare and information might be more challenging.

Recommendation: Establish mobile health clinics or community health worker programs that provide family planning education directly to youths in their communities, particularly targeting those who are less engaged with formal health services.

iii. **Leverage Peer Education Networks:**

The findings suggest that many youths are already familiar with family planning. To reinforce this knowledge, peer education programs can be expanded, where informed young people are trained to educate their peers. This can increase trust and engagement with family planning services, particularly in conservative, pastoralist communities.

Recommendation: Train youth leaders and influencers within the community to act as family planning champions, educating others about the importance of family planning in managing family size, improving health, and supporting economic development.

iv. Cultural Sensitivity in Education:

Since the Samburu community is nomadic and follows traditional cultural practices, it is essential that family planning education respects and aligns with their cultural and religious beliefs while also promoting healthier reproductive choices.

Recommendation: Collaborate with community leaders and elders to create culturally sensitive family planning messages that resonate with the values of the community but also encourage healthier family planning practices.

v. Increase Accessibility to Family Planning Services:

While the familiarity is high, it is equally important to ensure that the youth have consistent access to family planning services. Mobile clinics, health centers, and outreach programs should be equipped to provide a range of contraceptive options that meet the needs of the youth.

Recommendation: Strengthen the provision of family planning services through both static and mobile health units in the conservancies to ensure that youth who are familiar with the methods can easily access the services they need.

Conclusion:

The high level of familiarity with family planning methods among Samburu youth aged 18-35 presents an encouraging opportunity to promote family planning in the region. However, there is still a need for targeted interventions to reach the small percentage who are not familiar and to enhance understanding among those who are only somewhat familiar. Culturally sensitive education, peer-led initiatives, and improved access to services will be critical to maximizing the impact of family planning programs and improving reproductive health outcomes in the community.

Very Familiar (52.43%, 43 respondents):

Analysis: A majority of respondents (52.43%) describe themselves as very familiar with different family planning methods. This indicates a high level of awareness and knowledge within the community about the various options available for family planning. Being very familiar likely means that these respondents not only know about the different methods but also understand how they work, their benefits, and potential side effects. This level of familiarity suggests that these individuals may be more likely to use family planning methods effectively and make informed choices regarding their reproductive health.

Somewhat Familiar (42.68%, 35 respondents):

Analysis: A significant portion of respondents (42.68%) describe themselves as somewhat familiar with family planning methods. This group likely has a basic understanding of some methods but may not be fully informed about all options or the details of each method. While they might recognize the importance of family planning, their knowledge gaps could influence their decision-making or lead to less consistent or effective use of family planning methods. This group represents an opportunity for targeted education and outreach to enhance their understanding and confidence in using family planning.

Not Familiar (4.87%, 4 respondents):

Analysis: A small minority (4.87%) of respondents report not being familiar with family planning methods. This lack of familiarity could be due to several factors, such as limited access to information, cultural or educational barriers, or lack of exposure to family planning services. These individuals are at a higher risk of unintended pregnancies or may rely on less effective or traditional methods. Addressing this gap is crucial, as increasing their familiarity with available options could significantly improve reproductive health outcomes in the community.

3.4.2 Assessing factors that influence young men's support on use of FP

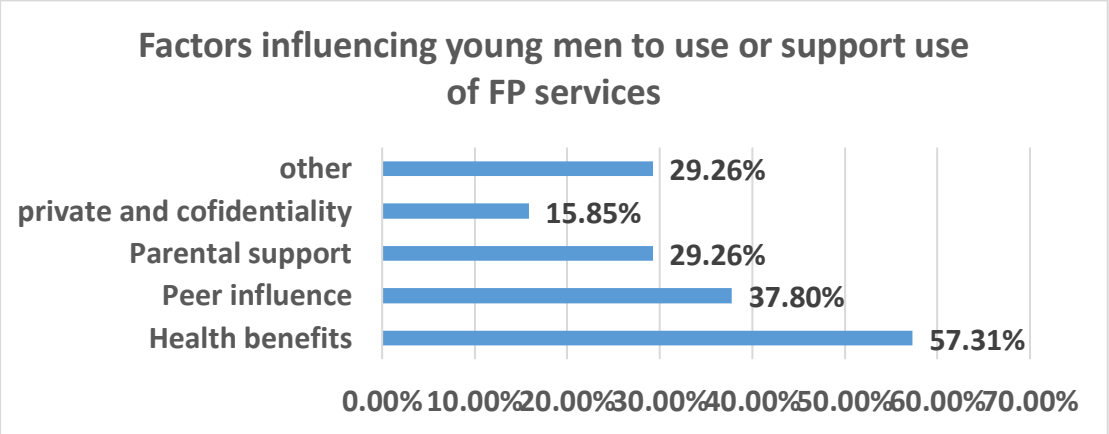


Figure 30. Graph showing factors influencing young men's support for FP use

Analysis of Factors Influencing the Decision to Use or Support Family Planning Among Samburu Youth (Aged 18-35 Years)

Key Findings:

Health benefits: 57.31% (47 respondents)

Peer influence: 37.80% (31 respondents)

Parental support: 29.26% (24 respondents)

Privacy and confidentiality: 15.85% (13 respondents)

Other: 29.26% (24 respondents)

Key Insights:

i. Health Benefits as a Primary Motivator:

The majority (57.31%) of respondents indicated that health benefits are the most significant factor influencing their decision to use or support family planning.

Implication: This highlights that health education campaigns that emphasize the positive health outcomes of family planning, such as improved maternal and child health, reduced risk of unplanned pregnancies, and prevention of sexually transmitted infections (STIs), resonate well with this demographic.

ii. Peer Influence:

Peer influence was noted by 37.80% of respondents as an important factor in their decision-making process.

Implication: In a communal, pastoralist society like Samburu, social networks play a vital role in shaping individual behaviours. If peers are supportive of family planning, it is likely that others will follow suit.

Recommendation: Peer-led initiatives and youth groups that promote family planning should be strengthened to capitalize on the strong influence of social circles. Engaging young, influential community members as family planning advocates can increase acceptance and use.

iii. Parental Support:

Parental support was a factor for 29.26% of the respondents, indicating that family approval still plays a significant role in shaping youth decisions regarding family planning.

Implication: Although the youth are becoming more independent in their decision-making, family influence—particularly that of parents—remains significant. This suggests that family planning programs should also include outreach to parents, encouraging them to support their children's reproductive health decisions.

Recommendation: Engage parents and elders through community dialogues to foster open communication about family planning and its importance, thus encouraging parental support for family planning among youth.

iv. Privacy and Confidentiality Concerns:

Only 15.85% of respondents cited privacy and confidentiality as an influencing factor.

Implication: While privacy is not a top concern for the majority, for a significant minority, it is a key consideration. This may be particularly relevant in tight-knit pastoralist communities where confidentiality can be difficult to ensure.

Recommendation: Strengthen the confidentiality measures at health facilities and promote the availability of private counselling and services for those concerned about privacy. Mobile clinics or youth-specific health centres could provide safe spaces for young people seeking family planning services.

v. Other Factors:

A notable 29.26% of respondents listed other factors as influencing their decisions.

Implication: This category could include a wide range of issues, including economic considerations, cultural or religious beliefs, or personal experiences. Further investigation into these unspecified factors could provide more nuanced insights into what drives family planning decisions in this community.

Recommendation: Conduct qualitative follow-up research to better understand the "other" factors that were not specified, as addressing these could improve the design of family planning programs and interventions.

Recommendations:

i. Health-Centric Messaging:

Given the strong preference for family planning based on health benefits, messaging should focus on promoting the health advantages of family planning, particularly in relation to maternal health, child spacing, and overall family well-being.

Recommendation: Develop culturally relevant campaigns that highlight the health-related benefits of family planning, including the reduction of maternal and infant mortality, to reinforce this motivation.

ii. Leverage Peer Networks:

Since peer influence plays a substantial role, leveraging peer networks can increase the uptake of family planning methods.

Recommendation: Establish youth peer-educator programs where trusted community members educate their peers about family planning in a non-judgmental and supportive environment. This could include organizing peer group discussions, events, or training sessions within the conservancies.

iii. Engaging Families:

Given the importance of parental support, family planning initiatives should include parents and elders in discussions, aiming to reduce intergenerational barriers and encourage a more open dialogue about reproductive health.

Recommendation: Organize community dialogues that involve both youth and parents, where health professionals can address common misconceptions about family planning and underscore its importance for family well-being.

iv. Improve Confidentiality in Service Delivery:

For those concerned about privacy and confidentiality, ensuring that family planning services are delivered in a confidential manner is crucial.

Recommendation: Implement strategies that protect client confidentiality, such as offering private counselling rooms, creating youth-friendly health spaces, and providing anonymous services, especially in communities where gossip or lack of privacy can be a barrier.

v. Address Additional Influences:

Further research is needed to understand the full scope of the "other" factors influencing family planning decisions.

Recommendation: Carry out qualitative focus group discussions or interviews with young people in the community to explore these other influencing factors. Understanding these issues will help tailor interventions to better meet the needs of the youth.

Conclusion:

Health benefits, peer influence, and parental support are key drivers of family planning decisions among Samburu youth. To improve family planning uptake in the region, interventions should prioritize health-focused education, peer-led advocacy, and family engagement while addressing privacy concerns and other unspecified influences. These steps will help ensure that youth in Samburu have the knowledge and support needed to make informed decisions about their reproductive health.

3.4.3 Assessing GBV awareness among young men

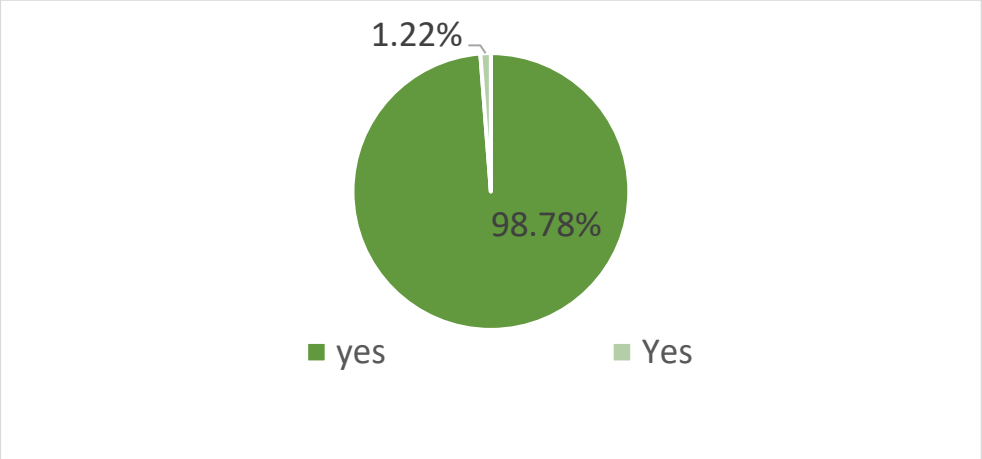


Figure 31. Chart showing young men's awareness about GBV

The baseline survey in Samburu East shows that 98.78% of young men aged 18 to 35 years are aware of gender-based violence (GBV). This high level of awareness indicates that GBV issues are widely recognized within the community. Awareness is critical, as it reflects the potential for young men to challenge harmful norms and support survivors. However, translating awareness into behavioural change remains essential. Targeted interventions, such as workshops on healthy relationships are needed to empower young men to actively prevent and respond to GBV, ultimately fostering a safer environment.

Despite the high awareness, 1.22% of the respondents are still unaware of GBV, highlighting existing gaps in outreach and education efforts. These individuals may reside in remote areas or belong to communities where GBV is normalized and not openly discussed. Addressing this gap requires inclusive and far-reaching sensitization campaigns that use diverse communication methods like storytelling, radio broadcasts, and peer-led discussions tailored to reach marginalized groups. Involving local leaders can make GBV education more relatable and culturally acceptable. Expanding these efforts is crucial to ensuring that every young man understands what GBV is and recognizes their role in its prevention.

3.4.4 Assessing most common GBV types known by young men in the community

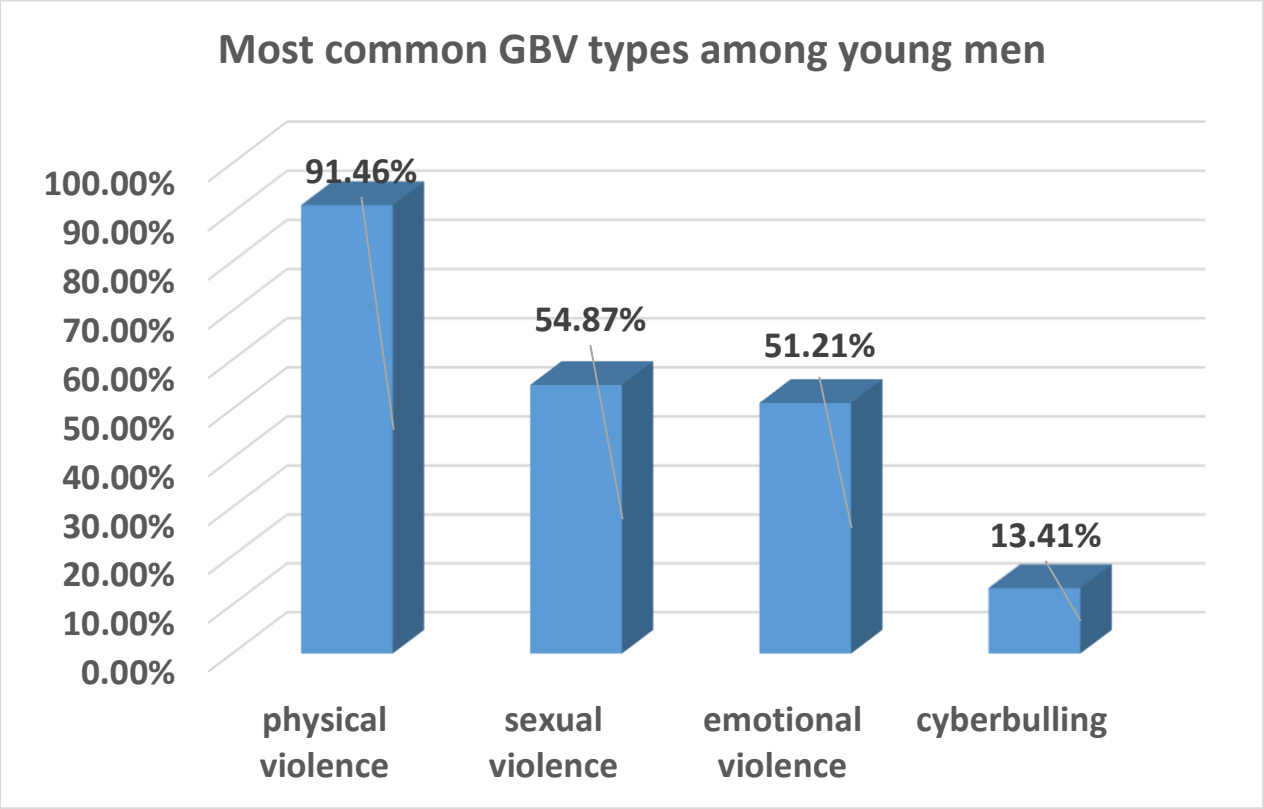


Figure 32. Graph showing most common GBV types known by young men

Analysis of Common Types of Gender-Based Violence (GBV) Among Adolescents and Young People in Samburu East

Key Findings:

Physical violence: 91.46% (75 respondents)

Sexual violence: 54.87% (45 respondents)

Emotional violence: 51.21% (42 respondents)

Cyberbullying: 13.41% (11 respondents)

Key Insights:

i. Physical Violence:

Physical violence is the most common type of GBV experienced by adolescents and young people, reported by 91.46% of respondents. This reflects the prevalence of violent acts such as beatings, physical assault, and other forms of bodily harm.

Implication: In pastoralist communities like Samburu, physical violence may be culturally normalized or seen as a means of control, especially in gendered power dynamics.

Recommendation: There is a need for widespread campaigns targeting physical violence, particularly through community sensitization programs. These campaigns should focus on promoting peaceful conflict resolution and challenging the normalization of violence within households and communities. Collaboration with community elders, local leaders, and law enforcement can help reinforce the unacceptability of physical violence.

ii. Sexual Violence:

Sexual violence is the second most prevalent form of GBV, with 54.87% of respondents highlighting its occurrence. This includes rape, sexual assault, and coercion.

Implication: Sexual violence remains a significant issue, and survivors, especially women and girls, face extreme vulnerability. The stigma associated with reporting sexual violence often silences survivors, further complicating prevention and response efforts.

Recommendation: Strengthening legal frameworks and law enforcement to respond to sexual violence cases is crucial. Schools, health facilities, and community centers should be equipped with safe spaces and confidential reporting mechanisms. Additionally, comprehensive sex education programs should be implemented to raise awareness about consent and the unacceptability of sexual violence.

iii. Emotional Violence:

Emotional or psychological violence was reported by 51.21% of respondents. This includes verbal abuse, manipulation, threats, and other forms of emotional harm that can have long-lasting mental health impacts.

Implication: Emotional violence often goes unnoticed due to its non-physical nature but can be equally devastating for the well-being of survivors. In patriarchal societies like Samburu, emotional abuse may be employed to assert dominance or control.

Recommendation: Mental health and psychosocial support services should be integrated into community health programs to address emotional violence. Workshops on healthy relationships and communication should be organized for both men and women to help recognize and challenge emotional abuse.

iv. Cyberbullying:

Although cyberbullying was reported by only 13.41% of respondents, its presence indicates the emerging impact of technology and online spaces even in rural areas like Samburu. Cyberbullying may include harassment, threats, or derogatory remarks made through digital platforms.

Implication: With the increasing accessibility of mobile phones and the internet, young people in pastoralist communities are vulnerable to online forms of violence, which may go unaddressed due to limited awareness or knowledge of how to report it.

Recommendation: Digital literacy programs should be introduced in schools and youth centres to teach young people about the risks of cyberbullying and how to protect themselves online. Additionally, partnerships with law enforcement to combat cybercrime can help create safer online spaces for youth.

Recommendations:

i. Community Education and Awareness:

- Physical and sexual violence should be addressed through awareness programs in schools, churches, and community gatherings. Emphasizing the rights of individuals to live free from violence is essential to changing attitudes.
- Engaging traditional leaders and influencers to speak against violence can help shift cultural perceptions and encourage community members to intervene when violence occurs.

ii. Strengthening Reporting Mechanisms:

- Establish and promote confidential reporting channels for survivors of all types of GBV, including emotional abuse and cyberbullying. This could include helplines, mobile health clinics, and GBV desks at local health facilities.
- Improve access to justice for survivors by ensuring that police and legal services are trained in handling GBV cases sensitively and effectively.

iii. Support for Survivors:

- Provide comprehensive support services, including counselling, medical assistance, and legal aid for survivors of all forms of violence. These services should be easily accessible within the conservancies and rural areas of Samburu East.
- Introduce mental health programs that cater to survivors of emotional violence, recognizing the impact of non-physical abuse on well-being.

iv. Cyberbullying and Digital Safety:

- Develop cyber safety initiatives to raise awareness about the dangers of cyberbullying and the importance of online privacy, especially among young people who are increasingly engaging with technology.
- Collaborate with national agencies and telecommunication providers to create platforms for reporting and addressing cyberbullying in a culturally appropriate manner.

Conclusion:

The findings show that physical, sexual, and emotional violence are the most prevalent forms of GBV among adolescents and young people in Samburu East, with cyberbullying also emerging as an issue. Addressing these forms of violence requires a multi-faceted approach that includes community sensitization, support for survivors, strengthening reporting mechanisms, and promoting digital safety for youth.

3.4.5 Assessing where GBV survivors can seek help in the community

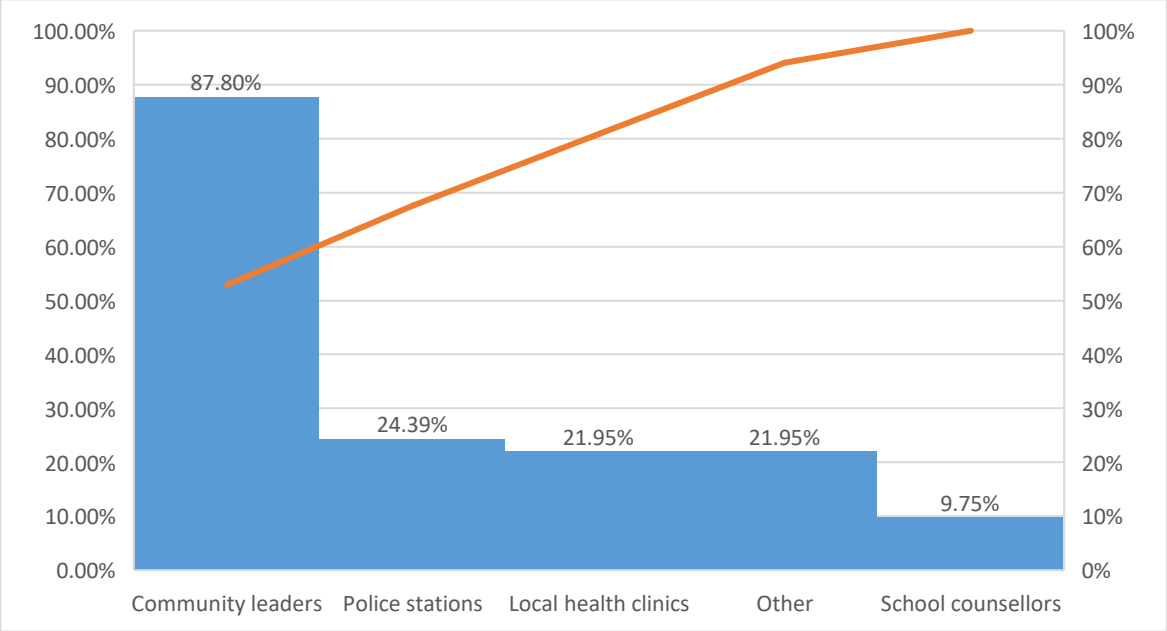


Figure 33. Graph showing where GBV survivors can seek help in the community

Analysis of Where Young GBV Survivors Can Best Seek Help in Samburu East (Youth Aged 18-35)

Key Findings:

Community leaders: 87.80% (72 respondents)

Police stations: 24.39% (20 respondents)

Local health clinics: 21.95% (18 respondents)

Other: 21.95% (18 respondents)

School counsellors: 9.75% (8 respondents)

Key Insights:

i. **Community Leaders as Primary Support:**

A significant majority of respondents (87.80%) believe that community leaders are the most appropriate people for young GBV survivors to seek help from.

Implication: This reliance on community leaders reflects the pastoralist nature of the Samburu community, where traditional structures and local authority figures play a pivotal role in conflict resolution and community affairs. Survivors may trust community leaders due to their accessibility and cultural relevance.

Recommendation: Given the high level of trust in community leaders, it is crucial to engage and train these leaders in gender-based violence (GBV) response, including legal frameworks and survivor support services. This can empower them to provide informed, sensitive, and effective assistance to GBV survivors.

ii. Underutilization of Formal Institutions (Police Stations and Health Clinics):

Despite their importance in addressing GBV, police stations (24.39%) and local health clinics (21.95%) are not seen as primary avenues for help by a majority of respondents.

Implication: There may be barriers such as mistrust in formal institutions, lack of accessibility, or perceived inefficiency that prevent survivors from seeking help from the police or health facilities.

Recommendation: To improve trust and utilization, it is essential to build the capacity of local police and health workers to respond to GBV cases in a culturally sensitive and survivor-cantered manner. Establishing referral pathways between community leaders, police, and health services can also ensure more coordinated support for survivors.

iii. Low Trust in School Counsellors:

Only 9.75% of respondents consider school counsellors as a suitable resource for GBV survivors.

Implication: This could suggest a lack of awareness of the role school counsellors can play or a lack of access to formal education, limiting young people's exposure to such services.

Recommendation: Schools should enhance the visibility and capacity of their counselling services by integrating GBV education and awareness programs into their curriculum. Collaboration with local leaders to promote counselling services as safe spaces for survivors could increase their usage.

iv. Other Sources of Support:

21.95% of respondents indicated other as a category, suggesting that there may be additional avenues for seeking help that are not captured in the traditional framework (e.g., support from friends, religious leaders, or NGOs).

Implication: This shows a need for more clarity on what other sources survivors may be relying on and whether these channels are effective and safe.

Recommendation: Further investigation into these "other" sources should be conducted to better understand alternative support systems within the community. Strengthening and formalizing these sources could provide survivors with more reliable support options.

Recommendations:

i. Training and Empowering Community Leaders:

Since community leaders are the primary point of contact for survivors, they need training in GBV response, legal procedures, and survivor-cantered care. Engaging them in national

policies and frameworks on GBV will ensure that they align with best practices for survivor support.

Action: Organize workshops for community leaders, involving key stakeholders, legal experts, and healthcare providers to improve their knowledge and capacity to address GBV.

ii. Strengthening Police and Healthcare Collaboration:

There is a clear gap between the community's trust in police stations and local health clinics and their actual utilization. Efforts should be made to enhance the approachability and efficiency of these institutions in handling GBV cases.

Action: Establish community-police forums and health outreach programs that demystify these institutions' roles in GBV support, making them more accessible and trusted by survivors.

iii. Incorporating GBV Education in Schools:

The low recognition of school counsellors indicates a need for greater emphasis on their role in GBV prevention and intervention. Schools could serve as safe spaces for young survivors if counsellors are properly trained.

Action: Integrate GBV awareness and prevention programs into school curricula, while providing professional training for counsellors to respond to GBV cases appropriately.

iv. Expanding Access to Non-Traditional Support:

Given that some respondents selected "other" as a support option, it is essential to identify these alternative sources of help. These could include informal networks such as friends or religious leaders.

Action: Further research should be conducted to map these alternative resources and determine their effectiveness in supporting GBV survivors. Engaging these informal networks could enhance the overall support framework.

Conclusion:

The findings indicate that community leaders are the most trusted figures for GBV survivors in Samburu East to seek help from, while formal institutions like police stations and health clinics are underutilized. Efforts should focus on empowering community leaders with the necessary knowledge and skills to handle GBV cases while improving trust and access to formal support systems. Additionally, school counsellors and alternative support networks should be explored and strengthened to provide a more comprehensive safety net for survivors

3.4.6 Assessing barriers to GBV reporting among young men

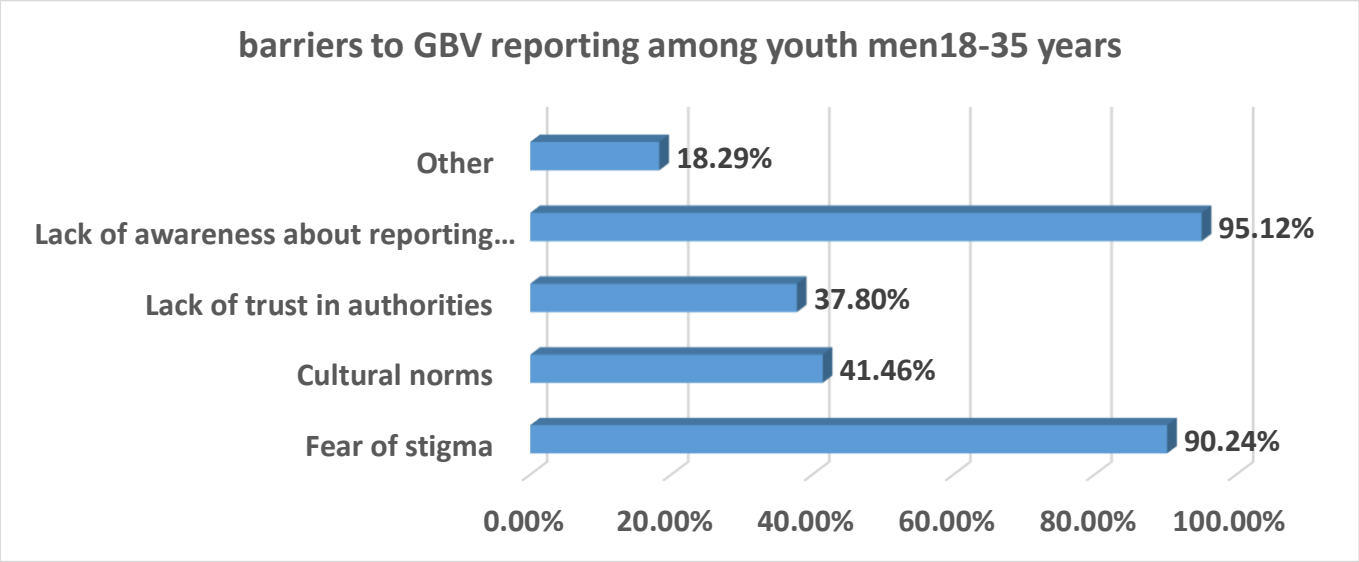


Figure 34. Graph showing main barriers to GBV reporting among young men

Analysis of Barriers to Reporting GBV Among Young People in Samburu East

Key Findings:

Fear of stigma: 90.24% (74 respondents)

Cultural norms: 41.46% (39 respondents)

Lack of trust in authorities: 37.80% (31 respondents)

Lack of awareness about reporting mechanisms: 34.14% (28 respondents)

Other: 18.29% (15 respondents)

Key Insights:

i. **Fear of Stigma:**

Fear of stigma is the most significant barrier, affecting 90.24% of young people. This suggests that survivors and potential reporters of gender-based violence (GBV) face immense social pressure and are concerned about how they will be perceived by others.

Implication: Stigma is a deeply ingrained societal issue in this pastoralist community, where gender roles and perceptions about honour and shame often silence survivors.

Recommendation: To address this, it is crucial to initiate community-wide efforts aimed at reducing the stigma around survivors of GBV. Public awareness campaigns, survivor testimonies, and involvement of respected community figures to support survivors publicly can help reduce this stigma.

ii. **Cultural Norms:**

Cultural norms were cited by 41.46% of respondents as a barrier. These norms may discourage open discussions about sensitive topics like violence, particularly gender-based violence, and prioritize the preservation of family reputation over seeking justice.

Implication: In traditional nomadic communities, patriarchal structures and cultural practices may normalize certain forms of violence and prevent individuals from reporting GBV cases.

Recommendation: Culturally sensitive programs that challenge harmful traditional practices while promoting respectful dialogue and gender equality are necessary. Working with elders and local leaders to foster cultural shifts that promote the protection of vulnerable individuals can be instrumental in changing attitudes.

iii. Lack of Trust in Authorities:

Lack of trust in authorities, reported by 37.80% of respondents, indicates that young people feel hesitant about approaching the police or government officials for help.

Implication: This distrust could be due to previous experiences of inaction, perceived corruption, or fear of victim-blaming when cases are reported to authorities. This barrier hinders survivors from accessing legal redress and protection.

Recommendation: Strengthening law enforcement's responsiveness to GBV cases is key. Community policing initiatives, training police on handling GBV sensitively, and creating more accessible, approachable, and confidential reporting structures can help build trust. Community meetings with law enforcement can also foster understanding and bridge the gap between the youth and authorities.

iv. Lack of Awareness About Reporting Mechanisms:

A significant portion of respondents (34.14%) are unaware of the mechanisms for reporting GBV cases.

Implication: Many survivors and witnesses may not know where to report or may lack the knowledge of the steps involved in seeking help.

Recommendation: Awareness campaigns focused on educating young people about available services and how to report cases are essential. Schools, community centres, and youth groups can serve as platforms for such educational initiatives. Use of media, including local radio, and distribution of informational materials in accessible languages, can raise awareness.

v. Other Barriers:

Other barriers, reported by 18.29%, may include economic dependency on perpetrators, fear of retaliation, and concerns about confidentiality.

Recommendation: More in-depth research is needed to understand the specific nature of these "other" barriers. Additionally, addressing fears of retaliation and ensuring confidentiality in the reporting process will be key in overcoming these hidden barriers.

Recommendations:

i. **Stigma Reduction Initiatives:**

Launch a stigma-reduction campaign involving testimonials from survivors, support from community leaders, and youth advocates promoting a safe environment for reporting GBV.

ii. **Engagement with Cultural and Religious Leaders:**

Engage cultural and religious leaders to promote new, positive cultural narratives that support the protection of survivors and challenge harmful gender norms.

iii. **Build Trust in Authorities:**

Train law enforcement officers on GBV issues, emphasizing confidentiality and victim support. Organize community dialogues between authorities and youth to foster collaboration and trust.

iv. **Awareness Campaigns:**

Develop targeted educational programs in schools, youth groups, and community settings to raise awareness about GBV, reporting mechanisms, and available support services.

v. **Confidential and Accessible Reporting Mechanisms:**

Set up safe, confidential reporting channels for GBV survivors, including mobile clinics or dedicated helplines, and ensure young people know where to access these services.

Conclusion:

Fear of stigma, cultural norms, lack of trust in authorities, and a lack of awareness about reporting mechanisms are the main barriers young people face in reporting GBV in Samburu East. A combination of public awareness, cultural engagement, and system reforms is necessary to create an environment where young survivors feel empowered and supported in reporting GBV.

3.5 Assessing Healthcare providers

This section entails an analysis of findings on FP and GBV situations as captured by the healthcare providers from different facilities during the baseline survey.

3.5.1 Assessing Provision of FP services in health facilities

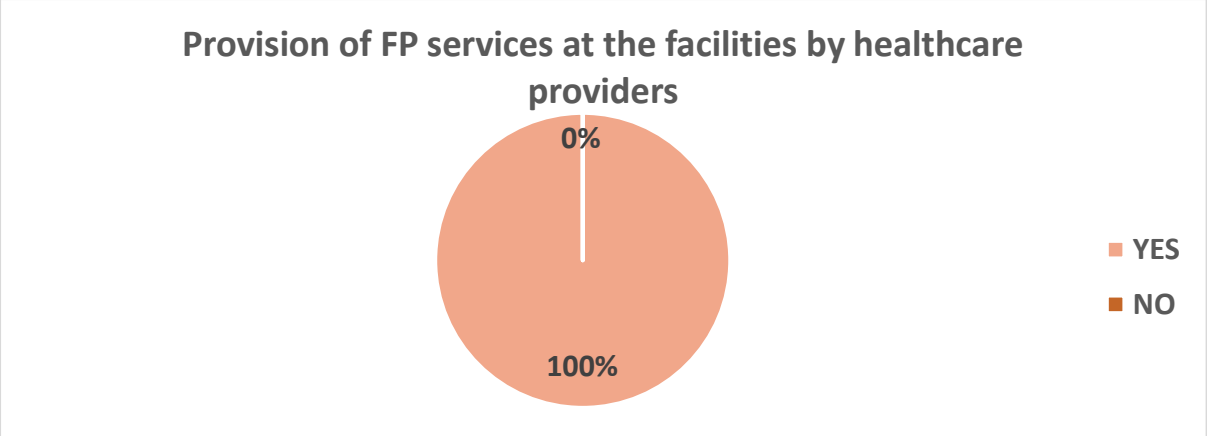


Figure 35. Chart showing the provision of FP services in various health facilities

YES (100%, 13 respondents):

All healthcare workers surveyed acknowledged that they provide FP services in their facilities. This indicates a complete presence of family planning services across the facilities represented in the survey.

Analysis:

i. **Comprehensive Service Availability:**

Full Coverage: The fact that 100% of respondents provide family planning services suggests that family planning is well-integrated into the services offered by these healthcare facilities. This comprehensive availability can significantly contribute to addressing community needs and ensuring access to various family planning methods.

ii. **Implications for Service Delivery:**

Uniformity in Service Provision: With all facilities offering family planning services, there is an opportunity to standardize the quality and type of services provided. This can help ensure that all individuals seeking family planning have access to the same level of care and support.

iii. **Potential for Improvement:**

While the availability is high, it is important to continually assess the quality of these services, including aspects such as counselling, method choice, accessibility, and follow-up care. Regular training and evaluation can help maintain and improve service quality.

iv. **Capacity and Resource Considerations:**

Resource Allocation: Ensure that the facilities are adequately equipped and staffed to handle the demand for family planning services. This includes having the necessary contraceptive methods available and trained personnel to provide comprehensive counselling and support.

v. **Integration with Other Services:**

Consider how family planning services are integrated with other health services, such as maternal and child health, sexual health, and general healthcare. Integrated services can provide a more holistic approach to reproductive health.

vi. Community Impact:

Accessibility and Utilization: The availability of family planning services across all surveyed facilities suggests that community members have access to these services. However, it is important to assess the actual utilization rates and identify any barriers that might prevent individuals from accessing these services.

Summary:

The analysis shows that family planning services are universally provided across the surveyed healthcare facilities, indicating strong coverage in this aspect of reproductive health. Ensuring high-quality, accessible, and comprehensive services remains essential for meeting community needs and promoting effective family planning practices

3.5.2 Assessing the attitudes of HCPs towards FP access and its importance

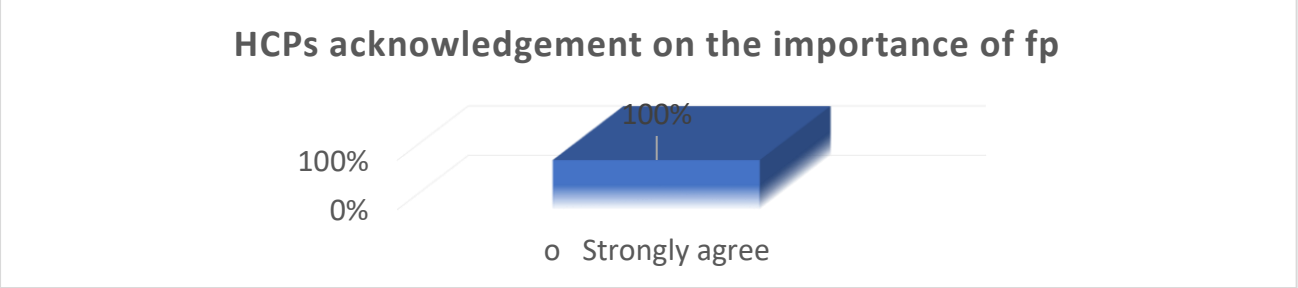


Figure 36. Graph showing HCPs' acknowledgement of the role of FP

Strongly Agree (100%, 13 respondents)

Every respondent strongly agrees that family planning is essential for improving maternal and child health. The fact that 100% of healthcare workers strongly agree that family planning is crucial for enhancing maternal and child health indicates a clear and uniform understanding of its importance within this group. This consensus reflects a shared recognition of the role family planning plays in reducing maternal and child morbidity and mortality.

Understanding the Impact:

Maternal Health: Family planning helps in spacing pregnancies, which can significantly reduce health risks associated with closely spaced pregnancies or frequent childbirth. It also aids in planning for optimal health and nutrition during pregnancy, contributing to better outcomes for mothers.

Child Health: Proper family planning ensures that children are born when their parents are better prepared, which can lead to improved prenatal and postnatal care. Spacing births appropriately can also enhance a child's health and development by reducing the risks of preterm birth, low birth weight, and infant mortality.

Implications for Healthcare Practices:

Reinforcement of Services: The strong agreement among healthcare workers underscores the need to prioritize and promote family planning services within their facilities. Emphasizing the benefits of family planning in improving maternal and child health can help reinforce the importance of these services to both healthcare providers and the community.

Education and Advocacy: Healthcare workers can play a key role in educating patients about the benefits of family planning and advocating for its use as a strategy for improving overall maternal and child health.

Summary:

The unanimous agreement among healthcare workers on the essential role of family planning in improving maternal and child health highlights a strong understanding and support for these services. This consensus should be leveraged to enhance the delivery of family planning services and ensure that both maternal and child health outcomes are prioritized.

3.5.3 Assessing the most commonly available FP methods in health facilities

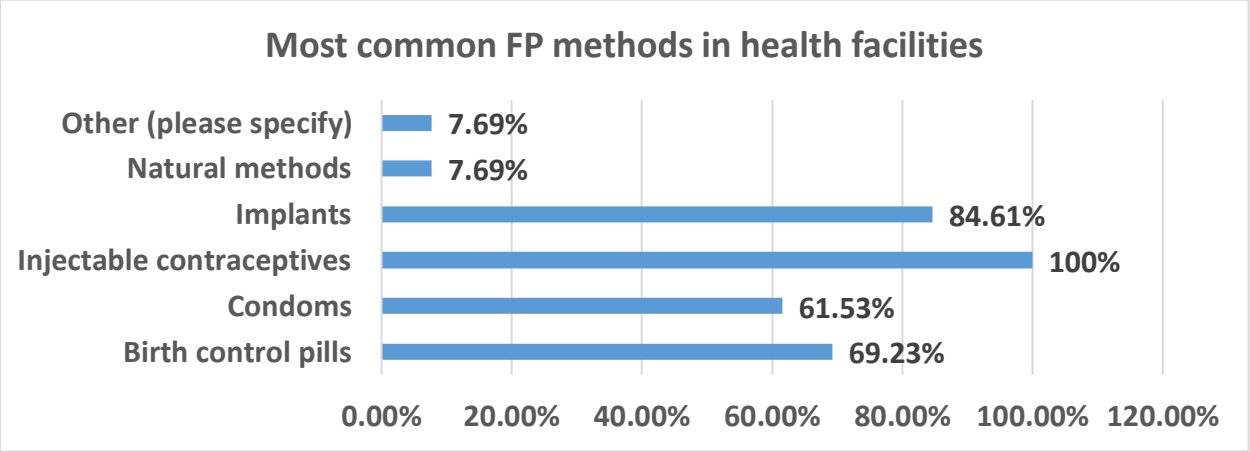


Figure 37. Graph showing the most commonly available FP methods in health facilities

Birth Control Pills (69.23%, 9 respondents): Available in a significant number of facilities.

Condoms (61.53%, 8 respondents): Also, widely available.

Injectable Contraceptives (100%, 13 respondents): Universally available in all surveyed facilities.

Implants (84.61%, 11 respondents): Available in most facilities.

Natural Methods (7.69%, 1 respondent): Available in a few facilities.

Other (please specify) (7.69%, 1 respondent): Includes unspecified methods.

i. **Universal Availability of Injectables:**

100% Availability: Injectable contraceptives are available in all surveyed facilities, indicating their widespread adoption and use. This high availability suggests that injectables are a preferred or well-supported method in the region, likely due to their effectiveness and convenience for both healthcare providers and users.

ii. **High Availability of Implants:**

84.61% Availability: Implants are widely available, reflecting a strong presence of long-acting reversible contraceptives (LARCs) in the facilities. Implants are effective and offer long-term protection, which may contribute to their popularity among users and providers.

iii. **Moderate Availability of Birth Control Pills and Condoms:**

69.23% for Birth Control Pills and 61.53% for Condoms: Both methods are commonly available but slightly less prevalent than injectables and implants. This could be due to varying preferences or logistical considerations in different facilities.

iv. **Limited Availability of Natural Methods:**

7.69% Availability: Natural family planning methods are available in a small number of facilities. This limited availability may be due to less demand or the need for more extensive training and education for effective use.

v. **Other Methods:**

7.69% Availability: The "Other" category includes unspecified methods, suggesting there might be some variation or less common options available in a few facilities. This could include alternative or less traditional methods not covered by standard categories.

Summary:

The analysis indicates that injectables and implants are the most commonly available family planning methods, reflecting their high utilization and support in the facilities surveyed. Birth control pills and condoms are also available but to a lesser extent, while natural methods and other options are less commonly provided.

Implications:

Service Optimization: With injectables and implants being highly available, facilities can focus on maintaining and improving the quality of these services. Ensure that staff are well-trained and that there are no supply chain issues affecting these methods.

Addressing Gaps: The lower availability of natural methods and other options suggests potential gaps in service provision. Facilities might consider expanding their range of methods to better meet diverse needs and preferences.

User Education: Given the variety of methods available, comprehensive counselling is important to help users make informed choices based on their health needs, preferences, and lifestyle.

Monitoring and Evaluation: Regularly assess the availability and uptake of different family planning methods to ensure that services align with community needs and address any emerging gaps or challenges.

3.5.4 Assessing the most preferred FP methods in the health facilities

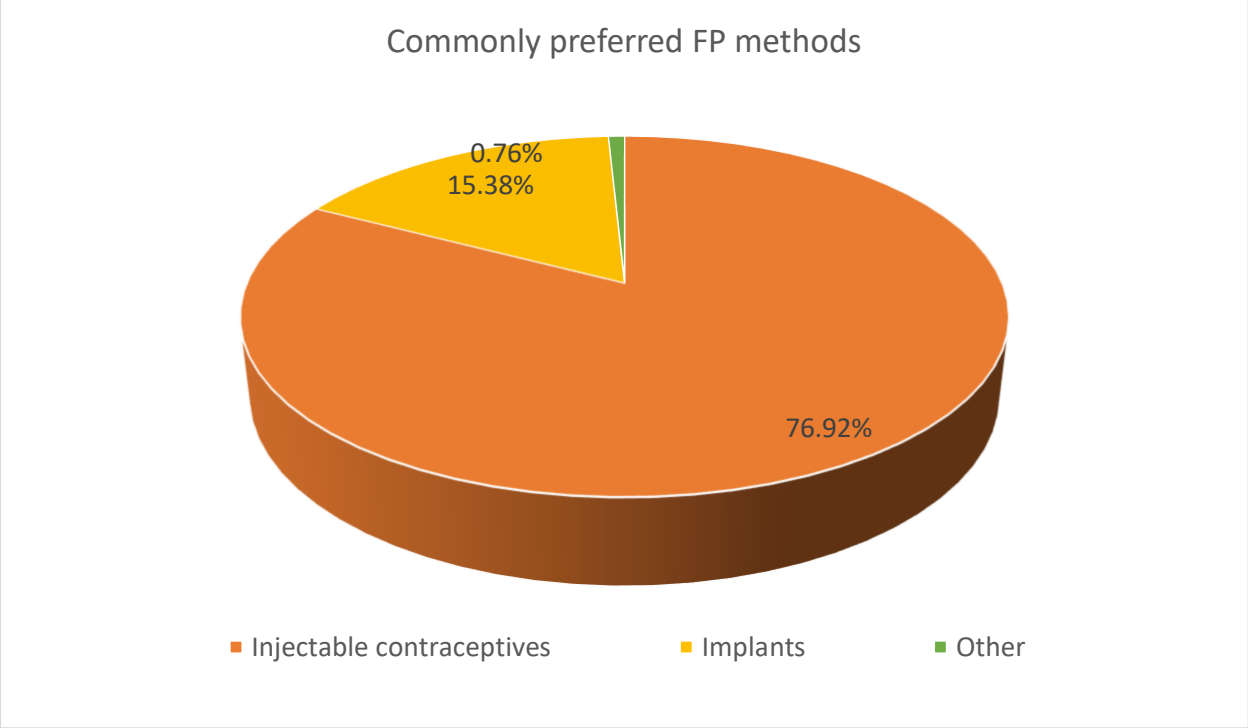


Figure 38. Chart showing commonly preferred FP methods

Injectable Contraceptives (76.92%): The majority preference.

Implants (15.38%): A secondary choice for some clients.

Other (0.76%): Minimal preference for unspecified methods.

Analysis:

i. **High Preference for Injectable Contraceptives:**

76.92% Preference: A substantial majority of clients prefer injectable contraceptives. This high preference suggests several factors may contribute to this choice:

- *Convenience:* Injectables provide long-term protection with a relatively simple administration process, which can be appealing to many users.
- *Effectiveness:* The high effectiveness rate of injectables in preventing pregnancy might make them a preferred option.
- *Low Maintenance:* Unlike daily methods such as birth control pills, injectables require fewer follow-ups, making them attractive for those seeking a low-maintenance option.

ii. Moderate Preference for Implants:

15.38% Preference: Implants are the second most preferred method. This preference could be due to:

- *Long-Term Protection:* Like injectables, implants offer long-term contraception with minimal intervention required from the user.
- *Effectiveness:* Implants are also highly effective, which can influence preference.
- *Perceived Benefits:* Implants can be advantageous for users who prefer a method that does not require regular attention.

iii. Minimal Preference for Other Methods:

0.76% Preference: The very low preference for "Other" methods indicates that less common or unspecified methods are not widely favoured. This could suggest that users either do not consider these methods or prefer more well-established options.

Summary:

The analysis shows that injectable contraceptives are the most preferred method among clients, followed by implants. The minimal preference for other methods indicates that these less common options are not widely chosen.

Implications:

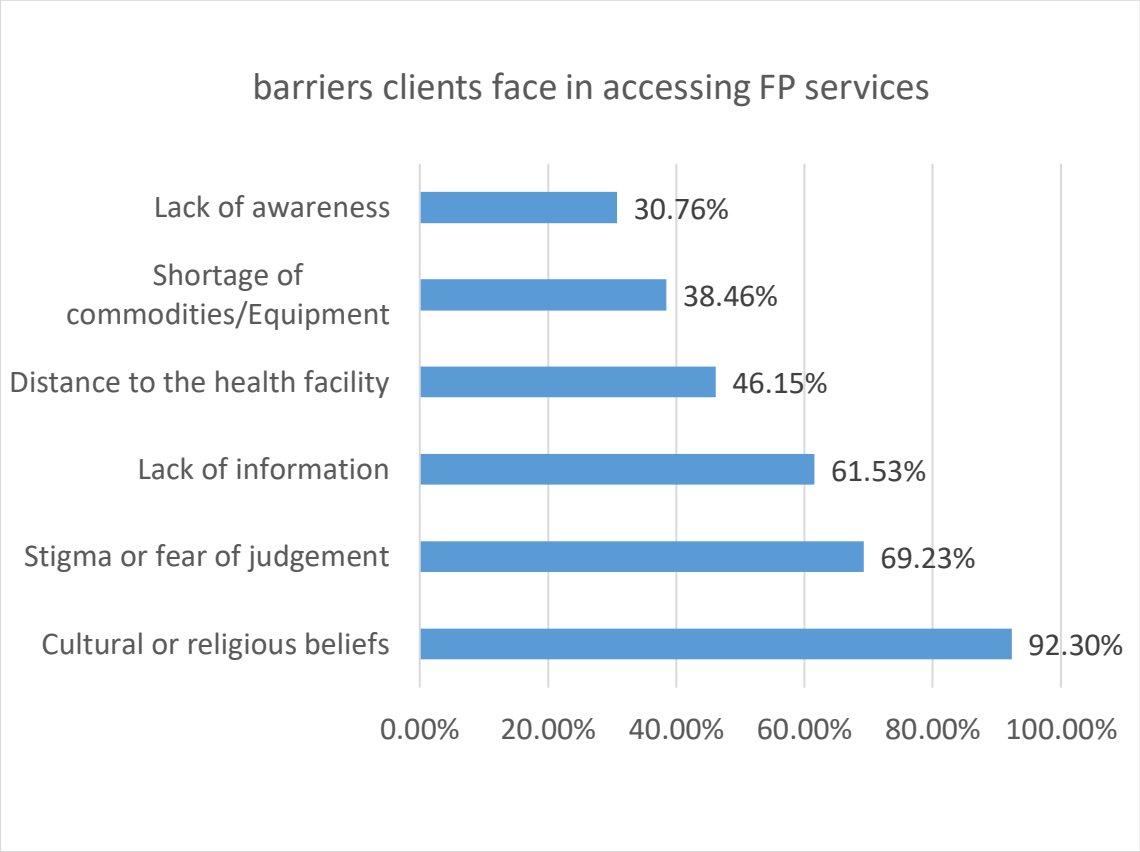
Focus on Popular Methods: Given the high preference for injectables, facilities should ensure the consistent availability and quality of this method. Training and resources should be directed towards maintaining effective injectable services.

Supporting Implants: While less popular, implants are still a significant choice for some clients. Facilities should continue to support and promote implants, ensuring that users have access to this method and are well-informed about its benefits.

Addressing Preferences for Other Methods: Although less popular, it is important to understand why other methods are not preferred. This can help address any misconceptions or barriers and ensure that all clients have access to a range of options.

User Education: Providing comprehensive counselling on all available methods can help clients make informed choices based on their needs and preferences. Ensuring that clients are aware of the benefits and considerations of different methods is crucial for effective family planning.

3.5.5 Assessing key barriers to FP access in health facilities



Cultural or Religious Beliefs (92.30%, 12 respondents)

Stigma or Fear of Judgment (69.23%, 9 respondents)

Lack of Information (61.53%, 8 respondents)

Distance to the Health Facility (46.15%, 6 respondents)

Shortage of Commodities/Equipment (38.46%, 5 respondents)

Lack of Awareness (30.76%, 4 respondents)

Analysis:

i. **Cultural or Religious Beliefs (92.30%):**

Analysis: This is the most significant barrier reported. Cultural and religious beliefs may influence attitudes towards family planning, potentially leading to resistance or disapproval of certain methods. These beliefs can create significant obstacles, preventing individuals from seeking or utilizing family planning services. Overcoming this barrier involves engaging with

community leaders, promoting culturally sensitive education, and fostering dialogue to address misconceptions and encourage acceptance of family planning.

ii. Stigma or Fear of Judgment (69.23%):

Analysis: The high percentage of respondents identifying stigma and fear of judgment as barriers indicates that individuals may be concerned about societal perceptions or negative reactions when accessing family planning services. This fear can deter people from seeking help or using available services. Addressing stigma involves creating supportive environments, educating the community to reduce judgment, and providing confidential services to protect users' privacy.

iii. Lack of Information (61.53%):

Analysis: Many respondents view lack of information as a barrier, suggesting that individuals may not have adequate knowledge about available family planning methods or how to access services. Improving information dissemination through community outreach, educational programs, and clear communication in healthcare settings can help bridge this gap and empower individuals to make informed decisions.

iv. Distance to the health facilities

Analysis: The physical distance to health facilities can be a significant barrier, especially in rural or underserved areas. Long travel times or lack of transportation can prevent individuals from accessing family planning services. Strategies to address this barrier might include increasing the number of accessible service locations, mobile clinics, or community-based outreach to bring services closer to where people live.

v. Shortage of Commodities/Equipment (38.46%):

Analysis: Shortages of necessary commodities or equipment can directly impact the availability of family planning methods. This barrier suggests that some facilities may struggle with stockouts or inadequate resources. Ensuring a reliable supply chain and regular inventory management can help address this issue and ensure that services are consistently available.

vi. Lack of Awareness (30.76%):

Analysis: Although less commonly identified than other barriers, lack of awareness about family planning services can still be a concern. Individuals may not be aware of the benefits or availability of these services. Enhancing awareness through targeted education and outreach campaigns can help increase utilization and reduce this barrier.

Summary:

The analysis highlights that cultural or religious beliefs and stigma are the most significant barriers to accessing family planning services. Addressing these barriers involves community engagement, education, and creating supportive environments. Lack of information, distance to facilities, shortages of commodities, and lack of awareness also contribute to challenges, suggesting areas for improvement in service delivery and resource allocation.

Implications:

i. *Community Engagement:* Work with cultural and religious leaders to address beliefs and promote acceptance of family planning.
ii. *Stigma Reduction:* Implement confidentiality measures and create supportive spaces to reduce stigma.
iii. *Information Dissemination:* Improve access to accurate and comprehensive information about family planning methods and services.
iv. *Increase Accessibility:* Consider strategies to reduce the impact of distance, such as mobile clinics or local outreach.
v. *Ensure Supply:* Address shortages of commodities and equipment to ensure consistent availability of services.
vi. *Awareness Campaigns:* Increase awareness about family planning options and services through targeted campaigns and community education.

3.5.6 Assessing factors that influence the choice of different FP methods

Summary of Factors:

i. **Fear of Spouse and Privacy Concerns (7.69%)**

Analysis: Fear of a partner's reaction and the need for privacy strongly influence method choice. Clients may prefer methods like injectables that are less visible and do not require partner involvement or discussion, addressing fears of negative reactions or control issues from spouses.

ii. **Visibility of Implants (7.69%)**

Analysis: Implants can be visible and palpable, which may cause discomfort or conflict with partners. Their visibility could lead to complications or disputes, influencing clients to opt for less noticeable methods such as injectables.

iii. **Avoidance of Partner Issues (7.69%)**

Analysis: Some clients choose injectables because they are not visible and do not require partner consent or discussion. This preference is based on avoiding potential conflicts or issues with partners over the choice of family planning methods.

iv. Ignorance (7.69%)

Analysis: Lack of knowledge or understanding about available methods can lead to a preference for familiar methods like injectables. Educating clients about all available options could address this issue and help individuals make more informed choices.

v. Ease of Administration and Invisibility (7.69%)

Analysis: The ease of administration and invisibility of injectables compared to other methods like implants can be a major factor. The simplicity and discreet nature of injectables makes them attractive to clients who prefer less visible options.

vi. Lack of Support from Male Partners (7.69%)

Analysis: The lack of support from male partners can drive clients to choose methods that do not require partner involvement. Injectables, being less visible and requiring less discussion, become a preferred option in such cases.

vii. Preference for Short-Term Methods (7.69%)

Analysis: Some clients prefer short-term methods like injectables due to their ease of use and fewer side effects compared to long-term methods like implants. The ability to discontinue short-term methods easily may also be a factor in this preference.

viii. Extreme Cases of Partner Opposition (7.69%)

Analysis: Extreme opposition, such as threats or coercion from partners, influences the choice of methods that are not noticeable. For example, a past incident where a partner threatened to remove an implant demonstrates the need for methods that minimize visible signs.

ix. Long-Term Effectiveness (7.69%)

Analysis: Some clients appreciate the long-term effectiveness of implants but may still prefer injectables for their invisibility. This shows a nuanced approach where effectiveness is valued, but practical considerations like visibility influence the final choice.

Summary:

The analysis reveals that factors influencing the choice of family planning methods are multifaceted. Privacy and fear of partner reactions are significant concerns, leading clients to prefer methods that are less visible and require less partner involvement, such as

injectables. Educational gaps and partner dynamics also play crucial roles in method preferences.

Implications:

i. *Privacy and Confidentiality:* Enhance privacy in family planning services and offer methods that accommodate clients who need discretion.

ii. *Education and Awareness:* Increase education on all available family planning methods to address ignorance and help clients make informed choices.

iii. *Support for Partner Involvement:* Address partner-related issues by fostering open communication and providing support for partners to reduce conflicts and improve acceptance.

iv. *Addressing Extreme Cases:* Provide special support for clients facing extreme opposition from partners, ensuring their safety and access to appropriate methods.

v. *Diverse Method Options:* Ensure a range of family planning options, including both short-term and long-term methods, is available to accommodate various preferences and concerns.

3.5.7 Assessing the frequency of FP community outreaches

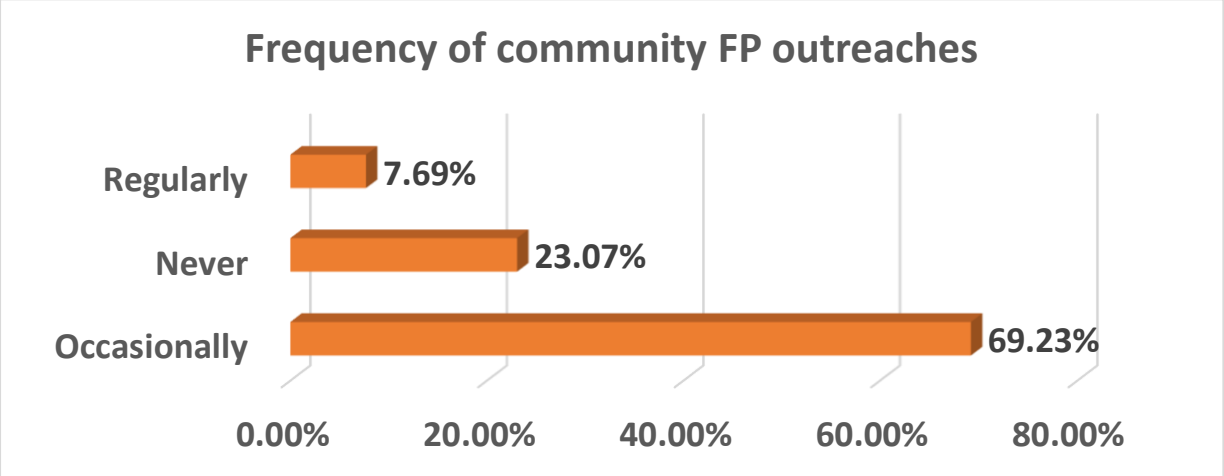


Figure 39. Graph showing the frequency of community FP outreaches

Occasionally (69.23%, 9 respondents)

Never (23.07%, 3 respondents)

Regularly (7.69%, 1 respondent)

Analysis:

i. **Occasional Outreach (69.23%):**

Analysis: The majority of respondents conduct community outreach on family planning occasionally. This suggests that while outreach is not a consistent or systematic part of their routine, there is some level of effort to engage with the community on this issue. Occasional outreach can be effective but might not fully address the community's ongoing and evolving needs. It may also imply that resources or priorities are focused elsewhere, leading to inconsistent engagement.

ii. **Never (23.07%):**

Analysis: A significant portion of respondents does not conduct any community outreach on family planning. This lack of outreach could result in missed opportunities to educate and inform the community about family planning options, address misconceptions, and increase awareness. It highlights a gap in community engagement and suggests a need for improved strategies to incorporate outreach into their services.

iii. **Regularly (7.69%):**

Analysis: A small fraction of respondents conduct outreach regularly, indicating a strong commitment to community education and engagement. Regular outreach can lead to better-informed communities, increased utilization of family planning services, and stronger relationships between health providers and the community. This approach demonstrates best practices in proactive and continuous engagement.

Summary:

The findings indicate a varied approach to community outreach on family planning. Most respondents conduct outreach occasionally, with some not engaging in outreach at all, and a few conducting it regularly. The inconsistency in outreach frequency suggests that while some efforts are made, there is room for improvement in integrating community outreach as a regular and essential component of family planning services.

Implications:

i. *Increase Consistency:* Increase the frequency of community outreach activities to ensure that more individuals are consistently informed about family planning options and services.

ii. *Resource Allocation:* Consider dedicating more resources and training to support regular outreach efforts. This can help ensure that outreach becomes a standard practice rather than an occasional activity.

iii. *Address Gaps:* For those who do not conduct outreach, explore barriers to engagement and develop strategies to overcome these challenges. This could include training staff, allocating time, or developing outreach materials.

iv. *Best Practices:* Utilize the approach of those who conduct outreach regularly as a model for others. Regular outreach practices can be adapted and scaled to improve community engagement across different settings.

v. *Evaluate Impact:* Regularly assess the impact of community outreach efforts on service utilization and community knowledge to refine strategies and improve effectiveness.

3.5.8 Assessing additional support needed to improve FP uptake

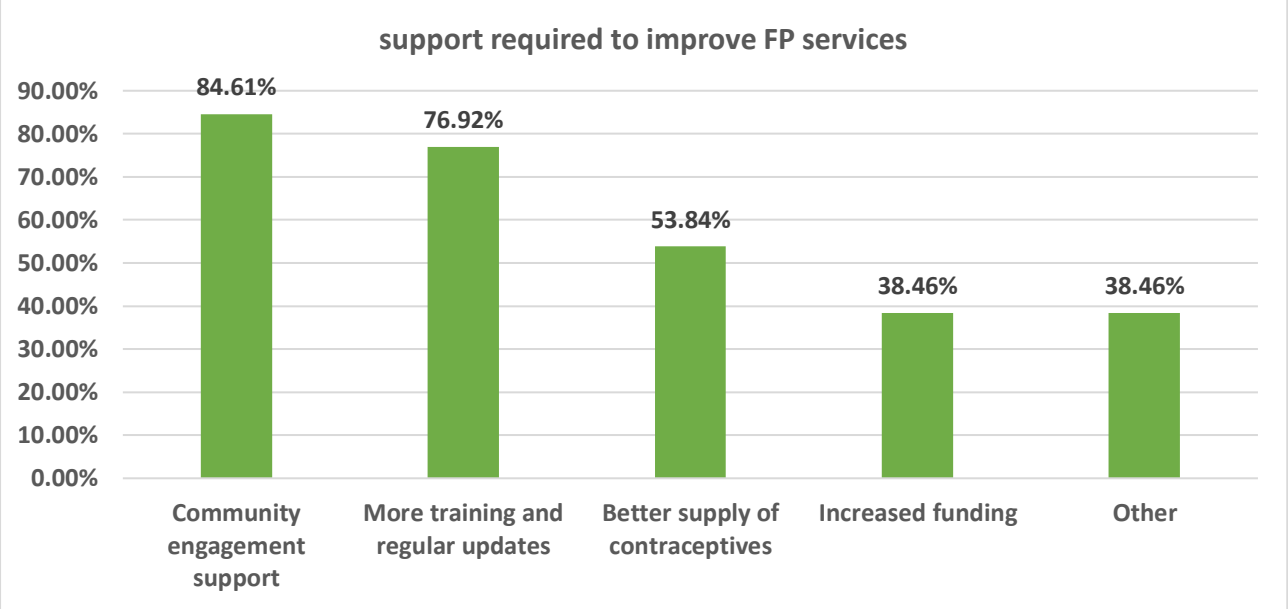


Figure 40. Graph showing additional support needed to improve FP uptake

Community Engagement Support (84.61%, 11 respondents)

More Training and Regular Updates (76.92%, 10 respondents)

Better Supply of Contraceptives (53.84%, 7 respondents)

Increased Funding (38.46%, 5 respondents)

Other (38.46%, 5 respondents)

Analysis:

i. **Community Engagement Support (84.61%):**

Analysis: The highest need expressed is for community engagement support. This indicates that stakeholders believe that improving community outreach and involvement is crucial for increasing the uptake of family planning services. Enhanced community engagement can help

address cultural barriers, reduce stigma, and build trust, which are critical for promoting and accepting family planning services. Support in this area might include assistance with organizing community events, building partnerships with local leaders, and creating culturally relevant educational materials.

ii. More Training and Regular Updates (76.92%):

Analysis: There is a significant demand for more training and regular updates. This suggests that healthcare providers and staff require ongoing education to stay informed about the latest family planning methods, best practices, and emerging trends. Regular training can enhance the quality-of-service delivery, ensure that providers are knowledgeable about all available options, and improve client interactions. Providing continuous professional development opportunities can address this need.

iii. Better Supply of Contraceptives (53.84%):

Analysis: A substantial portion of respondents highlighted the need for a better supply of contraceptives. Ensuring a reliable and consistent supply of contraceptives is essential for meeting demand and preventing stockouts. Addressing this issue involves improving supply chain management, ensuring adequate inventory levels, and establishing efficient distribution channels.

iv. Increased Funding (38.46%):

Analysis: Increased funding is seen as a need by some respondents, indicating that financial resources may be insufficient to support all necessary aspects of family planning services. Additional funding could help expand outreach programs, improve facilities, and enhance overall service delivery. Advocacy for increased funding and exploring alternative funding sources may be necessary to address this barrier.

v. Other (38.46%):

Analysis: The category labelled "Other" reflects additional or specific support needs that were not covered in the predefined options. This could include unique challenges or requirements particular to certain contexts or facilities. Further exploration into these responses could provide more tailored insights into specific areas needing support.

Summary:

The analysis indicates that enhancing community engagement and providing more training are the most pressing needs for improving the uptake of family planning services. Additionally, ensuring a reliable supply of contraceptives and securing increased funding are

also important. Addressing these needs can significantly improve the effectiveness and reach of family planning programs.

Implications:

i. *Strengthen Community Engagement:* Invest in initiatives that enhance community involvement and support, including partnerships with local leaders and culturally relevant educational activities.

ii. *Expand Training Programs:* Provide regular training and updates for healthcare providers to keep them informed and improve service quality.

iii. *Improve Supply Chains:* Focus on ensuring a consistent and reliable supply of contraceptives to prevent stockouts and meet client needs.

iv. *Advocate for Funding:* Seek additional funding through grants, partnerships, or advocacy efforts to support family planning services.

v. *Explore Specific Needs:* Investigate and address any additional or specific support needs mentioned in the "Other" category for a more tailored approach

3.5.9 Assessing the availability of GBV support services in health facilities

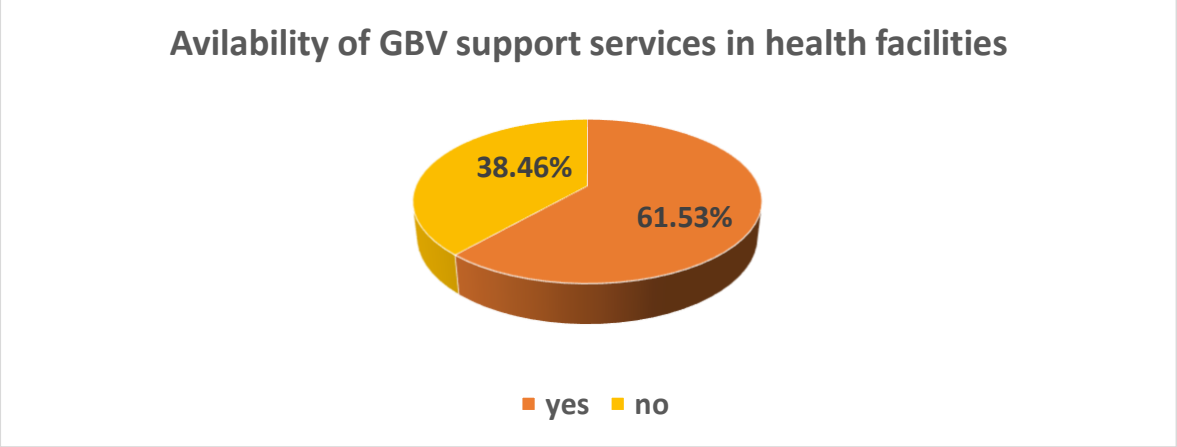


Figure 41. Chart showing availability of GBV services in health facilities

When healthcare workers were asked whether their health facility offers GBV services the following is the discussion of the findings:

i. **Yes (61.53%, 8 healthcare workers):**

A majority of healthcare workers affirm that their facility provides GBV services. This suggests that over half of the staff are aware that the facility offers services such as medical treatment, psychological support, legal assistance, and referrals for GBV survivors. Their acknowledgment of these services indicates a certain level of preparedness within the facility to handle GBV cases.

ii. No (38.46%, 5 healthcare workers):

A significant minority of healthcare workers do not believe their facility offers GBV services. This discrepancy could point to several issues, such as inconsistent service delivery, lack of clear communication about available services, or even insufficient training among some staff members. It might also reflect gaps in the integration of GBV services into the facility's regular operations.

Analysis

The mixed responses from healthcare workers reveal an inconsistency in the understanding or awareness of GBV services within the facility. While a majority recognize that such services exist, the fact that a substantial portion of the staff does not indicate potential issues that need to be addressed.

Key Considerations:

i. Internal Awareness and Communication:

The variation in responses suggests that not all healthcare workers are equally informed about the GBV services offered at their facility. This could be due to inadequate internal communication or a lack of standardized procedures that clearly define the availability and scope of these services.

ii. Training and Capacity Building:

The differing views among staff could indicate a need for more comprehensive training on GBV. Ensuring that all healthcare workers are knowledgeable about the services available and are trained to provide or refer appropriate care is essential for effective service delivery. Regular training sessions and updates can help bridge the knowledge gap.

iii. Service Visibility and Integration:

The perception that GBV services are not offered might stem from these services being insufficiently integrated into the facility's daily operations or not being prominently advertised or documented. Making these services more visible—through signage, dedicated staff, or inclusion in routine care discussions—could help ensure that all staff members are aware of and can direct patients to these resources.

iv. Consistency in Service Delivery:

The disparity in responses might also suggest that GBV services are not consistently available or that their quality varies. The health facilities should standardize these services, ensuring they are reliably offered to all who need them.

Recommendations:

i. *Enhance Communication:* The facility should improve internal communication about the availability and importance of GBV services. Regular briefings, internal newsletters, or dedicated GBV awareness days could help ensure that all staff are on the same page.

ii. *Conduct Regular Training:* Continuous professional development focused on GBV services should be a priority. This would help healthcare workers remain informed about the best practices and available resources for supporting GBV survivors.

iii. *Increase Service Visibility:* The facility should ensure that information about GBV services is prominently displayed and easily accessible to both staff and patients. This could include posters, brochures, or a dedicated section on the facility's website.

iv. *Monitor and Evaluate:* The facility should establish a system for regularly assessing staff awareness and the effectiveness of GBV services. This could involve surveys, feedback sessions, or performance reviews to identify areas for improvement.

3.5.10 Assessing screening of clients for GBV during healthcare visits

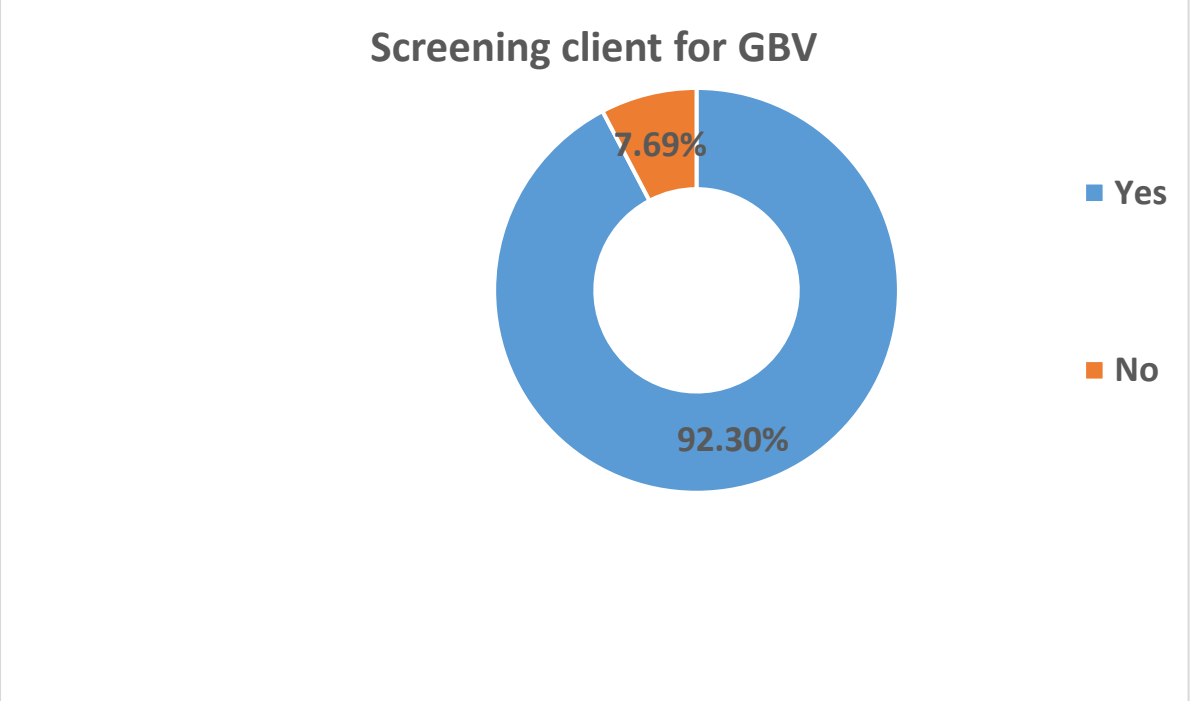


Figure 42. Chart showing the screening of clients for GBV during facility visits

i. Yes (92.30%):

Analysis: A high percentage of respondents indicate that they screen clients for gender-based violence (GBV) during healthcare visits. This is a positive sign that a majority of health

facilities are proactively identifying and addressing GBV among their clients. Routine screening can help in early identification of GBV cases, leading to timely intervention, support, and referrals. It reflects a commitment to comprehensive care and highlights the importance of integrating GBV screening into regular healthcare practices.

ii. No (7.69%):

Analysis: A small percentage of respondents do not screen for GBV during healthcare visits. This could indicate a gap in the facility's approach to addressing GBV or a lack of resources or training for staff. Not screening for GBV means missing opportunities to identify and assist survivors who may be in need of support, which can impact the effectiveness of the overall care provided.

Summary:

The findings show that a majority of healthcare providers are engaged in screening for GBV, which is crucial for early detection and support. However, there is a small proportion of facilities where screening is not conducted, indicating an area for potential improvement.

Implications:

i. *Strengthen Screening Practices:* For the facilities that already screen for GBV, ensure that these practices are consistent, effective, and well-integrated into the healthcare process. Regular training and updates on GBV screening protocols can enhance the quality and reliability of screenings.

ii. *Awareness and Training:* Promote awareness of the importance of GBV screening among healthcare providers and provide necessary training to ensure that all staff members are equipped to recognize and respond to signs of GBV.

iii. *Evaluate and Monitor:* Regularly assess the effectiveness of GBV screening practices and make necessary adjustments based on feedback and observed outcomes. Monitoring the impact of screening can help in refining approaches and improving overall service delivery.

iv. *Address Gaps in Screening:* Introduce and implement GBV screening protocols for facilities that do not screen for GBV. This may include training healthcare providers, developing screening tools, and integrating GBV questions into routine health assessments.

3.5.11 Assessing categories which are more affected by GBV

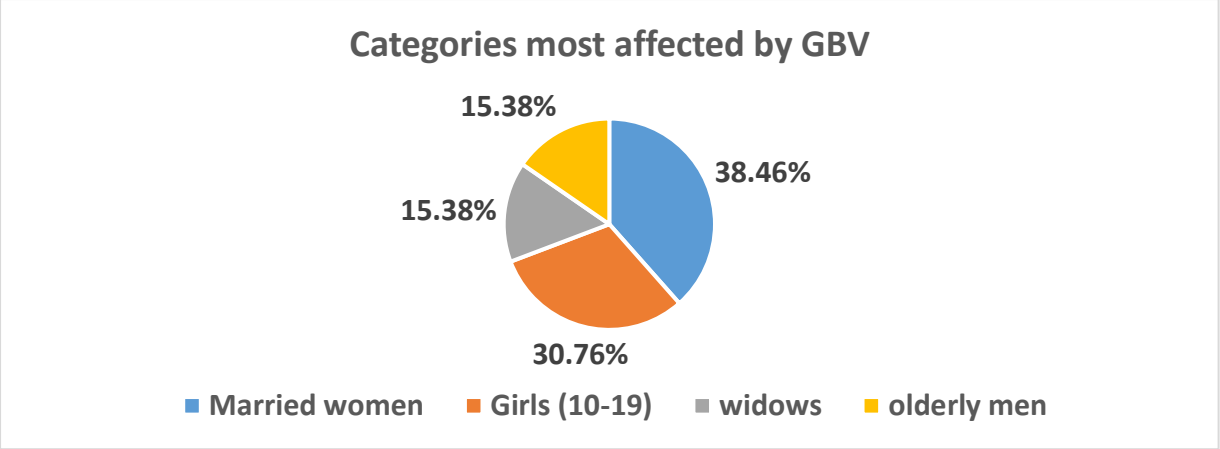


Figure 43. Chart showing categories which are more affected by GBV

Married Women (38.46%)

Description: Married women constitute the highest percentage of those affected by gender-based violence (GBV), according to the health facility data. This group often faces various forms of GBV, including intimate partner violence, sexual violence, and emotional abuse.

Analysis:

i. *Intimate Partner Violence (IPV):* Married women are particularly vulnerable to IPV, which can include physical, sexual, and psychological harm by a current or former partner. Cultural norms, economic dependency, and power imbalances often exacerbate their vulnerability.

ii. *Barriers to Reporting:* Married women may face significant barriers to reporting GBV, including fear of retaliation, stigma, and pressure to maintain family unity. In some cases, societal norms may condone or minimize the violence, further discouraging them from seeking help.

iii. *Impact on Health:* The high percentage of married women affected by GBV indicates a substantial public health concern. The physical and psychological impacts of GBV can lead to chronic health conditions, mental health issues, and even mortality.

Girls (10-19 years) (30.76%)

Description: Girls in the age group of 10-19 years are the second most affected group by GBV, representing a significant portion of the cases.

Analysis:

i. *Vulnerability to Exploitation:* This age group is particularly susceptible to sexual exploitation, early marriage, and trafficking. The transition from childhood to adolescence often exposes girls to increased risks of GBV, especially in environments with weak protective measures.

ii. *Long-Term Impact:* GBV at a young age can have long-lasting effects on girls, including trauma, disrupted education, and increased risk of future violence. Early exposure to GBV can also lead to perpetuating cycles of violence in adulthood.

iii. *Preventive Measures:* Addressing GBV in this group requires targeted interventions, such as education on rights, empowerment programs, and strengthening legal frameworks to protect girls from violence.

Widows (15.38%)

Description: Widows, though a smaller percentage of the affected population, still represent a significant group in the context of GBV.

Analysis:

i. *Economic and Social Vulnerability:* Widows often face economic hardship and social isolation, which can make them more vulnerable to GBV. In some cultures, widows may be seen as burdens or subjected to harmful practices such as widow inheritance or property grabbing.

ii. *Marginalization:* The marginalization of widows can lead to limited access to resources, support systems, and legal recourse, further entrenching their vulnerability to violence.

iii. *Support Needs:* Interventions for widows need to focus on economic empowerment, legal support, and social inclusion to mitigate the risks of GBV.

Elderly Men (15.38%)

Description: Elderly men are the least represented group among those affected by GBV in the data, yet they still account for a considerable proportion.

Analysis:

i. *Neglect and Abuse*: GBV against elderly men may manifest as neglect, emotional abuse, or even physical violence. They may also face financial exploitation, especially if they are dependent on others for care.

ii. *Cultural Factors:* In some cases, the violence against elderly men may be linked to cultural practices or family disputes, particularly in contexts where elder care is inadequate or where inheritance issues arise.

iii. *Recognition and Support:* GBV against elderly men is often under-recognized, and they may be reluctant to report abuse due to stigma or feelings of shame. Enhancing awareness and providing appropriate services for elderly men can help address this issue.

Conclusion

Married women, at 38.46%, are the most affected by GBV in the health facility data. This highlights the need for targeted interventions to address the specific forms of violence they face, particularly intimate partner violence. While girls aged 10-19 also represent a significant portion, their needs differ, requiring age-specific preventive measures. Widows and elderly men, though smaller in percentage, still represent vulnerable populations that require tailored support to address their unique challenges in the context of GBV.

3.5.12 Assessing the Most Commonly Reported GBV types in health facilities

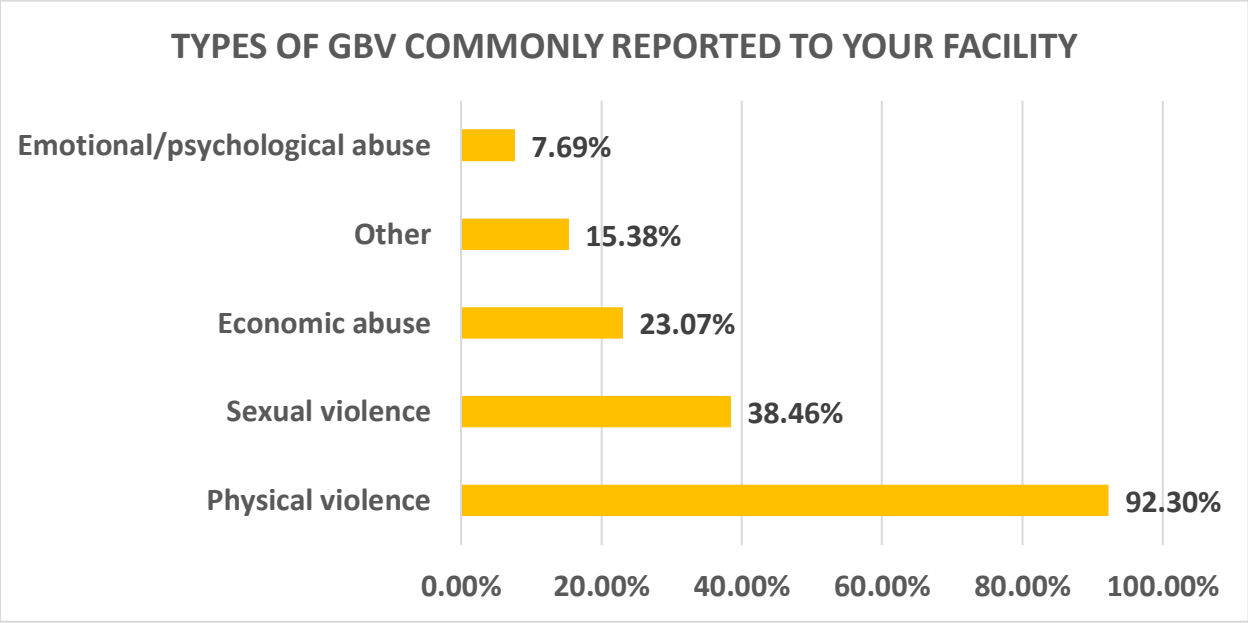


Figure 44. Graph showing most commonly reported GBV types in health facilities

Physical Violence (92.30%, 12 respondents)

Sexual Violence (38.46%, 5 respondents)

Economic Abuse (23.07%, 3 respondents)

Other (15.38%, 2 respondents)

Emotional/Psychological Abuse (7.69%, 1 respondent)

Analysis:

i. **Physical Violence (92.30%):**

Analysis: The overwhelming majority of reported GBV cases in the facility are categorized as physical violence. This high percentage indicates that physical abuse is a predominant issue among the clients served. Physical violence may include hitting, beating, or other forms of physical harm. This suggests a critical need for interventions that address the physical safety

and health of survivors, including immediate medical care, legal protection, and support services.

ii. **Sexual Violence (38.46%):**

Analysis: Sexual violence is reported less frequently compared to physical violence but still constitutes a significant proportion of cases. Sexual violence can include rape, sexual assault, or coercion. The presence of sexual violence cases highlights the need for specialized services such as forensic examinations, sexual health services, and psychological support tailored to survivors of sexual abuse.

iii. **Economic Abuse (23.07%):**

Analysis: Economic abuse is reported by a smaller portion of clients. This type of abuse involves controlling a person's access to financial resources, which can be a significant barrier to independence and recovery. Addressing economic abuse may involve providing support for financial independence, legal assistance, and resources to help survivors regain control over their economic situation.

iv. **Other (15.38%):**

Analysis: The "Other" category reflects fewer common forms of GBV or unique cases that do not fit into the predefined categories. Understanding these "other" cases can help identify and address fewer common forms of abuse and ensure comprehensive support for all types of GBV.

v. **Emotional/Psychological Abuse (7.69%):**

Analysis: Emotional or psychological abuse is the least reported type of GBV in this facility. This form of abuse involves manipulating, threatening, or belittling a person to undermine their mental health and autonomy. Although it is less frequently reported, it is still important to recognize and address emotional abuse through counselling, mental health support, and interventions that focus on rebuilding the survivor's psychological well-being.

Summary:

Physical violence is the most commonly reported type of GBV at the facility, followed by sexual violence, economic abuse, and emotional/psychological abuse. The data indicates a need for focused interventions to address the predominant types of GBV, particularly physical violence, while also ensuring support for other forms of abuse.

Implications:

i. *Enhance Physical Safety Services:* Develop and provide comprehensive services for survivors of physical violence, including medical care, legal assistance, and emergency support.

ii. *Specialized Services for Sexual Violence:* Ensure that specialized services are available for survivors of sexual violence, including forensic examinations and sexual health services.

iii. *Support for Economic Abuse:* Implement programs that assist survivors in overcoming economic abuse, such as financial literacy programs, legal aid, and support for economic independence.

iv. *Address Less Common Forms of Abuse:* Create awareness and provide support for less commonly reported types of GBV, such as emotional abuse, through targeted interventions and counselling services.

v. *Monitor and Adapt Services:* Continuously monitor the types and frequency of GBV cases reported to adapt services and ensure they effectively meet the needs of survivors.

3.5.13 assessing available support services for GBV survivors

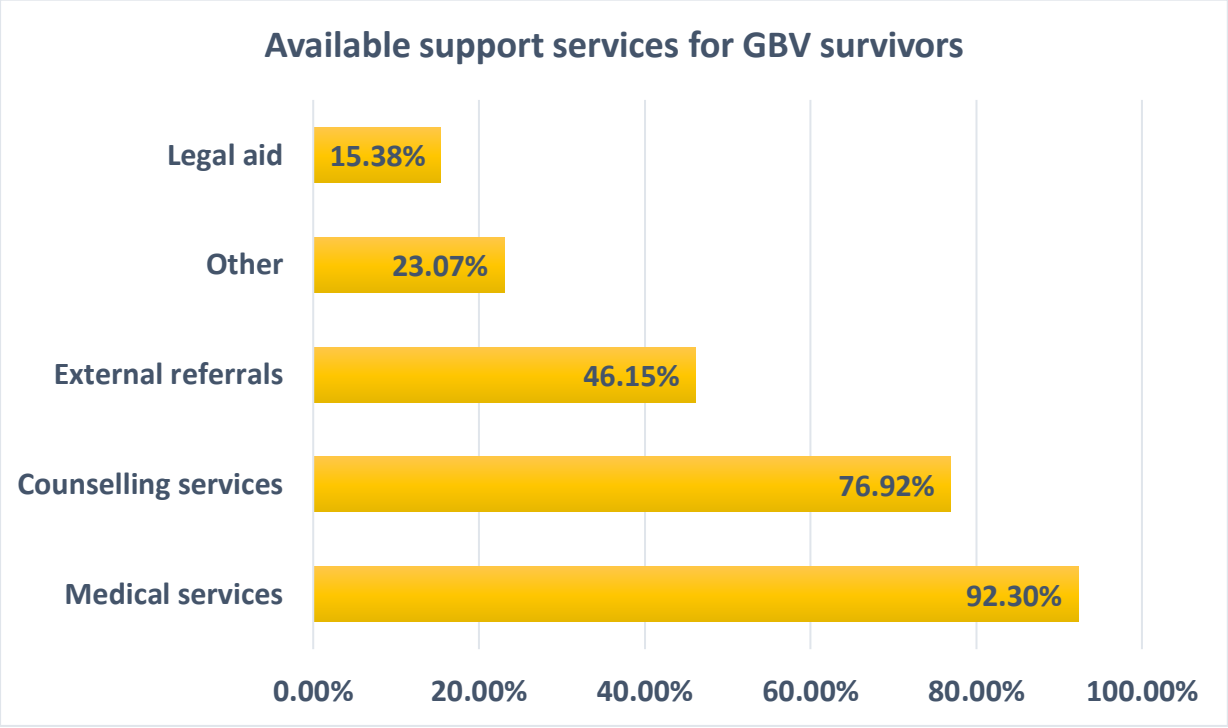


Figure 45. Graph showing available support services for GBV survivors

Medical Services (92.30%, 12 respondents)

Counselling Services (76.92%, 10 respondents)

External Referrals (46.15%, 6 respondents)

Other (23.07%, 3 respondents)

Legal Aid (15.38%, 2 respondents)

i. **Medical Services (92.30%):**

Analysis: The vast majority of facilities provide medical services for clients who disclose experiences of GBV. This includes immediate medical care for injuries, treatment for sexually transmitted infections, and preventive measures like emergency contraception. The high availability of medical services is crucial for addressing physical health needs and ensuring survivors receive timely and appropriate care.

ii. **Counselling Services (76.92%):**

Analysis: A significant proportion of facilities offer counselling services. Counselling provides psychological support to survivors, helping them cope with trauma, process their experiences, and begin their recovery journey. The availability of counselling services is vital for addressing the mental health impacts of GBV and supporting emotional healing.

iii. **External Referrals (46.15%):**

Analysis: Almost half of the facilities provide external referrals. This indicates that while some services are offered directly within the facility, there is also a network of external resources to which clients can be referred. External referrals may include specialized GBV support services, legal aid organizations, or additional counselling options. Ensuring effective referral systems can enhance the comprehensive care provided to survivors.

iv. **Other (23.07%):**

Analysis: The "Other" category reflects additional support services that may not be specified but are available in some facilities. This could include support groups, advocacy services, or community-based interventions. Identifying and documenting these additional resources can provide a fuller picture of the support network available to survivors.

v. **Legal Aid (15.38%):**

Analysis: Fewer facilities offer legal aid, which is crucial for survivors who need legal support for filing police reports, obtaining protection orders, or navigating legal proceedings. Expanding legal aid services can help address legal barriers and ensure that survivors' rights are upheld.

Summary:

The facilities offer a range of support services for clients who disclose GBV, with medical services being the most commonly available, followed by counselling services, external referrals, and legal aid. The variety of resources indicates a multi-faceted approach to supporting survivors, though there is room for improvement, especially in increasing access to legal aid and expanding the range of support services.

Implications:

i. *Enhance Medical and Counselling Services:* Continue to provide and potentially expand medical and counselling services to ensure comprehensive care for survivors. Consider integrating additional support such as follow-up care and long-term counselling.

ii. *Strengthen Referral Systems:* Improve and streamline referral systems to ensure that clients are easily connected to external resources and specialized support services. Develop partnerships with local organizations to enhance the range of available resources.

iii. *Expand Legal Aid Services:* Increase the availability of legal aid to assist survivors in navigating legal challenges and accessing justice. This may involve training staff on legal issues or partnering with legal aid organizations.

iv. *Document and Utilize Additional Resources:* Clearly document and promote the "Other" support services available in the facility. Ensure that clients are aware of and can access all available resources.

v. *Monitor and Adapt Services:* Regularly assess the effectiveness of the support services provided and adapt them based on client feedback and evolving needs.

3.5.14 Assessing referral of GBV survivors for external support services

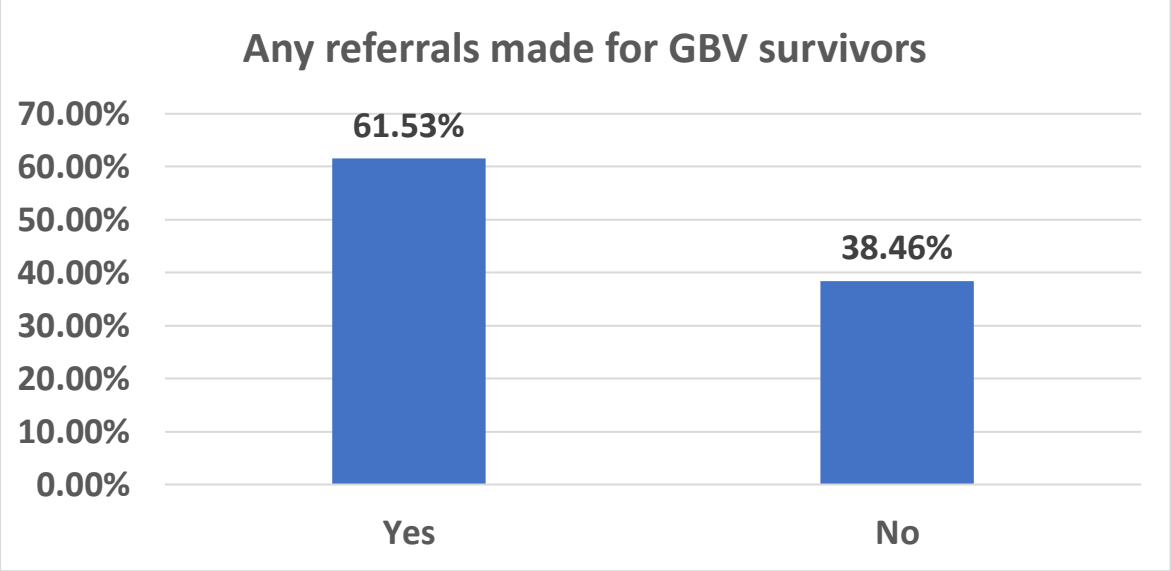


Figure 46. Graph showing referral of GBV survivors for external support services

Yes (61.53%, 8 respondents)

No (38.46%, 5 respondents)

Yes (61.53%):

Analysis: A majority of respondents indicate that they have referred GBV survivors to external support services. This suggests that the facilities have established referral systems and are actively connecting clients with additional resources beyond what is available on-site. Referrals may include access to specialized services such as legal aid, advanced counselling, or support groups that are not provided directly within the facility. The ability to refer clients to external services is crucial for ensuring comprehensive care and addressing all the needs of GBV survivors.

No (38.46%):

Analysis: A smaller proportion of respondents have not referred GBV survivors for external support services. This could be due to various factors, such as a lack of awareness of available external resources, insufficient referral networks, or potential barriers to connecting clients with external services. Addressing these gaps is important to ensure that all survivors have access to the full spectrum of support they may need.

Summary:

The data shows that a significant number of facilities actively refer GBV survivors to external support services, indicating a proactive approach to comprehensive care. However, a notable portion of facilities do not make referrals, highlighting an area for potential improvement.

Implications:

i. *Enhance Referral Systems:* Strengthen and formalize referral systems to ensure that all GBV survivors are connected with appropriate external resources. This may include establishing partnerships with local organizations, creating referral protocols, and training staff on the referral process.

ii. *Increase Awareness of Resources:* Improve healthcare providers' awareness of external support services and how to access them. This can involve creating resource directories, providing regular updates on services, and hosting informational sessions.

iii. *Address Barriers to Referrals:* Identify and address potential barriers that may prevent facilities from making referrals. This could include logistical issues, lack of coordination with external services, or limitations in the existing referral network.

iv. *Monitor and Evaluate Referrals:* Regularly monitor and evaluate the referral process to ensure that it is effective and meets the needs of GBV survivors. Collect feedback from both clients and service providers to identify areas for improvement.

v. *Support and Training:* Provide ongoing support and training for staff to enhance their ability to effectively refer clients and manage external support services.

Assessing key challenges faced by HCPs in providing support services to GBV survivors

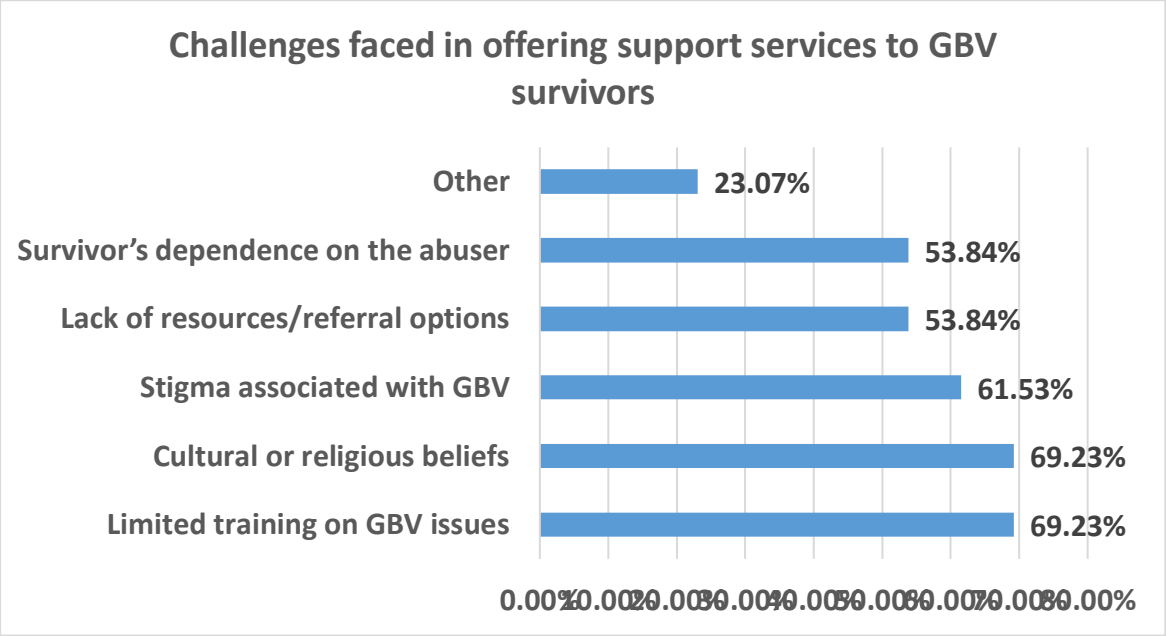


Figure 47. Graph showing key challenges faced by HCPs in providing support services to GBV survivors

Limited Training on GBV Issues (69.23%, 9 respondents)

Cultural or Religious Beliefs (69.23%, 9 respondents)

Stigma Associated with GBV (61.53%, 8 respondents)

Lack of Resources/Referral Options (53.84%, 7 respondents)

Survivor's Dependence on the Abuser (53.84%, 7 respondents)

Other (23.07%, 3 respondents)

Analysis:

i. Limited Training on GBV Issues (69.23%):

Analysis: A significant proportion of respondents report limited training on GBV issues as a major challenge. This suggests that there may be gaps in the knowledge and skills of healthcare providers regarding GBV, impacting their ability to effectively support survivors. Training deficiencies can lead to inadequate responses, poor understanding of survivor needs, and ineffective handling of cases.

ii. Cultural or Religious Beliefs (69.23%):

Analysis: Cultural or religious beliefs are also cited as a major challenge. These beliefs may affect how GBV is perceived, reported, and addressed within the community. Cultural norms and religious values can sometimes perpetuate or justify GBV, making it difficult for survivors to seek help and for service providers to offer effective support. Addressing these cultural barriers requires sensitivity, community engagement, and education.

iii. Stigma Associated with GBV (61.53%):

Analysis: The stigma surrounding GBV is reported by a substantial number of respondents. The stigma can deter survivors from seeking help, discourage them from disclosing their experiences, and create a barrier to effective support. Overcoming stigma involves public awareness campaigns, creating supportive environments, and educating communities about GBV.

iv. Lack of Resources/Referral Options (53.84%):

Analysis: The lack of resources or referral options is another significant challenge. Limited access to essential services, such as legal aid, specialized counselling, or emergency support, can hinder the ability to provide comprehensive care. Improving resource availability and developing robust referral networks are crucial for addressing this issue.

v. Survivor's Dependence on the Abuser (53.84%):

Analysis: Dependence on the abuser, whether financial, emotional, or social, is also a notable challenge. This dependence can make it difficult for survivors to leave abusive situations and seek support. Interventions must consider strategies to help survivors achieve independence and offer support for overcoming dependence-related barriers.

vi. Other (23.07%):

Analysis: The "Other" category reflects additional challenges that may not fit into the predefined categories but still impact service provision. Understanding these unique challenges can help in tailoring support services to meet diverse needs.

Summary:

The analysis identifies several key challenges in providing support to GBV survivors, including limited training, cultural and religious barriers, stigma, lack of resources, and survivor dependence on abusers. Addressing these challenges requires a multifaceted approach involving enhanced training, community engagement, stigma reduction, resource expansion, and support for survivor independence.

Implications:

i. *Expand Training Programs:* Develop and implement comprehensive training programs for healthcare providers on GBV issues, including recognizing signs, responding appropriately, and providing support.

ii. *Engage with Cultural and Religious Leaders:* Work with cultural and religious leaders to address and challenge harmful norms and beliefs related to GBV. Promote education and dialogue to foster supportive attitudes.

iii. *Combat Stigma:* Launch public awareness campaigns to reduce stigma and encourage survivors to seek help. Create a safe and supportive environment for disclosure and support.

iv. *Increase Resource Availability:* Strengthen resource networks and referral systems to ensure that survivors have access to the full range of needed services, including legal aid and specialized support.

v. *Support Survivor Independence:* Implement programs to help survivors become independent from abusers, such as financial assistance, housing support, and empowerment initiatives.

vi. *Address Unique Challenges:* Identify and address any additional challenges not covered by the standard categories to ensure that all barriers to support are effectively managed.

3.6 Assessing Community leaders and key influencers

3.6.1 Assessing the understanding of the importance of FP to the community

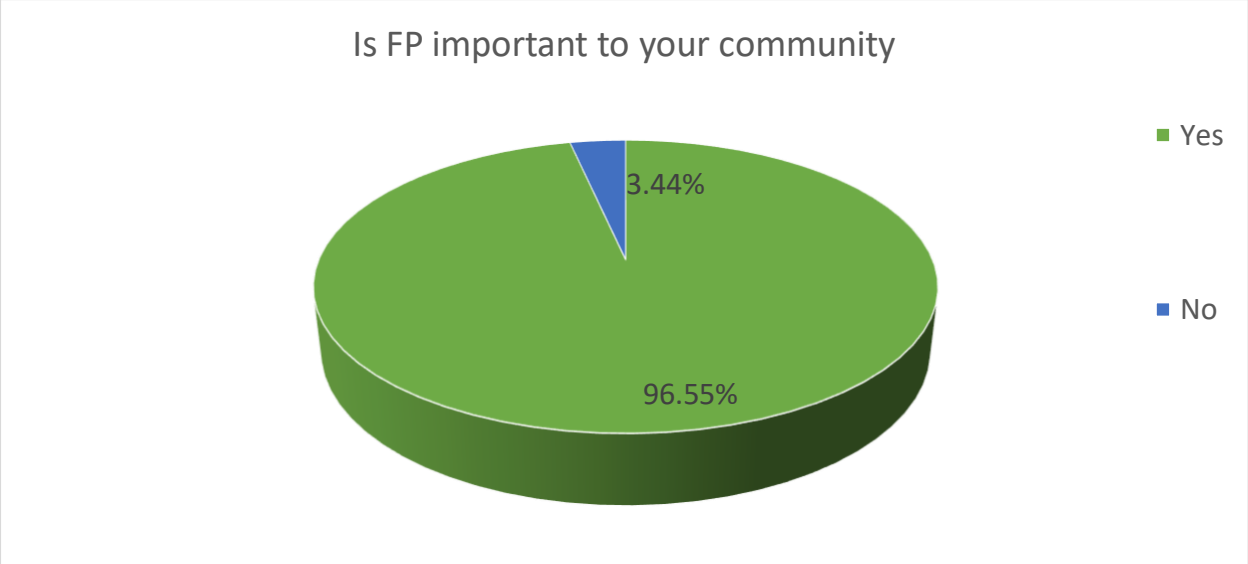


Figure 48. Chart showing the importance of FP access to communities according to leaders and influencers

The data shows that an overwhelming majority (96.55%) believe that family planning is important for community development and well-being, with only a small fraction (3.44%) disagreeing.

Analysis:

i. *Community Support:* The high percentage of support for family planning indicates a strong recognition of its benefits in promoting community development and well-being. This could suggest that most individuals in the community understand how family planning can help manage population growth, improve maternal and child health, and contribute to economic stability.

ii. *Minor Opposition:* The small percentage of respondents who do not see the importance of family planning may represent a minority view, possibly influenced by cultural beliefs, lack of awareness, or misconceptions about family planning.

iii. *Implications for Policy and Programs:* Given the overwhelming support, there is likely a conducive environment for implementing or expanding family planning programs. This community consensus can be leveraged to design interventions that address the concerns of the minority who are opposed, possibly through education and awareness campaigns.

Overall, the data supports the notion that family planning is seen as crucial to the well-being and development of the community, with broad-based approval that can drive policy and programmatic efforts.

3.6.2 Assessing whether the community leaders and influencers support FP in the community

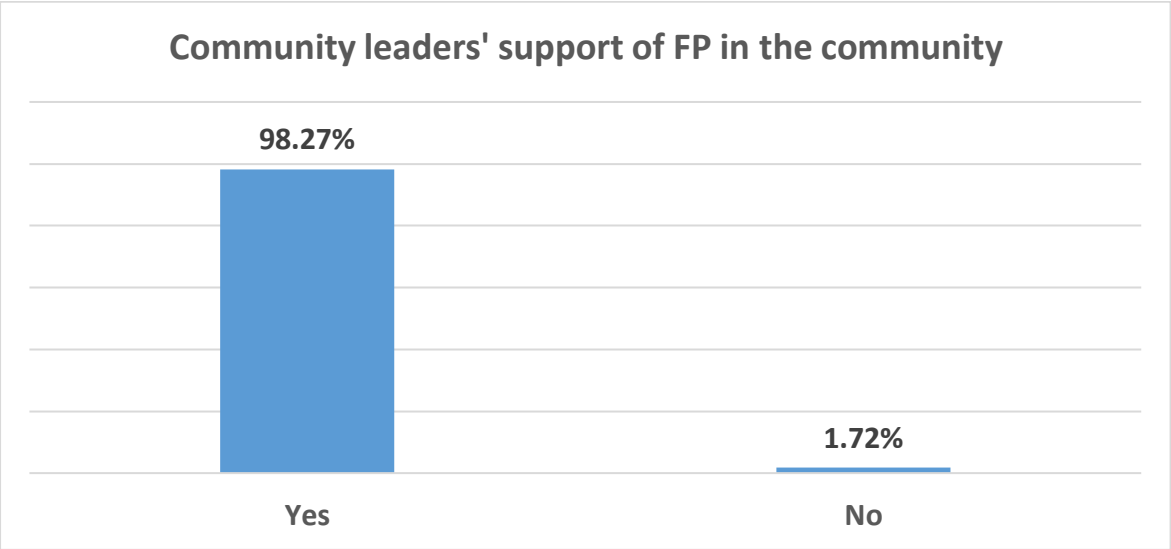


Figure 49. Graph showing community leaders support of FP interventions

The data reveals that a significant majority (98.27%) of respondents support the promotion of family planning in their community, with only 1.72% expressing opposition.

Description:

Widespread Support: Nearly all respondents (57 out of 58) are in favour of promoting family planning within their community. This shows a strong consensus and indicates that family planning is highly valued as a tool for improving community health and socio-economic outcomes.

Minimal Opposition: The minimal opposition (1.72%) suggests that only a very small segment of the population holds reservations or is against the promotion of family planning.

Analysis:

i. *Community Readiness:* The near-universal support for family planning promotion signifies a community that is likely well-informed about the benefits of family planning, such as reducing unintended pregnancies, improving maternal and child health, and contributing to economic stability. This widespread backing may also reflect a community that is ready to embrace and actively participate in family planning initiatives.

ii. *Potential for Effective Implementation:* With such strong support, initiatives aimed at promoting family planning are likely to be well-received and effective. The overwhelming approval can serve as a solid foundation for implementing policies, educational campaigns, and services related to family planning, ensuring community buy-in and participation.

iii. *Focus on the Minority:* The tiny fraction of respondents who do not support the promotion of family planning may hold views influenced by cultural, religious, or personal beliefs. Addressing this group's concerns through targeted outreach and education could further strengthen community-wide support.

Conclusion:

The data underscores a robust endorsement of family planning promotion within the community. This strong approval is indicative of a positive attitude towards family planning, suggesting that the community recognizes its importance in enhancing overall well-being and development. The minimal opposition should be acknowledged but does not significantly detract from the overwhelming consensus

3.6.3 Assessing the strategies that can be used to promote FP uptake

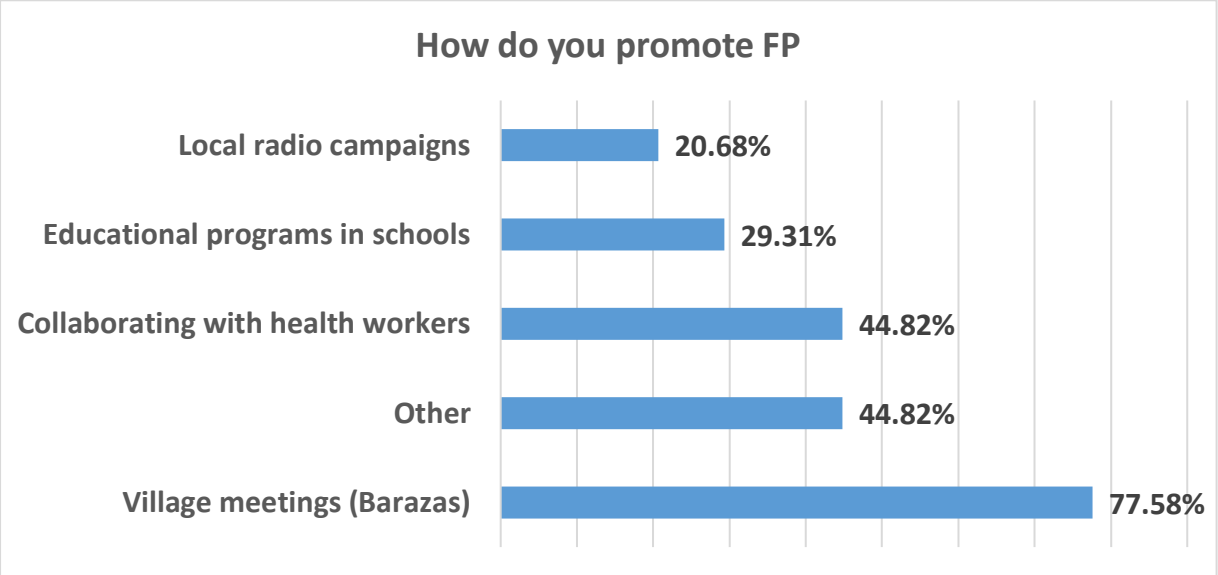


Figure 50. Graph showing strategies to improve uptake of FP

The data reflects the various methods respondents used to promote family planning awareness in their community, with village meetings (Barazas) being the most common approach.

Description:

i. *Village Meetings (Barazas) - 77.58%:* A significant majority of respondents (45 out of 58) use village meetings, commonly known as Barazas, as a platform to promote family planning awareness. These gatherings are traditional and community-based, providing an effective way to reach a broad audience in a culturally appropriate setting.

ii. *Other Methods - 44.82%:* An equal proportion of respondents (26 out of 58) indicated using "Other" methods to promote family planning. This category could include diverse approaches such as door-to-door campaigns, social media, or the involvement of community leaders and influencers, though specifics are not provided.

iii. *Collaborating with Health Workers - 44.82%:* The same number of respondents also collaborate with health workers to promote family planning. This partnership likely ensures that accurate and professional information is disseminated, building trust and credibility.

iv. *Educational Programs in Schools - 29.31%:* Some respondents (17 out of 58) promote family planning through educational programs in schools. This method targets younger generations, ensuring that they are informed about family planning early on, which can lead to long-term behavioural change.

v. *Local Radio Campaigns - 20.68%:* A smaller portion of respondents (12 out of 58) utilize local radio campaigns to spread awareness. Radio is a powerful tool, especially in rural areas, where it can reach a wide audience, including those who might not attend meetings or educational programs.

Analysis:

i. *Cultural Relevance of Barazas:* The high reliance on village meetings suggests that community members value traditional methods of communication and decision-making. Barazas are likely seen as a culturally appropriate and effective way to engage the community, ensuring that family planning messages are well-received and acted upon.

ii. *Diversification of Methods:* The use of multiple methods, including collaboration with health workers and educational programs, reflects a multifaceted approach to promoting family planning awareness. This diversity in strategies indicates an understanding that different segments of the population may require different approaches.

iii. *Health Workers as Trusted Sources*: Collaborating with health workers signifies the importance of involving professionals who can provide accurate and trustworthy information. This method likely enhances the credibility of family planning messages and helps address medical or technical questions that may arise.

iv. Targeting Youth: The inclusion of educational programs in schools highlights a proactive approach to reaching younger populations, ensuring that they are educated about family planning from an early age. This can foster long-term changes in attitudes and behaviours regarding family planning.

v. Radio Campaigns' Reach: Although less commonly used, local radio campaigns remain an important tool, particularly in reaching those who may not be easily accessible through other methods. Radio's broad reach makes it a valuable complement to more localized or in-person efforts.

Conclusion:

The data suggests that the community employs a combination of traditional and modern methods to promote family planning awareness. Village meetings (Barazas) are the most widely used, reflecting the importance of culturally relevant approaches. Collaboration with health workers, educational programs in schools, and local radio campaigns further diversify the strategies, ensuring that different segments of the community are effectively reached. This

multifaceted approach is likely to enhance the overall impact of family planning awareness initiatives.

3.6.4 Assessing key barriers to FP access in the communities

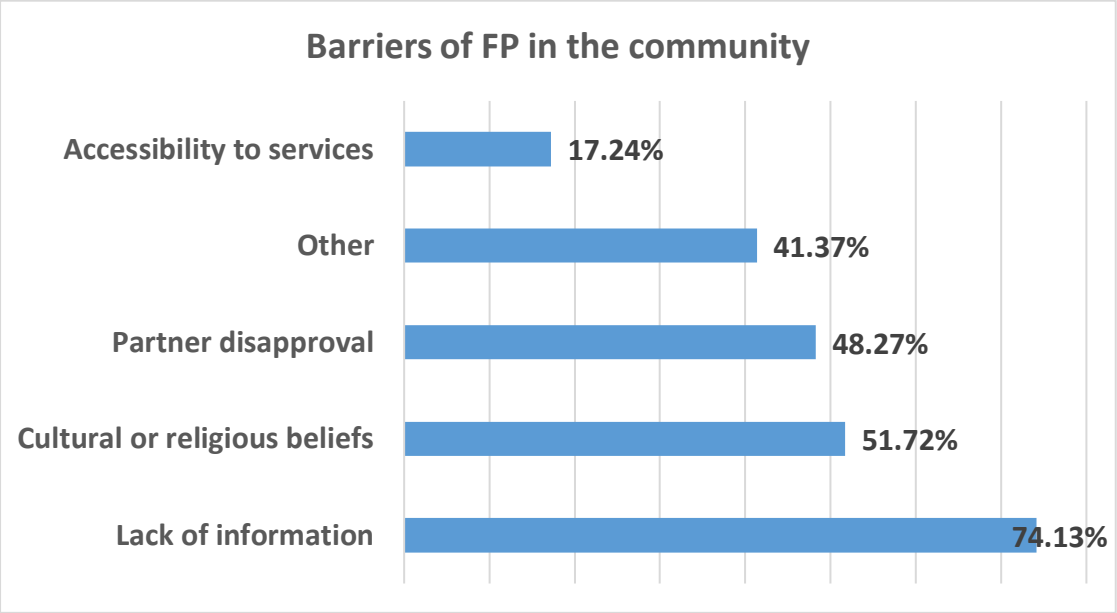


Figure 51. Graph showing barriers to FP access in the communities

i. *Lack of Information - 74.13%:* A majority of respondents (43 out of 58) cite lack of information as the main barrier to family planning in the community. This indicates that many individuals may not have access to accurate or sufficient knowledge about family planning methods, benefits, and where to obtain services.

ii. *Cultural or Religious Beliefs - 51.72%:* Over half of the respondents (30 out of 58) identify cultural or religious beliefs as significant barriers. These beliefs may include traditional views on family size, gender roles, or religious teachings that discourage the use of contraceptives.

iii. *Partner Disapproval - 48.27%:* Nearly half of the respondents (28 out of 58) mention partner disapproval as a barrier. This suggests that decisions about family planning are often influenced by male partners and that opposition from a partner can prevent the use of family planning methods.

iv. *Other Barriers - 41.37%:* A substantial portion of respondents (24 out of 58) indicate "Other" barriers, which could include factors like stigma, fear of side effects, lack of privacy, or economic constraints.

v. *Accessibility to Services - 17.24%:* A smaller proportion of respondents (10 out of 58) report that accessibility to services is a barrier. This could refer to physical distance from health facilities, lack of transportation, or availability of services and supplies.

Analysis:

i. *Information Gap:* The overwhelming majority citing lack of information as a barrier suggests a critical need for improved education and awareness campaigns. This gap may hinder individuals from making informed choices about family planning, leading to unintended pregnancies or the continued use of less effective methods.

ii. *Cultural and Religious Influence:* The significant role of cultural and religious beliefs as barriers highlights the importance of culturally sensitive interventions. Understanding and addressing these beliefs is essential for promoting family planning in a way that respects and aligns with community values.

iii. *Gender Dynamics:* Partner disapproval as a major barrier points to gender dynamics within relationships that affect decision-making around family planning. This barrier may be particularly challenging to overcome, as it involves addressing deeply ingrained power structures and fostering communication between partners.

iv. *Diverse Other Barriers:* The "Other" category suggests that multiple, varied challenges may not be fully captured by the primary categories. This highlights the complexity of family planning barriers and the need for comprehensive solutions that consider a wide range of issues.

v. *Service Accessibility:* While less frequently cited, accessibility to services remains a barrier for some. This suggests that even when individuals are informed and willing to use family planning, logistical challenges can still prevent access. Addressing this issue may involve improving infrastructure, ensuring the availability of supplies, and reducing costs associated with accessing services.

Conclusion:

The main barriers to family planning in the community are multifaceted, with lack of information being the most significant challenge. Cultural and religious beliefs, partner disapproval, and diverse other barriers also play crucial roles, indicating the need for targeted and sensitive interventions. While accessibility to services is less commonly cited, it remains an important factor for a subset of the population. To effectively promote family planning, efforts must focus on education, addressing cultural and gender dynamics, and improving access to services.

3.6.5 Assessing the sufficiency of FP information at the community level

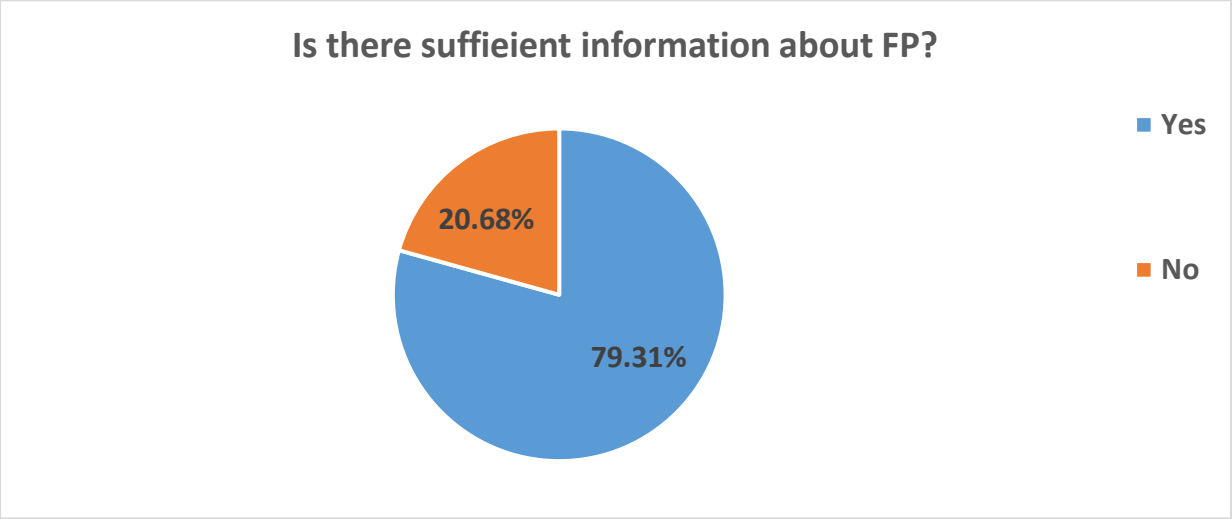


Figure 52. Chart showing availability of sufficient information about FP

The data reveals that a majority (79.31%) of respondents believe there is sufficient information about family planning in their community, while a smaller percentage (20.68%) feel that the information is lacking.

Sufficient Information - 79.31%: A large majority of respondents (46 out of 58) think that the community has adequate information about family planning. This suggests that most people in the community feel well-informed about family planning options, benefits, and services.

Insufficient Information—20.68%: A smaller group (12 out of 58) believes that the community lacks sufficient information. This indicates that certain segments of the population still lack knowledge or awareness.

Perceived Adequacy of Information:

Nearly 80% of respondents feel there is sufficient information available, which may reflect the success of existing family planning education and awareness initiatives. It suggests that, for most people, the resources and information provided meet their needs in understanding and accessing family planning services.

Persistent Gaps: Despite the overall positive perception, the 20.68% who believe there is insufficient information highlight that there are still areas where the community might be underserved. This minority could represent specific groups who are less reached by current information dissemination efforts, such as those in more remote areas, certain age groups, or individuals with lower literacy levels.

Implications for Program Development: The perception of sufficient information by the majority is encouraging for program planners and health educators, as it indicates that their efforts are largely effective. However, the existence of a significant minority who feel under-

informed suggests that additional, targeted strategies are needed. These might include increasing outreach in hard-to-reach areas, providing information in local languages, or using different mediums like visual aids to engage those who might not benefit from traditional methods.

Diverse Community Needs: The split in perceptions could also indicate diverse needs within the community. For some, the available information might be sufficient, but for others, it might be too generic or not tailored to their specific context. Understanding the unique needs of different community segments can help refine and improve information dissemination strategies.

Conclusion:

While the majority of the community feels adequately informed about family planning, a notable minority perceives a lack of sufficient information. This suggests that while current efforts are largely successful, there is room for improvement, particularly in reaching and addressing the needs of those who feel under-informed. To achieve more comprehensive coverage, it will be important to identify and address the specific barriers or gaps that prevent some individuals from accessing or understanding the available family planning information.

3.6.6 Assessing what can be done to improve FP uptake at the community level

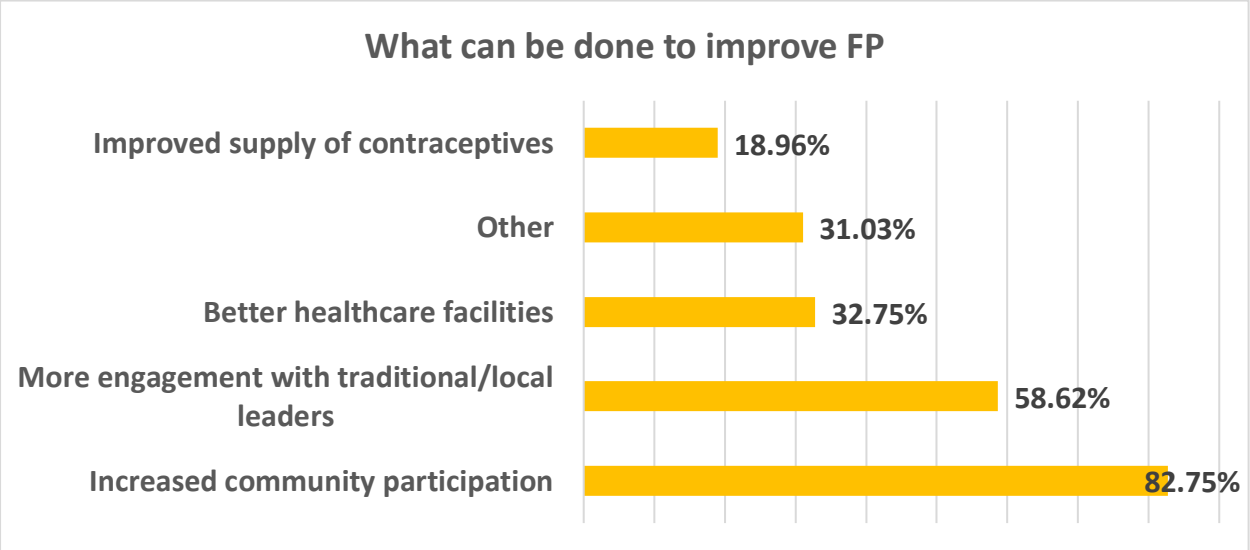


Figure 53. Graph showing what can be done to improve FP uptake

i. *Increased Community Participation—82.75%:* A significant majority (48 out of 58) believe that greater community involvement in family planning initiatives is key to improving awareness and access. This suggests a strong preference for grassroots,

community-driven approaches where local members actively participate in discussions, decision-making, and dissemination of information.

ii. *More Engagement with Traditional/Local Leaders - 58.62%:* Over half of the respondents (34 out of 58) see the need for more engagement with traditional or local leaders. These leaders often hold significant influence within the community, and their support or endorsement of family planning can play a crucial role in shifting public opinion and behaviour.

iii. *Better Healthcare Facilities - 32.75%:* Nearly a third of respondents (19 out of 58) identify the need for improved healthcare facilities. This could include enhancing the infrastructure, increasing the availability of trained healthcare providers, and ensuring that these facilities are accessible to all community members.

iv. *Other Strategies - 31.03%:* A substantial number of respondents (18 out of 58) mentioned "Other" strategies, which might include tailored educational programs, mobile clinics, or the use of technology (e.g., mobile apps) to disseminate information.

v. *Improved Supply of Contraceptives - 18.96%:* A smaller proportion (11 out of 58) emphasized the need for a more reliable supply of contraceptives. This suggests that while awareness might be high, there are still challenges in ensuring that contraceptives are consistently available to those who need them.

vi. *Community-Driven Approaches:* The overwhelming support for increased community participation reflects a belief in the power of collective action. Engaging community members directly in family planning initiatives can lead to more culturally sensitive and accepted programs, as well as a deeper understanding of local needs and preferences. This approach can also foster a sense of ownership and responsibility, making the initiatives more sustainable.

vii. *Role of Traditional Leaders:* The significant emphasis on engaging traditional or local leaders underscores their pivotal role in shaping community norms and values. In many communities, these leaders can either endorse or hinder the acceptance of family planning. More engagement with them could lead to greater support for family planning initiatives, particularly in areas where cultural or religious beliefs are strong barriers.

viii. *Infrastructure and Healthcare Access:* The call for better healthcare facilities highlights the importance of having physical spaces where community members can access family planning services. Improved facilities can enhance the quality of care, reduce travel time, and make services more appealing and accessible, particularly in rural or underserved areas.

ix. *Addressing Diverse Needs*: The "Other" category indicates that respondents recognize the need for a variety of strategies tailored to different segments of the population. This might include innovative approaches such as mobile health units, targeted educational campaigns, or the integration of family planning into broader health services.

x. *Supply Chain Improvements:* The relatively lower emphasis on improving the supply of contraceptives might suggest that awareness is not enough if the means to act on that knowledge are inconsistent. Ensuring a steady supply of contraceptives is crucial for translating awareness into action and for maintaining trust in the family planning system.

Conclusion:

To improve family planning awareness and access, a multifaceted approach is necessary, with a strong focus on community-driven efforts and the involvement of traditional leaders. While there is also a clear need for better healthcare facilities and a more reliable supply of contraceptives, the data suggests that community participation and leadership engagement are seen as the most critical factors for success. These strategies should be tailored to address the unique challenges and cultural contexts of the community, ensuring that family planning services are both accessible and acceptable to all members.

3.6.7 Assessing whether GBV is an issue in communities

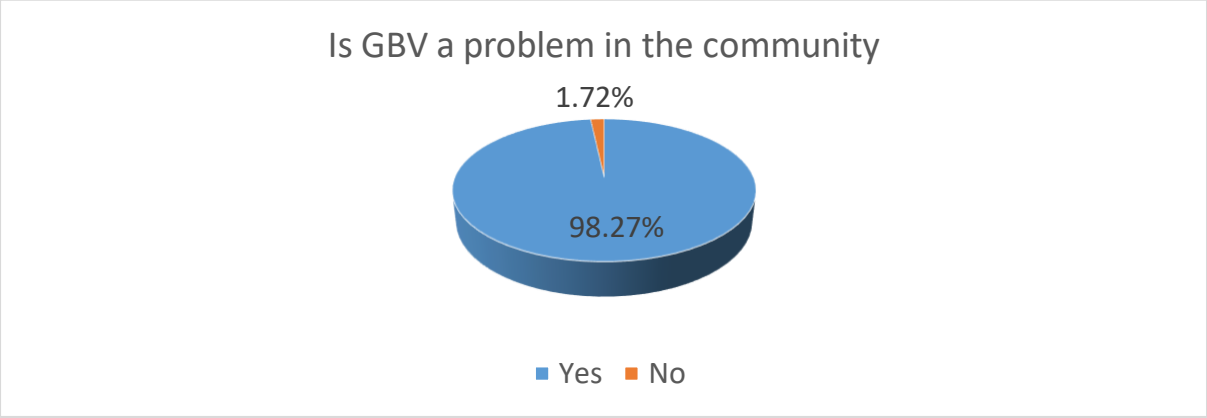


Figure 54. Chart showing whether GBV is an issue in communities

The data shows an overwhelming consensus that gender-based violence (GBV) is an issue in the community, with 98.27% of respondents acknowledging it as a problem.

i. *Yes - 98.27%:* A vast majority of respondents (57 out of 58) believe that GBV is an issue in their community. This indicates a widespread recognition of the problem, suggesting that GBV is a significant and visible concern within the community.

ii. *No - 1.72%:* Only one respondent (1.72%) does not believe that GBV is an issue in the community. This is a minority view, which might reflect either a lack of awareness or a different perspective on what constitutes GBV.

Prevalence of GBV: The near-unanimous acknowledgement of GBV as an issue points to its prevalence and impact in the community. Such a high level of awareness likely stems from personal experiences, observations, or widespread discussions about GBV, indicating that it is a pervasive problem that affects many individuals and families.

Community Awareness: The high percentage of respondents who recognize GBV as an issue suggests that there is a significant level of awareness about the various forms of GBV, such as physical violence, emotional abuse, sexual violence, and economic control. This awareness could be the result of advocacy, education, and media coverage, which have brought attention to the issue.

Implications for Intervention: The overwhelming consensus on the existence of GBV implies a strong need for targeted interventions to address the issue. This could include community-based programs to raise awareness, legal and policy frameworks to protect victims, and support services such as counselling and shelters.

Challenges for the Minority View: The very small minority who do not perceive GBV as an issue might reflect a disconnect from the experiences of others in the community or a differing understanding of what constitutes GBV. This highlights the importance of inclusive education and awareness campaigns that reach all segments of the population.

Potential Impact on Family Planning: The recognition of GBV as an issue is also relevant to family planning, as GBV can directly impact a woman's ability to make autonomous decisions about her reproductive health. Addressing GBV in the community is thus crucial not only for the well-being of victims but also for improving the uptake and effectiveness of family planning services.

Conclusion:

The overwhelming belief that GBV is an issue in the community underscores its prevalence and the urgent need for action. With nearly all respondents acknowledging the problem, it is clear that GBV is a critical concern that demands comprehensive and culturally sensitive interventions. These efforts should focus on both prevention and support, ensuring that all community members are informed about GBV and have access to the necessary resources to address it. The strong consensus also provides a solid foundation for community-wide initiatives to combat GBV and its associated impacts on health and well-being.

3.6.8 Assessing the most common types of GBV in communities

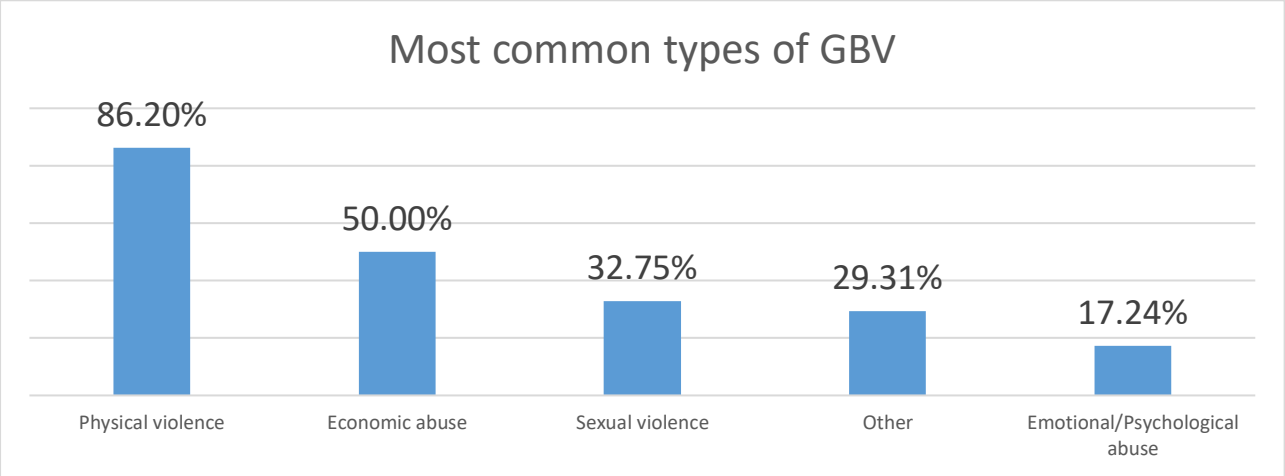


Figure 55. Graph showing the most common types of GBV in communities

i. *Physical Violence - 86.20%:* The majority of respondents (50 out of 58) identify physical violence as the most common type of GBV in their community. This suggests that physical abuse, such as hitting, slapping, or other forms of bodily harm, is a pervasive issue.

ii. *Economic Abuse - 50.00%:* Half of the respondents (29 out of 58) report economic abuse as a prevalent form of GBV. Economic abuse might include controlling a partner's access to financial resources, withholding money, or preventing someone from working.

iii. *Sexual Violence - 32.75%:* A significant number of respondents (19 out of 58) mention sexual violence, which can include rape, sexual assault, or coerced sexual acts. This indicates that sexual violence is a serious concern, though it is reported less frequently than physical and economic abuse.

iv. *Other Forms of GBV - 29.31%:* A portion of respondents (17 out of 58) mention "Other" forms of GBV, which might include practices such as forced marriage, female genital mutilation, or less commonly recognized forms of abuse.

v. *Emotional/Psychological Abuse - 17.24%:* The least reported form of GBV is emotional or psychological abuse, with 10 respondents (17.24%) identifying it as common. This type of abuse can include verbal insults, threats, manipulation, or controlling behaviour that undermines the victim's mental well-being.

Further discussions

- *Prevalence of Physical Violence:* The high prevalence of physical violence as the most common form of GBV indicates that it is likely the most visible and widely recognized

form of abuse in the community. The fact that it is reported by such a large majority suggests that it is a deeply ingrained issue that might be normalized or underreported due to fear or social stigma.

- *Economic Abuse as a Tool of Control:* Economic abuse reported by half of the respondents highlights the significant role of financial control in GBV. This form of abuse can severely limit an individual's autonomy and ability to escape abusive situations, making it a critical area for intervention.
- *Underreporting of Sexual Violence:* The lower percentage reporting sexual violence might indicate underreporting due to stigma, fear of retaliation, or cultural taboos surrounding discussions of sexual matters. It also suggests that while sexual violence is a serious issue, it may be less visible or acknowledged within the community.
- *Complexity of Other Forms of GBV:* The "Other" category suggests that there are various forms of GBV that do not fit neatly into the more commonly recognized categories. These forms of violence may be culturally specific or less understood, and they require targeted education and intervention strategies.
- *Emotional/Psychological Abuse:* The lower reporting of emotional or psychological abuse could indicate that this form of GBV is less recognized or taken less seriously compared to physical violence. However, it is equally damaging and can have long-term effects on mental health. The data suggests a need for greater awareness and education on the various forms of abuse that go beyond physical harm.

Conclusion:

The data reveals that physical violence is the most prevalent form of GBV in the community, followed by economic abuse and sexual violence. This indicates that physical and financial control are the most common means through which GBV is perpetrated. The relatively lower reporting of sexual and emotional/psychological abuse suggests potential underreporting or a lack of recognition of these forms of violence. To effectively address GBV in the community, interventions must consider the full spectrum of abuse, with a focus on raising awareness about the less visible forms of violence and providing comprehensive support services to victims.

3.6.9 Assessing various GBV Interventions at the community level

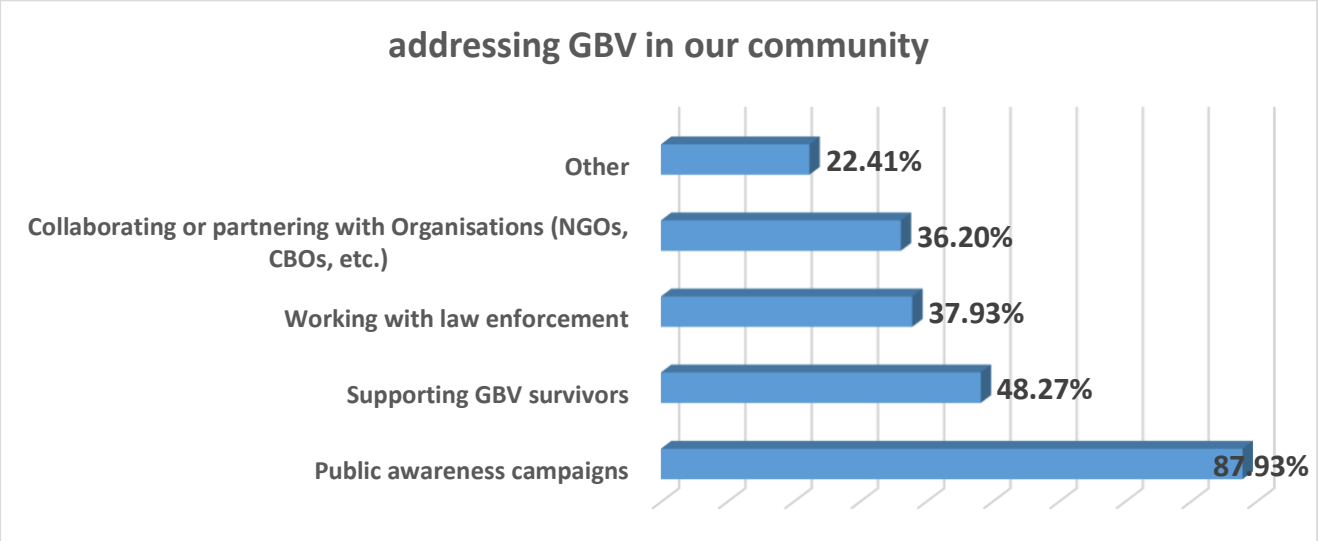


Figure 56. Graph showing various GBV interventions at the community level

The data provides insight into the various approaches the community takes to address gender-based violence (GBV), with public awareness campaigns being the most commonly employed strategy. Further discussions as detailed bellow:

i. *Public Awareness Campaigns - 87.93%:* A significant majority of respondents (51 out of 58) report that public awareness campaigns are a key method for addressing GBV in the community. These campaigns likely involve educating the public about the forms, consequences, and unacceptability of GBV, as well as informing people about the resources and support available to survivors.

ii. *Supporting GBV Survivors - 48.27%:* Nearly half of the respondents (28 out of 58) mention supporting GBV survivors as a primary strategy. This support could include providing medical care, psychological counselling, legal assistance, or shelter services for those affected by GBV.

iii. *Working with Law Enforcement - 37.93%:* A substantial portion of respondents (22 out of 58) indicate that collaboration with law enforcement is an important part of addressing GBV. This suggests efforts to ensure that cases of GBV are reported, investigated, and prosecuted and that perpetrators are held accountable.

iv. *Collaborating or Partnering with Organizations (NGOs, CBOs, etc.) - 36.20%:* Many respondents (21 out of 58) also highlight the importance of collaboration with organizations such as non-governmental organizations (NGOs) or community-based organizations (CBOs). These partnerships can enhance resources, expertise, and outreach, making interventions more effective and comprehensive.

v. *Other Approaches—22.41%:* A smaller group of respondents (13 out of 58) mention "Other" approaches, which could include traditional conflict resolution methods, community mediation, or innovative grassroots initiatives tailored to specific local contexts.

vi. *Impact of Public Awareness Campaigns:* The strong emphasis on public awareness campaigns reflects a community-wide recognition that education and information dissemination are crucial to preventing GBV. By raising awareness, these campaigns can challenge harmful norms, change attitudes, and empower individuals to take action against GBV. The high percentage suggests that these campaigns are a cornerstone of the community's GBV response strategy.

vii. *Support for Survivors:* The fact that nearly half of the respondents focus on supporting GBV survivors indicates an understanding that addressing GBV requires more than just prevention—it also requires providing comprehensive care and support to those affected. This support is essential for helping survivors recover and reintegrate into society, as well as for encouraging others to come forward.

viii. *Role of Law Enforcement:* Collaboration with law enforcement, while less commonly cited than public awareness and survivor support, is critical for ensuring that GBV is treated as a serious crime. Working with law enforcement can help ensure that there are legal consequences for perpetrators and that survivors receive justice, which can also serve as a deterrent to future acts of violence.

ix. *Partnerships with Organizations:* The involvement of NGOs and CBOs indicates the community's reliance on external resources and expertise to combat GBV. These partnerships can enhance the scope and effectiveness of interventions, bringing in specialized knowledge, funding, and broader networks that might not be available within the community alone.

x. *Diverse and Localized Approaches:* The "Other" category suggests that some respondents see value in more localized or innovative approaches that might not fit into the conventional categories. These could be community-driven initiatives tailored to the unique cultural or social dynamics of the community, which can be particularly effective in contexts where formal mechanisms are less accessible or trusted.

Conclusion:

The community primarily addresses GBV through public awareness campaigns, reflecting a strong belief in the power of education and information to prevent violence. Support for

survivors is also a key component, highlighting the importance of comprehensive care in the response to GBV. While collaboration with law enforcement and partnerships with organizations play important roles, there is also recognition of the need for diverse and localized approaches.

3.6.10 Assessing main barriers to addressing GBV issues

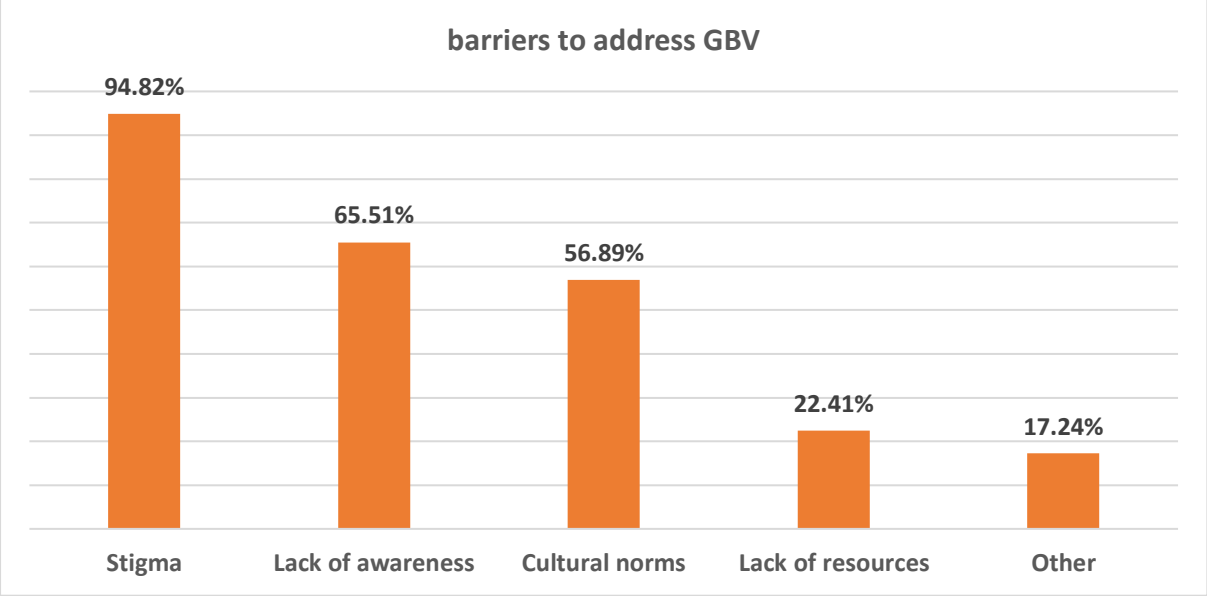


Figure 57. Graphical representation of main challenges in addressing GBV issues

The data outlines the main barriers to addressing gender-based violence (GBV) cases in the community, with stigma being the most significant challenge identified by respondents. Find further discussions on the responses shared:

i. *Stigma - 94.82%:* Nearly all respondents (55 out of 58) identify stigma as a major barrier to addressing GBV cases. This suggests that societal attitudes towards GBV survivors and the issue itself are a significant obstacle, leading to fear of judgment, shame, or social exclusion for those affected by GBV.

ii. *Lack of Awareness - 65.51%:* A substantial portion of respondents (38 out of 58) point to a lack of awareness as a key barrier. This includes insufficient knowledge about what constitutes GBV, the rights of individuals, and the resources available to survivors.

iii. *Cultural Norms - 56.89%:* More than half of the respondents (33 out of 58) highlight cultural norms as a barrier. These norms may include beliefs and practices that justify or normalize violence, discourage reporting, or place blame on survivors rather than perpetrators.

iv. *Lack of Resources—22.41%:* A smaller group of respondents (13 out of 58) mention the lack of resources as a challenge. This could include inadequate funding, insufficient support services, or limited access to legal and healthcare facilities necessary for effectively addressing GBV.

v. *Other Barriers - 17.24%:* A minority of respondents (10 out of 58) identify "Other" barriers, which could include factors such as fear of retaliation, weak law enforcement, or systemic issues within institutions responsible for addressing GBV.

Impact of Stigma: The overwhelming identification of stigma as a barrier underscores its powerful influence in the community. Stigma can prevent survivors from coming forward due to fear of being ostracized, blamed, or not believed. It can also discourage witnesses or community members from intervening or supporting survivors, perpetuating a cycle of silence and inaction.

Lack of Awareness: The significant mention of a lack of awareness indicates that many community members may not fully understand the different forms of GBV, the legal protections available, or the importance of addressing GBV. This gap in knowledge can lead to underreporting, inadequate responses, and continued victimization.

Cultural Norms: The role of cultural norms as a barrier suggests that deeply ingrained beliefs and traditions may condone or even encourage GBV. These norms can make it difficult to challenge harmful practices or introduce changes that are seen as contradicting traditional values. Addressing this barrier requires culturally sensitive approaches that respect the community's identity while promoting the rights and safety of all individuals.

Resource Limitations: While less frequently cited than stigma, the lack of resources is still a critical barrier. Without adequate resources, even the best awareness campaigns or supportive policies may fall short. Resources are needed to provide comprehensive support to survivors, train law enforcement and healthcare workers, and sustain ongoing prevention efforts.

Other Challenges: The "Other" category indicates that additional, potentially less recognized barriers still significantly impact the community's ability to address GBV. These might include logistical challenges, such as geographical isolation, or systemic issues, such as corruption or ineffective governance, that undermine efforts to combat GBV.

Conclusion:

The primary barriers to addressing GBV in the community are stigma, lack of awareness, and cultural norms, with stigma being the most pervasive obstacle. These barriers create a

challenging environment where survivors may be reluctant to seek help, and where GBV is not adequately recognized or addressed. The lack of resources further exacerbates these challenges, limiting the community's capacity to provide effective support and intervention. To overcome these barriers, a multifaceted approach is needed that includes destigmatization efforts, educational campaigns to increase awareness, culturally sensitive engagement with community norms, and the allocation of sufficient resources to support GBV prevention and response initiatives.

3.6.11 Assessing measures to address GBV issues

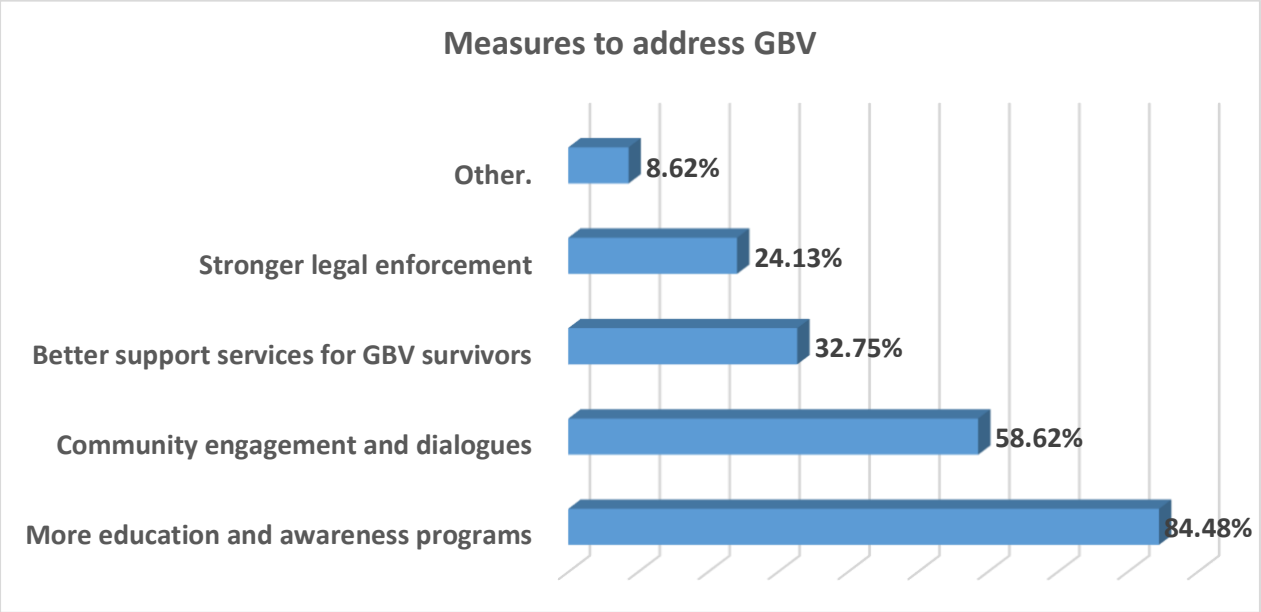


Figure 58. Graph showing measures to address GBV issues

The data highlights several measures that are deemed necessary to address gender-based violence (GBV) more effectively at the community level, with a strong emphasis on education and awareness programs. Further discussion on the survey findings is detailed below:

i. *More Education and Awareness Programs - 84.48%:* The majority of respondents (49 out of 58) believe that increasing education and awareness programs is crucial for addressing GBV. This involves expanding efforts to educate the community about GBV, its consequences, and available resources and challenging harmful norms and practices.

ii. *Community Engagement and Dialogues - 58.62%:* Over half of the respondents (34 out of 58) advocate for greater community engagement and dialogues. This includes fostering open discussions within the community to address GBV, build support networks, and collaboratively develop solutions.

iii. *Better Support Services for GBV Survivors - 32.75%:* A significant portion of respondents (19 out of 58) highlight the need for improved support services for GBV survivors. This includes enhancing access to medical care, psychological support, legal assistance, and safe shelters.

iv. *Stronger Legal Enforcement - 24.13%:* Some respondents (14 out of 58) stress the importance of stronger legal enforcement to effectively address GBV. This involves ensuring that laws related to GBV are enforced consistently, perpetrators are held accountable, and justice is served.

v. *Other Measures—8.62%: A smaller group (5 out of 58) mentions* "Other" measures, which could include innovative or localized strategies not covered by the main categories, such as integrating GBV prevention into other community programs or leveraging technology for reporting and support.

Further discussions

- *Importance of Education and Awareness:* The high emphasis on education and awareness programs reflects a belief that increasing knowledge and understanding about GBV is fundamental to prevention and intervention. Effective programs can help change attitudes, dispel myths, and empower individuals to take action against GBV. This measure is crucial for building a foundation of informed community members who can support GBV survivors and advocate for change.
- *Community Engagement and Dialogues:* Community engagement and dialogues are seen as essential for fostering a collective approach to addressing GBV. By involving community members in discussions and problem-solving, these efforts can help build a culture of support, normalize the conversation around GBV, and create a collaborative environment for implementing solutions. Engaging local leaders and influencers can also enhance the reach and impact of these dialogues.
- *Support Services for Survivors:* The call for better support services highlights the need for comprehensive care and resources for survivors. Ensuring that survivors have access to medical care, psychological support, legal aid, and safe housing is crucial for their recovery and empowerment. Enhancing these services can also encourage more survivors to come forward and seek help, knowing that adequate support is available.
- *Legal Enforcement:* Stronger legal enforcement is important for ensuring that GBV cases are handled properly and that perpetrators face consequences. Effective

enforcement can act as a deterrent to potential offenders and provide justice for survivors. This measure requires not only the implementation of laws but also the training of law enforcement officials to handle GBV cases sensitively and effectively.

- *Innovative and Localized Approaches:* The "Other" category suggests that additional or alternative measures may be needed to address GBV effectively. These could involve integrating GBV prevention into broader community programs, using technology for reporting and support, or developing culturally specific strategies that resonate with local values and practices.
- **Conclusion:**

A multifaceted approach is needed to address GBV effectively at the community level. The focus should be on expanding education and awareness programs to build a knowledgeable and supportive community. Community engagement and dialogues are crucial for fostering a collective response and addressing GBV in a culturally sensitive manner. Improving support services for survivors is essential for their recovery and empowerment, while stronger legal enforcement ensures accountability and justice. Additionally, exploring innovative and localized approaches can complement these efforts and address specific community needs. Together, these measures can create a comprehensive strategy for tackling GBV and supporting affected individuals.

3.6.12 Assessing the most common GBV perpetrators

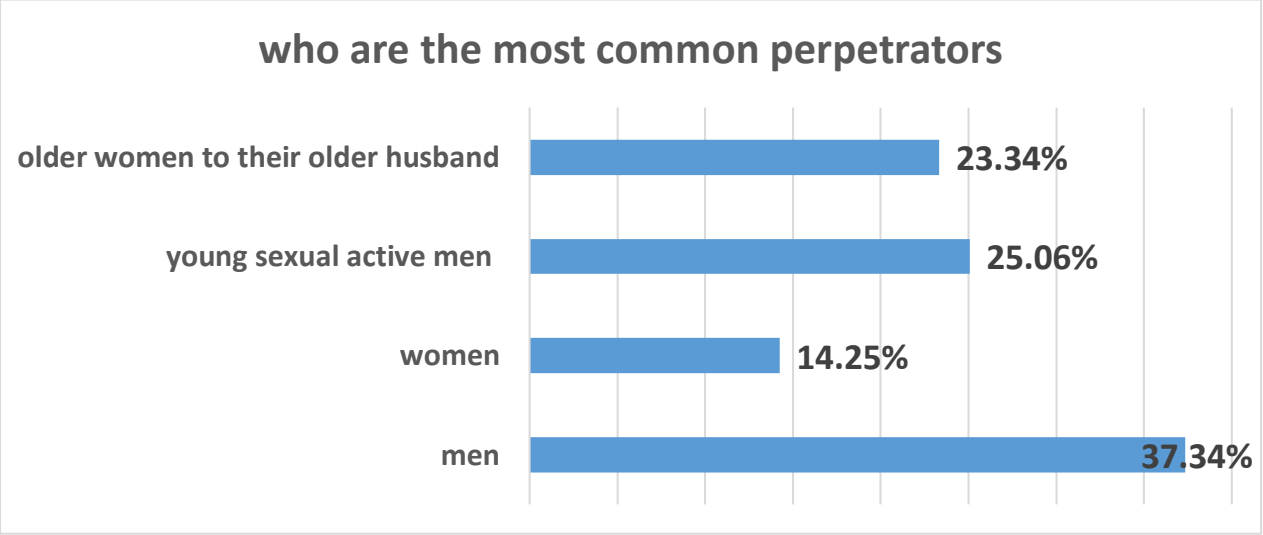


Figure 59. Graph showing most common GBV perpetrators

i. *Men - 37.34%:* The largest proportion of respondents (152 out of 409) identify men as the primary perpetrators of GBV. This indicates a common perception that men are

responsible for a significant amount of GBV, which aligns with many global observations where men are often reported as the main offenders.

ii. *Young Sexually Active Men - 25.06%:* A substantial number of respondents (102 out of 409) point to young sexually active men as significant perpetrators of GBV. This suggests a perception that this specific demographic is involved in or perpetrates a notable amount of GBV, possibly due to factors such as attitudes towards sex and relationships or peer pressure.

iii. *Older Women to Their Older Husbands - 23.34%:* Some respondents (95 out of 409) believe that older women perpetrate GBV towards their older husbands. This indicates recognition of GBV dynamics that involve women as perpetrators, particularly in cases where power imbalances or abusive behaviours might exist within older couples.

iv. *Women - 14.25%:* A smaller proportion of respondents (58 out of 409) view women as perpetrators of GBV. This suggests that while women can and do perpetrate violence, they are perceived as fewer common offenders compared to men. This might reflect societal beliefs and norms that often frame men as the primary aggressors.

Analysis:

- *Prevalence of Male Perpetrators:* The data shows that men are perceived as the most common perpetrators of GBV. This is consistent with many studies and reports indicating that men are more frequently involved in physical violence, sexual violence, and other forms of GBV. The high percentage may reflect both the actual prevalence of male-perpetrated GBV and societal attitudes that place the majority of blame on men.
- *Young Sexually Active Men:* The specific identification of young sexually active men as significant perpetrators suggests a focus on how certain social behaviours and attitudes contribute to GBV. This group may be perceived as more likely to engage in risky or abusive behaviours, potentially influenced by societal norms, peer pressure, or a lack of education about consent and respectful relationships.
- *Older Women Perpetrating GBV:* The acknowledgement of older women as perpetrators highlights that GBV is not limited to a single gender or age group. While less common, instances of older women perpetrating GBV towards their older husbands suggest that abusive dynamics can occur across different demographics. This challenges the stereotype that only men are capable of GBV and highlights the need for a broader understanding of GBV dynamics.

- *Women as Perpetrators:* The lower percentage of women identified as perpetrators reflects societal norms that often position men as the primary aggressors. However, it is important to recognize that women can also be perpetrators of GBV, though this might be less frequently reported or less visible due to various factors, including social stigma or differing patterns of abuse.

Conclusion:

The data reveals that men, particularly young sexually active men, are perceived as the most common perpetrators of GBV, reflecting both societal beliefs and observed patterns. The recognition of older women as perpetrators indicates a broader understanding of GBV dynamics that includes all genders and age groups. While women are perceived as fewer common perpetrators, it is important to address GBV comprehensively, acknowledging that abuse can occur across different demographics. This approach ensures that prevention and intervention strategies are inclusive and effective in addressing all forms of GBV.

3.6.13 Assessing whether most perpetrators are men or women

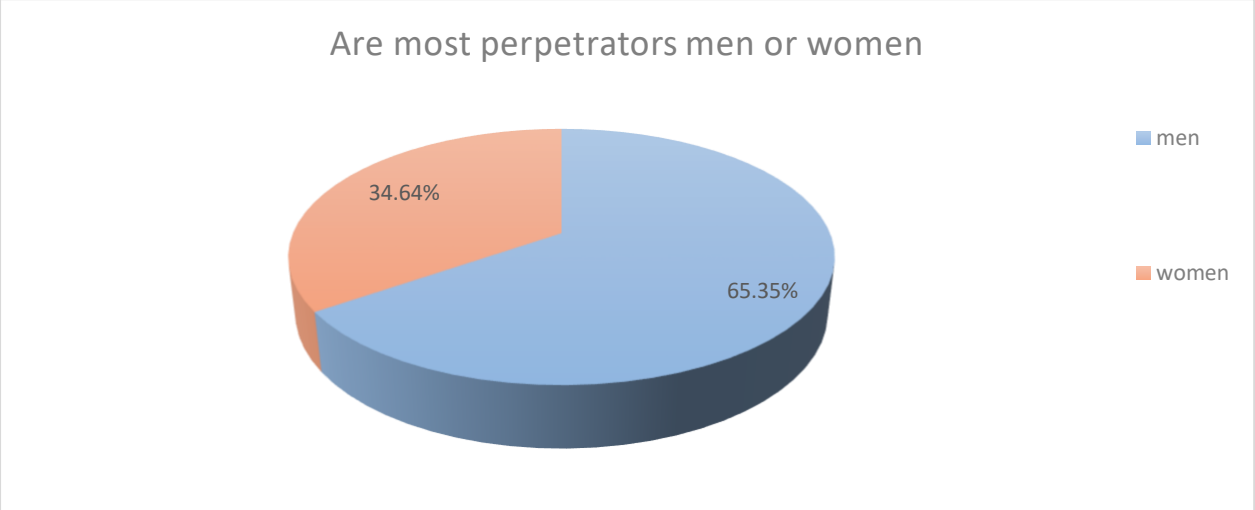


Figure 60. Chart showing whether most perpetrators are men or women

Analysis of GBV Perpetrators in Samburu East

The findings from Samburu East Sub County, a nomadic and pastoralist community, reveal that 65.35% of respondents believe that men are the primary perpetrators of gender-based violence (GBV), while 34.64% identify women as perpetrators. This perception aligns with global patterns where men are often identified as the primary perpetrators of GBV, particularly in patriarchal societies. However, it also highlights that GBV is not exclusively

a male-perpetrated issue, as a significant percentage identifies women as being involved in such acts, which might include forms of emotional or domestic violence.

Key Insights:

Male Perpetration of GBV:

In patriarchal communities like Samburu East, men often hold power and control, both within the family and the broader community. This power dynamic can contribute to higher rates of violence against women and girls, including physical, sexual, and emotional abuse.

Cultural norms may support or excuse male-perpetrated violence, particularly in situations related to control over resources, decision-making, or maintaining authority within the family**.**

Female Perpetration of GBV:

While women are primarily viewed as victims of GBV, the data indicates that 34.64% of respondents identify women as perpetrators. This may reflect incidents of domestic violence, emotional abuse, or violence against children, which can often go unnoticed in traditional discussions of GBV. In some cases, women may act as enforcers of harmful cultural practices, such as female genital mutilation (FGM) or early marriages, which are common in pastoralist communities.

Recommendations:

i. **Engage Men in GBV Prevention:**

Since men are identified as the primary perpetrators, it is essential to engage them as allies in preventing GBV. Educational programs focused on promoting gender equality and healthy relationships should be targeted toward men. Male role models or community influencers can be enlisted to advocate against GBV and challenge harmful norms that perpetuate violence against women and girls.

ii. **Address Cultural Norms:**

Community dialogues led by traditional and religious leaders can help address the deep-rooted cultural beliefs that perpetuate male-perpetrated violence. These dialogues should focus on dismantling the justification for using violence to maintain authority or control.

Legal enforcement should be paired with community awareness campaigns that highlight the unacceptability of GBV, regardless of the gender of the perpetrator.

iii. **Support Services for All GBV Survivors:**

Services for GBV survivors should be accessible to all, regardless of gender. While women and girls are often the primary focus of GBV interventions, support systems should also

acknowledge and address violence experienced by men and children, ensuring a gender-inclusive approach. Counselling services should be available for both male and female perpetrators, helping them recognize and change violent behaviours.

iv. Create Safe Spaces for Reporting:

GBV survivors may be reluctant to report violence due to fear of retaliation, stigma, or shame. The creation of confidential reporting mechanisms is crucial, particularly in pastoralist settings where access to justice systems may be limited. Encourage peer support systems where community members, especially youth, can confidentially discuss and report cases of violence.

v. Promote Healthy Masculinity:

Programs that focus on promoting healthy masculinity should be prioritized, particularly for young men. These programs can address the pressure on men to assert dominance through violence and instead encourage respectful and non-violent behaviours. Peer education programs involving young men and boys can be effective in challenging the social norms that condone or excuse male violence.

vi. Expand Legal and Social Protections:

Strengthening law enforcement and judicial processes related to GBV cases will ensure that perpetrators, regardless of their gender, are held accountable. This includes training law enforcement on handling GBV cases with sensitivity and fairness. Partnerships with NGOs and community-based organizations can help expand social protection programs for GBV survivors, ensuring that they receive the necessary medical, legal, and psychological support.

Conclusion:

The perception that men are the primary perpetrators of GBV in Samburu East is consistent with global patterns, but the significant proportion of female-perpetrated violence suggests that GBV prevention strategies should be inclusive and comprehensive. Engaging men as allies in GBV prevention, addressing harmful cultural norms, and ensuring accessible support for all survivors, regardless of gender, will be key to reducing violence in the community. The involvement of community leaders, educators, and law enforcement will be crucial to changing attitudes and behaviours related to GBV.

3.7 Assessing the environmental conservation situation at the community level

3.7.1 Assessing the awareness of the importance of environmental conservation

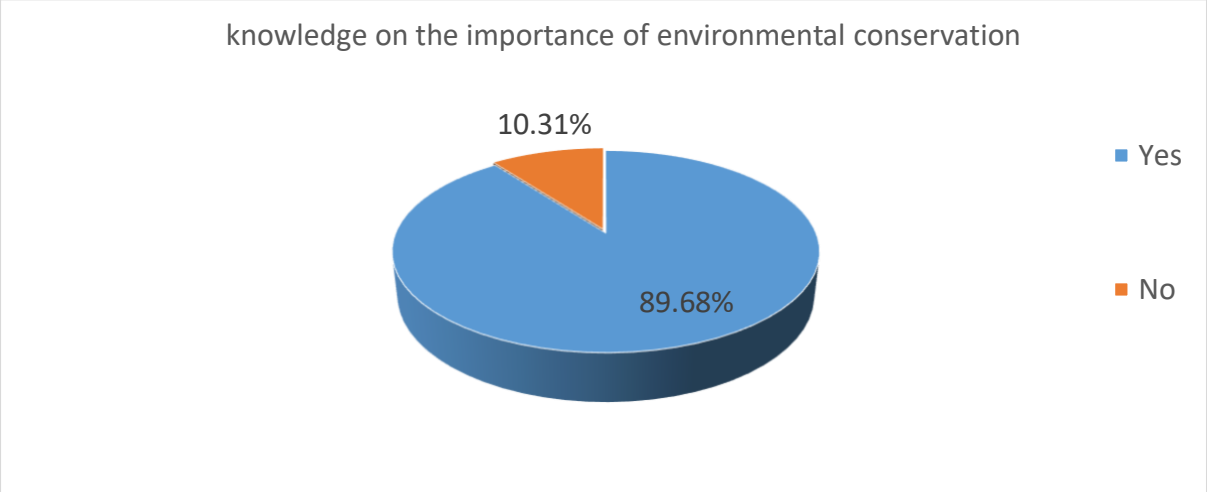


Figure 61. Chart showing the knowledge of the importance of Environmental Conservation

The data indicates a high level of awareness about the importance of environmental conservation, with 89.68% of respondents acknowledging its significance.

Analysis: Awareness of Environmental Conservation in Samburu Community

The findings indicate that 89.68% of the respondents from the Samburu community, under the leadership of conservancies, are aware of the importance of environmental conservation, while 10.31% are not.

Key Insights:

i. **High Awareness Levels:**

The fact that nearly 90% of respondents are aware of environmental conservation suggests that conservancy leadership in Samburu East is playing a significant role in educating and informing the community about the importance of protecting natural resources. This is particularly crucial in a pastoralist context, where the community's livelihood heavily depends on the health of their environment (grazing lands, water sources, etc.).

Role of Conservancies:

- Conservancies in Samburu East are likely to be engaging the community in activities such as wildlife protection, land management, and water conservation, which are essential for sustainable development and ensuring the long-term viability of natural resources.

- The high awareness may be a result of community meetings, educational campaigns, and conservation programs led by conservancies, which have been instrumental in creating environmental consciousness among the local population.

ii. 10.31% Unaware:

Despite the overall positive awareness, there remains a small percentage of the population (10.31%) who are not aware of the importance of environmental conservation. This group could be targeted for further education and engagement to ensure the entire community is actively involved in conservation efforts.

Recommendations:

i. *Strengthen Community Engagement:*

The conservancy leadership should continue to engage with the community through barazas (village meetings), school programs, and youth involvement in conservation initiatives. This ensures that the remaining portion of the population who are unaware can be reached and educated.

ii. *Targeted Campaigns for Uninformed Groups:*

It is important to understand why 10.31% of the community is unaware of conservation efforts. These individuals could belong to marginalized or hard-to-reach groups (e.g., nomadic families). The conservancies could launch targeted awareness campaigns in areas with low participation in environmental activities.

iii. *Integration of Cultural Practices:*

The pastoralist way of life in Samburu is closely tied to nature. By integrating traditional knowledge with modern conservation methods, conservancies can further deepen the community's understanding of how protecting the environment aligns with their cultural practices and long-term survival.

iv. *Youth and School Programs:*

Since younger generations will be the custodians of the environment in the future, expanding educational programs in schools and involving youth in hands-on conservation efforts (e.g., tree planting and wildlife monitoring) will ensure that awareness is passed down and sustained.

v. *Capacity Building and Training:*

Offering training on sustainable land management and natural resource use can equip community members with the skills to not only protect but also benefit from conservation efforts, such as eco-tourism and sustainable agriculture.

Conclusion:

The high level of awareness (89.68%) of environmental conservation in Samburu East reflects the positive impact of conservancy leadership in promoting sustainable land use and resource management. To close the gap for the remaining population, targeted education efforts and greater community engagement are recommended. This will ensure that the entire community is aligned with conservation efforts that benefit both the environment and their livelihoods

3.7.2 Assessing the Importance of Environmental conservation in enhancing community well-being

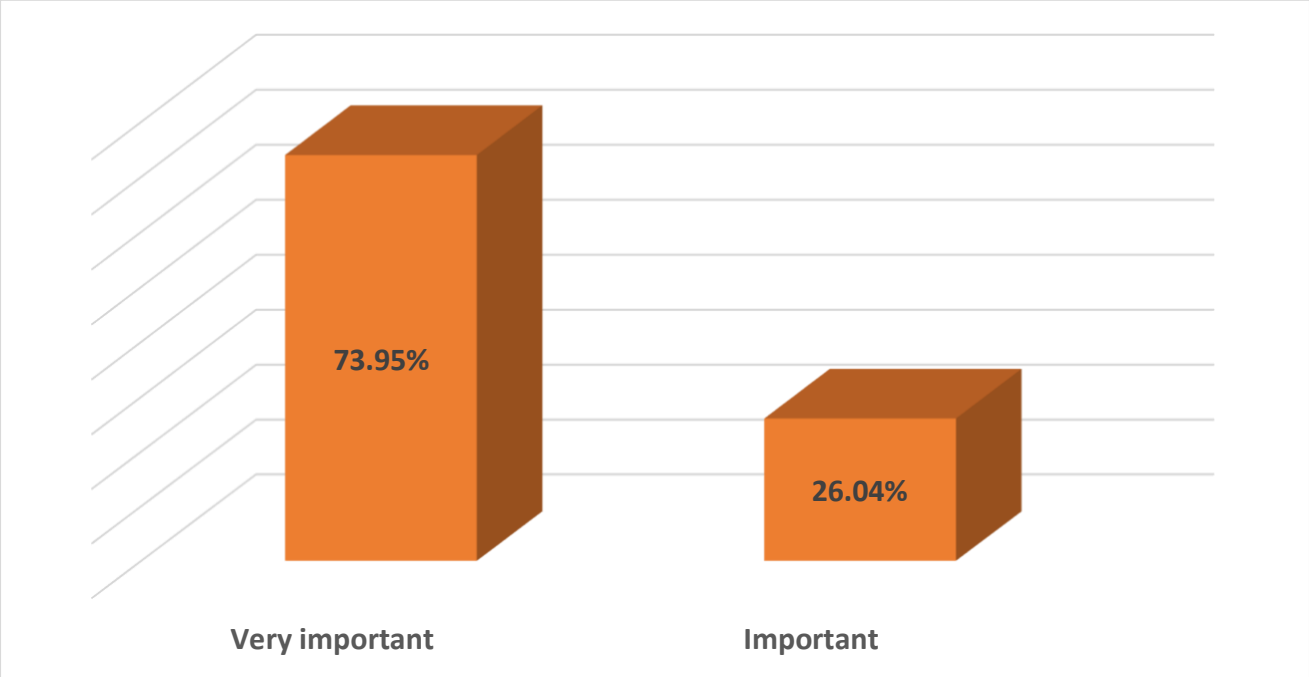


Figure 62. Graph showing the importance of environmental conservation

The data indicates that a large majority of respondents view environmental conservation as crucial for the community's well-being, with a significant percentage rating it as "very important."

Analysis: Importance of Environmental Conservation in Enhancing Community Well-being

The data reveals that a significant portion of the Samburu community perceives environmental conservation as crucial for their well-being, with 73.95% rating it as very important and 26.04% rating it as important. These responses reflect a strong awareness of

the connection between the environment and community health, livelihoods, and sustainability.

Vital Role of Conservation:

Environmental conservation is not just about protecting nature; it directly impacts the community's well-being, particularly in a pastoralist society like Samburu. The health of grazing lands, availability of clean water, and biodiversity are key to supporting the livelihoods of the community, as many rely on livestock for survival.

Degradation of the environment would lead to issues such as drought, scarcity of resources, and increased conflict over land, all of which can undermine the community's long-term stability.

Community Resilience:

Conservation helps build community resilience against climate change and natural disasters. For a community that faces periodic droughts and unpredictable weather patterns, environmental stewardship ensures that resources are managed sustainably, preventing crises and enhancing the community's capacity to recover from environmental shocks.

Economic Opportunities:

Sustainable environmental management can unlock opportunities for eco-tourism, which conservancies in Samburu are already leveraging. Promoting conservation creates jobs and generates income for local families, thereby contributing to economic development and poverty reduction.

Recommendations for Community Leaders:

i. *Strengthen Conservation Programs:*

As a leader, continue to promote and strengthen conservation programs within the community, such as reforestation, water conservation, and sustainable grazing practices. Educate community members about how these practices benefit their long-term well-being and ensure food security.

ii. *Promote Alternative Livelihoods:*

Encourage alternative livelihoods that rely on environmental protection, such as eco-tourism and sustainable agriculture. This will reduce pressure on the land and offer additional income sources.

iii. *Collaborate with Conservation Partners:*

Work with conservation organizations, NGOs, and government agencies to ensure that the community has the resources and knowledge needed to protect the environment while also benefiting economically.

iv. *Raise Awareness on Climate Change:*

Environmental conservation is becoming more critical due to the effects of climate change. Educating the community on how conservation can mitigate the impacts of climate change will enhance participation and commitment to sustainable practices.

Conclusion:

As a community leader, it is essential to emphasize the strong connection between environmental conservation and community well-being. Nearly 100% of the respondents recognize its importance, with a majority viewing it as "very important." By continuing to advocate for conservation, promoting sustainable resource use, and working with external partners, you can ensure that the Samburu community thrives both economically and environmentally.

3.7.3 Assessing the most common energy sources

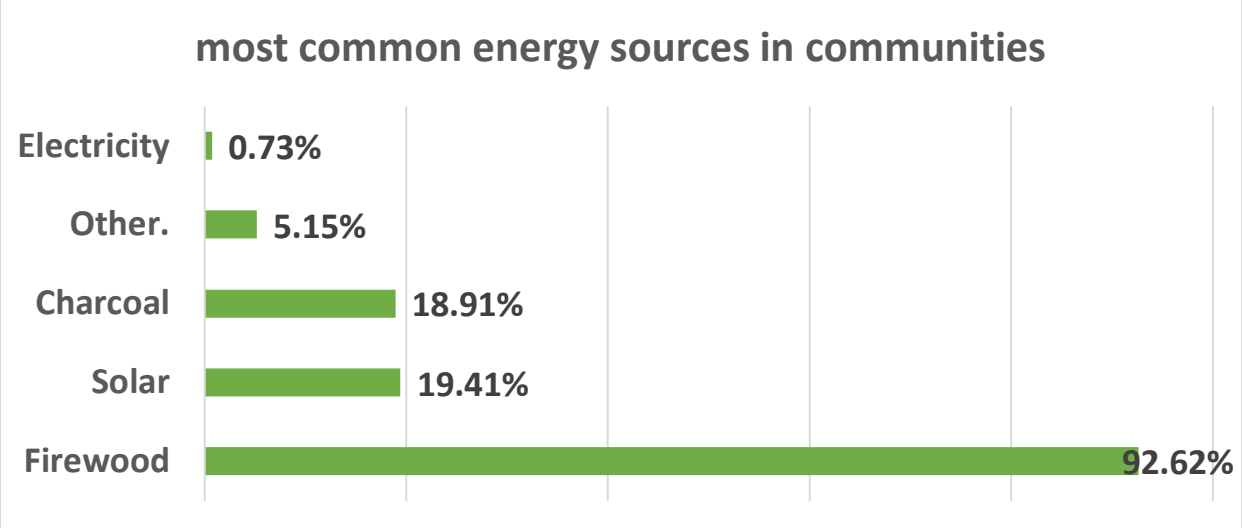


Figure 63. Graph showing the most common energy sources

The data you've provided shows the distribution of energy sources used in households, which can be analysed as follows:

Analysis: Energy Sources Used in Samburu East Households

The findings indicate that firewood is the most commonly used energy source in households, with 92.62% of respondents relying on it. Other energy sources include solar (19.41%), charcoal (18.91%), other sources (5.15%), and electricity (0.73%).

Key Observations:

i. *Heavy Reliance on Firewood:*

The overwhelming majority of households use firewood as their primary energy source. This dependence on firewood is common in rural and pastoralist communities due to its availability and low cost. However, the extensive use of firewood has significant implications for deforestation and environmental degradation, which can undermine conservation efforts within the conservancies.

ii. *Limited Use of Solar Energy:*

While 19.41% of respondents use solar energy, this remains a relatively low percentage. Solar power has the potential to provide a cleaner and more sustainable alternative to firewood and charcoal, especially given the region's high levels of sunlight. Increasing solar energy adoption could help reduce environmental pressures.

iii. *Minimal Use of Electricity:*

Only 0.73% of households use electricity, which highlights the limited access to electrical infrastructure in the region. This reflects the rural and remote nature of the community, where access to grid electricity is often scarce or unavailable.

iv. *Charcoal as a Supplementary Energy Source:*

18.91% of households also use charcoal, which contributes to deforestation as trees are cut down for charcoal production. Like firewood, charcoal has negative environmental impacts, including air pollution and land degradation.

Environmental Implications:

i. *Deforestation and Environmental Strain:*

The heavy reliance on firewood and charcoal for cooking and heating leads to significant deforestation in the region. This unsustainable harvesting of wood can deplete natural resources, reduce biodiversity, and negatively affect water cycles. The loss of trees increases soil erosion, contributes to desertification, and reduces ecosystem resilience.

ii. *Need for Renewable Energy Solutions:*

Expanding the use of solar energy could provide a cleaner, more sustainable alternative that would reduce the reliance on firewood and charcoal. Solar power systems can be installed in rural homes to meet energy needs for lighting, cooking, and small appliances.

Recommendations for Community Leaders and Influencers:

i. *Promote the Adoption of Renewable Energy:*

As a community leader, you can advocate for the increased adoption of solar energy by working with NGOs, government programs, and private sector players. Solar energy can be promoted as a sustainable alternative to firewood and charcoal, helping to conserve local forests and reduce environmental degradation.

ii. *Increase Awareness on the Impact of Deforestation:*

Launch awareness campaigns within the community to educate residents on the negative environmental impacts of firewood and charcoal use, including deforestation, habitat loss, and climate change. Encouraging the adoption of clean cooking technologies (e.g., improved cookstoves) can reduce firewood consumption.

iii. *Collaborate with Conservation Organizations:*

Partner with environmental conservation organizations to introduce affordable, energy-efficient technologies and renewable energy systems, such as solar cookers and biogas, into the community. This can mitigate the negative effects of firewood dependency while improving household energy security.

iv. *Advocate for Infrastructure Development:*

Work with local governments to expand access to electricity in the region. Though electricity use is minimal, efforts to extend the electrical grid or introduce off-grid solutions such as solar microgrids could provide more households with reliable and sustainable energy options.

Conclusion:

The current reliance on firewood and charcoal in Samburu East poses serious environmental challenges, especially as the community works to promote environmental conservation. Promoting the use of solar energy and other renewable sources, raising awareness about the environmental impacts of deforestation, and advocating for sustainable energy alternatives are key actions that can help protect natural resources and improve community well-being.

3.7.4 Assessing the Challenges faced by community on environmental conservation

The data you've provided outlines the key challenges faced by the community in environmental conservation, which can be analysed as follows:

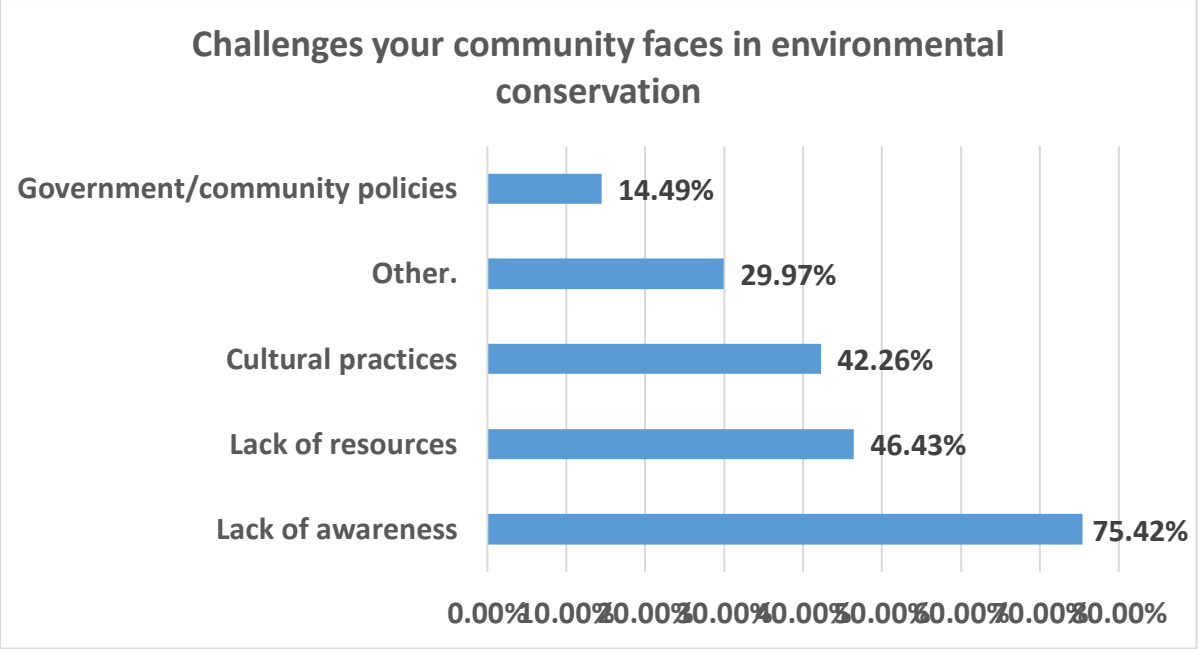


Figure 64. Graph showing community challenges in conservation

Analysis: Challenges Faced by Samburu East Community in Environmental Conservation

The survey highlights the key challenges in environmental conservation, as perceived by community leaders and influencers in Samburu East, particularly within the conservancy areas. The primary issues include lack of awareness, lack of resources, cultural practices, and policies.

Key Findings:

i. *Lack of Awareness (75.42%):*

The most significant challenge is the lack of awareness regarding environmental conservation. Despite some efforts, there remains a knowledge gap among the community members about the importance of conserving natural resources and sustainable practices. This lack of understanding makes it difficult to implement effective conservation strategies.

ii. *Lack of Resources (46.43%):*

Nearly half of the respondents identified resource limitations as a key obstacle. This includes insufficient funding for conservation programs, limited access to necessary tools or technologies for sustainable land management, and a shortage of personnel dedicated to environmental efforts.

iii. *Cultural Practices (42.26%):*

Traditional cultural practices in nomadic and pastoralist communities can sometimes conflict with modern environmental conservation strategies. Practices such as overgrazing, reliance on firewood, and unsustainable land use may contribute to environmental degradation, and cultural norms may also impede the adoption of more sustainable practices or innovations.

iv. *Other Factors (29.97%):*

Respondents also mentioned other barriers, such as local community dynamics, low prioritization of conservation in community planning, and competing economic needs that prioritize short-term gains over long-term environmental sustainability.

v. *Government/Community Policies (14.49%):*

Inadequate policies and weak enforcement mechanisms are seen as challenges, with a low percentage of respondents citing policy-related issues. However, this indicates a need for stronger governance structures and improved local or national policies to support environmental conservation efforts.

Recommendations for Addressing Conservation Challenges:

i. *Increase Community Awareness:*

Educational campaigns should be intensified to raise awareness about the importance of environmental conservation. Community leaders can collaborate with NGOs, conservation groups, and government agencies to organize workshops and training sessions that highlight the long-term benefits of sustainable resource management.

ii. *Resource Mobilization:*

Advocate for increased funding and support from government institutions and international organizations to provide resources such as modern conservation tools, technologies, and training for local community members. Introducing sustainable energy solutions and alternative livelihoods (e.g., eco-tourism) can also help reduce the pressure on natural resources.

iii. *Engage with Cultural Leaders:*

Work closely with traditional leaders and elders to integrate cultural values into conservation efforts. By identifying synergies between traditional knowledge and modern conservation methods, communities can develop more culturally sensitive approaches to sustainability.

iv. *Strengthen Policy and Law Enforcement:*

Push for the creation and enforcement of local policies that support environmental protection. This could involve regulating grazing practices, preventing illegal logging, and

incentivizing the use of alternative energy sources. Collaboration with government entities to ensure policy implementation and compliance is crucial.

v. *Foster Partnerships with Conservation Organizations:*

Establish and strengthen partnerships with organizations focused on conservation efforts. These organizations can offer technical expertise, financial support, and long-term development programs aimed at environmental sustainability. Partnering with conservancies can also help manage local resources more effectively.

Conclusion:

The identified challenges, especially the lack of awareness, resource limitations, and cultural barriers, are significant obstacles to environmental conservation in Samburu East. To overcome these challenges, community leaders should promote awareness campaigns, mobilize resources, work with cultural leaders, and strengthen policies to create a more sustainable environment. A combination of community engagement, policy reform, and resource allocation will be essential for the long-term conservation of the region's natural resources.

3.7.5 Assessing how the environmental challenges can be solved

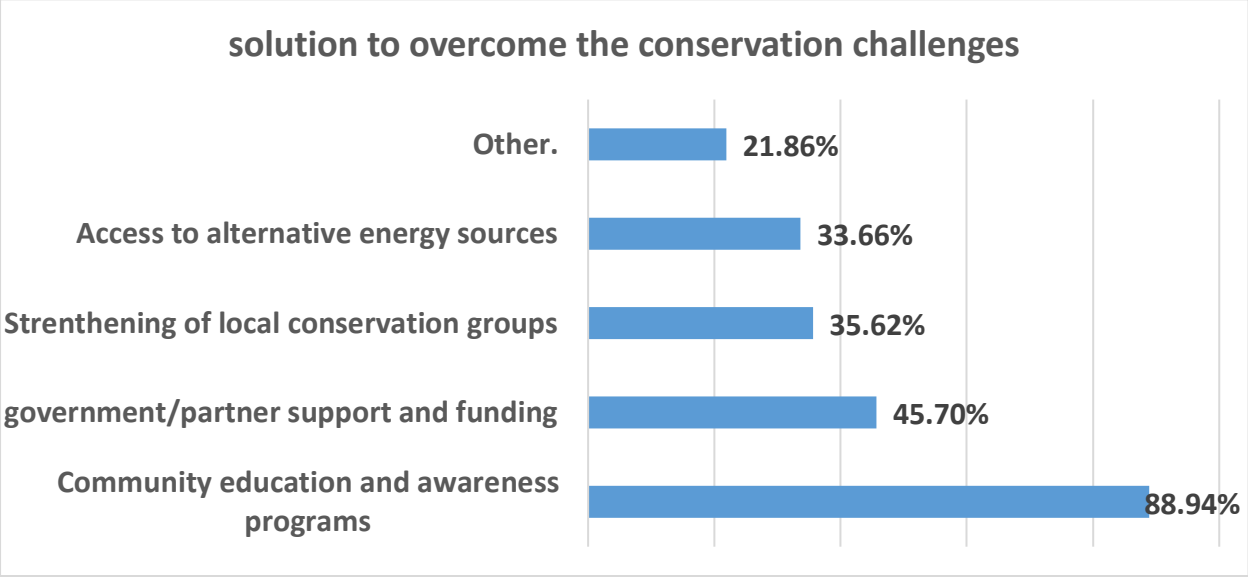


Figure 65. Graphs showing solutions to conservation challenges

The data highlights potential solutions to overcoming challenges in environmental conservation within the community. Here's a breakdown and analysis of the proposed solutions:

Analysis: Solutions to Overcome Environmental Conservation Challenges in Samburu East

Community leaders and influencers in Samburu East have identified several solutions to address the challenges of environmental conservation, as reflected in the survey findings. The most prominent solutions include community education and awareness programs, government/partner support, strengthening local conservation groups, and access to alternative energy sources.

Key Findings:

i. *Community Education and Awareness Programs (88.94%):*

The overwhelming majority of respondents see education and awareness as the most effective solution. This highlights the critical need to inform and educate the community about environmental conservation practices, the long-term impact of environmental degradation, and the benefits of sustainable resource management.

ii. *Government/Partner Support and Funding (45.70%):*

Nearly half of the respondents believe that support and funding from the government and external partners (NGOs, international agencies) are essential. This support would provide the necessary financial resources, technical expertise, and infrastructure to implement conservation programs effectively.

iii. *Strengthening of Local Conservation Groups (35.62%):*

Respondents also recognize the need to strengthen local conservation groups. By empowering these groups with skills, resources, and authority, communities can take a more active role in managing and conserving their environment. Local conservation groups are well-positioned to drive grassroots efforts and engage community members directly in sustainable practices.

iv. *Access to Alternative Energy Sources (33.66%):*

A significant portion of the community leaders see access to alternative energy sources as a key solution. Reducing dependence on firewood and charcoal, which contributes to deforestation, by promoting solar energy and clean cooking technologies would help conserve natural resources. Access to affordable alternative energy would also reduce the environmental impact of daily household activities.

v. *Other Solutions (21.86%):*

Additional solutions mentioned by respondents may include improving land use practices, introducing sustainable livelihoods, and policy advocacy to ensure that environmental conservation remains a priority at both the community and national levels.

Recommendations:

i. *Implement Comprehensive Education and Awareness Programs:*

To address the lack of awareness, leaders should collaborate with conservation organizations, schools, and local media to provide targeted education programs. These programs should focus on both the immediate and long-term benefits of environmental conservation and provide practical steps community members can take to contribute to sustainability.

ii. *Leverage Government and Partner Support:*

Advocacy for increased government support and collaboration with international donors and non-profit organizations is crucial. Funding can be used to build infrastructure, provide alternative energy solutions, and support community-based conservation initiatives. This partnership will enable the community to implement scalable conservation programs.

iii. *Strengthen Local Conservation Groups:*

Leaders should work to empower local conservation groups by providing them with training, resources, and clear mandates. These groups can spearhead environmental initiatives, such as tree planting, anti-poaching efforts, and land management practices tailored to the nomadic and pastoralist lifestyle of the community.

iv. *Expand Access to Alternative Energy:*

Increasing access to clean and renewable energy sources, such as solar power and improved cookstoves, can significantly reduce the community's reliance on firewood and charcoal. Government subsidies, partner-led initiatives, and microfinancing programs can make these technologies more affordable and accessible.

v. *Promote Policy Advocacy and Cultural Engagement:*

Collaborating with traditional leaders and policymakers to create and enforce regulations that protect the environment is critical. This approach ensures that policies are culturally sensitive and have the support of the community. Advocating for stricter land-use laws and incentives for conservation practices would also support long-term sustainability.

Conclusion:

The community leaders in Samburu East recognize the need for education, government support, strengthened conservation groups, and alternative energy access to overcome

environmental conservation challenges. By implementing these solutions, the community can take proactive steps to protect their natural resources and ensure a sustainable future. Building on the strength of local knowledge, combined with external support, will be key to the success of these initiatives.

3.7.6 Assessing the awareness of the importance of environmental conservation

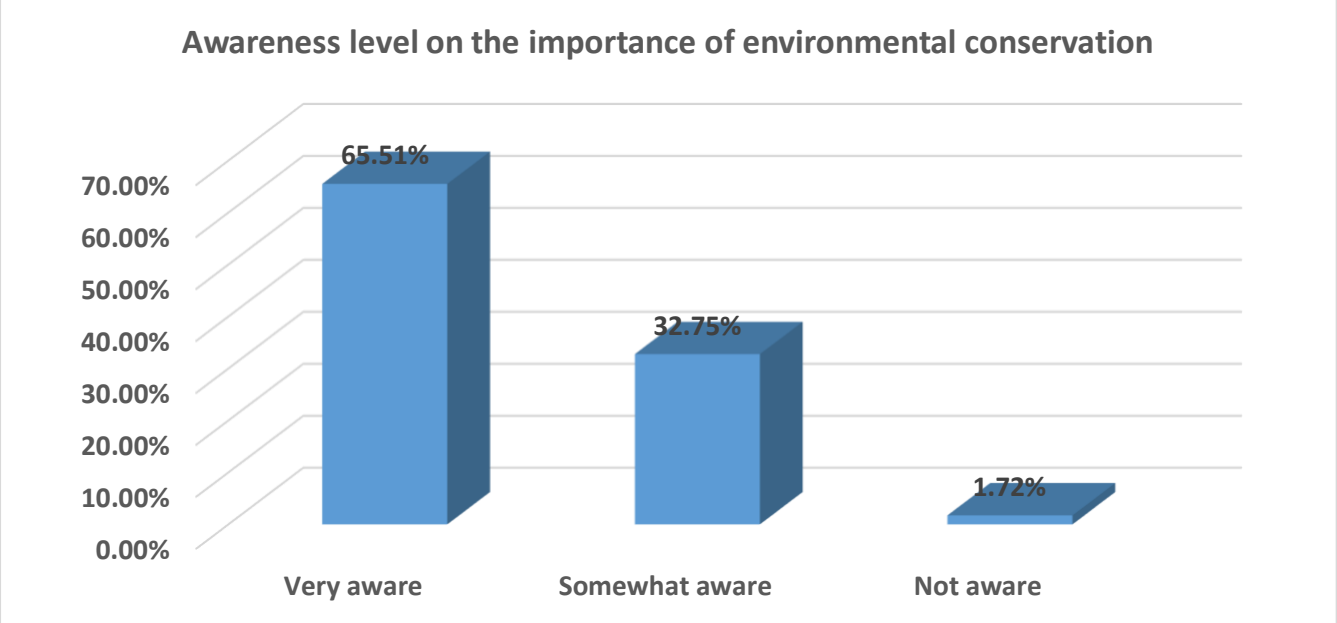


Figure 66. Graph showing awareness on the importance of environmental conservation

The data provided reflects the community's awareness of the importance of environmental conservation for their well-being. Here's a breakdown and analysis:

Analysis: Importance of Environmental Conservation for Community Well-being in Samburu

Based on the responses from the Samburu community leaders and influencers, the importance of environmental conservation for the well-being of the community is highly recognized.

Key Findings:

i. *Very Aware (65.51%):*

A majority of respondents (65.51%) are very aware of the importance of environmental conservation. This indicates that most community leaders understand the critical role that natural resources play in sustaining their nomadic and pastoralist way of life. Environmental degradation, such as deforestation and overgrazing, directly threatens their livelihoods and food security.

ii. *Somewhat Aware (32.75%):*

A significant portion (32.75%) are somewhat aware, showing that there is still room to deepen understanding and awareness. These individuals may recognize the value of conservation but might not fully grasp the long-term consequences of inaction.

iii. *Not Aware (1.72%):*

Only a small fraction (1.72%) indicated they are not aware of the importance of environmental conservation. This is a positive finding, as it shows that almost everyone in leadership positions is conscious of the need to protect the environment.

Importance of Environmental Conservation in Samburu:

For a nomadic and pastoralist community like Samburu, environmental conservation is crucial. The community's reliance on natural resources such as grazing lands, water sources, and firewood makes conservation efforts central to their survival and development. If environmental degradation continues unchecked, the community may face:

- *Reduced Livelihood Opportunities:* Overgrazing, soil erosion, and deforestation can lead to a depletion of grazing land, affecting the community's livestock, which is a primary source of income and food.
- *Water Scarcity:* With changing weather patterns and environmental destruction, access to water sources may become more limited, leading to conflicts over water rights and reducing the quality of life.
- *Health Risks:* Environmental degradation can contribute to poor air quality (from excessive use of firewood), which could lead to respiratory issues, particularly among women and children who spend significant time cooking**.**

Recommendations:

i. *Strengthen Awareness Campaigns:* While most community leaders are already aware of the importance of conservation, educational programs need to intensify. These campaigns can be tailored to focus on the long-term benefits of protecting the environment for future generations.

ii. *Link Conservation to Livelihoods:* Making the connection between environmental conservation and improved livelihoods will further motivate the community to participate in conservation efforts. Programs that introduce sustainable land management and alternative livelihood options (such as eco-tourism or beekeeping) can make conservation more appealing.

iii. *Community-Led Conservation Initiatives:* Encouraging the creation of community-managed conservation areas could help the Samburu people take ownership of protecting their environment. Traditional leaders could be engaged to guide these efforts and ensure they align with local cultural practices.

iv. *Government and NGO Collaboration:* Support from governmental and non-governmental organizations is crucial to provide the necessary resources, such as training and funding, to implement effective conservation strategies.

Conclusion:

Environmental conservation is highly important to the Samburu community leaders, with over 98% of respondents showing awareness of its significance. For this pastoralist community, conservation is not just about protecting the land but ensuring its future survival. By building on this awareness and implementing sustainable strategies, the Samburu can secure their natural resources and enhance the community's overall well-being.

SUMMARY OF RECOMMENDATIONS

Short-Term Recommendations (0-6 months)

i. **Strengthen Community Engagement in Gender-Based Violence (GBV) Prevention and Response**

- **Details:** Establish community-driven GBV prevention committees and involve local leaders to address cultural norms that perpetuate violence. Promote awareness campaigns that challenge harmful gender norms and support survivors in accessing services. Empowering men and boys through education on positive masculinity can significantly reduce violence in the community.
- **Objective:** Create a supportive environment that challenges harmful norms and reduces GBV cases.

ii. **Conduct Intensive Community Sensitization Campaigns on GBV and FP**

- **Details:** Implement targeted community education campaigns focusing on the awareness of gender-based violence (GBV) and the importance of family planning (FP). Engage local leaders, community influencers, and health workers to lead discussions and workshops, particularly in areas with high GBV prevalence and low FP uptake.

- **Objective:** Increase community awareness and reduce stigma associated with reporting GBV and using FP services.

iii. Improve Confidentiality and Privacy in Service Delivery

- **Details:** Enhance health facilities' capacity to provide confidential and private reproductive health services. Training healthcare workers to maintain discretion and create a supportive environment can address privacy concerns that prevent individuals from accessing FP and GBV support services.
- **Objective:** Address privacy concerns to encourage more individuals to access essential services.

iv. Strengthen Support Systems for GBV Survivors

- **Details:** Establish or reinforce local support groups and provide immediate psychosocial support to GBV survivors. Ensure that these groups are accessible and well-publicized within the community.
- **Objective:** Provide immediate and accessible support for GBV survivors, encouraging more survivors to seek help.

Medium-Term Recommendations (6-12 months)

i. Enhance Accessibility to Family Planning Services through Mobile Clinics

- **Details:** Implement mobile health clinics that provide FP services and education to address geographical barriers and the community's nomadic nature. These clinics should align with the community's movement patterns, ensuring consistent access to contraceptives and healthcare providers, particularly in remote areas.
- **Objective:** Increase access to FP services among remote and hard-to-reach communities.

ii. Promote Economic Empowerment Programs for Women to Reduce GBV

- **Details:** Initiate economic empowerment activities, such as skills training and access to microfinance, to increase women's financial independence. This can help reduce their vulnerability to economic abuse and support their ability to make autonomous reproductive health decisions.
- **Objective:** Empower women economically to reduce dependence on abusive partners and promote their autonomy.

iii. Develop Economic Empowerment Programs for Women

- **Details:** Initiate programs that provide skills training, microfinance opportunities, and support for women entrepreneurs. Economic empowerment will reduce dependence on abusive partners and enable women to make autonomous decisions regarding their reproductive health.
- **Objective:** Reduce economic abuse and increase women's autonomy and decision-making power.

iv. Address Cultural Barriers through Community Dialogue

- **Details:** Facilitate ongoing community dialogues that involve men, women, and local leaders in discussions about cultural practices that hinder FP uptake and condone GBV. Encourage the adoption of positive cultural practices that support gender equality and reproductive health.
- **Objective:** Shift cultural norms that act as barriers to FP and GBV reporting.

Long-Term Recommendations (1-3 years)

i. Integrate Environmental Conservation Education into Health Programs

- **Details:** Develop educational programs that link environmental conservation with health outcomes, emphasizing the importance of sustainable practices. Encourage alternative energy solutions, such as solar cookers, to reduce reliance on firewood, thereby promoting both environmental and community well-being.
- **Objective:** Foster a culture of environmental stewardship that supports both health and conservation goals.

ii. Build the Capacity of Healthcare Providers

- **Details:** Provide ongoing training for healthcare providers on comprehensive FP services, GBV response, and counselling techniques. This training should focus on cultural competence and sensitivity to the specific needs of the Samburu East community.
- **Objective:** Enhance the quality of FP and GBV services offered in the community.

iii. Establish Permanent Community-Based GBV Prevention Committees

- **Details:** Form and support community-based GBV prevention committees that include representatives from all demographic groups. These committees should work closely with local authorities and health services to effectively monitor and address GBV cases.

- **Objective:** Create a sustainable community-driven approach to GBV prevention and response.

iv. Promote Gender Equality through Educational Programs

- **Details:** Implement long-term educational initiatives in schools and community centres that promote gender equality, challenge harmful gender norms, and empower both boys and girls. Include gender equality as a core component of the school curriculum.
- **Objective:** Foster a new generation that values gender equality, reducing the prevalence of GBV and supporting equitable access to FP services.

These comprehensive and categorized recommendations are designed to enhance the project's impact by addressing key challenges related to gender-based violence, family planning, and environmental conservation in the Samburu East Sub- County. Implementing these strategies will help ensure the well-being of vulnerable and hard-to-reach communities while encouraging continued donor support for these critical initiatives.

APPENDICES

Appendix 1. Baseline Survey Questionnaire Guide

Preliminary information

- According to the Kenya Demographic and Health Survey (KDHS) Kenya Demographic and Health Survey (KDHS) conducted in 2022 and the Kenya National Bureau of Statistics, Samburu County has an estimated population of 363,000, while Samburu East Sub-County has an estimated population of 83,000.
- Samburu County covers an area of approximately 21,022 square kilometres, while within this county, Samburu East Sub-County specifically covers an area of about 7,005 square kilometres (Wikipedia)
- According to KDHS, as of 2022, Samburu County has 72 public health facilities (including hospitals, health centres, dispensaries, and clinics), 24 of which are in Samburu East Sub-County.
- The key focus of the survey is to establish the current situation in terms of family planning awareness and access and the gender-based situation in Samburu East Sub-County of Samburu County.
- The sample size needed for your survey in Samburu East to achieve a 95% confidence level with a 5% margin of error is approximately **383** respondents. This will provide a statistically significant representation of the population regarding family planning awareness and access and the Gender-Based Violence situation.
- The CHAT M&E team will use online remote data collection tools (Kobo Collect) to collect data for analysis and interpretation.

Questionnaire

The survey on reproductive health and Gender-based Violence projects to have different types of respondents to get diverse perspectives from different points of view. Hence, this survey anticipates targeting the following during the survey (each category with a specific set of questions):

1. Women Of Reproductive Age (Aged between 18-49 years- To confirm with the county officials)
2. Adult men
3. Adolescents/Youths

4. Health care providers
5. Community leaders and influencers

Demographic information (For all categories)

a. Category ***(1 to 5 above***)
b. Gender (***Male or Female***)
c. Age bracket (***18 to 34, 35 to 49, Above 50***)
d. Marital status (***Single, married, Divorced, Widowed***)
e. Nearest Link facility ***(Name of the Facility***)
f. Highest Education Level (***Primary, Secondary, Tertiary, none***)
g. Years of Experience in Healthcare: ***(0-5 years, 6-10 years, 11-15 years, 16-20 years, 21 years and above)-*** for healthcare providers
a. Any disability (***Yes or No- If yes, specify)***

Women Of Reproductive Age (Aged between 18 and 49 years- To confirm with the county officials)

Family Planning

1. **How familiar are you with different family planning methods?** *(Allow the respondent to describe or list)*

    - Very familiar
    - Somewhat familiar
    - Not familiar

2. **How did you learn about or get to know about family planning?**

    - Healthcare providers
    - Friends or family
    - Community health promoters
    - Radio or TV programs
    - Other (please specify)

3. **Do you believe family planning access promotes women's health and well-being?**

- Yes
- No

4. **How comfortable do you feel discussing family planning with your partner or spouse?**

    - Very comfortable
    - Comfortable
    - Neutral
    - Uncomfortable
    - Very uncomfortable

5. **Have you ever used any family planning methods?**

    - Yes
    - No

6. **If yes, where do you usually obtain family planning services?**

    - Local health facility
    - Community health promoters
    - Outreaches
    - Other (please specify)

7. **If not, would you consider using family planning in the future if you're not currently using it?**

    - Yes
    - No

8. **What challenges, if any, have you faced in accessing family planning services?**

    - Cost
    - Distance to a health facility
    - Lack of privacy/confidentiality
    - Cultural or religious barriers

- Shortage of commodities
- Other (please specify)

9. **Do you think there are enough family planning options available in your community?**

    - Yes
    - No

10. **What factors would influence your decision to use family planning in the future? (Select all that apply)**

    - Health benefits
    - Partner's support
    - Cost of services
    - Accessibility of services
    - Cultural or religious beliefs
    - Other (please specify)

SGBV

1. **Are you aware of what gender-based violence (SGBV) is?**
    - Yes
    - No
2. **Do you think SGBV is a problem in your community?**
    - Yes
    - No
3. **What two main types of SGBV are most common in your community?** (Select two that apply only)
    - Physical violence
    - Sexual violence
    - Emotional/psychological abuse
    - Economic abuse
    - Other (please specify)

4. **Where do you think is the most appropriate place for SGBV survivors to seek help in your community?**
    - Local health clinics
    - Community leaders
    - Police stations
    - Support groups
    - Other (please specify)
5. **What are the main challenges or barriers in reporting SGBV cases in your community?**
    - Fear of stigma
    - Lack of trust in authorities
    - Lack of awareness about reporting mechanisms
    - Cultural norms
    - Other (please specify)

Adult Men (above 36 years)

Family Planning

1. **How familiar are you with different family planning methods?** *(Allow the respondent to describe or list)*
    - Very familiar
    - Somewhat familiar
    - Not familiar
2. **Do you think it is good for men to discuss about family planning with their spouses or partners?**
    - Yes
    - No
3. **Have you ever accompanied your partner or female friend to access family planning methods?**
    - Yes
    - No
4. **How important do you think family planning is in enhancing family well-being?**

- Very important
- Important
- Not important
- Not important at all

5. **What barriers do you perceive in accessing family planning services?** (Select all that apply)
    - Lack of information
    - Cultural or religious beliefs
    - Cost
    - Accessibility of services
    - Partner disapproval
    - Other (please specify)

6. **How better do you think men can be involved in family planning initiatives in the community?** (Open-ended question)

SGBV

1. **Are you aware of what gender-based violence (SGBV) is?**
    - Yes
    - No
2. **Do you think SGBV is a problem in your community?**
    - Yes
    - No
3. **What types of SGBV have you observed in your community?** (Select all that apply)
    - Physical violence
    - Sexual violence
    - Emotional/psychological abuse
    - Economic abuse
    - Other (please specify)
4. **Where can SGBV survivors seek help in your community?**
    - Local health clinics
    - Community leaders
    - Police stations

- Support groups
- Other (please specify)

5. **What role can men play in reducing SGBV in your community?**
    - Educating peers
    - Reporting incidents
    - Supporting survivors
    - Promoting gender equality
    - Other (please specify)

Youths- **YOUNG MEN** (18 years to 35 years)

Family Planning

1. **How familiar are you with different family planning methods?** *(Allow the respondent to describe or list)*
    - Very familiar
    - Somewhat familiar
    - Not familiar
2. **Where do you get information about family planning?** (Select all that apply)
    - School
    - Parents
    - Friends
    - Health clinics
    - Media (radio, TV, etc.)
    - Other (please specify)
3. **Do you think young people should have access to family planning services?**
    - Yes
    - No
4. **Would you feel comfortable discussing family planning with someone you trust (e.g. Parent, teacher, healthcare provider, etc)**
    - Yes
    - No
5. **What factors would influence your decision to use family planning in the future? (Select all that apply)**
    - Privacy/confidentiality

- Parental support
- Peer influence
- Health benefits
- Other (please specify)

6. **What are the main challenges that young people face in accessing family planning services?** (Select all that apply)
    - Stigma
    - Lack of information
    - Accessibility of services
    - Cultural or religious beliefs
    - Other (please specify)

SGBV

1. **Are you aware of what gender-based violence (SGBV) is?**
    - Yes
    - No
2. **Do you think that SGBV is a problem for young people in your community?**
    - Yes
    - No
3. **What types of SGBV are most common among the young people in your community?** (Select all that apply)
    - Physical violence
    - Sexual violence
    - Emotional/psychological abuse
    - Cyberbullying
    - Other (please specify)
4. **Where can young SGBV survivors seek help in your community?**
    - Local health clinics
    - School counsellors
    - Community leaders
    - Police stations
    - Other (please specify)
5. **What are the main barriers to reporting SGBV among the young people?**

- Fear of stigma
- Lack of awareness about reporting mechanisms
- Lack of trust in authorities
- Cultural norms
- Other (please specify)

Health care providers

Family Planning

1. **Do you provide family planning services in your facility?**
   - Yes
   - No
2. **Do you believe that family planning is essential for improving maternal and child health?**
   - Strongly agree
   - Agree
   - Not sure
   - Disagree
   - Strongly disagree

3. **Which family planning methods are most commonly requested?** (Select all that apply)
   - Birth control pills
   - Condoms
   - Injectable contraceptives
   - Implants
   - Natural methods
   - Other (please specify)
4. **What are the main barriers patients face in accessing family planning services?** (Select all that apply)
   - Lack of information
   - Cultural or religious beliefs
   - Cost

- Distance to the health facility
- Lack of awareness
- Stigma or fear of judgement
- Shortage of commodities/equipment
- Other (please specify)

5. **How often do you conduct community outreach on family planning?**
   - Regularly
   - Occasionally
   - Never
6. **What additional support do you need to improve family planning services?** (Select all that apply)
   - More training and regular updates
   - Better supply of contraceptives
   - Community engagement support
   - Increased funding
   - Other (please specify)

SGBV

1. Are you trained to identify and respond to SGBV cases?
   - **Yes**
   - **No**
2. Do you routinely screen patients for experiences of violence or abuse during healthcare visits?
   - **Yes**
   - **No**
3. How often do you encounter patients presenting with injuries or symptoms consistent with SGBV?
   - **Frequently**
   - **Occasionally**
   - **Rarely**
   - **Never**
4. What category do most SGBV survivors identify as? (*Select one)*
   - **Adult women (Above 35 years)**
   - **Youth (Young men and women)**

- **Adult men (Above 35 years)**

What types of SGBV are most commonly reported in your facility? (Select all that apply)

- Physical violence
- Sexual violence
- Emotional/psychological abuse
- Economic abuse
- Other (please specify)

5. What resources or support services are available for patients who disclose experiences of SGBV or the ones you identify?
   - **Counselling services**
   - **Support Group linkages**
   - **Legal aid**
   - **external referrals**
   - **Medical services**
   - **Shelter/safe housing**
   - **Other (Please specify)**
6. Have you ever referred patients to external support services for SGBV survivors?
   - **Yes (If yes, where to- to add a list of options)**
   - **No (If no, what were the reasons- to add a list of reasons)**
7. What challenges do you face in providing support or services to survivors of SGBV?

   - **Limited training on SGBV issues**
   - **Lack of resources/referral options**
   - **Stigma associated with SGBV**
   - **Cultural or religious beliefs**
   - **Survivor's dependence on the abuser**
   - **Other (please specify)**

Community leaders and influencers

Family Planning

1. **Do you believe family planning is important for community development and well-being?**

- Yes
- No

2. **Do you support the promotion of family planning in your community?**
    - Yes
    - No
3. **If yes, how do you promote family planning awareness?** (Select all that apply)
    - Village meetings (barazas)
    - Local radio campaigns
    - Collaborating with health workers
    - Educational programs in schools
    - Other (please specify)
4. **What do you think are the main barriers to family planning in your community?** (Select all that apply)
    - Cultural or religious beliefs
    - Lack of information
    - Accessibility of services
    - Partner disapproval
    - Other (please specify)
5. **Do you think there is sufficient information about family planning in your community?**
    - Yes
    - No
6. **What more can be done to improve family planning awareness and access?** (Select all that apply)
    - Increased community education
    - Better healthcare facilities
    - More engagement with traditional leaders
    - Improved supply of contraceptives
    - Other (please specify)

SGBV

1. **Do you believe SGBV is an issue in your community?**

- Yes
- No

2. **What types of SGBV are most common in your community?** (Select all that apply)
    - Physical violence
    - Sexual violence
    - Emotional/psychological abuse
    - Economic abuse
    - Other (please specify)
3. **How do you address SGBV in your community?**
    - Public awareness campaigns
    - Working with law enforcement
    - Supporting survivors
    - Collaborating with NGOs
    - Other (please specify)
4. **What are the main barriers to addressing SGBV in your community?**
    - Stigma
    - Cultural norms
    - Lack of resources
    - Lack of awareness
    - Other (please specify)
5. **What additional measures are needed to address the SGBV situation effectively at the community level?** (Select all that apply)
    - More education and awareness programs
    - Stronger legal enforcement
    - Better support services for survivors
    - Community engagement and dialogue
    - Other (please specify)

ENVIRONMENTAL QUESTIONS CUTTING ACROSS ALL CATEGORIES

1. How aware are you of the importance of environmental conservation?
    - Very aware
    - Somewhat aware

- Not aware

2. How important do you think environmental conservation is for the well-being of your community?

    - Very important
    - Important
    - Not important

3. Do you believe that managing natural resources is essential for the sustainability and wellbeing of your community?

    - Strongly agree
    - Agree
    - Disagree
    - Strongly disagree

4. Which of the following energy sources do you use in your household? (Select all that apply)

    - Firewood
    - Charcoal
    - Solar
    - Biogas
    - Electricity
    - Other (please specify)

5. What are the main challenges your community faces in environmental conservation? (Select all that apply)

    - Lack of awareness
    - Cultural practices
    - Lack of resources
    - Government policies
    - Other (please specify)

6. What solutions do you think would help overcome the challenges to environmental conservation in your community? (Select all that apply)

    - Community education and awareness programs
    - Government support and funding
    - Access to alternative energy sources
    - Strengthening of local conservation groups
    - Other (please specify)

Appendix 2. Baseline Survey Planned Schedule

SAMBURU EAST BASELINE SURVEY ON REPRODUCTIVE/PHE ITERINARY AUGUST 2024.				
DATE	**TEAM SOUTH COMMUNITIES**	**CONSERVANCY**	**TEAM NORTH COMMUNITIES**	**CONSERVANCY**
9/8/2024	1.Lukumae	Kalama	1.Legusaka	Naluwon
	2.Silago		2.Lolkunian	
	3. Ndonyo Loilei		3.Lmarimaroi	
	Laresoro Disp		*Lokuniani Disp*	
10/8/2024	4.Rapunye		4.Losilale	Ngilai
	5.Kiltamany	Westgate	5.Noltoro	
	6.Loruko		6.Leparashao	Naluwon
	Westgate Disp		*Ngilai HC*	Ngilai
11/8/2024	7.Naisunyai		7.Ntepes	
	8.Lenata		8.Tepele	
	9.LChuuchin	Maimbei	9.Neesesiai	Kalepo
	Ngutuk Elmuget Disp		*Kiabartare Disp*	
12/8/2024	10.Nalepopo		10.Ngosorini	
	11.Lodusowa		11.Meuwa	
	12.Marti		12.Leangata	
	****		****	
13/8/2024	The teams converge at Wamba for feedback and compiling of field reports.			