



Article

Effects of Drought on Child Protection in Hard-to-Reach Communities in Kenya

Samuel Mburu *, Irene Wali, Sarah Mukisa , Nancy Sironga and Hussein Adan

Save the Children, Kenya Country Office, Nairobi P.O. Box 27679-00506, Kenya; irene.wali@savethechildren.org (I.W.); sarah.mukisa@savethechildren.org (S.M.); nancy.sironga@savethechildren.org (N.S.); adan.hussein@savethechildren.org (H.A.)

* Correspondence: samuel.mburu@savethechildren.org

Abstract: This study aimed to assess child protection-related needs among drought-affected populations in selected arid counties in Kenya. The specific objectives included: to understand the different underlying vulnerabilities that children and adolescents face during drought with a gender and disability lens; to assess the current or potential presence of emergency risks and their likelihood of occurrence, the capacities, and coping mechanisms of families; identify emerging areas of concern regarding children and adolescents, including those with disability; and informing the interventions through development partners and relevant government ministries. This study adopted a non-experimental design that utilized a mixed-methods approach. The quantitative data collection involved a survey of 1800 households. The information was collected about children (i.e., individuals aged 0–17), their caregivers, and their households. Two methods were used to collect qualitative data. These included Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). The study established that during drought and in the recovery period, there were increased cases of children dropping out of school mainly due to the migration of families. Child labour and household chores were also mentioned as other vulnerabilities that children and adolescents faced during drought. The findings also noted an inter-linkage between female genital mutilation (FGM), child marriage, and teenage pregnancy across all communities under study. The difficulties occasioned by drought forced many families in ASAL counties to prepare their girls for marriage through the practice of FGM. Despite the high occurrences of sexual violence against children, child marriage, teenage pregnancy, and neglect, the child protection services available for affected children were low. This study recommends strengthening child protection structures at the community level by building the recruitment and capacity of child protection volunteers; sensitizing both parents and children to knowing the proper reporting channels in case of child protection issues; and strengthening the engagement of grassroots organisations, community-based groups, and local-level networks to prevent and respond to child protection concerns.



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1. Introduction

Up until recently, many development and humanitarian agencies have organized their child protection work by identifying and responding to priority threats facing boys and girls, such as the recruitment and use of children by armed actors, or sexual violence against children. Agencies have often targeted responses at a particular vulnerable group, such as street children, or separated children. However, there is increasing interest in reframing child protection work by looking more broadly at the deficits in protection available to all children and addressing the structural or root causes of these gaps in prevention and response—in other words, assessing and strengthening the child protection system (Save the Children Fund 2010).



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Broadly, child protection describes the measures and structures which prevent and respond to abuse, neglect, exploitation, and violence affecting children (Save the Children 2007). Child protection can also be defined as prevention and response to violence, abuse, neglect, or exploitation of children and others (GoK 2011, 2019a). The goal of child protection is to promote, protect, and fulfil children's rights to protection from abuse, neglect, exploitation, and violence as expressed in the UN Convention on the Rights of the Child, in other human rights, humanitarian, and refugee treaties and conventions, and in national laws. Child protection work aims to prevent, respond to, and resolve the abuse, neglect, exploitation, and violence experienced by children in all settings. It requires a multi-disciplinary and multi-sectoral approach. Increasing the effective protection of children also involves working with a wide range of formal and informal bodies, including governments, multi-lateral agencies, donors, communities, caretakers, and families. Importantly, it also requires close partnership with children, including initiatives to strengthen their capacity to protect themselves (Save the Children 2007).

Effective child protection builds on existing capacities and strengthens preparedness before a crisis occurs. During humanitarian crises, timely interventions support the physical and emotional health, dignity, and wellbeing of children, families, and communities (The Alliance 2019). Protection concerns faced by children in humanitarian contexts comprise dangers and injuries; physical violence and harmful practices; sexual violence; psychosocial distress and mental disorders; children associated with armed forces and armed groups; child labour; unaccompanied and separated children; and injustice for children (Lenz 2007).

The Kenya Government has made impressive progress in safeguarding the rights of children through a robust legal framework for protecting children with the recent review of the Children Act 2022, addressing the lacuna in law as well as other emerging child protection violations and risks. Furthermore, the government has developed a comprehensive and effective child protection system to safeguard children from exploitation, abuse, and neglect. The Kenya Child Protection System is a multi-sectoral approach encompassing national and county-level laws and policies, bringing together Government and NGO service providers at all levels. This system contributes to establishing procedures, policies, regulations, and standards, enhancing and coordinating service delivery for child protection services, and expanding networking and collaboration across various sectors (GoK 2019a). However, the system faces challenges and gaps that hinder its effectiveness. Limited resources, including funding and personnel, create obstacles in providing adequate services. Insufficient capacity in terms of training and infrastructure hampers the system's ability to meet the diverse needs of children. Weak coordination among service providers leads to fragmented efforts and difficulties in delivering child protection services seamlessly (GoK 2011).

The Department of Children Services has the responsibility of always protecting children, and more so during emergencies. International, national, county, and local actors work with the government to make sure that functional systems are in place to respond effectively to humanitarian needs in case of emergencies. This process entails preparedness, coordinated response during an emergency, and post-emergency support, including recovery and resilience strengthening (GoK 2023). The Government of Kenya has recently launched guidelines for Child Protection in Emergencies to equip social workforces that address child protection risks among children living in fragile situations and during emergencies. These efforts in collaboration with partners are geared towards ensuring that all children, regardless of their background, abilities, and circumstances, enjoy their rights to the fullest.

1.1. Context

The communities in the Arid and Semi-Arid Lands (ASAL) in Kenya are struggling to recover from five consecutive seasons of below average rainfall. Despite the March to May long rains, which yielded some improvement, needs for rain remain high (OCHA 2023).

While most areas experienced an early-to-normal onset, some parts of the southern Rift valley and the Coastal cluster had a delayed onset of 2–4 dekads. Additionally, parts of northwestern Marsabit, and localised parts of Samburu, Turkana, Kitui, Tana River, and Garissa, had a late onset by 1–3 dekads. The distribution of rainfall in terms of space and time was uneven across the ASALs, with most of the rains received in March and April, while some areas experienced short-lived high rainfall events in late April. Throughout May, below-average rainfall was experienced across most areas, with early cessation being witnessed over the same month. Temperatures were higher than average during the aforementioned period (NDMA 2023). Separately, the long rains triggered flash floods in various parts of the country including in ASAL counties, causing a loss of lives and livelihoods, heightening the risk of cholera outbreaks, and thus slowing down recovery. Over 5.4 million people (32 percent of the assessed population) were projected to face acute food insecurity, of which 1.2 million people were in emergency according to the Integrated Food Security Phase Classification (IPC) analysis. The prevalence of malnutrition in the ASALs persists, primarily due to the time lag between drought recovery and the availability of food. This latest projection represents the highest magnitude and severity of acute food insecurity in the ASAL areas in years, according to the IPC analysis (NDMA 2023).

With drought emergency, child protection needs are a growing concern as families are faced with a constriction of family resources and forced to seek other coping mechanisms (WHO 2022). This has exposed girls and boys with various gender-specific vulnerabilities and risks, including child-headed households; unprotected and exposed to violence, abuse and exploitation, especially for girls who are vulnerable to sexual violence and exploitation; and boys engaging in child labour. There is a likelihood of separated and unaccompanied children as families move, and this exposes children to further protection risks. Negative coping strategies in response to the current food crisis have escalated child protection risks, especially among children, women, and adolescent girls. It is also observed that children are dropping out of school in search of food and water (Regional Protection Working Group 2022).

According to recent reports, in Kenya, girls are facing greater risks of child marriage and FGM. In fact, 14 of the 23 counties affected by drought are already FGM hotspots, with prevalence rates of up to 98 percent. Girls in these areas are now in danger of being cut at younger ages, as families prepare them for marriage. There are also reports of girls living in border regions taken to neighbouring countries to undergo FGM, or being married to older men in neighbouring countries, where rates of FGM may be higher. Data on child marriage and FGM are limited because of low reporting due to various reasons such as long distance to service providers, low levels of child protection study in Baringo, Samburu, Tana River, West Pokot, Isiolo, and Marsabit, poor awareness in the community, and lack of good will from the community leaders to support female children's wellbeing (ACAPS 2022; DRC 2022; UNICEF 2023). Across the ASAL region, women and girls in drought-affected areas walk longer distances to access water and other basic resources, leaving them vulnerable to sexual violence. Women and girls are also walking distances more than three-times-longer than before, up to 30 km in some locations, according to an analysis by the Kenya Red Cross (UNICEF 2022). These leave them more vulnerable to sexual violations (OCHA 2022).

Violence in childhood is all too common in Kenya, with about 50 percent of children experiencing it in some form (GoK 2019b). According to a study by Wangamati et al., community members from one region in Kenya identified poverty as a key factor exacerbating children's vulnerability to sexual violence (Wangamati et al. 2018). Reports on child vulnerability and social protection in Kenya by the World Bank, UNICEF, and the State Department for Social Protection and Senior Citizens, identify household poverty as a significant indicator of child vulnerability to violence (Gelders 2018). Additionally, parental alcohol and drug abuse have been identified as significant risk factors for VAC in Kenya (UNICEF 2014). The increasing levels of under nutrition and micronutrient deficiencies increase health risks and needs, especially those of pregnant and lactating mothers, of new-

borns, of children, of the elderly, and of people living with chronic diseases (including TB and HIV) and disabilities (WHO 2022). Glaring capacity gaps are present in mental health and psychosocial support (MHPSS), in which frontline workers have limited knowledge and capacity. Other risk factors contributing to violence against children include harmful social and gender norms, such as cultural practices that are based on and/or exacerbate gender inequality and the belief in corporal punishment of children as a form of discipline perpetuated by authority figures like caregivers/parents and teachers (Ministry of Labour and Social Protection of Kenya 2023). Further, children with disabilities are also more vulnerable to violence, as their families or communities may see them as burdensome or less valuable (King and Chittleborough 2022; Rodríguez et al. 2018). Children in areas affected by conflict and displacement are also at higher risk of violence, including sexual violence (OCHA 2015; Sapiezynska 2021; UNICEF & Office of the Special Representative of the Secretary-General for Children and Armed Conflict 2009).

The Government of Kenya has enacted some interventions to cushion children and their families. Some of the interventions include relief food supplies to the most affected population, water tracking, fodder feeds for animals, animal destocking, and school feeding programs. The government has also constituted an agency (National Drought Management Authority) whose mandate is to carry out regular studies on vegetation cover, water levels, and food accessibility and to release monthly reports to inform the government and other concerned bodies to act appropriately and respond (NDMA 2022). The interventions are not adequate and effective because the approaches used are community-centred and do not address child-specific risks and needs.

Across the study areas, women and girls in drought-affected areas walk longer distances to access water and other basic resources, leaving them vulnerable to sexual violence coupled with the glaring capacity gaps in mental health and psychosocial support (MHPSS), whereby frontline workers have limited knowledge and capacity to ensure that affected survivors of SGBV and their families receive appropriate intervention and support. In Baringo, Samburu, Tana River, West Pokot, Isiolo, and Marsabit, these child protection-related needs are not well understood and this assessment has therefore brought out the child protection concerns that need to be addressed.

1.2. Objectives of the Study

The overall objective therefore was to conduct a comprehensive study that will highlight child protection-related needs among the affected population in Baringo, Samburu, Tana River, West Pokot, Isiolo, and Marsabit counties.

The following were the specific objectives of the study:

1. To understand the different underlying vulnerabilities that children and adolescents face during drought with a gender and disability lens.
2. To assess the current or potential presence of emergency risks (disaster risks and other potential shocks), the likelihood of their occurrence, and capacities and coping mechanisms of families.
3. To identify emerging areas of concern regarding children and adolescents, including those with disability.

1.3. Research Questions

1. What are the underlying vulnerabilities that children and adolescents face during drought?
2. How are children and adolescents affected during emergencies in the six counties?
3. What are the current or potential emergency risks (disaster risks and other potential shocks)?
4. What is the likelihood of the potential emergency risks (disaster risks and other potential shocks) occurring?

2. Methodology

This study adopted a non-experimental study design that utilized a mixed-methods approach in which a quantitative approach was primary in the design but which adopted qualitative methods for corroboration, triangulation, and addressing specific study objectives. In addition, a literature review of the status and challenges of children protection in the country was conducted. This study required the active participation and engagement of relevant stakeholders in child protection in the Baringo, Samburu, Tana River, West Pokot, Isiolo, and Marsabit counties.

2.1. Quantitative Approach

The quantitative data collection involved a household survey. The information was collected about children (i.e., individuals ages 0–17), their caregivers, and their household. Data were collected by utilising mobile technology using Open Data Kit (ODK).

2.2. Sample Size

The following Cochran's formula was used to determine the number of households to be sampled for the quantitative study.

$$\text{For Proportions: } n > \text{DEFT } Z^2 (P) (1 - P) / D^2$$

where: n = minimum sample size required

Z = Z-score corresponding to the level of confidence desired to ensure that the true population lies within $\pm D$ percentage points of the sample estimate

P = expected population proportion (default = 50% = 0.5 yields highest sample size)

DEFT = design effect = 2 for cluster sampling

D = maximum tolerable error = 10% acceptable for social studies

where: $Z = 95\%$, C.I. = 1.96, $P = \text{default} = 0.5$, $D = 0.1$, DEFT = 2.

$$n > 2 \times (1.96)^2 (0.5) (1 - 0.5) / 0.1^2$$

$$n > 2 \times (3.8416) (0.25) / (0.01)$$

$$n > 192 = 210 \text{ to include } 10\% \text{ non-response}$$

By adjusting to 30 clusters through 10 households as recommended by WHO for post emergency situations,

$$n = 300 \text{ households for each county} - \text{total sample} = 1800 \text{ households.}$$

2.3. Sample Procedure and Selection

A multi-stage cluster sampling design was employed for the quantitative data collection. Both cluster sampling techniques for sample selection and probability proportional to size (PPS) for sample allocation at the county and subcounty level were used. Due to the expansiveness and insecurity situation in these counties, two subcounties in each county were purposively sampled. The number of clusters and respondents by subcounty were allocated by using PPS. Since the recommended number of households per cluster is 10 in cluster sampling, 300 households were therefore generated from 30 clusters.

In each subcounty, wards were listed, and one ward was picked at random for this study. Villages were listed in each ward, and the numbers of villages equivalent to the number of clusters were picked. These formed clusters/communities. The first household was identified at random from each of the sampled communities/clusters since a list of households did not exist, and the remaining 9 were selected using a proximity method, i.e., the household that was closest was picked. Mobilization was performed based on the allocated samples in the villages/communities.

2.4. Qualitative Approach

Two methods were used to collect qualitative data. These included Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). This approach ensured the inclusion

of all the key components, the institutions, and individuals responsible for child protection within the framework for child protection in Kenya and County Child Protection Systems Guidelines. All tools were translated in Kiswahili prior to the field data collection.

2.4.1. Key Informant Interviews

The key informants were purposively sampled. The participants included the following: County Health departments, Department of Children Services, Department of Education and Community Health Volunteers, Gender Desk Officers, Court Users' Association, Police Department, chiefs and assistant chiefs, head teachers, National Draught Management Authority, staff from children-based NGOs, and any other relevant personnel in the child protection sector. The KII interview guide gathered information about the knowledge, attitudes, perceptions, and practices of the target population in relation to child protection in their counties.

2.4.2. Focus Group Discussions

The Focus Group Discussions (FGDs) targeted caregivers of children under five, groups of persons with a disability, child protection working groups, community health volunteers, women's groups, child protection volunteers, child-based CBOs, and groups of children. The participants were purposively selected for the FGDs to assess the knowledge, skills, attitudes, and practices regarding child protection in their counties. The FGDs were facilitated by experienced moderators and note takers in the groups of between 6 and 12 discussants per target group. A total of 54 FGDs were completed during this study.

2.5. Inclusion and Exclusion Criteria

All the households drawn from the 12 wards from the 6 counties with different-aged children (0–17 years) and their caregivers were included in the study. Children aged 8–13 years, adolescents, people living with disabilities, community health volunteers, child protection volunteers, local administration, religious leaders, government ministries of education and health, departments of gender and disabilities and non-state actors' representatives were also included in the study. Households without children 0–17 years and adolescents 15–17 years, their caregivers, partners, and stakeholders outside the 6 counties were excluded. Far-flung wards with a high risk of insecurity were also excluded.

2.6. Ethical Consideration

This study was governed by an approved research protocol. Informed verbal consent was obtained from all of the adult participants (18 years and above) before their participation and the recording of interviews as appropriate. For the FGDs with children and adolescents aged 8–13 and 14–18 years, respectively, parental consent was sought before the interviews. The adolescents signed the assent forms after parental consent was obtained. To protect confidentiality, the records contained no names or other personal identifiers.

3. Study Findings

3.1. Demographic Characteristics of the Respondents

A total of 1800 households were interviewed, with 300 in each county, a majority of whom were females (85%). Most respondents were aged below 35 years (52%). The majority (55%) had no education, which was followed by 28% who had a primary education. Marsabit (79%), followed by Samburu (78%), had the highest proportion of respondents with no education. The majority of the respondents were married (82%). A significant majority of the respondents in Tana River, Marsabit, and Isiolo were Muslims. About 15% of the households had large families of seven or more members. The biggest proportion of households depended on livestock farming (31%) as their main source of income. This was higher in Samburu (69%) and West Pokot (40%). The majority of the households (85%) had less than KES 10,000 as monthly income during the month of July 2023.

3.2. Vulnerabilities That Children and Adolescents Faced during Drought

3.2.1. School Dropout

This study established that during drought and in the recovery period, children dropped out of school. The survey indicated that 29% of households had a child aged 5–17 years not attending school. The main reasons for not attending school were that about half had not started (45%), 33% never attended, and 23% dropped out. Among those who dropped out of school, the main reason was a lack of school fees (69%). However, discussions with other stakeholders linked the high dropout rates to drought, which had forced many families to migrate to other parts within the counties or neighbouring counties and even across the country borders in search of water and pasture for their livestock. Some children had also dropped out of school due to various reasons, including the schools being far away, having to take care of other siblings, parents' lack of financial capability to cater for their needs, a lack of adult guidance, and a lack of and/or inconsistent school feeding programme. This study observed that across the six counties, there were limited education opportunities for children with disabilities due to the low number of learning facilities, affordability and accessibility challenges, socio-cultural factors, stigma and biases, and most integrated facilities not being disability friendly. Overall, drought adversely affected teaching and learning in the six counties, with institutions experiencing low enrolment, irregular or non-attendance, poor academic performance, and a low level of transitions to high school.

3.2.2. Child Labour

Child labour and household chores were also mentioned as other vulnerabilities that children and adolescents face during drought. Most of the households (52%) reported engaging their children to work in household plots, farms, and to look after animals in the last 7 days, affecting their personal development and interfering with their right to education. Most of these respondents were from West Pokot (74%) and Marsabit (71%). Most of these engagements (86%) lasted up to 10 hours. Discussions with the respondents revealed that children were forced to engage in child labour to survive and to supplement their family's income. The forms of child labour included livestock herding, agricultural labour (such as clearing land, planting, weeding, harvesting, and loading farm produce), fishing, scavenging for scrap metal and bottles for sale, casual work as loaders and unloaders in the markets and urban centres, boda boda riding, fetching and selling water and firewood, and hawking and domestic work, the latter of which affecting girls and exposing them to domestic servitude and trafficking. The children would engage in child labour mostly for pay or in exchange for food.

Adolescent girls and boys were also involved in harsh and dangerous labour, such as sand harvesting, gold mining, charcoal burning and selling, construction work, herding in very remote areas under harsh climatic conditions, and other illicit activities such as drug peddling, trafficking, or selling, involvement in armed groups such as cattle rustling, and criminal gangs and extremist groups. Children, in particular adolescent girls, were reported to engage in survival sex through the exploitation of children in prostitution and transactional sex.

The majority of the households reported engaging their children in household work such as washing dishes or cleaning around the house, cooking, washing clothes, and taking care of younger siblings and the elderly. This study noted that during drought there were increased workloads, especially for the girls who undertook the bulk of unpaid care work and domestic chores, which was detrimental to their wellbeing, including enjoying their rights to education, health, rest and leisure, and participation in the public sphere. Conversations with the respondents revealed that due to the prevailing socio-gender norms, girls were highly likely to be withdrawn from school to support with domestic tasks or to be sent far away to work as house helps, and they were at heightened risk of trafficking for child labour, which further exposed them to sexual abuse and exploitation.

3.2.3. Female Genital Mutilation (FGM)

Despite the secrecy under which it is conducted, the majority of the respondents (76%) reported to have either heard of or were aware of FGM. This was least known in Marsabit (57%). FGM was most prevalent in Tana River, where 25% of the respondents confirmed that their daughters had undergone FGM. During drought, frustration forced parents to marry off their daughters to earn a little money to sustain the household. Since men do not marry “uncut girls”, girls are forced to undergo the harmful practice to be married off. The findings also noted an inter-linkage between FGM, child marriage, and teenage pregnancy across all communities under study. The difficulties occasioned by drought forced many families in these counties to prepare their girls for marriage through the practice of FGM. After undergoing FGM, the community feels that girls are ready for marriage. Discussions with government officers and other non-state actors revealed that the FGM practice, though outlawed, is very rampant during drought emergencies. Other child vulnerabilities that were mentioned were child marriage, teenage pregnancies, and neglect. About 36% of the respondents had heard of incidents of teenage pregnancy during drought. This proportion was the highest in West Pokot (64%) and the lowest in Marsabit (8%). Most of the respondents confirmed that the incidents increased during drought (67%).

3.2.4. Sexual Violence against Children

This study also established that only 9% of the respondents had heard of an incidence of sexual violence against children (SVAC) during the drought periods. This proportion was highest in Baringo (16%). The respondents confirmed that the cases increased during drought (75%). This study has established that most of the violations happened in secluded places and various situations: home, market, deserted roads and streets, herding areas, and religious centres.

3.2.5. Drug and Substance Use

Exposure to drugs and substance abuse affected children. Drugs were most common in Isiolo, while criminal offences were common in Marsabit. Exposure to child pornography through access to sexual abuse materials and adult-rated content such as videos and images was most reported in West Pokot. The most abused drugs were bhang, alcohol including local brew, khat (miraa and muguka), marijuana, cigarettes, tobacco, kete, and gum.

3.2.6. Child Neglect

Within the counties, respondents reported that there had been a spike in parents neglecting their children intentionally and unintentionally, with the latter being mainly attributed to the loss of livelihoods due to drought. The study respondents highlighted the following as some of the key reasons as to why parents neglect their children: high poverty levels within the households, orphanhood, family break up as a result of spouse separation or divorce, large family size due to polygamy, low literacy levels of the parents, poor parenting skills and ignorance, the nomadic/migratory lifestyle, and parents or caregivers' addiction to drugs. From the interviews, respondents noted that fathers were mostly the ones that absconded from their duties. The study also observed that although all children are affected by neglect, those that were most vulnerable and that suffered the most because of neglect were orphans, children with disabilities, girls, and children in a single-parent household.

3.2.7. Other Risky Behaviour

The discussions with the respondents confirmed the prevalence of the risky behaviours, with an increase in the number of children in conflict with the law and those in need of care and protection. This study has established that children and adolescents both in and out of school were exposed to high-risk behaviours, such as sexual exploitation and sexual abuse materials, criminal offences, and criminal gangs and extremist groups. Across the six

counties, there were reported incidents of children engaged in petty and criminal offences and of them having access to pornographic material such as videos and images.

3.2.8. Displacement/Migration

This study has established that 12% of the households had at least one family member displaced on account of drought, with Marsabit and Baringo reporting the highest proportion (18% each). At the time of this study, 20% were reported to be displaced. This was most reported in West Pokot (32%) and Marsabit (27%), and a total of 247 children were affected. In West Pokot, drought led to displacement to Uganda and neighbouring counties like Turkana and Elgeyo Marakwet. In Isiolo, families were displaced to the neighbouring Counties such as Laikipia, Meru, and Garissa. In Samburu, families moved with their livestock to Laikipia and other neighbouring areas. In Marsabit, pastoralists moved to Ethiopia and Tana River in search of pastures and water. In Tana River, families were displaced within the county and nearby counties. The county also experienced an influx of migrants from neighbouring counties such as Isiolo, Wajir, Mandera, and Garissa. The qualitative findings noted that as families migrated, some parents moved with children, mostly older boys, who would normally herd the livestock, which affected their school attendance. They also migrated with the younger children, mostly 7 years and below, while the rest were left under the care of their grandmothers, other relatives, neighbours, and even family friends. The children with disabilities were mostly left behind under the care of relatives, neighbours, or older siblings who could not adequately to their diverse and specific needs. In some isolated cases, children with disabilities were left alone. This family separation heightened the vulnerability of children to neglect, abuse, and exploitation, and it affected their psychological wellbeing.

3.2.9. Psychosocial Wellbeing

This study has established that 27% of the households reported unusual behaviours in children due to ongoing drought or emergency. This, however, was much higher in Baringo (44%). The most-reported behaviour among these households was school dropout (61%), which was highest in Samburu (65%), followed by violence to parents/elders (41%), which was highest in Marsabit (67%), and then violence to fellow children (31%). Only 24% of the households affected by unusual behaviours were reported to have access to support services for children with such behaviours. The most available service was discipline by parents/guardians/elders (78%).

3.3. Availability of Children Services

Despite the high occurrences of sexual violence against children, child marriage, teenage pregnancy, and neglect, the child protection services available for affected children was low. The most available were counselling and psychosocial support (38%) and education and awareness programs (25%) geared towards prevention. The counselling and psychosocial support services were mostly present in West Pokot (63%), while education and awareness services were most common in Baringo (37%). These services were mainly provided by local administration officers (54%), who mostly provide platforms for awareness raising and NGOs (34%).

This study has established that the Directorate of Children's Services working with other state and non-state stakeholders offers response services, including rescue; case management; referral for medical, psychosocial support, shelter support; family identification; re-unification; and rehabilitation. Despite these efforts, stakeholders respond differently due to the issues related to coordination; thus, collaboration and synergies are key challenges. Further gaps and/challenges identified by the study are the nonexistence of facilities such as child protection units, which presents a major challenge during the rescue process, the unavailability of gender desks, and under-staffing.

The qualitative responses also observed the unavailability and inaccessibility of services for children survivors of sexual violence, especially in the smaller towns since the

services are majorly non-existent in the rural and hard-to-reach areas. The fact that families had migrated mean that children affected by sexual abuse and exploitation were also cut off from the main service centres/areas. Access to the minimal available services was also hampered by the prevailing social norms and cultural practices, which mainly prevent victims of violence from reporting violations and or seeking services as some communities condone harmful practices and tend to prefer settling matters through community mechanisms such as *maslaha*¹, which largely means that the victim is not able to access medical and psychosocial support. This study also observed that adolescents have limited or no access to sexual and reproductive health information and services, a situation that is worsened by drought.

3.4. Reporting Child Abuse Cases

This study found that 93% of the respondents would report child abuse cases if they suspected or were worried that their children were being abused. Samburu respondents reportedly did so the least. The majority would report to law enforcement agents (66%), mostly in Baringo (78%); community leaders (57%), mostly in Isiolo and Tana River (67% each); and parents (34%), mostly in Samburu (42%), in that order. The majority (97%) would rather report through direct contact, while 37% would do so by phone. Only 14% of the households had knowledge of existing child protection mechanisms, such as committees in the community, with (99%) acknowledging the available nonformal community mechanisms that address child protection issues, particularly facilitating prosecution of cases of child abuse (67%); followed by interventions to address barriers on access to education, such as the provision of education materials (37%); then food to needy households (17%) to support the nutrition and wellbeing of vulnerable children and their families. The lack of knowledge on child protection committees is attributed to the fact that most of the nonformal mechanisms have been established in some areas within the vast counties, particularly in towns or urban centres. They are also not well structured, and their functionality seems weak, uncoordinated, and unrecognisable or “not felt” by their constituents in the areas where they are formed; this is a challenge that can be attributed to lack of knowledge and capacity to discharge their mandate. Only 22% of the households had knowledge of formal child protection structures in the community, and they also reported that there were functioning government departments that deal with children related issues. However, most of these offices (52%) were more than 5 Kms away. The main child protection concerns they addressed included prosecuting cases of child abuse/rape (72%), provision of education materials (39%), and food to needy households (13%). The limited knowledge on child protection structures is attributed to the fact that most of the formal mechanisms, including the Children Advisory Committees (formerly known as the Area Advisory Councils), are mostly operational at the county levels, with minimal functionality at the subcounty levels unless with the support of development partners. Therefore, the structures have largely not been operationalized at the subcounty levels or in other decentralised units of service delivery unless with the support of partners.

3.5. Child Punishment by Parents

The most common form of child punishment practiced by parents was shouting, yelling, and screaming at the child (58%), and this was mostly practiced in West Pokot (70%), followed by hitting a child on the bottom or elsewhere with something like a belt or stick (48%), and then followed calling child(ren) dumb, lazy, or other names like that (45%). In addition, 14% percent of the households reported beating up a child and this was highest in West Pokot (26%).

4. Conclusions

This study has established that all children and adolescents face different vulnerabilities during drought. In all the counties under study, school dropout; child labour; trafficking, mostly for economic exploitation; female genital mutilation; sexual violence

against children; child marriage; teenage pregnancies; and child neglect were reported. Meanwhile the extent to which these may have been exacerbated by drought was only revealed during the discussions with stakeholders. The stakeholders observed that these childhood vulnerabilities spiked in the areas hardest hit by drought. This study has also identified counselling and psychosocial support, education awareness, health facilities, local administration services, and private child rescue centres as the main services available for children affected by sexual violence. This study further established that drug and substance abuse occurred among adolescents in all the counties, with the most abused drugs being bhang, alcohol including local brew, khat (miraa and muguka), marijuana, cigarettes, tobacco, kete, and gum. The social and economic disruption occasioned by drought resulted in mental and psychological distress among children, adolescents, and families. This study has established that there were few interventions of mental health and psychosocial support (MHPSS) targeting the affected children and families during and after the drought; thus, there is a great need to intervene in this domain. This study has established that very few community members had knowledge of the existing child protection structures. The lack of knowledge on child protection structures is attributed to the fact that most of the formal mechanisms, including the Children Advisory Committees, were mostly operational at the county levels and with minimal functionality at the subcounty levels, unless with the support of development partners. Therefore, the structures have largely not been operationalized at the subcounty levels or in other decentralised units of service delivery, unless with the support of partners. The other structures identified across the counties were the Child Protection Working Group, Child Protection Networks, Gender Technical Working Groups, the Court Users Committees, and the Probation Case Committees. Despite the existence of these structures, some key gaps/challenges in their functionality were observed by the respondents including coordination, limited capacity and knowledge, understaffing, and under-resourcing.

5. Recommendations

There is a need to strengthen child protection structures at the community level by building the recruitment and capacity of child protection volunteers. Additionally, advocacy efforts towards county governments are needed to encourage the allocation of funds for child protection, especially in emergency situations.

- Sensitize both the parents and children to know the proper reporting channels in case of child protection issues.
- Given the vastness of the ASAL counties and the nomadic lifestyle, strengthen the engagement of grassroots organisations, community-based groups, and local-level networks to prevent and respond to child protection concerns.
- Work with partners to decentralise child protection structures and focal persons, even in the far villages championing children rights.
- Work with other partners to create mobile child protection services to reach hard-to-access villages.
- Support the construction of low-cost boarding schools and establish nomadic schools for children so they may continue uninterrupted learning by using the National Government Constituency Development Fund in arid and semi-arid regions of Kenya.
- The national government needs to ensure that food distribution to the schools is performed on time in support of the school feeding programme. The foodstuff provided needs to be sufficient to cater for all learners. County governments to allocate adequate funds for the ECD feeding programme and ensure a prompt supply to all ECDs under its jurisdiction.
- Strengthen the integrated approach in existing schools and at all levels, ensuring that the units are within reach, affordable, and adequately equipped to cater for the specific needs of the learners with disabilities. Budget for and establish supportive facilities, services, and equipment such as access to specialised education, healthcare,

paediatric services, therapeutic care, and aids to cater to the diverse needs of children with disabilities and their caregivers.

- Decentralise child protection offices to wards where community members can make referrals of child protection issues. Ensure that all child protection frontline staff are well trained, motivated, and sensitised on child protection in emergencies.

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Note

- ¹ This is a form of Alternative Dispute Resolution (ADR) which is mostly used to resolve conflicts that arise between members of the same or different clans.

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