



The Addressing Neglected Areas of Sexual and Reproductive Health and Rights in Sub-Saharan Africa (ANeSA) Initiative

A situational analysis of adolescent sexual and reproductive health (ASRH) landscape focusing on child marriage and sexual and gender-based violence in Turkana County, Kenya.

Report – February 2026

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Addressing Neglected Areas of Sexual and Reproductive Health and Rights in Sub-Saharan Africa (ANeSA)





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Background

Despite commendable strides in legal and policy reforms, child marriage (CM) is an issue that needs to be addressed. Child marriage refers to the marriage or cohabitation of a minor (1), which, under Kenyan law, is classified as illegal and constitutes an act of defilement. Child marriage is both a cause and consequence of gender inequality and a major form and driver of sexual and gender-based violence (SGBV), which includes intimate partner violence, rape, emotional abuse, and coercive control (2). Child marriage in Turkana County cuts across social divides, sustained both by the affluent who uphold tradition and by impoverished families who view it as a pathway out of poverty (3).

Child marriage poses numerous risks, particularly for girls, who are often forced to abandon their education, limiting their ability to develop skills, gain knowledge, and build the confidence needed to make informed decisions (4,5). Many child brides face serious health complications during childbirth, as their bodies are not yet physically mature. Early childbearing resulting from such unions heightens the risk of obstructed or prolonged labour, contributing to maternal morbidity and death (6,7). Infants born to adolescent mothers also face elevated health risks, and girls are vulnerable to domestic violence, especially in communities where patriarchal norms and male dominance are deeply rooted (8–10). However, suppose stakeholders across all levels commit to addressing this issue collaboratively. In that case, Kenya has the potential to achieve meaningful change and foster communities where more young people, especially girls, can access education and thrive. This situational analysis provides contextual information to the implementation research team working on the [Supporting adolescent girls for ending child forced marriage in Turkana, Kenya](#) project to inform their work in generating evidence for stronger programming, community action, and policy engagement in Turkana County.

Objectives

- i. Map relevant policies and legislation on CM/SGBV to show whether such policies and legislation exist or are lacking.
- ii. Identify policy engagement and findings presentation platforms/opportunities.
- iii. Review existing interventions/practices addressing CM/SGBV to identify what works and what does not.

The context of Turkana County

In Kenya, only 3.1% of rural households fall within the highest wealth quintile, reflecting the broader economic challenges facing rural areas (23). Nationally, the highest wealth quintile refers to the top 20% of households, ranked using a national wealth index based on indicators such as building materials, type of toilet, source of drinking water, electricity access, and ownership of assets such as a TV, phone, or

vehicle (15). In Turkana, where economic marginalization is more pronounced, these indicators may have different meanings; for example, owning a motorbike or a few livestock may signify high wealth locally but not nationally. Approximately 85% of the county's population resides in rural areas with limited access to essential services, including education, healthcare, and social protection (24). Data indicate that only 79% of girls in the County transition from primary to secondary school, the lowest rate among all counties in Kenya (25), and well below the national average of 87.2% (25) (Figure 3). The county is among the most economically marginalized in Kenya, with 75.2% of its population falling into the lowest wealth quintile (15). In this context, where the majority of the population resides in the lowest wealth quintile, families often arrange marriages for their daughters to alleviate financial pressure. Livestock is a traditional measure of wealth, and daughters are often viewed as a secondary source of that wealth. Marriages are arranged by fathers, sometimes when girls are still very young, with the expectation of receiving a bride price in return (3,26). Health service access in Turkana County is severely constrained by weak health infrastructure and a limited health workforce. On average, individuals must travel approximately 35 kilometers to reach the nearest health facility, with many residing in remote, arid areas characterized by sparse populations, inadequate road networks, and minimal public transport options (35). The health workforce is also acutely limited. The county has a doctor-to-population ratio of 1:20000 (35), far below the WHO's recommended doctor-to-population ratio of 10 doctors per 10,000 people (36), making the consistent provision of SGBV services largely unattainable in most settings. A limited number of facilities in Turkana County offer SGBV services.

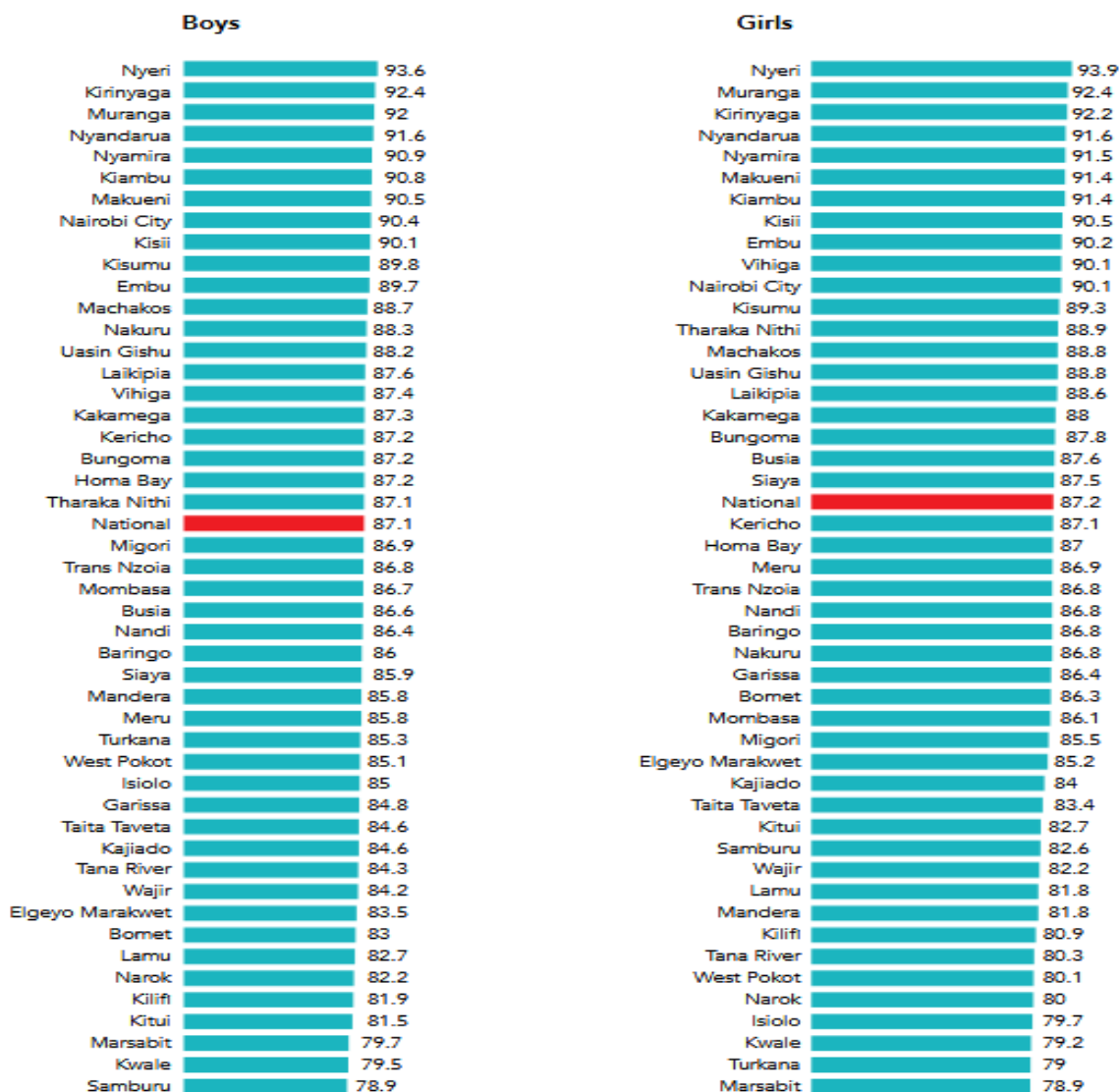


Figure 3: Transition from primary to secondary school

Prevalence of child marriages and sexual gender-based violence in Turkana County

Turkana County, located in northwestern Kenya, records some of the highest rates of child marriage (CM) and sexual and gender-based violence (SGBV), which disproportionately affect adolescent girls (11). Indeed, early marriage is particularly predominant in pastoralist Arid and Semi-Arid Lands (ASAL) communities, contributing significantly to school dropout (12,13).

Data from the Kenya Population and Housing Census (KPHC) 2019 show that 14.3% of girls and 4.3% of boys aged 15–19 in Turkana have ever been married, compared to the national averages of 10.8% for girls and 4.2% for boys in the same age group (14) (Figure 1). Among adolescents aged 12–18, 8% of girls and 4.6% of boys in Turkana have ever been married (14). Even among very young adolescents (ages 12–15), 4.8% of girls and 4.3% of boys have ever been married, compared to national averages of 4.1% for girls and 3.9% for boys (14) (Figure 2).

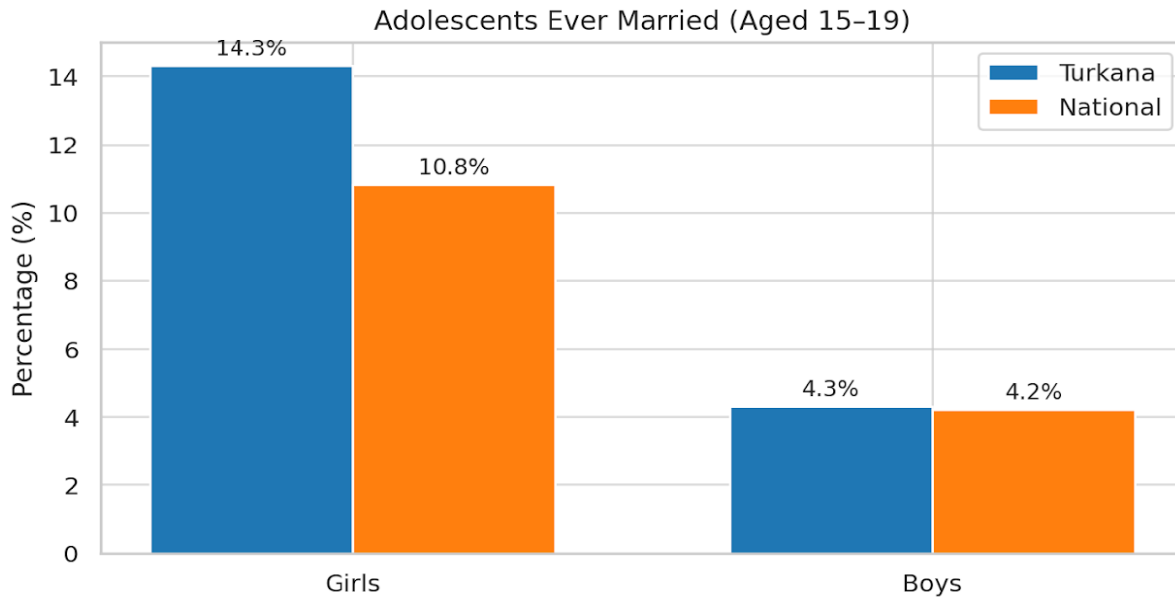


Figure 1: Adolescents ever married in Turkana County (aged 15-19 years)

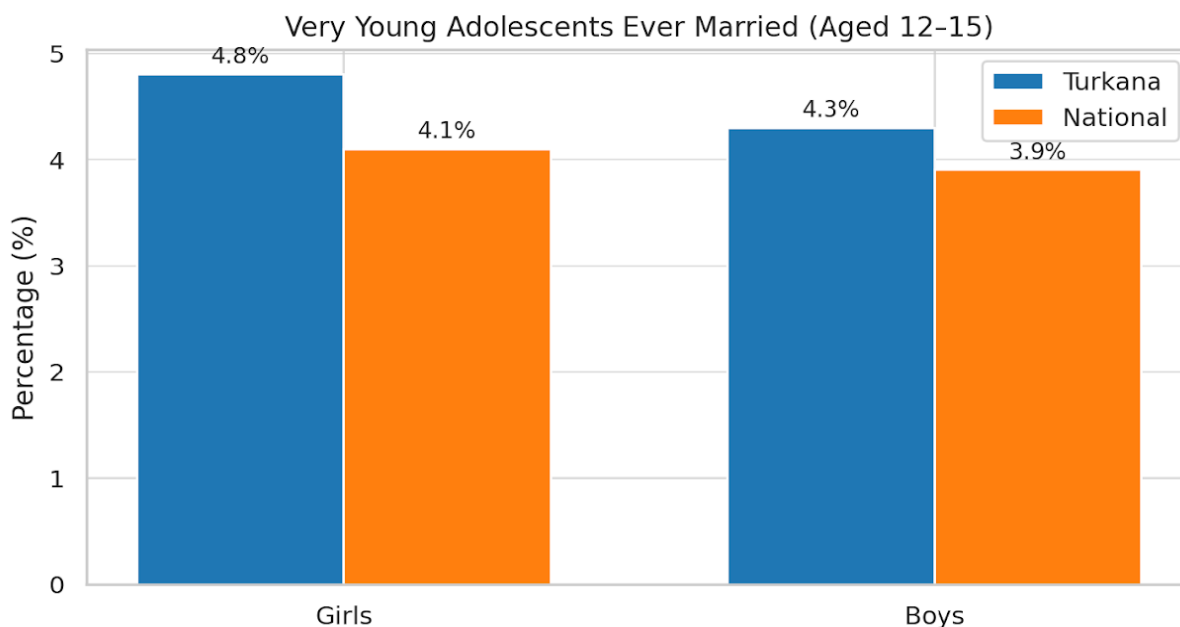


Figure 2: Very young adolescents ever married in Turkana County (aged 12-15 years)

About one in five (19%) of girls aged 15–19 in Turkana have ever been pregnant, compared to 15% nationally (15). Additionally, over two-fifths (42%) of women aged 15–49 in the County have experienced physical violence since the age of 15, well above the national average of 34% (15). Further, 39% of women aged 15-49 who have ever been married, or have ever had an intimate partner in Turkana County, have experienced physical, sexual, or emotional violence from their most recent husband or partner (15). 2023 estimates show that 20% of adolescents aged 10–17 in Turkana County have experienced SGBV (16). Available evidence indicates that girls with disabilities face heightened vulnerability due to stigma, restricted mobility, and limited access to education and health services (17).

Within refugee settings, adolescents contend with displacement-related stress, overcrowded living conditions, and limited access to protection and health services, factors that exacerbate risks of early marriage and other forms of SGBV (21). Evidence from Kakuma Refugee Camp illustrates a high overall adolescent SGBV prevalence of 60.4%, with physical violence most commonly reported (52.1%), followed by emotional (48.7%) and sexual violence (22.7%) (22). Host Turkana communities, while not displaced, often experience deeper poverty, restricted livelihood opportunities, and inadequate service provision, which can similarly drive early marriage as a coping mechanism (20).

There are several limitations in the available data on CEFM and SGBV in Turkana. Locally disaggregated data by finer age groups, disability status, or ethnicity are largely unavailable, making it difficult to identify

the most affected and vulnerable populations. Much of the existing evidence relies on self-reported surveys, where stigma and fear of reprisal may lead to underreporting of sensitive experiences such as early marriage, intimate partner violence, and sexual coercion. Furthermore, the predominance of cross-sectional data restricts the ability to monitor changes over time or fully understand the long-term consequences of these practices.

Drivers and consequences of child marriages in Turkana County

Cultural norms and traditions continue to shape decisions around CM in Turkana County. In many communities, a girl's worth is closely tied to her ability to get married and bear children, and there is a high concentration of gender inequitable attitudes (11,27). Social pressure makes it difficult for girls to resist early marriage because they fear being cursed, punished, or socially excluded if they resist (56). The fear of being cursed and socially excluded is deeply held and passed down through generations, and reinforces the idea that marriage defines a girl's role and future, and bride wealth is a central part of this tradition (26). The value of bride price payments can be substantial. These exchanges are supported by extended kin, and in some cases, families may receive hundreds of goats or sheep, along with dozens of donkeys, cattle, and camels (3,26).

In Turkana County, harmful traditional practices such as FGM remain a driver of CM and SGBV. Nationally, FGM prevalence among adolescents aged 15–19 is 9.1% (15). In pastoralist communities like Turkana, FGM often serves as a cultural marker of marriage readiness and increases girls' likelihood of early marriage (29). Though specific adolescent-level FGM data for Turkana are not publicly available, as a pastoralist region, it shares sociocultural norms seen in communities where FGM often marks readiness for marriage and transitions girls into marital roles, including CM.

Climate change and conflict are key drivers of CM in Turkana County. Recurrent droughts have led to food shortages, livestock deaths, and a loss of household income, leaving families with limited coping options (30). In response, some households marry off their daughters in exchange for livestock as a bride price, helping them recover what was lost during the drought (57). Pressure on scarce resources, such as water and pasture, also intensifies conflict, particularly cattle raids between pastoralist groups (58). These raids are often aimed at restocking herds for economic survival or to accumulate livestock needed for marriage transactions (32). For example, families that lose their livestock to a raid or drought might marry off their underage daughters to sustain the rest of the family (57).

Another reason for child marriage in Turkana is the belief that it protects girls from the perceived dangers of school and urban life. In rural Turkana's communities, there is limited support for girls' education, which is often seen as non-essential. Instead, girls are expected to remain at home and contribute to domestic work, such as herding goats and managing household tasks. The primary goal for many families is to marry

off their daughters in exchange for bride wealth (57). Girls who pursue schooling, especially in towns, are seen as distancing themselves from community values and are alienated from their families and community, and labeled negatively, including being called “children of the government” or accused of immoral behavior. Some parents feel that the education system does not adequately safeguard girls from sexual abuse or early pregnancy (57). Schools are considered places where girls encounter “foreign” ideas such as drug use, abortion, sex, and pregnancy (57).

Weak enforcement of statutory laws has allowed CM to persist in Turkana County. The legal minimum age for marriage in Kenya is 18 years (33), but customary laws and traditional systems often take precedence over statutory protections. Many families and community leaders remain resistant to implementing SGBV cases in places where people do know the law, entrenched social norms still reinforce the idea that marrying off a girl can bring economic benefits (31). These marriages are further normalized by local authority figures, including administrative chiefs, some of whom avoid reporting cases (31). This also contributes to widespread under-reporting, particularly among those who might be held accountable if the true extent of the practice were revealed. Under-reporting, in turn, sustains CM by masking its prevalence and limiting efforts to prevent and respond to it (2).

Access to SGBV services in Turkana County

Access to SGBV services in Turkana County is severely constrained, with major disparities in availability, accessibility, and quality of care. Despite the high prevalence of violence, service uptake among adolescent survivors is alarmingly low (34). Barriers include poor transportation infrastructure, fear of community reprisal, stigma surrounding reporting, and a limited understanding of rights and services. In many cases, SGBV is normalised, and survivors are discouraged from seeking justice. [Community-based innovations](#) such as mobile clinics and SMS helplines have shown promise in increasing service uptake but have yet to be scaled or integrated into public systems (34).

In 2014, a Women’s [Wellness Center](#) was established at Lodwar County Referral Hospital to support survivors of gender-based violence and promote their social and economic empowerment (37). More recently, the Turkana County Government has made efforts to expand protection infrastructure by launching [two child rescue centers](#) in Lodwar and Kakuma to offer temporary shelter and care for children affected by violence and trauma (38). While these are important milestones, access remains highly constrained due to the county’s vast geographic area, and the scattered population leaves large portions of the county underserved.

Sociocultural beliefs and systemic inequalities continue to impede access to SGBV and child protection services in Turkana. Survivors often face stigma, fear of reprisal, and pressure to settle cases through informal mechanisms, which deters reporting (39). Legal literacy remains low among adolescents and

their caregivers, while the formal justice system is widely perceived as inaccessible, costly, and ineffective (39). Some law enforcement and judicial personnel lack the specialized training required to manage SGBV or child protection cases, and legal processes are often delayed or dismissed (31). Turkana’s vast geography and the mobility of its largely pastoralist population also mean that harmful practices like child marriage could continue being largely unchecked in rural areas.

Research gaps

- Data disaggregation: The limited availability of locally disaggregated data by age, disability status, or ethnicity restricts the identification of the most at-risk groups.
- Limited evidence on program scalability: Few interventions have been rigorously evaluated at scale to determine sustainability and replicability in Turkana.
- Monitoring and evaluation: Weak monitoring and evaluation systems across policies lead to poor reporting, limited data utilization, and inadequate evidence to inform adjustments.
- Limited research on intersectional vulnerabilities: Little is known about how disability, displacement, and climate change jointly shape risks and outcomes for adolescent girls.

Availability of policies on CEFM and SGBV

We identified a total of 5 documents, including two action plans and three policies: one focusing on SRH, one on ASRH, and three on SGBV. None of these documents were standalone policies focused on CM. (Table 1). In addition, no county-level policies are available (Table 3). The [National Adolescent Sexual and Reproductive Health Policy](#) (2015) (40) and the [National Reproductive Health Policy \(2022–2032\)](#)(41) provide broad frameworks for adolescent and reproductive health. The [National Plan of Action to Tackle Online Child Sexual Exploitation and Abuse \(2022–2026\)](#) (42) is the first of its kind in Kenya and explicitly categorizes CM as a form of exploitation. [The National Policy for Prevention and Response to Gender-Based Violence \(2014\)](#) (43) addresses gender-based violence in all its forms and includes provisions relevant to the protection of children from sexual exploitation and harmful practices such as child marriage. Similarly, the [National Plan against Sexual Exploitation of Children \(2018–2022\)](#) (44) identifies child marriage as a harmful practice contributing to sexual exploitation and advocates for the engagement of men as allies in ending the practice.

Table 1: Availability of policy documents

Document type	Number reviewed (n=5)	Focus areas
Policy	3	ASRH, SGBV, SRH

Action plan	2	Sexual and gender-based violence
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Actors participating in the formulation and implementation of child marriage and SGBV policies

Policies indicate a wide range of actors involved in policy formulation and implementation (Table 2). These include (i) state actors such as national, county, and sub-county government institutions, ministries, regulatory bodies, and law enforcement agencies, and (ii) non-state actors including adolescents and young people, communities, NGOs, CSOs, CBOs, FBOs, professional associations, private sector actors, research and training institutions, technical working groups, media, development partners, and international agencies.

Table 2: Actors in the formulation and implementation of CM and SGBV policies

State actors
National government; County governments; Sub-county governments; Ministry of Health (MOH); Ministry of Education; Ministry of Gender; Ministry of Devolution and Planning; Ministry of Security; Ministry of Labor, Social Security, and Services; Ministry of Sports; Ministry of Justice; National Treasury; Attorney General's Office; Directorate of Public Prosecutions; Judiciary; Parliament; Council of Governors; National Council for Children's Services (NCCS); Directorate of Children Services (DCS); NACADA; Communications Authority of Kenya (CA); Law enforcement agencies; KNBS; Ministry in charge of children affairs; Police.
Non-state Actors
<p>Non-governmental organizations</p> <p>Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), The International Centre for Advancement of Health (TICAH), Population Council, Program for Appropriate Technology in Health (PATH) International, Liverpool VCT, Care and Treatment (LVCT) Health, African Population and Health Research Center (APHRC), SOS Children's Villages, Terre des Hommes – Netherlands.</p> <p>Civil society organizations</p> <p>Sexual and Reproductive Health Alliance, Federation of Women Lawyers (FIDA), Undugu Society of Kenya, Coalition on Violence against Women (COVAW), African Network for the Prevention and Protection against Child Abuse and Neglect, Child Welfare Society of Kenya;</p> <p>International agencies/development partners</p> <p>United Nations Population Fund (UNFPA), World Health Organization (WHO), United Nations International</p>

Children’s Emergency Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), Department for International Development (DFID), End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT) France, International Justice Mission (IJM)
Professional organizations Kenya Obstetrical and Gynaecological Society (KOGS), National Nurses Association of Kenya (NNAK), Medical Association of Kenya (MAK), Kenya Clinical Officers Association (KCOA), Kenya Medical Association (KMA), Kenya Paediatric Association (KPA), Kenya Pharmaceutical Society (KPS)
Technical committees and working groups National Reproductive Health Technical Working Group, Technical Working Group on Child Online Protection
Private sector Private service providers, Private research institutes
Individuals/communities/youth Parents, caregivers, children, and the wider community
Faith-based and community-based organizations
Media
Research and academic institutions

Gaps/challenges that may affect policy implementation

Funding shortages and resource constraints

Funding shortages and resource constraints emerged as critical barriers in all five policy documents. Lack of funding for children’s assemblies has limited advocacy efforts at both the county and national levels. In contrast, many health facilities lack the capacity to handle cases of sexual exploitation of children. Support services for victims of sexual exploitation and SGBV remain inadequate, and resources for recovery and reintegration programs are insufficient. Weak referral systems, limited infrastructure for the rescue of abused children, and the incomplete rollout of child protection units and gender-based recovery units across police stations and hospitals further restrict access to care. Critical gaps, such as the absence of DNA laboratories and weak chains of custody for forensic evidence, result in delays and acquittals, while comprehensive rehabilitation programs for survivors and perpetrators, as well as prevention mechanisms,

are largely lacking. The health, security, and justice sectors continue to face limitations in capacity and resources, and few shelters or safe houses exist to meet demand. Competing development needs at national and county levels, overlapping health policy priorities, and shifts in donor funding following Kenya's reclassification as a middle-income country have compounded these challenges, resulting in low prioritization of reproductive health in resource allocation and significant barriers to service delivery.

Weak monitoring and evaluation mechanisms

Weak monitoring and evaluation mechanisms were identified as a key implementation gap across four policies. These weaknesses include poor reporting systems, limited data management, and inadequate use and documentation of existing evidence. Reporting procedures fail to meet the needs of child victims or survivors, and the absence of standardized data collection protocols hampers the ability to track progress and inform policy adjustments.

Policy and legal gaps were identified as constraints in four of five policies. Key challenges included legal dilemmas such as how to address sex between minors, poor enforcement of existing legislation, and the absence of comprehensive national policies in certain areas, including gender-based violence and child sexual exploitation. Informal resolution of sexual abuse cases, limited capacity of law enforcement personnel, and poor access to justice for victims further undermined the implementation of protective measures. Slow law reforms and inadequate judicial knowledge, particularly regarding online child sexual exploitation, restrict the prosecution of offenders.

Weak governance and coordination

Weak governance and coordination were shown to limit effective implementation in four policy documents. Fragmented stakeholder coordination, limited cross-sector collaboration, poor leadership, unclear reporting procedures, and siloed programming reduce efficiency and undermine the integration of ASRH and SGBV interventions. Low stakeholder and youth involvement, as well as limited engagement of men in GBV prevention, further constrain policy implementation.

Awareness and social norms

Awareness and social norms were identified as posing implementation challenges in four policies. Misconceptions about SGBV, cultural and religious barriers to ASRH, limited public knowledge on laws and policies, low media coverage, and insufficient awareness of psychosocial support mechanisms reduce policy effectiveness. Communities and caregivers often lack knowledge of reporting procedures, and societal norms may reinforce harmful practices such as child marriage and early sexual exploitation.

External and emerging challenges

External and emerging challenges were identified in one policy document. These challenges, including pandemics, insecurity, and tribal conflicts, disrupt service delivery, strain limited resources, and exacerbate weaknesses in governance, coordination, and policy implementation.

Outdated or lacking policies

Outdated policies and a lack of county-level frameworks could further hinder effective implementation. Only two of the five policies were operational, two did not specify their operational status, one was outdated, and county-level operational policies are absent. The absence of comprehensive subnational frameworks might constrain local-level coordination, policy adaptation, enforcement, and community-level interventions.

Table 3: Policies and implementation gaps

Policy/legislation	Level	Operational status	Focus area	Implementation gaps
The National Reproductive Health Policy 2022 – 2032	National	Operational	SRH	<ul style="list-style-type: none"> ✓ Funding shortages and resource constraints ✓ M&E weaknesses: Weak monitoring and evaluation mechanisms ✓ Weak advocacy and coordination structures at the county level ✓ External and emerging challenges: pandemics, insecurity, and tribal clashes
National Adolescent Sexual and Reproductive Health Policy 2015	National	Not specified	ASRH	<ul style="list-style-type: none"> ✓ Funding and resource constraints: Inadequate resources Policy and legal gaps: Delayed policy development Inadequate policy dissemination ✓ Weak governance and coordination: Poor leadership, coordination, stakeholder involvement, and youth engagement ✓ Awareness and social norms: Cultural and religious barriers to ASRH

National Policy for Prevention and Response to Gender-Based Violence 2014	National	Not specified	SGBV	<ul style="list-style-type: none"> ✓ Funding and resource constraints (few shelters and safe houses, limited capacity of justice and security sectors, lack of: County DNA laboratories, comprehensive rehabilitation programs for survivors and perpetrators, and prevention mechanisms) ✓ Weak governance and coordination (limited coordination of GBV prevention stakeholders, inadequate GBV programs in the public and private sectors, poor program linkages). ✓ M&E weaknesses: weak M&E and data management for GBV, weak use of existing evidence, and limited evidence documentation ✓ Policy and legal gaps: legal dilemmas on sex between minors, poor enforcement of GBV legislation, and lack of a comprehensive national GBV policy ✓ Awareness and social norms: Misconception that GBV focus is on girls and women, limited male involvement in GBV prevention and response
National Plan of Action to Tackle Online Child Sexual Exploitation and Abuse (OCSEA) (2022–2026)	National	Operational	SGBV	<ul style="list-style-type: none"> ✓ Policy and legal gaps: Policy and governance issues, the judiciary's unwillingness/low capacity to prosecute due to a lack of knowledge, and slow law reforms ✓ Weak governance and coordination: insufficient cross-sector collaboration, unclear reporting procedures

				<ul style="list-style-type: none"> ✓ Awareness and social norms; Lack of SGBV awareness among children, caregivers, the public, education, and child protection professionals ✓ Funding and resource constraints: Insufficient financial and human resources ✓ M&E weaknesses: Lack of a universal data collection terminology, reporting procedures do not meet the needs of child victims/survivors
National Plan against Sexual Exploitation of Children (2018–2022)	National	Outdated	SGBV	<ul style="list-style-type: none"> ✓ M&E weaknesses: poor reporting mechanisms ✓ Funding and resource constraints: weak referral systems, inadequate rescue infrastructure, and weak support services for child exploitation victims, lack of child protection/gender recovery units in police stations and hospitals, low capacity of health facilities, lack of funding for children’s assemblies ✓ Policy and legal gaps: Solving sexual abuse cases through informal methods, limited capacity of law enforcement personnel, and poor access to justice for victims ✓ Awareness and social norms: lack of public awareness on SGBV laws and policies, low media coverage/ sharing of information on child sexual abuse, low awareness of the importance of psychosocial support for child SGBV victims

Policy implementation opportunities identified in the policy documents

Government commitment and support

Three policy documents highlight government support in policy implementation (42,44,40). The government has ratified key international treaties such as the UN Convention on the Rights of the Child (1990), the African Charter on the Rights and Welfare of the Child (2000), and ILO conventions on child labour, and has endorsed the World Congress Declaration on Combating Commercial Sexual Exploitation of Children (1996). At the national level, it has institutionalized response mechanisms, including the Child Helpline 116 and a Technical Working Group on Child Online Protection, chaired by the Communications Authority. Kenya has also joined the WePROTECT initiative (2019) to combat the online exploitation of children.

Legal and regulatory support

All five policy documents highlight legal and regulatory support. Kenya has established a strong legal and policy framework to protect children, adolescents, and vulnerable groups from abuse and exploitation. The Constitution of Kenya (2010) enshrines the right of every child to education, nutrition, shelter, health, and protection from harmful practices, violence, and exploitation. Other legislations include the Children Act (2001), the Sexual Offences Act (2006, amended 2011), the Marriage Act (2014), the Penal Code, the Prohibition of Female Genital Mutilation Act (2011), and the Counter Trafficking in Persons Act (2011). In addition, Kenya has developed multi-sectoral standard operating procedures for GBV prevention and response, sector-specific codes of conduct, and has deployed special prosecutors to handle sexual violence cases. The launch of the Internet Watch Foundation reporting portal (2021) further strengthened accountability by enabling public reporting of online child sexual abuse material directly to law enforcement. Ongoing reforms, including a draft children's law, are also identified to strengthen policy implementation and enhance child protection systems.

Evidence-based support and research

The National Reproductive Health Policy 2022–2032 highlights opportunities for evidence-based planning and implementation. These include the availability of data to inform strategies and interventions, research and learning, and lessons drawn from pilot Universal Health Coverage programs in counties such as Kitui, Nyeri, Isiolo, Kakamega, Kisumu, and Makueni.

Trained and specialized workforce

Both the National Plan of Action to Tackle Online Child Sexual Exploitation and Abuse (OCSEA) (2022–2026) and the National Reproductive Health Policy 2022–2032 highlight the presence of a trained and

specialized workforce to support effective implementation. These include a national helpline staffed with personnel trained in OCSEA response to provide immediate support to victims/survivors, a Technical Working Group bringing together cross-sector representatives to guide coordination, and a pool of well-trained human resources.

Partnerships were identified as an opportunity for policy implementation in the National Plan of Action to Tackle Online Child Sexual Exploitation and Abuse (2022–2026) and the National Reproductive Health Policy (2022–2032). These policies emphasize collaboration with a wide range of actors, including partners committed to delivering reproductive health services, the private sector in health provision, and UN agencies such as the WHO. Other opportunities include support from specialized institutions, such as the Anti-Human Trafficking and Child Protection Unit (AHTCPU), which works in line with international best practices and collaborates with Interpol. Additionally, initiatives by the Internet Watch Foundation (IWF) aim to expand the accessibility of a reporting portal to the wider Kenyan population.

Public awareness and community engagement

Public awareness and community engagement are identified as key in the National Plan against Sexual Exploitation of Children (2018–2022), the National Reproductive Health Policy (2022–2032), the National Adolescent Sexual and Reproductive Health Policy (2015), and the National Plan of Action to Tackle Online Child Sexual Exploitation and Abuse (2022–2026). These include Kenya having a literate populace that can be educated on reproductive health; several NGOs and community initiatives that carry out awareness and advocacy programs on FGM. Programmatic initiatives to address GBV have also largely been sector-based, particularly in the areas of health, justice, and security. There are also efforts to raise awareness of and tackle online child sexual exploitation and abuse.

Technology and digital innovation.

The National Reproductive Health Policy (2022–2032) and the National Plan of Action to Tackle Online Child Sexual Exploitation and Abuse (2022–2026) acknowledge the crucial role of technology and digital platforms in enhancing protection and service delivery. Several reporting channels currently exist for addressing OCSEA. These include the KE-CIRT reporting app, the IWF reporting portal, the Directorate of Criminal Investigations (DCI) toll-free line, and Child Helpline 116. The Communications Authority of Kenya also hosts a dedicated webpage for OCSEA reporting. Social media platforms, such as Twitter and Facebook, can be used to report cases by tagging the DCI Cyber Unit. Additionally, Kenya has a high mobile telephone penetration, presenting opportunities to leverage digital tools and accelerate universal health coverage.

Investment in health, social protection, and related services

Investment in health, social protection, and related services is identified as an opportunity in three policy documents. These include existing programs such as Universal Health Coverage and Beyond Zero, which provide platforms for reproductive health mainstreaming; social protection programs like Inua Jamii and the presidential bursary that reduce household vulnerability and support children’s education; and initiatives such as the Street Family Rehabilitation Fund, free basic education, the Vurugu Mapper, Child Protection Centres, and the Child Protection Unit at the Directorate of Criminal Investigations, which support child protection, prevention, reporting, and response to exploitation and abuse.

Child marriage interventions in Turkana and similar settings: What works and does not

We identified six studies that assessed the effects of interventions on CEFM and related outcomes, such as adolescent pregnancy, school attendance, and gender norm transformation, in Turkana and other comparable settings (Table 4). [The Adolescent Girls Initiative–Kenya \(AGI-K\)](#) demonstrated significant impacts on reducing CM among out-of-school girls and lowering adolescent pregnancy, with the strongest effects observed in intervention arms that combined conditional cash transfers and education support (45). The program was implemented from 2015 to 2019 using a cluster randomized design, led by the Population Council in partnership with the African Population and Health Research Center, Save the Children, and the Wajir County Government. The intervention was carried out in two marginalized contexts: Wajir County, a rural pastoralist setting, and Kibera, an urban informal settlement in Nairobi County. The program tested four intervention arms: (i) community-led violence prevention dialogues; (ii) school support through conditional cash transfers and provision of school kits; (iii) safe spaces for girls providing health, life skills, and financial education; and (iv) a comprehensive arm integrating all components. Among out-of-school girls, AGI-K achieved a 34% reduction in early marriage and a 43% reduction in adolescent pregnancy. These effects were evident only in intervention arms that included the education component, underscoring that neither cash transfers alone nor life skills training alone were sufficient to drive meaningful change. Four years post-implementation, girls who participated in the comprehensive intervention arm continued to demonstrate improved outcomes, highlighting the long-term benefits of combining education, economic support, and empowerment strategies.

We found one study assessing the effects of economic empowerment interventions on marriage-related outcomes. The [ACARE Skills Training Programme](#) (46) demonstrated potential for reducing exposure to early marriage while also enhancing participants’ self-reliance and mental well-being. The program was implemented in Turkana County (comprising Turkana and the Kakuma refugee settlement) by ACARE, focusing on building vocational skills and promoting financial independence among older adolescent girls and young women. Although details on the program duration are not available, and it has not been evaluated through a formal trial, participant reports suggest positive outcomes, including improvements in self-reliance and mental well-being, as well as reduced exposure to early marriage.

The [Imarisha Msichana](#) project (47), being implemented over three years from 2022 to 2025 by the Forum for African Women Educationalists Kenya, the Center for Rights Education and Awareness, and the Kenya Red Cross, represents a promising integrated, school-based model targeting early marriage and adolescent pregnancy. Implemented in more than 20 counties, including Garissa, Kajiado, Narok, and Turkana, the program combines three key components: (i) adolescent clubs that provided digital literacy and SRHR education, including online safety, agency building, and dissemination of SRHR information; (ii) sensitization of head teachers and teachers on human sexuality, the National Adolescent Sexual and Reproductive Health Policy (2015), SGBV and its SRHR implications, and enforcement of government circulars protecting learners from sexual abuse (Circular 3 of 2010 and Circular 14 of 2018); and (iii) training of journalists, reporters, and young media professionals in gender-responsive reporting on SRHR and GBV. Although the project has not yet been evaluated through a formal trial, participating schools reported reductions in early pregnancy and early marriage (48). Its duration, wide geographical reach, and integration of education, policy, and media components suggest promise as a systems-level intervention model.

The [Kenya Cash Transfer for Orphans and Vulnerable Children \(CT-OVC\)](#) program (49) was designed to improve child welfare outcomes, specifically to reduce early marriage and adolescent pregnancy, while enhancing household stability. Implemented by the Government of Kenya between 2007 and 2011 across multiple counties, including Garissa, Nairobi, Kisumu, and Migori, the program provided monthly unconditional transfers of Ksh 1,500–2,000 (approximately USD 20–27), equivalent to nearly 20% of household expenditures at the time. Evidence indicates that the CT-OVC reduced adolescent pregnancy by five percentage points, primarily by increasing school attendance and delaying sexual debut. However, no statistically significant impact was observed on early marriage. These findings suggest that while unconditional cash transfers can help mitigate economic vulnerability, they may be insufficient to shift entrenched household decision-making around marriage without accompanying conditions, incentives, or complementary interventions focused on education and empowerment.

The [Play2Protect](#) (50) intervention demonstrated positive effects on reducing early marriage, preventing gender-based violence, and improving the mental health and well-being of young refugees. The programme was implemented for three years (2020–2024) in Turkana County’s Kakuma Refugee Camp and Kalobeyei Integrated Settlement by the United Nations Population Fund (UNFPA), in collaboration with the Kenya Red Cross Society, the International Rescue Committee (IRC), and FilmAid. Using sport as an entry point, the intervention engaged both boys and girls in structured programming designed to build confidence, promote gender-equitable attitudes, and ensure safety. Teachers were trained to incorporate gender-responsive content into both coaching and classroom discussions, and student-led safe spaces facilitated dialogue on SRHR and GBV. Implementation data from participating schools indicated a

doubling of girls' enrolment (from 68 to 139) over two years, accompanied by a decline in dropouts attributed to early marriage and adolescent pregnancy.

The **Alternative Rites of Passage (ARP)** (51) intervention shows some effect on reducing early marriage by replacing FGM with culturally accepted, non-harmful rites, while promoting girls' rights and preventing CEFM. The intervention was implemented for eleven years (2009–2020) in Kajiado County and delivered by AMREF in partnership with local organizations. Core activities included mentorship sessions for girls, community sensitization, and public commitment events, alongside improvements in water, sanitation, and hygiene infrastructure to enhance school environments and increase girls' attendance. Over ten years, communities participating in the ARP initiative recorded a 4.9 percentage point decline in early marriage. Over ten years, communities participating in the ARP initiative recorded a 4.9 percentage point decline in early marriage.

Table 4: Summary of interventions

Intervention	Setting	Target groups	Implementer(s)	Duration	Core components	Reported effects/outcomes	Notes
The Adolescent Girls Initiative–Kenya (AGI-K)	Wajir (rural pastoralist) and Kibera, Nairobi (urban informal)	Girls (11 to 14 years)	Population Council, Save the Children, APHRC, Wajir County Government	2015–2019 (4 years)	Four arms: (i) community-led violence prevention; (ii) conditional cash transfers + school kits; (iii) safe spaces (health, life skills, financial education); (iv) comprehensive package	34% reduction in CEFM; 43% reduction in adolescent pregnancy among out-of-school girls. Strongest impacts in arms, including education support.	School enrollment increased after two years; CEFM and pregnancy rates reduced after four years.
ACARE Skills Training Programme	Turkana County (Turkana and the Kakuma refugee settlement)	Girls and young women living in poverty	ACARE Organization	Not specified	Vocational and financial skills training for girls and young women	Improved self-reliance, mental well-being, and reduced exposure to CEFM	No formal trial evaluation; promising but evidence-limited.
Imarisha Msichana Project	20 counties, including Turkana, Garissa,	Girls, boys, teachers	FAWE Kenya, CREAM, Kenya Red Cross	3 years (2022-2025)	(i) Adolescent clubs (digital literacy + SRHR);(ii) Teacher sensitization on sexuality, national SRH	Reductions in early pregnancy and marriage	Systems-level, multi-sector model shows promise.

	Kajiado, Narok				policy, SGBV; (iii) Journalist training on gender-responsive reporting on SRHR and GBV.		
Kenya Cash Transfer for Orphans and Vulnerable Children (CT-OVC)	Multiple counties nationwide, including Garissa, Nairobi, Kisumu, and Migori	OVC females aged 12 to 24	Government of Kenya	4 years (2007-2011)	Monthly unconditional transfers of Ksh 1,500–2,000 (~20% household expenditure) to OVC households.	Reduced adolescent pregnancy by 5%, mainly via school attendance and delayed sexual debut; no significant impact on CEFM	Conditionality and complementary interventions may be needed.
Play2Protect	Turkana: Kakuma Refugee Camp and Kalobeyei Integrated Settlement	Male and female students, teachers	UNFPA, Kenya Red Cross, IRC, FilmAid	2020–2024 (3 years)	Sport-based programming to promote gender equality and SRHR; teacher training; student safe spaces.	Girls' enrolment doubled (68 to 139); a decline in CEFM adolescent pregnancy in 2 years	Joint male/female engagement is effective; it uses sport as an entry point for norm change.
Alternative Rites of Passage (ARP)	Kajiado County		AMREF + local partners	2009–2020 (11 years)	Non-harmful rites to replace FGM and CEFM; mentorship for girls; community	4.9% decline in CEFM over 10 years	An effective norm-change model preserving cultural practices

					sensitization; public commitment ceremonies; WASH improvements		while protecting girls' rights.
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SRH engagement platforms in Turkana County

Turkana County has several stakeholder engagement platforms that support coordination and dialogue on SRH and related issues (Table 5). These include the [Advocacy Forum to Combat SRHR and SGBV issues](#) (52), which convenes government and civil society to address CEFM, GBV, and teenage pregnancy through policy and strategy discussions; the [Men's Conference on Combating Teenage Pregnancy in Turkana County](#) (53), which engages men and boys in promoting girls' school re-entry and SRHR awareness; the [County Health Stakeholder Forum](#) (54), which improves coordination across health, WASH, and nutrition partners; and the [County Youth Advocacy Forum](#) (55), which empowers adolescents and young people in advocacy around HIV, GBV, menstrual health, and SRHR. Together, these forums illustrate Turkana's efforts to foster multi-sectoral engagement and community participation in addressing persistent SRH challenges.

Table 5: SRH engagement platforms in Turkana County

Platform/Forum	Purpose/Focus	Lead actors
Advocacy Forum to Combat SRHR & SGBV Issues in Turkana County	Address SRHR and SGBV, including CEFM and teenage pregnancy, through policy discussion and strategy formulation.	Department of Gender and Youth Affairs, ADRA-Kenya.
Men's Conference: Combating Teenage Pregnancy in Turkana County	Engage boys and men in supporting girls' school re-entry and SRHR awareness.	FAWE-Kenya, Turkana County Government.

Turkana County <u>Health Stakeholder Forum</u>	Improve coordination among health partners across nutrition, WASH, and health service delivery.	Turkana County Health Department and health partners.
Turkana County <u>Youth Advocacy Forum</u>	Empower youth in advocacy around HIV, GBV, menstrual health, and SRHR.	Department of Health & Sanitation, Network for Adolescents and Youth for Africa.

Conclusion

Despite progress in legal reforms and growing recognition of the harms of child, early, and forced marriage (CEFM) and sexual and gender-based violence (SGBV), Turkana County continues to experience some of the highest prevalence rates in Kenya. Poverty, entrenched cultural norms, weak enforcement of statutory laws, and external pressures such as climate change and conflict continue to drive these practices. Access to SGBV services remains constrained by poor infrastructure, inadequate health workforce, stigma, and weak referral systems. While national frameworks and global commitments provide an enabling environment, the absence of county-level policies, limited resources, and weak coordination hinder effective implementation. Interventions that integrate education, social protection, and community dialogue have shown promise; however, gaps in implementation, service delivery, and resource allocation continue to limit their impact. Addressing these issues requires a coordinated, multi-sectoral approach that prioritizes the rights of adolescent girls, strengthens accountability mechanisms, and amplifies community-led solutions.

Advocacy gaps

- **Weak enforcement of existing laws:** Customary practices continue to override statutory protections for children.
- **Limited county-level policies:** Absence of subnational frameworks hinders localized coordination and enforcement.
- **Inadequate funding and resourcing:** Shortages in shelters, safe houses, and forensic infrastructure undermine service delivery.
- **Low community awareness:** Persistent misconceptions, stigma, and harmful norms discourage survivors from seeking services or justice.
- **Minimal male and youth engagement:** Limited involvement of men and adolescents in prevention efforts reduces the effectiveness of community-driven change.
- **Poor coordination across sectors:** Fragmented collaboration among actors delays response and dilutes accountability.

Recommendations

1. The County Health Executive Officer to recruit and train more health personnel with a focus on building capacity for trauma-informed, adolescent-friendly, and confidential post-violence care.
2. County Government & MoH with NGO partners to improve geographic access to SGBV services by investing in mobile clinics and satellite service delivery points in remote areas.
3. Ministry of Education, NGOs & Community-Based Organizations (CBOs) to enhance legal literacy among adolescents, caregivers, and community leaders through targeted awareness campaigns and school-based outreach initiatives.

4. Ministry of Interior & Coordination of National Government, County Children’s Offices to spearhead training and sensitization of chiefs and elders to support and enforce child protection laws at the community level.
5. Community Leaders, Elders, and Civil Society Organizations to support community dialogue initiatives that challenge the economic justification for child marriage.
6. National Council for Children’s Services, NGOs, and Faith-Based Organizations to engage elders, parents, traditional leaders, and cultural influencers in challenging harmful norms.
7. Ministry of Education, Teachers, and Community Champions to sensitize communities on the value of girls’ education through local success stories.
8. National Drought Management Authority (NDMA), County Governments, Humanitarian Agencies to provide emergency support to families during crises to reduce the pressure to marry off daughters.
9. County Gender Sector Working Groups, Department of Gender, MoH, Judiciary, to enhance multisectoral coordination and referral systems to link health, legal, psychosocial, and protection services for survivors.
10. National Council for Population and Development (NCPD), County Planning Units, and Research Institutions to strengthen monitoring and evaluation systems through standardized data collection, improved reporting, and effective use of evidence to guide policy adjustments.

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