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Baseline Survey Report: Community Challenges Facing Mothers in Kenya.

Organization: Jonica Foundation

Survey Type: Baseline Survey

Geographic Coverage: Nairobi, Kiambu, Narok, Homa Bay, and Kilifi Counties

Sample Size: 100 Mothers ([Responses](#))

Data Collection Tool: Structured Questionnaire ([Google Form](#))

Survey Duration: Approximately 15 minutes

Ethical Considerations: Anonymous and voluntary participation

1. Introduction

Jonica Foundation is a women-led, family-oriented charitable organisation registered in Kenya as a Company Limited by Guarantee. We operate on a non-profit, non-political, and non-religious basis. Our mission is to uplift vulnerable mothers by amplifying their voices, providing psychosocial support, and equipping them with practical tools to thrive.

Mothers play a critical role in sustaining families and communities, yet many continue to experience deep-rooted social, economic, health, and protection-related challenges that undermine their wellbeing and that of their children. In Kenya, these challenges are particularly pronounced among women in informal employment, low-income households, and marginalized rural and peri-urban settings, where access to services and support systems remains limited.

Economic instability, rising cost of living, limited access to quality healthcare, mental health stressors, and gender-based violence intersect to create cycles of vulnerability that disproportionately affect mothers. These challenges are further shaped by contextual differences between urban and rural counties, harmful social norms, caregiving burdens, and weak referral pathways to protection and support services.

Against this backdrop, Jonica Foundation conducted a comprehensive baseline survey across five counties—Nairobi, Kiambu, Narok, Homa Bay, and Kilifi—to generate reliable, evidence-based insights into the lived experiences of mothers. The survey was deliberately designed to move beyond anecdotal narratives and provide quantifiable, disaggregated data that could directly inform program strategy, development, and prioritization.

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Importantly, this baseline survey was not an academic exercise. It served as a strategic diagnostic tool, informing Jonica Foundation's program design by identifying priority needs, risk patterns, service gaps, and county-specific realities. The survey findings have directly shaped the Foundation's focus on integrated programming that addresses economic empowerment, mental health and psychosocial support, sexual and reproductive health and rights (SRHR), and gender-based violence (GBV) prevention and response.

The survey was anonymous and voluntary, ensuring confidentiality and encouraging honest disclosure, particularly on sensitive issues such as violence, mental health challenges, and financial distress. This approach enhanced the depth, credibility, and authenticity of the data collected.

2. Objectives of the Survey

The baseline survey aimed to:

1. Establish a baseline reference point for monitoring and evaluating future Jonica Foundation interventions.
2. Identify key challenges and vulnerabilities affecting mothers across diverse county contexts.
3. Generate county-specific and cross-cutting insights to guide targeted programming.
4. Inform program strategy and development, ensuring interventions are data-driven and responsive.
5. Support evidence-based engagement with donors, county governments, and partners.

3. Methodology

3.1 Study Design

A cross-sectional baseline survey was conducted using a structured questionnaire administered through Google Forms.

3.2 Sample and Coverage

A total of **100 mothers** participated in the survey, drawn from:

- Nairobi
- Kiambu
- Narok
- Homa Bay
- Kilifi

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The sample included mothers from **urban, peri-urban, and rural settings**, enabling comparative analysis across counties.

3.3 Data Collection and Ethics

- Participation was voluntary and anonymous.
- No personally identifiable information was collected.
- Respondents provided informed consent prior to participation.
- The survey took approximately 15 minutes to complete.

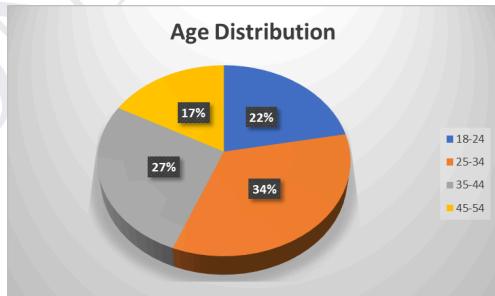
4. Key Findings

This section presents the key findings from the baseline survey of **100 mothers** across Nairobi, Kiambu, Narok, Homa Bay, and Kilifi counties. Findings are presented with quantitative data and accompanied by interpretive insights to support program decision-making.

4.1 Demographic Profile of Respondents

- **Age Distribution**

- 18–24 years: **22%**
- 25–34 years: **34%**
- 35–44 years: **27%**
- 45–54 years: **17%**



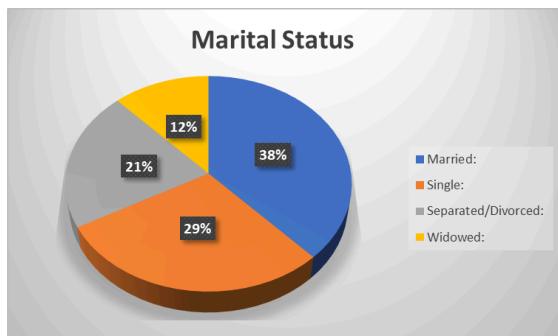


Insight:

Nearly **61%** of respondents are between **18–34 years**, indicating a high concentration of young mothers who are simultaneously navigating early parenting, economic instability, and limited social protection.

● Marital Status

- Married: **38%**
- Single: **29%**
- Separated/Divorced: **21%**
- Widowed: **12%**

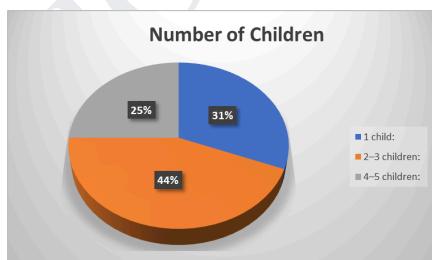


Insight:

More than **60%** of respondents are not in stable marital unions, increasing vulnerability to economic stress, GBV, and caregiving burden without partner support.

● Number of Children

- 1 child: **31%**
- 2–3 children: **44%**
- 4–5 children: **25%**





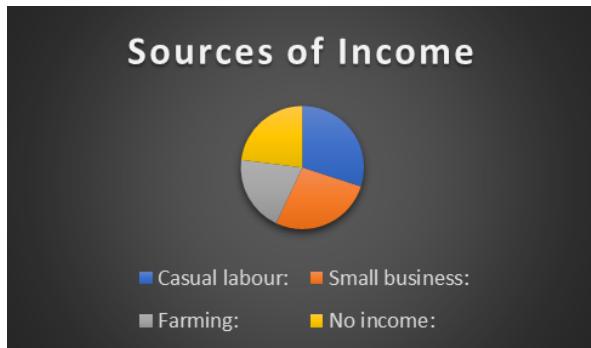
Insight:

Nearly **70%** of mothers care for two or more children, compounding financial pressure and caregiving responsibilities.

4.2 Economic and Livelihood Challenges

Sources of Income

- Casual labour: **30%**
- Small business: **27%**
- Farming: **20%**
- No income: **23%**



Insight:

A total of **77%** of mothers rely on informal or no income sources, exposing households to income shocks and limiting long-term economic resilience.

Monthly Income Levels

- No income: **27%**
- Below KES 5,000: **26%**
- KES 5,001–10,000: **29%**



- Above KES 10,000: **18%**

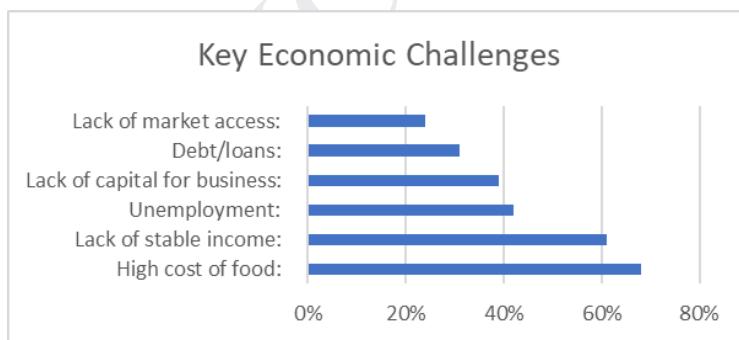


Insight:

Over 80% of respondents live on less than KES 10,000 per month or have no income at all, well below the cost of meeting basic household needs, particularly in urban and peri-urban counties.

Key Economic Challenges (Multiple Responses)

- High cost of food: **68%**
- Lack of stable income: **61%**
- Unemployment: **42%**
- Lack of capital for business: **39%**
- Debt/loans: **31%**
- Lack of market access: **24%**



Insight:

The data shows that rising cost of living, rather than unemployment alone, is a dominant stressor, especially for mothers already engaged in informal work.



Impact on Childcare

- Affected severely: **46%**
- Affected moderately: **38%**
- Slightly or not affected: **16%**

Insight:

For 84% of mothers, financial hardship directly compromises their ability to adequately provide for their children, linking poverty to child vulnerability.

4.3 Health and Reproductive Health Findings

Access to Healthcare

- Have access to a nearby facility: **71%**
- No nearby facility: **29%**

Despite physical proximity, access remains constrained by cost.

- Unable to seek healthcare in last 12 months: **53%**

Insight:

Geographic access does not guarantee service utilization; financial barriers remain the primary obstacle to healthcare access.

Health Challenges Experienced (Multiple Responses)

- Mental health challenges (stress, anxiety, depression): **59%**
- Maternal health complications: **33%**
- Reproductive health issues: **28%**
- Chronic illness: **21%**
- Lack of access to family planning: **26%**

Insight:

Mental health challenges are the most reported health issue, cutting across age, marital status, and county. This underscores the need to integrate psychosocial support into maternal and economic programs.



4.4 Gender-Based Violence and Safety

Prevalence of Violence

- Experienced any form of violence: **55%**
- Have not experienced violence: **45%**

Insight:

More than one in every two mothers has experienced violence, confirming GBV as a critical protection concern across all counties.

Types of Violence Experienced (Multiple Responses)

- Emotional/psychological violence: **47%**
- Intimate partner violence: **38%**
- Physical violence: **29%**
- Economic violence: **26%**
- Harmful cultural practices: **18%**
- Sexual violence: **14%**

Insight:

Emotional and economic violence are more prevalent than physical violence, yet are often less visible and less reported, requiring deliberate awareness and response mechanisms.

Help-Seeking Behaviour

- Sought help: **32%**
- Did not seek help: **68%**

Barriers to Seeking Help (Multiple Responses)

- Fear of stigma: **54%**
- Fear of retaliation: **41%**
- Financial dependence: **39%**
- Cultural or family pressure: **36%**
- Lack of information on where to report: **28%**



Insight:

Low help-seeking rates indicate systemic barriers, not lack of need. Survivors require safe, confidential, and community-based referral pathways.

4.5 Cross-Cutting Insights

- Economic insecurity significantly increases vulnerability to poor health outcomes and GBV.
- Mental health distress is widespread yet under-addressed across all counties.
- Rural mothers face additional barriers linked to culture, distance, and limited services.
- Challenges are interconnected, reinforcing the need for integrated, multi-sectoral programming.

10. Conclusions

The baseline survey demonstrates that mothers across Nairobi, Kiambu, Narok, Homa Bay, and Kilifi face complex, overlapping challenges that affect their wellbeing and that of their children. Addressing these challenges requires holistic, data-driven, and context-responsive programming.

11. Recommendations

1. Imarika Fund – Economic Empowerment & Livelihood Resilience

Survey Evidence

- 77% of mothers rely on informal or no income sources.
- 27% reported having no income at all.
- 84% stated that financial challenges severely or moderately affect their ability to care for their children.

Program Response

The Imarika Fund addresses economic vulnerability by strengthening mothers' income-generating capacity and financial resilience.

Key Interventions

- Skills development in entrepreneurship, agribusiness, and informal trade, tailored to county contexts.
- Seed capital, revolving funds, and savings groups (VSLA) for low-income mothers.

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- Financial literacy training covering budgeting, savings, debt management, and business sustainability.
- Market linkages and mentorship to support business growth.

Strategic Contribution

By improving income stability, Imarika Fund reduces economic stress, strengthens household resilience, and creates a foundation for improved health, safety, and psychosocial wellbeing.

2. Sauti ya Mama – Psychosocial Support, Healing & Voice

Survey Evidence

- **59%** of mothers reported mental health challenges, including stress, anxiety, and depression.
- Many mothers expressed social isolation, caregiving burden, and emotional distress linked to poverty and violence.

Program Response

Sauti ya Mama provides safe spaces for healing, expression, and collective support, recognizing mental health as a core wellbeing issue.

Key Interventions

- Mother-to-mother support groups and peer counseling sessions.
- Psychosocial support integrated into economic and health programs.
- Storytelling platforms (including the Sauti ya Mama podcast) to amplify mothers' voices and reduce stigma.
- Referral pathways to professional mental health and psychosocial services.

Strategic Contribution

The program strengthens emotional resilience, social support networks, and self-advocacy, enabling mothers to participate meaningfully in economic and community life.

3. Mwili wangu, Afya Yangu – Sexual & Reproductive Health and Maternal Wellbeing

Survey Evidence

- **53%** of mothers were unable to seek healthcare in the past 12 months due to cost or distance.
- **33%** reported maternal health complications.

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- **28%** reported reproductive health challenges.
- **26%** lacked access to family planning services.

Program Response

Mwili Wangu, Afya Yangu addresses gaps in SRHR and maternal health access through education, referrals, and community-based support.

Key Interventions

- Community SRHR education sessions covering family planning, maternal health, menopause, and reproductive conditions.
- Linkages and referrals to public and private health facilities.
- Support for transport or service access for low-income mothers.
- Integration of SRHR discussions into psychosocial and economic empowerment activities.

Strategic Contribution

By improving SRHR knowledge and access, this program enhances maternal health outcomes, informed decision-making, and long-term family wellbeing.

4. Pamoja Pulse – Community Intervention

Survey Evidence

- **55%** of mothers reported experiencing some form of violence.
- **68%** of survivors did not seek help due to stigma, fear, financial dependence, or lack of information.

Program Response

The Pamoja Pulse strengthens prevention, response, and survivor support systems at community level.

Key Interventions

- Community awareness and education on GBV, legal rights, and available services.
- Survivor-centered referral pathways to health, legal, psychosocial, and protection services.
- Training of community champions, volunteers, and service providers on GBV response and confidentiality.
- Integration of GBV screening and referrals into economic and health programs.



Strategic Contribution

The initiative enhances safety, dignity, and access to justice for mothers while reducing tolerance of violence at community level.

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