GENDER-BASED VIOLENCE: BEST PRACTICES IN PREVENTION AND REHABILITATION OF VICTIMS IN NAIROBI, KENYA

EMMA WAKARI KANG’ETHE
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A PROJECT PAPER SUBMITTED TO THE INSTITUTE OF ANTHROPOLOGY, GENDER AND AFRICAN STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF ARTS IN GENDER AND DEVELOPMENT STUDIES OF THE UNIVERSITY OF NAIROBI

OCTOBER 2010
DECLARATION

This project paper is my original work and has not been presented at the award of degree to any other university.

Signed........................................ Date........................................

Emma Wakari Kang’ethe

This Project Paper has been presented for examination with my approval as the university supervisor

Signed ........................................ Date ........................................

Prof. Simiyu Wandibba
DEDICATION

I wish to dedicate this project to all those that are working towards a society free of gender based violence.
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I also wish to thank the GBV service providers who selflessly offered their support during data collection and gave me an insight into and understanding of the work they are doing in gender based violence.

Finally, I offer my regards and blessings to my family and friends for their understanding and support to me in completing this project. Without the assistance of all those mentioned above, I would have faced many difficulties while doing this project paper.
The aim of this study was to document best practices among gender-based violence (GBV) service providers for victims and survivors in Nairobi. This was in the light of escalating cases of GBV despite the existence of a substantial number of service providers.

The main objective of the study was to document good practices and make concrete recommendations that could help design specific programmes to enhance service delivery to victims and survivors of GBV. Specifically, the research wanted to establish the initiatives involved in the prevention of GBV in Nairobi; to identify which of the practices used by these initiatives worked and which ones did not; and to suggest programmes that could be put in place to strengthen the fight against GBV in Kenya in general.

The researcher used a structured questionnaire as the main instrument of data collection. The collected data was analyzed using the Statistical Package for Social Sciences (SPSS) content analysis software. The findings are presented in tables of frequencies and percentages as well as graphs.

The study found that there is inadequate knowledge of the realities of GBV on the ground. This study also revealed that service delivery programmes are underfunded, and that the referral system for victims and survivors, and coordination among GBV service providers are weak. There was also laxity in law enforcement and lack of designed health responses to meet the needs of GBV victims and survivors.
The study, therefore, recommends that:

- Efforts be made at better coordination among GBV service providers.
- Statistics and data collection be improved and disaggregated by gender.
- Standardized processes and protocols for referral of victims be established.
- Livelihood support be integrated into gender-based violence services.
- Provision is made for ongoing training for and support to law enforcers.
- Formal justice system response be improved.
LIST OF ACRONYMS AND ABBREVIATIONS

AIDs  Acquired immune deficiency syndrome
AMWIK  Association of Media Women in Kenya
CDCC  Caribbean Development and Co-operation Committee
CIDA-GESP  Gender Equity Support Project
COVAW  Coalition of Violence Against Women
CRADLE  The Children’s Foundation
CREAW  Centre for Rights Education and Awareness
CSBC  Communication for Social and Behavior Change
CSOYA  Civil Society of the Year Award
ECLAC  Economic Commission for Latin America and the Caribbean
ECOSOC  UN Economic and Social Council
CEDAW  Committee on the Elimination of Discrimination Against Women
FAWE  Forum for African Women Educationist
FECCCLAHA  Fellowship of Christian Councils and Churches in the Great Lakes
          and Horn of Africa
FEMNET  African Women’s Development and Communication Network
FGC  Female Genital Cutting
FGM  Female Genital Mutilation
FIDA  International Federation of Women lawyers (Kenya)
GBV  Gender Based Violence
GCN  Girl Child Network
GTZ  German Technical Cooperation
GVRC  Gender Violence Recovery Centre
HIV  Human Immunodeficiency Virus
IDPs  Internally Displaced Persons
IRC  International Rescue Council
IWRAW  International Women’s Rights Action Watch
KDHS  Kenya Demographic and Health Survey
KNBS  Kenya National Bureau of Statistics
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<tr>
<th>Acronym</th>
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<tr>
<td>MAVA W</td>
<td>Men Against Violence Against Women</td>
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<td>MENGEN</td>
<td>Gender for Equality Now, Kenya</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>NGOs</td>
<td>Non Governmental Organizations</td>
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<td>PADVP</td>
<td>Partnership Domestic Violence Programme</td>
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<td>PWNA VAW</td>
<td>Pacific Women’s Network Against Violence Against Women</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SPSS</td>
<td>Statistical Package for Social Science</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNCSW</td>
<td>United Nations Commission on the Status of Women</td>
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<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>VAW</td>
<td>Violence Against Women</td>
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<td>WAVe</td>
<td>Women Against Violence</td>
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<td>WCC</td>
<td>Women Crisis Centre</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>WJEC</td>
<td>Western Judicial Education Centre</td>
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<td>YWCA</td>
<td>Young Women’s Christian Association – Kenya</td>
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CHAPTER ONE

BACKGROUND TO THE STUDY

1.1 Introduction

Gender-based violence (GBV) is an umbrella term for any harm perpetrated against a person's will, which results from power inequalities that are based on gender roles. This usually impacts more on women and girls than on men and boys. GBV highlights the relationship between women's subordinate status in society and their increased vulnerability to violence. Before the 1980s, victims of GBV suffered in silence, with little public recognition of their plight. However, as women's groups organized locally and internationally to demand attention to the physical, psychological, and economic abuse of women, gender-based violence against women has come to be recognized as a legitimate human rights issue and as a significant threat to the health and well-being of the victims (WHC, 2009).

According to the World Health Organisation (WHO, 2005), gender-based violence is more evident among women but nevertheless it is a major public health and human rights problem worldwide. Although one of the most pervasive yet under recognized human rights violation in the world with profound health problems that sap victims' energy, compromise their physical and mental health, and erode their self-esteem, it is perhaps the most challenging social evil to eradicate in society.
There are many studies which document the prevalence of gender-based violence and its serious effects on the victim. A recent multi-country study by the World Health Organization (WHO, 2002) confirms that GBV is widespread. The findings reveal that the vice affects significant proportions of girls and women across all groups and classes. The findings go on to show that 10% to over 69% of women worldwide report being hit or physically harmed by an intimate partner at some point in their lives and that nearly one in four women report sexual violence by an intimate partner in their lifetime. On the other hand, the WHO study reports that violent partners often keep women isolated from potential sources of help, and women may fear that disclosure of their situation will lead to retaliation against themselves or the children. Feelings of shame and self-blame and stigmatizing attitudes on the part of service providers, family and the community, have also been commonly cited in GBV studies as barriers to seeking help.

Despite the fact that there are a number of stereotypes about victims of gender-based violence, in reality it can happen to any woman, man, boy or girl. The World Health Organization (WHO, 2002) report also shows that globally one in every three women will be a victim of some form of abuse at some point in her life because of her gender. However, this violence is often not punished. One of the reasons is the general perception and acceptance of women’s subordinate status. Many laws and customary practices entrench women’s subordinate legal, social and economic statistics, including perpetual minority status for adult women, polygyny, virginity testing and female genital cutting (FGC).
Gender-based violence is a public health issue with poor mental and health outcomes for women. There are also consequences for children such as infant and child mortality, and low birth weight. In addition, often women are forced into sexual risk taking. GBV against women has a serious impact on their ability to participate with their peers in social and economic activities within their communities. Women who survive violence face rejection and suffer social stigma, as they are blamed for bringing it on themselves. The marginalization of such women drives them into poverty by preventing them from participating in educational and economic activities. Lack of education limits their employment opportunities while lack of income makes them more vulnerable to violence. Those in salaried employment may lose their jobs due to absenteeism resulting from the impact of violence or for fear that workmates may find out about it.

1.2 Statement of the Problem

Over the last few decades, gender-based violence advocacy groups in Kenya have been working to draw more attention to the physical, psychological, and sexual abuse of victims of GBV to stimulate action. For example, they have provided abused women with shelter, lobbied for legal reforms, and challenged the widespread attitudes and beliefs that support GBV, especially in relation to violence against women. Increasingly, these efforts are having results in that more victims, including the male, continue to “break the silence” on GBV.

However, although more organizations, service providers, and policy makers have recognized that GBV has serious adverse consequences and have started initiatives to
lessen the suffering for the victims, the problem of GBV has continued to escalate. One of the reasons for this trend is the fact that there is lack of sharing of best practices among GBV service delivery organizations due to the absence of documentation that can be made readily available to GBV practitioners and the society in general. This study took an inventory of existing methodologies, practices, and tools developed by service providers in GBV in Nairobi, in order to understand what is working well and how it is working towards prevention and enhancing the lives of victims of GBV.

In particular, the study sought to answer the following research questions:

Which initiatives are involved in the prevention of gender based violence in Nairobi?
Which of their practices work and which ones do not work?
What programmes could be put in place to enhance the fight against GBV?

1.3 Objective of the Study

The main objective of the study was to document good practices and make concrete recommendations that could help design specific programmes to enhance the role of service providers to victims of GBV.

Specifically, this research addressed the following research objectives:

- To establish the initiatives involved in the prevention of gender-based violence in Nairobi.
- To identify which of the practices used by these initiatives work and which ones do not.
- To suggest programmes that could be put in place to strengthen the fight against gender-based violence in Kenya.
1.4 Justification of the Study

In Kenya, recent data show that GBV continues to be an issue of concern that needs closer attention of service providers especially in regard to impact of delivery services to victims to GBV. According to the 2009 Kenya Demographic and Health Survey (KDHS) report 39% of married, divorced or separated women aged 15-49 reported that they had been physically or sexually violated by their husbands or partners, while 32 % reported that they were victims of such violence in the year preceding the survey. Fifteen per cent of women reported that they have ever been sexually abused, while 13 % were abused in the past year. The results further show that older women are more likely than younger women to report having ever been beaten, or sexually assaulted. Rural women were also reported more likely than urban women to be victims of physical or sexual violence in marriage (KNBS and ICF Macro 2010).

Throughout the 1990s and 2000s, gender- based violence has gained public attention in Kenya and efforts have increased to improve services to meet the needs of victims. Numerous international, national and grassroots organizations continue to play a pivotal role in the GBV advocacy process, demanding expanded legal protection and offering direct services to victims. Among the services in these networks are hotlines, shelters, support groups, individual and group therapy, legal advocacy, social service referral and advocacy, services for people, including children exposed to domestic violence, safe shelters and job training. However despite this, and as shown in the statistics above, GBV continues to claim more victims in its wake.
Attention to GBV has been witnessed in the upward growth in the number of GBV programmes offering delivery services in Kenya. However, little research has been done to address their impact on GBV victims which is crucial if we are to learn how best to serve them and whether, any current practices have unintended negative consequences. Nor are there any researches documenting best practices that if shared amongst practitioners of GBV could help them come up with a coordinated approach to GBV delivery. In Kenya little is known about victim service programmes and how they affect their lives. These limitations of the existing literature signal a clear need to assess existing GBV programmes on victims’ outcomes and share this information to enhance service delivery to victims of GBV. In addition, it is important to understand how coordinated responses may affect victims’ outcomes.

1.5 Scope and Limitations of the Study

This study focused on practices used by initiatives involved in the prevention of GBV in Nairobi. The research largely relied on analysis of documented information and interviews with GBV practitioners. There was fear that the identified documents would not sufficiently meet the objectives set out nor answer the questions posed. This was more so given the fact that there is very little research that has been done regarding the best practices in GBV prevention. In addition, GBV is still regarded as a private and sensitive issue in Kenya and this might have hindered respondents from giving crucial information that would have made this research attain its stated objectives. The use of interviews helped in ensuring that the objectives were made.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Gender based violence is violence that is directed at individuals on the basis of their gender, with women and girls making up the vast majority of the victims, though boys and men can also be the targets (Berman et al., 2004). It is indiscriminate, cutting across racial, ethnic, class, age, and economic, religious, and cultural divide (ibid). The international community, regional bodies and national governments have in recent years affirmed their commitment to eliminating gender based violence (Chinkin, 2000).

It has been recognized as a human rights issue and as essential for the empowerment of women and for the poverty eradication and equitable, sustainable development (Coomaraswamy, 2003). Significant efforts have been made to update legal frameworks and initiate law reforms. A number of countries have adopted integrated approaches to tackle gender based violence and there are numerous examples of initiatives undertaken to provide services to gender based violence victims worldwide. These initiatives consist of such areas as regional co-operation, public education, and gender awareness training for the police and the judiciary (Berman et al., 2004).
Gender based violence is a deeply pervasive practice in Kenyan society. There are a number of factors that cause gender based violence especially against women and girls. At the root, however, is the implicit and explicit discrimination against women and girls: cultural and religious arrangements; social development processes; access to economic resources; the family and community settings; decision making; national legislation and the justice system (ActionAid. 2010).

According to the ActionAid 2010 report, social perceptions among men and women regarding violence reveal a society in which women rights are unacknowledged, thereby creating an environment for these violations to occur with impunity. According to the 2009 KDHS report thirty-nine per cent of married, divorced or separated women aged 15-49 reported that they had been physically or sexually violated by their husbands or partners, while 32 per cent reported that they were victims of such violence in the year preceding the survey. Fifteen per cent of women reported that they have ever been sexually abused, while 13% had been abused in the past year. The results further show that older women are more likely than younger women to report having ever been beaten, or sexually assaulted. Rural women were also reported more likely than urban women to be victims of physical or sexual violence in marriage (KNBS and ICF Macro 2010). According to a CARE (2006) study, 43% of women and 35% of male respondents advocating for FGM said that it was important to safeguard a girl’s prospect for marriage.
Statistics go on to show that over 75% of the perpetrators of sexual violence against children are relatives. The youngest survivor of sexual violence treated at the Gender Violence Recovery Centre (GVRC) in Nairobi was a baby girl aged one and half months raped by a male relative in December 2006 (ActionAid, 2010).

Police statistics on sexual violence show that in 2008 there were 2,584 reported cases of defilement and rape (Kenya Police website http://www.kenyapolice.go.ke). However, many cases still go unreported. According to a 2008 report by the Federation of Women Lawyers of Kenya, almost 75% of women they surveyed reported being abused. Since its set-up in 2001, GVRC reports that it has treated 6,300 women, girl and boy survivors of rape and other forms of sexual assault (ActionAid 2010). Between 2002 and 2005 the Centre treated 1,466 adult survivors of rape and 965 child survivors. Overall, 96% of survivors treated were women and girls. The Action Aid study goes on to say that these figures do not reflect even a tip of the real extent of sexual violence being perpetrated against women and girls.

A recent report by UNICEF (2004) revealed that at the Kenyan coast between 200 and 3000 girls have been lured into transactional sex. Over 50% of the girls engaged in transactional sex at the coast started at the age 12 or 13. The study revealed the deep collusion of hotel workers, bar attendants and parents which enables girls to engage in sex for money with tourists and Kenyans.
The preliminary findings of an Inter-Agency Rapid iGBV assessment led by UNFPA and including GBV experts from UNICEF, UNIFEM, and the Christian Children’s Fund (initiated in mid-January 2008 in selected sites in North Rift Valley, South Rift Valley, the Coastal Region, Nairobi and Central Province) confirmed initial reports from Nairobi-based hospitals that sexual violence was an integral component of the post-election violence that began on 30 December, 2007. And yet, the actual extent of rapes committed is difficult to determine. Service-delivery statistics from the Nairobi Women’s Hospital and the Coast General Hospital gave some indication of the scope of the problem in those settings: both hospitals reported an upsurge in the numbers of women and children seeking treatment for rape since late December 2007 (Inter-Agency Rapid iGBV, 2008).

At Nairobi Women’s Hospital alone, over 300 women and children sought treatment for sexual assault in the first six weeks of the crisis (Inter-Agency Rapid iGBV, 2008). According to the Inter-Agency Rapid iGBV assessment report it was difficult to gauge the number of cases of GBV that had been reported. The report also points out that even if this information was to be available from the Kenya Police, there is bound to be a low number of reported cases due to the obstacles that surround survivors of sexual violence. Women who were interviewed suggested that even if a woman was raped, there would be significant impediments to disclosing the assault (ibid).

In Burnt Forest in the Kenya rift valley, women thought it highly unlikely that a survivor would report an incident because reporting would not be viewed as a priority.
compared to other immediate concerns such as security, food, and caring for children, “in a crisis like this, your first thought is to care for your children, get settled down, you don’t even think to report…you are trying to figure out how to live” (Ibid). In Eldoret, a female camp management representative who relayed that there were significant numbers of rapes of women displaced from Kapsabet to Eldoret explained that women who tried to report were told by the Kapsabet Police, “this is an emergency situation and this is not the time to think about these issues” (Ibid)

2.3 Attitude to Gender Based Violence

Studies suggest that norms about gender and the acceptability of violence greatly influence the prevalence of GBV. For example, in various countries, data show that men and women believe that husbands are justified in beating their wives if they disobey them and/or refuse sex (Kishor and Johnson, 2004). Even in settings without such open support for violence against women, society often blames and stigmatizes women rather than male perpetrators of physical and sexual violence (USAID, 2006).

Community mobilization strategies offer promising ways to prevent GBV by changing community norms about gender and the acceptability of violence (Counts et al., 1999). Community mobilization strategies also offer an important way to improve the community response to gender-based violence once it occurs. First, in many countries, violence within the family is considered a private affair in which outsiders should not intervene (Ibid). These norms prevent service providers from offering appropriate
assistance to survivors; they also prevent women from seeking help from family, friends, and other community members (USAID, 2006).

A second reason why community mobilization is essential for improving the response to violence is that service providing organizations need to collaborate with one another and with the broader community to ensure that referral networks are in place and that women can access a range of services of adequate quality, such as emergency shelter, medical care, counselling, police protection, and economic assistance (UNIFEM, 2003).

According to USAID (2006) community based mobilization programmes support initiatives that integrate community mobilization around GBV into existing health and development programmes. Because women’s vulnerability to violence is often tied to their broader social, economic, and political status, programmes that work on women’s health and empowerment have the potential to contribute to the prevention of GBV, or at least to improving the community response to GBV (Drezin, 2001).

Community based mobilization programmes should seek to support initiatives that seek to reduce tolerance for GBV at the community level by working with boys and men (Coomaraswamy, 2003). Drezin (2001) asserts that evidence suggests that one of the most promising ways to reduce communities’ tolerance for GBV is to promote nonviolence and gender equitable norms among boys and men. Promising initiatives in this area such as “Men as Partners”, “Raising Voices”, and “Stepping Stones”, all profiled in Guedes (2004) point to several lessons learned (Kishor, & Johnson, 2004). For
example, changing norms may be easier among boys and young men when such norms are not as deeply set (USAID, 2006). Second, programmes appear to have more success when they emphasize positive benefits of gender equity rather than relying solely on shame and other negative messages. Some small-scale community mobilization programmes have reported success at changing the behavior of violent men through social sanctions from the community (UNIFEM, 2003).

Community mobilization programmes are more likely to be effective when they reach out to all parts of the community (women, men, youth, and children), as well as different community organizations such as village health councils, religious and traditional leaders, sports groups, police, schools, NGOs, faith-based organizations, etc. (Chinkin, 2000). Rather than imposing solutions from the outside, programmes can work with communities to understand the patterns and consequences of violence against women and develop their own strategies for preventing and responding to GBV (Counts et al. 1999).

Communication for social and behaviour change (CSBC) encompasses a range of mass media as well as interpersonal communication strategies such as radio, television, community theatre, workshops, magazines, awareness campaigns, posters, flyers, and pamphlets (Drezin, 2001). Many health programmes have successfully used CSBC to address other public health issues, and the women's movement has a long history of using communication strategies to address gender-based violence (Drezin, 2001; Drezin; Lloyd- Laney, 2003).
Moreover, because GBV is closely linked to other health issues, evidence suggests that many existing health communication campaigns could be more effective if they integrated attention to GBV into their work, especially those working in the area of prevention of unintended pregnancies, and HIV transmission (Drezin & Lloyd-Laney, 2003). Finally, communications work is also an important part of other strategies used to address GBV, including advocacy with decision makers, sensitization and training of providers, and community mobilization strategies (UNFPA, 1999).

Healthcare organizations, particularly those working in the field of sexual and reproductive health, cannot provide the highest quality healthcare to women unless they make a commitment to the needs and safety of victims who experience GBV (WHO, 2000). Moreover, health programmes that overlook the implications of sexual violence and intimate partner violence among their clients may inadvertently put women and girls at risk of additional violence, for example, by paying insufficient attention to confidentiality (Ellsber et al., 2001). The main role of health services is to provide for the needs of women who have been affected by GBV and to assist them in avoiding additional exposure to violence (Bottet et al., 2005).

While primary prevention (preventing violence before it begins) is equally important as treatment, the other approaches described in this document (community mobilization and CSBC) may be better placed to tackle GBV prevention (ibid). Health service delivery adopts a “systems approach” to improving the health service response to GBV.
Many healthcare organizations have tried to address violence by offering a single training for providers or by implementing a single policy change (e.g., requiring providers to ask women about violence). Programme evaluations suggest that these limited efforts often fail to improve the healthcare response or fail to produce long-term, sustainable change (Ellsberg et al., 2001). Moreover, according to WHO (2000), in resource poor settings where legal systems are weak and referral services do not exist in the community, half-hearted measures may do more harm than good.

A growing body of evidence indicates that the most effective way to improve the quality of healthcare for survivors of violence is to make changes throughout a healthcare organization, a strategy called a “systems approach” (Heise et al., 1999). The idea behind the systems approach is that gender-based violence has implications for every aspect of health services, from the physical infrastructure of the clinic (e.g. whether consultation rooms are private), to patient flow, staff support, supervision and training, and referral networks.

The health sector has enormous potential to influence GBV related laws and policies. Policymakers and other segments of society who might not be swayed by arguments of women’s rights advocates may be motivated to change criminal and civil legal codes if health professionals can demonstrate that GBV is a serious cause of morbidity and mortality among women and children (Berman et al., 2004). Moreover, many laws and policies directly or indirectly affect the ability of health professionals to address GBV in their daily practice (Drezin, 2001).
Expanding the knowledge base about the magnitude, patterns, and consequences of GBV as well as about promising interventions can be a powerful way to convince policymakers that violence against women is a serious public health problem in their community (Drezin, 2001). In many settings, more research is needed; in other settings, evidence exists but has not been adequately shared with policymakers. Priority topics may include research or analysis of data on: The prevalence and patterns of different types of violence against women; the consequences of GBV and the help-seeking behaviours of women and girls who experience GBV; situation analyses documenting weaknesses and strengths of existing public policies; and evaluation of promising interventions and newly implemented public policies and programmes (ibid).

Sexual and reproductive health programmes need to address gender equitable norms, power imbalances within relationships, nonviolence, and negotiation skills among both girls and boys (Chinkin, 2000). In particular, programmes should be sensitive to girls’ limited power in cross generational sexual relationships and to the conditions that propel them to engage in transactional sex (Ellsber, et al., 2001). Because gender based violence is a learned behaviour, targeting boys and male youth provides an opportunity to influence male attitudes and behaviours before they become deeply ingrained (Ellsber et al., 2001). According to Kishor et al. (2004), one promising strategy is to promote models of behaviour and relationships that highlight the positive benefits of gender equity for both men and women. Programmes to empower girls by improving self-esteem, negotiating ability, and other skills offer another way to prevent gender based violence.
and to give young women the resources they need to seek help when violence occurs (UNFPA, 1999). These programmes may include “life-skills” curriculum, sex education that includes negotiation skills training, or programmes aimed at providing income-generating skills and opportunities.

Armed conflict and natural disasters (such as hurricanes and tsunamis) increase the risk of physical and sexual violence against women and girls by eroding the legal and social structures in society that normally act as a protective factor for girls and women and by increasing stress and social disruption. Sexual violence, including rape and sexual abuse and exploitation, has long accompanied armed conflict, and has been widely used as an organized weapon of war in settings such as the former Yugoslavia, Rwanda, and Chechnya (Human Rights Watch, 2004; IRC, 2004). To ensure that humanitarian organizations comply with international guidelines regarding GBV, they should be familiar with and should agree to comply with international guidelines and codes of conduct as described in key documents from the United Nations Secretary General and the Inter-Agency Standing Committee (UNHCR, 2003; IASC, 2005).

Donors and humanitarian organizations need to address gender-based violence within all areas of their work. Programmes should target, for example, a) measures to protect women’s safety and rights; b) actions for addressing violations of women’s rights; and c) services to meet the needs of girls and women who experience gender-based violence (IRC, 2004). Programmes should develop an approach that addresses at least
one of the above mentioned levels of GBV programming in a context-appropriate manner.

According to Chinkin (2000), donors have funded a large and growing number of programmes aimed at preventing and responding to gender-based violence in developing countries. Unfortunately, few have been rigorously evaluated (Drezin, 2001). Berman et al. (2004) assert that the implementation of sound monitoring and evaluation (M&E) techniques will help the development field as a whole identify the most effective programmatic approaches that are most worthy of replication and scale-up. Therefore, investment is needed to build a stronger evidence base to allow informed decisions about GBV programming and to ensure that the health and safety of girls and women are protected throughout health sector programming more generally (Warshaw & Ganley, 1998).

According to Warshaw and Ganley (1998), GBV programmes require a strong M&E component. Too often, programmes are designed and implemented with M&E only as an afterthought. Regardless of the type of GBV intervention, programmes should be required to incorporate the following into their work before they begin a new project: Identify results-oriented objectives. Programme objectives should explicitly state intended results and should capture what it would mean to achieve success even at the intermediate level. This would ensure comparable baseline and follow up data collection. Instead of relying only on needs assessments or situation analyses, programmes should also devote resources to gathering baseline data that can be used to measure quantitative
indicators of change over time and include data collection on the perspectives of women and/or GBV survivors as part of the evaluation plan.

Depending on the type of programme, gathering data on women’s own perspectives and, when possible, the perspectives of GBV survivors is an essential way to understand the quality and effectiveness of any GBV intervention. Organizations should devote a significant portion of the budget to monitoring and evaluation. High quality evaluation costs money, and programmers often hesitate to divert scarce programme funding to evaluation.

2.4 Factors Working Against Combating GBV

Despite their obligations under international and national laws, states are still failing to protect victims of GBV and many cases of violence continue to be widely tolerated and go unpunished by authorities. In many countries, the justice system merely perpetuates not only the systemic inequalities between women and men in wider society, but also inequalities with regard to class, ethnicity, and race (Ceri Hayes et al., 2007). A ground-breaking study by WHO (2006) found that violence against women is worse in Peru than in countries with lower economic development such as Ethiopia, Bangladesh, and Namibia and stated that a corrupt legal system was partly to blame, with just a tiny proportion of those men responsible for sexual violence being sentenced (Garcia-Moreno et al., 2006).
2.5 National Policy and Institutional and Legal Frameworks

Where supportive laws do not exist, laws and policies to address VAW/GBV should be put in place, effectively implemented and monitored. In situations where supportive laws exist they must be disseminated and enforced. Outdated laws need to be reviewed. National policy and institutional and legal frameworks are still often inadequate, and co-ordination among different parts of the government is lacking (Drezin and Lloyd-Lancey, 2003). Women’s human rights have not been fully realized due to non- harmonization of laws, lack of domestication of international treaties and the absence of a human rights framework for planning and programming. Stakeholders’ interventions remain fragmented, poorly coordinated and isolated.

According to UNIFEM (2003), only 17 nations have distinct legislation referring to sexual assault, while as few as three have legislation that specifically addresses violence against women as a category of criminal activity in itself. Laws tend to focus on domestic violence and rape and do not deal with other violence such as sexual harassment, and traditional practices such as FGM. Moreover, many countries do not recognize spousal rape in domestic violence laws, and those that do not have laws against it often provide exemptions (Berman et al., 2004). Civil laws that may appear to have to do with violence may also limit women’s ability to protect themselves and to leave violent situations. Discriminatory laws on inheritance and the ownership of property also mean that women lack the economic ability to leave abusive relationships (ibid). There is a tendency in some countries to require mediation or other forms of alternative dispute
resolution for family law matters, leaving women open to further abuse. Laws against trafficking may punish women for being illegal immigrants rather than prosecuting the traffickers (ibid).

2.6 Law Enforcement

Criminal law is not enforced effectively and is therefore limited as a deterrent. Where women are offered no protection by the state, they are frequently afraid to bring changes. The majority of violence against women are thus not reported; however for those cases that are reported, often they do not result in successful prosecutions (Kishor, 2004). Law enforcement officers, medical officers and judicial personnel can be insensitive to the needs of threatened and abused women and children (WHO, 2000). Despite the prevalence of violence against women, research from many countries has shown that GBV tends to be treated less seriously by the police than crimes against men or property. Victims of GBV may face further abuse in the judicial system due to a continuing tendency to think that women call sexual abuse or harassment on themselves by the way they dress or act (UNIFEM, 2003).

2.7 Women's Knowledge of and Access to the Law

Laws are of limited use if women do not know that they exist or are unable to take advantage of them. Due to economic, religious, social and cultural constraints, women's legal literacy and consciousness about their rights is generally low in developing countries, particularly among rural women (Population Council, 2008). Without access to
legal information or legal aid, women may stay in abusive relationships or fail to apply for protection orders or maintenance for their children (ibid).

A study in the Eastern Caribbean found that applicants and respondents in domestic violence matters were generally under represented by lawyers, who did not consider such cases financially viable (Berman et al., 2004). A lack of legal assistance has a marked effect on success in court, and the personal and financial consequences for women can be far reaching.

2.8 Human and Financial Resources

Support for programmes addressing GBV is limited. There are serious gaps in service provision, particularly for the victims of rape and other sexual violence, and services are not widespread enough to cover rural communities (Berman et al., 2004). Those services that do not exist are handicapped by a chronic shortage of human and financial resources. Governments have largely depended on women’s groups and other NGOs for the provision of services and programmes, yet NGOs in many countries do not receive financial support from governments (Drezin, 2001). In addition, NGOs often depend on donors, which threatens the viability and sustainability of their programmes. There is inadequate participation by women in the formulation of policies, strategies, and activities designed to ensure their economic empowerment (ActionAid, 2010). Capacity and information to engage the political leadership, as well as to support structures for women in power, are inadequate.
Economic empowerment is still the single most important intervention for changing the status of women (Coomaraswamy, 2003). In a state of poverty women cannot afford to take the risks of rattling the cage that is their safety net. This is why harmful traditional practices such as early marriages are still prevalent in the poorest communities (Chinkin, 2000). Poverty reduction strategies should include programmes to address the special needs of all women to economically empower them (Bott et al., 2005). Women’s empowerment has to go beyond micro-finance to include skills development, ownership of land and other productive resources including finance, access to markets, removal of market barriers and trade, value-addition and processing, facilitating movement of women traders with their goods and services – within and between countries.

2.9 Traditional Norms, Beliefs, Practices and Attitudes

Despite the many efforts that have been employed to combat GBV, negative customary norms persist in contradiction to the provisions of CEDAW and UN basic human rights. One of the biggest challenges is attitudinal change on the part of communities that hold on to cultural practices that form violence to girls and women such as early marriage or wife beating (Coomaraswamy, 2003).

Governments have a major responsibility to spearhead attitudinal change towards culture and traditions that foster subordination of women by men, gender discrimination and practices that are harmful to the health and welfare of women and girls (Ellsber et al., 2001). Public awareness campaigns on the value of girl children, through public
education, promoting equal treatment of girls and boys is critical. Respect for girls and women must be instilled in boys from early age. Male responsibilities in the family life must be included in the education of children from the earliest age with special emphasis on the prevention of violence against women and children. Sensitization and awareness creation should be done especially through community leaders such as traditional and religious leaders on the importance of valuing each other’s rights (ibid).

In a statement to the 2001 session of the UN Commission on Human Rights, the Asian Legal Resource Centre noted that progress to stop violence against women in Asian countries was seriously hampered by governments’ failure to recognize that cultural values and traditional patterns had not changed (UNIFEM, 2003). Customs and traditions may lead to a high level of acceptance of and justification for GBV, particularly that occurring at home. Women as well as men often perpetuate stereotypical gender roles and adhere to a belief in women’s inferiority (ibid).

Practices such as early marriage and FGM that attempt to control women’s sexuality may continue even if formally legislated against. Judges in many countries in Sub-Saharan Africa continue to apply discriminatory customary laws with regard to women’s inheritance or ownership of property despite law reforms that give women equal rights. Traditional systems of conflict reconciliation, such as Bulubulu in Fiji Islands may be used to protect the honour of perpetrators of crimes rather than to bring justice for female victims (ibid).
Here in Kenya during the 2008 post election violence, a focus group in Kuresoi expressed fear of abandonment by family members or other forms of stigma which discouraged women from telling anyone about cases of rape. Those providing humanitarian response repeatedly echoed women’s claims about the veil of silence surrounding sexual violence. A pastor assisting internally displace persons (IDPs) in his church in Munyaka, Eldoret, noted that there were threats of sexual harassment and rape during displacement, "but here for someone to say that they have been raped would be really difficult" (Inter-Agency Rapid iGBV, 2008)

2.10 Inadequate Data

A major obstacle in the search for solutions to violence against women has been the lack of reliable data on the root causes, magnitude and consequences of the problem (Berman et al., 2004). Countries will not be able to eliminate GBV until they identify the true incidences and causes of type of GBV that are most prevalent in their own society. It is currently difficult to compare data between countries because statistics are not collected in a standardized way. Countries may look at different populations, and abusive acts are differently defined and, or considered crimes in some countries but not others (ibid). Police records may include GBV under a general heading such as assault, making it difficult to extract the number of incidences involving women.

In addition, sexual crimes tend to be under-reported making it difficult to come up with accurate figures. While women’s groups may be able to collect more data, UNIFEM (2003) points out that few of them have the means to provide the level of statistical
evidence that is needed to build a valid record. There is lack of accurate and comparable
data on gender violence that is essential for monitoring and policy-making purposes. The
availability of data on gender-based violence is a cornerstone to formulating a strategy
and a holistic approach towards addressing the vise (Population Council, 2008).

2.11 Programmes and Social Networks supporting GBV Survivors

There is a wide range of interventions and programmes responding to violence
against women and girls. These are primarily run by women’s rights civil society
organizations and child rights NGOs. Several countries have developed integrated
approaches to combat GBV (Counts et al., 1999).

The Partnership Against Domestic Violence Programme (PADVP) is a
collaborative effort between the Australian Government and the State and Territories, and
the business sector, NGOs and the community (Drezin, 2001). The key projects include:
community development education campaigns; national competency standards for
workers dealing with domestic violence; prevention workshops for young people; a
clearing house for information and best practices; and perpetrators programme.

Although NGOs are the foremost providers of shelter to the victims of violence,
Project Haven in the Philippines shows how governments and NGOs can pool their
resources to respond to the needs of victims and survivors (Drezin, 2001). The project is
hospital-based and offers medical services, crisis intervention and healing, referrals,
education and training, research and documentation of women victims of violence. The
Women Crisis Center (WCC) trains hospital staff on gender sensitive handling of survivors and provides the psycho-social component and referrals to other agencies and institutions (Kishor, 2004).

Similarly, Malaysia’s Women Against Violence (WAVe) programme was launched at the federal and state levels. The Ministry of Women and Family Development co-ordinates the initiative and fosters co-operation between government agencies, NGOs and the private sector. In this programme training of volunteers is conducted in collaboration with NGOs and includes management of domestic violence, rape and sexual harassment cases by hospitals, polices and the welfare department (USAID, 2006). In Papua New Guinea, the Family and Sexual Violence Action Committee (FSAC) meets on a regular basis to review progress and identify ways forward. Its members come from government agencies, the private sector, NGOs, community groups and donor agencies (Chinkin, 2000).

2.12 Regional Co-operation and Agreements Programmes

The member States of the Southern African Development Community (SADC) agreed to the declaration on gender and development on the prevention and eradication of violence against women and children (Kishor, 2004). This programme commits the member states to take urgent measures to prevent and address violence against women and children through legal, social, economic, cultural, and political means and to adopt legally binding instruments to ensure that these commitments are translated into action (Kishor, 2004).
Governments of the Pacific region have adopted the Pacific Platform for Action, which identifies violence against women as a critical area of concern. At the NGO level, the Pacific Women’s Network Against Violence Against Women (PWNAVAW) has played a key role in developing the skills and organizational capacity of NGOs working to end violence against women across the region (Chinkin, 2000). With 23 members in ten countries, it provides an important mechanism for sharing successful approaches and strategizing to overcome resistance and constraints in work to end violence against women.

2.13 Legal Programmes

National courts are increasingly looking to international norms for the purpose of deciding cases, where the domestic law—whether constitutional, statute or common is uncertain or incomplete. In 1999 the Supreme Court of India stated that international instruments—CEDAW, the International Convention on Economic, Social and Cultural Rights cast an obligation on the Indian State to gender sensitize its laws, and the courts are under obligation to see that the message of international instruments is not allowed to be drowned (Warshaw and Ganley, 1998).

In East Africa, the International Women Judges Federation (IWJD) has been working with Universities and Judiciaries to promote the use of international human rights instruments in national settings. In Kenya programmes such as FIDA, CREAW,
COVAW, and CRADLE offer free legal aid to survivors of violence, and also provides public interest litigation, and mediation (ActionAid, 2010).

2.14 Gender Awareness Training for Judicial Programmes

Gender Judges and Equality is a regional project in Asia that was conceived and initiated by Sakshi, an NGO in New Delhi. Workshops are held to sensitize senior members of the judiciary to women’s issues and help them view matters from a woman’s perspective (Drezin, 2001). The strategy of the programme is to allow judges exchange views and points of law as well as initiate debates with their peers on issues related to violence against women.

In Jamaica, programmes have been established to sensitize justice system personnel- including judges, police, clerks of the court, lawyers, probation officers, and social workers- to a gender perspective (Berman et al., 2004). In Canada, the Western Judicial Education Centre (WJEC) organizes continuing education programmes for judges from the west and northwest. While a key element is peer leadership, other interested people including women and members of racial minorities, can participate in the programmes (Berman et al., 2004).

2.15 Men’s Initiative Programmes

In Malawi, the Network on Violence Against Women and the Malawi Human Rights Resource Centre (MHRRC), which co-ordinate non-governmental activities within the country, hold an annual men to men symposium that gets more men to be
involved in the issue of gender-based violence (Coomaraswamy, 2003). UNIFEM’s end violence campaign encourages men to demonstrate against violence in Kenya and South Africa, and has helped to increase the involvement of men worldwide in the White Ribbon Campaign working to ends men’s violence against women (Chinkin, 2000).

Other programmes led by men include Men Against Abuse and Violence in Mumbai, India, focused on ending domestic violence, and Men Against Violence Against Women (MAVAW) in Trinidad and Tobago, which runs community based programmes and produces leaflets on anger management and bumper stickers against battering. Men for Gender Equality (MGE), started as a network for men working against gender-based violence in various African countries, and is hosted by FEMNET, a regional women’s communication network. The Kenyan programme has since transformed into an organization that works to change the attitudes of fellow men regarding violence against women as a means to reducing vulnerability to HIV for both women and men (Action Aid, 2010).

2.16 Monitoring and Indicators Programmes

The Third Ministerial Meeting on Women, convened by the Economic Commission for Latin America and the Caribbean (ECLAC) and the Caribbean Development and Co-operation Committee (CDCC) identified the need for ongoing review, monitoring and implementation of legislation to counteract and eradicate violence against women (Kishor, 2004). International Women’s Rights Action Watch (IWRAW) an Asia Pacific NGO, has developed a framework to monitor government’s
implementation of CEDAW. The Asia Pacific Research and Resource Centre for Women (ARROW) has developed a framework of indicators for monitoring violence against women (Ellsber, 2001).

In Bangladesh, the NGO Naripokkho monitors the incidence of violence against women in the country through scanning national newspapers, collecting nationwide information on reported cases from police Headquarters, and from reports from members of Naripokkho’s network. In addition 22 police stations in Dhaka Metropolitan Area, two public hospitals and the special court trying cases under the repression of women act are monitored regularly on handling of cases of violence against women (UNIFEM, 2003).

2.17 Data Programmes

In order to collect data on violence against women, the World Health Organisation (WHO) started a multi-country programme on women’s health and domestic violence against women in 1997 (UNFPA, 1999). The aims of the programmes include: obtaining reliable estimates of the prevalence of violence against women in different countries in a standardized manner that allows for inter-country comparisons; and using the findings nationally and internationally to advocate for an increased response to gender-based violence (Drezin, 2001).

The programme teams co-operate with research institutions, ministries of health, other government entities and NGOs. As of 2003, data collection had been completed in Bangladesh, Brazil, Nambia, Peru, Samoa, Tanzania, and Thailand. The Economic
Commission for Latin America and the Caribbean (ECLAC) is also working on a gender statistics and indicators model to measure the incidence of and trends in violence against women (Coomaraswamy, 2003).

2.1.17 Conceptual Framework

This study was guided by model shown in figure 1.2. According to his model most of the challenges revolve around; inadequate data, traditional norms, beliefs, practices and attitudes, human and financial resources, women’s knowledge and access to the law, law enforcement, and constraints in the national policy and institutional and legal frameworks. However many public and private institutions worldwide have come up with best practices and programmes to ensure that the fight against GBV is not hampered. Most organizations have adopted best practices such as community mobilization programmes, communication for social and behaviour change practices, health service delivery practices, health policy practices, youth programmes, humanitarian practices, and monitoring and evaluation. When these best practices are adopted to counter the challenges in GBV there is going to develop a good framework for prevention and rehabilitation of GBV victims in Kenya.
GBV Challenges
- Legislation, regulation, and reinforcement
- Law Enforcement
- Lack of knowledge and access to the law by women
- Lack of adequate human and financial resources
- Traditional norms, beliefs, attitudes and practices
- Lack of Data

GBV Best Practices
- Community mobilization Programmes
- Communication for social and behavior change practices
- Health service delivery practices
- Health policy practices
- Youth Programs
- Humanitarian practices
- Monitoring and evaluation

Prevention and Rehabilitation of GBV victims in Kenya

Figure 1.2
2.19 Hypotheses

1. In Kenya, many women, men, boys and girls are victims of GBV, and that GBV service delivery to address their socioeconomic, physical, legal, and psychological needs can be useful.

2. GBV delivery services are insufficient due to inadequate sharing of information and best practices

3. A research of GBV service delivery among practitioners can mitigate the barriers to collaboration and coordination on GBV activities and improve services.
CHAPTER THREE

METHODOLOGY

3.1 Research Site

This research was conducted in Nairobi County (Map 3.1). Nairobi County is where the capital city of Kenya. The County is made up of seven constituencies, namely, Langata, Dagoretti, Kasarani, Starehe, Makadara, Kamukunji, and Westlands constituency. It borders by Kiambu County to the north, Machakos County to the east, and Narok County to the south.

Founded in 1899 as a simple rail depot on the railway linking Mombasa to Uganda, the town quickly grew to become the capital of British East Africa in 1907 and eventually the capital of a free Kenyan republic in 1963. During Kenya's colonial period, the city became a centre for the colony's coffee, tea and sisal. Nairobi is the most populous city in East Africa, with a current estimated population of 3,138,369 (KNBS and ICF Macro, 2010)
3.2 NGOs in Nairobi

Nairobi is home to many companies and organizations, including the United Nations Environment Programme and the UN Office in Africa. NGOs have a long history in Kenya. According to statistics from the Kenya NGO Coordinating Board, in the last 20 years there has been an explosive growth in their numbers. In 1993 there were 250 NGOs registered with the NGO Council of Kenya. In ten years this figure multiplied by almost a factor of 10 to 2,232 (NGO Council Directory 2005). This was mainly due
to donor frustration in the early 1990s at government corruption which resulted in the channeling of funds directly to NGOs and civil society organizations in order to promote the New Policy Agenda of democratization and good governance. This shift directly to NGO funding resulted in the mushrooming of NGOs and civil society organizations.

Currently in Kenya, NGOs work across forty-eight sectors including health accounting for 15% of all stated sectors; education 13%, environment 8.8%, relief/welfare 13% and water 5.9%. Human Rights and minority groups including women’s rights, children and disabled people account for 6.85% of all activity (NGO Council, 2005). In Nairobi alone there are over 2,000 NGOs, with about 100 of them working in gender and empowerment sector (NGO Council. 2010)

3.3 Economic Activities

Nairobi province is the business hub of Kenya. The province boosts of various economic establishments ranging from Government parastatals, non-governmental organizations, small micro and medium enterprises, to corporate establishments.

3.4 Study Design

The study design of the study was to a large extent aimed at collecting qualitative data. The researcher investigated the activities of 15 NGOs involved in GBV work and factors affecting coordination and collaboration among actors involved in current GBV service delivery in Nairobi. Each question was also designed to uncover NGO activities
and current collaboration and coordination efforts. Prior to the field assessment, the questionnaires were developed and revised several times with the input of the Supervisor.

The study adopted descriptive survey study design, where the researcher distributed questionnaires to various NGOs which were selected through random sampling. The filled questionnaires were then picked from the NGOs for analysis. The findings are presented in graphs.

3.5 Study Population and Unit of Analysis

The study population consisted of 100 direct GBV service providers located in Nairobi. The unit of analysis was the individual GBV provider, but the respondent was the head of the programmes in the organization.

3.6 Sample Size and Sampling Strategy

The study sample consisted of 20 NGOs which were sampled using the simple random sampling strategy. The 100 NGOs identified were listed down on a piece paper and every 6th NGO was picked until the desired sample was attained.

3.7 Methods of Data Collection

The researcher used qualitative methods to collect the data. The questionnaires were the main instrument of data collection.
3.7.1 In-depth Interviews

In-depth interviews were held with heads of programmes using a questionnaire with open-ended questions (Appendix 2). The questions were designed to capture relevant data that provided richer feedback and insight into the respondents' opinions, attitudes, feelings, perceptions and experiences. They also allowed for issues to emerge that were not necessarily foreseen by the researcher.

3.7.2 Secondary Sources

Secondary data, including periodicals, government publications of census data, statistical abstracts, data bases, and evaluation reports of some of the 15 GBV practitioners as well as case studies were used.

3.8 Data Analysis

Collected data was summarized into means, frequencies and percentages. This selection was made based on the SPSS full range of data analysis products covering data collection to analysis, modelling and report presentation. Data was presented in tables and figures to illustrate the findings using means and frequencies.

3.9 Ethical Issues

The researcher endeavoured to obtain information willingly from the respondents. The study adhered to the code of ethics in conducting the research. As such the researcher explained to all the respondents the aim of the research, and respected their privacy. A
The legal aid programme was cited by 55.5% of the respondents. For example, since inception, CREAW has handled over 16,000 cases for and on behalf of the poor and marginalized women of Kenya in pursuit of legal justice. The said cases entail numerous actions emanating from various violations of women human rights including sexual and gender based-violence (SGBV) defilements; women property rights, probate and administration (succession and inheritance); matrimonial (custody, maintenance, division of property, separation and divorce); early marriages; and female genital cutting. It has also undertaken strategic impact litigation and at the moment has several cases pending in court, among them sexual harassment in the work place, citizenship rights, and property rights; and also offers support services to survivors of SGBV including individual and group therapy support.
letter of introduction was obtained from the University to enable the researcher get access to the selected NGOs.

3.10 Problem encountered and solutions thereof

The researcher encountered a number of problems. The respondents had very busy tight work schedules which brought about delay in filling the questionnaires. The researcher solved this problem by making reminders through phone calls. Sometimes the researcher had to drop questionnaires twice as others were misplaced.

The researcher also wanted to study 20 organizations. However due to logistical problems only 15 organizations responded. The researcher solved this problem by getting as much information as possible from the 15 organizations that responded sometimes even making phone calls and communicating through emails for clarification of the responses.
CHAPTER FOUR

BEST PRACTICES IN THE MANAGEMENT OF GBV

4.1 Introduction

This chapter presents the findings of the study. This research generated both qualitative and quantitative data. However, most data were qualitative. Quantitative data were interpreted and presented in tables of frequencies graphs and pie charts. Qualitative data were analyzed according to emerging themes and presented in terms of quotes and narrations. The qualitative data were analyzed using the Statistical Package for Social Sciences (SPSS) content analysis software.

4.2 Response Rate

Of the 20 organizations targeted in this study, 15 of them returned the questionnaires, resulting in 75% response rate. This return rate is statistically representative therefore enhancing generalization of the research results. However, the statistical results were triangulated with extensive literature to draw lessons learnt from similar works on GBV in other parts of the world.

4.3 Background Information of Institutions dealing with Gender-based Violence

Results from data analysis show that programmes focusing specifically on gender-based violence began in the late 1980s, though some organizations were formed before
the 1970s. Although gender-based violence was a serious issue before then, the ability to address the issue was constrained during the single party regime. With the departure of the single party regime in 1992, there was a rapid expansion of work on gender-based violence as can be seen in Table 4.1. below.

**Table 4.1: List of GBV organizations studied**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Year founded</th>
<th>Year when GBV programme started</th>
<th>Area of focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gender for Equality Now, Kenya (MENGEN)</td>
<td>2001</td>
<td>2001</td>
<td>Community sensitization on GBV</td>
</tr>
<tr>
<td>2 Girl Child Network (GCN)</td>
<td>1995</td>
<td>1995</td>
<td>GBV education, research and policy</td>
</tr>
<tr>
<td>3 International Federation of Women Lawyers Kenya (FIDA)</td>
<td>1985</td>
<td>1985</td>
<td>Land cases, GBV cases (rape, defilement, incest and assault), domestic violence and sexual harassment</td>
</tr>
<tr>
<td>4 Fellowship of Christian Councils and Churches in the Great Lakes and Horn of Africa (FECLAA)</td>
<td>1999</td>
<td>1999</td>
<td>Community sensitization on GBV</td>
</tr>
<tr>
<td>5 Forum for African Women Educationist (FAWE)</td>
<td>1992</td>
<td>1992</td>
<td>Cultural violence -</td>
</tr>
<tr>
<td>6 Daughters of Mumbi Resource Centre</td>
<td>2005</td>
<td>2005</td>
<td>FGM</td>
</tr>
<tr>
<td>7 The Centre for Rights Education and Awareness (CREAW)</td>
<td>1999</td>
<td>1999</td>
<td>Human rights, research and advocacy</td>
</tr>
<tr>
<td>8 The Children’s Foundation (CRADLE)</td>
<td>1998</td>
<td>1999</td>
<td>Legal aid</td>
</tr>
<tr>
<td>9 Association of Media Women In Kenya (AMWIK)</td>
<td>1983</td>
<td>1983</td>
<td>Female genital mutilation/cut (FGM/C), domestic violence</td>
</tr>
<tr>
<td>12 Young Women’s Christian Association - Kenya (YWCA)</td>
<td>1916</td>
<td>1994</td>
<td>Rape and female genital mutilation</td>
</tr>
<tr>
<td>13 Gender Violence Recovery Centre (GVRC) – Nairobi Women’s Hospital</td>
<td>2001</td>
<td>2003</td>
<td>All forms of sexual violence, and domestic violence</td>
</tr>
<tr>
<td>14 Coalition of Violence Against Women (COVAW)</td>
<td>1995</td>
<td>1995</td>
<td>All forms of sexual and gender violence, physical and economic</td>
</tr>
</tbody>
</table>

42
As shown in Table 4.1, the role of non-governmental organizations in the struggle to eradicate violence against women is very important. NGOs are making significant contribution in service delivery to and treatment of GBV victims and survivors as seen, for example, at Nairobi Women Hospital, or with the provision of services to support and advise them and with efforts to raise public awareness about the problem as in the case of FIDA. NGOs mostly deal with issues of violence and ill-treatment of women in the following three ways:

- Prevention through the education and training of community members, teachers, students and professionals;
- Provision of support services such as medical services and legal services; and
- Common confrontation of the problem at a legislative level.

4.4 Type of GBV Programmes Focused on

The findings show that 36.2% of GBV programmes (36.2%) focus on training and capacity building on GBV. On the other hand, 23.4% carried out guidance and counseling of both survivors and their families, 12.0% offer legal aid that is, enhancing access to justice for children; provide support to children who are traumatized through psychosocial support. Another 8.0% deal with child right awareness and enhance access to justice for children, while 7.0% of programmes deal with policies and legislative advocacy such as works towards a child-friendly legislative and policy framework; this ensures the legislative and policy framework conforms to international standards. In
addition. 6.0% programmes monitor trends in child sexual abuse while 4.0% offer alternative rites of passage to traditional circumcision by building on local traditions that have remained one of the cornerstones of social identity in most Kenyan cultures. This programme brings together groups of youth aged 13–18 to spend several days together with a series of counsellors. They discuss subjects such as physical development, ethics, sexuality, family roles, rape and other forms of gender-based violence, drug abuse, inter-generational links/exchanges, kinship, and positive cultural traditions. Girls spend five days together while boys spend eight days together, as their programme includes circumcision performed at a local clinic. Finally, 3.0% offer treatment to GBV survivors (Fig. 4.1)

Other programmes mentioned include:

- Raising awareness on the prevalence, magnitude and consequences of sexual and domestic violence.
• Encouraging churches to speak out against the abuse of women and children.

• Promoting Bible studies and curricula on violence against women/children for use in theological institutions and churches.

• Building the capacity of churches to provide support and opportunities for healing for victims of sexual and domestic violence.

• Collaborating with churches on violence prevention through programmes for men and youth.

• Strengthening churches’ networking and collaboration with civil society organizations, health service providers, schools, the police, judiciary, local administration, media and other stakeholders in addressing the problem of sexual and domestic violence.

• Providing bursaries to disadvantaged girls and boys to support access to and completion of a full cycle of primary or secondary education.

• Undertaking research on issues related to gender and education in sub-Saharan Africa to buttress advocacy work and more effectively direct programme activities.

4.5 Type of Violence Programmes Focused on

About 30% of the GVB organizations were dealing with sexual and gender-based violence (SGBV), including defilements, women property rights, probate and administration (succession and inheritance), matrimonial (custody, maintenance, division of property, separation and divorce), early marriages and female genital mutilation.
(FGM). On the other hand, 8.5% were dealing with cultural violence, 9.9% sexual harassment, 16.0% were dealing with domestic violence while 14.2% were dealing with FGM. Also, 6.6% were dealing with financial-based violence where a man refuses to assist the family with finances, while 18.9% were dealing with physical violence (Fig. 4.2). These findings show that all forms of GBV were being addressed by the participating organizations.

4.6 Primary Groups Reached by GBV Programmes

Of the 15 organizations studied, 27.3% were working with all members of the community, while 18.2% were dealing with women only. For example, FEMNET targets women rights organizations and reaches the entire community for a holistic development through the national focal points who are its members. FEMNET has also been instrumental in the development of programmes targeting men and boys for attitude
change on all forms of violence against women. On the other hand, 12.1% were dealing with women / men and boys and girls. Those dealing with churches and young girls in schools were 9.1%. Finally, 6.1% were dealing with men/boys and men only (Fig. 4.3). These findings show that both genders were represented in the GBV groups.

Fig. 4.3: Primary groups reached by GBV programmes

4.7 Strategies used to Prevent GBV

Though most strategies were interrelating, most GBV practitioners had different strategies of dealing with GBV. These strategies were medium to long-term and provided the basis for preventing GBV. Fig. 4.4 below shows the main strategies that were being used by GBV practitioners.
Figure 4.4 shows that 23.2% of GBV practitioners were using lobbying and advocacy at various levels such as lobbying community by mobilizing them to actively support girls' education, advocacy campaigns against child sexual exploitation and abuse, constitutional review and other issues relating to child rights, and policy and legislative advocacy. In this, some organizations lobby Parliament and the Law Reform Commission on legislation to advance women rights. Through this, various laws and acts have been passed such as mainstreaming child rights in legislation and development of laws and policies that are friendly to the child, for example, the Children Act, the Sexual Offences Act, Criminal Law Amendment Act, Refugee Act, HIV/AIDS Act and Disability Act. Also, some communities have lobbied and created awareness to protect girls from early marriages; participate more in school management; provide materials for construction of gender-responsive school facilities; support school feeding programmes; and counsel girls on sexual maturation.
The second most utilized strategy for gender was capacity building and trainings as was indicated by 28.2% of the respondents. Through such trainings, communities are sensitized on GBV through workshops, inter-gender dialogue sessions, where women and men confront each other with issues of gender relations, discrimination, masculinities and femininities, and training of trainers.

Partnerships and networking was cited by 15.5% of the respondents. The partnerships are at both local and international levels where members participate, in for example, Global Campaigns for Education (GCE) Global Action Week, International Women’s Day, World AIDS Day, International Literacy Day, the Day of the African Child, 16 Days of Activism Against Gender Violence, and various national days on girls’ education, children’s rights and gender equality.

Participation in GBV research and publications was cited by 9.9% of the respondents. Some organizations such as FAWE use up-to-date relevant data to buttress advocacy and demonstration work in education policy and practice by conducting comprehensive research. Several papers and publications have been made available through this strategy.

Use of the media and communication was cited by 7.7% of the respondents. Publicity tools like posters, branding of buses, stickers, t-shirts and brochures, documentaries and talk shows were being used by some organizations to reach all people on GBV issues. Through this, non-judgmental messages, which provoke
thinking and reflection among the target audiences be it grassroots men, women, youth or policy makers, have been made.

Legal advice and representation was cited by 4.9% respondents. Under this strategy, GBV survivors especially children are offered legal advice and court representation. About 4% of the respondents cited psycho-social support, including guidance, counseling and treatment of GBV victims and survivors. About 3% of the respondents indicated that they offer referral services while 2.1% had mobile clinics. Others, mentioned by 1.4% of the respondents included documenting and disseminating demonstrated best practices in girls' education, alternative dispute resolution (ADR) mechanisms, self-representation in court, and mediation services. A good example is FIDA Kenya which has ensured access to justice to indigent women with less social, emotional and monetary costs, and monitoring government compliance with the international rights instruments affecting women.

4.8 Involvement of Men and Boys in GBV Programmes

Since men commit the overwhelming majority of violent acts against women and girls, change efforts focusing only on women will not succeed. No matter how successful the Women’s Action Groups may be, they can only address part of the problem. The findings of this study show that 33.3% of the GBV programmes do not involve men and boys while 66.7% involve them (Fig. 4.5). Without intending to, many GBV programmes place the responsibility of stopping violence squarely on the
shoulders of the women survivors instead of focusing on the behaviour of perpetrators. The best practice is to consistently involve men to be part of the solution.

Findings from the study revealed that there existed misunderstanding that GBV programmes encouraged women to disobey or even divorce their husbands. These perceptions can result in backlash against individual women and staff working in GBV organizations, and may thwart any advancement towards social change. It is important to recognize that there are men who are ready and willing to use their influence to encourage women’s equality. They recognize the damage violence against women and girls has on the entire community and they want to do something about it. However, working with men and boys has lots of challenges, requiring enough energy to work with them in the long term.

A male involvement strategy is important to build a public image that GBV is not only a women’s problem, but a problem of men and women. Also, engaging men
in ending GBV is about changing men’s knowledge, attitude, and behaviour as a lifelong investment. Sustainability is an important issue in working with men and boys. Lastly, involving public figures such as community leaders, religious leaders, and top-level officers of government institutions is important for role modelling for men.

In this study, men participated in awareness creation forums and capacity building on GBV. FEMNET is implementing a regional programme targeting men from seven countries including Kenya, Mali, Malawi, Tanzania, Uganda, Democratic Republic of Congo and Zambia, in a men to men regional programme to mobilize a critical mass of African men who believe in gender equality as a norm. FEMNET works with men in three areas of capacity building, advocacy and constituency building. It also provides a forum for men to participate in the efforts to prevent violence against women.

Some organizations such as MENGEM have programmes where they conduct seminars for boys and men to educate them on the harmful effects of gender based violence. They also recruit some as community trainers and peer educators, reaching their peers on sensitive topics. They ensure that men and boys are involved in community education and community dialogues on GBV issues that are held at the grassroots level.
4.9 Key Successes in Preventing GBV

Monitoring, evaluation and review was cited by 50.0% of the respondents. CREA\textsuperscript{W} had received the Civil Society of the Year Award (CSOYA) for its outstanding monitoring, evaluation and review practices, on 8th August, 2008. Collaboration and networking with other organization was cited by 65.0% of the respondents, while involvement of all stakeholders including men was cited by 40.0% of the respondents.

Some organizations had participated in advocacy and lobbying for the enactment of legal instruments in Africa like the Maputo Protocol, initiated work with men to prevent sexual and gender based violence in African that led to the establishment of an autonomous organization Men for Gender Equality Now in Kenya, represented the African women in high level forums including the ECOSOC, African Union and the UN Commission on the Status of Women (CSW), and documented best practices in the engagement of men and boys in programmes that promote gender equality and women’s empowerment. Others like CRADLE had successfully spearheaded conviction of teachers who had defiled their students (Fig. 4.6).
Since its inception, GCN has come out strongly to carve its image as a proactive pressure group in safeguarding the rights of the girl child. The network, being composed of a membership that works to improve the welfare of the girl child in one way or another has the right ingredients for group interest advocacy. GCN takes advantage of the strength of numbers and one voice because like-minded lobbyists stand a better chance of success if they coalesce around a unifying agenda- in this case girl child issues.

Advocacy for legal and policy reform was cited by 76.4% of the respondents. Lobbying is those activities aimed at influencing public officials and especially members of a legislative body to promote or secure the passage of legislation or policies. A network has proved that the use of numbers can impress upon legislators the depth and breadth of support for a particular campaign. Each organization that joins a network enhances the credibility and legitimacy of the campaign, and therefore helps to draw more and more groups into active involvement. An example of the efficacy of lobbying as a network is the enactment of the Children’s Act. Members lobbied the government and other stakeholders to support their cause and the Children’s Bill 1995 became an Act of Parliament famously named The Children’s Act 2001 Cap. 586.

Another example of successful networking was CREA W which as a member of the Juvenile Justice Network was amongst organizations that drafted the original Sexual Offences Bill that was presented to the Attorney General, Hon. Amos
Wako. Subsequently and upon the bill being taken over by the Nominated Member of Parliament, Hon. Njoki Ndung'u as a private members bill, CREAW served as member of the Technical Task Force that completed the final Bill that was tabled in Parliament for Debate.

Thereafter, CREAW hosted the Civil Society Task Force that lobbied, advocated and pushed for the Bill to be passed into law. Under the said Task Force, the civil society was able to meet various stakeholders among them political parties, party leaders, KEWOPA, Parliamentary Sub-committees, as well as hold numerous protest matches pushing for the said bill to be passed into law. Upon the Bill being passed into an Act of Parliament, CREAW together with partners has simplified the Act, translated it into Kiswahili and has produced 10,000 copies for dissemination. CREAW hopes to equip each pupil (primary and secondary) with a copy of the simplified version.

In the run-up to the 2007 General Elections, CREAW worked with 25 women candidates for civic positions, out of whom 5 were elected, 2 nominated, 8 women parliamentary aspirants and 1 woman presidential candidate. CREAW with other partners also engendered the Political Parties Bill that was subsequently passed into an Act of Parliament and which became operational in July 2008. CREAW is currently working on several policy and legislative reforms including but not limited to the New Constitution, and the Great Lakes Pact and Protocols on Peace, Stability and Development especially with regard to the Protocol on the Prevention and
Suppression of Sexual Violence against Women and Children. Lobbying at the local level is often a very different process from lobbying at the provincial or national levels of governance. Influencing policy making is more applicable at the local level where the process is more personal, the persons to be influenced are more "available", and the number of legislative proposals are more manageable. These legislative proposals need to get to the legislators at the national level.

Research and publications was cited by 58.0% of the respondents. Some organizations had researched and published reports such as AMWIK’s Running for Political Office-an Absolute Must Read for anybody especially women seeking public office; Sexuality: Bold, informative and confronting questions that hitherto remain unanswered on our sexuality, bride wealth or modern day slavery? Is the purported purchase of one human being by another under the guise of bride wealth a violation of human rights?, Sexual Offences Bill-2006- Simplified versions in English and Kiswahili, Adolescents: (In collaboration with GTZ) - All the frequently asked questions on Adolescent Reproductive Health answered in simple, very informative and down to earth language and Status of Women: Facts and figures on the status of women in Kenya!

Community awareness and education was cited by 80.0% of the respondents. A good example of success story in this area was CREAW’s International Award for Community Awareness in 2001 and the 2004 Mayor's Achievers Award for its campaign against rape. Some organizations have participated in empowerment and
community awareness programmes at various levels of community with women, men and the youth in general through community mobilization, debates and forums. On 25th May 2007, CREAW mobilized and brought together over 12,000 women from all over the country to mark the African Women's Day but more importantly to launch the One Million Signature Campaign for Affirmative Action. This was preceded by Provincial Forums that brought together thousands of women clamouring for affirmative action thus declaring 2007 the Year for Affirmative Action.

Other GBV practitioners have participated in re-claiming the vulnerable Rape Red Spots by identifying the notorious Red Spots and thereafter mobilizing various stakeholders to reclaim the same for the women and the rest of society. This programme saw numerous spots reclaimed by reigning in the duty bearers (police), private sector and City Council of Nairobi to provide security, lighting and strategic interventions respectively, thereby reclaiming these spots for the benefit of the users. CREAW successfully implemented the National Civic Education Programme and Gender and Governance Programmes in four out of the seven Provinces in Kenya.

Capacity building for members is done to improve girl child programming. GCN has continuously provided training and technical support for her members. The training needs are identified by the training committee. The research committee also assists in identifying gaps in programming. Training of members is done according to the recommendations of the two committees. Emergent issues, which warrant training, are also identified. An example is child participation.
Youth mentorship and school outreach was cited by 44.0% of the respondents. For example, under a partnership with the University of Nairobi’s Law School, CREAW initiated its Youth and schools outreach programmes that have seen extremely powerful debates and conversations on sensitive human rights programmes and interventions. This has further led to a youth mentorship programme and outreach in schools with University students as role models as well as educators on selected topics.

Internships were being offered by 33.6% of the organizations. For example, FIDA’s internship programme has continued to offer Law students as well as other young people the opportunity to develop and test their theoretical skills in programmatic work especially in the criminal justice system. Every three months and in collaboration with the University of Nairobi’s Law School, FIDA hosts six interns who not only get vast exposure and experience in programmes, but also challenges some of their theoretical skills thus getting better insights understanding, lessons and learnings.

Networking and Collaboration was cited by 65.0% of the respondents. For example CREAW continues to network with progressive and dynamic networks and organizations that have a shared vision. In this regard, CREAW belongs to several national and regional networks thus creating synergy and facilitating information
exchange, joint programmes of action on women human rights, as well as joint advocacy programmes to push for the women’s agenda.

The networks include the National Civil Society Congress, The GBV Prevention Network; Mifumi Bride-Price Network; Women Direct; and Fathers and Sons against Gender Based Violence. On August 23rd 2001, GCN in collaboration with her partners launched the National Movement for Girls- a pre-cursor for developing a renewed plan of action for the girl child. The Movement is focusing on lobbying policy makers on issues that affect girls and need to be incorporated in the National Plan of Action. It is also going to evaluate and make recommendations on the impact of the girl child programming in Kenya.

Partnerships were cited by 45.0% of the respondents. For example, COVAW and CREA W have both built strong and dependable partnerships with various development partners that have seen their organizations strengthen their programmes and outreach for the benefit of their constituents. These include amongst others, the joint funders of the Gender and Governance (GGP) and the National Civic Education Programme (NCEP) basket funds, Canadian International Development Aid - Gender Equity Support Project (CIDA- GESP), the Royal Netherlands Embassy, the Ford Foundation, Spanish Embassy, UNIFEM, Sigrid Rausing Trust, Christian Aid, and German Technical Cooperation(GTZ).
Monitoring, evaluation and review was cited by 50.0% of the respondents. For example, CREAW has received the Civil Society of the Year Award (CSOYA) for its outstanding monitoring, evaluation and review practices. The Daughters of Mumbi alternative rites of passage programme serves as an alternative and provides such a moment, recognition of transition. By offering parallel programmes for boys and girls followed by a joint graduation ceremony, the program aims to offer equivalent recognition of the different rites of passage and provide safe spaces to discuss issues on gender-based violence, thus a space for healing. Other successes include:

- Community members breaking cultural barriers and taboos and beginning to discuss sensitive topics touching on sexuality and willingness to seek help.
- More girls in FGC practising communities are empowered and able to resist violation of the female cut and forced marriages.
- Survivors of SGBV reintegrated back to community and living positively after counselling and support from YWCA staff and volunteers.
- The youth through various programmes are aware of GBV risks and the available protection mechanisms.
- Rich information gathering and dissemination of materials and information sharing on the achievements, challenges and way forward.
- Goodwill and ability to integrate and work with the media houses, relevant line ministries and government departments to lobby and influence change policies that affect children negatively.
- An established data base of professionals, for example, lawyers, psychologists, social workers, counsellors, doctors, peer educators, gender experts, committed
lecturers and teachers experienced in child issues and child friendly methodologies.

- Strong commitment of members who are able to fundraise for GBV work.
- Commitment of members who volunteer for GBV work
- The large membership (312 members) enhances flow of information both horizontally and vertically from local levels to international levels.
- Involvement of men in GVRC campaign. The Kenya seven rugby teams are ambassadors for GCN work.
- Partnership with the police (a large number of referrals comes from police)
- Proven consistency of vision and action on GBV.
- Introduction of a gender-responsive pedagogy model.
- Adaption of a re-entry policy for adolescent mothers.
- Introduction of a bursary programme.
- Introduction of Centres of Excellence.
- Introduction of the Tuseme youth empowerment model.
- Creation by FAWE of the Agathe Uwilingiyimana prize for innovators in female education.

4.10 Key Gaps and Challenges Facing in Work on GBV

Despite massive and comprehensive efforts to address GBV, to some extent, there are key gaps and challenges that limit the effectiveness of the NGOs and national response to the GBV menace. The greatest challenges are funding and inadequate
collaboration among organizations on the ground as cited by 87.9% of the respondents. Another challenge is the laxity of the Provincial Administration and the police in taking action against the perpetrators of violence, always leaving the victims feeling more victimized. There was also lack of strong policies and laws protecting victims or survivors of GBV.

Lack of coordination was cited by 40.0% of the respondents while, weak linkages between HIV/AIDS and GBV organizations was cited by 44.0% of the respondents. Some of the HIV/AIDS organizations had little understanding of gender-based violence. They also had little awareness of what responses were in place and which key players may be a source of information and support. An apt example of the level of disconnect was the misconception by several of the HIV/AIDS organizations who responded that the draft bill on domestic violence had already been passed. On the other hand, gender-based violence practitioners had a slightly better awareness of the seriousness of the HIV/AIDS epidemic, the various responses in place, and potential programmes that they could turn to for support. Yet there is a very strong linkage between GBV and HIV/AIDS which should be an area of concern for any interventions that hope to succeed in the alleviation of both.

No culture of referrals was cited by 54.9% of the respondents. Not only is there little coordination between programmes within or across organizations, a culture of referral is lacking. Those interviewed frequently stressed that within service delivery there is no systematic practice of referral either in the health system as a whole or
within the NGO sector. Referrals happen primarily at the initiative of motivated individuals.

Low quality of counselling was cited by 55.4% of the respondents while lack of attention to GBV in peer education programmes was cited by 87.9% of the respondents. Although many peer education programmes do explore the connections between notions of manhood, alcohol, sexuality and violence, they do not address gender-based violence directly. There is no clear message that violence is not acceptable and no information is provided on the rights of persons experiencing violence or on the consequences for perpetrators. Developing a module on gender-based violence for incorporation into peer education programmes is essential especially as programmes extend to youth.

Another challenge facing the fight against GBV is societal condoning of GBV, where violence against women is perceived as a normal act. Getting young children to testify in court without them feeling intimidated was also identified as a challenge. Cultural inhibition such as cleansing an offender as opposed to conviction was cited by 60.9% of the respondents. Some NGOs were also having inadequate in-house staff capacity as a result of inadequate core funding, outdated institutional policies and practices that did not match organizational growth and current trends in the sector. These and other challenges are shown in Fig. 4.7
Though great strides have been made in improving the participation of girls in education, challenges persisted in terms of their access, retention and performance. Among the barriers identified were poverty, long-held negative attitudes and practices and their consequences, such as early marriage, poor management of sexual maturation, and the impact of HIV/AIDS at household level, teenage pregnancy and the disempowerment of girls. In addition, gender insensitive school environments as well as the lack of gender-responsiveness in education delivery negatively affected girls' participation in education. This resulted in high rates of drop-out and repetition as well as poor performance for girls in all subjects and particularly in mathematics, science and technology. Though there had been some effort in addressing cultural barriers and myths, there still remained a lot to be done to discourage other cultural
practices and beliefs that contributed to GBV especially those that undermined women, such as female genital mutilation, early marriages in exchange for dowry, and women defined roles in home settings.

4.11 Collaboration with Local and National Authorities in Prevention of GBV

Partnership between the civil society and local government is essential in combating the problem of GBV. Both partners could bring skills, experience, resources and opportunities for developing effective collaborative programmes. However, few such linkages exist that build on the strengths of each. Local authorities have a primary role in coordinating the activities aimed at reducing crime. Local governments are the key actors in coalitions and in the development of community-wide planning strategies for crime prevention. Mayors and city councillors are in strategic positions to initiate and co-ordinate local action and adequately address the social demand. A partnership between local governments and other stakeholders can enable prevention and ultimately eliminate violence, crime and insecurity.

Research findings show that 80.0% of the respondents were working in collaboration with local authorities while 20.0% were not. Also, 73.3% were working in collaboration with the national authorities while 26.7% were not. At the community level some organizations were working with the local leaders and administrators such as opinion leaders, councillors, chiefs and DCs, to access the community and to provide protection to the victims of GBV. In addition, doctors testify in court on behalf
of survivors or collate survivors’ evidence (medical reports) and also work with the police. At national level, some organizations work in collaboration with health workers, magistrates and prosecutors (Fig. 4.8). The best practice is to work in collaboration with both national and local authorities.

![Collaboration with local and national authority on prevention of GBV](image)

**Fig. 4.8: Collaboration with local and national authority on prevention of GBV**

### 4.12 Areas of Collaboration with National and Local Authorities on Prevention of GBV

National authorities play a key role in community crime prevention initiatives that protect women’s right to safety. The tasks of local authorities in the area of GBV are manifold, including: a) establishing a partnership between all the social services and the criminal justice system; b) mainstreaming gender issues in urban management policies; and, c) encouraging the participation of women in the decision-making process. Yet this remains an untapped resource in many communities. New GBV prevention efforts are underway within local governments that recognize the link between violence in the public and private spheres.
Local governments are based right in the communities they serve and so can be key catalysts for change. Linkages between NGOs and local authorities could further GBV prevention efforts as both groups have specific skills, resources and expertise needed in GBV prevention efforts.

4.13 Monitoring and Evaluation

Monitoring is a continuous or periodic review and surveillance by overseeing the management at every stage of the implementation of an activity to ensure that input, deliveries, work schedules, targeted outputs and other required actions are proceeding according to plan. It assesses both the functioning of project activities in the context of implementation schedules and of the use of project inputs by targeted populations in the context of design expectations.

The purpose of monitoring is to achieve efficient and effective project performance by providing feedback to the project management at all levels. This enables the management to improve operational plans and to take timely corrective action in case of shortfalls and constraints. Monitoring is thus a part of the management information system and is an internal activity. As an integral component of the management function, and hence an essential part of good management practice, monitoring needs to be conducted by those responsible for project programme implementation at every level of the management hierarchy. In this study, a majority 66.7% of the GBV programmes were not being monitored while 33.3% were monitoring programme implementation. The Fig 4.9 summarizes the findings.
4.14 Willingness to share Project Evaluation Reports

Of the 33.3% GBV practitioners who had their programmes evaluated, 65.4% were willing to share evaluation reports while 34.6% were not. Of those that were not willing to share information, they stated that it was costly work to pay a consultant to carry out the assignment, although the results would help them work better, thus attracting more donor funding. Figure 4.10 summarizes the findings.
4.15 Involvement in GBV Networks

Networking among GBV practitioners could assist them to co-ordinate, share information and experiences, capacity building, advocacy and lobbying on issues of gender-based violence, as well as to hold the government accountable for implementing legislation and to ensure effective service delivery. Also, networking aims to strengthen programmes aimed at women and men in collaborated and harmonized intervention strategies. Study results show that 66.7% of GBV organizations network with other GBV networks and organizations while 33.3% were not doing it. The best practice is to be members of GBV networks where members can work on a common agenda and also strengthen their voice in advocacy and lobbying.

Networks act as linkages among member organizations and relevant government departments to facilitate networking between these constituencies, support
regional, provincial, national and international initiatives in the field of gender-based violence and encourage the establishment of relevant structures and networks and encourage and promote the training and sensitization of service providers and the public, regarding issues of gender-based violence. Networks can lobby for legal and policy reforms on gender based-violence issues; develop training initiatives and educate member organizations, relevant government departments/agencies, as well as the public and co-ordinate strategies on changing societal attitudes towards gender-based violence. Those that were not members of such networks were missing out on the benefits accrued by members of such organizations. Fig. 4.11 below summarizes the findings.

Fig. 4.11: Involvement in GBV networks
4.16 Awareness of Existence of other GBV Institutions

A majority of organizations (80.0%) dealing with GBV were aware of existence of other organization dealing with the menace, while 20.0% were not. This finding shows that though many organizations were working towards preventing GBV, a significant number did not know each other or what other organizations in the same field were doing. Figure 4.12 below summarizes the findings.

![Bar chart showing awareness of other GBV institutions](image)

Fig. 4.12: Awareness of existence of there are other organizations / institutions involved in GBV
CHAPTER FIVE

SUMMARY AND CONCLUSION

5.1 Introduction

This chapter presents the findings of the study. The findings are presented using the following sub-headships:

5.2 Initiatives used in the Prevention of GBV in Nairobi

Training and capacity building for communities are the main initiatives undertaken by GBV practitioners. Awareness raising on the prevalence, magnitude and consequences of sexual and domestic violence is also carried out with the aim of mobilizing communities against GBV. In addition, Awareness raising and capacity building directed at men and boys as a special group has been seen to reap benefits towards the elimination of GBV, since men and boys commit the overwhelming majority of violent acts against women and girls.

Policy and legislative advocacy and lobbying towards a legislative and policy framework that conforms to international standards is carried out by some of the GBV practitioners. This has seen the enactment of laws such as the Children Act, Cap 586 of the Laws of Kenya, and the Sexual Offences Act. Research on issues related to gender
and education is undertaken to buttress advocacy work and more effectively direct programme activities.

Guidance, counseling and psycho-social support for survivors and their families as well as legal aid to enhance access to justice are also used to support survivors of GBV. Some of the GBV practitioners also offer treatment to GBV survivors.

Programmes directed at youth and sexuality that seek to create forums for young people to discuss subjects such as physical development, ethics, sexuality, family roles, rape and other forms of gender-based violence, drug abuse, inter-generational links/exchanges, kinship, and positive cultural traditions are carried out. Providing bursaries to disadvantaged girls and boys to support access to and completion of a full cycle of primary or secondary education is also seen as a way of closing the gender gaps that adversely affect this category of children.

Networking and collaboration with civil society organizations, health service providers, schools, the police, judiciary, local administration, media and other stakeholders in addressing the problem of sexual and domestic violence are initiatives that are undertaken by the GBV practitioners.
5.3 Practices used by the Initiatives

Though most strategies are interrelated, most GBV practitioners have different strategies of dealing with GBV. These strategies are medium to long-term and provide the basis for preventing GBV.

Lobbying and advocacy at various levels such as mobilizing communities to actively support girls’ education, campaigns against child sexual exploitation and abuse and constitutional review are some of the strategies used by GBV practitioners. At the national level, other organizations lobby Parliament and the Law Reform Commission on legislation to advance women rights. Through this, various laws and acts have been passed such as the Children Act, the Sexual Offences Act, Refugee Act, HIV/AIDS Act and Disability Act. Some communities have lobbied and created awareness to protect girls from early marriages and other cultural practices such as FGM.

Through trainings, inter-gender dialogue sessions, where women and men confront each other with issues of gender relations, discrimination, masculinities and femininities, and training of trainers, communities are sensitized on GBV.

Partnerships and networking at both local and international levels where members participate in, for example, Global Campaigns for Education (GCE) Global Action Week, International Women’s Day, World AIDS Day, International Literacy Day, the Day of the African Child, 16 Days of Activism Against Gender Violence create forums where GBV practitioners mobilize and advocate as a group.
Participation in GBV research and publications buttresses advocacy. Use of the media and communication and publicity tools like posters, branding of buses, stickers, t-shirts and brochures, documentaries and talk shows are being used by some organizations to reach all people on GBV issues. Through this, non-judgmental messages which provoke thinking and reflection among men, women, youth or policy makers, and religious groups, have been made.

Other practices include legal advice, court representation, psycho-social support and treatment of GBV victims and survivors. Monitoring and evaluation is also carried out by some of the organizations to inform on the progress and impact of their work.

5.4 Best Practices that can be used to Strengthen the Fight Against GBV

While a lot has been accomplished but there is still much to be done to respond to gender-based violence. The following needs to be done to strengthen work in GBV:

- Approval and implementation of the law on domestic violence.
- Continuing involvement in GBV education for law enforcers.
- Increased collaboration among GBV practitioners.
- Increased involvement in a project to address men and boys as victims of GBV.
- Training at the community level to promote the prevention of gender-based violence.
- Development of programmes directed at perpetrators.
• Intensified research and information sharing among GBV stakeholders.
• Increased funding and resourcing for GBV and gender mainstreaming.

5.5 Conclusion

While numerous NGOs have implemented civic education campaigns and capacity building programmes focused on women’s rights, the reality on the ground in Kenya is that gender equity remains remote. There are still cultural beliefs and practices that hinder the protection and full enjoyment of women rights.

Although well intentioned, GBV programmes have had limited impact, in part, because they tend to be donor-driven and out of touch with the on-the-ground realities of the situation faced by both men and women. At the same time, adequate legal infrastructure protecting victims of gender violence is lacking and the legal system lacks the capacity to solve disputes involving gender-related issues. For example domestic violence is still perceived as a private affair where victims and perpetrators connive to ‘protect’ the family name.

Relatively few of the gender-based violence programmes in Nairobi have been evaluated, or have used baseline data to track the impact of their programmes objectively. To some extent, evaluations have not taken place because there is lack of resources, yet this is a very important aspect of any intervention that hopes to create impact among the beneficiaries and communities in general.
Coordination and information sharing among GBV practitioners, local and national authorities are not adequate. Although there is a level of networking, this has not been exploited to create structures that can reap far reaching benefits for survivors such as, a standardized referral system and protocols.

5.6 Recommendations

5.6.1 Policy recommendations

1. Standardizing processes and protocols for referral of victims

Standardizing referral processes and protocols among GBV service providers, such as those in the hospital and in the GBV programme, would ensure greater understanding regarding roles and responsibilities of various actors and more consistent provision of services to victims and survivors.

2. Improving statistics and data collection

Statistics regarding gender-based violence cases are crucial to the alleviation of GBV. Such data would establish a baseline, making it possible to determine whether programmes dealing with gender-based violence are having any impact, to track whether authorities such as the police are responding. For example, statistics are needed to track the number of cases brought to the police, the action taken by the police and the subsequent number of prosecutions made. Gender disaggregated data would be important not only in ensuring appropriate intervention strategies, but would also inform of any changes in gendered power relations for future interventions.
3. Improved Coordination among GBV service providers

Networking and coordination will allow GBV service providers and others working on gender-based violence to share information regarding good practices and lessons learned in programming as well as research findings. These organizations can also help pool efforts to lobby the government and change laws and policies.

4. Improving the formal justice system response

Methods should be found to improve the process of handing cases among law enforcers and prosecutors. A legal programme could assist with this by making enquiries about specific cases of GBV. Prosecutors must be given adequate resources to carry out their work. In particular, it is important that professionals be mentored and supported to ensure that they can fulfill this role.

5. Providing ongoing training and support to law enforcers

Members of the police force need additional training on how to handle gender-based violence cases and particularly on how to investigate these cases adequately. They need to be trained in, for example, how to ask questions of victims and how to ascertain what kind of evidence is useful. They also need to know how to serve the public interest by dealing with domestic violence cases seriously.

6. Establishment of a complaints and disciplinary mechanism

This should be established so that victims can raise issues if police officers reject complaints of gender-based violence, or if they harass victims and their families. The public needs to be educated regarding the role of the police and the support that
they can offer. In particular, the public needs a better understanding of the kinds of cases which constitute a crime and the importance of reporting a crime as soon after the assault as possible. The public also needs to be educated on how to preserve evidence leading to successful prosecution of perpetrators.

5.6.2 Recommendation for Further Research

1. The present study sought to shed light and document good practices applied by GBV organizations, make concrete recommendations that could help design specific programmes to enhance their role in providing services to survivors and victims of GBV. It has become evident in the course of this study that it would be useful to carry out further research in the following related areas.

2. Replication of this study, five or ten years from now to find out what changes have taken place in the prevention of GBV in Kenya by institutions dealing with the menace.
BIBLIOGRAPHY


APPENDIX 1: QUESTIONNAIRE

Best practices in prevention and rehabilitation of victims of Gender Based violence: A Case study of service providers in Nairobi County, Kenya

Name of Organisation:

Address:

Telephone: Fax:

Email: Website:

Director/Coordinator: Email (if different):

1. When was your organization/institution founded?

2. Please describe the mission and key objectives of your organization/institution?

3. When did your work on GBV begin?

4. Describe the GBV work you are involved in
5. What type of violence do your programmes focus on?

6. What are the primary groups your programmes aim to reach?

7. What strategies do you use to prevent GBV?

8. Are men and boys involved in your work to prevent GBV? If so, how?

9. What are your key successes in preventing GBV?

10. What are the key challenges faced in working to prevent GBV?

11. Do you work in collaboration with any local authorities on violence prevention?
    If so, please describe:

12. Do you work in collaboration with any national authorities on violence prevention (e.g. criminal justice system etc)? If so, please describe:
13. Has your project been evaluated?
   If so, are you willing to share the results? (Please attach copies of evaluation)

14. Are you involved in any GBV networks? If so, please give us the name and contact information

15. Do you know of other organizations/institutions that are working on gender-based violence that we should contact? If yes, please give name and contact information

16. Are you interested in becoming involved in a national GBV network? ___Yes ___No

Thank you very much for your time!