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BASELINE REPORT ON GBV

HAKI YETU, JUKUMU LETU PROJECT

CREAW
CENTRE FOR RIGHTS EDUCATION AND AWARENESS

Changing You, Transforming All!

Baseline Survey on Gender Based Violence Project

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Changing You, Transforming All!

Baseline Survey Conducted on behalf of CREAW by the
Institute of Applied Studies and Research (IASR)

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Acknowlegements

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Desmond Boi
CEO and M&E Specialist
Institute of Applied Studies and Research (IASR)

Foreward

Gender based violence is one of the most prevalent human rights violations not only in Kenya but across various parts of the developing world. It knows no social, economic, class or cultural confinement and status. It occurs in families, schools, work places, social structures and communities regardless of one's religion, gender, race, creed or political persuasion and inclinations. Gender based violence involves a wide variety of agents and actors from intimate partners and family members, to strangers and institutional actors such as teachers, pastors, office managers, seniors leaders, religious leaders and the police.

Despite its adverse effects on the survivors, gender based violence (GBV) is still the least talked about violation of mainly women's and girl's human rights. It remains largely unreported or in reported instances, retracted and "amicably" settled.

Since the Beijing World Conference on Women in 1995, the issue of gender based violence has gained greater visibility and concern across the social spectrum and strata. Governments have played their part in developing policy and legislation frameworks to mitigate against its occurrence and where and when it do occur, to penalize its perpetrators. The legal and policy environment also has created a favorable environment for providing the victims with psycho-social, emotional and material support as well as public sensitization.

By identifying and targeting the underlying causes of violence and supporting shifts in the social environment that synergizes response and deterrent mechanisms, CREAW looks forward to a community-driven and led interventions that will enhance the community involvement and participation in addressing GBV while enhancing concerted actions against any form of gender-based discrimination and violation of rights. These interventions have provided concrete guidance on how to stop gender based violence before it occurs.

The report on 'Haki Yetu, Jukumu Letu' Gender Based Violence in Meru and Kilifi Counties is one among these initiatives that aims to support policymakers and relevant institutions in their efforts to combat and prevent gender based violence in Kenya. It provides comparable data and information for effective, evidence-based project planning, decision-making and policy and legislation improvement among other core goals of this report. It further seeks to identify the challenges in operationalization and their impact on effectiveness so as to inform the strategies and interventions of criminal justice system actors in particular and thereby guide the coordination

of efforts going forward within the target Counties where the project is being implemented.

I am confident that continued and sustained effort by state actors in particular and non-state actors in general towards addressing the criminal justice aspects of gender based violence will be the tipping point in the fight against this vice, and the hallmark moment towards a new social revolution devoid of GBV in Kilifi and Meru Counties.

Wangechi Wachira
Executive Director - Centre for Rights Education and Awareness (CREAW)

Glossary of Terms used in the Report

1. "Lifetime prevalence" (LTP): This is the proportion of a population that at some point in their life (up to the time of assessment) have experienced the condition. In this study prevalence was indicated by lifetime and period prevalence (12- month).
2. Emotional violence: Mental violence that has no physical form. It occurs when someone says or does something to make the victim feel stupid or worthless.
3. Gender Based Violence (GBV): An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between men and women.
4. Gender: The term gender refers to the different characteristics of men and women that are socially determined. Gender is not sex. The term sex refers to the different biological characteristics between males and females. It defines culturally acceptable attitudes, behavior, responsibilities opportunities and constraints of men and women.
5. Intimate partner violence: is defined as threatened, attempted, or completed physical or sexual violence or emotional abuse by a current or former intimate partner.
6. Non-intimate violence: Violence perpetrated by people whom the victim does not have any sexual relationship with, may be of same or different gender.
7. Power: As noted in the earlier, GBV involves the abuse of power. Within the GBV context, unequal power relations are abused. Power inequality is exploited by using physical force.
8. Prevalence or prevalence proportion: This is the proportion of a population found to have a condition or experience (such as Gender Based Violence). It is arrived at by comparing the number of people found to have the condition with the total number of people studied, and is usually expressed as a fraction, as a percentage or as the number of cases per 10,000 or 100,000 people.
9. Psychological violence: Set of actions that directly impair the victim's psychological integrity. This may be through intimidation, isolation, harassment and threats.
10. Sexual violence: Conduct of a sexual or indecent nature toward another person that is accompanied by actual or threatened physical force or that induces fear, shame, or mental suffering.
11. Survivor/victim: Person who has experienced gender-based violence. The terms victim and survivor can be used interchangeably. Victim is a term often used in the legal and medical sectors.
12. Violence: Violence refers to all acts or threats that cause direct physical, mental or sexual harm or suffering.

Abbreviations and Acronyms

ACC	Area Advisory Council
ACRWC	The African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
BPFA	Platform for Action
CBOS	Community Based Organizations
CCCS	County Coordinator of Children Services
CEDAW	Convention on the Elimination of Discrimination Against Women
CIP	Chief Inspector of Police
CJS	Criminal Justice System
CUC	Court users Committee
DEVAW	United Nations Declaration on the Elimination of Violence Against Women;
EC	Emergency Contraception
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HVS	High Vaginal Swab
INGO	International Non-Governmental Organization
KII	Key Informant Interview
LTP	Life Time Prevalence
NGO	Non- Governmental Organizations
OB	Occurrence Book
OCS	Officer Commanding Station
ODPP	Office of the Director of Public Prosecutions
OPD	Out Patient Department
PEP	Pre-Exposure Prophylaxis
PRC	Post Rape Care
SCPO	Sub-County Probation Officer
Sr.	Sister
STIs	Sexually Transmitted Infections
UDHR	Universal Declaration of Human Rights
UNCRC	United Nations Convention of the Rights of the Child

Executive Summary

Background, Rational of the survey and methodology

This study, conducted in Meru and Kilifi Counties between the months of April and July 2017, provides a baseline to establish benchmarks for the Center for Rights Education and Awareness' (CREAW's) GBV Project- 'Haki Yetu Jukumu Letu', being implemented in Meru and Kilifi Counties, against defined project indicators to enable the project holder and stakeholders identify the exact conditions existing at the start of the project against which the degree and quality of change will be measured through the implementation phases and at the tail end of the project. Given the focus of the Haki Yetu Jumuku Letu project, the study focused on 7 key areas:

a. The extent of implementation of GBV related laws and policies by state duty bearers - the Police, Health Institutions, School administrations, Judiciary; County governments in Kilifi and Meru County including determining what tangible efforts and results have been carried and achieved at policy and operational levels within the last 5 years;
b. The knowledge attitude and practice around addressing GBV of duty bearers, none state GBV actors and women's groups in Kilifi and Meru County.
c. The Structural, cultural and resource barriers, if any, which could be limiting the ability of duty bearers, none state GBV actors and women's groups in Kilifi and Meru County from effectively addressing GBV.
d. The extent to which duty bearers, none state GBV actors and women's groups in Kilifi and Meru County work together to address GBV.
e. Extent to which women groups in Kilifi and Meru have engaged with and sought accountability from Police, Health Institutions, School administrations, Judiciary, County governments, for implementation of GBV related laws policies and service delivery. (Identify specific advocacy interventions) that have been carried that have been both successful and unsuccessful;
f. Ability and capacity of women groups in Kilifi and Meru to carry out advocacy and engage with duty bearers, to seek accountability for implementation of GBV related laws policies and service delivery. (Identify capacity gaps);
g. Extent to which women groups in Kilifi and Meru have engaged with wider community members and other non-state actors to increase demand for better service delivery and accountability for implementation of service delivery.

The overall design of the study was a descriptive cross-sectional survey. This study adopted triangulated methodology research survey design. In this instance, the survey attempted to

capture knowledge, attitude or patterns and practice of behavior of various respondents in the study.

The study used secondary data review and analysis as well as collecting and analyzing primary data using both quantitative and qualitative approaches.

A total of 345 respondents were interviewed of whom women were 217 and male were 128 bringing the total percentage of women respondents to 62.90% while male comprised of a total of 37.10%. The average (mean) age for women involved in the study was 27 years and for men 35 years (both with a range of 14 – 49 as predetermined).

Findings

First, The survey reveals that GBV in all its forms and the contextual determinants are still rampantly prevalent across the two counties despite the myriad of efforts to stem the vice. Assessment of efficacy of the existing robust legal and policy framework show that, although there has been some meager progress made, the laws and policies have not been very effective in addressing violence against girls and women mainly because of disjointed and weak implementation as well as deeply embedded negative socio-cultural practices which fuels the cases and also negatively hamper, to a very large extent, on the access to justice for survivors. GBV also presents as a ubiquitous public health issue, however bears special significance in the context of the two counties owing to the deep-rooted socio-cultural factors compounded by poor healthcare, the social infrastructure, and weak institutional accountability.

Secondly, this study highlights the fact that GBV is essentially a socio-cultural issue where both the formal criminal justice and healthcare system hold crucial roles in the prevention and intervention, starting from ensuring smooth and prompt access to justice for survivors, prompt and effective screening of survivors, and informing people about the health impacts to meeting their physical and psychological health needs as well as abating the complexities of stigma and the cultural silence associated with GBV which is also fundamental to promote justice and health seeking behavior.

Thirdly, the findings of this survey justifies that urgent GBV preventive measures must focus on strategic areas of women empowerment such as leveraging gender and sex education; designing gender-sensitive public policy; law enforcement and strengthening institutional, responsiveness, accountability and transparency in the executing their duty bearers' mandates.

Lastly, the responsiveness of the institutions in implementing the existing GBV laws and policies is by far still inadequate and ineffectively coordinated to yield the desired output in deterring farther rights violations and also ensuring the health services and the legal justice systems is readily and easily accessible to the survivors. This is occasioned by myriad of multifaceted factors, which express

both intrinsically and extrinsically, within each single institution.

Causes and common forms/types of GBV in Kilifi and Meru Counties

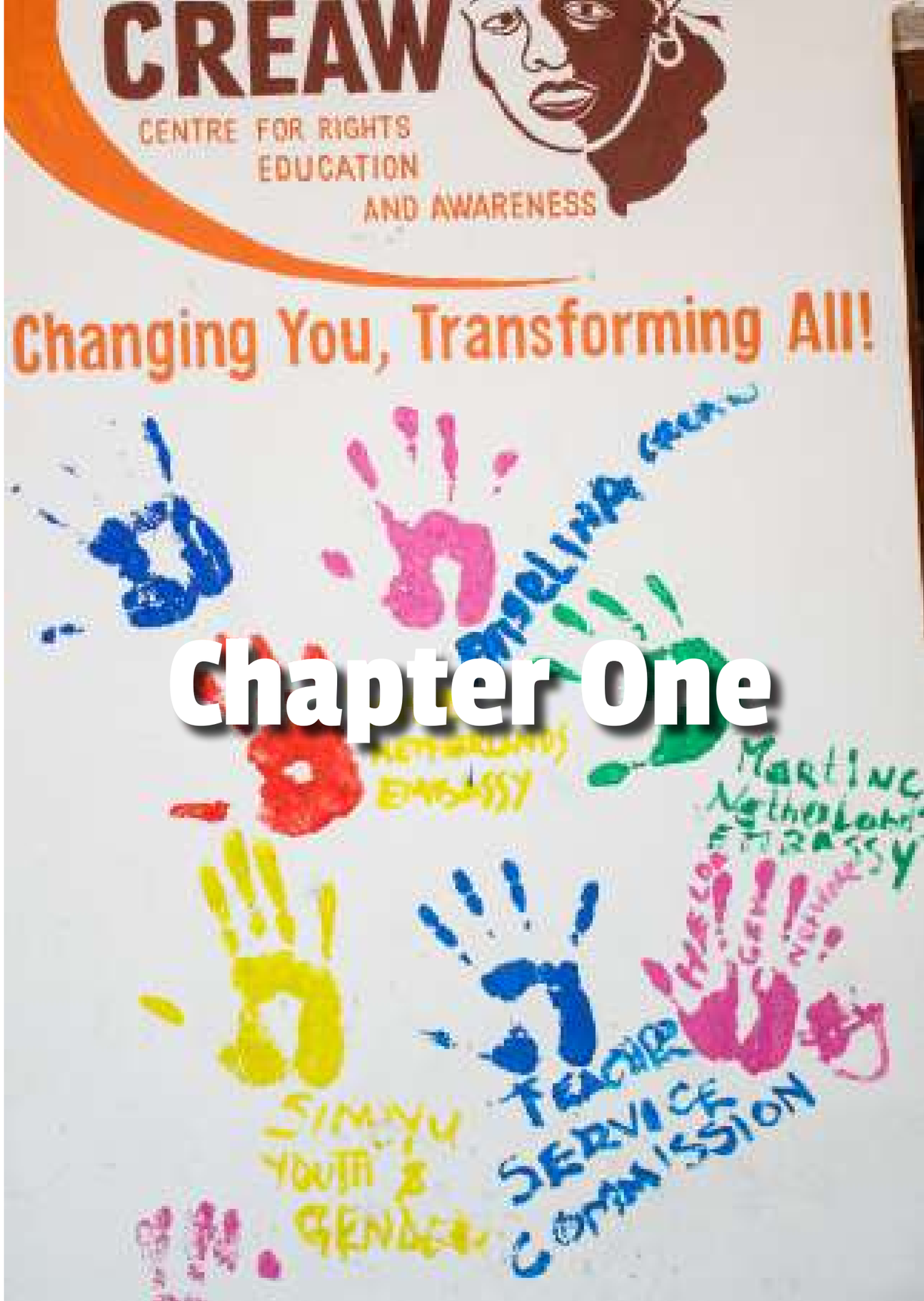
The top five (5) causes of GBV accounting for 85.8% of all the main causes as reported by the respondents in both counties were: - substance abuse and addiction, especially the abuse of illicit brews and drugs at 44.64%; Peer Pressure at 14.20%, Emotional related causes at 10.43%, Resource: constraints such as financial and other property rights related issues at 9.57%, and; Complexities (inferiority/superiority complex on the part of the abuser – due to academic, social status and other factors) with 6.96%. Most common forms/types of GBV in the study areas basically included the following in order of prevalence and severity of impact were:- Child abuse including child Labour, child sex, child marriages and neglect topping the list with 22.90%, Physical abuse including Female Genital Mutilation (FGM), assault/fights and wife battering being second in the list at 22.32%. "Beating a wife is like loving her" a young woman if beaten will be advised by the grandmother and the mother 'Mwanaume anakupenda' , and; Sexual – FGM, rape, defilement being third in the list of top three forms of GBV at 20.87%.

Recommendations

By drawing evidence from analysis of primary data, this study concludes by making the following programmatic recommendations:

- Strengthen the Court User Committees and make GBV as one its core focus areas: The court committees in the two counties need to be more active and realigning its operations with the situation of GBV.
- There is also the need to develop standard operating procedures for effective storage of forensic evidence implemented through a total quality management system that embraces and monitors continued quality improvement. Further, CREAW should work with National Police Service develop a workable system for posting officers to the desks to ensure an uninterrupted continuum of high quality customer care services at the desks which promotes public confidence and increased uptake of services.
- There is need to hold discussions with the Country and National Government towards abolishing the user fees charged by medical officers for filing P3 forms to the GBV survivors.
- There is also need to ensure an uninterrupted supply of PRC forms especially to lower level facilities.
- The project need to progressively build the capacity of grassroots community organizations on good governance so as to build pragmatic social capital for advocacy for adequate resource allocation to Health with special focus to GBV to ensure that quality services are available to survivors within their local health institutions.

- CREAW should work with stakeholders to ensure that surveys will be conducted on a regular basis by through an effective screening strategy to identify GBV cases and populate the magnitude. This is crucial in making culturally tailored GBV prevention and intervention strategies which will assist greatly in assessing and monitoring progress towards gender equity.
- Creating a greater synergy between government and civil society organizations (CSOs) is equally essential to understanding the barriers to implementation of policies and how they can be overcome.
- It is also recommended that the Project Haki Yetu Jukumu Letu convenes annually, county wide multi-stakeholder forums to collectively audit progress and gains made inherent challenges and explore remedial measures to overcome them towards making advancement in the elimination of GBV.



Chapter One

Introduction

Background of the study

Gender based violence is a global phenomenon. Violence particularly intimate partner violence and sexual violence against women are major development, public health problems and violations of women's human rights not only in Kenya, but across various parts of the developing world. Global prevalence figures in 2014 indicate that 35% of women worldwide have experienced either intimate partner violence or non-partner sexual violence in their lifetime. In 2013, 45% of women between the ages 15 – 49 in Kenya have experienced either physical or sexual violence with women and girls accounting for 90% of the gender based violence (GBV) cases reported.

Gender-based Violence (GBV) refers to the specific type of violence that is connected to the gendered distinctiveness of being a woman, man or a person with transgender identity. Gender refers to the socially created responsibilities, conduct, actions and attributes that a particular society considers suitable for men and women. The divergent responsibilities and conduct assigned for men and women in any given society may bring about gender disparity, that is, variation between men and women that systematically favor one group. Consequently, such inequalities often lead to inequities between men and women in both social, economic and political status and relationships. Conversely, the weaker gender is left susceptible to domination and exploitation by the more powerful one. Such domination and exploitation may be symptomized in limited access to social goods like health, education, security, nutrition as well as victimization from violent and non-violent sexual and non-sexual offences against the person.

While admitting that the common victim of GBV is the female gender, the World Health Organization (WHO, 2005) opines that for women in many parts of the world, violence is a leading cause of injury and disability, as well as a risk factor for other physical, mental, sexual and reproductive health problems.

GBV manifests in a variety of behavior including physical, mental, or social abuse (UNHCR, 2000) and sexual abuse and harm (UNFPA, 2003). According to (UN-GA, 1993), in 1993, the United Nations General Assembly presented a partial list of GBV which included:

- Trafficking in women
- Forced prostitution
- Physical, sexual and psychological violence within the family
- Dowry-related violence
- Marital rape

- Female genital mutilation
- Child sexual abuse
- Rape and sexual abuse
- Sexual harassment in the workplace and educational institutions

The major characteristic of GBV is that the victim has no choice to refuse or pursue other options without severe social, physical, or psychological consequences owing to the fact that it is rooted in a society's social structure - the nerve center or its system of norms, values and beliefs (UNHCR, 2000). It is also an important characteristic that GBV can be perpetrated by an intimate partner as well as a stranger, and within and outside the family and home environment.

Despite the existence of several international anti-GBV treaties, global campaigns and advocacies against it, and domestication of the international treaties by various states, the vice remains a globally widespread human rights violation phenomenon. But the vice is mostly prevalent in developing, failed and war torn countries.

In Kenya, the existence and nature of GBV is documented in various studies as well as media reports. Generally, the victims are mostly women, although incidents of mens victimization are also reported. In some cases, the brutalities meted on them resulted in deaths.

A report released by the National Crime Research Centre on April 10, 2015 by the Attorney General showed that Mombasa, Machakos, Samburu, Kisii, Kilifi, Busia and Meru counties worst hit by cases of gender violence, including rape, battery and beatings. The report revealed that victims and survivors were also subjected to psychological humiliation, forced marriages, marital rape, forceful initiations and discrimination at work. They are also deprived of sexual desires, money and land, as well as freedom of movement.

CREAW has since designed a project entitled, "Haki Yetu, Jukumu Letu" being implemented in Kilifi and Meru Counties in the Republic of Kenya in response to the rampant cases of GBV in those counties and in an effort to champion greater accountability for the implementation of GBV laws and policies by GBV duty bearers.

The Goal of the project is women and girls in Kilifi and Meru counties are protected and able to better exercise their right to life, health, dignity, non-discrimination and education as enshrined in the Constitution of Kenya 2010.

The project aims to achieve the following results by 2019: -

Outcome 1	Increased gender sensitivity, responsiveness and coordination of GBV services by public authorities in Kilifi and Meru, counties by 2019.
Outcome 2	Increased capacity and action by Women led accountability groups and community based organizations in Kilifi and Meru to demand for accountability of duty bearers on GBV service providers on implementation of laws and policies that address gender violence against women and girls

To successfully implement the project, CREAW has adopted 5 Strategies as follows:

a. Skills building and capacity strengthening for both GBV duty bearers and women led accountability groups;
b. Public policy advocacy on GBV by women led accountability groups;
c. Public awareness campaigns to address citizen apathy and increase demand for accountability of public authorities on implementation of laws and policies that address violence against women and girls;
d. Coalition and partnership building with state and non-state traditional actors;
e. Monitoring reflection and learning forums as well as documentation and dissemination of best practices.

Centre for Rights Educations and Awareness

The Centre for Rights Education and Awareness (CREAW) is a feminist national non-governmental organization whose vision is a just and equitable global society. CREAW's mission is to champion expand and actualize women human rights.

CREAW's interventions are informed by a pragmatic theory of change model, which sets us apart as it puts women's rights at the center of everything we do. CREAW believes that by: (1) developing expertise and knowledge through social enquiries (research), (2) developing social problems into rights issues, (3) creating awareness and capacity of women to demand these rights and (4) engaging duty bearers in multiple ways – pressuring through courts and or strengthening their capacity to deliver will translate into better outcomes for women through shifts in policy, legislation and practice that protect and promotes women's rights.

Justification of the study

The study is anchored on the need to establish benchmarks against defined project indicators for tracking project progress and measuring interventions' results overtime in line with the project's logical framework. Further to this, the study seeks to generate valuable baseline information is intended to enable CREAW identify the exact conditions existing at the start of the project and to measure the degree and quality of change during project implementation. Consequently, the

importance of this study is in providing information to the Police, Health Institutions, School Administrations, Judiciary, and County Governments, Non-State GBV Actors and Women Groups and other stakeholders that would assist them in their work. Furthermore, this report has adopted a scientific approach meaning that the knowledge generated is valid and reliable thus filling knowledge gaps in available literature on GBV in Kenya.

The baseline survey was therefore intended to generate baseline data on the project's intermediate and immediate indicators, against which the project's performance will be monitored and evaluated overtime as well as to generate qualitative information to improve the project's responsiveness to the target beneficiaries and communities.

Study Objectives

a. Establish the extent of implementation of GBV related laws and policies by the Police, Health Institutions, School administrations, Judiciary; County governments in Kilifi and Meru County including determining what tangible efforts and results have been carried and achieved at policy and operational levels within the last 5 years;
b. Establish the Knowledge attitude and practice around addressing GBV by the Police, Health Institutions, School administrations, Judiciary, County governments, none state GBV actors and women's groups in Kilifi and Meru County.
c. Identify the Structural, cultural and resource barriers that limit the ability of Police, Health Institutions, School administrations, Judiciary, County governments, none state GBV actors and women's groups in Kilifi and Meru County from effectively addressing GBV.
d. Find out the extent to which Police, Health Institutions, School administrations, Judiciary, County governments, none state GBV actors and women's groups in Kilifi and Meru County work together to address GBV.
e. Extent to which women groups in Kilifi and Meru have engaged with and sought accountability from Police, Health Institutions, School administrations, Judiciary, County governments, for implementation of GBV related laws policies and service delivery. (Identify specific advocacy interventions) that have been carried that have been both successful and unsuccessful;
f. Ability and capacity of women groups in Kilifi and Meru to carry out advocacy and engage with Police, Health Institutions, School administrations, Judiciary, County governments, to seek accountability for implementation of GBV related laws policies and service delivery. (Identify capacity gaps);
g. Extent to which women groups in Kilifi and Meru have engaged with wider community members and other non-state actors to increase demand for better service delivery and accountability for implementation of service delivery.

Assumptions of the study

GBV is generally a taboo area, and rarely discussed in public or through mainstream community-based forums. Survivors are more likely to experience stigma, discrimination, and therefore fail to report having gone through GBV when it occurs. Against this background the study made the following assumptions: -

a. Individuals can report their own GBV experience despite the stigma provided their confidentiality is assured and that appropriate precipitate actions are taken against the perpetrator(s);
b. State agencies including the Police, Judiciary and Probation officers on the one hand as well as the leaders of the Women Groups and other non-state actors are knowledgeable about GBV and that there has been some effort towards implementation of GBV laws and policies in Kilifi and Meru Counties.
c. State agencies including the Police, Judiciary and Probation officers on the one hand as well as the leaders of the Women Groups and other non-state actors are knowledgeable about GBV and would be permitted to share such information without fear to the study team.
d. GBV correlates with demographic as well as with socio-cultural factors; hence, a stable pattern can be obtained across different geographical zones.

Scope of the study

The study sought to investigate the levels of implementation of GBV related laws and policies by the Police, Health Institutions, School Administrations, Judiciary, County Governments in Kilifi and Meru Counties including the study of tangible efforts and results that have been carried and achieved at policy and operational levels within the last five (5) years. The study also sought to investigate and document the knowledge, attitude and practice around addressing GBV as well as the structural, cultural and resource barriers that limit the ability of the Police, Health Institutions, School Administrations, Judiciary, County Governments, Non-State GBV Actors and Women's Groups in Kilifi and Meru Counties from effectively addressing GBV. GBV prevalence was indicated by two variables: Life time prevalence and current prevalence. This was obtained by asking respondents whether they have personally encountered GBV in their lifetime or in the last one month. Types and Forms of GBV were indicated by the various forms it takes such as sexual, physical and emotional abuses. The social, economic and cultural causes of GBV were indicated by respondent's characteristics including education levels, occupation/primary economic activity, demographics (age, gender, marital status).

The study did not seek data on religious nor political affiliations nor persuasions. This would have been an important cultural factor to consider. However, religious and political perspectives were captured by seeking respondents' views about cultural and religious beliefs regarding GBV.

The individual consequences of GBV were indicated by bodily and emotional injuries as reported by respondents and captured in various official records including the Kenya Police Occurrence Book (OB), Medical Health Records and P3 Forms filed in various police stations in Meru and Kilifi Counties. Responses were indicated by the actions taken by individuals who had experienced GBV as well as actions by the frontline institutions (including the Police and the Courts). Data on saliency of legal and policy frameworks were obtained by examining where the provisions available in Kenya are implemented and with what success and challenges. Data were obtained from key informants mainly from State Actors and Key Non-State GBV Actors.

Theorical and conceptual framework of the study

In the study of social sciences such as sociology, anthropology, criminology, and psychology, social control theory has been widely applied to illustrate variables related to inappropriate behavior in the society. The Social Control Theory is associated with the works of theorists such as Gottfredson and Hirschi (1990). The theory proposes that exploiting the process of socialization and social learning builds self-control and reduces the inclination to indulge in behavior recognized as antisocial and repugnant to the society. It was derived from Functionalist theories of crime and proposes that there are four types of control. One of them is direct control in which punishment is threatened or applied for wrongful behavior, and compliance is rewarded by parents, family, and authority figures for good behavior. The second one is indirect control by which a youth or a group of members of a community targeted for behavioral reforms are motivated to refrain from delinquency through the conscience or superego. The third is internal control whereby identification with those who influence behavior, say because his or her delinquent act might cause pain and disappointment to parents and others with whom he or she has close relationships. Finally, there is control through needs satisfaction, i.e. if all an individual's needs are met; there is no point in criminal activity.

The relevance of Social Control Theory to this study is found in sense that people's relationships, commitments, values, norms, and beliefs encourage them not to break the law, in this case to perpetuate gender-based violence. Thus, if moral codes are internalized and individuals are tied into such moral codes of conduct, and have a stake in their wider

community, they will voluntarily limit their propensity to commit deviant acts including crime related to Gender Based Violence and its related forms of correlated acts of violation of rights of individuals, mainly women and girls.

The theory seeks to understand the ways in which it is possible to reduce the likelihood of criminal act such as gender-based violence developing in individuals. It does not consider motivational issues, simply stating that human beings may choose to engage in a wide range of activities, unless the range is limited by the processes of socialization and social learning.

Thus, morality is created in the construction of social order, assigning costs and consequences to certain choices and defining some as evil, immoral and/or illegal. Thus, the propensity to engage in gender-based violence is behavior consequent to the failure of personal and social controls. In this case, personal control is seen as the ability of the individual to refrain from meeting needs in ways which conflict with the norms and rules of the community while social control is the ability of social groups or institutions to make norms or rules effective.

To understand why individuals engage in behavioral deviance such as rape, defilement and spousal battery requires an understanding and specification of such "abilities" and the specific control mechanisms leading to conformity. This means that the failure of primary groups such as the family to provide reinforcement for non-delinquent roles and values was crucial to the explanation of gender-based violence. Values such a respect, trust and commitment are taught by the primary groups and reinforced by secondary actors like states and governments. This may explain why, for instance, the uncommitted adolescent is a candidate for gang socialization, for instance, the case for increasing youth radicalization in the past eight years in Kenya, increasing involvement of the youth in criminal gangs such as Mungiki, Chinkororo, Baghdad Boys, Taliban etc. This argument acknowledges "gang socialization" towards gender-based violence as part of the causal, motivational, dynamic leading to delinquency.

Review of existing legal and policy framework for addressing Gender Based Violence (GBV) in Kenya

The key international treaties/ conventions and agreements to which Kenya is a signatory are as follows: Universal Declaration of Human Rights (UDHR,1948); Convention on the Elimination of Discrimination Against Women (CEDAW, 1979); United Nations Convention of the Rights of the Child (UNCRC,1989); United Nations Declaration on the Elimination of Violence Against Women(DEVAW,1993); the International Conference on Population and Development Programme of Action, 1994, and the Beijing Platform for Action(BPFA,1995).
At regional level, the key regional human rights instruments that promote prevention of and response to GBV and to which Kenya is a Signatory include the following: The African Charter

on Human and Peoples' Rights (1981); The African Charter on the Rights and Welfare of the Child (ACRWC 1990); The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol, 2003); The Solemn Declaration on Gender Equality in Africa (2004); The Intergovernmental Authority on Development Gender Policy and Strategy (2004); The Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children – International Conference on the Great Lakes Region (2006); The African Union Gender Policy (2009) and the Declaration of the Heads of States and Governments of the Member States of the International Conference on the Great Lakes on Sexual and Gender-based Violence (2011).

At the national level, the Kenya Government has enacted the following pieces of legislation that are intricately and precisely connected to GBV:

a. Constitution of Kenya, 2010: Article 10 (2) (b) sets out the national values and principles of governance to include, among others, human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalized. Article 19 (2) states the purpose of recognizing and protecting human rights and fundamental freedoms as being to preserve the dignity of individuals and communities and to promote social justice and the realization of the potential of all human beings. This general proposition is important and relevant to women's struggle for gender equality and gender equity. Further, the Constitution imposes a positive duty on the State and all State organs to observe, respect, protect, promote and fulfil the rights and fundamental freedoms in the Bill of Rights. Also significant for the GBV issues in Kenya is Article 2 (5) and (6), which provides that the general rules of international law as well as any treaty or convention ratified by Kenya form part of the law of Kenya. Notable is Article 21 (4) which imposes on the State the obligation to enact and implement legislation to fulfil its international obligations in respect of human rights and fundamental freedoms.
b. Article 2 of the Kenya Constitution 2010 defines the Constitution of Kenya as the supreme law of the land. Sub-article (5) incorporates the general rules of international law to form part of the law of Kenya while sub-article (6) states that "any treaty or convention ratified by Kenya shall form part of the law of Kenya under the current Constitution". In essence, therefore, Kenya has therefore outlawed gender discrimination and inequality by domestication of key international and regional conventions, treaties and human rights standards and programmes of action. These provisions are further expounded in Chapter 4 of the Constitution which adopts the Bill of Rights and explains each provision in detail. Article 27 of the Constitution on Equality and freedom from non-discrimination is particularly keen on the role of the duty bearers in enforcing the enjoyment of these rights and freedoms. In operationalizing the general provisions of the Constitution, it is therefore paramount to recall that Kenya is a signatory to several international and regional conventions, treaties and human rights standards and programmes of action that seek to

prevent or eradicate gender inequality and discrimination which are the major causes of gender based violence in Kenya.

c. Children's Act 2001: Though this Act has been in force since March 2003, the National Child Protection Policy was only recently developed to enhance its enforcement.

d. Persons with Disabilities Act, 2003: The Persons with Disabilities Act, 2003 has very progressive and responsive provisions to promote and protect the rights and freedoms of persons with disabilities both adults and children. However, the National and County Governments have not put enough measures in place to address the basic rights and needs of persons with disabilities especially girls and women who are the most vulnerable to violence in the private and public settings like schools.

e. Sexual Offenses Act, 2006: An Act of Parliament to make provision about sexual offences, their definition, prevention and the protection of all persons from harm from unlawful sexual acts, and for connected purposes [Act No. 3 of 2006, Act No. 7 of 2007, Act No. 6 of 2009, Act No. 8 of 2010, Act No. 12 of 2012]. Civil Society Organizations in Meru and Kilifi have actively worked to educate the public but the government has not fully taken up this responsibility as is required. The Sexual Offenses Act 2006 is a comprehensive law that criminalizes a wide range of behaviors including rape, sexual assault, defilement, compelled or induced indecent acts with children or adults, gang rape, child pornography, child trafficking, child sex tourism, child prostitution, exploitation of prostitution, incest by male and female persons, sexual harassment, deliberate transmission of HIV or other life threatening sexually transmitted disease, stupefying with sexual intent, forced sexual acts for cultural or religious reasons among others. The Act also has orders for medical treatment for victims including free HIV prophylaxis, emergency pregnancy pill and counseling. The Act provides stiff penalties in which most of the crimes attract minimum of ten years imprisonment which can be enhanced to life imprisonment. Considering the wide range of behaviors covered and the stiff penalties, the Act is definitely an important tool in combating sexual offences.

f. Penal Code Cap 63 (Revised Edition 2012): Whilethis law does not specifically address Sexual Gender Based Violence (SGBV) it outlines various offences which often accompany acts of SGBV which include but are not limited to assault , battery , coercion , extortion etc.

g. Teacher Service Commission (TSC) Act 2012, Code of Regulations for Teachers and the Basic Education Act, 2013:.These are Acts of Parliament accompanied by regulations that set out the systems and structures for teacher management and discipline, describe and outlaw acts that may lead to teacher student sexual violence and prescribes administrative punishments that the TSC may carry out in such instances. It was noted that the level of awareness of these two Acts of Parliament among the duty bearers chiefly the teachers, parents and other stakeholders in the education sector is very low. The same case applies to the children –girls, boys and male as well as female youth who are the rights holders. In response, the respective

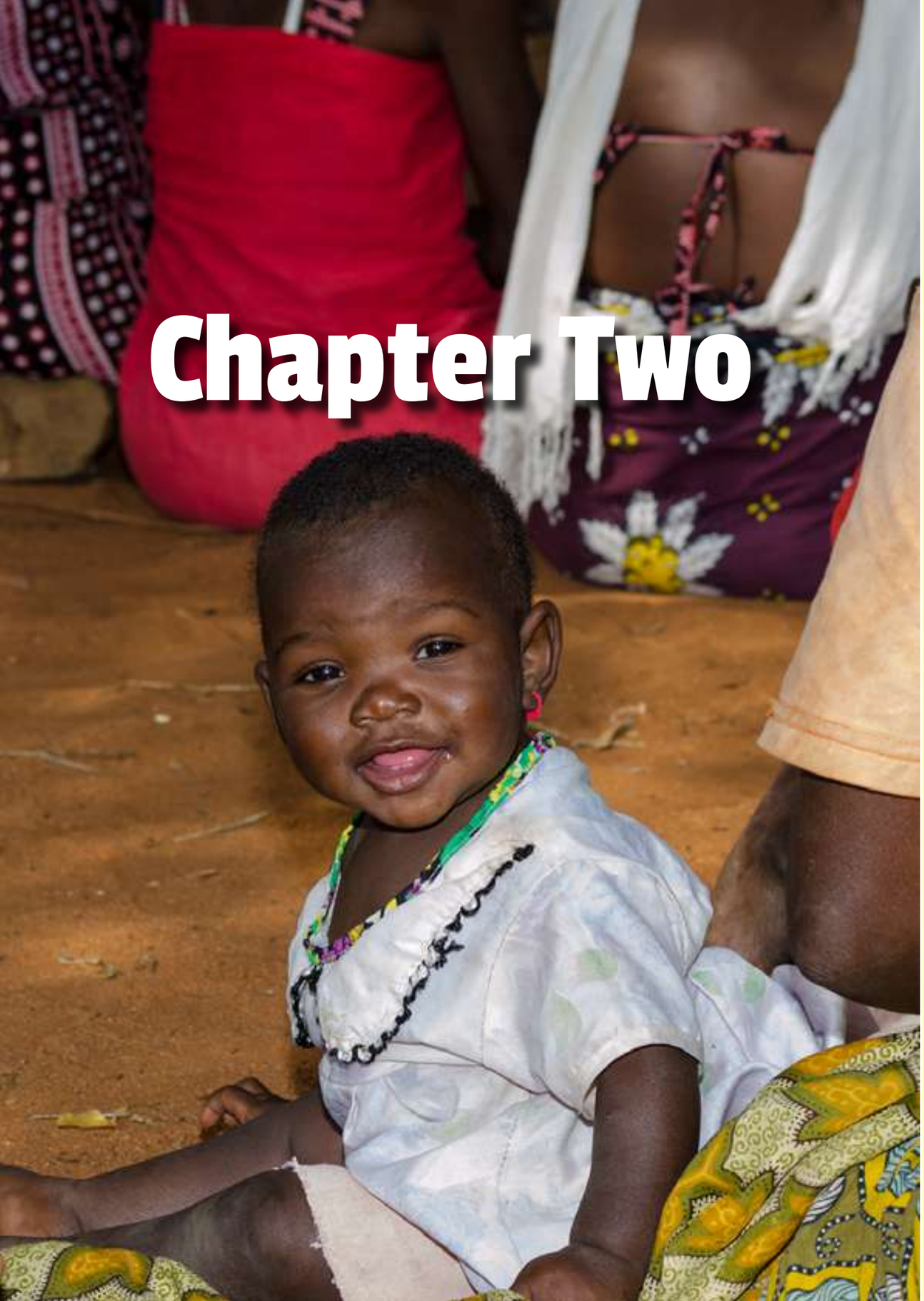
County Directors of Education in both Meru and Kilifi Counties have made efforts to produce or acquire sufficient copies for the schools and learning institutions in their respective jurisdictions.

h. Gender in Education Policy, 2007: Prevention and response to school related gender based violence (SRGBV) is addressed in the Education Gender Policy (2007). The policy recommends mainstreaming of policies that address GBV at all education levels; establishing modalities for dealing with SGBV including harassment; flirting, indecent assault of female students and staff by their male colleagues, and developing of a framework for co-ordination of stakeholders involved in efforts of providing a safe learning environment. The survey, however realized that the Gender in Education Policy is still very far from realizing its objectives due to low levels of awareness among the educational stakeholders including the girls, boys, families and teachers. However, recent policy pronouncements by the Ministry of Education , Science and Technology have acted to bring to light the various provisions of the law on GBV in schools and colleges, especially Teacher Training Colleges.

i. Ministry of Health National Guidelines on the Management of Sexual Violence in Kenya, 2009: These National Guidelines have been designed to give general information about management of sexual violence in Kenya and focus on the necessity to avail quality services that address all the medical, psychosocial, legal needs of a survivor of sexual violence in both stable and humanitarian contexts. Despite its holistic approach to addressing the problem through a comprehensive care provision system that brings all the relevant stakeholders under one roof, it is not well disseminated and may only be accessible to health workers alone. The public need to be properly educated on their health options in cases of sexual violence or assault.

j. Multi-sectoral Standard Operating Procedures (SOPs) for Prevention of and Response to Sexual Violence in Kenya (2013): This framework was developed by the Task Force on the Implementation of the Sexual Offences Act (TFSOA) to provide for the minimum package of care to be accorded to survivors across sectors-health, legal and psychosocial, and outline referral pathways in cross-sectoral management of survivors. However, holistic as the approach is, the main challenge is low levels of awareness among the stakeholders due to limited dissemination.

k. Other Relevant Pieces of Legislations: Other national instruments include the Criminal Procedure Code (Revised Edition 2012), the Prohibition of Female Genital Mutilation Act (2011), the National Gender and Equality Commission Act (2011), the Political Parties Act (2011), the Elections Act (2011), the Sexual Offences (Medical Treatment) Regulations (2012), the Matrimonial Property Act (2013), Marriage Act (2014), and the Protection from Domestic Violence Act, 2015.



Chapter Two

Methodology of the study

Introduction

This chapter presents the research design, methods and tools of data collection, data collection, and management procedures, methods of data analysis and ethical considerations in the study. This section describes the study methodology, the scope and geographic coverage of the study. This was a cross-sectional study utilizing both qualitative and quantitative methods of data collection and analysis. The information sought was meant to give a clearer understanding on areas of research question and how various duty bearers, institutional actors and rights holders (specifically women groups) are responding to gender based violence and specifically ensuring that GBV laws and policies are properly implemented. Several secondary data were reviewed to inform the survey's primary data collection framework and the data collection tools. The second phase of the study involved data collection and analysis. Data from different sources were triangulated to ensure accuracy, validity and reliability. National and regional child protection indicators as well as data and findings from the most recent studies were analyzed and where necessary, synchronized with the findings of this study.

Study Design

The overall design of the study was a descriptive cross-sectional survey. This means the study aimed at capturing the prevalence and patterns of GBV at a particular point in time as well as strategies adopted by state and non state actors to respond to GBV both in Meru and Kilifi Counties. This study adopted triangulated methodology research survey design. The basic idea behind triangulated survey methodology is to measure the influence of selected independent variables on given dependent variables by posing questions to a sample group and then determining the relationships between the variables. In this instance, the survey attempted to capture knowledge, attitude or patterns and practice of behavior of various respondents in the study. The cross-sectional survey sought to answer the question "why" in order to identify causal mechanisms and relationships with a view to formulating generally acceptable and plausible baseline survey answers to the problem at hand.

In the baseline survey study, respondents were randomly sampled where all potential respondents were given an equal chance to be selected as part of the study (Sample Frame). This is the basis of quantitative methods, the hallmark of the survey in this kind of Social Science Research.

Respondents who provided qualitative data included Key Informants (KIs) such as Government Departmental Heads – both National and County Government Staff and Officers (across the key sectors of importance to the project), women from local women led groups , community leaders and team leaders drawn from partner agencies and local community based groups and

organizations. Additional background information was mined from desk review of secondary data in the form of project design documents, project reports and official government records.

The study combined both quantitative and qualitative methodologies in obtaining and analyzing data. The target population consisted of female and male community members ages 14 – 49 years drawn from women led community based organizations, CBOs and NGOs working to address GBV as well as Government Actors drawn from the Police, local administration, Judiciary, Schools, County Governments, Health Institutions and the fourth estate members – local media entities. The choice of 14-49 years as the upper age limit was consistent with the demographic that most reports such as the Kenya Demographic Health Survey show are likely to have suffered an incidence of GBV in their past five years.

Methods and Tools used for Data Collection

The study combined both quantitative and qualitative methodologies in obtaining and analyzing data. The quantitative approach employed the survey method, while the qualitative approach employed the Key Informant interviews and Focus Group Discussions.

Data Collection Methods

The lead consultants trained data enumerators on the data collection tools before administering them in face-to-face interviews. Interviews were conducted in vernacular (local languages), Kiswahili or English depending on what language a particular respondent was most comfortable with. Each enumerator was supervised by Lead Consultants to ensure that recording of data was carried out correctly and in accordance with the required data quality standards. The study also involved interviews with Key Informants to establish the institutional responses of the institutions they represented.

Data collection tools

Data from individual respondents were collected through a questionnaire. The questionnaire was adopted from the European Union's EUROMED Gender Equality Programme recommendations contained in the document Gender Based Violence Methodological Protocol: Harmonized Methodology and Concepts to conduct GBV surveys. The questionnaire obtained data on the following:

a. Profile of household head and all members responding to the questionnaire
b. Household information (bio-data)
c. Knowledge and awareness of gender based violence including the meaning of GBV
d. Common Types and Forms and causes of gender based violence in the community
e. Sources of Information on GBV
f. Strategies commonly used to create awareness on GBV in the Community
g. Major Players in GBV Information Dissemination

h. Available GBV Services in the respective County
i. Channels for reporting GBV
j. Level of involvement and participation of community members in the GBV Prevention, Response and Awareness raising.
k. Existing Legal Framework for Dealing with GBV Cases in the respective county
l. Individual experience from an intimate partner
m. Individual experience from a non-intimate partner
n. Individual and institutional responses to gender based violence
o. Policy and Legislation Recommendations for Improving Response and Interventions to GBV Issues
p. Challenges to GBV Programmes in the Respective counties of Meru and Kilifi.

Data from Key Informants were obtained through an interview schedule. The Key Informants were drawn from institutions in the criminal justice system agencies (including the Police, Judiciary, Prisons and Probation), departments from line government ministries (such as Gender and Social Development Department, Children Services Department, Health Ministry, Teacher Service Commission, Education Ministry) and Non-Governmental Organizations and Women Groups/Community Organizations holding greater responsibility on GBV in both Kilifi and Meru Counties.

Study organization and administration

A centralized approach to data collection was employed. Two mobile field teams of researchers were dispatched to the two counties of focus, namely; Kilifi and Meru. Each team consisted of one supervisor and 4 research assistants under the overall supervision of the lead consultant. The teams were recruited based on their expertise in working on gender related issues, their familiarity of chosen areas' route map and in consideration of cultural dynamics in each of the four statistical regions. In total, there were 2 Supervisors and 8 interviewers. The research assistants were sufficiently inducted on the background and purpose of the research, data collection methods, skills of identifying research participants, ethical considerations and the use of research tools.

Pretest of the research tools

In order to determine content validity of the research tools, pre-test was conducted in Kibera, Nairobi. The site selection was largely due to its proximity and the convenience of mobilizing the respondents. Prior to the pretest a consultative and participatory involvement of the research team and CREAW was implemented to familiarize with the tools and test skills. This consultative process continued into the period after the pre-test. The research team discussed its outcome collectively and participated in their revisions.

Data management and processing

Manual editing of administered questionnaires was done to ensure quality control soon after fieldwork. After developing the relevant codes for all questions that were not pre-coded prior to data collection, a computerized user-friendly data capture screen and the customized computerized check program in CSPRO was designed.

Analysis of quantitative data was done using STATA statistical software. The analysis provides descriptive summaries and explanatory analysis in respect of key variables.

Qualitative data from key informant interviews and FGDs was transcribed and arranged thematically for ease of analysis. The approach to its analysis was interpretative, explanatory and reflective.

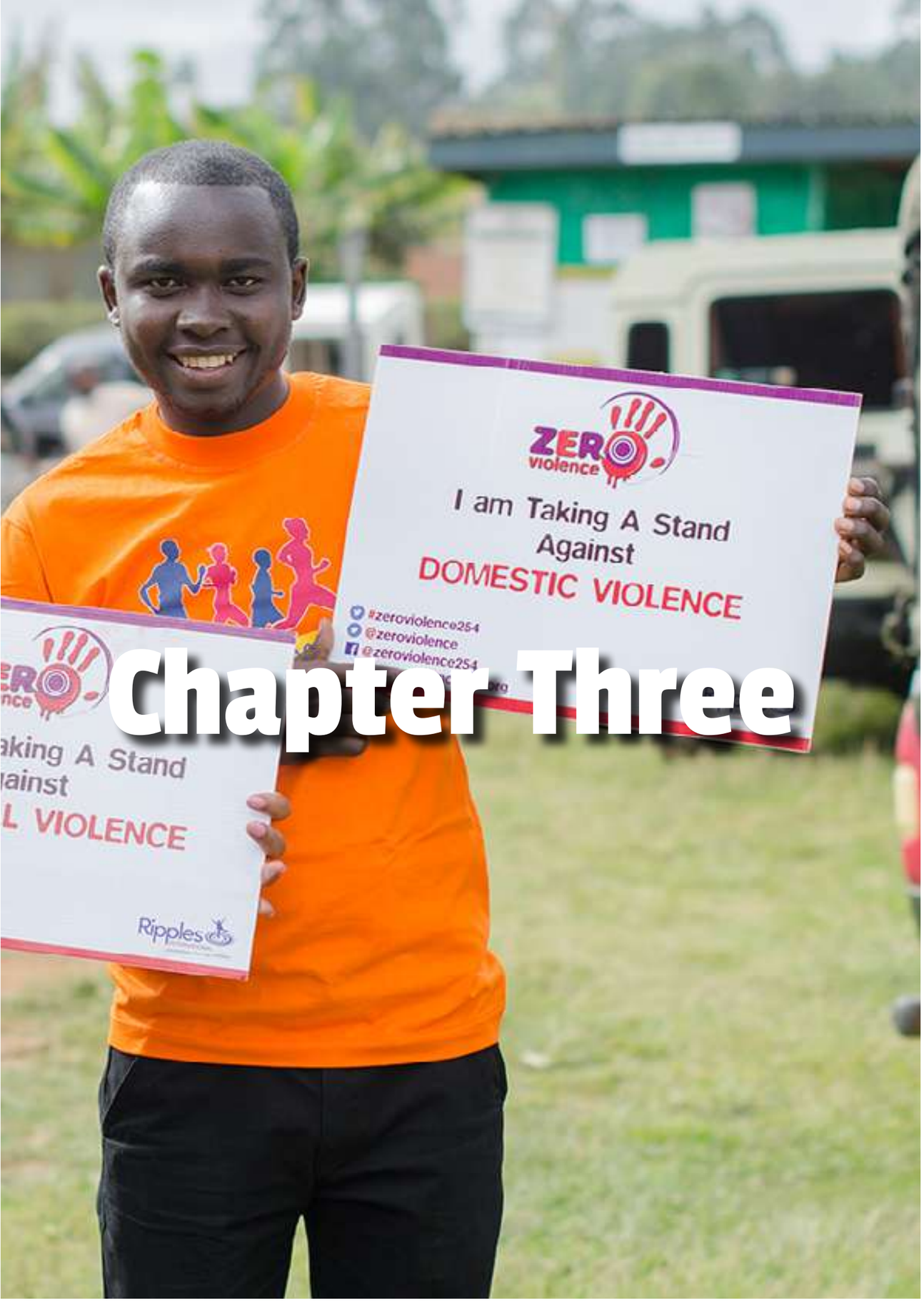
Methods of Data analysis

Data entry template was prepared using EpiData Software. EpiData refers to a group of applications used in combination for creating documented data structures and analysis of quantitative data using MsProject Software in the Windows 2010. The importance of using EpiData lies in its ability to control entries and therefore reduces the risk of making wrong/ erroneous entries. After entry, data were exported to the Statistical Package for Social Sciences (also called Statistical Product and Service Solution) for verification of accuracy and analysis. The verification involved crosschecking entries with questionnaires for consistency and checking completeness of questionnaires. In doing this, 10% of the returned questionnaires were randomly selected and their entries compared with the corresponding computer entries. Questionnaires that did not specify the age of respondents were discarded as well as those with respondents above 49 years of age. Questionnaires in which the gender of respondents could not be clearly ascertained (out of enumerators mistakes, for example, entering the code male and further in the questionnaire recording data only for females) were also discarded. Data analysis was done using descriptive statistics (including frequencies, averages) and inferential statistics (mainly Chi-square). Chi square is basically a measure of association, which compares observed data and expected data based on a specific hypothesis. For example, the test can demonstrate difference between men and women on any GBV indicator and or study variable. The report of the survey was written thematically guided by the research questions which then formed the key sub-headings of the study report.

Ethical considerations

Ethical considerations observed in the study included the following: (a) adequate training was carried out for research assistants before going out to the field. This enabled them to understand the questionnaire in detail before data collection; (b) Consent to carry out interviews was sought from respondents before interviews were carried out; (c) Respondents were allowed not to answer questions they were not comfortable with and or those which tended to go against their cultural

norms and or religious beliefs; (d) Only views given by the respondents were recorded without any sort of biases; (e) Due to the sensitivity of the study, the language used when administrating the questionnaire was decent and polite and the respondents were continuously reminded that any response provided will be treated with utmost confidentiality at all time and the no one's identity will be disclosed to any third party; and (f) for the subjects under the age of 18 but above age 14, parental consent was sought and the individuals were interviewed in the presence of the parents or their legitimate guardians.



Chapter Three

Findings and Discussions

Introduction

The chapter presents the findings of the study guided by the research questions outlined in Chapter one of this study Report. However, demographic data of the respondents are also presented. Quantitative data are presented as pie charts and bar graphs originating from data analysis tables generated from the study variables. The data are presented through simple tables and figures for ease of interpretation and understanding. The percentages are generally presented in descending order (from highest to lowest) and a common pattern is identified when reported by at least 25% of the respondents. Chi-square statistics and associated probability are only shown where a significant association is established. Qualitative data are presented through discussion of views of Key Informants and where necessary, emphasis is made through quotations.

A total of 345 respondents were interviewed of whom women were 217 and male were 128 bringing the total percentage of women respondents to 62.90% while male comprised of a total of 37.10%.

The average (mean) age for women involved in the study was 27 years and for men 35 years (both with a range of 14 – 49 as predetermined). For both genders, all the age groups from 14 to 49 years were represented in the random sample. The distribution across the age groups was consistent with the Kenyan population structure that has a bulk of young people and fewer numbers of older persons aged above 50 years according to the 2009 National Population Census. Majority of the respondents belonged to the youthful age groups of 20 – 29 years and 30 – 39 years for female and male respectively. The sample was also well distributed across marital status, education level, physical status and primary economic activity of the respondents under the study frame. The spread of the sample across various categories of the demographic variables allowed for the examination of the association between these variables and GBV experience in the last five years of the respondent's life. Table 1 below gives the demographic characteristics of the respondents surveyed both in Meru and Kilifi Counties with nth being 345 respondents.

GENERAL CHARACTERISTICS OF THE RESPONDENTS

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLED RESPONDENTS

VARIABLE	CATEGORY	WOMEN	MEN
Age of respondents	Mean Age	27	35
	14 - 18	5.7	7.0
	18 – 22	12.8	8.0
	22 – 26	14.2	19.4
	26 – 30	23.1	20.6
	30 – 34	14.2	11.9
	34 – 38	11	16.5
	38 – 42	9.7	8.7
	42 – 46	6.1	5.8
	46 – 50	3.2	2.1
Marital Status of Respondents	Single	45	41
	Married	13	17
	Widowed	11	14
	Separated	14	19
	Divorced	17	9
Level of Education	None (Never Attended School)	4.91	3.2
	Pre-Primary (Never Completed Primary Education)	11.2	6.1
	Primary Education (KCPE)	12.12	13.1
	Secondary School Drop Out	22.1	15.2
	O'Level Certificate (KCSE)	29.2	35.12
	College Certificate/Diploma	11.05	13.04
	University Education (Graduate Degree Holder)	9.42	14.24
Physical Status of Respondents	Able Bodied (No any form of disability)	44.97	47.7
	Slightly/Partially Disabled but able to work unaided	7.1	9.4
	Moderately Impaired/Disabled but able to Work	5.01	8.1
	Extremely/Severely Impaired or Disabled	2.1	2.4
	Elderly but able to work	1.09	0.91
	Elderly and unable to work	0.05	0.02
	Chronically ill from GBV related causes	15.54	12.29
	Disabled as a result of GBV related causes	10.11	5.21
	Separated due to GBV issues	14.03	13.97
Primary Economic Activity	None	0.01	0.03
	Peasant Farmer (less than 1 acre)	7.12	11.09
	Commercial Farmer (1 acre – 5 acres)	4.2	3.21
	Commercial Farmer (Over 5 acres)	0.12	3.1
	Housewife	18.94	0
	Informal Wages	7.6	22.1
	Petty Trade e.g. sale of charcoal, firewood, itinerant retailer etc	5.1	15.2
	Micro and Small Enterprise Trader	2.61	5.72
	Livestock Farmer including cattle and poultry	0.21	0.78
	Agricultural Casual Laborer	3.55	8.1
	Grocery Vender (aka Mama Mboga)	11.23	7.09
	Illicit Brewing and Trade in Illicit Brews	4.12	0.36
	Commercial Sex Worker	9.02	0.01
	Bar Maid/Attendant	8.24	2.34
	Professional Employee	1.99	2.69
	Professional Unemployed	7.1	6.88
	Non Agricultural Casual Laborer	5.67	5.72
	Artisan/Craft Wage Earner	2.2	5.52
	Other	0.97	0.06
Respondent Relationship to the Household Head	First Wife / Spouse	0	39.12
	Other Wife / Spouse	2.1	2.1
	Head of Household	45.97	22.1
	Son or Daughter (sibling)	34.29	17.55
	Other relative from Extended Family	3.56	1.09
	Grandson/Daughter	4.45	14.91
	Brother/Sister	3.42	3.02
	House help	3.55	0.05
	None Related	1.28	0.03
	Mother/Father	1.15	0.02
	Grandparent	0.15	0
	Mother-/Father-in-Law	0.08	0.01

Meaning, Causes and common forms/types of GBV in Meru and Kilifi Counties

Meaning of GBV according to the respondents

The table below gives the meanings of GBV according to the respondents in the survey:

TABLE 2: MEANING OF GBV

RESPONSE	FREQUENCY	PERCENTAGE
Complex violations including child abuse, negligence of the child	15	4.35
Violations related to family and social issues	11	3.19
Violations of human rights of either gender	41	11.88
Violation that is either perpetrated by either gender	13	3.77
Violations that are abusive and negatively affect an individual, based on their male or female sexuality	264	76.52
Violation of women's rights especially physical	1	0.29
N	**345**	**100.00**

TABLE 3: CAUSES OF GBV IN MERU AND KILIFI

RESPONSE	FREQUENCY	PERCENTAGE
Traditional/cultural: male chauvinism	13	3.77
Resource: constraints such as financial and other property rights related issues	33	9.57
Complexities: inferiority/superiority complex – due to academic, social status and other factors	24	6.96
Honesty issues: feeling of being cheated in various ways – marital related, property control	17	4.93
Ego/identity: who is the boss here!	19	5.51
Substance abuse and addiction /illicit brews	154	44.64
Peer pressure	49	14.20
Emotional related causes	36	10.43
N	**345**	**100.0**

In the order of priority ranking, it was realized that the most common causes of GBV in both counties in the order of top 5 included the following:

a. Substance Abuse and Addiction, especially the abuse of illicit brews and drugs with 44.64%,
b. Peer Pressure with 14.20%,
c. Emotional related causes with 10.43%,
d. Resource: constraints such as financial and other property rights related issues at 9.57%, and
e. Complexities: inferiority/superiority complex – due to academic, social status and other factors with 6.96%.

The top five (5) causes of GBV accounted for 85.8% of all the main causes as reported by the respondents in both counties.

COMMON FORMS/TYPES OF GBV REPORTED IN MERU AND KILIFI COUNTIES

TABLE 4: COMMON TYPES OF GBV IN MERU AND KILIFI COUNTIES

RESPONSE	FREQUENCY (N)	PERCENTAGE (%)
Physical – FGM, assault/fights /wife battering	77	22.32
Psychological – exclusion/isolation, stigma	66	19.13
Sexual – FGM, rape, defilement	72	20.87
Child abuse: Child labour, child marriages etc.	79	22.90
Economical denial of property rights and financial deprivation*	46	13.33
Leadership***	5	1.45
N	**345**	**100.0**

The study established that the most common forms/types of GBV in the study areas basically included the following in order of prevalence and severity of impact:

a. Child abuse including child labour, child sex, child marriages and neglect topping the list with 22.90%,
b. Physical abuse including Female Genital Mutilation (FGM), assault/fights and wife battering being second in the list at 22.32%. A case in point to emphasize this was recorded in Meru County where wife battering is treated as normal almost enshrined in the culture-custom, belief and values. "Beating a wife is like loving her" a young woman if beaten will be advised by the grandmother and the mother 'Mwanaume anakupenda' - He loves you if one is defiant

and leaves then she is treated as outcast, reckless, 'sio mtiifu' 'Mwanamke kwa Wote' – Culture is so punitive to the woman, and

c. Sexual – FGM, rape, defilement being third in the list of top three forms of GBV at 20.87%.

According to the survey respondents, Gender based Violence (GBV) is a violation of human rights of either gender. It was described as complex violations including child abuse and neglect, family and social issues, abusive and negatively affecting an individual based on male or female sexuality and can be perpetrated by either gender. The causes of these violations were identified as traditional or cultural related to male chauvinism; inferiority and superiority complex due to academic, social status and other factors; resources constraints related to finances or property; honesty issues related to feeling of being cheated in various ways including marital or property control; drug addiction and substance abuse, identity issues and ego, peer pressure and emotional state.

The common forms and types of GBV are Physical (including FGM, assault, fights and battering), psychological including exclusion or isolation and stigma, sexual which include rape (including by intimate partner, defilement and sodomy. It also includes child abuse inform of child labor and child marriages among others and economic deprivation.

Sources of information on GBV in Meru and Kilifi Counties

The main sources of information on GBV were identified as the members of community or public, the survivors themselves, Local administration and leaders including village elders, chiefs and sub chiefs, the police, teachers, community based organizations(CBOs) and 'chamas'- socio-economic empowerment groups and Civil Society Organizations(CSOs), paralegals, the courts and the media both print and electronic.

3.5. The implementation of GBV related laws and policies in Meru and Kilifi Counties

3.5.1. Education Sector

Reforms in the education sector over the last decade have tremendously improved access to education for both the boy and the girl child, with remarkable annual increase in enrolment, transition and retention rates. However, the girl child is still disadvantaged due to deeply enrooted social barriers, mainly cultural, that hugely disfavor the girl child in comparison to the boy child. Cases of early marriages, child prostitution, female genital mutilation, teenage pregnancies and teenage mothers were also commonly cited as rampant and widespread in the two counties which point to the gender inequality facing the girl child. All these issues affect school attendance and academic performance of girls and directly contribute to poor enrolment, transition and retention among girl child as compared to boys.

To ameliorate, the situation of child abuse which includes Violence against Children (VAC) within school learning environment, the Ministry of Education and Teachers Service Commission have

developed and made operational a raft of policies. For effective implementation and monitoring, the ministry of education has devolved its operations to the zonal level while the while TSC is devolved up to the sub county level.

The policies implemented by the TSC include – code of regulations for teachers, code of conduct and ethics and circular 3 of 2010. The TSC policies and guidelines have been aligned with the Children's Act 2001, the Sexual Offenses Act, the Penal Code, the Constitution and the Education Act. From the schools surveyed showed in both Meru (n=4) and Kilifi (n=5) Counties, the study found that TSC has ensured that all schools had copies of the above documents, kept in the office of the head teacher and the inventory record regularly taken.

Further, TSC has developed a set of tools under the Teachers Performance Appraisal Development (TPAD), which assesses each teacher's performance across 7 core areas, one of which is child protection. This measure was found to be operational in all the schools surveyed (n=9).

TSC and Ministry of Education considers school environment as one component of an integrated child protection system. The school child protection system thus ensures: staff have been trained to identify signs of abuse; steps to be followed if a teacher or other member of staff is accused of harming a child. In addition to the child protection system, as part of the curriculum, pupils and students are required to be taught how to protect themselves and that the head teacher designates a teacher responsible for dealing with child protection (normally the teacher in charge of guidance and counseling); and, a standard operating procedure is in place which clearly outlines steps to be taken by the head teacher and the school management board in the event of an abuse. Social Ethics lessons cover such topics as:

a. Risky behavior,
b. Suitable and inappropriate physical contact, and
c. Dealing with peer pressure.

Against a backdrop of rampant cases of violence against children, the commission partnered with other likeminded organizations in the past years to raise awareness in response to GBV in the school settings e.g. the 'Violence against Children' (VAC) project funded by the European Union (EU), and Tusome (Waschana Wote Wasome). It is through these initiatives that Beacon Movement - an informal network of teachers advocating against violence against children, was established through efforts of the Teachers Service Commission's gender department. As a result, most schools Kilifi County have a beacon teacher, a good number of them having been assigned the guidance and counseling roles in their respective schools.

To ensure comprehension of the policies by teachers and the schools management, TSC and the Ministry of Education takes advantage of every teachers gathering and meetings to sensitize the

teachers. Ideally, in every school board of management (BOM) meeting the commission should be sending a representative from the sub-county level offices. Whenever a new BOM is inaugurated, all chairmen are called for a meeting within a month so that they are properly inducted on their roles as managers of the institutions. The induction is normally themed on the roles of the School Management as stipulated in the Education Act and also on array relevant laws and policies.

However, during a spot check in the same surveyed schools, Meru (n=4) and Kilifi (n=5), on the existence of measures outlined in the TSC's and Ministry of Education's raft of measures, no written SOPs on steps to be followed in the event of a reported case of abuse against a pupil or student was found to be in place in any of the schools surveyed. In addition, in as much as child protection is one of the core areas for a teacher's performance appraisal, its efficacy to deter gender based violence in schools has never been evaluated by TSC and the Ministry of Education.

Despite all these by initiatives by TSC and the ministry of education efforts, cases of GBV within the learning environment, particularly sexual abuse, defilement, and child pregnancy are still considerably high in both the Counties going by retrospective analysis of the available medical records.

Teachers, education officials, children's officers, police officers, and the members of school management boards who were interviewed all registered a concern that GBV cases especially among girls aged 10 – 14 years are very common, often occurring within and outside school learning environment.

From the findings of the survey, pupils and students from rural based schools are highly likely to bear heaviest brunt of GVB than their peers in urban schools. TSC attributes this phenomenon to the slow penetration and uptake of laws and policies in rural areas compared to the urban areas. Similarly, girls are three times more susceptible to GBV than boys mainly because of their vulnerabilities created by the unequal cultural, social and economic status.
For instance, the retrospective analysis of records by the survey shows that majority of cases are from rural areas in Kilifi County. Of the 167 cases reported to TSC, including cases of corporal punishment, recorded between January 2015 to the time of the survey, 59% (n=99) originated from the rural schools while 41% (n=68) were from urban schools. Three times as many girls (n=135, 75%) were survivors of the GBV cases than boys (n=32, 25%)

Magarini Sub County of Kilifi County was commonly cited as the most notorious in the county with cases of abuse. Other areas cited include Watamu and Kakovieni Zones. TSC officials noted with concern that higher number of cases of GBV reported from rural schools as opposed to urban schools in a pointer to the slow pace of sensitization and uptake of information by the teaching staff and education stakeholders on the policies in rural areas. In addition, TSC and Education officials also (n=3) attributed this disparity to structural and resource constraints they faced in reaching the rural areas, especially hard to reach areas, to disseminate essential policy issues as well as monitor the implementation of various policies.

Comparatively, in Meru County, the cases were reported to be evenly distributed among the sub counties by the TSC officials interviewed (n=2). However, the researcher was unable to access secondary data of reported cases (quantitative) for retrospective analysis.
In summary, there are no specific accountable and tangible measures put in schools in both Meru and Kilifi counties to prevent, detect, monitor and report GBV against girls in schools. The technical capacities of both the head teachers and the teachers in charge of guidance and counseling were notably frail and thus need urgent strengthening.

TEXT BOX 1: MEASURES PUT IN PLACE TO PREVENT GBV IN PUBLIC SCHOOLS IN MERU AND KILIFI COUNTIES

The study found that no accountable and tangible measures had been put in place in public schools in both Meru and Kilifi counties to prevent and detect GBV against girls in schools as stipulated by the Child Protection Policy. The technical capacities of both the head teachers and the teachers in charge of guidance and counseling were notably inadequate in light of the magnitude of the problem and thus need urgent strengthening. The SOB system in place was not only found to be unreliable, but was completely dysfunctional and redundant. It should therefore be overhauled and replaced by a pragmatic and simple system that is acceptable to and supported by both teachers and students and whose functionality and effectiveness is regularly evaluated. The successor system and measures should have the input of the potential users throughout its design, piloting, and extensive roll-out, otherwise it will suffer similar fate as the incumbent.

3.5.2. The Kenya Police Service

The National Police Service provides GBV related services relating to its constitutionally obligated duty of maintaining law and order, investigation and apprehending suspects and perpetrators. In provision of GBV services the national police service works with a number of stakeholders including the office of the Director of Public Prosecutions through prosecutors, the courts, rights organizations, the national and local administration, the heath service providers and the communities through the community policing and the "nyumba kumi" initiatives among an array of stakeholders.
In addition to community centered approach in service delivery, national Police Service, as

required by law, has in the past established Gender and Child desks to respond better to GBV and child abuse cases. GBV cases are therefore supposed to be reported at the Gender and Child Desks which are only physically available at all police stations but functionally operating below par due to underfunding and low staff capacity. The gender desks were meant to ensure survivors are accorded friendly and compassionate services which are confidential, professional, expedient and non-judgmental.

3.5.2.1. Police Services in Meru County

There are 21 police stations, 20 Patrol posts and 10 bases in Meru County. All the 21 police stations have operational gender desks.

The gender desks are manned by two police officers; one male and another female, preferably from among officers experienced in handing GBV issues, either by work exposure, or through NGO sponsored trainings. 42 police officers are reported to have received training on GBV over the last three years in Meru County, 14 of who have since been transferred out of the County.

In an ideal situation, the officers manning the desks would be those who best suit the role in terms of the technical capability, however, according to the County Commissioner (n=1), due to the multiple demands placed on a police officer on duty, "any officer stands a chance to be posted at the desk by the Officer Commanding the Police Station (OSC), from among those available within the administrative jurisdiction of the station, depending on need, priority of attention and the available human resource capacity at the time," a view corroborated by the Meru OSC.

As for the number of GBV cases handled by police in the last five years, the researcher was not able to access the data; neither did the secondary sources such as the NPS website give any indicative data. It was however reported that between 3 to 5 cases of GBV are reported to each of the operational desks on a daily basis. It was also commonly reported by the officers working at the desks (n=4) that a majority of these cases handled involved female survivors aged between 10 to 16 years. Cases where adult women victims were survivors were seldom reported.

The key informant interviews revealed that under reporting was attributed to lack of awareness on timely reporting leading to delays in reporting at the police station , prevailing customary norms that perpetuate violations like early marriages; interference by perpetrators and the community where GBV perpetrators are shielded , preference in resolving GBV cases at the community level through "Kangaroo" courts which are seen to be more expedient and stigma related with being identified as a survivor of GBV.

In as far as the Knowledge on GBV by the Police officers is concerned, the study found that the police officers are exposed to information about GBV from the police training college where the training curriculum is aligned with various GBV laws and policies (sexual offences Act, Children Act etc) and also has components of human rights training integrated in it. However with no readily available refresher training and or materials on GBV readily available to the police officers there is decreased sensitivity and retention of knowledge and appreciation of GBV.

It was also noted that with no County specific Policy on GBV in existence the police mainly rely on the use of the National Police Service standing orders , National Police Service Charter to determine how they serve members of the community including survivors of GBV . However despite this, it was noted that the police officers' skills have been strengthened through various trainings offered by the Police Service in partnership with the State Law Office, the office of the Director of Public Prosecution and a number of key Civil Society Organizations such as Kituo Cha Sheria, IMLU, and FIDA among others. The themes and focus of the training are often determined by the sponsors, and not necessarily through any training needs assessments conducted by NPS. In addition, the trainings are not consistent and the high staffing turnover of police officers mainly as a result of transfers often leaves the police station with few officers who have training on gender. The researchers did not find any evidence in place of specific measures taken at station levels to institutionalize GBV training and transfer of knowledge.

With regard to practice around addressing GBV, Key informant interviews with police officers revealed that there are opportunities for the police to engage member of the public on a wide range of security issues which may include GBV issues on occasion. These include chief barazas. However, more often than not, the discussions with community members focused more on the nyumba kumi initiative and not GBV.

On the promptness and thorough investigations around GBV, the Police in Meru have formed a working relationship with the local national administration such as chiefs and sub-chiefs and nyumba kumi committees, the Courts and Health Institutions. The court users committees are composed of police, health, prosecution, courts and provincial administration officers among others and provide a perfect platform for networking and collaboration to close the gap between members of the public and the justice system.

Despite willingness to pursue GBV cases, the police officers manning the Desks (n=2) felt that they still lacked some essential skills in the areas around criminal investigation and evidence collection and management. For example they cited difficulty in recognizing the different types of physical evidence that may be commonly found in crimes of sexual violence and how to collect them as per the required standards (see picture 1). These include, but were not limited to: blood, saliva, semen,

dirt, skin cells, and fiber from clothes. In addition, they were not aware of specific techniques for packaging and preserving GBV evidence included; drying samples, the druggist fold, and swabs and properly sealing and labeling of khaki bags/envelopes.

They also cited understaffing of the GBV desks, heavy multiple workload, and lack of adequate number of police officers with training on GBV who could manage the desks in their absence.

"We are only two here, and in the event my colleague is on leave and I am not able to come to work due to one reason or another, such as in the unfortunate event of me falling sick, the work here stalls because our colleagues from other departments brought in to cover are not always equipped with essential skills needed. There is need to train many officers so that work does not stop when we are away." A Police Officer in Nkubu, Meru County."

In addition to the inadequate technical skills, the officers also reported lack of essential facilities and supplies such as evidence bags, lockable cabinets for storing files and exhibits as well as safe spaces for children. This survey established that the gender desks have no specific budgetary allocation and therefore their operations are often crippled by lack of essential supplies, from vehicles to assist officers in reaching crime scenes quickly to stationery. In addition officers interviewed also indicated they did not have any specific training on presentation of GBV evidence in Court as investigation officers in GBV cases.

Specimen	Method of preservation	Test for	Purpose for testing
Mouth swab	Air dry and store in a clean dry bottle with screw top	DNA	Identify assailant/victim
Urine of both the victim and the suspect	Clean dry bottle with screw up, refrigerated	Alcohol and drug	Ability of survivor to consent whether the assailant/ victim abuses drugs
Pubic hair/ head hair	Pick the hair using non powdered gloves and store in an envelop or lift using tape store on acetate sheet	DNA Transfer evidence analysis	Identify assailant and survivors
Foreign fibres/grass/ soil	Hand pick the foreign fibre/ grass/soil using non powdered gloves and store in a khaki envelope or lift using tape	Fibres found at the incident for transfer evidence analysis	Verify claim i.e. corroborative evidence
Liquid blood	Clean sterile dry bottle with screw top or transfer liquid blood onto sterile cotton gauze and air dry (only for control samples) For drug analysis, whole liquid blood should be taken and submitted	DNA, Alcohol/ drugs	Identify assailant and survivors Whether the assailant/ victim abuses drugs Ability of the survivor to consent
Semen	HVS, dry semen stained clothes in open air. Do not dry in front of fire or artificial means or directly under sun. Preserve in khaki paper Avoid using plastic bags	Secretor, Blood group assailant DNA proteins in semen (PSA2 or P30)	Identify assailant
Fingernail, scrapping or clippings	Pick the finger nail scrapings/ clippings using non powdered gloves and store in an envelope	DNA	Identify assailant and victim
Blood stained clothes	Dry blood stained clothes in open air. Do not dry in front of fire or artificial means or directly under sun. Preserve in a khaki paper. Avoid polythene bags	DNA, Alcohol/ Drugs	Identify assailant and survivors
Bite marks	Plasticine	Dental impressions	Identify assailant

PICTURE 1: GBV SPECIMEN COLLECTION AND PRESERVATION GUIDELINE

3.5.2.2. Police Services in Kilifi County

In Kilifi County, the study found that there are 11 police stations serving the entire county: Mtwapa, Kijipwa, Kilifi, Malindi, Marereni, Bamba, Kaloleni, Rabai, Mariakani, Ganze and Marafa.

Out of the 11 police stations, 3 stations have operational gender desks with Mtwapa being the only station with a gender desk running on a 24 hours basis. Whereas the other gender desks in Malindi and Kilifi police stations have two officers in the rank of a sergeant, one male and one female, Mtwapa has three officers led by a sergeant assisted by a corporal.

For the past five years, Mtwapa station has been handling on average 10 GBV cases a month, similar to the case of both Malindi and Kilifi. This has however gone down by half and they have only been handling about five cases a month in 2017. The police are attributing this trend to under reporting as there has not been any significant community engagement that would have contributed to a reduction in GBV prevalence.

In the last three years, only 23 officers have been trained on GBV in the entire Kilifi County, although it was not established how many have since been transferred out. The trainings have mainly been offered by Jamii Dhabiti and Plan International. The seminars and trainings by the two NGOs have in the past only targeted the officers stationed at the gender desks to strengthen their capacity on various aspects touching on customer care, collection and storage of forensic evidence. However with the transfer of police officers trained and the lack of institutionalized training police officers manning the gender desks commonly felt they did not possess adequate technical skills to deal with GBV issues brought before them. They suggested refresher courses on GBV especially relating to collection and handling of evidence and trauma counseling for survivors and presentation of evidence in Court.

Just like the findings from Meru County, all the GBV cases reported to the three gender desks involved minor survivors aged between 10 to 16 years, mainly girls. Notably, cases of adult women survivors are glaringly inconspicuous. Most cases reported have been defilement, sexual harassment and rape. It was commonly reported that cases of GBV against adult women although were highly rampant, the under reporting is due to culture impediments in one hand and the preference of survivors to explore the "rewarding" traditional courts as opposed to the "frustrating and laborious" formal criminal justice system. There are retrogressive and cultural beliefs that hinder the ability of the police to address the GBV issue. For example, the Mijikenda culture of slaughtering a sheep to appease the spirits after an act of incest has happened denies justice to the concerned survivor especially minors and majority of such cases are not reported to the authorities. In many such circumstances, either "Kangaroo courts" deal with case or families just hide the case in fear of family intimidation/shame and purported generational curse when the concerned survivor takes the relative to court.

With regard to the adequacy of the physical facilities, the gender office at the Mtwapa police station was very spacious, with a lockable door and although the ground standing cabinets

seemed dilapidated, there were about four inbuilt wall-cabinets that were lockable and safe to store files, although some files were on the table when the observer visited the desk before 6.00am. This means that the previous day's work had not been safely locked up in the cabinets. The office status and space allows for privacy of the victims since its spacious and one can close the door and interrogate the victims or witnesses inside the office without any interference.

For two weeks of continuous daily visit to the Kilifi police station (10th -21st July, 2017), it was observed that, there were children giving statements under a shade, just outside the gender desk offices. The serving officers would sit the victims and witnesses outside on a table and a bench and take statements. The presence of cases of children and their families at the gender desk every day for the two consecutive weeks that was observed on the ground shows that GBV cases are still very high since this means that the station received at least one (1) case or more every other day.

The Station has two officers manning the desk and led by a corporal who has been trained on gender issues through short courses and seminars.
It was also observed that the gender office did not operate 24 hours but cases that would be brought in the night would be handled by the policemen that were on duty at the main police station and be picked up by the gender officers the following morning.

It was noted that the officers are sometimes forced to close the office depending on the magnitude of the field work to be done. The office would sometimes be closed during the day if the officers for instance had to go to a GBV crime scene, were out conducting investigations and collecting evidence, interviewing survivors or apprehending a perpetrator of GBV. This is especially common on days when only one officers at the gender desk. This indicates that there is need for more officers to man the gender office to allow for smooth running of the office even when some officers are out in field.
It was observed that in Kilifi, most of the gender offices are made of metallic containers making it difficult to work from considering the hot coastal sunny weather. Consequently, most cases and statements are handled under a tree outside the metallic container office premises.
Noteworthy, the police stations that have gender desks are several kilometers away from the huge proportion of the population who have to travel long distances to access services.

3.5.3. Health Sector

The government of Kenya through the ministry of health should ensure every Kenyan has access to quality healthcare services. The National Guidelines for management of Sexual Violence provides a policy framework for managing gender based violence that is sexual in nature. Indeed, GBV survivors are entitled to quality health services that entails full arrange of all required laboratory tests; comprehensive medical examination and treatment; pregnancy tests and emergency

contraception (EC); HIV diagnostic testing and counseling and pre-exposure prophylaxis (PEP); high vaginal swabs (HVS), urinalysis; prophylaxis of sexually transmitted infections (STI); forensic examination and documentation; trauma counseling and community awareness in a conducive and confidential environments that does not expose their privacy.

Annex 2: Post Rape Care Form (PRC)

Day	Month	Year	Province Code	District Code	OP / IP No.		
Last Name	First Name	Date of birth	Date	Month	Year	Male / Female	
Contacts (Physical Address and Phone number)							
Date and time of Examination	Date and Time of Assault	No. of Assailants					
Alleged Assailants (Indicate relation to victim)	Unknown	Known					
Place Assault Occurred							
Chief complaints / Presenting Symptoms							
Circumstances surrounding the incident (survivor account) remember to record penetration (how, where, what was used? Presence of struggle?)							
Type of Assault	Use of condom?	Incident already reported to police?					
Oral	Yes	Yes (indicate which station and when)					
Vaginal	No	No					
Anal	Attended a health facility before this one?		Where you treated?		Were you given any report?		
Other sex	No		Yes		Yes		
	Yes (indicate which one and when)		No		No		
Comments							
Significant medical and/or surgical history							
OBS /GYN History	Para	Contraception	LMP	Known	Date of last consensual sexual		

These should ideally be performed by the duly qualified officers and procedurally as stipulated in various national guidelines for provision of medical services. The medical examination as well as police medical report and forensic forms are largely handled by clinical officers and nurses

PICTURE 3: SAMPLE OF SURVIVOR OF SEXUAL VIOLENCE CONSENT FORM FOR MEDICAL SERVICES

Consent form

Name of Facility

Note to the health worker: Read the entire form to the survivor, explaining that she can choose any (or none) of the items listed. Obtain a signature, or a thumb print with signature of a witness.

I.....(print name of survivor)

authorize the above-named health facility to perform the following (tick the appropriate boxes):

	Yes	No
Conduct a medical examination, including pelvic examination		
Collect evidence, such as body fluid samples, collection of clothing, hair combings, scrapings or cuttings of finger nails, blood samples, and photographs		
Provide evidence and medical information to the police and law courts concerning my case; this information will be limited to the results of this examination and any relevant follow-up care provided		

Signature.....

Date.....

Witness.....

3.5.3.1. HEALTH SERVICES FOR GBV SURVIVORS IN MERU COUNTY

a. State of GBV services at level 2 facilities(dispensaries) in Meru County Meru County has over 80 level 2 health facilities (dispensaries), which constitutes 85% of the government-owned health facilities in the entire county. It was found that 75% dispensaries (the lowest level of health services) in Meru have comprehensive care clinics (CCC) where HIV and Anti-Retroviral Therapy (ART) services are offered. This has been made possible courtesy of USAID's Presidential Emergency

Program Funding for AIDS Relief (PEPFAR) and in partnership with the National Government and County Government of Meru. This has developed the capacity of dispensaries to provide, to some extent, the minimum standards for management of GBV which include management of injuries, examination and documentation, PEP, EC, STI prophylaxis and management as well as provision HIV counseling and Testing and PEP adherence. The common forms of GBV for which the survivors seek medical attention are defilement, rape, sexual assault and female genital mutilation. According the nurses and clinical officers interviewed nearly all cases affect teenage girls aged between 10 years to 18 years. In contrast, incidences where mature and older women are survivors are rarely reported at the health facilities. The Kenya National Guidelines for Management of Sexual Violence recommends, that upon providing the recommended basic emergency services available at the dispensaries, survivors should immediately be referred to higher level facilities where these and other critical services may be obtained promptly. The survey found that up to 75% (n=4) dispensaries among those surveyed (n=6) lacked proper laboratories and personnel, and in most cases essential medical supplies, to undertake the essential laboratory tests such as Hepatitis B for the survivors of GBV. However, in rare occasions when the facilities are able to offer these essential laboratory tests, non HIV positive patients are required to pay for these services whose cost and out of reach for most survivors. If this is extrapolated to the entire cohort of level two facilities in the county it becomes clear that essential laboratory services are non-existent, but even where they exist, are very selectively discriminatory and therefore inaccessible by the GBV survivors. Even so, the basic emergency services obtainable at the dispensaries are only offered during weekdays and during daytime within the normal government business hours i.e. Monday to Friday from 8.00am to 5.00pm. Therefore, with the exception of maternity services, other essential health services including the critical GBV health services are unavailable at the dispensaries during weekends and at night. This is an indication that even though the minimum package of GBV services are available at the immediate health facilities closest the survivors, the services are not regularly accessible(only available within restricted times) considering the urgency with which they have to be obtained by the survivors for better health outcomes. It is imperative that due to their emergency nature, the basic GBV services be available on a 24 hour basis. This suggestion is strongly supported by the observation from police and the Malindi Child Protection Center who reported that a significant number of GBV cases occur during nights under the favorable cover of darkness and during the weekends. With regards to reporting and documentation of GBV at the dispensaries, Survivor consent and Post Rape Care (PRC) forms were found to be unavailable at the dispensaries while the PRC registers were found to be improperly maintained. They had not been filled for several months despite the admission by staffs that there had been cases of rape reported at the facilities in the recent weeks preceding the survey. The stipulated guidelines outline that for rape victims, the PRC form should be filled in triplicate, PRC register be maintained, and the healthcare worker, normally a nurse or a clinical officer, should ensure that the survivor has a copy of the PRC form and takes it to the laboratory. This is an indication of non compliance as per the national guidelines (see table 6 below). Trauma counseling services for GBV survivors are only available in a few dispensaries with integrated CCC where trauma counseling nurses are stationed. What is aspect of counseling that is available at most health facilities is HIV psychosocial counseling and not trauma.

All health facilities without a laboratory (public and private)	Manage injuries as much as possible Detailed history, examination and documentation (refer for HVS, PEP/EC, STI)	Fill in PRC form in triplicate Maintain PRC register Please ensure that the survivor has a copy of the PRC form and takes it to the laboratory	A trained nurse
All health facilities with a functioning laboratory (public and private)	Manage injuries as much as possible Detailed history, examination and documentation (including HVS) Ideally, 1st doses of PEP/EC should be provided (even where follow up management is not possible) Where HCT services are available, provide initial counseling	Fill in PRC form in triplicate Maintain a PRC register Maintain a laboratory register Referral to comprehensive post rape care facility	A trained nurse and/or a clinical officer A trained counselor (where counseling is offered)

b. State of GBV health services in level 3 and higher level facilities Meru County has over 20 health centers (level 3), six sub-county hospitals (level 4) and the Meru level 5 County referral hospital. Due to an improved human resource capacity in level 3 and higher facilities as compared to level two, the state of GBV services, though not at its required optimum level, was found to be broadly extensive in terms of available service range and of higher quality as compared to the service delivery in level 2 health facilities. At the health centers (level 3 facilities); there are the PRC form and register, Emergency Contraceptive, and PEP, Kept in outpatient available for emergency purposes for 24 hours. The cases are handled at the casualty outpatient departments alongside other cases. There was no specialized triaging and fast tracking of the cases of GBV, neither are there consultation rooms nor staff designated to handle the GBV cases. There was at least one clinical or medical officer for every health centers designated to complete the PRC and P3 forms even though the guidelines allows a qualified nurses to fill the PRC.

TEXT BOX 2: HEALTH WORKERS TRAINED AS GBV TRAINERS IN MERU COUNTY

35 nurses and clinicians are trained as trainer of trainers (ToTs), but the training is yet to cascade downwards to staff at the lower level facilities.

However, the PRC register was found to be improperly maintained in all the facilities (n=2) visited. The data in the registers was not up-to-date as the records were couple of weeks behind. Therefore, compliance to the national guideline was found to be below average.
At level 4 facilities, there are neither specific consultation rooms nor staff designated for handling GBV cases. The survivors have to line up alongside other patients. The staff interviewed reported in the event that a GBV cases is brought to the hospital, they would normally take effort to handle the case as an emergency. However, there were neither guidelines nor procedures for handling GBV cases seen or availed at the Out-Patient Department during the survey. The nurses and clinical officers admitted that there are no such written procedures or protocols at the hospital. This scenario was replicated at the two level 4 facilities surveyed.

In terms of technical capacity of the clinical staff, quality trauma counseling is only available at the Meru Level 5 County and Referral Hospital where there about 8 trauma counselor nurses. This is the only facility where a survivor is able to obtain quality and comprehensive health services.

For the whole County, only thirty five (35) nurses and clinicians have trained as Trainer of Trainers (ToTs) but the training is yet to be cascaded down to staffs in lower level facilities. The training was delivered by PEPFAR's APHIA PLUS Consortium in 2014. The training prioritized on the following issues:

- Understanding the symptoms of GBV,
- Providing the patient with information of GBV and its consequences on women's health,
- Asking questions about GBV in case clinical symptoms indicate possible experience of GBV,
- Creating a friendly and confidential environment, and listening to the patient and giving her validating messages,
- Provision of the essential emergency services for prevention and management of STI, Pregnancy and HIV,
- Collection of patient's medical history and how to undertake a medical examination on the various forms of GBV reported,
- Provision of appropriate and psychological care,
- Proper documentation including on the consequences of GBV on women,
- Providing the patient with information and referral to other service providers, as needed,

- How to assist the patient in safety planning, and
- Ensuring follow-up care for the survivors of GBV.

The Knowledge attitude and practice around addressing GBV by health workers was reported to be positive and friendly. However, few are reported to exhibit a negative attitude towards survivors especially when it related to male survivors.

The Meru county government has an integrated health information management system where all data are capture and automatically captured during service delivery. However, with a rudimentary flow of procedures at the lower level facilities and incomplete registers, intermittent stock ruptures of PRC forms; it is evident that a significant number of GBV cases are not captured by the incumbent Health Information Logistic Management System. It is imperative that a review is urgently instituted to remedy the inherent gaps.

The health system in Meru although has an informal working relationship with the formal criminal justice system which include the police, the office of the DPP and the courts, there exists no formal network or ongoing effort towards building a coalition with other organization working on GBV, with a view to ensuring a multi-sectoral, coordinated response.

3.5.3.2. HEALTH SERVICES FOR GBV SURVIVORS IN KILIFI COUNTY

a. State of GBV services in level 2, 3 and 4 health facilities in Kilifi County

Thanks to USAID's PEPFAR programme, the availability of HIV/ART in level 2, 3 and 4 facilities in KIlifi County has developed their capacities to offer some level of basic GBV services which include management of injuries, examination and documentation, PEP, EC, STI prophylaxis and management as well HIV counseling and Testing and PEP adherence.
However, due to the fact that these services are only domiciled within ART Clinics (comprehensive care clinic) in level 2 and 3 health facilities, the GBV services obtainable at these facilities are therefore only available within the working hours of ART clinics, normally 8.00am to 5.00pm, Mondays to Fridays. Therefore, these critical services are not available at level 2 and 3 during the night, on weekends and public holidays.
According to nurses and clinical officers from the surveyed facilities, the common forms of GBV cases include Defilement, Sodomy, Incest, and Rape with cases of defilement (with or without pregnancy) forming majority of cases. Survivors are mostly aged 13 – 16 years of age. However, cases of Sodomy are prevalent with boys aged 8 – 10 years of age.
A spot check conducted in 4 sampled levels 2, 3 and 4 facilities, based on structured direct observation guide, showed a glaringly weak capacity in terms of inadequate staffing and technical skills to effectively handle the health-related services required by survivors of gender based violence.

It was observed that in all these facilities there were no written guidelines and protocols on how to handle GBV cases; no checklists for healthcare workers summarizing the steps of intervention and leaflets informing patients about their rights and service providers; there were no posters displayed on the waiting or consulting room in accordance with the World Health Organization (WHO) guidelines of 2013 (see tabe 7 below). GBV cases are handled at the casualty or out-patient department like other cases.

At the dispensaries, survivors are observed at the outpatient department by a clinical officer or nurse on duty and provided with HIV testing and counseling, Post Exposure Prophylaxis (PEP) for Human Immuno-Deficiency Virus (HIV), Emergency Contraceptive upon which the survivor is referred accordingly to higher level facilities. PCR forms are supplied to lower level facilities by the GBVRCs on order.

Counseling is an important part of GBV services in that it reduces the psychological stress experienced by survivors. Approaches to providing this critical service include one-on-one counseling and/or group therapy, and where children are involved, both children and their caregivers can be counseled. The counseling process begins when survivors present themselves to the health facility in order to deal with the immediate trauma of violence. It also prepares them for HIV and pregnancy tests which in turn inform the clinical response. The psychosocial support services for GBV survivors are only available at sub-county and higher-level facilities. Psychosocial support was provided mainly by full-time, paid counselors or nurse counselors.

b. State of GBV services at the two Gender Based Violence Recovery Centers in the County

Kilifi County has two gender based violence recovery centers (GBVRC) – Kilifi County Hospital and at Malindi Sub-County Hospital managed and fully supported by the County Government of Kilifi. The two GBVRCs offer comprehensive health services, but only to survivors of Sexual Violence. Therefore, cases of GBV that do not fall under sexual violence are not handled at the GBVRCs.

FORM 3: SEXUAL HARRASSMENT POLICY IN MERU AND KILIFI COUNTIES

Sexual harassment policy have not been put in place by both Meru and Kilifi County Governments. The two county governments and their health institutions cannot address the issue of gender based violence if they cannot ensure respect for the rights of their own staff members and clients. A sexual harassment policy that has a clear procedure for handling violations is therefore an essential part of this effort.

Strangely, just like in lower level facilities, the GBVRCs have no sexual harassment policy put in place to prohibit sexual harassment by staff members against other staff members and against clients (patients and their care givers). This concern was equally observed in the health facilities

surveyed in Meru. Although the health workers exhibited good knowledge and understanding of the Sexual Offenses Act 2006, this however does not replace the importance of putting in place such an important policy in the work place, especially in settings such as health facilities (see section 3.5.3.3).

A review of 10 cases at the county Referral Hospitals confirmed that services were offered to survivors in accordance with the national guidelines. These services included pregnancy tests, RPR tests for syphilis, HVS, HIV test according to the defined algorithm, and provision of PEP/EC. However, some of the clinical officers and nurses posted to the GBVRC were not adequately skilled in handling GBS cases. The Clinical officer in-charge of Kilifi referral hospital GBVRC admitted that there exists no proper system to ensure only skilled clinical officers and nurses are posted at the GBVRC department. Equally, there are is no continuous medical education to induct the clinical staff on GBV although the officer in charge indicated that plans were being discussed to begin this training by July 2017.

It was observed that the GBVRCs provide services in accordance with the national treatment guidelines for sexual violence, STI and HIV Prevention, care and Treatment. They get referral cases from number children homes and rescue centers. All minors receive all services free of charge and as well women survivors of rape. They only need to pick waiver cards from the Social Services department which is situated within the hospital. The Cases of assault/domestic violence are however not handled at the GBVRCs but at the Out-Patient Department. All cases handled at the center are captured in standard daily reporting format. Monthly reports are compiled according to the Demographic Health Surveillance (DHS) format for all sexual offences and submitted to the County Health Records department by 3rd of every new month.

In Kilifi County there exist two GBV Networks, the Malindi Network and the Kilifi GBV Network mainly driven by some CBOs. The networks have incorporated well the health sector's active participation. However, the networks need further strengthening in terms of their compositions to incorporate the active participation of other key stakeholders and also towards developing a common framework strategy plan to guide their agenda and operations.

3.5.3.3.STATE OF IMPLEMENTATION OF WHO RECOMMENDED CLINICAL POLICIES AND PROTOCOLS IN THE HEALTH FACILITIES OF KILIFI AND MERU COUNTIES

The survey undertook a comprehensive audit on the availability and compliance to the WHO recommended clinical policies and protocols for GBV services at the health facilities in a select number of facilities in the two counties. Table 7 below summarizes the state of institutionalization of the WHO recommended clinical policies at the health facilities in Meru and Kilifi Counties.

Type of policy or protocol	Why this policy is important and what it needs to contain	State in Meru County	State in Kilifi County
Sexual harassment policy	Every health institution should have a written policy that prohibits sexual harassment by staff members against other staff members and against clients (patients and their care givers). The policy should: • State the types of actions that are prohibited, • Provide clear definition of sexual harassment, • Specify the procedures for reporting cases, • Specify the consequences of violating the policy. Health institutions cannot address the issue of gender based violence if they cannot ensure respect for the rights of their own staff members and clients. A sexual harassment policy that has a clear procedure for handling violations is therefore an essential part of this effort.	• No such written policy exist in the surveyed health facilities; • It was not established whether the County has put in place such a policy	• No such written policy exist in the surveyed health facilities; • It was not established whether the County has put in place such a policy
Policies and protocols about client privacy confidentiality	Every health institution should have written policies that explain how staff should protect client privacy and confidentiality. These policies should address such issues such as: • Where is the clinic and under what circumstances staff members are allowed to discuss information about clients with other staff or with clients themselves, • The circumstances under which providers are allowed to share information about other people including family members, • Confidentiality of medical records, • Whether or not providers are allowed to get parental consent for certain services, and	• There are written confidentiality protocols in place for HIV Testing and counseling and Family Planning at the CCCs and FP rooms including for seeking parental consent incase of minors.;	• There are written confidentiality protocols in place for HIV Testing and counseling and Family Planning at the CCCs and FP rooms including for seeking parental consent incase of minors.;
	• Whether or not adolescents can keep their personal and medical confidential information from their parents.	• On the provision of GBV services there were no written confidentiality guidelines/protocols in place.	• On the provision of GBV services there were no written confidentiality guidelines/protocol except at the two GBVRCs
Protocols for treating cases of violence against women, including sexual abuse and rape	Ideally, health institutions should develop protocols for caring for women who experience GBV, including rape. These protocols can help providers know how to respond to a woman's disclosure of violence in a caring and supportive way, that preserves her legal rights. In cases of sexual violence, for example, the protocol should include guidelines about the provision of emergency contraception and testing for STis. Such protocols may increase the chances that women will receive adequate treatment especially when health care professionals have misconceptions about issues such as sexual abuse, emergency contraception and STIs/HIV.	The National Guidelines for Management of Sexual Violence is not readily available for healthcare workers at the health facilities for purposes of quick reference. No dissemination has been undertaken at the facility level to quip the HCWs with necessary skills	The National Guidelines for Management of Sexual Violence is not readily available for healthcare workers at the health facilities for purposes of quick reference. No dissemination has been undertaken at the facility level to equip the HCWs with necessary skills

Type of policy or protocol	Why this policy is important and what it needs to contain	State in Meru County	State in Kilifi County
Protocols for handling situations of risk and crisis	Health facilities that want to strengthen their response to the issues of violence against women should develop protocols for caring for women and girls who are situations of crisis or high risk. This includes clients who appear to be at high risk of suicide, homicide, injury or extreme emotional distress. A protocol for situations o risks and crisis should include a discussion on: • How to identify risk factors; • How to ensure that women get at least the basic assistance that they need, and • Who among the staff can provide counseling and safety planning;	• No such written policy exist in the surveyed health facilities; • It was not established whether the County has put in place such a policy	• No such written policy exist in the surveyed health facilities; • It was not established whether the County has put in place such a policy
Policies and protocols about client privacy confidentiality	Every health institution should have written policies that explain how staff should protect client privacy and confidentiality. These policies should address such issues such as: • Where is the clinic and under what circumstances staff members are allowed to discuss information about clients with other staff or with clients themselves, • The circumstances under which providers are allowed to share information about other people including family members, • Confidentiality of medical records, • Whether or not providers are allowed to get parental consent for certain services, and	• The National Guidelines for Management of Sexual Violence comprehensively provides measures for trauma counseling and psychosocial support for survivors, but it has not been disseminated and very	• The National Guidelines for Management of Sexual Violence comprehensively provides measures for trauma counseling and psychosocial support for survivors, but it has not been disseminated

Type of policy or protocol	Why this policy is important and what it needs to contain	State in Meru County	State in Kilifi County
Protocols for handling situations of risk and crisis	Health facilities that want to strengthen their response to the issues of violence against women should develop protocols for caring for women and girls who are situations of crisis or high risk. This includes clients who appear to be at high risk of suicide, homicide, injury or extreme emotional distress. A protocol for situations o risks and crisis should include a discussion on: • How to identify risk factors; • How to ensure that women get at least the basic assistance that they need, and • Who among the staff can provide counseling and safety planning;	few nurses, clinical officers and doctors have been trained on this aspect to the extent that in level 2 and 4 facilities, trauma counseling services are completely inexistent and where they exist their provision is not compliant with the national guidelines,	and very few nurses, clinical officers and doctors have been trained on this aspect to the extent that in level 2 and 4 facilities, trauma counseling services are completely inexistent and where they exist their provision is not compliant with the national guidelines,

TABLE 7: AUDIT OF AVIALABILITY OF WHO RECOMMENDED CLINICAL POLICIES AND PROTOCOLS AT THE HEALTH FACILITIES IN MERUAND KILIFI COUNTIES

3.5.4. JUDICIARY AND PROSECUTORIAL SERVICES

3.5.4.1. THE CRIMINAL JUSTICE SYSTEM IN MERU COUNTY

The county is served by one (1) High Court and five (5) Magistrates courts i.e. Meru, Githongo, Tigania. Maua and Nkubu law courts. There are four (4) Judges and thirteen (13) magistrates serving the County. The county is also served by fourteen (14) prosecutors.

All the courts have established Court User Committees (CUCs). The Committees are composed of representatives from the other key stakeholders including the health sector, the police and the prosecutors.

However, it was established that there is no centralized system of capturing data on GBV within the Judiciary in Meru County. For such to be identified, it would involve querying the records of the one high court and 5 magistrates' courts separately and compute. Cases of GBV are not segregated. They fall under various categories such as, defilement, assault, sexual offences etc.

In order to expedite delivery of justice to the survivors, the courts and prosecutions have developed various initiatives. For instance, the courts have been in systems to ensure the witnesses are heard in the first instances. And to ensure that the accused do not delay cases, they are given witness statements whenever they take a plea. If need be, the survivors are also supported with fare and lunch allowances during court hearings to cushion them from the financial burdens that come seeking justice.

According to the respondents interviewed (n=5), the judicial officers including prosecutors are well knowledgeable and equipped to handle GBV issues, their attitude is such that GBV should be fought and brought to a bare minimum. They also know the effects of GBV and their role in addressing it. They are positive towards assisting the survivor's access the services of the courts, expedited hearing and determination of cases before the courts towards rendering justice.
Perusal of court records indicated that the various courts have been handled the GBV cases as follows:

(a) Githongo Law Courts

A total of 116 cases analyzed were related to sexual offences, child neglect, threatening to kill and Assault. In 17 of the 25 sexual offences filed in court, the judgment verdicts found the accused perpetrators guilty, and were jailed to serve various periods ranging from 1 year imprisonment and life imprisonment. In 6 cases the accused persons were acquitted and 2 cases were withdrawn. The shortest duration taken to conclude matter in court was 2 weeks and the longest took 7 months.

(b) Nkubu Law Courts

A total of 127 cases handled by the courts were analyzed. Out of the 72 sexual offences 8 cases have been concluded where in 2 of those cases, the accused persons were acquitted while in 1 case the accused was committed to Mathare Mental Hospital. 1 matter was however withdrawn.

(c) Tigania Law Courts

From the Crime register 72 sexual offences and 9 children related matters were identified for the period June 2016 to June 2017. Out of the 72 sexual matters, 5 were sentenced to imprisonment, 1 put on probation 3 cases were withdrawn while 1 accused person was committed to Mathare Mental hospital.

(d) Meru High Court

45 sexual offences cases were appealed from Meru, Tigania, Maua, Nkubu, Githongo and Isiolo law courts from January 2015-June 2017. Out of the 28 concluded matters during the period, 17 appeals were dismissed, in 8 appeals the accused were set at liberty while 3 accused persons were given lesser sentences with the longest matter taking 2 years and the shortest 2 months. 17 other matters were concluded between 2016-2017 from previous years (2010-2014) where 14 cases were dismissed, 2 given lesser sentences while in 1 case the accused was sentenced to additional years in prison than had been decided in the lower court.

The survey found out that the formal criminal justice system, particularly the prosecution office is faced with intrinsic and extrinsic structural, resource and socio-cultural challenges that impede the delivery of services to GBV survivors. These barriers have been elaborated in further sections of this report. Due to time constraints and other challenges the survey was not able to exhaustively assess the barriers affecting the Courts in provision of justice services to GBV survivors.

3.5.4.2. THE CRIMINAL JUSTICE SYSTEM IN KILIFI COUNTY

In order to fast track the Gender Based Violence (GBV) cases, the Judiciary officers have installed a special register for sexual offences which started this year, January 2017. They also have very active Court User Committees (CUC) which convenes forums to sensitize the court users on various issues of justice including GBV. This year the CUC-Kilifi chapter had an open day where they visited the Prisons, Mirima wa Kuku primary school in Bamba division and Malindi children's remand home. They also talked to the public in Kilifi town on cases and judicial procedures and the Magistrate addressed some various issues that were raised to fast track court cases. The CUC Malindi chapter is equally active and has ongoing outreach programs to educate the court users on various aspects of the criminal justice system.

TEXT BOX 4: THE JUDICIARY PERFORMACE IMPROVEMENT PROJECT

The objective of the Judiciary performance improvement project is to improve the performance of the judiciary to provide its services in the project areas in a more effective and accountable manner. The core objective of this restructuring is to enhance implementation by more closely aligning the project around the key needs of the court users. Building the confidence of the court users in the Judiciary will build momentum for a more effective and accountable Judiciary and thus better achieve the project development objective. The changes will: streamline and reorganize the activities into three substantive components focused on the core needs of the court users (access, timeliness and quality), including reallocation of funding between these new components.

Even the CUCs have a broader focus, its existence and operations offer a good platform to ensure GBV become one its key focus areas. The Judiciary Performance Improvement Project (funded by the World Bank) has systems (see textbox 3) to help the CUC ensure that cases are handled as soon as possible and that investigators are trained to bring / collect quality evidence. This project has been funding the CUCs by giving them Ksh. 500,000 per annum to assist them improve performance. Each CUC presents proposal with budgets and they are given the money. The money is also used for capacity building in the court processes where the missing items that could delay the court process are purchased to enhance timely service delivery. It is also used to train investigators and other parties to bring in quality evidences. It is also used in partnership with other stakeholders to carry out sensitization forums to the public.

There were 464 criminal cases reported in the year 2016 out of which 140 cases are of gender based violence in nature at the Kilifi law courts. Out of the 140 GBV cases, only 34 cases have since been concluded while 106 are still pending but at different levels. As of July 2017, forty-four (44) cases have been reported out of which four (4) cases are child to child GBV, another four (4) are incest, two (2) are rape, one (1) is gang rape and another one (1) is of indecent act to a minor.

It was also noted that majority of the cases took place at village night disco-matanga, which has lately become a routine custom undertaken post the burial ceremonies. Majority of the cases involved minors where for instance, out of the 44 cases reported this year 2017, only three are GBV involving people over the age of 18 years.

There are four magistrates at the Kilifi law courts and each magistrate handles approximately 3 GBV cases a month. The cases have taken a period of between five and six months to prosecute depending on the availability of witnesses, the file being brought to court and other issues like disabilities and evidence may cause the delay. For example, the whole process of plea taking,

setting the case, obtaining of statements from relevant authorities like doctors can take up to three months to gather all the required documents ready.

All cases were previously recorded in one register but as of January, 2017, the GBV cases are recorded in a separate register. This is a notable improvement in service delivery in the GBV and an indication of the weight and priority the cases are being given.

A case takes approximately 3 months to be prosecuted, but this varies depending on different factors such as the availability of witness (some fail to turn up due to far distance from the court/living so far away and unable to afford bus fares), files being brought to court (some files fail to be brought to court on the day of hearing leading to deferment of cases), availability of statements (statements/ evidence might delay due to different reasons such as the recent doctor's strike made it difficult for victims to have statements delivered in time.

As for judgment, so far, only one case handled by judge Chitembwe raised public uproar based on child rights and laws. Notably, despite the systems put in place for speedy determination of cases, there seems to be a delay in conclusion of cases, considering that only 34 out of 140 cases have been concluded since January, 2016.

The decentralized offices of the DDP in Malindi and Kilifi have also set up some initiates to ensure enhanced access to prosecutorial services by the public so as to contribute to speedy justice system for both the survivors and offenders. The prosecution, in collaboration with the courts, has set up a system to ensure witnesses are heard on the first instance and the accused persons are given witness' statements the very first time they take plea, to ensure the cases are not delayed by technical hitches.

Despite the efforts by the courts and the office of the DPP and the courts, there were notable structural and resource barriers in Kilifi County that affect the service delivery to GBV survivors and their access to justice as further discussed in section 3.8.

3.5.5. COUNTY GOVERNMENTS' ACTIONS TOWARDS ADDRESSING GBV

3.5.5.1. ACTIONS UNDERTAKEN BY THE COUNTY GOVERNMENT OF KILIFI

The county governments has put in placed the following measures in effort to respond to GBV and its consequences on the women's health:

a. The County Government in its medium 2013 – 2017 development and service delivery frameworks, gave violence and injuries a prominent focus. In the County's Health Development Framework, reducing the burden of violence and injuries features as one of the key components. Through this, the County Government has been able to establish the office of GBV Coordinator whose role include overseeing health promotion and education on violence

and injuries as well as provision of GBV services both at the Community Health Units and within the hospitals. Thanks to a favorable working relationship with the other non state actors and community groups, the county of Kilifi has so far trained around 120 of community health volunteers on the aspects of GBV. This has been done to strengthen the capacities of community of health units in addressing GBV. However, it was noted that without an overarching policy framework at the county level, these activities cannot lead to any tangible outcome as their implementations are still disjointed and not supported by a well an elaborate resource flow commitment. Currently, the County Government has not prioritized the budgetary allocation to tackle GBV because a policy and its resulting implementation framework (action plan) have not been put in place. The GBV services currently being offered by the County Government such as healthcare services are rather funded by the departments under which they are domiciled. It is therefore imperative for the County Government to develop and implement comprehensive GBV policy which should include sexual harassment at the work place. This will make it easier to plan and allocate the funds required for implementation of set of actions within the plans.

b. The County Government of Kilifi has put in place a Children Policy which provides a policy framework for provision of the essential child welfare services as well as protection from harm and abuse Even though this policy alone is not enough, it is a positive step in addressing issues affecting children including GBV, especially in view of the fact that majority of GBV survivors in Kilifi County are minors. Even though this policy is anchored under the department of Gender, Youth and Women affairs, a number of its propositions are cross cutting across so many other sectors such as health, education and vocational training.
c. Other than the health services which are devolved functions of the county assembly, and seconding two social workers to Malindi Child Protection Center, the County Government of Kilifi has not undertaken any other tangible service delivery directly relating to GBV.
d. The County Government is also the principal sponsor of the two GBVRCs domiciled at the Kilifi Level 5 County Referral Hospital and the Malindi Sub-County Hospital respectively.

3.5.5.2. ACTION TAKEN BY THE COUNTY GOVERNMENT OF MERU

Unlike Kilifi County Government, the Meru County Government does not prioritize GBV in its County Integrated Development Plan (CIDP). Instead, gender is treated as a Cross cutting issue both in the Executive and the Assembly. Whereas the County Government is responsible for provision of healthcare, the health budget is blocked and there is no specific allocation to support the provision of GBV services. It was reported that there was no specific person or institution assigned to carry out the issues of GBV.

3.6. CULTURAL, STRUCTURAL AND RESOURCE BARRIERS LIMITING INSTITUTION FROM FULLY IMPLEMENTING GBV LAWS

3.6.1. CROSS-CUTTING BARRIERS: SOCIAL AND CULTURAL BARRIERS

Cultures and traditions of the African communities living in Kilifi and Meru were reported to be a major restraining factor in efforts to address GBV.

Respondents, from almost all sectors including community based organizations, were in concordance that patriarchy (male dominance), is not only a contributing factor to GBV, but also an impediment to eliminating the culturally embedded vice. Patriarchal norms, is still deeply enrooted issue especially among the African communities in the two counties. Respondents were also in agreement that cultural practices such early marriage; forced marriage and rites of passages such as female genital mutilation are major causes of GBV and as well detrimental issues in tackling the vice. Although reported by few respondents, it is instructive that respondents reported other causes of GBV to include: perpetrators lack of fear of consequences; dowry payment; societal encouragement of violence; and peer pressure, all of which reflect the critical role of cultural norms in fueling GBV.

In Meru County for instance, it is a taboo to report rape GBV cases. In most incest cases, the parents/ guardians of the survivors are compelled to settle cases through arbitrations by family members and elders so as to ensure that no shame or stigma comes to the family. In such instances it also becomes difficult to obtain witnesses who are willing to report the cases to police and even testify in Court. In Kilifi, factors such as peer influence, poverty, cultural practices, and the negative social effects of tourism lure a number of young girls to Child Sex Tourism and prostitution.

Moral decay as well as erosion of social values was also reported to be another contributing factor to occurrence of GBV. This was noted in Kilifi where some families yearn for the daughters to be married off by the white tourists. This is socially accepted trend is piles pressure on many young girls to put efforts in finding a Mzungu, thereby compromising their development, education and future opportunities.

Another compelling contributory factor was parents who are either absent or who leave their vulnerable children in places where the children are susceptible to being abused. Such abuse often comes at the hands of perpetrators who lure children with promises of gifts
Weak community child protection system was another contributory factor for child sexual and emotional abuse with far reaching impacts on the life the child.

3.6.2. STRUCTURAL AND RESOURCE BARRIERS TO IMPLEMENTATION OF GBV LAWS IN THE EDUCATION SECTOR

3.6.2.1. STRUCTURAL BARRIERS

The survey found out that there exist only two channels through which pupils and students survivors of GBV can report cases; either through the teacher in-charge of guidance and counseling or through speak-out boxes in which survivor who cannot gather courage to report to a case of GBV to the guidance and counseling teacher is expected to write down the case on a piece of paper and post it in the speak-out boxes.

The two established systems for reporting cases of GBV in schools, was found to be dysfunctional, redundant, ineffective and unreliable in case detection and follow up. Firstly, in all the schools visited (Meru: n=4, Kilifi: n=4) during the survey, it was established that the speak-out boxes (SOB) are rarely opened and there exists no defined schedule for opening them, recording the cases reported and instituting required action for each of the cases reported through speak out boxes. The cases are not even formally registered anywhere. In addition, rarely, was there even a teacher in charge of this duty.

Secondly, that the learners are expected to report cases to the teacher in charge of guidance and counseling was noticeably ineffective as this was found to be dependent on many other factors such as the teacher-pupil relationship, the approachability and affability of the teacher, and systems put in place to encourage pupils to report.

Teachers also reported that a majority of their colleagues do not like the speak-out boxes systems because some pupils and students take advantage of it to write and post negative comments, mostly fictitious claims against some teachers, under anonymous identity thereby discouraging the teachers from opening up the boxes, recording and following up the genuine cases reported through this system. As a result of this, the speak-out boxes are not in use.

It was further reported that the bulk of cases of defilement that are reported against teachers do not emanate from schools but from the survivors' parents/guardians. This is pointing to gaps in case detection and reporting.

Guidance and counseling was also explored in most secondary schools with no specific designated private room for counseling students who had experienced GBV. Due to this weakness in the system, the respondents were largely in concordance that many cases could be unreported owing to fear of stigma and discrimination by peers as well as possible repercussion from the perpetrators of these offences.

3.6.2.2. RESOURCE BARRIERS

The major resource barrier to fully implement the GBV policies in the education sector is mainly the inadequate human resource capacity in the public schools. There are hardly enough teachers as per requisite ratio of 1 teacher per 40 pupils/students for every subject in almost all public schools in Kenya. For instance, In Kiboko primary school in Malindi, there are 1200 pupils against a population of 16 teachers including the head teacher and his/her deputy, with only two teachers in charge of guidance and counseling.

The office of guidance and counseling master/mistress is expected to champion the shaping of pupils and schools character as well as provide propagate a conducive environment for case reporting in addition to their teaching duties. For every school surveyed, there was at least one teacher who filled the position against a population of hundreds of learners.

3.6.3. STRUCTURAL, RESOURCE AND ECONOMIC IMPEDIMENTS IN THE IN THE CRIMINAL JUSTICE SYSTEM

Several weaknesses and barriers were identified by the Judiciary as being hindrance factors to effective tackling of GBV by the Judiciary:

a. Survivor and witness fatigue: Survivors and witness fatigue is noted as a major hindrance to successful determination of cases brought before the courts. Prosecutorial officers (n=4), and police officers (n=3) noted that they experience up to 50% of cases being dropped because the survivors loose interest in pursuing the matter due to fatigue in attending court and loss of man-hours and the economic opportunity cost in following up the matters in courts. This is quite synonymous with cases referred from far flung areas where the survivors have to spend several hours travelling to attend the courts sessions.
b. Magistrate transfers and impromptu seminars which disrupts the case schedules. Another factor which often leads to delay in cases and which could as well breeds fatigue on part of the survivor or the witness is the issue of magistrate transfers and trainings which interrupt case hearing schedules. Prosecutorial officers in both Meru and Malindi noted that there are a number of seminars and workshops for the judicial officers which end up disrupting the case schedules.
c. Weak witness protection: Some witnesses and survivors drop the cases because of fear of being harmed by the perpetrators. The prosecutorial officers commonly felt that the witness protection system still needs strengthening. There are still reported incidences of threats on the life of the survivors and the witnesses. A case in point is the alleged defilement of a minor by a chief in Kilifi, recently acquitted and is back to his job. The issue of witness protection in both Meru and Kilifi need to be studied further with a view towards enhancing it.

d. Inadequate magistrates and judges: Looking at the cases loads before the courts in Meru and Kilifi against the number of magistrates and judges, it is clear that the courts are still understaffed. The cases backlog and delays are therefore directly associated with inadequate staff at the courts.
e. Inadequate staffing and high staff turnover at the police Gender and Child Desks: There are usually only two officers stationed at the gender desk, who still have to carry out investigations, collect and store evidence, go to the field to apprehend suspected perpetrators and work with the prosecution department to ensure the cases are effectively and promptly prosecuted, the tasks load to be performed in the backdrop of in settings where GBV is rampant, is too overwhelming for just two officers. During the field data collection, the enumerators found the gender desk at Kilifi police station closed as the officers were said to be in court.. It was during the third visit the enumerators were able to find the duty officers at the desk. In all the time the duty officer was away there wasn't any other officer at the gender desk. High staff turnover at the gender desk was also reported to be a common occurrence where new officers who have never worked at the desks are posted to the desk without proper induction and transition arrangements. This seriously affects the ability to provide efficient GBV service delivery at the gender desks. This calls for the urgent need to institutionalize GBV training and also review the staffing at the gender desk with a view to ensuring there is always an gender sensitive officer available to at all times to serve GBV survivors at the gender desk.
f. Lack of budgetary allocation and essential resources for effective operation of the gender desk. Besides understaffing, the gender desks are in dire crippling state for lack of essential supplies including stationeries. Noteworthy, the gender desks are the critical institution for addressing GBV in the sense that, the successful prosecution of GBV cases and effective criminal justice system for the survivors is heavily hinged on the effective operation of the gender desk. From the spot check carried out at gender desks, it is fair to note that the departments need to be revamped with burglar proof doors, the office premises expanded and aeration improved. In addition they need to be equipped with computers, lockable file cabinets, proper exhibit shelves and regular supply of stationery supplies. The police officers at the gender desks in both Counties also reported poor facilitation in terms of transport logistics. The gender officers manning the gender desks share the vehicle with the entire station and sometimes they are unable to follow up or to apprehend suspects leading to delayed or collapsed justice. The gender desks are also so not conducive and friendly for survivors (no confidentiality, no safe spaces for children, mostly they are makeshift rooms constructed from containers, there are proper exhibits shelves, no lockable cabinets for case files)

FORM 4: FORENSIC EXHIBIT STORAGE AT THE POLICE STATION

The exhibit storage facility is mainly wooden shelves which does not prevent the exhibits from unwarranted handling by any intruder thus compromising their integrity through adulteration and degeneration due to improper environmental exposure. Consequently, according to judicial and prosecutorial officers, up to 75% of cases are lost due to compromised integrity of exhibit or lack of proof beyond reasonable doubt thereof. The Haki Yetu, Jukumu Letu Project should aim to address this serious gap.

g. Improper handling and storage of exhibits at the gender desks: Nearly all the gender desks lack adequate storage facilities for collected exhibits. Further, there is urgent need to work with National Police Service to institutionalize training and build capacity for effective delivery of GBV. In addition it is critical for the police to develop a workable system for posting officers to the desks to ensure continuum of high level of services at the desks.
h. Low levels of public literacy on how the criminal justice system work: The public is still yet to understand how the criminal justice system works. According to the magistrates (n=2), prosecutorial counsels (n=4) and police (n=4) there is common view that some survivors choose the formal criminal justice as first option with the hope that it is a more expedient process and they would access justice and "get compensated" for crimes committed against them. When they later realize along the way that the criminal justice system is a series of processes, and that the perpetrators also have a right to a fair trial, and that for there to be convictions there must be proof beyond reasonable doubt, many survivors despair along the way. In some cases survivor fatigue sets in. It is therefore very critical for all concerned stakeholders to undertake public literacy on how the criminal justice systems work.
i. Language barrier during recording of statements: In some occasions, the police officers who record the witnesses' statements do not speak the local languages thereby causing a serious language barrier. This ends up causing contradictions, inexactitudes and inconsistencies during court hearings. Therefore, it is imperative that there be at least one officer at the desk who can speak the local language of the community and in case of a cosmopolitan area, there be, able translators.
j. Conflict in sections of the law where both the survivor and perpetrator are both minors: Adjudicating GBV cases involving a minor survivor and an accused minor perpetrator without depriving any of the involved parties his/her right is a herculean balancing act due to the conflicting sections of subsidiary laws. Prosecutorial officers, and the judicial officers are concerned that sections of the law are in conflict on this matter due to the fact the Children's Act of 2001 regards any person below 18 years as a child. There is need to review conflicting sections of the law.

k. Lack of safe houses to shelter and protect survivors: Absence of safe houses that offer shelter and protection to survivors of GBV is a serious concern that hinders justice especially to survivors who need protection from violations emanating within their living environments e.g. cases of incest and domestic violence. There is also lack of separate facilities to hold and transport children in conflict with the law. This results in children and adult offenders sharing transport to and from the courts.
l. When the crimes are committed in far off rural areas, it is a challenge for the survivors to get doctors to sign P3 or PRC forms and to have the evidence preserved.
m. Resources; It is always a challenge to get transport to remote areas for the police to investigate cases brought to their attention'
n. Survivors lack the knowledge to preserve the evidence and hence there are numerous cases that are lost due to lack of evidence.

3.6.4. HEALTH SECTOR BARRIERS

In addition to the other structural, resources and policy inadequacies already adduced in details in the earlier sections of this report, the following challenges were also noted;

a. Quality comprehensive health services are inaccessible to a majority the population as they are not available at the dispensaries which only offer the basic emergency services such as HIV Counseling and Testing, PEP and Emergency Contraception,
b. GBVRCs in Kilifi and Meru do not offer 24-hour service, which means night cases are handled at the casualty department,
c. Standard Operating Procedures (SOPs) for service provision are not readily available quick reference by the staff. Inductive trainings and CMEs are not regularly held,
d. Majority of clinical officers and nurses who mostly offer GBV health services have not undergone proficiency in-service training on the National Guideline for Management of Sexual Violence which is the national guiding gold standard for provision of GBV services,
e. Since only sexual violence survivors are treated at GBVRCs, while other cases of GBV that are not sexual related are treated at the OPD, there is a high certainly of many cases being underreported due to missing data, and
f. Poor documentation was noted in a number of level 2, 3, and 4 facilities in both counties with cases of PRC registers that we behind-date with regards to data entry.

3.7. EXTENT OF MULTI-SECTORAL COORDINATION IN TACKLING GBV

The study found that there did not exist in both counties coordination mechanisms of GBV interventions. However, there were a notable opportunities to develop coordination mechanisms. In both counties, there exist active court user committees (CUC) which provides formal networking and coordination platform among the key government agencies including the judicial officers, the health facilities, the police, the prosecutorial counsels, the national administrators and

representatives of the community organizations. Despite the myriad of challenges affective GBV services in each institution, the CUC has at least attempted to address some of the challenges and therefore provides a good coordination platform for continued improvement in the quality of service and access to justice for the GBV services. In Kilifi for instance, the Court User Committees (CUC) sensitizes various stakeholders on various issues of justice including GBV. This year the CUC-Kilifi chapter had an open day where they visited the prison. There is need to further strengthen the CUC and ensure GBV is one of its core areas of focus.

The study also found there are two informal GBV networks in Kilifi County, one in Kilifi and another in Malindi towns. The two networks although require capacity strengthening, are working collaboratively well with the CPC Malindi, the Police and the two GBVRCs in provision of GBV services. The network member organizations form an integral part of the community referral structures for health and other services for the GBV survivors. Comparatively, there were neither active nor dormant GBV networks in Meru County.

3.8. WOMEN LED ORGANIZATION UNDERTAKING GBV RELATED ACTIVITIES

3.8.1.BACKGROUND INFORMATION

3.8.1.1.NUMBER OF WOMEN LED GROUPS MAPPED

A total number of43 women led groups were mapped out and skills assessment conducted. Meru had a total of 25 groups mapped out, identified and assessed whereas Kilifi County had a total of 18 women groups. Figure 1 below shows the selection of groups in different counties.

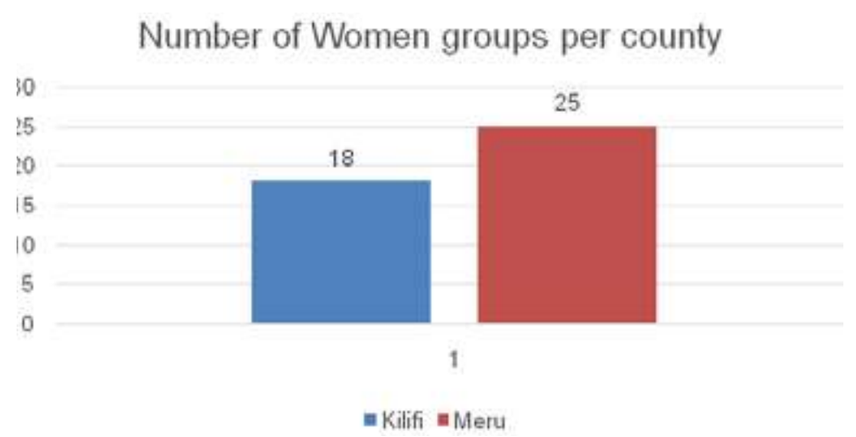


FIGURE 1: SELECTION OF WOMEN GROUPS IN KILIFI AND MERU COUNTIES

3.8.1.2. ABOUT THE WOMEN LED GROUPS

The groups from Meru county were drawn from the following sub county; Meru Central;

Igembe Central, Igembe South,Igembe North, Tigania west, Tigania East, South Imenti, Imenti North and Buuri sub county. The groups from Kilifi County were drawn from Magarini, Malindi, Kaloleni, Ganze and Kilifi South counties.

A few groups had been formed in the last one year, however other groups had been in existence for approximately thirteen years. The oldest group has been in existence for 37 years. This was Mujwa Catholic Women's group.All groups assessed indicated that they were officially registered with government registration body.

PICTURE 4: WITH MEMBERS OF A WOMEN GROUP IN KILIFI COUNTY DURING THE SURVEY

3.8.1.3. NUMBER OF MEMBERS

The number of members per group was varying. The groups had between 15 and 45 members. A few exceptional groups such as MAWAVE (Malindi Women Against Violence and Extremism) from Kilifi county had 100 members, Kinoru oasis from Meru County has 458 whereas Consolata Mujwa from Meru County had 1,000 members.

Majority of the women led groups are more focussed on livelihood of their members and are engaged solely on table banking, merry go round, "chamas" and other economic empowerment activities. Even the groups that are engaged in rights against women and girls expressed that

livelihood and financial resources are some of the challenges faced hence groups engage in various income generating activities and group business to raise funds for survival. Economic empowerment seems to go hand in hand with human rights activities.Community activities also form part of the group's activities.

Some reasons verbalized for putting more emphasis on income generating activities included the fact that not all men (fathers) were taking care of children's schooling and family needs hence the need to be proactive, and to come together to form group pools with individual strengths.

In one of the discussions, the interviewee stated the following:

" We do table banking and then we lend money to the needy members mainly for school fees, for doing small business, planting, feeds, seedlings...farming. We decided that it will be good of us... instead of getting the money and buy clothes that will not help us we decided to keep animals like pigs, we can even buy a cow or a goat...rabbits for our young ones and maybe chicken "

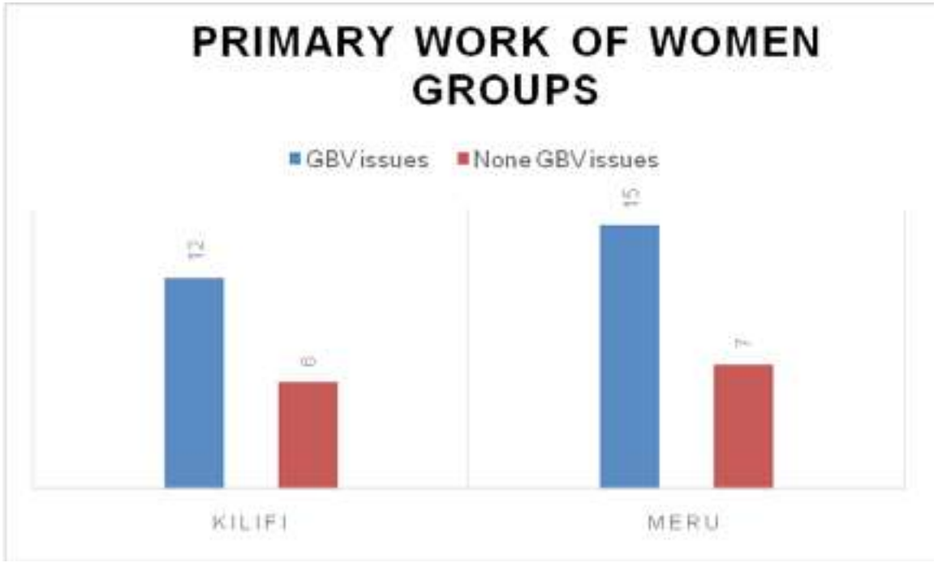


FIGURE 2: GROUPS' PRIMARY FOCUS AREAS

3.8.1.4. ISSUE OF FOCUS

Notably, for the groups that focus on Rights of women and girls, the majority were involved in various activities for the girl child protection including anti Female Genital Mutilation, fight against early child marriage and activism for vulnerable and disabled children. Very few groups were involved in women issues.

3.8.1.5.BENEFICIARIES OF WOMEN GROUPS FOCUS OF ACTIVITY

With regard to the beneficiaries for the women groups, some of the groups had more than one type of beneficiaries. The figure below summarizes some of the beneficiaries for the women groups. These included:

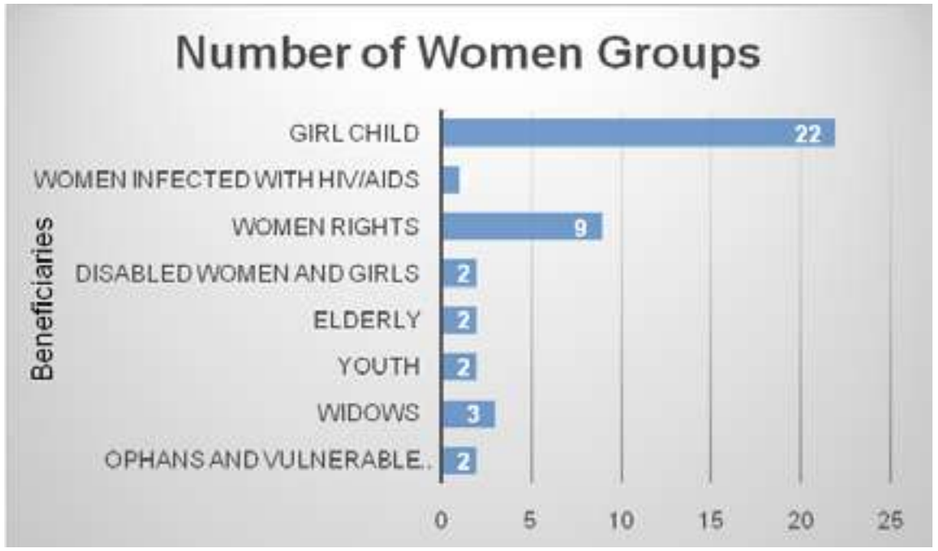
Girls and Women with Disability: Disability exposed more women and children to abuse. Women with disability are often disinherited by family members.

- Women infected and affected with HIV/AIDs,
- Women rights,
- Elderly,
- Youth,
- Widows

Below are reasons verbalized by some groups on reasons of dealing with the beneficiaries?

> So many girls with disabilities and women are being violated, are being misused…they are being raped and sometimes when you go to seek for legal recourse you realize even the evidence is not sustainable because if you defile a girl who is mentally challenged… the evidence will not be sustainable because she might say this today and something else tomorrow. As a champion we raised a case with the children's officer – when I raised it with the children's officer I realized that sometimes back the community had seen that and reported him to Maua law courts but the child's testimony statement was not consistent and the case was thrown. I was trying to ask the Chiklren's officer "Now what do we do – do we just let this child continue being defiled and defiled? And do you know we got that information from the teachers because they are open with the teachers…but the teachers at one point they also refused to collaborate- we hit a dead end and we could not continue with that case yet you know this child is being defiled but how do you follow it and also the issue of resources this child did not come from the area I come from and we were using around 500 just to go there and it needed someone to do ground work- get a good Samaritan neighbor to give credible evidence. But it didn't work even now the case is pending and it pains me so much that my hands are tied.

FIGURE 3: BENEFICIARIES OF WOMEN GROUP ACTIVITIES



3.8.1.6. FUNDING

All the groups interviewed expressed the challenges they experiencing in mobilizing funds for their advocacy activities hence the reason for engaging in table banking, "chamas" merry go round and other incoming generating activities. There was no consistent funding for the groups. A few of the groups had benefitted from grants and loans from Uwezo fund, Women Enterprise Fund (WEF) and the Constituency Development Fund (CDF). A few groups had been promised resources by politicians but the promises were never fulfilled.

3.8.2. OVERVIEW OF THE CAPACITY OF WOMEN LED GROUPS

3.8.2.1.GROUP AGENDA SETTING

The groups were scored out of the strategies below. However the interviewer probed for more strategies. These were

- Presence of written advocacy plans
- Goals and priorities shared by all members
- Proactive as opposed to a reactive approach to issues
- Agenda setting process on rights of women and girls

Out of the 43 groups assessed, only 5 (12%) had any written advocacy agendas setting the process in rights of women and girls. The rest 38 (88%) did not have any written agendas.

The assessment results indicate the groups react on issues arising. A written advocacy plan

The figure above shows how many groups have the written advocacy group agendas.

FIGURE 3: WRITTEN ADVOCACY GROUP AGENDA

Interestingly, all the groups explained that their priorities are more reactive rather than proactive.

3.8.2.2. RESPONSE, REFERRAL AND SHELTERS

As stated above, all groups were more reactive to arising issues as opposed to being proactive. All groups that dealt with women and girls rights agreed that they respond to all the relevant issues even when they were resource strained. They referred the necessary cases particularly to the hospitals and administration offices. The groups always have challenges when the victims need to be removed from their homes and referred to safer locations. The women groups expressed that they do not know where to take the victims except the hospitals, the chief's place or the police stations.

3.8.2.3. NETWORKING

On networking the groups were scored out of the below components. The measures were
Engaging with decision makers and Community leaders
Coordination with:

- Government,
- Other CBO/NGO,
- Justice Sector,
- Community,
- Health Sector, and

- Media
- Common goals and collaboration with other stakeholders
- Information exchange on Women and Girls rights with partners

Working in partnership is critical for successful advocacy. Networking can strengthen the voice of women groups, and also provide some support when groups are vulnerable in difficult operational environments.

The assessment results showed that only a few groups from Meru and Kilifi counties, engaged with decision makers and Community leaders. As expressed by most members, the engagement occurred when invited in community dialogues or to participate in the National public holiday ceremonies. However in most ceremonies where they were invited, they were expected to support in ushering or entertaining the guests. This leads to a lost opportunity for the groups to speak about issues affecting rights of women and girls in their respective community.
Mapping of key stakeholders and their positions on an issue by the women led groups remains a critically weak area.

During the advocacy forums, the groups do not publish or disseminate their actions on social media, prints or websites. They are not keen to share their achievements because they don't typically understand how and who would be used to highlight an issue.

The groups do not sufficiently engage the community or citizens in actions such as petitions, writing letters of appeal, flash mobs, and meetings with officials. They directly involve those person or persons affected by an issue and the women group members. This is a missed opportunity that can make a material difference in the outcome of advocacy efforts by the women led groups.

Undertaking joint actions: Cooperation tends to be ad hoc with only four groups from Kilifi county namely Malkia, MAWAVE, Makao Mpya and Umbrella having had collaborated at one time in their advocacy initiatives. The collaboration was spearheaded by a donor. Rarely do any groups create joint action plans and, or share resources with each other. The groups can persuade other groups and with same interests in issues to become active and potentially include relevant sectors with shared concerns. Better coordination among groups working on similar issues can offer opportunities for bringing about county level changes and strengthen advocacy campaigns e.g. relating to children's rights, women rights, gender equality, or disability rights.
Working with the Media: None of the groups had ever invited any media station (local or mainstream) to cover the advocacy work done except some women groups in Meru during the girls alternative rites of passage. Media strategies are an important component of advocacy. Media attention raises awareness and builds support for policy changes. Media can also

influence social norms that tolerate violence; and promote positive images that can serve as a significant prevention tool.

3.8.2.4. ADVOCACY

The group were assessed on the below advocacy measures:

- Initiatives the group has taken in policies of women and girls rights
- Adequate skills as group members to develop advocacy strategy on rights of women and girls
- Campaigns conducted in the communities on issues of women and girls
- Completed advocacy initiatives since 2012 (2012 was used due to recall process).

In general the women led groups are more reactive to the issues arising that affect women and girls other than being proactive, illustrating that the groups as a whole appear to be fairly weak when it comes to advocacy of rights issues. This can be attributed in part to the fact that the groups lack a stable source of finances to conduct their activities as well as for their upkeep. Another potential explanation is that most of the groups did not know how to go about the process of advocacy, who to meet or network with, and what actions to undertake. Weak advocacy capacity may impact the ability of the groups to undertake effective advocacy initiatives.

Unsurprisingly, groups that were mission-focused were better equipped to carry out effective advocacy initiatives. They typically had unique expertise and positive public reputation in their focus areas. These groups included Malkia, MAWAVE, Makao Mpya and Umbrella from Kilifi County; and Mujwa Catholic women, Utawala and Gatuura women group from Meru County. However, the assessment team noted that groups focusing on child rights seemed to have stronger advocacy capacity than the ability to deal with women issues.

A thoughtful, planned strategy is required for success. Women led groups must continue to have a long term view on advocacy. Small wins will build toward big wins.

3.8.2.5. KNOWLEDGE ON POLICY AND LEGISLATIVE FRAMEWORK

All the women groups knew that policy and frameworks on GBV and other related human rights existed in Kenya but they could not tell which they were and how to get information about the policies and the frameworks.

3.8.2.6. MONITORING AND EVALUATION, KNOWLEDGE SHARING AND LEARNING

All groups reported that they were not tracking down the trends of the issues they are advocating over time. Apart from reacting to the current issues, the groups did not disseminate the findings to other groups or policy makers on advocacy issues in women and girls rights. Similarly, on

aawareness rising and social mobilization score, the women groups did not intentionally conduct this activity.

3.8.2.7. RESOURCE MOBILIZATION

For most of the groups resource mobilization was done to keep the groups in existence and to be able to support members. It was difficult to distinguish this from resources allocated to advocacy work.The groups are particularly weak in rallying voluntary support and drawing from the experts of to strengthen advocacy initiatives.

> We have to accept that we are dealing with the fact this is an unpaid job, and the women work under temptations and intimidations. At the same time the conflict involves dealing with masculinities, people with power and the community at large.
> Group discussion- Igembe, Meru

Resources are very important to enable service delivery to the people. These resources can either be tangible or intangible. During the assessment it was revealed that financial difficulties hinder many of these groups in reaching their beneficiaries.

3.8.3. INSTITUTIONAL CHALLENGES FACED BY WOMEN LED ORGANIZATION

Notwithstanding their often good work, the groups continue to face many challenges from the community and institutions responsible for seeing justice prevail. These have hampered the volunteer spirit to some of the group members who ultimately have ended up withdrawing.

Financial limitations: The groups lack a stable source of finances to conduct their activities as well as for their upkeep.

Lost opportunities to speak on rights of women and girls:

The groups do not sufficiently engage the citizens in actions such as petitions, writing letters of appeal, flash mobs, and meetings.

Focus on Priority Issues: Groups focus more on rights of children than the rights of women.

Capacity for Advocacy: There is limited knowledge on the available policies, laws and frameworks on human rights of women and girls. The groups are more reactive than proactive to the issues arising that affect rights of women and girls.

Networking: There is poor partnership and networking between the women groups and the stakeholders, potential donors, other women groups and government bodies.

3.8.4. LESSONS DRAWN FROM THE CAPACITY ASSESSMENT WOMEN LED ORGANIZATIONS

Drawing from the aforementioned challenges and results, CREAW can consider undertaking some of the following interventions to improve the advocacy initiatives of women led groups.
Financial limitations

The project can link the groups with various sources of finance. Diversifying financial resources, particularly local resources can enable groups to sustain their advocacy efforts, as well as secure greater ownership through participation, identifying and ensuring that more initiatives respond to issues that are important to citizens. Development partners, governments and foundations can be a good source of providing funding to support the group's efforts, particularly for targeted advocacy strategies GBV issues.

Lost opportunities to speak on rights of women and girls:

CREAW project can also support in further developing the communication skills on how to secure better coverage and provide newsworthy content to attract attention. The project can assist the groups to develop more strategic public outreach messages and materials within their

PICTURE 5: FOCUS GROUPS DISCUSSIONS

advocacy campaigns, as well as to develop sustainable mechanisms for routinely sharing highlights of their work to public audiences.
Building relationships with government authorities responsible for the development of laws and

policies is critical.

Focus on Priority Issues:

The project can support the groups to know how to collect sufficient information about relevant government bodies, entities or agencies and their respective position on women and girls rights issues. The groups will understand the interests of the government bodies, how government interests may obstruct advocacy efforts, or how to work to find a win-win solution and also how to broaden the citizen pressure on government institutions.

Capacity for Advocacy

Trainings and Capacity Building: There is no 'one size fits all' advocacy strategy. The women led groups should be supported through trainings and mentorship to develop clear advocacy priorities based on evidence as well as mapping the environment in their particular communities. This will help determine what strategies work better for different groups.

The women led groups would benefit if they received substantial assistance and mentorship in planning and carrying out their advocacy initiatives. It would be crucial, therefore, that CREAW find the right balance between capacity development (learning-by-doing) and direct technical assistance (modeling or more direct formulation) so as to move the groups to a new level of self-reliance in identifying and developing strategic advocacy campaigns and implementing them. Targeting these groups with interactive advocacy workshops and follow-up mentoring may produce substantial improvement, including potentially increase in performance on both the advocacy and group indices.

The project should consider building capacity on policy and legislative framework on GBV and health such as Sexual Offences Act (2006), the HIV and AIDS Prevention and Control Act (2006), the Prohibition of Female Genital Mutilation (FGM) Act (2011), the Protection Against Domestic Violence Act (2015) and the National Policy on the Prevention and Response to GBV launched in 2014 among others.

Networking

Networks or partnerships are important for successful advocacy and policy dialogue on GBV issues. The project can help the women led groups have where relevant, some peer to peer exchange to review each other's work, ideas, and challenges and provide feedback.

Networks or partnerships are important for successful advocacy. Advocacy can be strengthened when multiple organizations work together in a structured way to influence change around shared concerns. The project can support the women groups to come together and set and a

common direction utilizing the strengths of each partner.

The project should also create opportunity for the women led groups to meet and partner with a variety government sectors such as Government, Non-governmental organizations, the Justice sector and the Health Sector for all bring different strengths and capacities required for successful advocacy of rights of women and girls.

The project should also encourage the women led groups to more deeply engage citizens and other stakeholders in their advocacy campaigns and plans as a core part of each work plan. This includes holding public meetings to increase awareness about issues and encourage diverse citizens to become involved in advocacy.

Mentor the groups on concrete ways to mobilize stakeholders within advocacy initiatives such as through letter writing, petitioning, and using available information communication technologies. The project can mentor the groups on how to conduct public outreach. Most groups can improve their public relations, promoting their work to the public and familiarizing the public with their initiatives. This can include strategies for attracting free media coverage.

Chapter Four

4. CONCLUSIONS AND PROGRAMMATIC IMPLICATIONS

4.1. CONCLUSIONS

Based on the findings of this baseline survey elaborately adduced in the preceding chapters, the following conclusions are drawn.

First, the survey reveals that GBV in all its forms and the contextual determinants are still rampantly prevalent across the two counties despite the myriad of efforts to stem the vice. The efficacy of the relevant laws and policies indicates that, although there has been some meager progress made, the laws and policies have not been very effective in addressing violence against girls and women mainly because of disjointed and weak implementation as well as deeply embedded negative socio-cultural practices which fuels the cases and also negatively hamper, to a very large extent, on the access to justice for survivors. GBV also presents as a ubiquitous public health issue, however bears special significance in the context of the two counties owing to the deep-rooted socio-cultural factors compounded by poor healthcare, the social infrastructure, and weak institutional accountability. GBV, as a multidimensional problem calls for a multidimensional solutions.

Secondly, this study highlights the fact that GBV is essentially a socio-cultural issue where both the formal criminal justice and healthcare system hold crucial roles in the prevention and intervention, starting from ensuring smooth and prompt access to justice for survivors, prompt and effective screening of survivors, and informing people about the health impacts to meeting their physical and psychological health needs as well as abating the complexities of stigma and the cultural silence associated with GBV which is also fundamental to promote justice and health seeking behavior.

Thirdly, the findings of this survey justifies that urgent GBV preventive measures must focus on strategic areas of women empowerment such as leveraging gender and sex education; designing gender-sensitive public policy; law enforcement and strengthening institutional, responsiveness, accountability and transparency in the executing their duty bearers' mandates.

Lastly, the responsiveness of the institutions in implementing the existing GBV laws and policies is by far still inadequate and ineffectively coordinated to yield the desired output in deterring farther rights violations and also ensuring the health services and the legal justice systems is readily and easily accessible to the survivors. This is occasioned by myriad of multifaceted factors, which express both intrinsically and extrinsically, within each single institution.

It is noteworthy that these concerns have been captured by the CREAW's ongoing project Haki Yetu, Jukumu Letu in both its conceptualization and its theory of change model. However, in light of the reality of the confounding situation and the consequential programmatic implications, the project holder and stakeholders will need to undertake some review on its design and its results chain matrix to ensure that within its life cycle and even after it is phased out, it shall have contributed significantly in stemming violence against women and girls, and that its intended and unintended outcomes shall yield to the desired long term impact.

4.2. PROGRAMMATIC IMPLICATIONS

By drawing evidence from analysis of primary data, this study concludes by making the following programmatic recommendations

a. Frail law enforcement and criminal justice system is a significant challenge to confronting GBV. To overcome this, CREAW need to work with police, courts and the prosecution on addressing the following issues:

- Strengthen the Court User Committees and make GBV as one its core focus areas: The court committees in the two counties need to be more active and realigning its operations with the situation of GBV. The CUCs need to restructure its terms of reference and develop comprehensive work plan guiding the operations of each committee at the sub-county level. In addition, there is the urgent need to prioritize GBV as a core focus area of the CUC through establishment of GBV Sub-committee within the CUCs. The CUCs also need expansion to incorporate representatives of GBV networks with the GBV sub-committee. CREAW should therefore work with stakeholders in developing and strengthening the capacities of CUCs to ensure their effective functions contribute to the realization of the Haki Yetu Jukumu Letu Project outputs and outcomes. This recommendation is drawn from the assiduous fact that CUCs are the only existing formal platforms incorporating an array of key stakeholders which could be concerned on tackling GBV.
- Improving both the human resource capacity and the infrastructure at the police Gender and Child Desk: The effective functioning of the Gender and Child Desks is very pivotal in improving access to justice for GBV survivors. It is therefore imperative, for CREAW to work in hand with the NPS in finding cost effective ways, including incorporating the efforts of the members of parliament and county governments towards upgrading the infrastructure of the desks at the respective police stations to ensure they are installed with cabinets for storage of records and lockable shelves for good custody of forensic evidence. But most importantly, it is imperative to strengthen technical capacity of an expanded pool of police officers through effective service based training on GBV and specifically on proper storage

of exhibits.

- There is also the need to develop standard operating procedures for effective storage of forensic evidence implemented through a total quality management system that embraces and monitors continued quality improvement. Further, CREAW should work with National Police Service develop a workable system for posting officers to the desks to ensure an uninterrupted continuum of high quality customer care services at the desks which promotes public confidence and increased uptake of services.

b. Special attention should be paid so that financial barrier doesn't compromise the healthcare service to the survivors:

- There is need to hold discussions with the Country and National Government towards abolishing the user fees charged by medical officers for filing P3 forms to the GBV survivors.
- There is also need to ensure an uninterrupted supply of PRC forms especially to lower level facilities.

c. Resources allocated by the respective County Governments to health-promoting activities are very limited compared to investments in medical care

- The operational financing and the integration of healthcare system with GBV agenda depend greatly on political commitment for adequate resource allocation, especially when deploying resources to the grassroots public health facilities to ensure that they have sufficient human resources trained in understanding the context, meeting the unique needs of GBV patients and building physical infrastructures such as transportation, community service centers, special examination and counseling rooms. Haki Yetu Jukumu Letu project need to progressively build the capacity of grassroots community organizations on good governance so as to build pragmatic social capital for advocacy for adequate resource allocation to Health with special focus to GBV to ensure that quality services are available to survivors within their local health institutions.

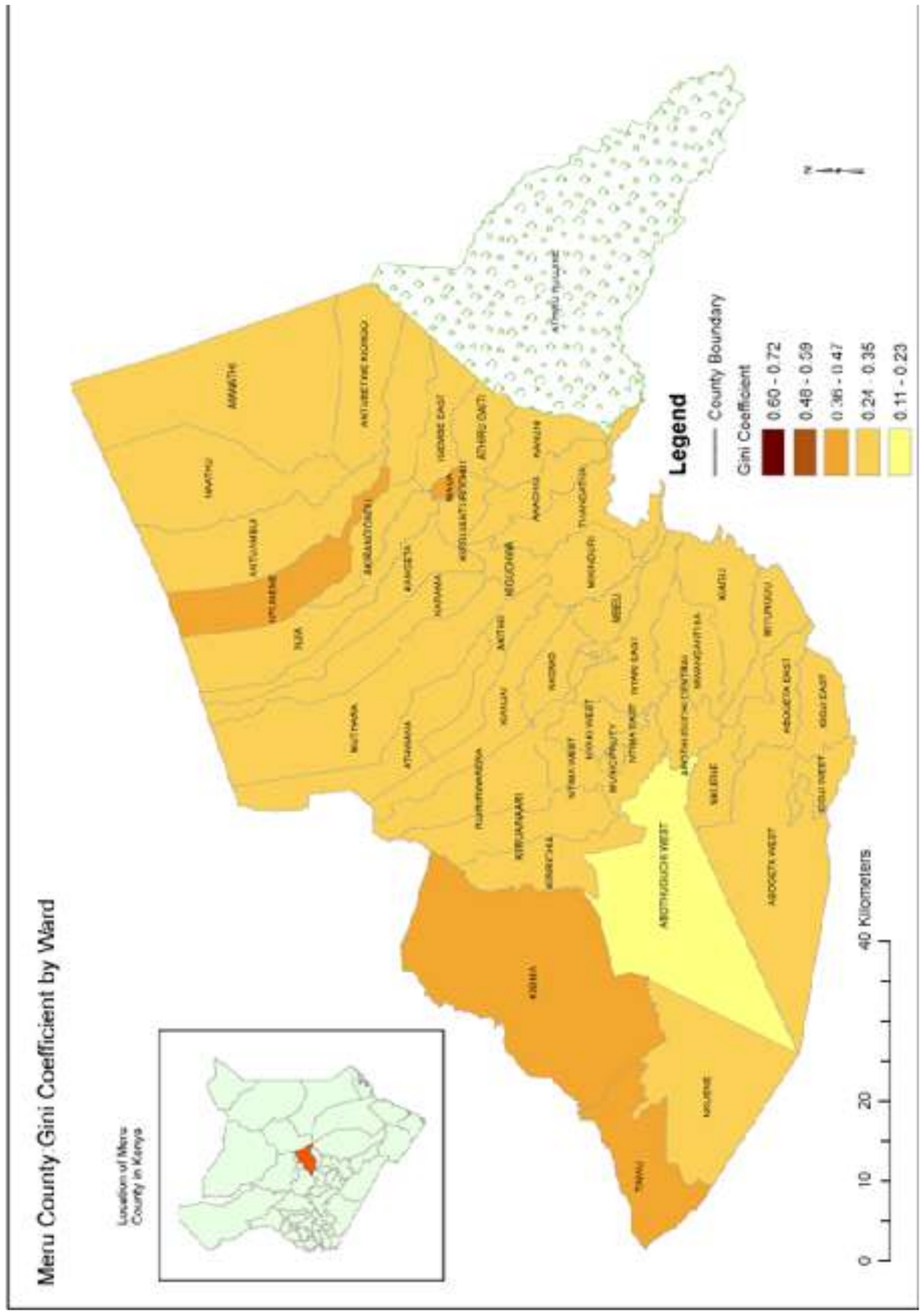
d. In the melee from deep-root socio-cultural issues fueling the GBV, against a back drop of culture of societal silence, progress can be thwarted by inadequate information and underreporting the prevalence of GBV. CREAW should work with stakeholders to ensure that surveys will be conducted on a regular basis by through an effective screening strategy to identify GBV cases and populate the magnitude. This is crucial in making culturally tailored GBV prevention and intervention strategies which will assist greatly in assessing and monitoring progress towards gender equity. For this to happen, the project must ensure continuum of community driven and community centered interventions from those local organizations whose capacity will be built within the life of the ongoing project. Importantly, the project must embrace participatory implementation, monitoring and evaluation approach to ensure that upon its end, the community shall have developed adequate capacity to drive and sustain its outcomes in order to realize the long-term impacts.

e. During the validation meetings, it was evident that whereas both the national government

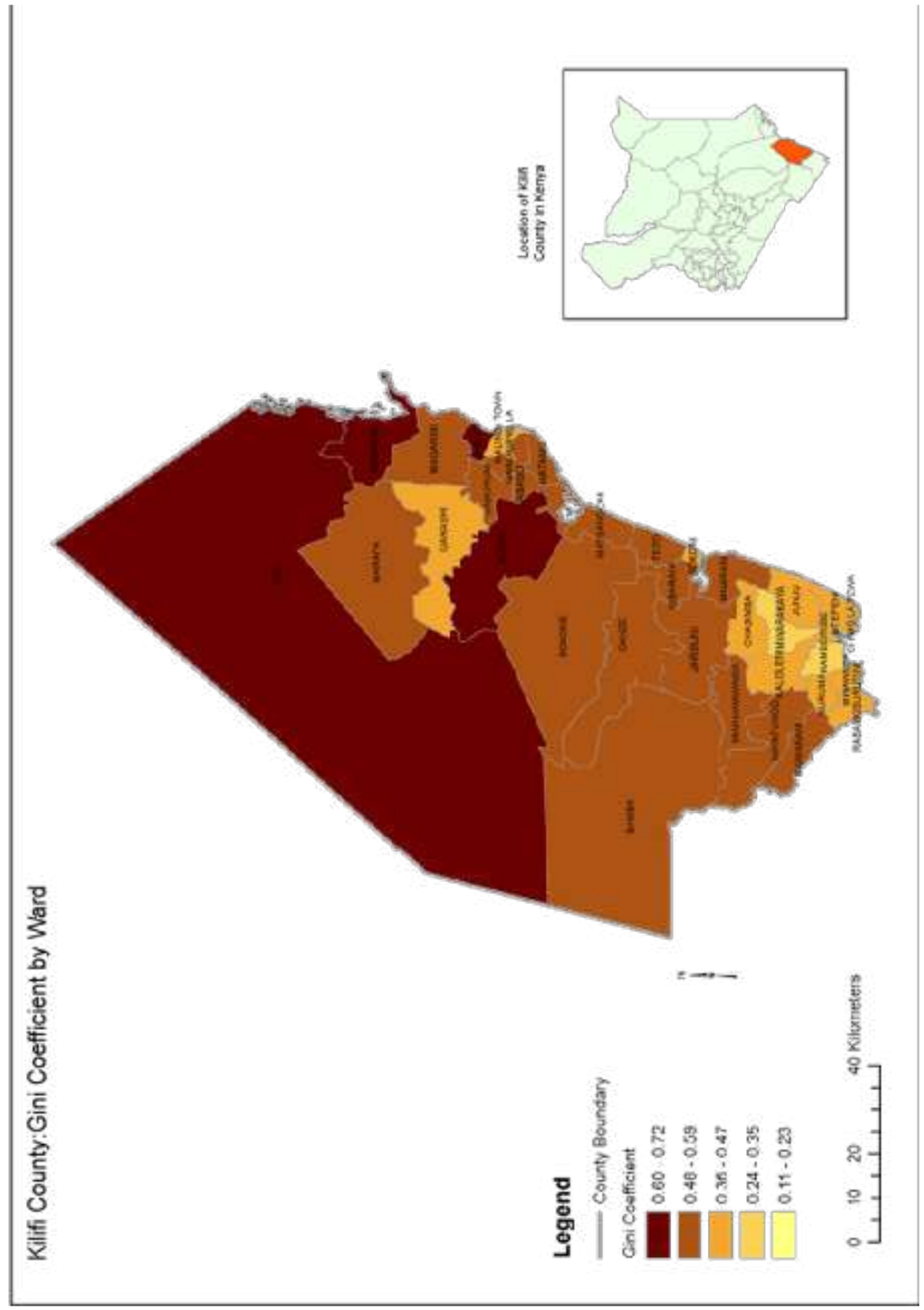
officials and the CSOs agree on the magnitude and the consequences of GBV, they also hold diametrically conflicting view on how to tackle the problem of GBV. While the national government believes the problem is driven by a combination of; erosion of values and societal moral decay, poor traditional practices and negligent community, the CSOs hold the view that the duty bearers have not been responsive and accountable in their obligations to address the GBV. In Kilifi County, the conservative view of the Islamic leadership on GBV presents another serious challenge in tackling the vice.

- Against this backdrop, it is exigent to note that long-term success against GBV in the two counties will require the adoption of interdisciplinary operational framework by incorporating a wide spectrum of crosscutting strategies and enhancing multi-stakeholder engagement in the overall development process. Political commitment are vital to minimize policy related barriers and developing a gender-friendly political environment.
- Creating a greater synergy between government and civil society organizations (CSOs) is equally essential to understanding the barriers to implementation of policies and how they can be overcome.
- CREAW will need to strike a careful balance and bring these opposing views on a common platform to developing of gender-sensitive social policies and social capital tailored especially to promote a more nuanced view of women's health and human rights. This is best achieved through very strong buy-in alliance building strategies in order to create smart partnerships that embrace broad based views and contribution of each stakeholder.
- It is also recommended that the Project Haki Yetu Jukumu Letu convenes annually, county wide multi-stakeholder forums to collectively audit progress and gains made inherent challenges and explore remedial measures to overcome them towards making advancement in the elimination of GBV.

ANNEXTURES

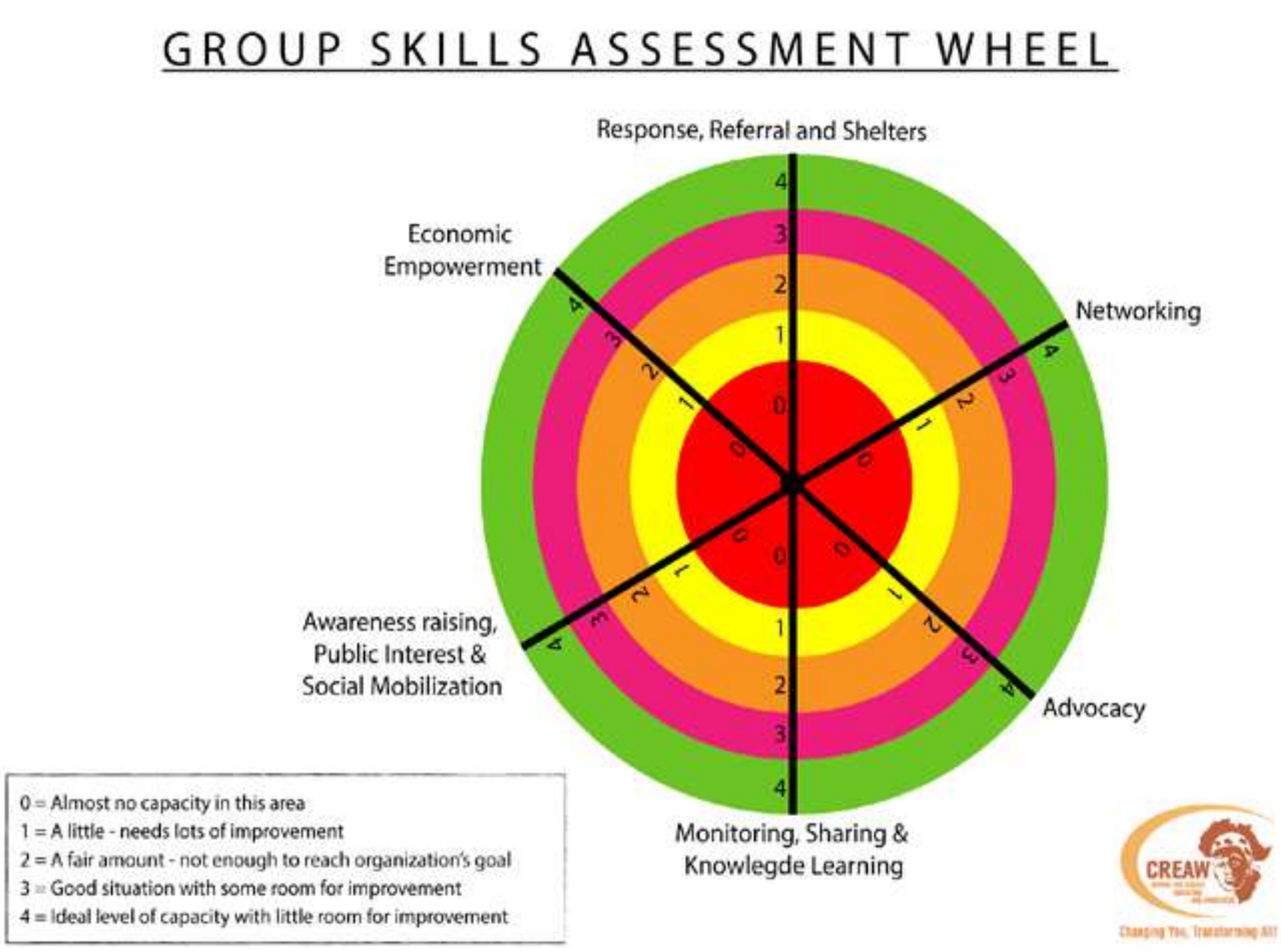


ANNEX 1: MERU COUNTY MAP



ANNEX 2: KILIFI COUNTY MAP

ANNEX 3: GROUP ASSESSMENT WHEEL



S. No	NAME OF WOMEN GROUP	SUB COUNTY	PROFILE
1	MALKIA WG (MWANA AMANI ISSA)	MALINDI	• CONDUCTS RESCUE OF ABUSED CHILDREN IN THE COMMUNITY. • SUPPORTS ALSO WOMEN WHO HAVE UNDERGONE FORMS OF VIOLATION • WILL BENEFIT FROM ADVOCACY TRAININGS
2	MAWAVE-MALINDI WOMEN AGAINST VIOLENCE AND EXTRIMISM		• CONDUCTS RESCUE OF ABUSED CHILDREN AND PREVENTION OF EXTREMISM IN THE COMMUNITY. • SUPPORTS ALSO WOMEN WHO HAVE UNDERGONE FORMS OF VIOLATION • CHALLENGES ESP IN DEALING WITH JUSTICE ISSUES
3	NYOTA WOMEN GROUP		• WORKING WITH CATHOLIC CHURCH TO SUPPORT PREGNANT GIRLS
4	MAKAO MPYA		• ACTIVELY DEALS WITH GBV CASES IN WOMEN AND RIGHTS OF THE GIRLS IN THE COMMUNITIES. • EAGER TO LEARN MORE ON ADVOCACY, THE JUSTICE SYSTEM, AND ACTS IN THE CONSTITUTION CONCERNED WITH GBV.
5	UMBRELLA		• ADVOCATES FOR WOMEN WHO UNDERGO GBV AS WELL AS CHILDREN'S RIGHT
6	KALOLENI YOUNG MOTHERS	KALOLENI	• WORKING WITH KENYA GIRL GUIDES ASSOCIATION TO EMPOWER THE GIRL CHILD • WILL BENEFIT FROM TRAINING IN ADVOCACY AMONG OTHERS.
7	JIPANGE WG		• SOME ARE ECD TEACHERS. THEY WANT TO GET INVOLVED IN AREAS OF ADVOCACY. THEY HAVE BEEN ACTIVE IN GIRL ISSUES E.G. EARLY MARRIAGES, EDUCATION ETC AND TALKING TO MOTHERS

ANNEX 4: SUMMARY OF GROUPS CHAMPIONING THE RIGHTS OF WOMEN AND CHILDREN IN KILIFI COUNTY

S. No	NAME OF WOMEN GROUP	SUB COUNTY	PROFILE
8	SAUTI YA WANAWAKE	KILIFI COUNTY	• ACTIVELY INVOLVED IN GBV. VERY FEW MEMBERS (2) TRAINED IN ANY ISSUE. HAVE THE INTEREST TO LEARN MORE & ADVOCATE ON ISSUES ON WOMEN AND CHILDREN RIGHTS. • TRAINING OF A LARGER NUMBER OF MEMBERS IS RECOMMENDED
9	INUA WG-FEMALE TEACHERS FROM MTWAPA	KILIFI SOUTH	• EMPOWERING GIRLS WHO ARE VICTIMS OF RAPE, EARLY MARRIAGES ETC. TALK TO PARENTS ON CARE OF THE GIRL CHILD AND RISKS AVAILABLE IN THE COMMUNITY.
10	TUMAINI SUPPORT WOMEN GROUP		• EAGER TO START ADVOCACY WORK IN ADDITION TO THE ECONOMIC EMPOWERMENT • UNIQUE FEATURE OF HAVING 2 MALE MEMBERS WHO ARE VERY SUPPORTIVE TO THE WOMEN'S WORK
11	BIDII MTAANI WG		• FIGHTING FOR GIRLS WHO ARE VICTIMS OF RAPE, EARLY MARRIAGES ETC. ADVISING PARENTS ON CARE OF THE GIRL CHILD.
12	KASEMENI WG		• FIGHTING FOR GIRLS WHO ARE VICTIMS OF RAPE, EARLY MARRIAGES ETC. ADVISING PARENTS ON CARE OF THE GIRL CHILD.

Kingdom of the Netherlands

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