



Changing You, Transforming All!

Policy Brief

Walk the Talk; Prevention Initiatives as a strategy to combat Gender-Based Violence in Kenya.

Executive Summary

Kenya is a signatory to the key international women's human rights agreements. These include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Beijing Declaration and Platform for Action (BPFA), and the Sustainable Development Goals (SDG). In addition, Kenya has made great strides in developing and implementing SGBV legal and policy frameworks and programmes. In May 2021, the Government of Kenya unveiled its road map for advancing Gender Equality and ending all forms of Gender-Based Violence (GBV) and Female Genital Mutilation (FGM). Despite this progress, most policy and programme efforts have focused on violence against women and girls (VAWG) response initiatives. Less attention has been given to initiatives that reduce or stop violence before it starts.

Key messages

1. There is substantial evidence that VAWG is preventable.
2. There is need to prioritize investments in VAWG prevention alongside response initiatives.
3. There is need to institute a national framework that guides the selection, adaptation, monitoring and evaluation and scale up of evidence based VAWG prevention interventions.

Context

VAWG affects one in three women globally (WHO,2018). In Kenya, 38% of women aged 15–49 have experienced physical or sexual violence (KDHS,2014). VAWG is rooted in unequal gender power relations and discrimination against women and girls (Parekh, S.2011; Heise, L.,2019; WHO.,2010; UN Women, n.d.). It adversely affects the well-being of women and girls, undermining their health, dignity, security, and autonomy (WHO,2013). In addition, VAWG has considerable social and economic costs to individuals, communities, and countries (WHO,2013; National Gender and Equality Commission [NGEC], 2018). According to the National Gender and Equality Commission (NGEC), medical-related expenses per survivor and family amounted to USD 164, reporting to the local administration \$31, productivity loss from serious injuries \$ 2,235 (NGEC,2018). Hence the need for deliberate efforts to address VAWG from a prevention perspective.

Types of Prevention

Primary prevention

refers to reducing or stopping violence before it starts. Aimed at addressing the root causes of violence and changing attitudes, behaviors & norms.

Secondary prevention

refers to response services that aim to stop repeat experiences of violence after it has happened.

Tertiary prevention

Aimed at preventing disability and treating long-term problems because of the violence

While many countries, including Kenya, have developed and implemented policy and legislation frameworks to address VAWG, more focus has been placed on secondary and tertiary prevention with minimal investments toward primary prevention. However, emerging evidence demonstrates that VAWG is preventable. Governments' insufficient action towards ending VAWG poses a barrier to attaining the Sustainable Development Goals (United Nations, 2015). Elimination of VAWG is a key contributor to the progress towards gender equality and the empowerment of women and girls.

“ H.E the President Uhuru Kenyatta,
2021

When countries respect women rights, promote gender equality, and put women and girls at the centre of their development agenda, their societies and economies thrive, and those benefits extend far into future generations.

”

Why focus on VAWG primary prevention

1. VAWG is widespread throughout Kenya, affecting over one-third of women and girls.
2. VAWG has severe social, health, and economic costs for women, their children, families, communities, and societies.
3. Response services for VAWG survivors are vital, but they only reach a minority of women survivors. The majority do not seek help or report violence. Preventing violence before it starts is therefore vital.
4. There is global and regional evidence that VAWG is preventable and that prevalence rates can be reduced in 3–5-year programme timeframes.

About the study

This study conducted by the Centre for Rights Education and Awareness (CREAW), in May 2021 through a rigorous desk review and consultation with GBV experts to identify gaps, challenges related to SGBV prevention in Kenya from a policy and programmatic lens. It also identified VAWG prevention programmes that have been tested and implemented in the country or contexts like Kenya. It is anticipated that the results will increase awareness of existing prevention approaches and contribute towards a national discourse on evidence-based prevention strategies for adaptation in fulfilment of the commitments by the government towards the eradication of VAWG by 2026.

Study results

I. Policy and Programme Gaps and Challenges

Despite having a robust legal framework in Kenya with various laws on the protection and prevention of violence, there was a lack of structured regulatory mechanisms to ensure the implementation of the laws. There is an inconsistent translation of domestic SGBV laws to policies and practice. This was evident through the lack of SGBV prevention strategies or intervention mentioned in most policy documents.

Inadequate or minimal financing of VAWG prevention interventions, more focus is placed on secondary and tertiary prevention: County and National Government financing frameworks for various sectors focus more on response initiatives, such as increasing service infrastructure, training actors to respond to survivors, developing service delivery standards, and referral mechanisms. According to the GBV experts, primary prevention efforts are donor-reliant, limiting their scope of implementation, coverage, and impact.

Lack of robust VAWG primary prevention interventions: Most of the stakeholders engaged in VAWG programming seem not to utilise existing evidence to design robust programs with clearly defined theories of change. VAWG ‘prevention’ initiatives in Kenya focus more on awareness creation and community mobilisation activities instead of engaging with the communities to build their agency to identify and challenge harmful gender norms. While evidence exists of organisations that have rolled out tested interventions such as SASA!, there is insufficient evidence on their adherence to fidelity to the intervention during implementation. Few of these interventions have been evaluated.

Some of the prevention programs are not tailored to local contexts. According to the findings, the most common forms of VAWG in Kenya include defilement of young girls (mainly by family members), sexual violence/ rape, physical violence, emotional violence, technology-facilitated violence, female genital mutilation and cutting, child trafficking, and domestic violence/intimate partner violence. However, most organisations do not tailor their GBV programs to the prevalent forms of GBV but rather adopt a blanket approach that is non-responsive to the social, cultural, political, and economic realities of the communities and individuals they engage.

County-level policies not contextualised: While counties have attempted to adapt the national level SGBV policy frameworks, this process is not guided by the local context to the root causes or drivers of violence. This gap is also informed by a lack of robust research evidence to inform counties in their design of policies which translate into programs with no buy-in or impact at the county, community, or individual level levels.

There is no framework in place to support monitoring and evaluation of VAWG programs to a) assess the impact of programs in transforming harmful gender norms, b) inform components of VAWG prevention for inclusion, and c) offer standardised tools for programming interventions. Hence the continued ad hoc implementation of VAWG interventions deficit of evidentiary support. Integration of VAWG prevention across different government departments is lacking due to the centralisation of the GBV agenda within the State Department of Gender, more so at the national level. The intergovernmental consultation for the gender sector does not have a ring-fenced budget to finance GBV efforts across sectors and levels of government.

Table 1 gives a comprehensive list of the VAWG prevention and programmatic gaps and challenges elicited through this study.

Table 1: Summary of VAWG prevention gaps in Kenya

SGBV prevention programmatic gaps	SGBV prevention policy gaps
<ul style="list-style-type: none"> • Program design: No defined theories of change, limited focus on the change of harmful norms and behaviour • Implementation: lack of knowledge and skills on SGBV prevention programme by planners and implementers; duration of activities not linked to expected long-term outcomes; and most programs focus more on awareness creation as opposed to the transformation of harmful gender norms • Adaptation: Blanket implementation of programs devoid of local context (drivers and root causes of GBV); program intensity in terms of duration and scale not based on evidence. 	<ul style="list-style-type: none"> • Priority: Focus more on response rather than primary prevention. • Financing: Lack of ring-fenced budgets to support the implementation of GBV prevention initiatives at all levels of government; heavy reliance on donors and implementing partners. • Accountability: Weak accountability frameworks in place to monitor implementation of existing anti-GBV laws; No mechanisms to monitor effectiveness in secondary and tertiary prevention • Adaptation: County adaptation of national SGBV policies not informed by contextual drivers of violence; hence minimal impact or lack of community buy-in for sustained change

SGBV prevention programmatic gaps	SGBV prevention policy gaps
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<p>Cross-cutting</p> <ul style="list-style-type: none"> Insufficient use of programmatic successes to inform policy frameworks or scale-up of tested interventions. Weak coordination between national level and grass-root GBV actors as learning exchange 	

II. Evidence-Based VAWG prevention interventions

There is evidence of well-designed, well-implemented interventions of different modalities that have been shown to prevent VAWG in contexts like Kenya. These interventions were benchmarked against global VAWG prevention standards, namely RESPECT women: preventing violence against women – a VAWG primary prevention framework. Table 2 summarises evidence-based interventions that have been implemented in contexts like Kenya that can be considered for adaptation.

Table 2: Summary of Tested and Promising Global VAWG Prevention interventions and Programmes

RESPECT Strategies	Intervention type	Program Examples
Relationship skills strengthened. (R)	Group-based workshops with women and men to promote egalitarian attitudes and relationships	The Indashyikirwa programme (Rwanda) Stepping Stones (Uganda +Global)
Couple's counselling and therapy		Becoming One (Uganda)
Empowerment of women. (E)	Microfinance or savings and loans, combined with gender and empowerment training components	Adolescent Girls Initiative (Kenya) Empowerment and Livelihoods 4 Adolescents (Uganda) Maisha (Tanzania)

Services ensured. (S)	Shelters/safe accommodation	Maiti Nepal Transit Homes (Nepal)
	Helplines	SAWA Women's Protection Helpline (Palestinian Territories)
	One-stop crisis centres	Isange One Stop Centre(Rwanda) Thuthuzela Care Centres (South Africa)
	Alcohol misuse prevention interventions	Common Elements Treatment Approach (Zambia)
Poverty Reduced. (P)	Economic transfers, including conditional/unconditional. cash transfers vouchers, and in-kind transfers	Economic transfers (Bangladesh, Ecuador) HPTN 068 (South Africa)
Environments made safe. (E)	Whole School interventions	The Good School Toolkit (Uganda)
	Infrastructure and transport	UN Women Safe Cities Global Initiative
	Bystander interventions	Bell Bajao (Ring the Bell, India)
Child and adolescent abuse prevented. (C)	Parenting interventions addressing IPV and child maltreatment	Skilful parenting programme (Kenya) Bandeberaho (Rwanda) Real Fathers (Uganda)
	Violence prevention training	Ujamaa/ No Means No Empowerment Transformation Training (Kenya)
Transformed attitudes, beliefs, and norms. (T)	Group-based workshops with men and women to promote changes in attitudes and norms	Stepping Stones (South Africa) Indashyikirwa programme(Rwanda) Transforming Masculinities (DRC)

Recommendations

Prevention of VAWG calls for concerted efforts across all levels in addressing gender inequality and contributing towards transformative efforts that challenge the normative use of violence against women and girls. In this section, we outline key policy-level recommendations, which will influence the actions of the other stakeholders in the field. It is anticipated that these recommendations will contribute towards government accountability towards its commitment to ending GBV by 2026.

Recommendation 1: Institute regulatory frameworks to ensure that the SGBV domestic violence laws are implemented and used to inform national and county level policies. These should include accountability measures, e.g., adopting a GBV indicator in the Government performance contracting framework.

Recommendation 2: Allocate financial resources for SGBV prevention and integrate violence prevention and response policies, plans and budgets. The GoK has committed to investing USD 23 million for GBV prevention and response by 2022. Therefore, it is critical to institute a framework to operationalise the presidential GEF commitments and ensure that GBV prevention is adequately resourced.

Recommendation 3 Design a National SGBV prevention programme. This should include a national plan of action that outline the evidence-based strategies and interventions selected for implementation in the country and an implementation framework that describes the roles and responsibilities of the various stakeholders involved in implementing VAWG programmes, ensuring a multi-sectoral approach.

Recommendation 4: Develop national guidelines, standards, and tools to guide the implementation or evaluation of SGBV programmes. These should be disseminated to the county and sub-county levels to ensure that the SGBV prevention programmes are of good quality and fidelity to the original approach.

Recommendation 5: Develop a competency framework for the SGBV prevention programme. This should outline the abilities that government and non-government staff need to implement, scale-up and monitor SGBV programmes effectively.

Recommendation 6: Develop and roll out a national training package to build the capacity of policymakers, planner and implementors on SGBV prevention. It is critical to also build the capacities of local communities on gender-transformative norm change and participatory research approaches to address VAWG.

Recommendation 7: Strengthen routine monitoring, evaluation and reporting and integrate modules to regularly collect data on SGBV prevention across all ages in population-based surveys at regular intervals. This should include developing national-level monitoring and evaluation indicators for SGBV prevention and including an SGBV module in national surveys. For example, the GoK has committed to introducing a module on GBV in the 2022 Kenya Demographic Health Survey. This will provide regular population-level data that can inform the design, scale-up and evaluation of SGBV prevention programmes and assess the impact of the SGBV prevention programmes at the national level.

Recommendation 8: Develop an SGBV prevention data collection and collation system that allows the flow of information from the community to the national level.

Recommendation 9: Increase investments (at both National and County levels) for research. The GoK has committed to invest USD 1 million annually for GBV research and innovation to boost evidence-based programming. This should motivate researchers to design and test homegrown SGBV prevention programmes and encourage innovative approaches to reduce violence at the population level.

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