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Effective interventions in protection of survivors of GBV in Kenya

EVIDENCE BRIEF
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KEY MESSAGES

• Gender-Based Violence (GBV) in Kenya is a pervasive and significant issue that affects individuals across various demographics, with women and girls most disproportionately impacted.

• Despite ongoing efforts by the government, non-governmental organizations (NGOs), Civil society, and international development partners to address the problem, GBV remains deeply embedded in Kenya's socio-cultural, and economic fabrics.

• Addressing GBV in Kenya requires a multi-faceted approach that includes encompassing strengthening legal frameworks, and their enforcement, improving survivor support systems, confronting harmful cultural norms, and widening socio-economic opportunities for women.

• Government response have included Initiatives such as enacting the National Policy on Prevention and Response to GBV, aimed to coordinate efforts across sectors and improve response mechanisms.

• Key recommendations in addressing the gaps include: Sensitization of all stakeholders including the community and other implementing actors on GBV existing policies and service; and awareness creation at community levels, including those in legal practice, not forgetting education of providers and legal officers.

INTRODUCTION, BACKGROUND AND JUSTIFICATION

There is increasing global concern regarding gender-based violence (GBV) as a public health issue. World- wide, the estimated lifetime prevalence of GBV among women is between 15 and 71 per cent. Across Africa, estimates indicate a lifetime prevalence of between 25% and 48% (for example: 48% in Zambia, 47% in Kenya, 34% in Egypt, 30% in Uganda and 25% in South Africa) and an annual prevalence ranging between 10% and 26% (FHOK, 2010).

To help address the issue, the UN General Assembly Declaration on the Elimination of Violence Against Women in (1993) expanded the scope of GBV to encompass physical, sexual and psychological violence, including threats and coercion occurring within families, in the general community, or condoned by the State (Sullivan, D. J. 1994). Evidence has shown that effective prevention programming is a key component of comprehensive strategy to reduce gender-based violence (Krug, Mercy, Dahlberg, & Zwi, 2002).

The African Union's Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol) of 2003 remains one of the most progressive legal instruments providing a comprehensive set of human rights for African women. Article 5 of the Maputo Protocol, for example, deals exclusively with women's protection from harmful practices. The section outlaws all forms of FGM, scarification and medicalization of FGM. State parties are required to eradicate elements in traditional and cultural beliefs, stereotypes, practice which exacerbate violence against women and to end all forms of harmful practices which negatively affect the human rights of women.

Locally in Kenya, the Constitution of 2010 guarantees equal rights for all individuals, irrespective of gender. It prohibits discrimination and violence. Article 27 prohibits discrimination on various grounds, including gender, while Article 29 specifically prohibits violence against women (Article 27 & 29 Constitution of Kenya 2010). In other words, GBV is a violation of human rights under The Constitution of Kenya. Article 28 stipulates that "Every person has inherent dignity and the right to have that dignity respected", and article 29 (c) stipulates that "Every person has the right to freedom and security of the person, which includes the right not to be- (c) subjected to any form of violence from either public or private sources (domestic violence)".

Although various organizations and government agencies in Kenya provide support services to GBV survivors, including counselling, medical care, safe shelters, and legal assistance. However, many survivors of GBV do not report their experiences due to fear of stigma, retaliation, or lack of confidence in the justice system. While laws and policies exist, their implementation often face challenges due to inadequate resources, capacity constraints, and a lack of coordination among relevant stakeholders. Further, deeply entrenched gender norms and cultural practices coupled with systemic legal hurdles survivors face when reporting cases of abuse continue the normalization of GBV. Survivors often encounter lengthy court processes, high legal costs, and corruption within the justice system and therefore get inhibited from seeking help or reporting abuse. Survivors often encounter barriers when seeking justice, including lengthy

court processes, high legal costs, and corruption within the justice system. Deeply entrenched gender norms and cultural practices also contribute to the normalization of GBV and inhibit survivors from seeking help or reporting abuse

Evidence has shown that effective prevention programming is a key component of a comprehensive strategy to reduce gender-based violence (Krug, Mercy, Dahlberg, & Zwi, 2002). In support, various organizations and government agencies in Kenya provide support services to GBV survivors, including counselling, medical care, safe shelters, and legal assistance. This brief therefore seeks to understand highlight the strategies and interventions in the protection of survivors of GBV. Assessing the effectiveness of current measures provide room for specific areas of allows for the identification of areas for improvement. This information can inform the development of more robust policies, strategies for programmatic, and interventions to enhance the protection of GBV survivors. Understanding their effectiveness can inform prevention strategies for policymakers to work towards preventing GBV from occurring in the first place, thus reducing the number of survivors in the future.

According to Njuki et al (2012), health facilities lack adequate resources, such as the equipment used in the collection and processing of forensic evidence such as rape kits, laboratory reagents, and the DNA (Deoxyribonucleic Acid) analysing machine. Further, the inadequate personnel lack knowledge, and skills on collection and lab processing of forensic evidence, as well as equipment used in the collection and processing of forensic evidence such as rape kits, laboratory reagents, and the DNA (Deoxyribonucleic Acid) analysing machine. They also lack adequate personnel at health facilities to counselling carry out comprehensive and handling of survivors. Broadly, these challenges include;

• **Educational/Awareness:** Lack of information and knowledge on essential services for survivors, such as clinical management of rape and mental health and other psychosocial support services as well as lack of knowledge of the legal frameworks and policies on GBV at the national and county levels (Kenya National Gender and Equality Commission (KNGC), 2014).

• **Institutional:** The inability of the criminal justice system to apprehend and prosecute the perpetrators. Health facilities lack adequate resources, knowledge and skills on collection and lab processing of forensic evidence, as well as equipment used in the collection and processing of forensic evidence such as rape kits, laboratory reagents, and the DNA (Deoxyribonucleic Acid) analyzing machine. They also lack adequate personnel at health facilities to carry out comprehensive handling of survivors. In addition, the primary gatekeepers of justice system are the police, however, often, they exhibit inability to apprehend and prosecute the perpetrators. The primary gatekeepers of justice are the police. Surprisingly they dismiss GBV cases partly due to influenced influence of bribes from perpetrators (Kodiaga, 2021).

• **Intesectoral collaboration:** Inadequate referral pathways between different sectors (i.e. health, police, justice, social services) have collapsed or are functioning sub-optimally, making it hard for women and girls to receive the support.

• **Legal Systems:** The judicial system lacks resources and capacity to deal with GBV cases adequately. Formal judicial services are one of the least accessed services because of factors such as lengthy court procedures, high costs, and GBV laws not being enforced, particularly for cases of IPV. Inadequacy of the investigative process and legal representation undermines the due process of the law i.e Laws such as P3 for medical reporting. The inability of the criminal justice system to apprehend and prosecute the perpetrators.

• **Economic:** GBV funding is inadequate and not easily available to local organizations and even less for GBV in emergency crises. This hinders the provision of essential services for survivors, including medical care, counselling, shelters, and legal aid. .

• **Health Care:** There are also ambiguities on which procedures to follow; it is not clear to providers whether one should seek treatment first or report to the police.

• **Social:** Cultural factors and stigma as key barriers to the uptake of GBVR services i.e. how to deal with cases of defilement and rape by close relatives has been noted as a key deterrent to the utilization of GBVR services.

• **Community based:** Community mobilization to prevent violence can lower social acceptance of IPV among women and greater acceptance that a woman can refuse sex. This suggest that substantial community change can occur within a relatively short period with modest program coverage.

This Evidence Brief assessment is therefore essential for upholding the survivors' rights and ensuring they are treated with dignity, respect and justice.

ARTICLE	STUDY DESIGN	YEAR	SETTING	FOCUS
1	Longitudinal community-based	2015	Conflict-affected setting in Somalia	Effectiveness of a program on changing social norms related to gender-based violence (GBV)
2	Qualitative	2006	District health facility in Kenya (LMIC)	Evaluation of post-rape care services for sexually abused minors
3	Mixed methods	2019	Refugee health clinics in Kenya's Dadaab refugee camps (LMIC)	Feasibility and acceptability of implementing GBV screening in refugee health clinics
4	A qualitative evaluation	2012	Kenya	Exploring the effectiveness of the output-based aid vouche program to increase uptake of gender-based violence recovery services in Kenya

POLICY PRIORITIES	RECOMMENDATIONS
• Integrate holistic approach of combining GBV prevention and response services into a unified, comprehensive program with the expectation that stronger linkages between community, others stakeholders and facility services would lead to better prevention and response outcomes (Njuki et. al 2012). • Ensure the adequacy of social protection benefits to enable women's economic security. Coordinate national social protection schemes for economic empowerment with national action plans to end violence against women, delineating specific actors, responsibilities, programmes, budgets and timelines to achieve concrete goals • Develop new linkages and strengthen existing ones in order to improve the uptake of GBV services among multisectoral networks and ensure effective referral mechanisms among different stakeholders including the police, judicial system and health workers at different levels such as between national and county (Makario 2023).	**1.Community and Stakeholder engagement:** Sensitize all stakeholders including the community and other implementing actors on GBV policies and legal framework through barazas, health facilities and local media. These stakeholders should be involved in the process of creating and implementing GBV- related policies and strategies (Nancy et al 2019; Njuki et al. 2012). The views of the different actors provide important insights on the perceptions and barriers to implementation and factors affecting utilization of GBV services. **2.Community mobilization:** To prevent violence can lower social acceptance of IPV among women and greater acceptance that a woman can refuse sex. This suggest that substantial community change can occur within a relatively short period with modest program coverage. **3.Education -** Integrate service training curriculum for health care workers and the police intraining through the Ministry of Health and Kenya Police Service. **4. Build capacity of health providers:** Quality care should be improved through capacity building of providers to offer GBV ser vices. There is need for strengthening the health system. There is opportunity for working closely with local community, health workers and midwives to provide basic treatment and speedy referrals to improve the number of GBV survivors receiving critical care within 72 hours. **5.Community awareness and engagement with the GBV services:** The active participation of the local community in planning, implementing, and monitoring interventions is a crucial factor in successful implementation of any program (Njuki et al. 2012). **6.Provide Information:** Lack of basic information on the GBV services prevents many survivors from seeking care or taking up other support services from medical and legal institutions (Njuki et al. 2012) . Findings also illustrate poor community knowledge of GBVR services vouchers, the benefit package and the need for treatment. **7.Education of providers and legal officers:** Improve uptake of GBV services through education of providers and police officers on the need for maintaining confidentiality for GBV survivors. Perceived lack of privacy and confidentiality in the entire process of seeking forensic evidence and completing P3 forms to seek medical treatment or start the legal redress process is viewed as part of disclosing information about the perpetrator. **8.Strengthen Ccollaboration and Linkages:** Strengthen collaboration and service linkage structures among multisectoral networks to ensure effective referral mechanisms, and strengthen collaboration among different stakeholders including the police, judicial system and health workers at different levels such as between national and county. There is need for inter-sectorial collaboration to develop new linkages and strengthen existing ones in order to improve the uptake of GBV services. It appears that the scarcity of referral linkages between different levels of facilities result in missed opportunities for prompt treatment. **9.Economic Based:** Create empowerment opportunities to survivors:. Economic protection can prevent and respond to GBV by addressing economic insecurity of survivors, softening economic hardship, easing financial tensions and increasing survivor's autonomy. One such scheme is paid domestic violence leave, which provides income support to women who have experienced domestic violence and need time away from work in order to leave a violent situation, recover and make arrangements including accommodation, childcare or access to healthcare and legal services (Makario 2023). **10. Combat Violence:** Both national and county governments should develop robust programmes targeting the reduction or elimination of gender-based violence. Current efforts to provide medical services free of user fees should include targeted support (such as transport) to survivors, especially those who are poor.

CONCLUSION

Synergies at the highest level of planning can be used to create a clear mandate for coordinating GBV services through programme design and implementation. For example, create linkages among stakeholders and elimination of systemic barriers to gender equality and economic justice, including those that hinder access to and use of social protection and public services by GBV survivors, putting the needs of the most marginalized at the centre while ensuring access for everyone.

RECOMMENDATIONS

- **Community:** The community needs training at various levels of preparedness focusing on the guidelines for prevention, develop skills for coping with GBV regarding victims and perpetrators. There is also need to create awareness efforts and sensitization to community members on issues related to violence.
- **Collaboration:** Need for inter-sectorial collaboration to develop new linkages and strengthen existing ones in order to improve the uptake of GBVR services - weak referral linkages between different levels of facilities results in missed opportunities for prompt treatment. Develop effective referral mechanisms, and strengthen collaboration among health facilities and different sectors.
- **Economic:** Create opportunity to survivors of GBVs by empowering individuals through capacity building. Offer empowerment programs to survivors to help them rebuild their lives, regain confidence, and develop skills for a better living.

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