

# Baseline Survey Report

on

Knowledge, Attitude & Practices of SGBV State Duty  
Bearers

in

**Kasarani District**

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***Presented to***

Kenya Women and Children's  
Wellness Centre

***By***



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Published by Kenya Women and Children's Wellness Centre,  
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**APRIL, 2013**

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## EXECUTIVE SUMMARY

Kenya Women & Children Wellness Centre (KWCWC) in partnership with the FORD foundation is out to establish and promote the progress made in regards to equity and excellence in health care for Kenya's Women and Children. KWCWC program has a special focus on those from underprivileged, under resourced communities and those in difficult social circumstances. Towards this course, KWCWC is in the process of building a state of art hospital for the community with unique features including forensic lab, family village, burns unit, HIV/AIDs out-patient clinic among others

Despite steps towards addressing the problem of sexual and gender based violence such as legal provisions against violence e.g. Constitution, Sexual Offenses Act, The Penal Code, Matrimonial Causes Act, there still remains gaps in this endeavour. This study sought to investigate the knowledge, attitude and practices of key duty bearers of SGBV. These included the police, provincial administration, children officers, community paralegals and other related stakeholders.

This study found that the formal state justice system has many gaps in service provision and the duty bearers to a large extent lacking in some areas of knowledge and positive attitude to provide SGBV victims with services. The investigation agencies, including the police, remain indifferent, incompetent and inept in dealing with sexual and gender-based violence cases. The police are reported to conduct arm chair investigations. In areas characterized by a lack of confidence in the law enforcement or judiciary, victims of sexual violence were reported to likely seek medical care than police or legal assistance right after the attack. Consequently, it is recommended that strengthening the links between the legal system, hospitals and clinics where victims seek medical care can increase the number of sexual violence cases that are ultimately filed in court. These linkages establish an entry point into the legal system for victims who decide to pursue a claim after seeking medical attention; they can also help ensure that case-related information is transferred properly between the medical sector and the legal sector.

The study observes that many survivors cannot access the justice system unless they first obtain information about their rights, about how to report cases to the police and/or how to find legal

aid services. Other barriers to seeking care and justice have been widely observed to include lack of awareness among survivors of the content and availability of medical and legal services; lack of trust in the legal enforcement and judicial agencies; absence of clear guidelines and protocols relating to SGBV for members of the police and judiciary; lack of training and sensitization among the police and judiciary on SGBV; high dismissal rates of cases by police and prosecutors; high withdrawal rates of complaints by victims; low prosecution and conviction rates; failure of courts to apply uniform criteria, particularly in relation to measures to protect victims; lack of legal aid and high costs of legal representation in courts.

An important study finding is the scarcity of referral linkages that also acts as a barrier to receiving appropriate care and support. Confusion over protocols and procedures are a large cause of delays and often unnecessary expense and trauma to survivors. The 72-hour 'window of opportunity' for forensic examination and medical management signifies the importance of quick and efficient referrals. Effective referral mechanisms need to be established simultaneously with strengthening the component services. The study recommends a compilation of local referral directories which may improve awareness of and access to existing services, and can help to identify duplication and gaps. Also the study recommends that the project should focus on equipping first points of contacts (FPCs) with the requisite knowledge, skills and resources for managing and referring survivors of sexual gender based violence.

The study proposes new strategies to involve both focused approaches (whereby training and resources may be targeted at specific cadres of specialized investigators or prosecutors) and mainstreamed approaches (whereby gender perspectives and sexual violence issues are incorporated across the board for general exposure within the investigations and prosecutions ranks).

It is also evident from the study findings that few guidelines or frameworks exist to guide policy makers and programme managers in developing and implementing the comprehensive response necessary to address the health and criminal justice consequences of sexual gender based violence, and to reduce the determinants of violent behavior within communities. Moreover all the various duty bearers are undertaking activities without reference to or liaison

with other key actors and networks within the country or more widely in the region. The study therefore proposes that multi-sectoral initiatives should continue to be provided that include services such as telephone hotlines, emergency shelters, police intervention, legal assistance, psychological and other counseling, psychological care, support groups, income-generation programs, and programs for batterers, women police stations and child welfare service

The study reveals there exists powerful traditions and cultural attitudes remain which perpetuate the discrimination women continue to face in their homes and communities. The media are the most useful and influential sources of information for many people and serve as an invaluable vehicle for education and awareness campaigns. National and local media should sensitize society to stand up against all forms of sexual and gender-based violence and to pride itself in playing a key role in bringing the perpetrators of violence to justice. Education should entail informing members of society about the relevant laws that prohibit all forms of sexual and gender-based violence. This can be facilitated by specific media programmes on sexual and gender-based violence, sensitization of society to perceive women's rights and freedoms as human rights, and lobbying the government to give incentives to communities that best promote women's rights. The media should take advantage of their wide reach and large audience to educate the public about the organizations that assist survivors of sexual and gender based violence, and avenues that survivors can use to enforce their rights. There is need, therefore, to equip women with information that empowers them socially, economically and psychologically to stand up for their rights and perceive themselves as people fully entitled to all inalienable human rights.

Public education and campaigns should be undertaken to sensitize communities not to provide safe havens for the perpetrators of sexual and gender-based violence. It would be prudent to co-opt community leaders, traditional healers, chiefs, and school authorities in educating communities about their responsibilities in the envisaged broad approach to eliminating sexual and gender-based violence and reducing the stigma that surrounds the survivors.

## LIST OF ABBREVIATIONS

CRADLE	Child Right's, Advisory, Documentation and Legal Centre
CREAW	Centre for Rights Awareness Education
CCI	Charitable Children Institutions
COs	Children Officers
FIDA	Federation of Women Lawyers
FGDs	Focus Group Discussion
GBV	Gender Based Violence
GIZ	German International Cooperation
KWCWC	Kenya Women and Children Wellness Centre
PEP	Post Exposure Prophylaxis PRC Post Rape Care
VCOs	Voluntary Children Officer
SoA	Sexual Offenses Act

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## CHAPTER ONE: INTRODUCTION AND BACKGROUND

### 1.1 Contextual background of the research

Sexual and Gender Based Violence (SGBV), in its various forms, is endemic in communities around the world, cutting across class, race, age, religion and national boundaries. While girls are the most visible survivors of sexual violence, they are far from being the only ones who suffer from the consequences: children of both sexes constitute the majority of abuse survivors, and adult men and the handicapped are minority groups who are often neglected in research and interventions.

UN Definition of Gender-Based Violence (*based on Articles 1 and 2 of the UN General Assembly Declaration on the Elimination of Violence against Women (1993) and Recommendation 19, paragraph 6 of the 11<sup>th</sup> Session of the CEDAW Committee*) is as below.

“... gender-based violence is violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.... While women, men, boys and girls can be victims of gender-based violence, women and girls are the main victims.”

Certain community and societal-level risk factors are associated with higher or more severe rates of sexual and gender-based violence. The World Health Organization identifies the following evidence-supported factors (Krug et al., 2002):

- Traditional gender norms that support male superiority and entitlement
- Social norms that tolerate or justify violence against women
- Weak community sanctions against perpetrators
- Poverty
- High levels of crime and conflict in society more generally

Gender based violence (GBV) has been and continues to be an endemic problem that cuts across all socio-economic groups in Kenya. The data below from Gender Violence Recovery Centre of 2011-2012 offers a glance at the prevalence of sexual and gender based violence.

**Table 1.1: Number of sexual and physical violence cases reported to the GVRC, 2011-2012**

<b>Year</b>	<b>Sexual Violence</b>	<b>Physical Violence</b>	<b>TOTAL</b>
2011-2012	2532	422	2954
2010-2011	2524	385	2909
2009-2010	2100	387	2487
2008-2009	2398	407	2805
2007-2008	2338	412	2750
2006-2007	2039	299	2338
2005-2006	1617	353	1970
2004-2005	1483	273	1756
2003-2004	284	762	1046
2001-2003	186	140	326
<b>TOTAL</b>	<b>17501</b>	<b>3840</b>	<b>21341</b>

Sexual and gender-based violence (SGBV) is not only prevalent in Kenyan society; it is unfortunately accepted or silently allowed to take place as an integral part of gender relations. The root cause of SGBV is the historical unequal power relations between men and women and the abuse of this power by men, resulting in the domination over, discrimination against and abuse of women. Poverty, civil unrest, displacement and harmful cultural or traditional beliefs about women and girls are some contributing factors which increase the risk and/or severity of gender-based violence for girls and women in Kenya.

Other contributing factors in Kenya include:

- A collapse of traditional systems of support provided by the family and society
- Corruption and impunity in executing SGBV-related responses
- A lack of awareness about SGBV amongst community members

The essence of the KWCWC project is to address the issue of SGBV. According to the GVRC 2011-2012 report, sexual violence cases accounted for 86% of the total cases attended at the centre. This is significant compared to 14% physical abuse cases. The significantly high cases of sexual violence have become the norm with 87% cases being reported. The table below shows a summary of cases reported in the last quarter, 2011-2012 to the GVRC.

**Table 1.2: Number of sexual and physical cases in the last quarter (2011-2012)**

	Sex	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan- March 2012	Total	%
<b>Sexual Violence</b>	Women	289	266	281	290	1126	38.1
	Men	26	26	16	23	91	3.1
	Girls	29	47	33	39	148	5.0
	Boys	29	47	33	39	148	5.0
<b>Physical Violence</b>	Women	45	86	110	81	322	10.9
	Men	3	0	11	3	17	0.6
	Girls	9	12	7	17	45	1.5
	Boys	8	6	12	12	38	1.3
<b>Total</b>		<b>677</b>	<b>748</b>	<b>742</b>	<b>787</b>	<b>2954</b>	<b>100.0</b>

In 2011-2012 the total number of sexual violence cases reported to the GVRC rose slightly to 2532 from 2524 in 2011-2011. Among female survivors of sexual violence, children accounted for 51 per cent of the total, the same percentage as in 2010-2011. From the data collected on these cases, what is not clear is whether more children than adults are being defiled or whether more children are being taken for treatment. What is very clear from the data collected from GVRC is that there is a worrying trend on SGBV year on year.

Relatively high incidences of SGBV are reported by hospitals as shown by Table 3.2. Information below has been compiled from GIZ partner organizations.

Table 3.2: GVRC Data Sheet 2012

Site	January		February		March		April		May		June		July		August		September		October		November		December		Total		Overall	Proportions				
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M		F	M			
Nairobi Bifara	January to December																								233	9	242	96.28	3.72			
Mombasa PGH	52	2	38	1	35	11	34	4	34	1	30	1	37	1	54	6	40	9	50	5	45	3	41	1	3	490	114	604	81.13	18.87		
Malindi District	10		20		7		7			5	1	18	2	7		5		7	1	1					103	5	108	95.37	4.63			
Kisumu East PGH	20	1	14	2	10	0	34	4	26	0	22	1	40	4	31	3	37	1	3	2	2	43	3	7	2	336	23	359	93.59	6.41		
Vihiga District	6	2	1	0	6	2	7	0	12	1	11	1	13	0	3	0	7	1	3	0	6	0	5	1	80	8	88	90.91	9.09			
Naivasha District							11	0	12	1	5	0	27	2	6	0	8	0	9	0	12	1	2	4	3	114	7	121	94.21	5.79		
Nakuru PGH	30	3	21	3	21	3	21	2	31	7	18	6	July to December										3	6	0	5	8	502	82	584	85.96	14.04
Eldoret MTRH	25	1		1	19			1	13	1	18	1	16	1		1			1		20			1	7	1	203	188	2221	91.5	8.46	
Kitale District	80	3	56	7	39	0	55	3	69	7	64	5	68	1	77	8	60	2	7	0	3	66	4	5	6	1	760	44	804	94.53	5.47	
Total	45	2	310	4	31	34	306	3	32	4	35	4	35	3	335	3	23	7	22	1	32	8	28	5	5	465	480	5131	90.65	9.35		

**Figure 1.1a: Mombasa SGBV cases (number of cases reported by gender)**

In Mombasa it is apparent that females are twice as much affected by SGBV than their male counterparts (see fig 1.1 a). The biggest difference exists in the 15-18 age bracket where females report 135 GBV cases compared to only 5 cases reported by males.

**Figure 1.1b: Mombasa SGBV cases (number of cases reported by gender, by type)**

In this region, defilement is the most pronounced type of SGBV with 58% of all SGBV cases. The total number of cases reported in Mombasa (604) is higher than that of Nairobi (242) yet the latter has a higher population and has a higher stakeholder concentration than Mombasa. This warrants close scrutiny by the KWCWC project.

**Figure 1.2a: Types of SGBV in Malindi (number of cases reported by sex)**

In terms of type of SGBV, defilement was the most common form of violence with the highest number of cases (88) being among female children.

**Figure 1.2b: Types of SGBV in Malindi (number of cases reported by age and sex)**

Literature shows that child defilement is perceived a serious offence therefore reporting is high among children survivors as compared to adult survivors of rape (14). Among adults, SGBV cases are usually resolved in the confines of the family to avoid shaming the perpetrators, many who are known by the community. Community awareness needs to address this negative attitude and bias against women.

## **1.2 Perceptions, Attitudes and Cultural Practices**

### **1.2.1 Power Relations**

In the Kenyan society, there is the women's perceived subordinate social, economic and legal status which makes it difficult for them to get help once violence occurs. According to Jewkes, sexual and gender-based violence has its roots in gender inequality:

*“Sexual and gender-based violence is the violence involving men and women, in which the female is usually the survivor and which arises from the unequal power relationships between men and women”.*

The mental orientation that women are subservient to men, coupled with the impoverished status of women, implies that men stand out as breadwinners in most families. Men use this advantage to commit sexual and gender-based violence against women

### **1.2.2 Lack of Women Empowerment**

Most women depend on men for their sustenance and, therefore, become vulnerable to male aggression. Men use their considerably higher economic status to impose unreasonable demands on women and enforce these demands through sexual and gender-based violence on them. Paradoxically, most women have taken it as their fate to remain dependent on men. They loathe fellow women who attempt to make a living of their own in an attempt to extricate themselves from abusive relationships.

Poverty contributes to sexual and gender-based violence. According to Fleishman (2003), a self-perpetuating cycle of poverty makes girls in the conditions of economic dependency to enter into risky and exploitative relationships in order to ensure access to food, shelter and schooling. Even where cases of sexual and gender-based violence have been filed against perpetrators, the survivors sometimes have to choose between withdrawing the charges to secure a means of livelihood and having the perpetrators incarcerated and bringing economic ruin upon themselves

### **1.2.3 Culture**

Sexual and gender-based violence particularly cannot be understood in isolation from the gender norms and social structures that influence women's vulnerability to sexual gender based violence. In most cultures, traditional beliefs, norms and social institutions legitimize and, therefore, perpetuate violence against women. The subordination of women to men in most societies results from the generational gender stereotypes entrenched in these societies. Culture has propagated most of the sexual and gender-based violence as 'ordinary' and 'permissible'.

Sexual and gender-based violence is prevalent in Kenya, and the persons most affected are women and children. Certain forms of the violence are perpetrated by the patriarchal nature of the society, which makes women subservient to men. Because the legislative, administrative and policy decisions are in most cases made by male-dominated structures, the pace at which measures targeting elimination of sexual and gender-based violence have been half-hearted. Deeply entrenched cultural practices in Kenya perpetuate sexual and gender-based violence. Certain cultural practices have made the men in the society to perceive women as second-class citizens of the society, without the capacity to sustain themselves.

### **1.3 Perpetrators of sexual violence**

Children are relatively more likely to present to police or health facilities than adults (Keesbury et al., 2006; RADAR, 2006; Kilonzo & Taegtmeier, 2005), which may reflect the widespread perception that sexual abuse of children is a crime, as opposed to the more complex attitudes towards sexual abuse of adults. Although more children present, this trend is not necessarily representative of abuse in the general population.

Neighbors, acquaintances, boyfriends, fathers, friends, and relatives constitute the majority of identified perpetrators of sexual violence. Of the cases reported to the GVRC, 22% of the survivors knew their assailants but did not reveal their identity, presumably due to fear. A sizeable number of 25% were committed by strangers. 1.6% of cases of sexual violence were

reported as having been committed within the context of marriage (marital rape) which is not explicitly prohibited in the Kenyan law.

## **1.4 Justice and Sexual Gender Based Violence**

Kenya resolves criminal cases through the traditional justice system as well as the formal legal system. These systems have tensions, weaknesses and concomitant opportunities for strengthening based on the understanding of sexual and gender-based violence within the Kenyan context.

### **1.4.1 Traditional Justice System**

The choice for traditional justice system is because they overcome the principal obstacles that deny many people access to the formal justice systems. Saikal (2003) asserts that traditional justice systems are quick, accessible, use the local language, follow procedures that are understood by all and are enforced by people who are socially important to litigants. Smock (1997) also indicates that the traditional justice systems avoid the high costs to individuals and governments that come with formal state systems.

The end goal of traditional justice in Kenya is primarily the restoration of peace by reconciling the parties to disputes and the wider community. Therefore, justice is more restorative than retributive. This is important, especially in communities where formal law apparatus are not always available when needed, where vast areas remain ungoverned in the conventional sense, and where the formal government machinery is thin and stretches over vast territories. The traditional justice is more common in communities like the Mijikenda and Turkana.

The traditional criminal justice system is noted for providing some compensation to survivors of sexual and gender-based violence. For example among the Turkana traditional criminal system of dealing with sexual and gender-based violence has a special compensation mechanism for survivors. Where a man makes a woman pregnant out of wedlock, he is fined 30 animals -- 10 head of cattle, and 20 goats and sheep - which are given to the girl's family as compensation.



Nevertheless the traditional justice has deficiencies because the compensation awards do not match the offence, and the system appears to discriminate against women, for they are not allowed to sit in the courts e.g. Kaya Courts. This means that reporting sexual and gender-based violence to the elders is heavily hindered, as there could be information that survivors might only feel free to share with female elders. In addition overall, traditional justice systems discriminate on the basis of age, gender, social status and family circumstances as is cited by Zartman (1995). They have weak linkages with the judiciary and other relevant formal institutions in addition they equally lack uniformity because they are as varied as there are ethnic groups, and sometimes even variations within the same ethnic group exist. Hence, they lack codification and are, therefore are open to varied interpretations

#### **1.4.2 Formal Criminal Justice System**

National courts have long been the primary fora for the prosecution of sexual violence. Notably, in the last decade, several sub-Saharan African states have modernized their domestic penal codes to better reflect new international norms against sexual violence. For example, Kenya's Sexual Offences Act of 2006 redefined rape to include both males and females as possible victims and perpetrators and recognizes that coercive contexts implicitly suggest a lack of consent. The Act also added new offenses: gang rape, sodomy, trafficking for sexual exploitation, and child pornography can now be prosecuted in the Kenyan courts according to the Kenya Sexual offenses Act (2006). The Democratic Republic of the Congo, Burundi, Namibia, Lesotho, and South Africa have also recently reformed their domestic penal codes to reflect new definitions of rape and other forms of sexual violence and to add new sex-related offences.

These developments have by no means ensured that all crimes relating to sexual violence will be prosecuted effectively in national courts. Significant practical challenges remain. For example, though Kenya's 2006 Sexual Offences Act provides a clarified definition of, and enhanced sentencing for, rape, women's rights groups' statistics reveal that 95% of rapes still go unreported. Prosecution rates under the Kenyan Act are astonishingly low, with only a few known convictions, according to a discussion with the Federation of Women Lawyers Kenya (FIDA).

One obstacle to the successful prosecution of these cases is the difficulty presenting sufficient evidence. Aside from lack of police capacity to collect and preserve physical evidence of rape, additional problems occur due to the requirement that medical evidence of rape (i.e., examination, report, and in-court testimony) come from a “police doctor.” This can pose significant challenges – particularly since there is only one “police doctor” in all of Nairobi. The few cases that do proceed to court often risk being dismissed due to the “police doctor’s” failure to appear on the stand.

There are challenges faced the central challenges at each stage of the “life-cycle” of a sexual violence case. These faces include

- (1) The pre-investigation stage, when victims must decide if, and how, they will seek accountability for the crime committed against them;
- (2) The investigation and prosecution phase, when investigators must explore the often intimate factual aspects of an assault and prosecutors must formulate a coherent and gender-sensitive strategy to prove the charged offenses;
- (3) The trial phase, during which victims are called on to revisit painful memories, often in front of skeptical judges, harassing defense attorneys and the perpetrator of the crime; and, finally,
- (4)The post-trial phase, when courts must determine appropriate sentences and review appeals.

Challenges include:

- A victim who does not live near a police station or courthouse, the travel required to report a crime (as well as seek medical treatment) can be a significant obstacle.
- Many victims have no prior experience with the legal system and do not know how to proceed in sexual violence cases.
- The insensitive attitudes of police officers may deter women from coming forward or prevent them from pursuing a case. A study by the Institute of Economic Affairs in Kenya of victims who had reported gender-based crimes (including forms of sexual violence) found that 51.9 percent of women felt that police officers “were not helpful.” Twenty-eight percent said they were “humiliated” by the police and 20 percent reported being asked for bribes.

- Lack of resources in law enforcement may discourage victims from reporting crimes, generally
- The gender desks are often under-funded and understaffed. In addition to trained personnel, a successful gender desk requires a commitment of physical resources: for example, adequate space for interviewing, computer-assisted work, and file storage. In Kenya, an analysis of 2005-2009 budget allocations for the Ministry of State for Provincial Administration and Security found no specific allocations for gender desks. There is also only one trained officer was responsible for each desk; when that officer was not present, victims are passed off to the general force.
- There is a lack of coordination between prosecutors and investigators which often creates problems with evidence collection, causing eventual prosecutions to suffer.
- Forensic evidence is often poorly collected at health facilities due to inadequate legislation, resources and training. The emphasis on collection of evidence by medical 'experts' can lead to delays (Askew & Kilonzo, 2005).
- Limited communication between police, forensic analysts and medical personnel can also inhibit an effective forensic process. This situation is compounded by a pervasive absence of national minimum standards and effective referral mechanisms (Kilonzo, 2003).
- There exists a pervasive lack of awareness among the general population of the correct procedure after rape (i.e. not washing and keeping clothes) and of the window of opportunity for medical attention and forensic examination.

## 1.5 Pragmatic Flaws

Many sub-Saharan African countries lack systematic and reliable data on sexual and gender-based violence. There is need for systematic data collection on the prevalence and forms of SGBV in SSA, which would in turn inform the development of meaningful strategies. Programme design is hampered by the absence of evaluation of the impact of former preventative or responsive interventions (UN-GA, 2006).

Commentators are divided on the optimal location and range of post-rape services. Some argue that all medical services should be available at the FPC, while others believe that strengthening referral networks and awareness raising are priority measures.

The geographical proximity of all components of a comprehensive post rape care service naturally facilitates referrals and reduces trauma. The logical apex of this approach to managing sexual violence is the specialized or 'one-stop' clinic, such as the Thuthuzela care centers in South Africa, which aim to offer medical, counseling and legal services to patients in one location. Evidence suggests that abuse survivors benefit from the integration of services offered by 'one-stop' centers. Such centers reduce bureaucracy and duplication, lessen secondary trauma to survivors, increase the efficiency of medical management, and increase the likelihood of successful criminal investigation and prosecution. Despite the effectiveness of this approach, it is capital and labor intensive, and may not be an appropriate option in rural or resource-poor settings.

An integrated approach involves improving and linking services at the health facility level. Inadequate linkages currently hamper the management of sexual abuse survivors. The lack of structured referral mechanisms between units within a health facility, such as the family planning clinics for emergency contraception, the HIV care clinics for PEP, mean that survivors can often become lost, sometimes literally, within the facility while trying to obtain all necessary treatment (Askew & Kilonzo, 2005). The success of an integrated approach depends on the quality of internal referrals (between casualty, the laboratory, counselors, and the PEP clinic) and on the levels of co-ordination with forensic and legal services (Kilonzo & Taegtmeier, 2005).

## **1.6 Referral Linkages between police & health facilities & medico-legal services**

Inter-sectoral collaboration is a key determinant of the quality of comprehensive post-abuse services. Lack of basic information on rights inhibits many survivors from seeking support from institutions, let alone persevering with medical services (including prophylaxis and counseling) and legal procedures.

Referral linkages between health and police facilities, and between other legal and social services, tend to be more advanced in urban areas. The lack of referral services in rural and marginalized areas can pose a major challenge to securing even basic services for abuse survivors. The process of seeking help may even increase the vulnerability of the survivor. Health facilities should also gather information on the quality and location of governmental services (such as police, public prosecutors and forensic medical exams) and use this opportunity to create or reinforce working relationships with these services. Improved linkages between health and police systems may have unanticipated – and not wholly positive – consequences.

The WHO observes that such linkages can create a barrier to access to medico-legal services due to survivors' concerns about involving police and the potential consequences to themselves, or occasionally to their assailant (WHO, 2004a). WHO cites the example of a medico-legal centre in Hamburg (The Hamburg Medico-Legal Competence Centre) that avails forensic and medical services to the survivor without the obligation to make an official police complaint. Forensic and biological evidence is stored for two years pending a decision to pursue or abandon the case. This approach may not prove feasible or cost-effective in resource-poor settings, but the principles of confidentiality and forensic integrity are universally applicable

## CHAPTER TWO: STUDY OBJECTIVES & METHODOLOGY

### 2.1 Study Objectives

- To identify the state of police , judiciary and children officers in their perception, understanding and operations on the subject of GBV services
- To identify gaps in delivery of the GBV services by the police, judiciary and children's officers using information from the key service providers and community members
- To assess the accessibility and readiness of GBV services and community's understanding of critical services that a survivor must access after violation

### 2.2 Study Design

The study used both qualitative and quantitative methods, each complementing the other.

The quantitative component was used to yield statistical data largely from publications on SGBV incidences from various sources, Gender Violence Recovery Centre documentation, recording from reporting to the duty bearers by the public, number of perpetrators prosecuted with offenses, case referrals and dismissal of such related cases. The qualitative component was comprised of focus group discussions and key informant interviews (KIIs). There was also literature and law review.

## 2.3 Site Selection

This study was carried out in March – April 2013, whose main target was Kasarani as well as drawing experiences from the neighboring districts of Thika, Kiambu, Starehe, Kibera and Makadara where there are law courts.

Table 2.1 below shows the distribution of the target duty stations for conducting the depth interviews.

**Table 2.1 Sampled Duty Stations**

Study Area	Duty Stations	Number of Depth Interviews
<b>KASARANI</b>	Kasarani Police Station	1
	Kasarani Children Officer	1
	Kasarani Chief	1
	Kasarani Paralegal	1
<b>MAKADARA</b>	Makadara Police Station	1
	Makadara Children Officer	1
	Makadara Law Courts	1
	Makadara Chief	1
<b>KIBERA</b>	Kibera Police Station	1
	Kibera Law Courts	1
	Kibera Children Officer	1
	Kibera Community Paralegal	1
<b>STAREHE</b>	Starehe Police Station	1
	Starehe District Officer	1
	Starehe Children Officer	1
<b>KARIOBANGI</b>	Kariobangi Police Station	1
	Kariobangi Community Paralegal	1
<b>HURUMA</b>	Huruma Community Paralegal	1
<b>KIAMBU</b>	Kiambu Children Officer	1
	Kiambu Police Station	1
<b>STAKEHOLDERS</b>	CREAW	1
	CRADLE	1
	Legal Resource Foundation	1
	FIDA	1
	GIZ	1
	Police Director In charge of Community Policing and Gender Desks	1
	Joint Secretary of the task force on Sexual Offenses Act	1

## 2.4 Data Collection Methods

The process used participatory methodologies at various levels combined with the application of more structured tools that included focus group discussions and in-depth interview guides. Secondary data or information gathered was also reviewed.

## 2.5 Qualitative Data Collection

### 2.4.1 Key Informant Interviews (KIIs)

This was the key method used for the study. The respondents who participated in the KIIs were identified by both the KWCWC and Consumer Trends team during the inception meeting. The key informants in this study were:

- Police officers
- Judiciary officers
- Children officers
- Provincial administration
- Organization/ institutions working in SGBV

### 2.4.2 Focus Group Discussions (FGDs)

A FGD guide was used to obtain rich qualitative data from police/provincial administration and paralegals. The FGDs gave the respondents a chance to give an in-depth account of their experiences thus adducing their knowledge, skill and attitude as duty bearers in the process of fight against SGBV. To ensure the widest possible overage, participants were drawn from Makadara, Kibera, Starehe, Kariobangi. Each focus group constituted twelve members. The FGDs were led by a moderator, with the discussion both audio recorded and notes written by an assistant moderator. The FGDs were very dynamic, generating debate and bringing out divergent opinions and perspectives on the themes of the study.



### 2.4.3 Case studies

Case studies comprised of selected SGBV cases giving an account of the incident and the prosecutorial process. In total three case studies were collected all from Makadara Court

## 2.6 Data analysis, feedback and reporting

Data analysis and interpretation was guided the key issues of the Survey. Qualitative data was coded and analyzed by themes generated as per the objectives. The study in addition sought to conduct a content analysis of information gathered from secondary data sources largely through triangulating information from across the qualitative data from KIIs. Quality control was ensured through use of various tools as is mentioned above to gather the information mainly for triangulation, explanation and in-depth understanding of the observations and survey findings.

## CHAPTER THREE: KEY FINDINGS

The following are key findings of the study on knowledge, attitudes and practices of the state actors in SGBV service provision. It also includes paralegals who also act an important link with the community.

### 3.1 Police

#### 3.1.1 Reporting and Prevalence of SGBV cases

Of the sampled five police stations namely: Kasarani, Kibera, Starehe, Kariobangi, and Makadara there was nominal reporting of SGBV cases. The following table below gives a summary of these findings

**Table 3.1: Common SGBV cases reported**

Study Area	Common SGBV Cases	Monthly Reporting	GBV Cases	Monthly Reporting
• Kasarani	Attempted Rape	2	Domestic Violence	5
	Defilement Cases	3	Child Labor	
	Sexual Assault	1		
• Kibera	Defilement		Domestic Violence	
	Incest		Child Neglect	
	Rape			
	Child Prostitution			
• Starehe	Defilement	2	Child Neglect	3
	Forced Homosexuality	10	Domestic Violence	4
	Rape	2		
• Kariobangi	Defilements	3	Intimate Partner Violence	5
	Rape	4		
• Makadara	Rape	20	Child Neglect	
	Defilement	14		
	Incest			
	Attempted Rape			
	Child Prostitution			

From the above, it is illustrative that many SGBV incidences cases go unreported. The contradiction between this reported incidences and the data from GVRC. What is presented here is not taken to be representative of the population. From simple observation and literature low reporting of incidences of SGBV have been attributed to the following:

- Lack of services to support reporting and treatment
- Public perception that the police often do not take appropriate action
- Survivor's fear that they will be victimized again should they make a report—either by insensitive, accusatory questions on the part of police, or lack of sufficient protection following a report to prevent retaliation by the perpetrator
- Lack of knowledge amongst survivors about their legal rights and available protections
- Stigma, shame, and other cultural beliefs that discourage women from speaking out about SGBV
  - ...“these are only a quarter of the SGBV cases on the ground...” said Kariobangi Corporal on very low numbers of reported SGBV incidences
- Lack of transport and resources to report the crime.

Non state actors campaigning and lobbying against SGBV also alluded to the challenge of not only the reporting but also poor recording of SGBV cases in most of the police stations. The CRADLE and FIDA confirmed that most of the cases were recorded as assault in the general registers jeopardizing investigation and prosecution of perpetrators.

It was also reported that some police officers recorded sexual offences as indecent assault irrespective of whether the cases reported were rape, defilement, or other SGBV case offences. They further described the police officers as reluctant, asking irrelevant questions, rude and not sensitive to gender issues. They also reported that most of the police officers do not make proper records of victims’ testimonies and do not visit the scene of the crime.

Lack of privacy is another challenge associated with reporting of SGBV cases by victims to the police. This study revealed that in all police stations sampled, there were no private spaces for interviews. The general reception in most gender desks is not convenient for survivor to explain gender violence. Experience in the police stations is always affiliated with humiliation, lack of dignity and courtesy.

Even when cases reach the police, it is noted with concern that many it appears that cases sometimes the entry get disappear in the occurrence book at the police station

### **3.1.2 Expedition of services and Bribery Allegations**

The study observes that the police are greatly challenged when it came to quick expedition of services. This is because they are characterized by shortage of human resources, inadequate infrastructure and equipment as well information communication technology. This is to mean that all of the gender desks visited were manned by one police officer trained on SGBV. When on assignment, the victims therefore get attended to by other police officers not necessarily trained on SGBV. All stations had only one vehicle for transport.

It was confirmed in the Community Paralegal FGD and among the lobby organizations that the police issued P3 forms at a fee to the survivors

Apprehension of criminals by the police was also questioned by other service providers of SGBV. Stakeholders interviewed who provide survivors with legal and counseling support such as FIDA and Legal Resource Foundation reported that it is a normal practice for police to demand money to arrest suspects of SGBV. Where money does not exchange hands it results to reluctance to prosecute by in the police or not pursuing to apprehend the criminals for investigation.

It is noted that negative cultural traditional attitudes and ideas perpetuate SGBV. In particular Patriarchy in most of the Kenyan communities affords men most of the social power. In the study this was notably among the Cushitic groups such as the Ormas and Borana and other non-cushitic groups such Luos and Kikuyus resulting in many out of court settlements.

### **3.1.3 Linkage with other Actors**

All the police officers in all stations interviewed demonstrated a fairly good knowledge of the process of response to SGBV cases. Few of the police explained in good details that what the

survivor is entitled was a report to be entered into the Occurrence Book (OB) and the survivor issued with a P3 form. The P3 form was to be provided free of charge. An OB number should be given to the survivor. If the survivor has not been to the hospital, it is important that s/he goes there immediately after reporting. Other procedures such as writing a statement can be undertaken after initial treatment has been received. The police then record the statement of the survivor and any witnesses, and the survivor sign it only when s/he is satisfied with what the police have written. The P3 form should be completed by an authorized health worker based on the clinical notes found in PRC Form. The police here refer the client to health providers to fill in the PRC form. Police at the same time continue to investigate with the aim of arresting alleged assailant and prosecuting in court. The police reported to advise the victim to avail themselves to give evidence in court.

In all stations it was noted that (Blue House) MSF was called upon for such emergencies as they provided prompt transport. The following hotlines were available to the public and police in all police stations through way of adverts in their premises:

- Kimbilio Trust (Hotline) 0800720072 [www.kimbilio.or.ke](http://www.kimbilio.or.ke)
- MSF sexual violence hotline 0711400506 available on 24 hours
- Liverpool VCT Youth Hotline 0800720121, [one2one@liverpoolvct.org](mailto:one2one@liverpoolvct.org),
- Child line 116

Study findings reveal that response services to SGBV cases are often left to the hands limited number of institutions such as MSF, Nairobi Women's Hospital, and Kenyatta National Hospital. In addition, comprehensive post rape services are only available in hospitals which cannot be reached by the poor and vulnerable especially those who live in slum areas which require them most.

### 3.1.4 Role Ownership

It was reported in most of the police stations that last year, 2012, they record numerous successful prosecutorial processes. In this current year, most cases which had reported were still in court, some at advanced stages of prosecutorial process such as phase others pending a hearing. However, it is the observation of this study, as well that other state actors in SGBV

service provision feel that the support by the police does not demonstrate complete ownership of the prosecution. Equally the members of public do not trust the police to undertake the prosecution task to completion. Paralegal and Children officer concur that some of the cases lost could not have been lost with more keenness to succeed in the prosecuting SGBV the police have been accused by other duty bearers such as the COs, and the community paralegals of failing to testify in court about investigation findings when the survivors chose legal action.

### 3.1.5 Observed Training Needs

In spite of the ongoing police reforms, the public still has got a negative perception towards the police especially on matters SGBV. The study thereby ascertains the importance of training the police on SGBV standard operating procedures, communication skills that empathy, counseling and management of SGBV cases in an endeavor to improve public relations.

There was lack of knowledge among some of the police officers in (Kamkunji, Kasarani and Starehe) on Documentation especially the Post Rape Care (PRC) form. Many seem not to even be informed about the existence of the PRC form.

The study therefore recommends that the training of the police officers to utilize the Mastery learning approach. The goal of this approach is to ensure all participants “master” the knowledge, skills and attitudes covered at the SGBV training course.

The areas suggested include:

- Communicating empathy
- Roles and responsibilities in matters related to SGBV
- Understanding police attitudes (myths and misconceptions) towards GBV in particular SGBV
- Types of SGBV
- Cause, effects, and contributing factors of SGBV
- Psychosocial support for victims
- Strengthening SGBV & Post Rape Care(PRC) response and interventions
- Gender and Power Relations

- Sex & SGBV / HIV intersection
- Role of Health care professionals in evidence presented in court
- PRC Services
- Forensic Management
  - Types of Evidence
  - Forensic examination Process
- Different Community Structures and Dynamics
- SGBV and the Law
- Confidentiality

It is suggested that at the objectives of the training to the participants (police) should:

- Describe concepts of gender, power relations and gender based violence
- Discuss gender based violence and the law
- Describe the process of effective administrative response to SGBV cases reported.
- Demonstrate ability to manage forensic evidence for SGBV cases
- Demonstrate the ability to sensitize colleagues and community on SGBV prevention and mitigation
- Demonstrate ability to provide effective referral for SGBV services

## 3.2 Children Officers

### 3.2.1 Reporting of SGBV cases

Three District Children Officers (DCOs) from Kasarani, Starehe and Kibera were successfully interviewed. From the CO in Kasarani, it was reported that SGBV reported cases in the last quarter (six months) included 2 attempted rape, 2 defilement cases, 1 sexual assault case. The CO of Kibera reported that there were cases of defilement, rape, incest, child prostitution. In Starehe cases of child defilement, rape, attempted rape and sexual assault were most commonly reported.

Study findings reveal that children in the Kibera area are more prone to SGBV as compared to Kasarani attributed to the slum conditions. Due to the close proximity of Starehe to the central business district (CBD), it presents a unique challenge of the CO dealing with runaway children from upcountry. These children later are forced into joining some of the street families where they are prone to SGBV. Such reported cases are on the increase, which is alarming. There however a general low reporting of cases by the public to the police and the COs. This can be attributed to the same as in the previous discussion.

### 3.2.2. Recognition of the CO in the response process

All COs from Kasarani, Kibera, Starehe reported to first and foremost referring the victim to a doctor where the PRC form would be filled. They reported having taken some victims to hospital themselves, while at other occasions called for MSF in cases of emergencies. They also provided counseling to the victim if of age and the parent or guardian if in case of an infant. They in addition offered referrals to other actors such as the police, where the victim was to record a statement and for the P3 form to be filled. If the case has been reported, the CO quotes the Occurrence Book. The COs also recommended temporary placement for vulnerable children in Charitable Children Institutions (CCIs). Where this is not feasible, with guidance from the CO local arrangements were made with other family members for safe placement of the child.

The study findings reveal that the COs are knowledgeable in the area of SGBV. This is especially when handling the victims and in offering referrals. This is attributed to the ongoing



trainings that they continue to receive from KWCWC in the case of Kasarani and Starehe trainings from JICA. In particular these trainings have focused on areas of rescue, networking, PRC and P3 forms, and counseling skills. This ongoing capacity building of CO is a good stride towards prevention and treatment of SGBV victims and their families.

It is important to highlight the critical role that the COs play in offering psychosocial support to the victims and their families. The study appreciates their role in assessing the psychosocial needs of an SGBV survivor through judgment on the emotional, psychosocial and social trauma incurred, extent of suffering and the resulting level of dysfunction. In addition COs could recommend psychosocial support services might include participating in individual or group counselling, an income-generating, skills-training group, or traditional or cultural ceremonies that support the survivor; membership in an women's group or drama group; or support from a religious institution.

The study wishes to highlight a challenge that the COs face which is lack of recognition of their role by other duty bearers such as the judiciary. This is void of the fact that the COs in many instances are the first to be in contact with the victims (rescue). They are not required by law to testify or provide a first-hand account of the case and neither is their report mandatory part of prosecution process. This is a great morale breaker as it was reported.

### **3.2.3 Standards of CCIs**

While the above is commended, scrutiny of the Children Act does not place much emphasis on family care, but rather places a lot of emphasis on the role of charitable children's institutions. Although the Act provides for placement of children in CCIs as a measure of last resort, in practice, CCIs have become the first placement for children who are rescued from various SGBV cases. As such, numerous CCIs have been set up in Kenya with many children under their custody. It is the observation of the COs that of the of the four protection centres available in Nairobi, Kabete rescue centre is overwhelmed with the large number of children it has. This has compromised provision to key basic rights such as the right to quality education, which is the seemingly only way of reintegrating these children back to the society through skills training.

### 3.2.4 Volume of Work

This study reveals that due to the inadequate number of Children Officers, attempts have been made to gap-fill through the recruitment of volunteer children's officers. Although playing a central role in child protection at local levels, gaps are present in relation to their recruitment modalities, qualifications, and provision of training, coordination, and monitoring and evaluation of their work by the District Children Officer (DCOs) under whose management they are supposed to operate. This is due to the lack of remuneration or reimbursement of expenses, which also affects their motivation. Incidents of volunteer children's officers extorting money from members of the community have been reported by some stakeholders.

### 3.2.5 Recommendations to SGBV Programs

The sustainability of programs in the area of SGBV was raised as is highlighted in this transcription below.

*...“NGOs involved with SGBV programs tend to be media focused for the sake of funding from donors. Sustainability is a question for me...” CO from Starehe*

*...“trainings from various stakeholders in the area of SGBV should be comprehensive. The goals of these programs should not be short term as is often the case, rather long term for the impact to be felt...”. CO from Kasarani.*

It was also recommended that programs to provide useful SGBV materials to sensitize the community on SGBV, improve provision of funds to standardize activities e.g. medical services and procedures, train case managers/paralegals on skills to focus on SGBV services, strengthen the gender desk in all the police stations by training the police on how to deal with SGBV incidences. Importantly was the role that such programs should aim at empowering existing COs on emerging issues of SGBV in addition to providing additional qualified VCOs and social workers. Also such programs were challenged to provide infrastructure and equipment in terms of office space, ICT, vehicles, forensic lab for medical examination, reading materials on SGBV such as the SOA booklets.

These findings reveal there is a good appreciation of the COs on the role that other stakeholders play in the fight against SGBV. Literature reveals that SGBV programs should include both prevention and response strategies in order to be most effective. Prevention

consists of reducing or eliminating the root causes of SGBV and the situation-specific factors that contribute to, perpetuate, or increase the risk of SGBV. Response activities target the consequences, or outcomes, of incidents of SGBV.

SGBV response involves a collection of comprehensive services for survivors that reduce the harmful after-effects of SGBV and prevent further trauma and harm. However, help cannot be given until an incident has been reported and the survivor has requested assistance. Response, therefore, begins with establishing assistance services and building confidence amongst community members that appropriate and compassionate care and support are available. Thus the more need for programs to create awareness on SGBV and bill of rights.

### 3.2.6 Observed Training Needs

On areas of training, the COs highlighted areas in women and children rights, Sexual Offenses Act, debriefing, legal procedures and counseling.

It was noted that the COs recommended more of the trainings to be targeted to the VCOs and the police. They attributed these to their lack of proficient knowledge in SGBV matters. The COs main challenge which they wished could be addressed through such training forums is dealing with burn out and lethargy amongst themselves due to the nature and number of cases they handle in their work stations.

From the study findings the following areas are suggested:

- Psychosocial care
- Domestic abuse and children
- Counseling and Communication Skills
- Types of Counseling management of sexual violence
- Counseling Children
- Trauma
- Psychological debriefing for trauma survivors and care givers
- Counseling ethics

- Counseling support supervision
- Domestic abuse and children

### 3.3 Community Paralegals

Community paralegals from Huruma, Kariobangi, Kasarani and Mathare were successfully interviewed. Later twelve paralegals from the same areas were involved in a FGD whose responses will guide the discussion below.

#### 3.3.1 Reporting of SGBV cases

Community paralegals from Huruma, Kariobangi, Kasarani and Mathare interviewed reported incest, rape, sexual defilement as the common cases of SGBV. On average in three cases in a month are reported to these paralegals.

In the FGD with the paralegals the same common cases as above were reported. In addition, it was reported that cases are most rampant in Korogocho, Kamae Kahawa West, Soweto, Njathaini, Jua kali in Kariobangi south and Marurui area. On average it was confirmed that 2 to 3 cases are being reported in a month on defilement and rape. In Huruma, the defilement cases were notably reported to be on the decline. This was attributed to the case of the perpetrators being close family members and therefore cases were resolved informally as opposed to following the legal procedures.

#### 3.3.2 Paralegals role in response and trainings provided on SGBV

All paralegals interviewed seemed to be knowledgeable on their role as the link between the community and the state actors. This is demonstrated by the way they handle SGBV victims and gave proper advice and referrals. Their vital role is that of paralegal counselling that involves:

- Informing the survivor of the pros and cons of existing legal options. These include an understanding of the relevant laws and the role of Gender Desk Police Officers in receiving SGBV reports.

- Child survivors should be referred to the Children’s Department for a best-interest determination. It is important to highlight that:
  - Child survivors should be consulted on the option for legal justice and made aware of the available services and their limitations;
  - The child’s needs, wishes, and feelings must be taken into consideration and every effort should be made to enable the child to express himself/herself and to take part in making the decision.

It was reported that the community paralegals provided training to victims on self defense mechanisms, offer legal guidance to victims, enlighten and advice victims to be open when testifying in court, guide victims on getting OB numbers, PRC and P3 forms for medical reporting, enlighten victims on their rights when in court, advice victims on how to preserve the evidence and sensitization of the community on SGBV in Chief’s Barazas forums.

### 3.2.3 Linkages to other Actors

In Huruma, reports from the paralegal indicate that it had been easy working with other institutions in delivering SGBV services. This has been facilitated greatly by Nairobi Women Hospital which offers family group counseling advice and similar support groups. Also referrals are mostly directed to the KWCWC representative offices, children units and MSF center. This have taken up cases quickly and offered the necessary help to the victims. The same sentiments were echoed by paralegals in Kariobangi and Mathare. In Kasarani the paralegals worked with MSF, KWCWC, FIDA, gender desk representatives and children unit centers.

A lot still needs to be done and this could be in SGBV working groups as is discussed in the section below. In addition, there is great need for more “one stop shops” to be built that mainly would deal with SGBV cases and shelters for such victims.

### 3.2.4 Institutional/Organizational challenges

Reported challenges in the study included:

- Unavailability of medical professional to handle the cases immediately they are reported
- Slow process in the police department in handling SGBV cases
- Gender desk in the police stations have no privacy in handling violated victims
- Lack of financial support in operational centers
- Lack of security for the witnesses providing evidences to justify the prosecution
- Loosing of evidence in courts due to family interference to settle the matter locally
- In most cases the perpetrators are being released free from jail due to lack of enough supportive evidence to justify the mess
- The community is not willing to assist or participate in the initiatives to curb SGBV and in offering support to victims.
- The community members feel insecure to give evidence a situation which leads to the victims not willing to prosecute
- Lack of enough resources and commitment of major stakeholders in support of service delivery.
- Lack of police knowledge to SGBV incidences and reporting to the legal processes
- Low community policing spirits in reporting violence due to fear of victimization
- Inadequate reorganization to the volunteers who pass through a lot of challenges in facilitating the reach out of the victims
- Lack of financial support to the volunteers
- Family interference in handling cases legally where they opt to solve them locally
- Lack of readily available shelters for the SGBV survivors

The above findings were echoed very strongly in the paralegal FGD where it was revealed that it has not been easy working with the police institutions in delivering SGBV services. They attributed this to the police taking bribes to destroy the evidence; perpetrators are left free or released from jail due to contradicting reports from the medical doctors and the from the police. This has continuously posed threats and victimization to the paralegals, victims and

family members. On referrals some institutions like Nairobi Women Hospital have continued to offer treatment and family counseling, Kenyatta National Hospital and MSF are very helpful to the community since once the patient has been taken in they respond so fast and give direct advices and referrals to units that offer psycho/emotional support.

### 3.2.5 Strengthening Referral System

The following were given as recommendations to improve networking and collaboration with stakeholders in addressing SGBV prevention:

- Government to provide funds and facilities to facilitate the SGBV programs effectively to the community
- Involve schools, churches and other community based groups on how to handle the menace of sexual gender base violence acts.
- Be educated quarterly and introduced into new gender based violence programs
- Case studies be shared among other stakeholders to impart awareness of ground information and know ways to handle such happening incidences.
- Train paralegals with skills to focus on GBV incidences
- Provide a forensic lab for medical examination
- Strengthen gender desk in police stations and be placed in a private position for easy reporting of incidences.

In an endeavour to improve networking and coordination among stakeholders, it is concluded from the above findings that coordination is needed to this effect.

Coordination involves establishing and continually reviewing methods for reporting and referrals with due respect to the wishes of the individual survivor and confidentiality. All actors should acknowledge that information-sharing, coordination, and feedback need to occur regularly and regular meetings to be held. It is clear that there are no SGBV working groups among the community paralegals and other stakeholders. It therefore suggested that SGBV working groups to be establishes zonaly and regular meetings to be held. Such forums could:

- Actors from each sector that includes health, legal/justice, psychosocial, livelihood and safety/security, will develop, share, and monitor indicators for responses to SGBV. Each sector will also collect and analyze both the qualitative and quantitative data and present the results at the monthly SGBV working group coordination meeting
- Analyse overall trends and develop prevention strategies, and to discuss and resolve specific issues in SGBV response and prevention (including training needs, awareness need), and coordinate activities as required.
- Review of complex individual cases and further action identified. The information shared should be confidential. The focus is on resolving immediate problems and providing solutions to each individual case

## 3.4 Judiciary

### 3.4.1 Cases of SGBV incidences

A judicial officer from Kibera Law courts gave an account of sexual defilement, rape, assault and gang rape as the common cases of SGBV.

### 3.4.2 Judicial response to SGBV

It was reported that the victims are offered emotional counseling/guidance. The judicial officers also help in interpreting the PRC and P3 forms for evidence to be presented to the court.

It is observed from the above findings that the process of assisting the SGBV is not so elaborate and yet the victim of SGBV is entitled to various provisions. These include:

- How the legal system works and what happens during a court case
- The expected date the survivor's case may be heard in court;
- Any actions that may be required of the survivor
- Understand the benefits and barriers of taking a case through the legal process.
- Any interactions the survivor may have with the perpetrator during the adjudication of the survivor's case



- The roles and responsibilities of any actors involved in adjudication of the survivor's case (such as the police, the health worker who completed the PRC1 and P3 forms, the survivor, the state and defense attorneys, and the magistrate)
- Accompany, advocate for and support the survivor during any meetings with the police or court officials, particularly when a caseworker is not present
- Accompany, advocate for and support the survivor during any court proceedings, including pre-trial sessions, trial and sentencing
- Provide the survivor with funds to cover the cost of court-filing fees and transport to and from the courthouse when her case is being heard

It was confirmed from our interview with COs, community paralegals and organizations dealing with SGBV survivors that the above process is not done in totality in many instances. This can be attributed to the following:

- Despite the provision in the Children Act that children are to receive legal representation in matters that affect them, this representation is only provided in a limited and ad hoc basis, by NGOs. In practice, most legal representation for children in need of care and protection is voluntary. The right to legal representation at the government's expense is only granted for children in the justice systems who have allegedly committed murder.
- While it is the role of Court advocates, judicial officers to ensure a survivor is accompanied to all meetings with the police or court officials and all court proceedings, including pre-trial sessions, trial and sentencing and wherever possible providing support for court-related costs and provide transport to and from the courthouse, this is not done.
- Even when a medical examination report is successfully completed, it often takes a while, in some instances as long as a year for a case to go through legal proceedings, and many survivors despair and sometimes drop the case due to lack of financial resources

for follow up. Unfortunately, the legal aid community has not yet been widely activated to address this concern.

- Lack of provision of psychosocial support to children in the justice system;
- Inadequate infrastructures in statutory institutions;

### 3.4.3 Adequacy of the Judiciary

In response to the judiciary reported that the SGBV cases are adequately addressed. This was supported further by the judicial officer that there was an overall improvement on closing of cases successfully child abuse and defilement cases as reported in courts.

It is noted here with concern that the adequacy of addressing SGBV cases is still wanting. Prosecution, case closures are often characterised by many delays which results to more suffering of the victim. This is substantiated from the following conclusions:

- There are currently four Children's Courts in Kenya. The Judiciary, comprising all magistrates and judges, are trained to deal with cases involving children. However, the training is conducted on an ad hoc basis. There is a high turnover of magistrates and as a consequence many have not been appropriately trained. The Nairobi Children's Court remains the only physically separate, child-friendly court in the country. All Children's Courts are courts of first instance.
- Legal aid clinics tend to do general work on legal awareness in Kenya, and the child rights nongovernmental organization sector and pro bono individual lawyers are very active in the legal representation of children in judicial proceedings and in creating awareness. This effort, is however mainly concentrated in the urban areas, particularly in Nairobi suburbs' as opposed to slums where legal aid is most needed by the vulnerable children.. There
- There is a significant informal system in place that handles children in justice issues. Different communities have informal systems as prescribed by their cultural traditions. For instance, sanctions where the extended family enforces the parent to take responsibility is used as a mediation mechanism that is employed by local elders; some

communities impose penalties on the offender which is met by the perpetrator's family/ clan and distributed among the survivor's family /clan, and sometimes nothing of this reaches the survivor.

- The Provincial Administration, through chiefs, play a relevant role, both in proceeding with arrest of children in conflict with the law and persons committing an offence against a child (Chiefs Authority Act 8(2), and in rescuing child victims. Although the arrested person should be taken with no delay to the nearest police station, a number of cases are usually settled independently by the chief. Although not having formal authority, chiefs also often engage in semi-formal settling of cases related to child maintenance and custody. These arrangements many at times are fuelled by corruption.

#### **3.4.4. Recommendations to institutions/organizations on SGBV**

The recommendations to programs dealing with SGBV reported included ensuring fair hearings for the perpetrators, sensitizing the police on channels of reporting and representing themselves in a court for providing evidence, facilitate for SGBV victim cases to be handled by qualified personnel, offer trainings to the community and the police on SGBV.

### 3.4.5 Makadara Case Studies

The below inserts are some of the many of successful case closures on SGBV

#### Case 1

##### COVERING SHEET

*...“This is a case of defilement contrary to section 8(1)(3) of the Sexual offenses Act No. 3 of 2006. It is also an alternative charge of committing an indecent act with a child contrary to section 11 (1) of the sexual offenses Act No. 3 of 2006.*

*The facts surrounding this case are as follows:*

*That the complainant in this case M/S FLORIDA AKOTH was left at home with her small sister and also the step father after schools were closed during the December 2012 school holidays.*

*On the 14<sup>th</sup> day of December 2012 at around 9.00 a.m, the step father tricked her into his bedroom and defiled her. In the aftermath the child became pregnant and this was established with medical expert and despite being threatened by the step father of dire consequences if they disclosed, the victim eventually spoke and the accused person was arrested and charged with relevant charges...”*

## Case 2

### COVERING SHEET

...*"This is a case of Indecent Act with a child, contrary to section 11 (1) of the Sexual Offenses Act No. 3 of 2006. Brief facts and circumstances surrounding the case are as follows:*

*On the Sunday of 14<sup>th</sup> October 2012, the complainant who is a minor was left under care of a neighbor by the name "Baba Kim" by her mother since she was working overnight. Her mother had asked the neighbor to allow his daughter as she was old enough to sleep with her daughter. The neighbor's daughter did not turn up in the evening and so the neighbor took advantage of this.*

*The victim Joyce went out to the toilet for a call of nature and when she was returning back, the accused Shadrack Moi grabbed her and took her into his house and made her lie down on the mattress and slept on top the victim, where he inserted the penis to the vagina of the victim.*

*The mother of the victim questioned her about her stay at the neighbors the previous night and that's when she revealed the ordeal she went through. The mother took her to Jericho Dispensary but were referred to Jogoo Police station where she reported and referred to Medicines Sans Frontiers in Eastleigh. The P3 form was filled by police pathologist and arrest was effected after the victim Joyce positively identified the accused...".*

### Case 3

#### COVERING SHEET

*This is a case of Rape contrary to section 3(1)(a)(b) 3 of the Sexual Offense Act No. 3 of 2006 and robbery contrary to section 296(1) of the Penal Code.*

*The facts around the said case is that the complainant was accosted by three men the accused being one of them within Makadara estate. The accused went ahead and raped the complainant despite being warned by the complainant that she was HIV positive. The other two also tried to persuade him to stop from doing the shame but he went ahead.*

*After the rape, he robbed from the victim her mobile phone Nokia worth Kshs. 8,700 and Kshs. 6,400 cash. The victim could identify the accused due to his deformity in one of the eyes and lack of teeth.*

*The victim was advised to seek medical treatment and also specialized sample taking was done, P3 was issued and the accused was arrested and charges presented toward the honorable court of law.*

Despite the challenges that the judiciary continuously attempts to address, the above three case studies are a sure sign of great progress towards ensuring justice for SGBV survivors.

## 3.5 Provincial Administration

### 3.5.1 Gaps in Knowledge of SGBV

The study interviewed the Starehe District Officer, Kasarani and Makadara Chief. The study notes with concern that these crucial duty bearers could not furnish us with much details as to the reports they received on SGBV as they referred us to the gender desk and the children officers of the area of their jurisdiction.

Gaps in skills or knowledge amongst their staff were reported in the areas of communication skills and counselling and proposed for trainings from various stakeholders on the same.

### 3.5.2 Trainings provided on SGBV

They provincial administration reported as to providing trainings to members of their community to build knowledge and capacity for prevention and care of SGBV victims. This was through talks by the chief in the Chiefs Barazas and through talks from invited guests like CREAM in Kibera. In their offices there was information available in the form of posters on the dangers of SGBV and hot lines the community would use in case of emergencies. They challenged the government and other stakeholders to train them on emerging issues in SGBV and provide more training and reading materials for their communities.

Observations of the study findings reveal that the provincial administration are very important duty bearers. If properly trained in the area of GBV they can be very instrumental in:

- cascading the SGBV information to their community members
- creating awareness and mobilize the household and community at large on SGBV i.e importance of seeking medical care within 72 hours
- Mobilizing the community to respond to GBV cases e.g. reporting to authorities like the police
- Refer community members for PRC services as soon as possible, within 72 hours.
- Refer community members to lawyers and NGOs who can offer legal counsel and follow up their cases in court
- To distribute SGBV/PRC materials to the households and the community at large
- Build capacity of households to demand services from all providers

- Understand survivors and not blame them
- Provide support and protection and not alienate the affected
- Help survivors as needed e.g. provide community shelters for children

It is after this realization the great role that the provincial could administration play, cannot be overlooked rather be enhanced by various stakeholders and the government.

### 3.5.3 Challenges related to SGBV

It was reported that support is most lacking for victims of SGBV especially in all that pertains their legal redress. The population was reported to be misinformed on their rights and addressing this would go a long in the fight against SGBV.

## 3.6 Stakeholders

The stakeholders that were successfully interviewed included The CRADLE, FIDA, CREAM, GIZ and Legal Resource Foundation.

### 3.6.1 Experience with judicial and police officers

The stakeholders have worked with the judicial systems in programs that are directed towards improving access to justice; policy and legislative advocacy. CRADLE for example cited that the judiciary in Mombasa and Nairobi are well informed unlike those in Homa Bay, Suba, Mbita and Turkana where they have their programs. It was evident from the stakeholders interviewed that their experience with the judiciary and the police varied greatly across the regions they had interacted with them.

The variation is seemingly brought about by the exposure the various security and legal duty bearers they have had in matters SGBV. Many of the stakeholders have many of their programs in Nairobi and Mombasa making the duty bearers in these regions to be more enlightened as compared to others elsewhere. Also the funding that such programs have is limited which greatly influences their scope of their projects. In addition the government has not adequately provided funds that could be used in country wide trainings and awareness creations on various amendments and laws to the judiciary.



### 3.6.2 Challenges that exist in the judiciary and the police

It was reported amongst the sampled stakeholders that there exists challenges amongst the police such as

- lack of enough human resource,
- set up of the gender desks in police stations being very public
- some police stations don't have gender desks
- talking to male police officers is a challenge for women survivor
- Some of the police make judgements as to whether there is a case or not rather than taking all reported cases to court
- It takes a lot of convincing of the victim to persuade the police to file a charge sheet
- The police work on their own and fail to work with organizations that are willing to network like The CRADLE
- There is lethargy and burn out because of the many challenges they face which affects their service provision
- Resistance from the old regime of the judiciary is a great draw back
- As much as the structures are there, implementation is still slow
- The judiciary is not well funded to do follow up of SGBV cases presented to it

In the past years hundreds of criminal court cases in relation to SGBV were stuck in the courts. This meant that the level of prosecution of SGBV related cases was low, resulting in victims suffering long delays in getting their cases heard and a low level of perpetrators being punished for their crimes. The result was that women and girls were not reporting many of the crimes as they were of the view that prosecutions would not follow. However most recently with new judicial reforms, the judicial system has worked to clear years of back-logged criminal cases. The challenge now is that the community still holds the same negative perception despite the on going positive judicial reforms. This is exacerbated by the fact that most courts in the country

are ill equipped to conduct in-camera trials involving rape cases, allowing for protection of the identity of the victim and the witnesses during testimonies which is in accordance with international standards.

### **3.6.3 Linkage to other actors**

FIDA reported to being a member of a GBV sub cluster under the National Commission on Gender and Development, member of the Juvenile Justice Network, and participating in consortiums with similar like minded organizations. It is important to note that FIDA has received referrals from the Kenyan Army and the administration police to offer trainings on GBV and SGBV.

The CRADLE is a partner of a stakeholders group called GBV Working Group chaired by UNICEF, member of a child protection working group, participate in partners meetings, hold exchange programs for training paralegals, collaborate with the judiciary who provide pro-bono lawyers, do publications and distribute them to police stations, do media briefings, media publications for the Ministry of Gender and special programmes.

CREAW reports to retain contact with other organizations by communication with the direct actors of SGBV such as the children officers, volunteer groups and police; attend trainings on research/projects of networking; participate in seminars and work related forums on SGBV; attend and participate in chief's barazas with the community.

The Legal Resource Foundation reported to achieving this through phone calls, emails or formal letters in cases to deal with children for example with The Cradle

From the above findings, we appreciate the effort that has been by these stakeholders in keeping in contact with other GBV groups. In spite of this, a lot still remains to be achieved in the fight against SGBV, therefore requiring more from these stakeholders in regards to collaborative management, partnership and networking amongst themselves.

#### 3.6.4 Recommendations

It was suggested that gender desks be in a private set up in the police stations for the client protection, train specific and qualified people as community paralegals to handle SGBV cases and the people to have the interest to handle children matters, police officers to be briefed with general counseling skills for easy management of cases, judiciary to provide protection of the witness to avoid victimization. In addition to have a one stop platform/unit for legal bodies and other stakeholders in relation to support of SGBV victims and to train the police on SGBV. If these are to be addressed, the fight against SGBV will be a successful one.

## **CHAPTER FOUR: PROGRAMMATIC RECOMMENDATIONS**

Preventing and responding to SGBV requires effective and consistent interagency and multi-sector collaboration, communication and coordination. The study underscores the urgency and need KWCWC to adopt the use of the following recommendations:

### **4.1 State Actors consultative forums**

This study has observed a need to have state-actors consultative forums to increase the synergy between them. This will enhance speed, coordination and possibly high levels of success in the prosecuting and reducing incidences of SGBV. Among the state actors we recommend to come together for harmonizing their roles include; Police, Judiciary, COs, Paralegals, Provincial Administration and Medical Practitioners. This will facilitate the formation of partnership, linkages and networking among these duty bearers. The objective is to bring together stakeholders whose line of work involves working SGBV cases. These forums also serve to create partnerships and linkages towards collaborative efforts to combat SGBV

### **4.2 Standard Operating Procedures (SOPs)**

We recommend preparation of SOPs simplified using process flow maps for all types of SGBV offences. Training on the SOPs to all state officers will improve on the linkages between the state actors. The chief justice is also in the process of issuing guidelines on handling of Sexual and Gender Based Violence. The training should also include these guidelines

### **4.3 Capacity building program focusing on Sexual Offences Act and all related laws on SGBV**

To effectively bring the state actors to a position where they are be able to continuously perform their tasks well we recommend a simplification of the following laws and training on the same to the state actors.

Need to re-train on the state actors on the various provisions of the Act including

- Sexual offences Act - The definition of the various offences, The standard operating procedures
- Article 28 & Article 29 on respect and protection of the inherent dignity of the person and Freedom and security of the a person
- Other related Acts of parliament such as
  - Children’s Act
  - Counter-Trafficking of Persons Act
  - Anti-Female Genital Mutilation Act
  - International Crimes Act
  - Family Protection (Domestic Violence) Bill

#### **4.4 Training of state actors on culture, practices, opinions that abuse women are repugnant to justice.**

This study revealed there are practices that are go against our Kenyan constitution and best for both women and children. This included early marriages (as well practiced in urban areas), Female Genital Mutilation, wife battery among others. There is need to document all these practices for both the police and the provincial administration to be on the lookout for these practices.

#### **4.5 Role of Media In the fight against SGBV**

The study reveals there exists powerful traditions and cultural attitudes remain which perpetuate the discrimination women continue to face in their homes and communities. The media are the most useful and influential sources of information for many people and serve as an invaluable vehicle for education and awareness campaigns. National and local media should sensitize society to stand up against all forms of sexual and gender-based violence and to pride itself in playing a key role in bringing the perpetrators of violence to justice. Education should entail informing members of society about the relevant laws that prohibit all forms of sexual and gender-based violence. This can be facilitated by specific media programmes on sexual and gender-based violence, sensitization of society to perceive women’s rights and freedoms as human rights, and

lobbying the government to give incentives to communities that best promote women's rights. The media should take advantage of their wide reach and large audience to educate the public about the organizations that assist survivors of sexual and gender based violence, and avenues that survivors can use to enforce their rights. There is need, therefore, to equip women with information that empowers them socially, economically and psychologically to stand up for their rights and perceive themselves as people fully entitled to all inalienable human rights.

Public education and campaigns should be undertaken to sensitize communities not to provide safe havens for the perpetrators of sexual and gender-based violence. It would be prudent to co-opt community leaders, traditional healers, chiefs, and school authorities in educating communities about their responsibilities in the envisaged broad approach to eliminating sexual and gender-based violence and reducing the stigma that surrounds the survivors.

The section below gives a listing of the observed training needs of the various duty bearers.

## CHAPTER FIVE: RECOMMENDED TRAINING AREAS

### 5.1 The police

The areas suggested include:

- Communicating empathy
- Roles and responsibilities in matters related to SGBV
- Understanding police attitudes (myths and misconceptions) towards GBV in particular SGBV
- Types of SGBV
- Cause, effects, and contributing factors of SGBV
- Psychosocial support for victims
- Strengthening SGBV & Post Rape Care (PRC) response and interventions
- Gender and Power Relations
- Sex & SGBV / HIV intersection
- Role of Health care professionals in evidence presented in court
- PRC Services
- Forensic Management
  - Types of Evidence
  - Forensic examination Process
- Different Community Structures and Dynamics

- SGBV and the Law
- Confidentiality

## **5.2 Children Officers and Community Paralegals**

From the study findings the following areas are suggested:

- Sexual Offenses Act
- Psychosocial care
- Domestic abuse and children
- Counseling and Communication Skills
- Types of Counseling management of sexual violence
- Counseling Children
- Trauma
- Psychological debriefing for trauma survivors and care givers
- Counseling ethics
- Counseling support supervision
- Domestic abuse and children

## **5.3 Judiciary**

From the study findings the following areas are suggested:

- SOA act
- Definition of SGBV
- Reference systems
- PRC/SOPs Forms
- Prosecutors/magistrates roles
- Role of COs, VCOs and Paralegals



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## ANNEXES

### Annex 1: Focus Group Discussion and in depth Interview Guides

#### SEXUAL GENDER BASED VIOLENCE SERVICES CAPACITY BUILDING PROJECT AMONG STATE OFFICERS

##### FOCUSED GROUP DISCUSSION AND INDEPTH INTERVIEWS TOPIC GUIDES

<p><b>Introduction</b></p> <p>Good Morning/afternoon/ evening, My name is ..... from Consumer Trends, an independent market research management consultancy firm in Kenya. Today we are in this area to understand your views and opinions on skills, knowledge and attitude on gender based violence in this area. In regards to this therefore, we are seeking your time approximately one hour to understand your experience on dealing with cases of GBVs being done on behave of KWCWC.</p> <p>The answers given will be for analysis purpose only.</p>	
<p><b>Warm up question</b> Have we all heard of GBV incidences? Are there any in this area?</p>	<p>Probes Give examples of the occurring incidences</p>
<p><b>Judicial Officers</b></p> <p>What cases of SGBV incidences are you aware of and how do they happen in this area?</p> <p>What is the process of recovering SGBV victims in this area?</p> <p>In your opinion are SGBV cases adequately addressed?</p> <p>What recommendations would you give to SGBV programs in Kenya?</p>	<p>Probe for different types of SGBV incidences by different police officers.</p> <p>Probe for the starting point ,recovery period ,evidences, typical judgment, adequate provision laws,</p> <p>Probe for what has changed as observed over time</p> <p>Probe for recommendations to enhance capacity of police and the judiciary at the gender desk and reasons that can delay justice towards survivors and perpetrators and challenges they encounter as they handle SGBV cases.</p>

<p><b>Police Stations-gender desk and the station commanding officers</b></p> <p>What are the common SGBV cases reported in this area?</p> <p>What process is being followed in offering services to the SGBV victims?</p> <p>What skills do you feel would help you develop/improve public relations with victims of SGBV by the police and the judiciary?</p> <p>What would you recommendation to SGBV programs in reducing prevalence of SGBV cases in this area?</p> <p>Are there successful prosecution cases reported so far? How many</p>	<p>Probe for common incidences and how often they are being reported</p> <p>Probe for perpetrators being prosecuted with offences, case referrals, dismissal of cases, the outcomes and how easy it is to work with the locals in handling SGBV.</p> <p>Probe for the approaches to improve the public relations in approach to the victims of SGBV by the police</p> <p>Probe for possible recommendations to sensitize the police on the Sexual Offence Act 2006 and other relevant Acts e.g. Children Act, Family law FGM etc.</p> <p>Probe for case study if possible</p>
<p><b>Children Officers, Volunteers</b></p> <p>What types of SGBV incidents are common/reported in this area?</p> <p>What processes do you go through in assisting SGBV victims and their families?</p> <p>Specifically what kind of training would you want to undergo for you better deliver services to GBV survivors?</p> <p>What would you recommend to programs that deal with SGBV among children in enhancing children welfare in Kenya?</p>	<p>Probe for incidences and the frequency of their occurrence</p> <p>Probe for interventions or mechanisms and support that is being provided for incidences that put children at risk</p> <p>Probe for skills and influences to practically handle the SGBV victims/challenges</p> <p>Probe for the Sexual Offence Act 2006 and other relevant Acts e.g. Children Act, Family law FGM etc.</p>
<p><b>Community Paralegal</b></p>	

<p>Which SGBV incidents are common in this area?</p> <p>What kind of trainings do you provide to the victims of SGBV or community on improving their skills and how often?</p> <p>How easy is it to exchange information with institutions and communities in solving SGBV cases to help the victims?</p> <p>What is the greatest challenge for GBV group/ institution working on sexual gender based violence at the community level?</p> <p>What would you recommend to improve the networking and collaboration with stakeholders and partners in addressing SGBV prevention programs in this area?</p>	<p>Probe for occurring incidences and their approach</p> <p>Probe for ethics that bond the community in fight against SGBV cases</p> <p>Probe for levels of reporting of SGBV cases and referrals to the help centers e.g. the police departments, medical sector ,counseling schools ,etc</p> <p>Probe for challenges that hinder the unity among groups of institutions in working with SGBV in communities</p> <p>Probe for preferences/suggestions and effectiveness of Community Paralegal’s channel(s) of communication about networking with partners on SGBV prevention programs</p>
<p><b>Provincial administration</b></p> <p>What kind of reports do you receive on SGBV and how often are they reported?</p> <p>What gaps in skills or knowledge exists in your staffs to better handle SGBV incidences?</p> <p>Do you provide trainings or reading materials to your members/community to build knowledge and capacity for prevention and care SGBV victims?</p> <p>In what ways/areas do you feel support is most lacking for victims of sexual gender based violence?</p>	<p>Probe for specific incidences/cases that the community encounters</p> <p>Probe for incidences based on the presented reports</p> <p>Probe for acquired information/programs, how they have informed their community and what kind of trainings being offered.</p> <p>Probe for supports laid to assist the victims of violated families on policy, funding, legal prosecution etc. if any</p>
<p><b>Stakeholders with experience training judicial and police officers</b></p> <p>What is your experience with judicial and</p>	<p>Probe for training and interactions relating to</p>

<p>police officers?</p> <p>What gaps/challenges do you feel exist in the judicial and police officers</p> <p>How often and for what kind of services do other GBV groups/institutions contact you with questions or referrals?</p> <p>How do you keep contact with other GBV groups/organizations/institutions</p> <p>What approaches and support do you think should be laid upon improving public relations with the survivors of SGBV by the police and the judiciary?</p> <p>Any other recommendations with regards to SGBV?</p> <p>Is there any report on survivors receiving justice?</p>	<p>SBGV preventions and care</p> <p>Probe for gaps existing e.g. in the judicial and provincial administration and justice in SGBV</p> <p>Probe for the working relationship amongst GBV and other institutions to effect collaboration and how often they meet for SGBV program.</p> <p>Probe for improvements on public relations by the police and the judiciary on SGBV survivors</p> <p>Probe for recommendable efforts/needs/support to SGBV to women and girls.</p> <p>Probe for any successful cases/number being reported</p>
<p>Do you have any related questions for us?</p> <p>Are there any other additional comments you would have for us?</p> <p style="text-align: center;">Thank You for participating</p>	

## Annex 2: Participants of the Focus Group Discussions

	<b>Names</b>	<b>Contacts</b>	<b>Area of Operation</b>
1	James Irungu	0724 463 510	Roysambu
2	Joseph Mutugu	0724 216 621	Kahawa west
3	Miriam Hassan	0724 065 795	Kariobangi
4	Pamela Ralak	0737 633 453	Baba dogo
5	George Awitti	0723 338 423	Light Industry
6	Kyallo Mbito	0724 616 130	Korogocho
7	Mary Mugure	0723 388 311	Njathaini
8	Herine Nyayiera	0721 226 825	Kamae
9	Alice Wangari	0720 589 958	Jua Kali
10	Joseph Oluoch	0721 638 980	Kariobangi
11	Evans Ngoge	0711 851 209	Kahawa
12	Mary Akinyi	0720 139 749	Baba dogo

## **Annex 3: Terms of Reference**

### **KWCWC Community Outreach GBV Program in Kasarani**

#### **Call for Applications**

#### **Consultancy Services to KWCWC GBV Project in Kasarani**

**15<sup>th</sup> January, 2013**

#### **Re: Terms of Reference for Consultancy Services under KWCWC's GBV project in Kasarani**

#### **About KWCWC**

Kenya Women & Children's Wellness Centre (KWCWC) is a non-governmental, nonpartisan organization.

Working collaboratively to support the mission of the Government of Kenya, James R. Jordan Foundation International has convened a team of partner donors to establish the Kenya Women & Children's Wellness Centre (KWCWC). Located on the campus of United States International University in Nairobi Kenya, and housed on 10 acres of dedicated land, KWCWC will be a state of the art healthcare facility whose programming shares a common intent to serve the health and wellness of the community.

#### **Background Information**

Since year 2011, KWCWC has been implementing Community Outreach Program focusing on a series of awareness and empowerment programs in Kasarani aimed at increasing access to justice for survivors of Gender Based Violence (GBV) while also involving the state and non-state actors in eliminating GBV.

KWCWC has also been working in partnership with various institutions to respond to legal and psychosocial needs for survivors of violence to include CREAM (Centre for Rights Education and Awareness), IMLU and line ministries in the Government of Kenya. This initiative has been

*Baseline survey-Knowledge, Attitudes and Practices of SGBV State Duty Bearers in Kasarani*



additionally supported through KWCWC's outreach program which has an office based in USIU and a satellite office in Mathare North Health Centre since March 2012.

The first phase of the project lasted for a period of three years between years 2009 to 2011 December focused mainly on providing legal aid to survivors of GBV and creation of awareness to various community groups on GBV.

With the support of the United States Agency for International Development (USAID / Kenya), KWCWC is now currently a GBV prevention the project that will run for period of two years starting from May 2011 to May 2013. Meanwhile, a second partner, FORD Foundation has come on board to support capacity building for police and the judiciary on skills, knowledge and attitude on approaches and response to GBV; a component that was not supported by the initial partners.

Implementation of this project will be guided by the following objectives namely:-

- To enhance the capacity of police and the judiciary to provide effective and efficient SGBV services at the gender desks
- Increase number of police in the program area sensitized on prevention of SGBV
- Increase number of women and children accessing the police and judiciary services
- Increase number of cases of perpetrators being prosecuted for SGBV offenses
- Increase levels of reporting of SGBV cases and referrals to the help centers
- Improve public relations in approach to the survivors of SGBV by the police and the Judiciary
- Reduce incidences of SGBV to women and girls in the program area
- Increase number of police officers sensitized on the Sexual Offences Act 2006
- Improve networking and collaboration with stakeholders and partners in addressing SGBV prevention in the program area

For this GBV project to be implemented effectively and for there to be a big positive impact after implementation, factual data on the current GBV situation within Kasarani and its environs is required to guide the process of implementation.

There is need to get facts about the perceptions, understanding , operations , the level of coordination of GBV services, operations of safe house management, the judicial processes of GBV cases in court and all other components in the Project Monitoring Plan.

## **Terms of Reference**

### **Description of the Task**

The research shall be guided by the following key objectives namely: -

- To identify the state of police , judiciary and children officers in their perception, understanding and operations on the subject of GBV services
- To identify gaps in delivery of the GBV services by the police, judiciary and children’s officers using information from the key service providers and community members
- To assess the accessibility and readiness of GBV services and community’s understanding of critical services that a survivor must access after violation

### **Further:-**

- The baseline survey shall also be guided by the project monitoring plan document that has already been developed
- The entire baseline survey shall be done in a period of 20 working days (Twenty working days (21<sup>st</sup> January – 15<sup>th</sup> February 2013)
- The researcher will prepare a report which will include; the background, abstract, research methodology used, actual survey report, summary of findings recommendations and annexes
- The researcher will also take KWCWC, representatives from the Kasarani community and other partners including Ford Foundation through the draft report after the survey for validation of facts
- To finalize report by inputting additional recommendations, amendments and action plans drawn up at the validation meeting

### **Expected output from the Baseline Survey**

At the end of the baseline survey, KWCWC expects collected facts on the GBV situation in Kasarani and its environs that will then direct project implementation for the next 1 year.

The agreed on work plan and/or time frame including the budget for the baseline survey is as follows:

### **Time frame**

The Baseline survey shall be conducted in a period of 20 (twenty days) within (21<sup>st</sup> January – 15<sup>th</sup> February 2013)

### **Skills and Competencies**

KWCWC is looking for an expert consultant with strong capabilities in conducting evaluations related to Gender and human rights projects.

The consultant will have esteemed credibility within the field, excellent knowledge of monitoring and evaluation in theory and practice, and a good understanding of Gender Based Violence Programming.

The consultant should have the following skills and competencies:

- A degree in Social Sciences and preferably a Masters Degree in the same or related field (Research, Gender and Human rights)
- Demonstrable experience of producing high-quality, credible evaluations (examples required).
- Familiarity with different methodologies for evaluation and the additional factors involved in the evaluation of Gender Based Violence Programs
- Demonstrable experience of working with/evaluating NGOs.
- Familiarity with Gender Based Violence including its programming in an informal settlement set up.
- Ability to write concise, readable and analytical reports and understanding of public communications.
- Excellent written and verbal communication skills in English.

### **Expressions of Interest**

Persons who are interested in undertaking the assignment are invited to express their interest.

The expression letter should include a letter of application, Understanding of Terms of Reference (including brief description of methodology and work plan), qualifications and a sample similar work done.

Those who qualify and are interested should send (or deliver) an application letter, curriculum vitae (CV) and copies of relevant certificates & testimonials to: