

**WHAT'S BEING DONE ABOUT VIOLENCE AGAINST WOMEN
AND GIRLS: MAPPING KENYA'S CIVIL-SOCIETY
ORGANIZATIONS**

UNIFEM RESEARCH PROJECT

"If we understand [violence against women] as a manifestation of women's low status and lack of power in relationships, then it is the context of women's lives that we aim to influence, rather than responding to specific forms of violence... changing the core dynamics within relationships as well as in the broader community" (Lori Michau, 2007).

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ACRONYMS

ADRA—Kenya	Adventist Development & Relief Agency Kenya
ANPPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
BHESP	Bar Hostess Empowerment and Support Programme
CAI	Community Aid International (CAI)
CARE Kenya	CARE International—Kenya
CBO	Community-based organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CLAN	The Children's Legal Action Network
CLICK	The Centre for Legal Information and Communication in Kenya
COVAW	Coalition on Violence Against Women
CREAW	Centre for Rights Education and Awareness
CSO	Civil-society organization
ECODEV	Economic and Development Centre
FEMNET	The African Women's Development and Communication Network
FGM/FGG	Female Genital Mutilation / Female Genital Cutting
FIDA-K	Federation of Women Lawyers Kenya
GADEN	Gender and Development Networking Centre
GCN	Girl Child Network
GEDIC	Gender Development and Information Centre
HTP	Harmful traditional practice
ICRH	International Centre for Reproductive Health
IJM	International Justice Mission
Jhpiego—Kenya	Johns Hopkins University affiliate organization
Keafeado	Kenya Female Advisory Organization
KHRC	Kenya Human Rights Commission
LVCT	Liverpool VCT, Care and Treatment
MEGEN	Men for Gender Equality Now / FEMNET
MSF	Médecins Sans Frontières (Doctors Without Borders)
MYWO	Maendeleo Ya Wanawake Organization
NGO	Non-governmental organization
NWH—GVRC	Nairobi Women's Hospital—Gender Violence Recovery Centre
RCDA	Rural Community Development Agency
SOLWODI	Solidarity with Women in Distress
SWYND	Siaya Women and Youth Network for Development
The CRADLE	The Child Rights Advisory, Documentation and Legal Centre
VAW&G	Violence against women and girls
WEL	Women's Empowerment Link
WOKIKE	WomanKind
WRAP	Women's Rights Awareness Programme

I. INTRODUCTION

Violence against women and girls (VAW&G) is "one of the most pervasive and systematic human rights violations in the world today: one woman in three will be raped, beaten, coerced into sex or otherwise abused in her lifetime."¹ Around the world, violence against women and girls affects their social and economic equality, their physical and mental health, their well-being and their economic security. This barrier to women's equality is rooted in long-standing attitudes and traditions, not only about women, but also about characteristics like race, age, sexual orientation, disability and colour. A highly complex issue, VAW&G is entwined with many factors in the lives of individuals, families, communities and societies.

According to the United Nations Development Fund for Women (UNIFEM), "Violence against women is tacitly accepted in many societies—hidden behind doors and by walls of silence."² Such is the case in Kenya. There, like in many other countries, VAW&G remains largely hidden, "fueled by harmful notions of masculinity, including the need to control and dominate women."³

Women's movements, human rights activists and the international community have been working for decades to put gender and VAW&G on national policy agendas. In Kenya, the government itself has, since 1968, been acknowledging the gross inequalities between women and men. However, attempts to promote the women's equality agenda seem to be impeded by complex political, ethnic and religious factors; even women's human-rights advocates and the state apparatus have at times stifled the gender-equality agenda.

As a result, violence against women and girls continues in Kenya's traditional patriarchal society where, by many standards, women are not equal citizens. Indeed, The Constitution of Kenya sanctions discrimination since it does not guarantee Kenyan women the same citizenship rights as men.⁴ Although discrimination on the basis of sex is prohibited under section 82(3) of the Constitution, this protection is greatly reduced by section 82(4), which allows discrimination in the application of "personal laws" to the areas of marriage, adoption, divorce, burial, transfer of property upon death and "other matters of personal law." Section 82(4) therefore "leaves intact traditional male privileges in the crucial areas of marriage, divorce, and succession"—often to the detriment of women.⁵ Many attempts to redress discriminatory laws relating to women have been introduced in Parliament, particularly since the work of the 1993 Task Force for the Review of Laws Relating to Women. However, the adoption of amendments has been

¹ UNIFEM, *It's a Global Emergency: But it's Happening Behind Closed Doors*, New York, UNIFEM (2008), p.2.

² Ibid.

³ USAID, PATH, Raising Voices, Interagency Gender Working Group, GBV Prevention Network, *Strengthening Regional Work on Gender-Based Violence*. A meeting of activists, researchers and practitioners from Horn, East and Southern Africa, Kampala, Uganda, November 8–9, 2006, p. 2.

⁴ For a thorough examination of how the constitution falls short of ensuring women's human rights, see "Promoting the Human Rights of Women in Kenya: Comparative Review of the Domestic Laws", commissioned by UNIFEM in 2008, to be published in June 2009.

⁵ Ibid.

stopped by what appears to be a systematic resistance to change.⁶ And despite increased awareness in recent years about VAW&G and its consequences, this violence is still widespread in Kenya, but it is ignored, tolerated and even condoned.

UNIFEM has therefore been working in Kenya, in partnership with civil-society organizations, government and donors, to promote gender equality and zero tolerance for VAW&G. Despite the fact that there are many actors working to eliminate VAW&G, little is known about the scope of the initiatives and strategies being used by government, civil society, international organizations and United Nations agencies throughout the country. This mapping exercise, which is the second report in a two-part research project conducted by UNIFEM, begins to fill in these gaps by identifying civil-society organizations (CSOs) across Kenya, that carry out prevention or response activities on violence against women and girls.⁷

A. OBJECTIVES

In summary, this study aims to:

- Help stakeholders (UN, donors, etc.) understand which key civil-society actors are working on VAW&G in Kenya. This should enable them to better target their support and interventions to benefit Kenyan women and girls.
- Increase networking and coordination among Kenyan CSOs working on this issue.
- Identify critical gaps in support and services for survivors.

B. TERMINOLOGY

This study uses the term 'violence against women and girls' as it is defined in the 1993 *United Nations Declaration on the Elimination of Violence against Women*.⁸ The document describes it as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering for women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life." Gender-based violence is defined in the *Convention on the Elimination of All Forms of Discrimination against Women*, as violence that is "directed against a woman because she is a woman or that affects women disproportionately".⁹

The report's use of the term 'civil society' is consistent with the definition offered by the World Bank: "the wide array of non-governmental and not-for-profit organizations that have a presence in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic

⁶ See for example the Matrimonial Property Bill and the Equal Opportunities Bill, which have been under preparation since 1999, and the Family Protection Bill, which has been pending since 2002.

⁷ In July, 2008, UNIFEM hired a consultant to design and manage the research project. This report is submitted according to the consultant's Terms of Reference (ToR). The mapping report should be read alongside the accompanying research report, which provides a description and analysis of violence against women and girls in Kenya.

⁸ CEDAW, General Recommendation No. 19, 1992, UN Doc. A/47/38, para. 6.

⁹ Ibid.

considerations."¹⁰ CSOs therefore refer to a variety of organizations including community groups, non-governmental organizations (NGOs), charitable organizations, faith-based organizations (FBOs), professional associations and foundations.¹¹

C. SCOPE AND METHODOLOGY

The focus of this mapping report is on key civil-society actors that implement projects and whose work specializes on VAW&G in that it provides significant direct support to female victims and survivors of violence, through prevention or response activities. To evaluate which organizations fall within these parameters, UNIFEM examined the mission statements and the main thematic or programming focuses of CSOs that work in the area of children's and women's rights in Kenya.

Our study does not include the many organizations with small projects or activities on VAW&G—which are all nonetheless valuable—but whose mission or main thematic or programming focus do not concentrate specifically on VAW&G. In addition, the mapping does not include:

- Organizations that fund but do not directly implement VAW&G activities;
- Organizations working on VAW&G only in the aftermath of the 2007 post-election violence;
- Organizations working with refugees or internally displaced persons and host communities; and
- Academic institutions.¹²

Before beginning this mapping exercise, a list of organizations was compiled through a variety of sources: literature review, internet search, UNIFEM partners, members of the Kenya Gender-Based Violence Sub Cluster (GBV Sub Cluster)¹³, and word of mouth. Attempts were then made to contact each organization by telephone, email or in person to collect information about, among others, their mission and activities. A standard questionnaire was used as a guide during the data-collection phase to maintain consistency.¹⁴ The types of activities being carried out and the specific VAW&G focus areas were then categorized and analyzed by UNIFEM to determine which organization fell within the parameters of the research and, further, to study the extent of initiatives throughout the country.

¹⁰ See

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/CSO/0,,contentMDK:20101499~menuPK:244752~pagePK:220503~piPK:220476~theSitePK:228717,00.html>

¹¹ See

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/CSO/0,,contentMDK:20101499~menuPK:244752~pagePK:220503~piPK:220476~theSitePK:228717,00.html>

¹² For a complete list of the organizations that did not fall within the parameters of this study, see Annex 2.

¹³ Members of the GBV Sub Cluster came together in early 2008 to address GBV in the wake of the Kenyan post-election violence. While Sub Clusters are typically non-permanent bodies and mechanisms of the United Nations, this Sub Cluster has recently been transitioned to a permanent body under the ambit of the Kenya National Commission on Gender and Development.

¹⁴ See Annex 4.

D. LIMITATIONS

The success of this mapping exercise can be attributed to individual CSO employees who took time out of their busy schedule to respond to questionnaires or to make themselves available for meetings and interviews.

Data was primarily collected using a list of guiding questions, in order to reach as many organizations as possible within a given time frame. Four main issues occur in relation to the data: (i) Although the data is presented in its most complete format, efforts to fill in gaps and seek clarifications (either by email, telephone or face-to-face interviews) were not always successful. As a result, not all CSOs have had the chance to verify the data for accuracy. (ii) Insufficient details were collected about the specific location of activities in Nairobi; therefore, a thorough analysis was not possible. (iii) Due to time and resource constraints, the mapping exercise did not identify all CSOs working on VAW&G. This is particularly true of community-based organizations (CBOs), which are generally viewed to be undertaking activities relevant to the needs of the community. While the data is not exhaustive, it is considered to capture the key organizations. (iv) As a result, complete geographical coverage was not attained: the majority of organizations reached are those with headquarters in Nairobi.

Although the findings below identify many interventions and activities, this research project is not an assessment or a critical evaluation of CSOs working on VAW&G or of their programmes.

II. PROFILE OF KEY CIVIL-SOCIETY ACTORS WORKING ON VAW&G

The mapping exercise revealed many VAW&G initiatives being implemented by organizations throughout the country. The initial list of 65 organizations potentially implementing programmes on VAW&G had grown into a list of over 130 organizations by the end of the study. UNIFEM successfully contacted 97 of these organizations, either in person or by telephone or email, to ask a series of questions about their work on violence against women and girls.

In total, 68 CSOs fell within the scope of the mapping exercise: 47 national and 21 international organizations (INGO), of which 5 are Kenyan branches of INGOs. A complete alphabetical list of these 68 mapped CSOs, or "key actors," as well as a summary of their mission, activities and other relevant information, can be found in Annex 1. Their initiatives related to VAW&G in Kenya are examined below.

A. PREVENTIVE AND RESPONSIVE ACTIVITIES

It is now well recognized long-term, sustainable change requires action that addresses both the causes (preventive) and the consequences (responsive) of violence against women and girls. While prevention seeks to address, challenge or examine the root causes of violence, responses provide much-needed services to women experiencing violence.

The two tables below divide the work of the key actors into ongoing preventive and responsive interventions. Organizations are further classified according to the different types of interventions they undertake, based on the information provided by CSOs. The following categories were created by UNIFEM and the Advisory Committee in an attempt to organize the data:

Prevention: Community-based awareness and mobilization; training and capacity building; creation of networks; advocacy¹⁵; and national advocacy campaigns.

Responsive: Legal aid¹⁶; emergency medical services including hospitals and post-rape-care clinics; psychosocial support¹⁷; rapid rescue for victims/survivors¹⁸; shelters; and, hotlines.

As the tables demonstrate, there is a wide variety of efforts, activities and strategies being employed across the country: 38 (55.9%) organizations have both preventative and responsive interventions; 18 (26.5%) CSOs concentrate on prevention only; and, 12 (17.6%) focus their interventions only on responding to victims/survivors.

Furthermore, key actors are using a combination of interventions in their fight to end VAW&G: most of them use 2–4 strategies simultaneously. Since most CSOs carry out more than one VAW&G activity, names may appear more than once in each table.

¹⁵ "Advocacy is speaking up, drawing a community's attention to an important issue, and directing decision-makers towards a solution." See *Gender, Reproductive Health and Advocacy. A Trainer's Manual*. The Centre for Development and Population Activities (CEDPA), Washington: CEDPA, 200, p. 140.

¹⁶ These organizations provide legal education, awareness, advice, training on self-representation and litigation.

¹⁷ Includes organizations that offer clinical counseling services, moral support while providing other services, support for basic material needs, case management, support groups, income generation, and skills building.

¹⁸ Organizations conducting rescues respond urgently to remove a survivor from a dangerous situation—including female genital mutilation / female genital cutting (FGM/FGC); forced or child marriages; and, domestic abuse—and to relocate them temporarily in a safe place.

TABLE 1. ORGANIZATIONS CONDUCTING PREVENTION ACTIVITIES	
Type of Intervention	Organizations
Community-Based Awareness and Mobilization	Action Aid, ADRA, ANPPCAN, BHESP, CARE, Centre for Feminists Kenya, CREAM, Childline, CAI, COVAW, Dolphin Anti-Rape and AIDS Control Outreach, ECODEV, GADEN, GEDIC, GCN, GOAL, Harambee Australia, Human Rights Watch, ICRH, IJM, Kefead, Kenya Anti Rape Organization, KWPC, Kenya Youths Against Gender Violence, Kituo cha Sheria, MYWO, MEGEN, Msichana Mwafrika Agenda, National Council for Women of Kenya, NWH—GVRC, OXFAM, Path Kenya, Plan International, RCDA, Save the Children Alliance, SWYND, The Coexist Initiative, The CRADLE, WOKIKE, Women's Identity Network, WEL, WRAP
Training and Capacity Building	African Family Health, ANPPCAN, CARE, Centre for Feminists Kenya, CREAM, CAI, Dolphin Anti-Rape and AIDS Control Outreach, ECODEV, GADEN, GEDIC, GCN, Human Rights Watch, IJM, Jhpiego—Kenya, Kefead, KWPC, Kenya Youths Against Gender Violence, Mama na Dada Africa, MEGEN, National Council for Women of Kenya, NWH—GVRC, Path Kenya, Save the Children Alliance, SOLWODI, The CRADLE, Women's Identity Network, WEL, Help Age Kenya
Research on VAW&G	Action Aid, African Family Health, ANPPCAN, CARE, Centre for Feminists Kenya, CREAM, The Coexist Initiative, COVAW ECODEV, Equality Now, FIDA, GADEN, GCN, ICRH, Kefead, Kenya Human Rights Commission, Kenya Youths Against Gender Violence, Liverpool VCT, MEGEN, National Council for Women of Kenya, Path Kenya, Population Council, Population Communication Africa, Save the Children Alliance, SWYND, The CRADLE, Women's Identity Network, WEL, WRAP, CLICK
Advocacy	CLICK, Action Aid, ADRA, African Family Health, BHESP, CARE, Centre for Feminists Kenya, CREAM, CLAN, COVAW, Dolphin Anti-Rape and AIDS Control Outreach, ECODEV, Equality Now, FIDA, GADEN, GCN, Harambee Australia, Help Age Kenya, Human Rights Watch, ICRH, IJM, Kefead, KWPC, Kenya Youths Against Gender Violence, Kituo cha Sheria, MYWO, MEGEN, OXFAM, Path Kenya, Plan International, RCDA, Save the Children Alliance, The Coexist Initiative, The CRADLE, Wangu Kanja Foundation, WOKIKE, Women's Identity Network, WEL, WRAP
Creation of Networks	The Coexist Initiative, The Cradle, GCN, Population Council, SWYND
National Advocacy Campaigns	Oxfam, Plan International, Save the Children Alliance

TABLE 2. ORGANIZATIONS CONDUCTING RESPONSE ACTIVITIES	
Type of Intervention	Organizations
Legal Aid	ANPPCAN, CARE, CREAM, Childline, CLAN, COVAW, ECODEV, FIDA, IJM, Kefead, Kenya Human Rights Commission, Kituo cha Sheria, Msichana Mwafrika Agenda, National Council for Women of Kenya, The CRADLE, Wangu Kanja Foundation, Women's Identity Network, WEL
Emergency Medical Services, Including Hospitals and Post-Rape-Care Clinics	Coast Hospital, Kenyatta National Hospital—Gender Centre, Moi Teaching Hospital (Eldoret), NWH—GVRC ¹⁹ EngenderHealth, GOAL, Handicap International, ICRH, Liverpool VCT, Marie Stopes Kenya, MSF France, MSF Belgium, Wangu Kanja Foundation, Path Kenya
Psychosocial Support	ADRA, ANPPCAN, BHESP, CARE, Centre for Feminists Kenya, CREAM, Childline, CLAN, COVAW, Dolphin Anti-Rape and AIDS Control Outreach, ECODEV, Filedelphia Women's Crisis Centre, GCN, GOAL, Handicap International, Harambee Australia, ICRH, IJM, Kefead, Kenya Anti Rape Organization, Liverpool VCT, Mama na Dada Africa, Marie Stopes Kenya, MEGEN, MSF France, MSF Belgium, Msichana Mwafrika Agenda, Netpowchy, RCDA, Rescue Dada Centre, SWYND, SOLWODI, Tasaru Girls' Rescue Centre, Wangu Kanja Foundation, Wholistic Caring and Counselling Centre, WOKIKE, Women's Identity Network, WEL, WRAP
Rapid Rescue for Victims/Survivors	Childline, CLAN, GOAL, MEGEN, Msichana Mwafrika Agenda
Shelters	AIC Girls' School—Bride Rescue Program, Filedelphia Women Crisis Centre, Good Shepherd Karibu Centre, Kiltimagh Rescue Centre (GOAL), Netpowchy, Rescue Dada Centre, Tasaru Girls Rescue Centre, Umoja Uaso Women Group, Wholistic Caring and Counselling Centre, WRAP, Zabibu Centre
Hotlines	Childline

B. GEOGRAPHIC COVERAGE

Annex 3 contains a list of activity locations by province and district. Overall, the organizations dealing with VAW&G appear to be spread out thinly, while also being concentrated in certain regions. A few organizations are attempting national outreach, in particular, those that provide legal-aid services (such as FIDA, The Cradle and CLAN, that work with pro-bono lawyers throughout the country), and those that work on national campaigns.²⁰ However, many districts have a shortage of CSOs. Some of the questions arising from the mapping include the following: Do organizations work in areas where there are pre-existing programmes to facilitate entry into the community? Are CSOs focusing on areas that experience more problems? Are CSOs attracted by areas with existing services, such as health-care clinics or hospitals? Are some districts or areas more accessible due to funding priorities?

¹⁹ The gender recovery centers have not been included in the mapping, since they are not all considered to be part of civil society. However, due to the importance of their work, they have been included in this section of the report.

²⁰ For example, Oxfam's "We Can" Campaign to end violence against women in Kenya started in five provinces, but has a five-year goal to reach the majority of people in the country with the message that VAW is unacceptable.

The uneven distribution of initiatives is a grave concern, given the urgent need in certain geographical areas to address specific issues related to VAW&G, such as harmful traditional practices and HIV/AIDS. Further research is required to understand the reasons for the overlap of services in some regions and the total absence of programmes in others.

In terms of activities in and around Nairobi, the data collected demonstrates that most organizations have offices or VAW&G activities in the capital. However, the data collected does not give enough details about the exact location of activities; therefore, determining whether or not Nairobi is over-saturated with activities—as is often claimed—would require more analysis.

C. VAW&G FOCUS AREAS

The study groups organizations according to the specific VAW&G focus areas covered in their activities. CSOs provided information on these focus areas, and UNIFEM broke the data down into six categories: sexual violence (rape, incest, sodomy, sexual assault, etc.); violence against children; domestic violence; harmful traditional practices (FGM/FGC, early and child marriages, widow inheritance etc.); trafficking and commercial sexual exploitation; physical violence; and, HIV/AIDS.

In total, 33 (48.5%) CSOs work on more than one focus area, and 24 (35.3%) CSOs work on only one focus area (in 11 cases (16.2%), the information was not available). As the chart below demonstrates, the two issues on which the most (38) organizations work are sexual violence and domestic violence (23).²¹

VAW&G Focus Area	Sexual Violence	Violence Against Children	Domestic Violence	Harmful Traditional Practices	Trafficking and Commercial Sexual Exploitation	Physical Violence	HIV/AIDS	N/A (No Information Provided)
Total Key Actors Working on Focus Area	38	15	23	19	7	6	6	11

At first glance, domestic violence, which is the most common form of VAW&G in Kenya, does not seem to be adequately addressed. However, it is likely that work done in other focus areas, such as sexual violence and physical violence, also deals with domestic-violence issues.

When we look at the relationship between the geographical location of activities and the VAW&G focus areas, we see that some key actors seem to target interventions to reflect the social and cultural contexts and the challenges of specific regions. For example, in

²¹ The numbers in this chart do not total 68 or 100% since most CSOs work on more than one area.

Nyanza, most organizations concentrate on sexual violence and HIV/AIDS, and in some regions, on harmful traditional practices. Trafficking is dealt with solely in Coast province and in the border district of Suba in Nyanza. In North Eastern Province the focus is once more on harmful traditional practices. Again, further research is required to confirm that these approaches are indeed being targeted geographically.

It is noteworthy, given the growing importance of the link between VAW&G and HIV/AIDS, that our mapping captured only six organizations that work specifically on both issues. It is true that some organizations have begun integrating HIV/AIDS issues into their activities, but did not list this as a specific focus area. However, the fact remains that there are simply too few CSOs working on both issues throughout Kenya.

D. YEARS WORKING ON VAW&G

The chart below shows that the key actors combine a great deal of experience: most have been working on VAW&G in the country for 1–5 years. Noteworthy are 4 organizations with each over 20 years of experience: EngenderHealth, FIDA, Kituo cha Sheria, the National Council for Women of Kenya and AIC Girls' School—Bride Rescue Program.

Years Working on VAW&G in Kenya	Total Number of CSOs
Less than 1 Year	6
1–5	18
6–10	14
11–20	10
More than 20	5
Information Not Available	15
Total	68

E. PROGRAMME BENEFICIARIES

Key actors work predominantly with female rather than male beneficiaries: 51 CSOs work with women, 49 with girls, 29 with boys, 25 with men, and 27 with whole communities (information was not available for 5 organizations).²² While the emphasis on female beneficiaries is understandable, organizations must not underestimate the importance of targeting boys and men in prevention strategies.

One type of beneficiary that appears to be under-serviced are the institutions that manage cases of VAW&G on a regular basis, such as the police and provincial administrations (chiefs, elders etc.) Few key actors reported that they target these groups with their interventions. This does not however mean that no work is being done with these groups but, more than likely, that women, men, girls, boys and communities are the ultimate target groups.

²² The numbers in this chart do not total 68 or 100% since most CSOs work on more than one area.

III. INTERPRETATION OF FINDINGS

According to recent regional studies on best practices, initiatives that focus on combating violence against women and girls should simultaneously target several levels of prevention. The "first and primary level of prevention is ensuring the adoption and implementation of protective *laws and policies*; the second level of prevention is capacity building in health, legal/justice, security, and social welfare *systems* to help prevent, detect, monitor, and address [VAW&G]; and the third and lowest level of prevention is ensuring that survivors receive *immediate and comprehensive care* that will reduce the likelihood of long-term negative effects, as well as survivors' vulnerabilities to future incidents of violence."²³

These studies also highlight the importance of establishing multi-sectoral approaches and the need for widespread community ownership, engagement and commitment from the earliest stages of programme development. Efforts must creatively engage a cross section of community members, not just women, in order to generate sufficient momentum for change. Organizations must understand that change is a process and not a single event, and therefore requires repeated exposure to ideas from a variety of sources.²⁴

Finally, studies set out "crosscutting priorities" that should form the foundation of any efforts to prevent and respond to VAW&G²⁵:

- Promote and protect human rights;
- Promote participatory processes that engage all stakeholders;
- Work with men and adolescent boys to challenge constructions of masculinity that put women and girls at risk of both VAW&G and HIV;
- Target youth;
- Research promising programming approaches;
- Monitor VAW&G in the region;
- Invest in VAW&G programmes and policies over the long term.

As the data above and in Annex 1 demonstrates, work by CSOs in Kenya touch on most, if not all, of the priorities described above. Indeed, some efforts are being made at all levels of prevention. However, much work remains, particularly in the areas of multi-sectoral collaboration and engaging communities. Additional gaps that include some of the crosscutting priorities are discussed below.

²³ The conceptualization of this GBV framework was originally developed by Sophie Reed-Hamilton and articulated in *Gender-based Violence Program Strategy: From Service Delivery to Social Change*. New York: International Rescue Committee (2004). It has also been used in other publications, most recently in USAID/UNICEF, *Strategic Framework for Prevention of and Response to GBV in East, Southern, and Central Africa* (2006).

²⁴ See USAID/UNICEF (2006); Jeanne Ward for UNFPA, *Designing Programming to Address Gender-Based Violence (GBV) and HIV in East, Central and Southern Africa: A Framework for Action*, July 31, 2008; and the guiding principles enunciated on the website of Raising Voices, found at: http://www.raisingvoices.org/women/learning_center.php

²⁵ Jeanne Ward for UNFPA (2008), p. 26–27.

MAJOR GAPS

- ❖ There is a disparity in the geographic distribution of interventions, for both prevention and response activities: there is saturation in some regions and a complete absence of activity in others. There is relatively less activity in rural areas, where the majority of Kenyan women live.
- ❖ Responsive interventions appear to receive less attention, possibly because they often require specific technical knowledge (e.g. legal, health, psychosocial).
- ❖ Domestic violence, which is the most common form of VAW&G in Kenya, does not seem to receive adequate consideration.
- ❖ Vulnerable groups, such as rural women, women with disabilities, and prisoners are not sufficiently targeted as beneficiaries.
- ❖ Institutions that handle VAW&G, such as the police and provincial administrations (chiefs, elders etc.), appear to receive little attention.
- ❖ There is a clear need for adequate holistic integrated approaches including shelters, hotlines and rape crisis centres. Most services are provided or run by NGOs with donor funding.
- ❖ The only key actors that reported working with perpetrators are shelters; this is often done during the process of reintegrating the victim or survivor back into their family and community.
- ❖ There is a great need for more prevention interventions that target boys and men.
- ❖ Few organizations seem to work on the intersection of HIV/AIDS and VAW&G.

A. COORDINATION

Coordinating action on violence against women and girls requires more than simply bringing organizations together or managing efforts and initiatives. Multi-sectoral actors and activities must be coordinated, which includes:

- Developing a common strategy for fighting VAW&G;
- Discussing and problem-solving about prevention and response interventions;
- Ongoing programme and policy development;
- Collaborative monitoring and evaluation;
- Sharing research; and
- Sharing information about resources.²⁶

²⁶ Although some of these activities are taken from the Inter-Agency Standing Committee (IASC) *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings* (See in particular Action Sheet 1.1 of the Guidelines), they are also applicable to non-humanitarian settings in that they describe the minimum coordination required for prevention and response.

Many of the organizations interviewed stated that, despite attempts in Kenya to coordinate at the national level, there is a need for greater cooperation and coordination among actors, particularly outside Nairobi. The mapping revealed that efforts to combat violence against women and girls in the country are fragmented, with CSOs mostly working in isolation or with a few key partners. And, as noted above, many districts are ignored or not covered by activities. There is still no common strategy or baseline study that identifies prevalence rates, forms of violence, service-delivery options, etc., and this greatly hinders end results. With the recent transition of the activities of the Gender-Based Violence Sub Cluster to a more permanent forum based at the National Commission on Gender and Development, there is hope that activity coordination will improve. Nevertheless, there is currently a great need for better linkages between all relevant actors, activities and initiatives. And, most importantly, there is a great need for more services and for more interventions that address the root causes and prevent violence against women and girls. Clearly the scope of VAW&G and its consequences in Kenya, as elsewhere, warrants greater investment.

B. RESEARCH

Methodological research is needed to fill the gaps in our understanding of violence against women and girls in Kenya. Research also helps develop and implement effective interventions, policies, and preventive and responsive action. Although there have been many research studies on VAW&G and GBV issues in Kenya, most were small-scale and concentrated on one or few forms of VAW&G, due to lack of funding and other limitations.

Few CSOs are currently working in Kenya to fill this gap. Mostly, organizations conduct programme-linked research and baseline studies, which provide anecdotal information on non-representative samples of women. A few organizations also collect case-by-case data on survivors, but this data is rarely compiled thoroughly or methodically, analyzed or disseminated.²⁷ What's more, the quality of research varies greatly between organizations and findings are not often shared with others.

While the type of research being conducted highlights specific issues in certain locations, it does not provide an understanding of the extent or characteristics of VAW&G in the overall population. The continued absence of systematic, consistent and reliable data on VAW&G demonstrates the need for large-scale, longitudinal studies.

C. LEGAL FRAMEWORK

Kenya is a party to all major international and regional conventions that protect and promote the rights of women and children, including:

- The International Covenant on Civil and Political Rights (ICCPR);
- The International Covenant on Economic, Social and Cultural Rights (ICESCR);

²⁷ The issue of data collection is analyzed in more detail in UNIFEM's Data Research Report.

- The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (although Kenya has not yet ratified the CEDAW Optional Protocol²⁸);
- The UN Convention on the Rights of the Child (CRC);
- The UN Convention against Torture and Other Cruel Inhuman and Degrading Treatment or Punishment (CAT);
- The African Charter on Human and People's Rights (the Banjul Charter); and,
- The African Charter on the Rights and Welfare of the Child.

Also, Kenya is a signatory to the Beijing Platform for Action; the 2000 Millennium Declaration, which resolved “to combat all forms of violence against women;” the African Union's Protocol to the African Charter on Human and People’s Rights on the Rights of Women (better known as the “Maputo Protocol”); and, the African Youth Charter.

The international legal and policy obligations arising from these documents require that Kenya protect, promote and fulfil the human rights of persons that are in its territory and that area subject to its jurisdiction, without discrimination—including discrimination on the basis of sex. The Committee on CEDAW, which monitors states’ observance of the Convention, states in its General Recommendation 19, that GBV is a “form of discrimination.” Thus as a state party to the Convention, Kenya is obliged to “adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women.”²⁹

Although Kenya has legislation that relates to the protection of women and girls from violence—such as the Children’s Act, the Sexual Offences Act, the HIV/AIDS Prevention and Control Act, and the Public Officer Ethics Act—the country currently has no law that protects women and girls from domestic violence, and marital rape is still not considered a criminal offence under the Sexual Offences Act. CSOs have made a great deal of effort to rectify these glaring omissions, particularly through advocacy work on the following bills: The Matrimonial Property Bill and the Equal Opportunities Bill, which have been under preparation since 1999, and the Domestic Violence (Family Protection) Bill that has been pending since 2002.

D. ACCESS TO JUSTICE

Women’s protection from violence can be affected by the presence or absence of a national legal-aid system. Kenya currently does not have a national legal-aid scheme that is available to all women. Although a National Legal Aid and Awareness Steering Committee was formed in 2007 to spearhead the process, it currently includes only six pilot projects in five towns (two in Nairobi, and one each in Mombasa, Kisumu, Nakuru

²⁸ An Optional Protocol to CEDAW was adopted by the UN in 1999 and came into force in December 2000. It provides a complaint and inquiry procedure that allows individuals and groups to bring a case against states that fail to meet the requirements of the treaty, once domestic and other remedies have been tried and found wanting.

²⁹ Article 2(b) of CEDAW.

and Eldoret), each addressing a specific issue. The pilot phase is set to run for three years, from July 2009 to June 2012.

E. WORKING WITH MEN

Although many organizations do include the community at large and men and boys as targeted beneficiaries of their programmes—particularly advocacy and community-awareness programmes—few appear to strategically target men as agents of change. Yet, working with men and young adolescent males is an important factor in preventing violence against women. "Behaviour change strategies in the health sector have shown that gender inequitable attitudes can be unlearned and thereby contribute to healthier relationships. Throughout society and the community in general, men are seen as leaders and are a major force for change. Evidence suggests that coalition building and advocacy are also success strategies for working with men."³⁰

F. TRAINING OF LOCAL ELDERS AND CHIEFS

Survivors of violence in Kenya still rely largely on informal systems of conflict resolution that perpetuate and reinforce traditional beliefs and practices about women's unequal status in society. Within these informal mechanisms, local elders and chiefs play a key role in determining the outcome for survivors.

It is often said that these systems are easily corruptible, particularly since knowledge about women's rights and about the causes and consequences of violence against women and girls is not understood. Yet, there is little evidence of any sustained intervention targeting local elders or chiefs, nor do there appear to be any efforts to link informal mechanisms to the formal justice system.

F. POLICE

Similarly, few CSOs are conducting training targeted at police officers and at the higher levels of command in the police force, or are advocating for such training. More initiatives are required to tackle a culture in which violence against women and girls is seen as a private, family matter, and not as a criminal one. Almost every organization that was interviewed identified the police as one of the greatest challenges to their work. In particular they noted the following challenges: a lack of support from the chain of command to take violence against women and girls seriously; a refusal to work with CSOs on individual cases or on longer-term issues of capacity building; and, an absence of officers on the ground who understand the issue's complexity.

G. REFERRALS

Violence against women and girls is a public-health problem that requires a network of referral services to link, at the very least, medical, psychosocial and legal actors. It should also include CSOs already working with women to allow for cross-referrals. This is particularly important in areas where services are insufficient or non-existent, since a referral system can allow more groups to work together and to strengthen or develop appropriate services. Most key actors have an informal process for referring survivors to service-based agencies (health facilities or legal-aid organizations) but there is a need to

³⁰ USAID/UNICEF (2006), p. 15.

set-up or formalize a referral mechanism or network (including shelters, safe houses, legal, medical and psychosocial services) throughout the country.

H. SHELTERS

There is a global shortage of government-funded shelters and emergency accommodation for women and girls escaping domestic violence.³¹ Yet according to international legal and policy framework, governments have a responsibility to ensure that victims/survivors of violence have access to services like shelters. In his 2005 report titled *Women and Adequate Housing*, the UN Special Rapporteur on Adequate Housing stated that “women living in situations of domestic violence inherently live in inadequate housing, due to the violence they face within the home. Many women are prevented from leaving violent situations, because alternative housing and financial support are unavailable.”³² The Special Rapporteur observed that legislation against domestic violence “must recognize the link with the right to adequate housing and contain legal protections for women to realize this right, while ensuring the provision of alternative adequate housing for victims of domestic violence and abuse.”³³ He recommended that governments, UN agencies and civil-society groups fund domestic-violence shelters.³⁴

In Kenya, there exists no comprehensive, accurate information about the range and nature of shelters for women and girls. The number alone is confusing even to service providers and persons who work daily with survivors of violence: estimates reach up to 25 homes run by the Kenyan government and 500 additional private institutions and homes. Although some confusion relates to defining what is a “home” and “shelter,” the majority of these homes seem to be for abandoned and abused children, HIV/AIDS orphans, physically disabled children, street children and children running away from harmful practices. There is a shortage of shelters and safe homes established exclusively for battered or abused women and girls, who are the focus of this study. The most frequently cited shelters are run by WRAP. And the few that do exist offer limited facilities and services, and most often rely heavily on donor funding.

The chart below provides key information about the few shelters that are strictly for abused and battered women and girls in Kenya. In addition to these shelters, some CSOs included in our study offer temporary shelters for abuse cases: CREAM, COVAW, MEGEN, CARE, Dolphin Anti Rape and AIDS Control Outreach, Kenya Youths Against Gender Violence, and Msichana Mwafrika Agenda.

It is interesting that 4 of the shelters identified are located in Nairobi, and three in Ruiru. The others are in Narok, Kajiado and Nakuru.

³¹ E/CN.4/2005/43, p.20.

³² E/CN.4/2005/43, p.13-14.

³³ E/CN.4/2005/43, p.14.

³⁴ E/CN.4/2005/43, p.21.

Shelters for Abused and Battered Women

Name	Location	Year Established	Services	Fee	Beneficiaries	Capacity	Length of Stay
AIC Girls' School—Bride Rescue Program	Kajiado	1986	Shelter	N/A	Girls escaping from HTP such as FGM/FGC and early/forced marriages	N/A	N/A
Filedelphia Women Crisis Centre	Nakuru	2005	Shelter, counselling and life skills (patchwork, literacy, cooking, basket weaving)	No fee	Women and girls—shelter houses acute cases of domestic violence (due to limited beds) but do counselling with other cases	7–8 women (and their children)	According to need; maximum one year
Good Shepherd Karibu Centre	Nairobi	1990	Shelter and counselling	Fee depends on individual circumstances	Battered women and girls	12 beds	Up to one month only
Kiltimagh Rescue Centre (GOAL)	Ruiru	2002	Shelter, counselling, non-formal education, medical care, social services, etc.	No fee	Abused (sexually, psychologically, emotionally) girls aged 4–18 and boys 4–12	40–60 per night (and siblings as necessary)	Min 4 months. Max 6 months. However period of stay may be less or more depending on the case
Netpowchy (A Sanctuary for Battered Women and Their Children)	Nairobi	2009	Shelter; peer counselling; group therapy; health promotion including HIV prevention, care and treatment; case management; client referrals	N/A	Battered women and their children	Capacity for 16 women and their children	N/A
Rescue Dada Centre	Nairobi	1991	Shelter, counselling and guidance, education, therapy activities	No fee	Street girls, abused girls and girls in remand	Max 70 girls	Up to one year (after which they do follow-up / reintegration into girl's community)

Tasaru Girls Rescue Centre	Narok	1999	Shelter, protection, education and skills training, reconciliation, counselling, education and information on alternatives	N/A	Girls escaping from FGM/FGC and early marriages	Capacity for 48 girls	N/A
Wholistic Caring and Counselling Centre	Ruiru	1994	Shelter, hospital, counselling, school for community (needy mostly)	100 Ksh/day for food; they run hospital and charges are based on services used	Pregnant girls and women in crisis	Capacity for 100 but funding only for 20–25 women (and their children)	According to need; in some cases 5–6 years
Women's Rights Awareness Program (WRAP)	Nairobi	1994	Shelter and other related services, e.g., counselling, informal teaching, lawyer, etc.	No fee	Abused women and children (boys and girls)	30	Maximum 6 weeks. Exceptions can be made for children to stay longer
Zabibu Centre	Ruiru	4 years	Shelter, education and vocational training	Fee depends on what the person can afford (edu. & vocational trainings expensive, up to 37,000 KSH). Most do not pay the entire sums	Girls (8–27 years—however they have a 3-year-old) with disabilities; those who have been sexually or physically abused, are orphaned or vulnerable	120 beds (no space for children)	Depends on the programme they are following (between 6 months to 1 year)

I. HELPLINES

Helplines are considered an essential support service for female victims of violence. Human-rights advocates recommend that there be at least one free, 24-hour helpline available nationwide and funded by national governments. Helplines can be useful for survivors of violence by enabling contact with someone who can assist them in an emergency or non-emergency situation. They should be available to any woman or girl,

provide support and crisis counselling, and have the capacity to refer women to shelters, counselling centres or the police. “Support by a helpline is often the first step to a safer life.”³⁵

In Kenya there is only one helpline for children; and there are none for women. Childline Kenya is a free 24-hour telephone helpline (116) that was launched in March 2008. The service, which is delivered by the government of Kenya in partnership with Childline Kenya, provides preventive and support services through referrals and school-outreach services. No such service for women exists.

J. VAW&G and HIV/AIDS

There is a growing concern, at both the international and regional levels, around the inter-linkages between HIV and violence against women. Research shows that a combination of biological, social, cultural and economic factors contribute to women's increased vulnerability to HIV infection. “In particular, gender inequalities prevent women from asserting power over their own lives and controlling the circumstances that increase their vulnerability to infection, particularly in the context of sexual relationships. Women are also physiologically more susceptible to becoming infected with HIV than men.”³⁶

Additionally some research shows a direct relationship between certain forms of violence against women and girls and the risk of HIV transmission: rape/sexual assault, sexual coercion, intimate partner violence, child marriage, trafficking, FGM/FGC, other harmful traditional practices, discrimination in property and inheritance rights, discrimination in education.³⁷ Not only are battered and abused women more susceptible to contracting HIV, but having HIV may lead to further violence and abuse. For example, women who disclose their HIV status to their partners may be battered or abused, thrown out of their marital homes, verbally abused, or ostracized by the community.³⁸

In Kenya, the prevalence rates for HIV and AIDS in almost all age groups is higher for girls and women than for boys and men. According to the latest data, 3 out of every 5 HIV-infected Kenyans are female. The difference between the sexes becomes even more pronounced with youth: women between the ages of 15 and 24 are 4 times more likely than men to be infected.³⁹ Particularly at risk are widows and divorced or separated women, who have prevalence rates of 31.8% and 14.6%, respectively. Young women also face higher risk levels for HIV infection compared to young men of the same age: the average HIV prevalence in women aged 15–49 years is 8.7%, compared to 4.6% in

³⁵ Brief by VAW (Violence Against Women Europe) to the UN Division for the Advancement of Women, Expert Group Meeting, *Violence Against Women: Good Practices in Combating and Elimination Violence Against Women*. Available at <http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/docs/background/wave.paper.pdf>.

³⁶ See The Kaiser Family Foundation's Overview on HIV/AIDS at <http://globalhealth.kff.org/Diseases/HIV/HIV-FAQs.aspx>.

³⁷ Jeanne Ward for UNFPA (2008).

³⁸ Ibid.

³⁹ National Aids and STI Control Programme, Ministry of Health, Kenya, *Kenya AIDS Indicator Survey (KAIS) 2007*, July 2008, p. 12–13.

men of the same age group.⁴⁰ Married couples in so-called stable relationships have higher HIV-prevalence rates (8% for women and 7% for men) compared to never-married persons (5.6% for women and 1.6% for men).⁴¹

Underlying the high prevalence rates for VAW&G are issues of poverty, gender inequality, gender-based and sexual violence and stigma. Discriminatory laws and practices make it harder for women to access land, homes and other property, which in turn, causes them to be vulnerable in times of crises, and exacerbates the devastation caused by HIV/AIDS since women may lose assets they need for their care.⁴²

Despite the links between HIV/AIDS and VAW&G, the mapping results indicate that there are few organizations working on these issues simultaneously, and that there is little coordination between organizations that work on the separate issues..

K. WORKING WITH PERPETRATORS

The mapping exercise found that the only organizations working with perpetrators are shelters. Some of them provide counselling services for perpetrators, as part of their programs to reintegrate victims and survivors into the family or community. That there are not more organizations working with perpetrators is a gap that should be addressed, to ensure a holistic and coordinated approach to VAW.

L. GENDER-VIOLENCE-RECOVERY CENTRES⁴³

Because of a recognized gap in medical and psychological care for victims/survivors of violence, four Kenyan hospitals offer emergency medical care and other services for victims/survivors of sexual assault: the Gender Violence Recovery Centres located at the Nairobi Women's Hospital (Nairobi), Coast General Hospital (Mombasa), and Kenyatta National Hospital (Nairobi); as well as the Centre for Assault Recovery of Eldoret, located at the Moi Teaching Hospital. These centres—of which there are clearly an insufficient number in the country—offer a variety of response services to victims/survivors (medical and forensic examinations, laboratory investigations, treatments, counselling, etc.), and conduct outreach services with communities on prevention and response to sexual, gender-based violence.

⁴⁰ Central Bureau of Statistics (CBS) Kenya, Ministry of Health (MOH) Kenya, and ORC Macro. *Kenya Demographic and Health Survey 2003*. Calverton, Maryland: CBS, MOH and ORC Macro, 2004.

⁴¹ UNAIDS. *Kenya Joint UN Programme of Support on AIDS 2007-2012*. UNAIDS, Kenya (2007), pp. 14 and 19.

⁴² Human Rights Watch. *Double Standards: Women's Property Rights Violations in Kenya*, Vol. 15, No.5(A), March 2003. United Nations Development Program (UNDP), *Kenya Human Development Index 2006*, pp. 5 and 16.

⁴³ The gender-recovery centers have not been "mapped" since they are not all considered to be part of civil society. However, due to the importance of their work, they have been included in this section of the report.

IV. CHALLENGES

The CSOs interviewed highlighted some of the challenges they face in their work and the improvements needed to advance women's rights in Kenya. Key among these are the need for more:

- Political goodwill, support, commitment and leadership about the allocation of resources to enhance women's rights (transportation, health);
- Financial support for organizations working on VAW&G;
- Sensitization to and training on women's rights for police, from the top of command structures down;
- Coordination of actors working on violence against women and girls;^{44 45}
- Services for survivors to help them become more economically independent: it is not enough to have a few shelters; they need access to basic materials, food, education, livelihood options and life skills;
- Outreach and more services outside Nairobi, including the need to enhance sustainability through community participation and local legitimacy;
- Sharing of research and baseline-study findings among CSOs, and more accurate and sex-desegregated data.

Other needs include the need for NGOs to balance the requirements of donors with the priorities of their communities, and the need for the institutional strengthening of NGOs to enhance transparency and service delivery.

V. RECOMMENDATIONS

The recommendations listed below are based on studies on best practices in VAW&G, and on the challenges, needs and gaps identified by the organizations mapped for our study.

A. RECOMMENDATIONS FOR UNIFEM/DONORS/OTHER UN AGENCIES

- Invest in long-term, multi-sectoral programmes;
- Invest in well-designed programme evaluations and research to improve existing knowledge on VAW&G;
- Support work done in partnership;
- Support efforts that engage community members through regular and mutually reinforcing messages from a variety of sources over a sustained period of time;
- Promote change at the individual, family, community and national levels;
- Promote programmes that challenge the norms that perpetuate violence;

⁴⁴ The children's sector seems to be better coordinated for sustained efforts.

⁴⁵ What coordination does occur is mostly Nairobi-centered. The Gender Commission is developing a national framework to help coordinate and monitor initiatives on gender-based violence by government and non-governmental actors in Kenya.

- Support programmes that involve young and adult men;
- Support mechanisms better coordinate activities, particularly those that identify CBOs working outside Nairobi;
- Target organizations that have outreach to the regions.

B. RECOMMENDATIONS FOR GOVERNMENT

- As a matter of urgency, enact into law the gender-sensitive bills that have been stagnating in Parliament, including the Matrimonial Property Bill, the Equal Opportunities Bill and the Domestic Violence (Family Protection) Bill;
- Conduct an audit of existing shelters, and use the results to draft national minimum-standard guidelines;
- Allocate secure, long-term government funding, or actively seek donor funding, to ensure that enough appropriate shelters are set up across the country in collaboration with the CSOs that are experienced in working on VAW&G. Ensure that the shelters are available to all women regardless of age, ethnic background, marital status, place of residence, etc.;
- Fast-track the pilot phase of the national legal-aid scheme and ensure that it provides free or subsidized services for VAW&G survivors;
- Establish at least one national, 24-hour, emergency telephone line, managed by qualified people, that is accessible to all victims of abuse and provides information, advocacy, support and crisis counselling.

C. RECOMMENDATIONS FOR CIVIL-SOCIETY ORGANIZATIONS

- Expand activities to provide outreach to more women and girls in rural areas;
- Integrate VAW&G components into existing programmes, particularly those targeting the HIV/AIDS community;
- Develop a mechanism to improve coordination between organizations working on the issue of women and HIV/AIDS and those addressing VAW&G;
- Engage a cross section of community members, making sure to involve young and adult men;
- Provide training for chiefs and local elders on women's human rights with a specific focus on VAW&G;
- Pursue efforts to train staff on human rights and VAW&G in core institutions, such as the police, the judiciary, health-care workers and teachers;
- Share baseline studies and all types of research on VAW&G with other civil-society organizations.