POLICYBRIEF

Creating a Gender Equitable & Inclusive Response to GBV in Kenya

Research Sites:
Nairobi and Tana River Counties, Kenya

Authors:
Anne Gathumbi, Gitahi Githuku, Jacqueline Hart, and Dennis Njunge,

Editor:
Manisha Thomas

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Collaborating Institutions providing advisory oversight

Tana River Core Working Group

1. Tawfiq Girls
2. Dayaa Women Group
3. Tana River GBV Foundation
4. Plan International-Break Free project
5. GROOTS Kenya
6. Pastoralist Girls Initiative
7. Girls for Girls Movement
8. Girl Child Self Help Group
9. Tana County Gender Technical Working Group
10. County Government of Tana River

Nairobi Core Working Group

1. Action Aid- Kenya
2. Centre For Rights Education and Awareness
3. Coalition for Grassroots Human Rights Defenders
4. Global Refugee Youth Network
5. HIAS
6. Refugee Consortium of Kenya
7. Pastoralists girls initiative
8. United Nations High Commission for Refugees
9. Women Human Rights Defenders Hub

Introduction

Gender-based violence (GBV) is a global health and human rights issue. During emergencies such as pandemics, conflicts, and natural disasters, the risk of GBV is higher amongst women, girls, persons with disabilities (PWDs), and minority groups. Kenya has been affected for decades by various crises within and outside its borders. Kenya hosts over 500,000 refugees and asylum-seekers in refugee camps and urban areas. Kenya's internal crises have led to the displacement of tens of thousands of persons over the years as a result of forced evictions, resource-based conflicts, political and ethnic violence, development-related displacement, a climate-related crises such as drought, locust invasions, floods, and pandemics. During displacement, access to basic social services is limited for vulnerable populations, exacerbating the risk of GBV against women and children – especially adolescent girls – and persons with disabilities. Despite the well-known risks of GBV in crises, GBV prevention, response, and risk mitigation are often inadequate. The Call to Action on Protection from Gender-Based Violence in Emergencies (Call to Action) was launched in 2013 to address this gap, with its 2021-2025 Call to Action Road Map committing to strengthen partnerships with local organizations, promote gender equality in humanitarian action, and support the leadership and empowerment of women and girls. The Generation Equality Platform also outlines GBV as a key priority.

The Critical Role of Local Organizations in GBV Responses

The importance of strengthening local capacities and improving partnerships between international and local humanitarian actors has been widely recognized in the humanitarian sector.

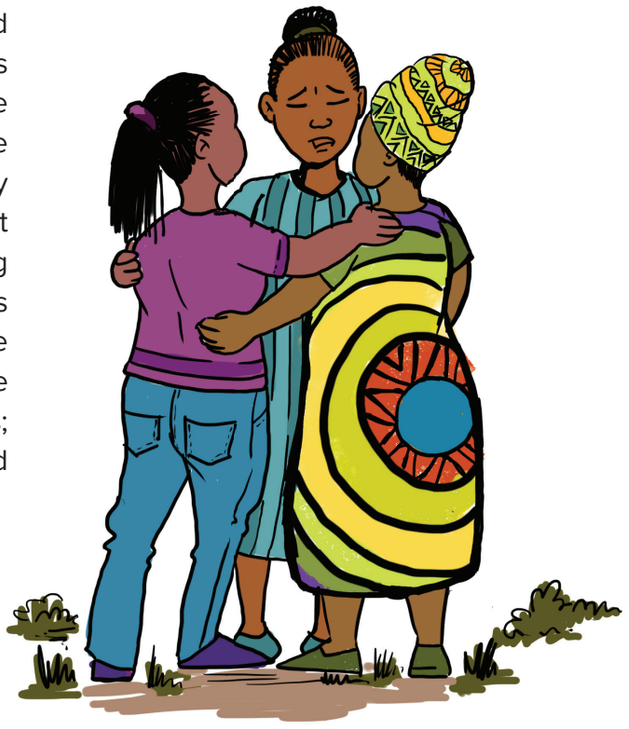
The Grand Bargain – A Shared Commitment to Better Serve People in Need, adopted at the World Humanitarian Summit (WHS) in 2016, includes commitments on localization, including the goal of achieving a "global, aggregated target of 25 percent of humanitarian funding to local and national responders as directly as possible to improve outcomes for affected people and reduce transactional costs" by 2020. Localization is central to the discourse on gender transformative and feminist humanitarian action as it draws attention to the roles of women and local women's organizations in humanitarian response. It also calls for increased support and space for local women's leadership as a key element of gender transformative work in crisis-affected countries.

In line with the Call to Action's goals, the Women's Refugee Commission, with support from the Danish Ministry of Foreign Affairs, launched a two-year feminist action research project working with key stakeholders to create gender-equitable and inclusive responses to GBV in Kenya in the counties of Tana River and Nairobi.[3] The research aimed to better understand the barriers and enablers facing women-led civil society organizations (CSOs) in their responses to GBV in crises and displacement.

Local Core Working Groups (CWGs) were created in each county to develop and implement an action plan for a gender-equitable, inclusive, and localized response to GBV in Kenya.[4] Evidence was collected through in-depth individual and group interviews, focus group discussions, desk research, and collected narratives. An observation checklist, developed based on the UNFPA Minimum Standards on GBV Response, helped capture critical areas of service delivery by GBV and humanitarian/emergency response service providers in the two counties

Findings and Recommendations from the Research

The research in Tana River and Nairobi showed that shifting to more decentralized approaches can better contribute to actions to eliminate GBV. The recommendations aim to support the decentralizing of resources for GBV – particularly in times of crisis – to those who do the most work and who are present in communities during humanitarian crises: the women, and sometimes men, referred to as "first responders." The findings and recommendations are of relevance to the Kenyan national and county governments; national and international NGOs; bilateral and multilateral donors; and foundations.



"...support the decentralizing of resources for GBV to those who do the most work and who are present in communities during humanitarian crises"

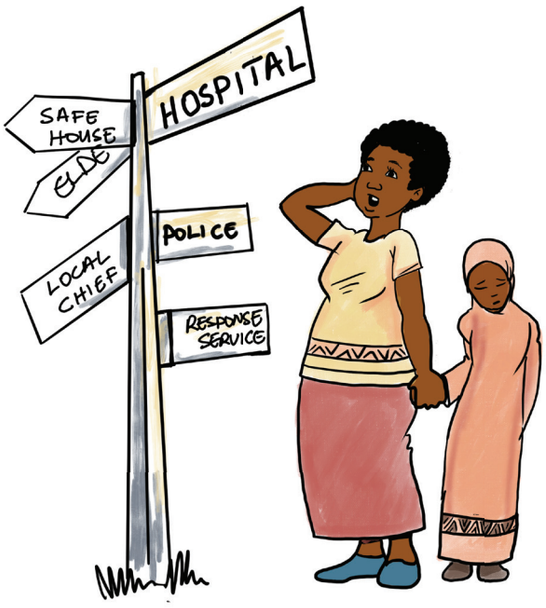
FINDING 1

GBV responses require standardization and improved coordination between government and CSOs

Numerous government institutions receive GBV referrals from CSOs, community-based organizations (CBOs), and survivors of GBV.3

The experience of GBV survivors in seeking justice can be traumatizing, given the multiple processes involving different actors. The study found that the coordination of GBV service delivery was lacking firstly among the government actors and secondly among other non-governmental referring entities.

Gaps also exist in the GBV services offered by the state institutions, despite their legal mandate to deliver these services. Civil society organizations (CBOs, CSOs, NGOs, and INGOs) and community leaders collaborate with state institutions to provide GBV response services to fill these gaps. Despite this collaborative



effort, some GBV services can only be provided by government institutions, requiring CSOs to play a strong advocacy role to shape government policies and interventions on GBV.

There is a lack of standardization in GBV services offered by various state and non-state actors. For example, there is no clarity on what a 'dignity kit' offered to a GBV survivor should contain or how a rescue shelter should be operated. Fragmented referral pathways make it difficult for a survivor to access services, with GBV survivors moving from place to place, e.g. police stations, health care facilities, or CSO programs and facilities, begging for GBV response services.

There are no clearly defined referral pathways, processes, or procedures that a GBV survivor or responder should follow to seek justice, risking potential extortion, abuse, or conflict. In court, the survivor must unfortunately narrate their ordeal before the judge/magistrate, prosecutor, and lawyer in the presence of the offender, leading to secondary trauma. Court processes take too long to adjudicate matters, with most survivors often giving up.

FINDING 2

Gaps in knowledge and integration of laws and policies on GBV

There is limited knowledge of the legal frameworks and policies on GBV at the national and county levels.

This knowledge was particularly low amongst respondents from community-based civil society organizations and community leaders, who were unable to point out the laws and policies that are useful in GBV interventions or how to implement them in their activities. Those with knowledge singled out the constitution of Kenya as the only legal document guaranteeing rights.

Respondents from state actors were more conversant with the legal and policy frameworks and how they apply them in the execution of their duties. However, they also pointed out GBV prevention and emergency response as gaps in these frameworks, as well as the lack of resources to facilitate the implementation of these laws and policies.

Policies are critical, as they are the basis of resource allocation by governments. Without a harmonized approach in law and policy, financial and human resource allocation is limited and insufficient to address GBV. An integrated response to GBV between development and humanitarian actors, as well as the sectoral policies guiding response, is currently missing. In Tana River and Nairobi, laws and policies to manage disasters and GBV simultaneously are not integrated. GBV and emergency prevention and response mechanisms are not harmonized.

FINDING 3

Social, cultural, and religious norms and attitudes impact GBV responses with minority groups facing greater challenges

Social, cultural, and religious beliefs and practices impact how and whether GBV survivors can receive GBV services, as was particularly evident in Tana River County.

Cultural and religious norms in communities, such as the Waldei, Pokomo, and Somali, bestow unquestionable authority on men, ignoring the rights and needs of women. In Islamic communities in Tana River, Sharia law bestows the power to solve all cases of a personal nature, i.e., matrimonial and divorce, within the Khadhi's Court. GBV cases that are considered criminal are handled by the Masla – an informal sitting that arbitrates domestic matters. Many cases are solved through the exchange of animals as tokens of repentance, ignoring the plight of the survivors and denying women a chance for justice.

Minority groups, and particularly LGBTQI+ communities, face even deeper cultural, social, and religious challenges. Traditionally, cultural, social, and religious norms and beliefs recognize marriage and sex as only between a man and a woman, with any contrary assertion being received negatively. Such cultures adopt conversion mechanisms. In many cases, terms such as 'sexual orientation' are taboo, leading to ex-communication and sometimes fatal mob justice. Respondents reported that some conversion therapy, such as rape, emotional and physical abuse, and forced marriages were in themselves GBV.

FINDING 4

GBV funding is inadequate and not easily available to local organizations

The study found that there was very little funding specific to GBV and even less for GBV in emergency crises.

At the time of the study, only one NGO in Tana River had specific GBV funding targeted to the COVID-19 pandemic. Respondents noted that their entities were fully dependent on partnerships, grants, and donors to fund GBV services.

The bulk of GBV funding was found to be held by INGOs, which then funded local CSOs to work on GBV interventions that align with the INGO's strategies. Local NGOs that had GBV responses during emergencies did so with no GBV-specific funding. They had to contextualize and design GBV interventions within their core areas of focus and then stretch it to emergencies. When funding was available, it was for a very short time (in many cases not beyond one year), presenting an even greater challenge.

No formal mechanism exists to provide resources directly to first responders to address GBV in emergencies in Nairobi or Tana River. While first responders who collaborate with INGOs/NGOs receive stipends, trainings, and cooperative linkages with other stakeholders to facilitate GBV responses, the majority of responders continue to volunteer and use personal resources to facilitate service provision.

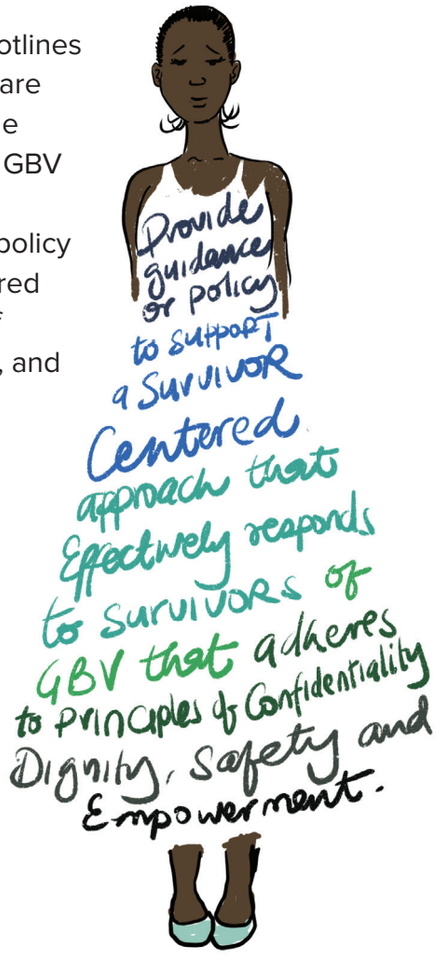
Noting the role that first responders play, the decentralization of resources, including financing, government services (i.e., health and police services), legal knowledge, and access to justice services is an important resilience measure to ensure continuous response. When community members receive GBV services, it increases awareness and courage to come forward and report incidents of GBV. Inadequate legal knowledge and representation are major limitations for both survivors and responders, limiting the pursuit of justice unless organizations offer pro bono legal representation.

FINDING 5

Disjointed data collection and integration of official and Citizen generated data

GBV data is limited and scattered among different state and non-state actors. Data collected by hospitals and police stations are rarely transferred to stakeholders and it is not consistently processed to support decision-making.

Within CSOs, multiple reporting was highlighted as a common phenomenon. For example, a desperate survivor calls all the hotlines and other accessible avenues looking for support. These calls are included in the data, but the calls are presented distinctly by the organizations running the hotlines, resulting in a duplication of GBV incidents and a reduction in the accuracy of the data on GBV.
The study further found no articulation of a data management policy or guidelines that would ensure adherence to a survivor-centered approach that effectively responds to the needs of survivors of GBV that adheres to principles of confidentiality, dignity, safety, and empowerment.



General GBV and GBV in emergencies are treated the same, despite different aspects, making it harder to establish data on cases of GBV in emergencies. The study found that data – critical about the allocation of resources and decision-making – was held across more than 15 public and private actors who address GBV. The only official data source of GBV statistics is the 2014/2015 Kenya Demographic and Health Survey, which, paradoxically, informs current decision-making, planning, and resource allocation.
Some of the above recommendations are already being undertaken by local organizations working to address GBV, as shown by the outcomes from Tana River and Nairobi counties.

Recommendation 1 to government on GBV responses standardization and improved coordination between government and CSOs

1. Coordinate GBV service provision: Establish a coordination mechanism at the county level, bringing together state and non-state actors to improve service provision for GBV survivors during emergency responses.
2. Coordinate between responders and the legal/justice sector: Improve the collaboration between humanitarian response organizations and health, justice and law enforcement sector actors by including first responders and survivors of GBV into the local court users' committees to better meet the needs of GBV survivors during emergencies.
3. Develop national referral pathway guidelines: The national government should, in line with its mandate, develop National Referral Pathway Guidelines for the prevention and response to GBV. The guidelines would provide information on how primary duty bearers and actors should respond to GBV cases and help guide GBV survivors on where they can seek assistance and what services are available at different referral points. The guidelines would ensure the quality of services a GBV survivor should expect to receive.
4. Develop national guidelines for GBV shelters and sensitize all stakeholders on them: The national government should develop national guidelines for the establishment and management of GBV Shelters for the protection of GBV survivors. The guidelines should include minimum standards and procedures for public and private actors running GBV Shelters.

Recommendation 2 to CBOs, NGOs, and INGOs on GBV response, standardization and coordination

1. Develop linkages between first responders and CSOs: Develop clear collaborative linkages between first responders in communities and the CSOs delivering different services to enhance the success levels of addressing GBV cases, including during emergencies.
2. Provide training for GBV response services to first responders, CBOs, community leaders, and local NGOs to enhance their skills in GBV response in emergencies.

Recommendation 3 to Government on law and policy reform

1. Sensitize all stakeholders, including the public, on the enacted laws and policies on GBV in emergencies
2. Provide training and sensitize state actors on GBV services during emergencies on the existing laws and policies to increase their capacity to effectively provide services to survivors.
3. Harmonize laws and policies relating to GBV: Undertake a review of all relevant laws and policies relating to GBV in emergencies and establish a multi-stakeholder forum bringing various actors in the humanitarian space to develop proposals on harmonizing the laws and policies.
4. Harmonize disaster response and gender policies: Both national and county governments to harmonize disaster response and gender policies to ensure GBV responses in emergencies are included and the role of first responders to GBV is recognized.
5. Strengthen inter-governmental mechanisms to improve GBV responses: Strengthen the inter-governmental mechanisms on disaster response between national and county governments to improve GBV responses by the state in counties.

Tana River County Working Group Advocacy Road Map

Activity	Status
County government commitment to develop a gender policy	Secured
First draft of county gender policy with GBV integration	In Progress
County disaster response policy to incorporate a GBV response	Revised
Training of first responders	Complete
Policy to include naming gender champions	Complete

Recommendation 4 to government on data collection and integration for evidence-based decision-making

1. Coordinate the GBV reporting and complaints mechanisms to enhance efficiency and to provide accurate data on the GBV situation in every county, while also distinguishing GBV in emergencies.
2. Develop and support a coordinated approach to data collection and management by government and support the available data infrastructure to routinely collect data on GBV disaggregated by area of occurrence.
3. Create a centralized GBV database that distinguishes GBV in emergencies: Government to create a centralized database and coordinate GBV reporting and complaints mechanisms by all actors in GBV response to enhance efficiency and provide accurate data on the GBV situation in every county, while also distinguishing GBV in emergencies.
4. Create a GBV data and knowledge management policy or guidelines anchored on a survivor-centered approach that upholds principles of confidentiality, dignity, safety, and empowerment.

Recommendation 5 to Government, CSOs, INGO's on harmful social, cultural, and religious norms and inclusive service delivery

1. Undertake GBV education/awareness/ localized campaigns to sensitize state actors involved in GBV response such as police, health workers, local administrators, on social, cultural, and religious beliefs that increase the risk of GBV during humanitarian crises.
2. Conduct community-level workshops, educational programs, and localized campaigns to sensitize community members on harmful and negative gender stereotypes that exacerbate GBV and involve men and women to combat harmful social norms aimed at challenging toxic masculinities and dismantle harmful gender stereotypes.
3. Facilitate access to GBV services for all, regardless of status: Advocate for public policies and strategies that include facilitation of access to GBV service delivery for excluded communities, including refugees, undocumented immigrants, and criminalized populations such as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex – LGBTQI+.

Recommendation 6 to funders, multilateral agencies, government, and INGOs.

1. Increase funding to local organizations for GBV services: Increase funding to local CBOs and CSOs for GBV service delivery in emergencies.
2. Fund capacity development needs of first responders: Designate funding for supporting the capacity development needs of first responders, including training on organizing and proposal development for funding for their activities.
3. Increase government funding for GBV services: Increase government resourcing for GBV services, including specific funding for GBV responses in emergencies.
4. Fund first responders to support undocumented immigrants: Fund first responders, including local CBOs and CSOs, for outreach and service provision to undocumented immigrants, as they are the first point of contact with this vulnerable population, which experiences high levels of violence.

Nairobi County: Research Working Group Advocacy Road Map

Activity	Status
Theory of change gbv integration In emegence response	Complete
Donor roundtable to share research findings and seek funding for joint activities	Ongoing
Referral pathways between Organisations for GBV	Strengthened
Mapping & service improvemtn of Safe houses for GBV survivors	Identified & Supported
60 first responders trained in laws, policies, and referral pathways as GBV champions	Complete
Proposal for joint work by first responders/ GBV Champions	Complete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