GENDER-BASED VIOLENCE TRAINING RESOURCE PACK

A Standardized Training Tool for Duty Bearers, Stakeholders, and Rights Holders

United Nations
KENYA
Umoja ni Nguvu

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Planet 50-50 by 2030
Step It Up for Gender Equality

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Embassy of Finland
Nairobi

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United Nations Resident Coordinator in Kenya

FOREWORD

The Joint Programme on the Prevention of and response to Gender-based Violence brings together 14 government ministries, 14 UN agencies, and other stakeholders in Kenya. The multifaceted nature of GBV lends itself to a multipronged approach involving a number of stakeholders. No single government ministry, UN agency, or civil society organization can address GBV on its own. This joint programme utilizes synergies and agencies' comparative advantages to contribute to achievements that are greater than the sum of individual efforts.

The joint programme is firmly grounded in the National Policy on the Prevention of and Response to GBV, seeking to accelerate its implementation by prioritizing key interventions. The CEDAW Committee's concluding observations on Kenya's seventh periodic report in 2011 recommended that the following areas be addressed: continuous legal education and training of judges, magistrates, lawyers, and prosecutors to firmly establish a legal culture supportive of women's equality; and improving women's access to justice. This will be harnessed through this resource pack, which is a 'one-stop shop' of consolidated information for use by state and non-state GBV prevention actors, including health, psychosocial, legal/justice, and security service providers. It highlights unique sector roles, responsibilities, and actions, while demonstrating their inter-connectedness and cross-cutting functions. This resource pack further seeks to empower all duty bearers to effectively respond to the needs of GBV survivors.

By providing a common approach for addressing GBV, this resource pack purposes to align and harmonize all actions implemented by diverse institutions in the areas of awareness raising, training, coordination, service delivery, referrals, documentation, and reporting. It is a guide for duty bearers (policymakers, service providers, and other stakeholders) in developing new GBV programmes and strengthening existing ones, and a useful resource for rights holders in claiming their rights, including access to information, health, and justice.

This document complements existing national policies, standards, guidelines, and procedures. Through it, we hope to not only increase knowledge, but equally enhance positive and collaborative behaviour, norms, and attitudes for effective GBV prevention and response. Finally, we thank the development partners and stakeholders who have continued to support programmes addressing GBV and for their contributions to this document. This resource pack marks a longer journey that we must all walk. We are firmly convinced that, if all of us are committed as individuals, families, communities, and institutions – and as a nation – we can eliminate GBV.

Prof Margaret Kobia, PhD, MGH
Cabinet Secretary, Ministry of Public Service, Youth and Gender Affairs

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
DPP	Director of Public Prosecutions
DSW	Deutsche Stiftung Weltbevölkerung
FEMNET	African Women's Development and Communication Network
FIDA	Federation of Women Lawyers
GBV	Gender-based violence
HAK	Healthcare Assistance Kenya
HIV	Human immunodeficiency virus
LVCT	Voluntary Counselling and Testing (organization)
NGEC	National Gender and Equality Commission
ODPP	Office of the Director of Public Prosecutions
P3 form	Kenya Police Medical Examination Form
PRC	Post-rape care
SDG	Sustainable Development Goal
SGBV	Sexual and gender-based violence
SOP	Standard operating procedure
TSC	Teachers Service Commission
TFSOA	Task Force on the Implementation of the Sexual Offences Act
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAW	Violence against women

INTRODUCTION

This section provides background on gender-based violence (GBV) and introduces this training resource pack. It states why the resource pack was developed, the process involved, the target audience, the training objectives, and the expected outcomes. The introduction also sets out the context in which this tool was developed.

Background

Gender-based violence is a global issue. GBV is a life-threatening health and human rights issue that can have a devastating impact on women, men, boys, and girls, as well as families and communities. Although GBV affects women, girls, men, and boys, women and girls are disproportionately affected. There is a direct correlation between women's and girl's subordinate status in society and their greater vulnerability to violence.

Thus, within the context of GBV lies violence against women and girls. The Declaration on the Elimination of Violence against Women (1993) defines violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'. In Kenya, according to the Kenya Demographic and Health Survey 2014, women are more likely to experience physical violence committed by their spouse/partner than men, and 38 per cent of ever-married women aged 15 to 49 have experienced physical violence committed by their husband/partner.[1] The same survey found that 9 per cent of ever-married men aged 15 to 49 have experienced physical violence committed by their wife/partner.[2]

GBV is also prevalent in public life and in politics. After the 2017 elections, the Kenya National Commission on Human Rights reported 131 incidents of election-related sexual and gender-based violence in 2017; out of these, 122 were directed at women and 9 at men and boys.[3] The national multisectoral GBV helpline 1195 (operated by Healthcare Assistance Kenya and established to monitor GBV during the 2017 elections) received reports of 281

1 Kenya Demographic and Health Survey, 2014.
2 Ibid.
3 Kenya National Commission on Human Rights, *Still a Mirage: A Human Rights Account of the Fresh Presidential Election*; Kenya National Commission on Human Rights statement of 19 March 2018; Akiwumi Report (1999); Human Rights Watch, *They Were Men in Uniform* (2017).

cases of violence; 152 of these were election-related violence directed at women, while 125 were directed at men and boys. The national Elections Observation Group noted and condemned threats and violence directed at women aspirants during the 2017 pre-election and election period.[4]

Children too are not spared GBV. It is estimated that over 1 billion children globally experience physical, sexual, or emotional violence each year.[5] The magnitude of the problem is greater in Africa, where a study by UNICEF[6] found that, of the almost 95,000 children and adolescents under the age of 20 who were victims of homicide globally in 2012, western and central Africa accounted for 23,400, while eastern and southern Africa accounted for 15,000, making a total of 38,400 child/adolescent homicide cases in Africa that year alone. The 2010 Violence against Children Survey in Kenya reported that at least 32 per cent of females and 18 per cent of males had experienced sexual violence during childhood, and only 3.4 per cent of females and 0.4 per cent of males received any services.[7]

Results of a study[8] based on responses from males and females aged 18 to 24 indicate that lifetime exposure to childhood violence is very high, with nearly one in every three females and one in every five males experiencing at least one episode of sexual violence before reaching the age of 18.

The experiences of gender-based violence can affect young people's attitudes towards violence and predispose them to risky behaviours as well as problems with emotional health. The study shows[9] that two in every three females and three in every four males have suffered at least one episode of physical violence.

GBV is grounded on socially assigned (gender) differences between males and females. 'Gender' is a concept that denotes social differences between women and men that have been constructed and learned; they are changeable over time and have wide variations both within and between cultures. These learned constructs are reinforced through interactions in the home, the community, and institutions. GBV often results from power hierarchies and structural inequalities created and sustained by belief systems, cultural norms, and socialization processes.[10]

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4 Elections Observation Group, *One Country, Two Elections, Many Voices: The Kenya 2017 General Elections and the Historic Fresh Presidential Elections*, Observation Report, pp. 91 and 107.
5 WHO (INSPIRE), *Seven Strategies for Ending Violence against Children*, 2016.
6 UNICEF, *Hidden in Plain Sight: A Statistical Analysis of Violence against Children*, New York, 2014.
7 UNICEF, *Violence against Children in Kenya*, 2010.
8 J. Keesbury, W. Onyango-Ouma, C. Undie, C. Maternowska, F. Mugisha, E. Kahega, I. Askew, *A Review and Evaluation of Multi-sectoral Response Services ('One-stop Centres') for Gender-based Violence in Kenya and Zambia*, Nairobi: Population Council, 2012.
9 Ibid.
10 International Rescue Committee, *Tackling Gender-based Violence in Kenya: A Training Handbook*, 2015.

Table 1: Analysis of GBV reported cases between 2015 and October 2018 by HAK (Helpline 1195) per type of abuse, gender, and age

Type of abuse	*Female*							*Male*							*Grand total*
	0–5 years	6–10 years	11–15 years	16–17 years	18–29 years	30–45 years	46 and above	0–5 years	6–10 years	11–15 years	16–17 years	18–29 years	30–45 years	46 and above	
Rape	0	0	0	0	171	31	11	0	0	0	0	5	1	0	*219*
Defilement	90	163	323	121	0	0	0	1	0	1	0	0	0	0	*699*
Sexual harassment	4	1	15	9	14	4	1	0	3	1	0	0	1	0	*53*
Sodomy	0	1	2	0	0	4	1	9	17	10	3	8	1	2	*58*
Physical assault	21	39	43	40	968	723	87	28	40	38	9	36	41	18	*2,131*
Forced marriage	0	1	44	50	0	0	0	0	0	0	0	0	0	0	*95*
Child neglect	529	384	212	68	0	0	0	459	315	180	80	0	0	0	*2,227*
Child labour	0	4	7	6	0	0	0		2	7	2	0	0	0	*28*
Child abandonment	29	17	6	4	0	0	0	31	12	9	2	0	0	0	*110*
Child abduction	42	36	38	34	0	0	0	35	27	13	2	0	0	0	*227*
Female genital mutilation	1	12	17	7	3	2	0	0	0	0	0	0	0	0	*42*
Psychological torture	40	47	77	73	1,372	1,214	201	54	44	18	14	233	283	77	*3,747*
Economic abuse (denial of resources)	43	41	45	9	232	251	48	45	30	19	14	17	2	4	*800*
Economic abuse (denial of opportunity)	27	29	46	12	24	10	0	20	23	27	18	20	1	1	*258*
Custody and maintenance	2	2	0	0	1	2	0	6	5	1	0	0	0	0	*19*
Grand total	**828**	**777**	**875**	**433**	**2,785**	**2,241**	**349**	**688**	**518**	**324**	**144**	**319**	**330**	**102**	**10,713**

Analysis in Tables 1 to 4 by Healthcare Assistance Kenya (HAK) of information received on its helpline platform between January 2018 and October 2018.

Table 2: Analysis of violence against older persons as reported by HAK for the period between January 2015 and October 2018

HAK Helpline 1195 analysis per type of abuse, gender, and age among the elderly

Type of abuse	*Female*						*Male*						*Grand total*
	46–50 years	50–55 years	56–60 years	61–65 years	66–70 years	70 and above	46–50 years	50–55 years	56–60 years	61–65 years	66–70 years	70 and above	
Psychological torture	90	201	125	75	81	151	92	77	10	5	16	50	*973*
Physical assault	48	87	94	166	46	85	41	18	20	34	0	0	*639*
Denial of resources	96	48	129	85	89	100	2	4	10	0	8	0	*571*
Denial of opportunity	10	40	20	57	93	64	1	1	0	0	0	0	*286*
Rape	32	61	50	74	33	23	1	0	0	0	0	0	*274*
Sexual harassment	4	1	40	17	48	94	1	0	0	0	0	0	*205*
Sexual abuse	4	1	0	10	7	0	1	2	20	6	12	0	*63*
Custody and maintenance	2	9	0	0	0	0	0	0	0	0	0	0	*11*
Female genital mutilation	2	0	0	0	0	0	0	0	0	0	0	0	*2*
Grand total	**288**	**448**	**458**	**484**	**397**	**517**	**139**	**102**	**60**	**45**	**36**	**50**	**3,024**
	2,592						**432**						

The table above affirms that GBV cuts across all ages and affects both men and women, although women are most vulnerable.

Table 3: Analysis of violence against young persons as reported by HAK for the period between January 2015 and October 2018

HAK Helpline 1195 analysis per type of abuse, gender, and age in young people

Type of abuse	*Female*					*Male*					*Grand total*
	0–5 years	6–10 years	11–15 years	16–17 years	18–29 years	0–5 years	6–10 years	11–15 years	16–17 years	18–29 years	
Psychological torture	40	47	77	73	1,372	54	44	18	14	233	*1,972*
Child neglect	529	384	212	68	0	459	315	180	80	0	*2,227*
Physical assault	21	39	43	40	968	28	40	38	9	36	*1,262*
Economic abuse (denial of resources)	43	41	45	9	232	45	30	19	14	17	*495*
Defilement	92	163	323	121	0	0	0	0	0	0	*699*
Economic abuse (denial of opportunity)	0	56	46	12	24	20	23	27	18	20	*246*
Child abduction	42	36	38	34	0	35	27	13	2	0	*227*
Rape	0	0	0	0	176	0	0	0	0	0	*176*
Child abandonment	29	17	6	4	0	31	12	9	2	0	*110*
Child marriage	0	1	44	50	0	0	0	0	0	0	*95*
Sexual abuse	0	1	2	0	0	9	17	10	3	8	*50*
Sexual harassment	4	1	15	9	14	0	3	1	0	0	*47*
Female genital mutilation	1	12	17	7	3	0	0	0	0	0	*40*
Child labour	0	4	7	6	0		2	7	2	0	*28*
Custody and maintenance	2	2	0	0	1	6	5	1	0	0	*17*
Grand total	**803**	**804**	**875**	**433**	**2,790**	**687**	**518**	**323**	**144**	**314**	**7,691**

Table 4: Analysis of cyber violence by Healthcare Assistance Kenya (HAK) from information received on its helpline (1195) between January 2015 and October 2018

HAK Helpline 1195 cyber violence analysis

Type of abuse	*Female*				*Grand total*
	18–29 years	30–45 years	46–50 years	50–55 years	
Social media violence	13	12	4	9	*38*
Harassment/ spamming	9	12	16	7	*44*
Threats of physical violence via phone	8	5	9	2	*24*
Death threats via SMS/text	3	5	1	6	*15*
Grand total	**33**	**34**	**30**	**24**	**121**

Gaps and challenges in the prevention of and response to gender-based violence

Despite the measures put in place by the government and partners to address the high prevalence of GBV, there are still challenges and gaps in prevention and response. These have been identified by the Joint Programme on the Prevention of and Response to Gender-based Violence as follows:

A. Prevention

1. Vast geographical area of coverage, in contrast with the limited critical services offered by the few organizations working on GBV prevention.
2. High levels of illiteracy in some areas.
3. Ignorance of the laws and policies on GBV and understanding of the various institutions and support mechanisms available for GBV survivors, in some settings.

4. Limited capacity of some of the stakeholders carrying out awareness programmes.
5. Absence of a harmonized and updated national curriculum and a manual on GBV that would allow for such information to be disseminated.
6. Entrenched religious and cultural beliefs that perpetuate negative stereotypes, discrimination, and gender inequality.
7. Existing sociocultural norms around gender and masculinity and the power dynamics between men and women pose a great challenge to GBV eradication efforts.
8. Duplication of activities due to limited collaboration and coordination among the actors.
9. Limited integration of GBV interventions.
10. While services have been established, the quality of the services varies, and the availability and accessibility of these services is limited, especially for adolescent girls, as well as women and girls who experience multiple and intersecting forms of discrimination, such as refugees, the elderly, sex workers, those from marginalized communities, those living with HIV, and those with disability.
11. Inadequate knowledge among GBV survivors about essential services.
12. Inadequate knowledge about both the availability of services and the service providers. These services include medical, legal aid, shelter, and psychosocial services.
13. GBV experienced by men and boys is trivialized, hence impacting negatively on efforts to prevent and respond to GBV generally.

B. Protection (response)

1. Weak enforcement of existing laws and policies due to limited legal knowledge from duty bearer as well as rights holders.
2. Inadequate policies to deal with certain types of GBV such as child marriage.
3. Weak referral mechanisms and structures due to cross-sector coordination on GBV work in some counties.
4. Limited and inadequate facilities for GBV survivors, such as shelters/safe houses, health facilities with equipment to treat victims of GBV, and safe environments in the courts such as separate waiting areas for GBV victims.[11]
5. Weak focus on GBV in emergencies and humanitarian settings.

11 'Victim' is used here because this is the term used in law – see for example Criminal Procedure Code, Chapter 75, Laws of Kenya, Victim Protection Act No. 17 of 2014 – though 'survivor' is the term used in medical and social contexts.

C. Prosecution

1. Late reporting of GBV cases due to stigma and fear of reprisals.
2. Inadequate capacity among the various service providers (e.g. medical practitioners and police) to collect, preserve, analyse, and store evidence.
3. Ineffective enforcement of the laws and deficient goodwill to prosecute cases due to interference with the legal processes (to compromise cases), corruption, and out-of-court settlements.
4. Inadequate expertise among police investigators during investigations of GBV cases.
5. Inadequately resourced gender desks in police stations and inadequate representation of such desks in all police stations (limited human resources and public awareness of the gender desks, insufficient financial resources, and limited geographical scope of the desks).[12]
6. Insufficient funds for following up cases – for example, for P3 forms and for hospital and court attendance – which makes it difficult for survivors to take their cases further and find justice through their conclusion.
7. Loss of confidence by survivors in the legal system, which leads to under-reporting GBV cases. Lengthy procedures and extensive time frames for the prosecution of cases discourage many victims from following through the whole legal process.
8. Inadequate facilities at the courts to protect victims – for example, a waiting room and a protection box for witnesses, as well as audio/video testimony options that would protect survivors from re-traumatization and intimidation.
9. Inadequate capacities of various actors in the criminal justice process – this includes police, prosecutors, and judicial officers. This is due to inadequate knowledge of the laws and procedures and limited training opportunities in handling victims of GBV.

D. Coordination

1. Weak coordination mechanisms – this includes weak or non-existent GBV networks in many counties.
2. Weak sectoral coordination and collaboration from the national level to the county level to the community at large, and across services and sectors.
3. Absence of a sustainability framework for GBV prevention and response – GBV prevention and protection work tend to be short term and unduly linked to and modelled after

12 Kirsten Dimovitz, 'Exploring Gender-based Violence Management in Nairobi' (2015), p. 12.

development partners' programme/project cycles. The work around GBV can be sustained by linking GBV-specific activities to existing long-term initiatives, such as health, economics, and capacity-building initiatives, to ensure effective resource utilization to address GBV.

E. Funding and resource allocation

1. Inadequate funding from both the national and county governments for GBV prevention, response, and monitoring. This calls for an integration of gender-responsive budgeting into the national and county governments.
2. Inadequate resource allocation by county governments.
3. Failure to tap into and leverage existing opportunities for resource mobilization through other sectors.

F. Data management and research

1. Weak national and county monitoring and evaluation systems for GBV data management to assist policy and decision making.
2. Weak proper documentation of and data collection on GBV cases.
3. Limited use of statistical data and evidence about GBV to inform effective programming and partnerships.
4. Weak partnerships with academia to formulate evidence-based GBV interventions.
5. Absence of a centralized data collection centre/institution – data exists in specific sectors, but is not easily accessible. The National Gender Research and Documentation Centre that was created to facilitate data collection is still fledgling.

Responding to GBV needs to be comprehensive, integrated, continued, coordinated, multisectoral, and across all levels of response. Duty bearers and rights holders need to understand the contexts, underlying root causes, consequences, and factors that contribute to and exacerbate various forms of violence so as to ensure favourable social norms, attitudes, and behaviours at individual, community, institutional, and societal levels for proper prevention of and response to GBV. Survivors must be at the centre of this process towards the prevention of and response to GBV.

Furthermore, duty bearers and rights holders need to understand the existing legal and institutional structures for preventing and responding to GBV. This can help in ensuring that GBV laws, policies, and regulations/guidelines are in line with international instruments and regional standards on GBV and the Constitution of Kenya. At the same time, the rights holders will be able to successfully advocate for the effective implementation of GBV laws and policies while the capacity of duty bearers is strengthened to implement policies, legislation, and regulatory frameworks on GBV.

In addition, there will be improved utilization of quality essential GBV services when the capacity of national and county institutions is enhanced and the capacity of service providers is strengthened to provide quality, coordinated services, to collect and use data ethically, and to improve the accessibility of GBV services to survivors, who must be at the centre of all these actions. Thus, this resource pack is premised on the 'leave no one behind' principle, where the survivors are central in determining services and programmes, which are based on the Sustainable Development Goals.

The Sustainable Development Goals (also known as the Global Goals) that are of importance to programming around GBV include the following:

- **Goal 5:** The elimination of all forms of violence against women and girls and of harmful practices, as central to the achievement of gender equality and the empowerment of all women and girls.
- **Goal 1:** Violence against women costs countries billions and keeps women and children in poverty.
- **Goal 3:** GBV causes death and disability and affects the health and well-being of women and children.
- **Goal 4:** Violence can limit girls' access to education.
- **Goal 6:** Women and girls in many settings risk being raped and sexually assaulted when trying to access clean water and sanitation.
- **Goal 11:** Violence limits women's ability to actively participate in public life and public spaces.
- **Goal 16:** Violence continues to be perpetrated with impunity in almost all countries.

Context

The Government of Kenya, in collaboration with partners, has shown a strong commitment to GBV prevention and response. This includes the ratification of various human rights instruments, such as the Convention on the Elimination of All Forms of Discrimination against Women, the development and adoption of requisite policies, the enactment of pertinent legislation, the establishment of institutional and coordination mechanisms, the provision of technical support, the provision of capacity building and services, the implementation of advocacy campaigns, and the creation of awareness.

Despite these measures, persistent gaps and challenges in the prevention of and response to GBV still remain. These include the following:

- Limited knowledge of service providers who are working on GBV issues.
- Persisting cultural practices and social norms that significantly impair the prevention of GBV.
- Inadequate protection of GBV survivors and inadequate prosecution due to various factors, including weak investigations, limited legal aid to survivors, and inadequate capacity and resources to law enforcement agencies for effectively discharging their mandate.
- Weak partnerships on efforts to prevent and respond to GBV, which is evident in the duplication of activities, the inadequate use of existing data on GBV, and the limited empirical and cogent monitoring and evaluation framework at both national and county levels.

In order to address these challenges, the Government of Kenya, through the Ministry of Public Service, Youth and Gender Affairs and in collaboration with the United Nations and partners, developed a four-year programme on the prevention of and response to GBV. The three intended outcomes for the four-year programme (2017–2020) are as follows:

Outcome 1 aims to improve Kenya's legislative and policy environment so that it is in line with international and regional standards on GBV. There are three anticipated outputs: rights holders are able to successfully advocate for the effective implementation of GBV laws and policies; GBV laws, policies, and regulations/guidelines are in line with the Constitution of Kenya; and the capacity of duty bearers is strengthened to implement policies, legislation, and regulatory frameworks on GBV.

Outcome 2 aims to ensure Kenya has favourable social norms, attitudes, and behaviours at institutional, community, and individual levels for the prevention of and response to GBV.

There are two anticipated outputs: increased awareness and a shift towards cultural norms that promote gender equality among men, women, boys, and girls; and gender equality and GBV prevention and response messaging and programmes are integrated into formal and non-formal education curricula.

Outcome 3 seeks to improve the utilization of quality essential GBV services. There are four anticipated outputs: enhanced capacity of national and county institutions to provide quality GBV services; strengthened capacity of service providers to provide quality, coordinated services and to collect and use data in an ethical manner; improved accessibility to GBV services (including safe protective spaces for women and girls) by survivors in conflict/emergency and humanitarian settings; and medical and rehabilitation services for perpetrators of GBV.

This training resource pack contributes to the realization of the three outcomes above. It is also important to note that through Medium-term Plan III, Vision 2030 has earmarked the prevention of and response to GBV as a flagship programme under the social pillar of women, youth, and vulnerable groups.

Objectives of the training resource pack

This collated, harmonized, and standardized training resource pack is to be used as the key training document to guide duty bearers and stakeholders and rights holders on the prevention of and response to GBV in Kenya.

It is expected that the resource pack will contribute to a survivor-centred and gender-responsive environment that ensures the following outcomes:

- GBV laws, policies, and regulations/guidelines are in line with international standards and the Constitution of Kenya.
- Empowered rights holders are able to (successfully) advocate for the effective implementation of GBV laws and policies.
- The capacity of duty bearers to implement policies, legislation, and regulatory frameworks on GBV is strengthened.
- Respectful and favourable social norms, attitudes, and behaviours at institutional, community, and individual levels exist for the prevention of and response to GBV.
- Access to quality and essential GBV services is improved.
- The capacity of service providers to provide quality, coordinated services and to collect and use data in an ethical manner is strengthened.

- Access to GBV services for survivors (including to safe protective spaces) is improved in conflict/emergency and humanitarian settings.
- Access to medical, psychosocial, and rehabilitation services is improved for perpetrators of GBV.

About the training resource pack

This resource is intended to be used as a national tool for transformation in the prevention of and response to GBV. It is a comprehensive, standardized training tool for GBV duty bearers, rights holders, and stakeholders. It is intended to be a key training document for the prevention of and response to GBV. It seeks to contribute to building the capacity of duty bearers and other actors to effectively prevent and respond to GBV at all levels of society. It is based on the understanding that GBV is a cross-cutting issue affecting the lives of children, young people (girls and boys), women, and men in diverse dimensions, including health, economy, culture, psychology, education, livelihoods, and politics.

This pack has been developed as a national resource for equipping users with uniform information to enhance coordination, capacities, and skills to better handle GBV. It defines minimum actions as defined in international instruments to uphold a survivor-centred, rights-based approach on GBV. It also harmonizes and standardizes the main elements of various existing training materials on GBV developed by different institutions, such as standard operating procedures for police and others, the *Duty Bearers Handbook for Prevention and Response to Gender-based Violence*, and the *Essential Services Package for Women and Girls Subject to Violence*. The resource pack also draws heavily from the UNHCR GBV training manual in the definition of terms, and from *Against Patriarchy: Tools for Men and Boys to Further Gender Justice* regarding the causes and consequences of GBV and engaging men in mitigating gender-based violence. The full extent of the materials collated and harmonized is contained in Module 2, which lists companion guides and key resources.

Process of development of the resource pack

This resource pack was developed through an intense consultative process over 12 months. The National GBV Working Group conducted the process with government and non-governmental organizations, UN agencies, and community-based organizations. The process entailed mapping and reviewing existing materials as well as validation of the draft document by stakeholders.

The following entities played a part in this process.

- UN organizations: lead agencies UNFPA and UN Women, UNAIDS, UNESCO, OHCHR, and UNHCR
- State actors: all ministries, the Council of Governors, counties (including Makueni County Government), departments and agencies, constitutional commissions, and independent offices
- Non-state actors: the Gender Violence Recovery Centre of the Nairobi Women's Hospital; the Girl Child Network; the Collaborative Centre for Gender and Development; the Kenya Human Rights Commission; Flone Initiative; the Inter-Religious Council of Kenya; the Coalition on Violence against Women; Healthcare Assistance Kenya (which manages the GBV Helpline 1195); Equality Now; DSW; FEMNET; World Vision; FIDA Kenya; the Wangu Kanja Foundation; Africa UNiTE; LVCT Health; Advocates for Social Change; and survivors of sexual violence in Kenya

Target audiences

The GBV Training Resource Pack is designed for use by state actors (duty bearers), partners, and rights holders.

MODULE 1: DEFINITIONS OF KEY TERMS AND KEY CONCEPTS

The definitions of key terms used in this document are drawn from several sources.[1]

Purpose: To demonstrate an understanding of gender-based violence concepts, terminologies, and definitions, as well as guiding principles.

Expected learning outcomes: By the end of this module, participants should be able to:

1. Define key GBV terminologies and concepts.
2. Apply guiding principles in GBV prevention and response

Module overview

Unit	Content	Learning methods	Materials
Terminology and definitions	Definition of key terms and concepts	Interactive presentation	LCD projector, flip chart and stand, assorted marker pens, PowerPoint slides, sticky notes
Guiding principles in GBV prevention and response	Application of guiding principles in GBV prevention and response	Interactive presentation, case scenarios, case studies, role plays, etc.	LCD projector, flip chart and stand, Assorted marker pens, PowerPoint slides, sticky notes, case scenario printouts

1 Glossary definitions from several sources: *Standard Operating Procedures for Prevention of and Response to Gender-based Violence in Kenya* – a collaboration between Jamii Thabiti, Women's Empowerment Link and the National Police Service; the *National Health Sector Standard Operating Procedures on Management of Sexual Violence in Kenya*, 2015; the *National Guidelines on Management of Sexual Violence in Kenya*, 2014; *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*, United Nations High Commissioner for Refugees, 2003; *Multisectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya*, 2013; the *Training Curriculum for Health Workers*, 2015; and the *National Standard Operating Procedures for the Management of Sexual Violence against Children*, Ministry of Health, 2018.

1.1 Terms and definitions

Different actors use different terminology in their GBV training materials, policies, guidelines, and programming. Below is a list of the most commonly used terms and concepts in the context of GBV. Where definitions are not available in the national frameworks, definitions available in the international frameworks have been used.

Actor(s): Individuals, groups, organizations, and institutions involved in preventing and responding to gender-based violence. Actors may be refugees/internally displaced persons, local populations, or employees or volunteers of UN agencies, NGOs (local and international), host government institutions, donors, and other members of the international community (*Guidelines for Gender-based Violence Interventions in Humanitarian Settings*, 2005, IASC).

Chain of custody of evidence: The process of obtaining, preserving, and conveying evidence through accountable tracking mechanisms. It also refers to a paper trail where the movement of evidence is traceable through different persons in the chain of sample collection, analysis, investigation, and litigation in court. The investigating officer is the custodian of evidentiary material.

Child: Any person, male or female, under the age of 18. They are assumed to be limited in their ability to evaluate and understand the consequences of their choices and actions.

Child marriage: This refers to arranged marriage under the age of legal consent (18 years). Often perpetrated by parents and community members.

Consent: A person consents when he or she makes an informed choice to freely and voluntarily do something. There is no consent if it is obtained by use of or threats, force, coercion, fraud, deception, or misrepresentation. For example, under Kenyan law, a child (anyone under the age of 18) cannot give consent.

Convict: Person found guilty of a criminal offence by a court of law.

Coordinating agency: The organization(s) that ensures that the minimum prevention and response interventions are put in place and oversee the implementation. They usually call for and chair the meetings involving the various actors.

Date rape: Forcible sexual intercourse by a male acquaintance of a woman, during a voluntary social engagement in which the woman did not intend to submit to the sexual advances

and resisted the acts by verbal refusals, denials or pleas to stop, and/or physical resistance. The fact that the parties knew each other or that the woman willingly accompanied the man is not legal defence to a charge of rape.

Defilement: An act which causes penetration of a child's genital organs (child is anyone below the age of 18 years) as defined by Kenya's Sexual Offences Act (2006).

Domestic violence: Acts that lead to physical, sexual, and/or psychological abuse to an individual (a child, an adult, a partner, an elderly parent, etc.) perpetrated by a current or former intimate partner or other household members. Abused persons and perpetrators can be of either sex.

Duty bearer: Actors who have a particular obligation or responsibility to respect, promote, and realize human rights and to abstain from human rights violations. The term is most commonly used to refer to state actors, but non-state actors can also be considered duty bearers. Depending on the context, individuals (e.g. parents), local organizations, private companies, aid donors, and international institutions can also be duty bearers.

Female genital mutilation (FGM): The ritual cutting or removal of some or all of the external female genitalia (also referred to as female genital cutting/circumcision). The term encompasses all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Femininity: Ideas about how individuals gendered as women should see themselves in a given society. Most societies socialize their female children to accept a lower status than boys, to be service providers, to aspire to domestic roles, and to be subordinate to men.

Feminism: The belief in the social, political, and economic equality of the sexes and social movements organized around that belief.

Forced marriage: Arranged marriage against the victim's consent; often a dowry is paid to the family. When refused, there are often violent consequences for the victims, perpetrated by parents or family members.

Forced prostitution: Forced or coerced sex in exchange for material resources – usually targeting vulnerable women and girls unable to meet basic human needs for themselves or their children.

GBV prevalence: Percentage of a population affected by GBV at a given period of time. For example, the percentage of ever-partnered women who have experienced intimate partner violence or GBV at some point in their lifetime (lifetime prevalence) or during the 12 months preceding a survey.

Gender: The socially constructed characteristics of women and men – such as norms, roles, and relationships of and between groups of women and men. It varies from society to society and can be changed. Gender defines the roles, responsibilities, constraints, opportunities, and privileges of men and women in any context. This learned behaviour is known as *gender identity*. While most people are born either male or female, they are taught appropriate norms and behaviours – including how they should interact with others of the same or opposite sex within households, communities, and work places. Gender norms, roles, and relations influence people's susceptibility to different health conditions and diseases and affect their enjoyment of good mental and physical health and well-being. They also have a bearing on people's access to and uptake of health services and on the health outcomes they experience throughout the life course (WHO).[1]

Gender-based violence (GBV): An umbrella term for any harmful act perpetrated against a person because of their gender. Most victims of GBV are women and girls, although men and boys are also victims. The nature and extent of specific types of GBV vary across cultures, countries, and regions. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; and harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, and others. It is violence that targets individuals or groups on the basis of their gender.

Gender equality: A situation where women and men have equal conditions and opportunities to realize their full human rights and potential, and are able to participate and contribute equally to national political, economic, social, and cultural development and benefit equally from the results. Gender equality requires that the underlying causes of discrimination and inequality are systematically identified and removed in order to give women and men equal opportunities. It includes the same opportunities to access and control social resources for men and women, girls and boys; the same opportunities to access education, health services, and politics for men and women, girls and boys; and the same opportunities among men and women and girls and boys to achieve health, contribute to development, and benefit from the results.

Gender equity: This refers to fairness and justice in the distribution of resources, opportunities, and benefits to women/girls in relation to men/boys. Equity proceeds from the

1 https://www.who.int/gender-equity-rights/knowledge/glossary/en/.

recognition that certain groups face disadvantages because of historical and structural reasons and so contextual measures must be taken to ensure that their disadvantaged position is not perpetuated. It also realizes that our physical needs as males and females differ due to biological differences. Therefore, we cannot be treated similarly in all circumstances. For instance, women and men need different sanitation facilities.

Gender gap: A statistically measurable difference in the situations of women, men, boys, and girls.

Gender issue: A concern that arises from the dissimilar treatment of women in comparison to men, i.e. bias, discrimination, gap, disparity, sexual harassment, imbalance, and insensitivity.

Gender parity: A numerical concept that concerns relative equality in terms of numbers and proportions of men and women, girls and boys. Gender parity addresses the ratio of female-to-male values (or males-to-females, in certain cases) of a given indicator.

Gender relations: The way men and women relate in terms of distribution of power between the two genders – for example in decision making, sharing resources, and sharing responsibilities. Gender relations is also the communication, consideration, and dialogue that is required in a relationship.

Gender-responsive budgeting: Government planning, programming, and budgeting that contributes to the advancement of gender equality and the fulfilment of women's rights. It entails identifying and reflecting needed interventions to address gender gaps in sector and local government policies, plans, and budgets. It also aims to analyse the gender-differentiated impact of revenue-raising policies and the allocation of domestic resources and official development assistance.

Gender roles: A set of social and behavioural norms that are within a specific culture and are widely considered to be socially appropriate for either women and girls or boys and men.

Gender sensitivity: Awareness of and respect for the needs, interests, and sensibilities of women as women and men as men, e.g. not using derogatory and patronizing language, avoiding stereotypes, and providing facilities for both in public places in recognition of different needs. The state of knowledge of socially constructed differences between women and men (and their differentiated needs in diverse contexts) as well as the utilization of such knowledge to identify and understand the problems arising from such differences; and to act purposefully to address them (in policy, legislation, institutions, and processes).

Gender stereotypes: A set of characteristics that a particular group assigns to women or men (e.g. 'domestic work does not belong to men's responsibilities').

Genital organs: All or part of the male or female genital organs, including, for the purposes of the act of sexual violence, the anus.

Health-care providers: Service providers at the facility level. These may include facility managers; general practice clinicians such as medical doctors, registered clinical officers, and registered nurses; clinicians with specialized medicolegal or forensic training; medical specialists such as trauma surgeons, obstetricians/gynaecologists, and paediatricians; mental health professionals such as psychiatrists, psychologists, and clinical counsellors; pathologists, laboratory scientists, technicians, and technologists; pharmacists and pharmaceutical technologists; social workers and child welfare officers; and community health extension workers.

Human rights: Basic needs that all governments have agreed that men and women are entitled to. They are founded on respect for the dignity and worth of each person.

Human rights–based approach: Entails consciously and systematically paying attention to human rights in all aspects of programme development. A human rights–based approach is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. The objective of the approach is to empower people (rights holders) to demand and realize their rights and strengthen the state (duty bearers) to comply and be accountable to their human rights obligations and duties. States' obligations to human rights require them to respect, protect, and fulfil women's and girls' rights, along with the rights of men and boys. When they fail to do so, the United Nations has a responsibility to work with partners to strengthen their capacity to more effectively realize that duty.

Human trafficking: The recruitment, transportation, transfer, harbouring, or receipt of persons, including children, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation includes, at a minimum, prostitution and other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude, or the removal of organs.

Incest: An indecent act or an act which causes penetration, done by a person to a relative such as a brother, a sister, a mother, a father, an uncle, a cousin, or a grandparent.

Incident: A violent act or a series of harmful acts by a perpetrator or a group of perpetrators against a person or a group of individuals. It may involve multiple types and repeated acts of violence over a period of time, with variable durations. It can take minutes, hours, days, or a lifetime.

Indecent act: Any unlawful act which causes (i) any contact between the genital organs of a person or his or her breasts and buttocks with that of another person or (ii) exposure or display of any pornographic material to any person against his or her will, but does not include an act that causes penetration.

Informed consent: The process by which a person learns about and understands the purpose, benefits, and potential risks of an intervention and then agrees to receive the treatment or procedure.

Intimate partner violence: This refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours (WHO, 'Fact Sheet on Violence Against Women', 2014). It is the most pervasive form of gender violence against women. Physical violence is often accompanied by psychological and sexual violence. A review of 50 population-based studies carried out in 36 countries indicates that between 10 and 60 per cent of women who have ever been married or partnered have experienced at least one incident of physical violence from a current or former intimate partner.

P3 form: This is the Kenya Police Service Medical Examination form; it is provided for free and should not be paid for. It is either issued at the police station or downloaded from the internet. It is filled by a police officer (Part I) and a health practitioner or the police surgeon (Part II) as evidence that an assault has occurred. The P3 form is for all assaults and therefore is not specific to sexual or gender-based violence. It is therefore not as detailed as the PRC form. The P3 form is filled and returned to the police for custody. The filling of the P3 form in sexual violence cases is done free of charge. The survivor should get a copy of both their filled PRC form and their filled P3 form. The P3 form is the link between the health and the Judiciary systems. The medical officer who fills the P3 form or their representative will be expected to appear in court as an expert witness and produce the document in court as an exhibit.

Perpetrator: Any person, group, or institution that directly or indirectly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will. The term is used interchangeably with the term 'suspect'.

Post-exposure prophylaxis (PEP): Antiretroviral drugs given to reduce the chances of HIV infection after sexual violence.

Post-rape Care (PRC) form: The PRC is a medical form filled when attending to the survivor. The form ensures that relevant information pertaining to the survivor's history, their physical examination, and findings from the investigation is documented. It facilitates the filling of the P3 form by ensuring that all relevant details are available and were taken during the first contact with the survivor at a health facility. The PRC form strengthens the development of an evidence chain of custody by having a duplicate that can be used for legal purposes and showing what specimens were collected, where they were sent, and who signed for them. The PRC form can be filled by a medical officer, a clinical officer or a nursing officer. Note: When the PRC form is completed and signed, the original form (white in colour) is to be given to the police for custody. This is the form that is produced in court as evidence.

Power: The capacity to make decisions that affects oneself or others. Power that is exerted over others is negative use of power when it is used to dominate, intimidate, abuse, impose obligations on, restrict, prohibit, and make decisions about the lives of others.

Rape: Invasion of any part of the body of a victim or of the suspect with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, threat of force, coercion such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, against such person or another person, or by taking advantage of a coercive environment. A person may be incapable of giving genuine consent if affected by natural, induced, or age-related incapacity. Consent by a minor must be evaluated against international standards in which those under the age of 18 are legally considered unable to provide informed consent. Rape/attempted rape may include rape of an adult female or gang rape, if there is more than one assailant.

Rights: Entitlements that every human being has regardless of sex, race, religion, nationality, disability, or any other difference. They are the rules that say the needs of men and women should be met and honoured.

Rights holders: Individuals or social groups that have particular entitlements in relation to specific duty bearers. In general terms, all human beings are rights holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realized, respected, or protected. These groups tend to include women/girls, ethnic minorities, indigenous peoples, migrants, and youth. A human rights–based approach does not only recognize that the entitlements of rights holders need to be respected, protected, and fulfilled, it also considers rights holders active agents in

the realization of human rights and development – both directly and through organizations representing their interests.

Sex: Refers to the biological and physiological reality of being males or females.
Sex-disaggregated data: Data that is cross-classified by sex, presenting information separately for men and women, boys and girls. When data is not disaggregated by sex, it is more difficult to identify real and potential inequalities. Sex-disaggregated data is necessary for effective gender analysis.

Sexual and reproductive health and rights: Understood as the right for all – whether young or old; women, men, or transgender; straight, gay, lesbian, or bisexual; HIV positive or negative – to make choices regarding their own sexuality and reproduction, providing they respect the rights of others to bodily integrity. This definition also includes the right to access information and services needed to support these choices and optimize health. Reproductive rights include the rights of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children, and to have the information and means to do so. Further, decisions concerning reproduction should be made free from discrimination, coercion, and violence. These services are essential for all people, married and unmarried, including adolescents and youth.

Sexual exploitation: Coercion and manipulation by a person in a position of power who uses their power to conduct sexual activities with a less powerful person.
Sexual harassment: Any unwelcome sexual advance, request for sexual favours, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another, when such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile, or offensive work environment. While typically involving a pattern of behaviour, it can take the form of a single incident.

Sexual offences: Offences prescribed in the Sexual Offences Act (SOA) include: rape; attempted rape; sexual assault, compelled or induced indecent acts; acts which cause penetration or indecent acts committed within the view of a family member, child, or person with mental disabilities; defilement; attempted defilement; gang rape; indecent acts with a child or adult; promotion of sexual offences with a child; child sex tourism; child prostitution; child pornography; exploitation of prostitution; prostitution of persons with mental disabilities; incest by male persons; incest by female persons; sexual harassment; deliberate transmission of HIV or any life-threatening sexually transmitted infection; administering a substance with intent; distributing a substance by juristic person; cultural and religious sexual offences; and non-disclosure of conviction of sexual offences.

Sexual violence: Any act described as an offence under the Sexual Offences Act. It includes, but is not limited to, rape, attempted rape, gang rape, incest, indecent acts with a child or adult, child sex tourism, child pornography, child prostitution, promotion of sexual offences with child, exploitation of prostitution, taking sexual advantage of a person with mental disability, defilement, attempted defilement, sexual harassment by a person in authority, harmful cultural practices, female genital mutilation, child marriage, forced marriage, sexual assault, refusal to practice safe sex, sexual exploitation, and administering a substance with intent.

Standard operating procedures (SOPs) for prevention of and response to sexual and gender-based violence (SGBV): Specific procedures and agreements among organizations that reflect the organizations' respective roles and responsibilities and minimum standards of care regarding GBV prevention and response. SOPs also include the agreed reporting and referral systems for survivors and documentation.

Survivor/victim: Any individual adult or child who has experienced violence. A child who has experienced violence is a child survivor.[2] The terms are used interchangeably in the document. Some sectors such as the health, children, and educational sectors prefer to use the term 'survivor', while sectors in the criminal justice system, including the police, the Judiciary, and the Director of Public Prosecutions, prefer the term 'victim'.

Violence against children: All forms of physical or mental violence, injury, abuse, neglect, or negligent treatment, maltreatment, or exploitation, including sexual abuse (UN Convention on the Rights of the Child, 1989). Violence can be perpetrated directly or indirectly – for example, through digital media, such as through the taking of or exposure to images that are sexually or otherwise violent or through sexual harassment or bullying online.

Violence against women: Any act of GBV that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life (WHO, 2014).

1.2 Guiding principles

The following guiding principles shall be used to guide institutions, organizations, and individuals addressing GBV.

2 Day, Kim and Jennifer Pierce-Weeks (2013), *The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs*, Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

1. **Gender equality:** Designing and implementing programmes and interventions aimed at promoting gender equality so that women, men, girls, and boys have equal access to opportunities and services and enjoyment of their rights.
2. **Survivor-centred approach:** Respecting the interests and wishes of the survivor and prioritizing the rights, dignity, wishes, choices, needs, and safety of survivors in the design and implementation of prevention and response interventions.
3. **Complementarity:** Working in support and complementarity with states, communities, civil society, and other actors in order to maximize resources.
4. **Urgency:** Prioritization of providing an immediate response to the urgent needs of GBV survivors, including medical needs, as well as ensuring that GBV prevention and response are established from the onset of any emergency.
5. **Rights-based approach:** Promoting the direct involvement of women, girls, men, and boys in decisions relating to their own protection and their full enjoyment of human rights, including rights to be protected against GBV. This also requires that culturally appropriate and acceptable services are available, accessible, and affordable for all SGBV survivors.
6. **Confidentiality:** Adhering to professional confidentiality guidelines when working with SGBV survivors, to protect survivors and their families, witnesses, and information sources.
7. **Equity:** Promoting an inclusive and a non-discriminatory approach. Every adult or child should be given equal care and support regardless of race, religion, nationality, ethnicity, sex, sexual orientation, political affiliation, social or other status, and place of residence.
8. **Inclusivity:** Involving women, girls, men, and boys and persons of concern with specific needs.
9. **Family and community-based protection:** Engaging with the family and community-based protection networks to understand gender power relations and dynamics better to prevent and respond to SGBV.
10. **Do no harm:** Conducting actions, procedures, and programmes in a way that does not put the survivor at further risk of harm, especially as a result of unintended consequences.
11. **Social cohesion:** Designing and implementing programmes and interventions for the prevention of and response to SGBV so that social cohesion among impacted persons and communities is promoted.
12. **Safety and security:** All actors will prioritize the safety of the survivor, family, witnesses, and service providers at all times.
13. **Children:** Apply the above principles to children, including their right to participate

in decisions that will affect them. If a decision is taken on behalf of the child, the best interests of the child shall be the overriding guide and the appropriate procedures should be followed. Special procedures for working with child survivors and child perpetrators should be followed.

14. The paramount principle when dealing with children is that the **safety, well-being, and best interests of children** must always come first. When making any decision involving a child, the child's safety, well-being and best interests are the most important consideration, and take priority over an adult's interests or the interests of any organization. This does not mean the interests of a parent are not important, it just means they should not take priority over a child's interests.

MODULE 2: COMPANION GUIDES AND KEY RESOURCES

This section maps the key resources commonly used in training on the prevention of and response to gender-based violence. It states briefly the key resources that have been collated, harmonized, and developed into this resource pack. The main content of this resource pack is derived from the key documents presented in the table.

Purpose: Attain knowledge and understanding of the different resources available.

Expected learning outcomes: Discuss the different types of GBV resources available for training/reference.

Module overview

Unit	Content	Learning methods	Materials
Companion guides and key resources	GBV resources available for training/ reference	Interactive presentation	LCD projector, flip chart and stand, assorted marker pens, PowerPoint slides, sticky notes, case scenario printouts

1. *Multisectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya*, Task Force on the Implementation of the Sexual Offences Act (TFSOA) 2013	The SOPs were developed to address gaps in the implementation of the Sexual Offences Act. The SOPs provide for linkages among different service providers, standardize the quality of services for victims/survivors, outline service standards, and provide an accountability framework for victim/survivor feedback on the quality of services. They cover various sectors, namely the police, prosecution, community, forensic, legal/justice, social, and education sectors, and articulate the roles and responsibilities of each service provider for enhanced multisectoral coordination among the different actors. They also outline step-by-step procedures for each provider to standardize services in response to sexual violence in Kenya. *http://www.endvawnow.org/uploads/browser/files/national_guidelines.pdf*
2. *Standard Operating Procedures for Prevention and Response to Gender-based Violence in Kenya* (a collaboration between Jamii Thabiti, Women's Empowerment Link, and The National Police Service, 2015)	The SOPs for the National Police Service address identified structural and systemic challenges in the justice system in the prevention of and response to GBV. The SOPs seek to enhance access to justice and service delivery in the prevention of and response to GBV. For example, there is a provision for functional gender units for a holistic experience that provides confidentiality, restores confidence, and addresses the psychological and emotional effects of GBV. The expected output on the full implementation of the SOPs is sustained and coordinated prevention and response processes in the handling of gender-based violence by the National Police Service in Kenya, and that such processes shall have a ripple effect on the services offered.
3. *Ending Sexual and Gender-based Violence: The Role of The Prosecutor*, ODPP, 2015	The manual is a training and reference tool for prosecutors to ensure uniformity in all trainings. It is also useful to investigators, medical practitioners, and civil society organizations, among other stakeholders.
4. *Tackling Gender-based Violence in Kenya: A Training Handbook*, International Rescue Committee, 2015	The handbook seeks to contribute towards building the capacity and commitment of leaders and other actors to effectively prevent and respond to GBV at all levels of society. It is a training guide for use in training workshops targeting decision makers and community-based stakeholders to facilitate their effective dialogue and action on GBV prevention and response efforts, especially at the county level.

5. *Keeping the Promise: End GBV Campaign – Duty Bearers' Handbook*, National Gender and Equality Commission, 2015	The handbook seeks to provoke and sustain a transformative shift in perceptions of GBV, from a culture of tolerance and normalization to a new orientation that affirms accountability and sustainable remedies: • To strengthen action and accountability by state and non- state actors on their mandate in relation to GBV work • To profile the achievements, opportunities, challenges, emerging trends, and gaps pertaining to GBV work in Kenya • To influence implementation of the various policies and legislations on GBV in Kenya through dissemination and awareness creation, and give recommendations to the government • To assess, analyse, and strengthen existing policy, legal, and service delivery infrastructure for the prevention of and response to GBV in emergencies • To engage communities to focus on men, boys, women, and girls in negating the culture of normalization and acceptance of GBV *https://www.ngeckenya.org/Downloads/Keeping%20the%20promise_Handbook.pdf*
6. *Sexual and Gender-based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*, United Nations High Commissioner for Refugees, 2003	These guidelines were developed in consultation with UNHCR's partners in refugee protection: governments, inter-governmental agencies, and non-governmental organizations. They offer practical advice on how to design strategies and carry out activities aimed at preventing and responding to sexual and gender-based violence. They contain information on basic health, legal, security, and human rights issues relevant to those strategies and activities. *https://www.unhcr.org/protection/women/3f696bcc4/sexual-gender-based-violence-against-refugees-returnees-internally-displaced.html*

7. *Reproductive, Maternal, Newborn, Child, and Adolescent Heath and GBV Training Manual for Male Champions*, Enhancing Local Resilience towards Prevention of and Response to Gender-based Violence Programme (draft working manual, August 2018)	This male engagement training manual (piloted in several counties) seeks to help men and boys to recognize and become aware of their own values and attitudes regarding gender, health, and human rights in order to respect the diversity of opinions within the community. It explains the difference between 'sex' and 'gender', and defines other common terms related to gender; it seeks to increase awareness on the differences between rules of behaviour for men and women and to understand how gender roles affect their lives; and it identifies unhealthy messages on gender stereotypes that put both men and women at risk, and explains how these behaviours can contribute to gender inequality and a disrespect for human rights. It identifies different forms, causes, consequences, and contributing factors regarding gender-based violence; it also identifies some of the GBV laws and the legal framework in Kenya. The manual also seeks to increase the knowledge of men and boys on reproductive, maternal, newborn, child, and adolescent health for improved maternal health outcomes for women through understand the role they play in promoting this health in their communities. It breaks down the religious, cultural, or attitudinal barriers that prevent men from supporting concerns around reproductive health, and it debunks myths and misconceptions about the role of men and boys in reproductive, maternal, newborn, child, and adolescent health.
8. *Gender-based Violence in Kenya: The Economic Burden on Survivors*, National Gender and Equality Commission, 2016	This costing contributes to a deeper understanding among stakeholders – including policymakers, political leaders, civil society, communities, and families – of the magnitude of the costs and potential costs of GBV in Kenya. The study determines the direct monetary costs (medical, transportation, arbitration, and litigation) to the survivors, perpetrators, and family members, and estimates the time cost (opportunity cost) in terms of loss of income and productivity among the survivors, perpetrators, and their families. At the national level, the study estimates that the annual out-of-pocket medical-related expenses (money which survivors or their families paid out of their own financial resources) were a staggering KES 10 billion. The productivity losses from serious injuries were estimated at about KES 25 billion, and from minor injuries at KES 8 billion. The total loss amounts to KES 46 billion, which translates to about 1.1 percent of Kenya's gross domestic product. *https://www.ngeckenya.org/Downloads/GBV%20Costing%20Study.pdf*

9. *A Mapping on Access to Justice for Survivors of Gender-based Violence in Kenya*, UN Women, 2016	The study maps out the existing legal, administrative, and community-based access to justice mechanisms for survivors of GBV in Kenya using a human rights–based approach regarding the perspectives of the duty bearers and survivors of violence against women. The study seeks to find the reasons why is violence against women and girls is still prevalent in Kenya despite the vibrant legislation, policies, and mechanisms put in place, with a view to making practical recommendations to guide resource mobilization and allocations by national and county governments, Parliament, county assemblies, and key non-governmental stakeholders towards access to justice needs. It is assumed that the availability of adequate resources will remedy inadequate institutional capacity and skill deficiency as well as boost protection for women and girls at risk of GBV, while enabling the creation and operation of proper coordination mechanisms at the national, county, and community tiers and the crafting of an integrated programme for enhanced access to quality justice by survivors of violence against women. *https://www.ngeckenya.org/Downloads/List*
10. T*raining Manual: Gender-based Violence Life Skills for Behaviour Change*, Healthcare Assistance Kenya, 2018	This training manual defines GBV and discusses it various forms. The manual gives an overview of the Sexual Offences Act and discusses the provisions of the act; it also discusses the Bill of Rights and the Children Act. It discusses the causes of GBV, acknowledging that direct causes of GBV in Kenya today are multifaceted and difficult to identify in any given situation. It further states that – whatever the immediate cause, such as alcoholism, history of abuse within a family, disagreements – the problem is rooted in underlying patriarchal norms that perpetuate an unequal power relationship between men and women, with men control women's sexual and reproductive choices, as well as their labour and earnings. The manual goes on to discuss psychological abuse, stating that the aim of emotional abuse is to chip away at one's feelings of self-worth and independence. The manual also has sections on child abuse; management of child abuse; trauma management; personality development; and communal interventions. The manual also addresses the roles of different providers and child protection institutions.

11. *Action against Sexual and Gender-based Violence: An Updated Strategy*, UNHCR Division of International Protection, June 2011	This strategy provides a structure to assist UNHCR operations in dealing with SGBV using a multisectoral and interagency approach. Building on successful SGBV intervention models in various operations, the action against SGBV provides instructions for UNHCR operations to build their own multi-year, operation-specific SGBV strategies at country level. Developed using a suggested matrix, these strategies reflect the needs of different at-risk populations and are adaptable to either stable or emergency contexts, camp or rural/urban settings. The action against SGBV underscores that the responsibility and accountability for SGBV programme development and implementation rest at the highest levels of management. It includes recommended actions in three institutional focus areas, in order to strengthen UNHCR's capacity and expertise in addressing SGBV: 1) data collection and analysis; 2) knowledge management and capacity building; and 3) partnerships and coordination, working with UN agencies, governments, non-governmental organizations, and displaced communities to strengthen SGBV prevention, response, and coordination mechanisms for effective service delivery. h*ttps://www.unhcr.org/en-us/protection/women/4e1d5aba9/unhcr-action-against-sexual-gender-based-violence-updated-strategy.html*
12. *Against Patriarchy: Tools for Men and Boys to Further Gender Justice*, Men for Gender Equality Now (MEGEN), 2013	This training manual provides a guide into dismantling the posturing conceptualizations of gender and challenge lethargic thinking about women's empowerment, engaging with men and boys on gender justice issues by connecting gender to deeper insights into power, societies, and injustice, in order to explore the linkages and shifting drivers of constraint and to identify avenues for productive interactions and building alliances. The manual is designed to equip the Kenyan male trainer of trainers with skills for working with men and boys as agents of change. The manual is crafted to equip the Kenyan male trainer of trainers with skills for working with men and boys as agents of change. The aim of the training manual is to help initiatives that seek to work with men and boys in advocating for gender justice. It covers the areas of transforming masculinities and destabilizing patriarchy and HIV prevention with a clear understanding that there are acts of violence that cannot be reversed once committed.

13. A *Training Manual on Masculinity and Engaging Men*, African Women's Development and Communication Network (FEMNET), 2013	The manual is for training based on the Men-to-Men Programme, whose objective is to create a critical mass of African men who are able to influence communities, organizations, and the public to believe in and practice gender equality as a norm. The manual on masculinities is meant to enhance men's knowledge on the link between masculinities, GBV, and the spread of HIV, and to quip men with practical skills for training other men on combating GBV and the spread of HIV. The manual has a session titled 'The Role of Men in Gender-based Violence', which discusses different forms of GBV and their impact on individuals, families, and society. It highlights the role of men as perpetrators and as victims of GBV, and what men can do to combat GBV. *https://ke.boell.org/2013/12/05/training-manual-masculinities-and-engaging-men-end-gender-based-violence*
14. *Multisectoral Response to GBV: An Effective and Coordinated Way to Protect and Empower GBV Victims/Survivors*, UNFPA, 2015	The document explores the concept of multisectoral response to GBV with the aim of supporting inter-institutional and multi-disciplinary intervention and referral actions by establishing a common methodological framework for the relevant actors, especially for professionals who work directly with GBV victims/survivors. The document also represents a guide for policymakers, stakeholders, and service providers in developing or strengthening the existing programmes or initiatives that address GBV. The document is complementary to standards, procedures, and guidelines already in place that regulate the activities that address GBV and effective coordination mechanisms. *https://eeca.unfpa.org/en/publications/multisectoral-response-gbv*

15. *National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender-based Violence in Kenya*, NGEC, 2014	This framework does the following: • Establishes one integrated and functional multisectoral SGBV monitoring and evaluation system • Monitors and evaluates national efforts in the prevention of and response to SGBV • Contributes to evidence-informed funding, advocacy, decision making, and programming The framework takes cognizance of and complements other related national frameworks, including the National HIV and AIDS Monitoring, Evaluation, and Research Framework (2009/2010 to 2012/2013), the Monitoring and Evaluation Framework for the Kenya Health Sector Strategic Investment Plan (July 2012 to June 2018), and the Vision 2030 implementation framework. This relationship is intended to establish linkages in reporting due to the documented intersections between GBV and other health challenges, including HIV.
16. *National Standard Operating Procedures for the Management of Sexual Violence against Children*, Ministry of Health Reproductive and Maternal Health Service Unit, 2018	These SOPs seek to enhance the capacity of health-care providers and health management teams to respond to and support child survivors of sexual violence. Building on both national and international SGBV SOPs, the document provides a standardized, user-friendly guide on how to apply child-centred approaches for the effective management and support of child survivors of sexual violence, and describes clear procedures, roles, and responsibilities for all health-care providers. It provides concise detail on the sequence of steps to follow to ensure the appropriate clinical response that a child survivor of sexual violence should receive at each point along the continuum of comprehensive care within the health facility. The SOPs recognize that effectively addressing child sexual violence requires a comprehensive, multisectoral approach that is supported by strong referral and linkages to complementary interventions and involves actors and actions that address child sexual violence prevention, recovery, and response. The SOPs would provide a practical guide to ensuring a comprehensive model of quality care and management that is responsive to the needs of child and adolescent survivors of sexual violence in Kenya. *http://www.svri.org/sites/default/files/attachments/2017-08-16/CSV_SOP%28web%29.pdf*

17. *National Guidelines on Management of Sexual Violence in Kenya,* Ministry of Health, 2009	These guidelines are designed to give general information about the management of sexual violence in Kenya and focus on the necessity of availing services that address all the needs of a sexual violence survivor, be they medical, psychosocial, and/or legal. The guidelines also cater for the needs of children, recognizing that children comprise a significant percentage of the survivors of sexual violence. The guidelines single out all the aspects of child management that differ from those of adults and integrate the relevant information into each section. The guidelines outline the procedures relating to the medical management of sexual violence, including providing information about the first steps to be taken after meeting a survivor of sexual violence. The ethical issues, how to get a survivor's history, and what every health-care provider in every institution needs to know about the management of the health-related problems of sexual violence are highlighted. The guidelines also provide information on the main psychological consequences of sexual violence and some counselling procedures, including ethical considerations.
18. *National Health Sector Standard Operating Procedures on Management of Sexual Violence in Kenya,* Ministry of Health, German Development Cooperation, 2014	These SOPs are a product of a harmonization of the existing SOPs in the sector through a desk review and consultations with the various stakeholders. It details the minimum procedures for the management of SGBV in the health sector and outlines referral mechanisms to other sectors that provide psychosocial care, legal services, and other community support mechanisms. This document recognizes that the service providers are trained health professionals and National Guidelines on Management of Sexual Violence exist that comprehensively describe the various services offered by the health sector. The document therefore focuses on the 'how' and offers specific steps on how the health services are offered.
19. *A Training Course for Clinical Management of Sexual and Gender-based Violence: Facilitator's Manual*, September, Reproductive and Maternal Health Services Unit, Kenya, 2015	This training manual intends to equip health-care workers with the skills to effectively manage survivors. The manual recognizes that the legal and policy environment in Kenya is favourable for SGBV response, with the Constitution 2010 exhorting the right to the highest attainable standard of health. It is against this backdrop that this training manual was revised to respond to the changed legal and policy environment. The curriculum addresses emerging issues such as the rising cases of children survivors of sexual violence. It incorporates a paediatric module that was absent in the previous curriculum, in recognition of the special needs of children. This training manual is for equipping health-care workers with the skills to address not only the clinical management of sexual violence, but also the psychosocial and legal aspects, to ensure a holistic view of survivors' needs. It is intended to help health-care workers stay current through refresher trainings.

MODULE 3: OVERVIEW OF GENDER-BASED VIOLENCE

This module gives an overview of gender-based violence. It starts with the definition of GBV, states its causes and contributing factors, and identifies the forms and consequences of GBV, as well as its perpetrators.

Purpose: Attain knowledge and understanding of the different types of GBV. To demonstrate an understanding of gender-based violence, its various forms, its causes, its predisposing factors, and its consequences to the individual and to society.

Expected learning outcomes: By the end of this module, the participant should be able to:

1. Define gender-based violence and related terms.
2. Demonstrate an understanding of the different forms of GBV.
3. Discuss causes of GBV and contributing and predisposing factors.
4. Discuss the consequences of the various forms of GBV.

Module overview

Unit	Content	Learning methods	Materials
Overview of gender-based violence	1. Definition of GBV 2. Forms of GBV 3. Contributing and predisposing factors 4. Consequences of GBV	Interactive presentation, case scenarios, case studies, role plays	LCD projector, flip charts and stand, assorted marker pens, PowerPoint slides, sticky notes

3.1 Definition of gender-based violence

Gender-based violence is an umbrella term for any harmful act perpetrated against a person because of their gender. Most victims of gender-based violence are women and girls, although men and boys are also victims. The term 'gender-based violence' is often used interchangeably with the term 'violence against women'. The nature and extent of specific types of GBV vary across cultures, countries, and regions. Examples include sexual assault, rape, attempted rape, defilement, attempted defilement, indecent acts, incest, gang rape, sexual harassment, culture and religious sexual offences, sexual offences related to authority and persons in position of trust, deliberate transmission of HIV or any other sexually transmitted disease, and administering a substance with intent. It is violence that targets individuals or groups on the basis of their gender. The United Nations Office of the High Commissioner for Human Rights defines it as 'violence that is directed against a woman because she is a woman or that affects women disproportionately'.

Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many, but not all, forms of GBV are criminal acts proscribed by the various laws, especially the Penal Code and the Sexual Offences Act.

The term GBV is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls.[1] The United Nations Declaration on the Elimination of Violence against Women (DEVAW, 1993) defines violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life'.

DEVAW emphasizes that the violence is 'a manifestation of historically unequal power relations between men and women, which have led to the domination over and discrimination against women by men and to the prevention of the full advancement of women'. Gender discrimination is not only a cause of many forms of violence against women and girls, but also contributes to the widespread acceptance and invisibility of such violence – so that perpetrators are not held accountable, and survivors are discouraged from speaking out and accessing support. Because of its high prevalence, the issue of VAW is now positioned as a priority in global human rights, health, and development agendas. The elimination of all forms of violence against women and girls and of all harmful practices are now part of the

1 UN Women (November 2015), *A Framework to Underpin Action to Prevent Violence Against Women*.

2030 Agenda for Sustainable Development, and are included as specific targets (e.g. Targets 5.2 and 5.3) in the Sustainable Development Goals.

The term gender-based violence is also increasingly used by some actors to highlight the gendered dimensions of certain forms of violence against men and boys – particularly some forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity (e.g. sexual violence committed in armed conflict aimed at emasculating or feminizing the enemy).

This violence against males is based on socially constructed ideas of what it means to be a man and exercise male power. It is used by men (and in rare cases by women) to cause harm to other males. As with violence against women and girls, this violence is often under-reported due to issues of stigma for the survivor – in this case associated with norms of masculinity (e.g. norms that discourage male survivors from acknowledging vulnerability, or that suggest that a male survivor is somehow weak for having been assaulted).

Sexual assault against males may also go unreported in situations where such reporting could result in life-threatening repercussions against the survivor and/or his family members. The Sexual Offences Act explicitly recognizes sexual violence against men and criminalizes such violence.

The drivers of GBV include the following: socialization and normalization of GBV through religious and cultural beliefs, as well as the media; cultural and traditional practices such as female genital mutilation, child marriage, and types of assault perceived as disciplining one's wife or children; cultural attitudes that reinforce the inferiority of women and girls and the superiority of men and boys; and stigma, shame, and the culture of silence around GBV. GBV also includes economic deprivation and isolation, which may cause imminent harm to safety, health, and well-being.[2] It can be summarized that GBV is exacerbated by the following: the absence of strong prevention interventions, as well as weak protection mechanisms for survivors; slow or failed prosecution of GBV cases; insufficient coverage of services for survivors; and weak programming and partnerships among both state and non-state actors that would afford the survivors prompt and effective services as well as just and adequate remedies.[3]

There are many contributing and predisposing factors to different forms of gender-based violence, as seen in the list below. It is important to note that the list is not exhaustive.

2 General Assembly Resolution on the Elimination of Domestic Violence against Women.
3 Joint Programme ProDoc.

3.2 Contributing and predisposing factors to gender-based violence

GBV often results from power hierarchies and structural inequalities created and sustained by belief systems, cultural norms, and socialization processes.[4] However, there are factors that increase exposure to GBV. The factors outlined below cover contexts that directly or indirectly lead to GBV.

3.2.1 Power relations

- The low status assigned to females and acceptance of aggression as a masculine trait creates tolerance for acts such as spousal battery, marital rape, and denial of property.
- People in positions of power can use it to exploit and abuse others.
- Personal levels of education and awareness determine the ability to recognize what is or is not GBV and what the available redress mechanisms are.
- Legalized, historical, economic, or other sanctioned forms of domination of one section of society by another create risks for GBV. For instance, a dominant group can enforce its cultural practices on the dominated or abuse them for humiliation, intimidation, ethnic/racial purification, and revenge.
- Those with weapons can easily force their will upon others, intimidate them into silence, maim them, or even kill them.

3.2.2 Cultural, social, religious, and legal norms

- Many forms of GBV are condoned under the excuse of culture – e.g. early and arranged marriages, female genital mutilation, wife battery, killing of 'witches', giving out girls who have been sexually abused as free wives, scarification of children, etc.
- Social pressure for family cohesion can lead to low reporting of incest and spousal battery to protect family honour.
- Religious precepts of gender power relations are often used to justify domination and subtle forms of GBV.
- Inaccessibility to legal justice due to economic factors, complicated procedures, and hostility of the system can discourage reporting and encourage impunity.

4 T*ackling Gender-based Violence in Kenya: A Training Handbook*, International Rescue Committee, 2015.

3.2.3 Age and disability

Children, the elderly, and people with disabilities are relatively more vulnerable due to their physical situation, compromised mobility, dependency, limited ability to protect themselves, and limited power.

3.2.4 The environment

- Topography and vegetation can provide cover for perpetrators to waylay their targets who are going to farms, markets, or missions to look for services.
- Certain social conditions can create the potential atmosphere for the perpetration of GBV. For instance, pubs, discos, and parties that serve alcohol are common platforms for date rape.
- Specific times of the day when there is darkness provide cover for perpetrators.
- Life in a multicultural context can create the potential for the imposition or adoption of alien forms of behaviour, some of which can constitute GBV – e.g. forced sodomy, prostitution, trafficking in persons, and forced sexual encounters.
- Reduced economic opportunities may make women/girls resort to commercial sex as a survival mechanism and increase children's susceptibility to GBV such as trafficking, sodomy, prostitution, early marriage, and exploitative labour.
- Dependency can make people vulnerable to abuse because of the fear of losing the support provided.
- Some kinds of work can expose people to conditions that can create vulnerability. For instance, the physical isolation of persons fetching firewood or herding cattle gives opportunity to perpetrators.

3.2.5 Drug and substance abuse

Substance abuse, including alcohol abuse and consumption of narcotics, is associated with an increased incidence of violence.

3.2.6 Impunity

Impunity (freedom from punishment or consequences) for perpetrators of violence.

3.2.7 Disasters, conflict, and displacement

- Humanitarian situations, insecurity, and conflict create a fertile environment for GBV.
- Conflicts and a breakdown in law and order can result in the deterioration of safety and security.
- During conflicts and crisis situations, social safety nets and community protection mechanisms disintegrate along with law and order, creating a conducive environment for increased violence, especially gender-based violence.
- In flight from attack or scenes of disaster, victims are intercepted through organized blockades or random encounters.
- Displacement leads to the break-up of families, unaccompanied children, and loss of social protection mechanisms.
- Other conditions, including distances to water and food sources and being sheltered in refugee or IDP camps, create additional vulnerabilities, exposing especially women and girls to sexual exploitation and abuse – including from humanitarian responders and the military.
- The death of parents increases children's vulnerability to early marriage, exploitative labour, and sexual violation.
- People living in camps are easy targets because of their concentrated settlements and predictable movement patterns in search of goods and services such as water, food, firewood, medical care, education, etc.
- Refugees are often vulnerable due to hostility from the communities in which their camps are situated, as there is competition for resources.
- Rapes, abductions, and killings are committed during and as part of attacks on civilians. Women are the primary targets because they stay closer to home caring for children and carrying out domestic chores.
- Men and boys are also specifically targeted for extermination because they are seen as the defenders of their communities.

3.3 Forms of gender-based violence

The summaries below present examples of different forms of violence and their descriptions. It is important to note that many of the examples overlap categories, and the typologies are only for analysis.

3.3.1 Sexual violence

Sexual violence remains the most common form of GBV. Worldwide, it is estimated that 35 per cent of women have experienced physical and/or sexual intimate partner violence or sexual violence by a non-partner (not including sexual harassment) at some point in their lives, while some national studies show that up to 70 per cent of women have experienced physical and/or sexual violence from an intimate partner in their lifetime.[5] A multi-country study conducted by WHO in ten developing countries found that 15 to 71 per cent of the women reported experiencing either intimate partner or sexual violence at some point in their lives.

Type of sexual violence are listed in the accompanying table. Other offences under the Sexual Offences Act include trafficking for sexual exploitation:

- **Child sex tourism**
- **Child prostitution**
- **Child pornography**
- **Exploitation of prostitution**
- **Prostitution of persons with mental disabilities**

5 World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council (2013), *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-partner Sexual Violence.*

TYPE OF SEXUAL VIOLENCE	DESCRIPTION
Sexual assault	When a person unlawfully penetrates the genital organs of another person with any part of the body of another or that person, or an object (except for proper and professional hygienic or medical purposes), or manipulates any part of his or her body or the body of another person so as to cause penetration of the genital organ into or by any part of the other person's body.
Rape	A person commits rape if he or she intentionally and unlawfully commits an act which causes penetration with his or her genital organs and the other person does not consent to the penetration or the consent is obtained by force or by means of threats or intimidation of any kind.
Attempted rape	Any person who attempts to unlawfully and intentionally commit an act which causes penetration with his or her genital organs.
Defilement	• A person who commits an act which causes penetration with a child is guilty of an offence termed defilement. • A person who commits an offence of defilement with a child aged 11 years or less shall upon conviction be sentenced to imprisonment for life. • A person who commits an offence of defilement with a child between the age of 12 and 15 years is liable upon conviction to imprisonment for a term of not less than 20 years. • A person who commits an offence of defilement with a child between the age of 16 and 18 years is liable upon conviction to imprisonment for a term of not less than fifteen years.
Attempted defilement	A person who commits an act attempting to penetrate the genital organs of a child using genital organs.
Indecent act	Any person who commits an indecent act with a child is guilty of the offence of committing an indecent act with a child and is liable upon conviction to imprisonment for a term of not less than ten years.

Incest	Acts which cause penetration committed within the family. Attempted incest – attempts by any person to commit the offence of incest. Test of relationship – In cases of the of incest, 'brother' and 'sister' includes half-brother, half-sister, and adoptive brother and adoptive sister; 'father' includes a half-father and an uncle of the first degree; 'mother' includes a half-mother and an aunt of the first degree, whether through lawful wedlock or not. 'Uncle' means the brother of a person's parent and 'aunt' has a corresponding meaning; 'nephew' means the child of a person's brother or sister and 'niece' has a corresponding meaning; 'half-brother' means a brother who shares only one parent with another; 'half-sister' means a sister who shares only one parent with another; and 'adoptive brother' means a brother who is related to another through adoption, and 'adoptive sister' has a corresponding meaning.
Gang rape	Rape or defilement in association with another or others, or any person who, with common intention, is in the company of another or others who commit the offence of rape or defilement.
Promotion of sexual offences with a child	Manufacturing or distributing any article that promotes or is intended to promote a sexual offence with a child; or supplying or displaying to a child any article which is intended to be used in the performance of a sexual act, with the intention of encouraging or enabling that child to perform such sexual act.
Sexual harassment	Any person who, being in a position of authority or holding a public office, persistently makes any sexual advances or requests which he or she knows, or has reasonable grounds to know, are unwelcome, is guilty of the offence of sexual harassment.

Cultural and religious sexual offences	Any person who for cultural or religious reasons forces another person to engage in a sexual act or any act that amounts to an offence under the Sexual Offences Act.
Sexual offences relating to positions of authority and persons in positions of trust	Sexual offences relating to positions of authority or trust – minimum sentence of ten years.
Deliberate transmission of HIV or any other life-threatening sexually transmitted disease	Any person with actual knowledge that he/she is infected with HIV or any other life-threatening sexually transmitted disease intentionally, knowingly, and wilfully does anything or permits the doing of anything which he/she knows or ought to reasonably know will infect or is likely to lead to the infection of another person with HIV or any life-threatening or other sexually transmitted disease. Note: A person convicted of any other offence under the Sexual Offences Act and proved to have been infected with HIV or other life-threatening sexually transmitted disease at the time of committing the offence, whether or not he/she was aware of infection, and notwithstanding any other sentence, shall be liable to 15 years to life imprisonment.
Administering a substance with intent	Any person commits an offence if he intentionally administers a substance to, or causes a substance to be administered to or taken by, another person with the intention of stupefying or overpowering that person so as to enable any person to engage in a sexual activity with that person.

3.3.2 Physical violence

These are forms of violence that attack and harm the body, including: physical assault, beating, battering, trafficking, slavery, murder, detention, inflicting wounds, or administering drugs, substances, or alcohol with intent to abuse.

TYPE OF PHYSICAL VIOLENCE	DESCRIPTION
Assault	Roughing up a person, e.g. one's wife or husband.
Battering	Whipping and beating up, e.g. kicking, slapping, boxing, knocking down, etc.
Killing	Ending the life of another by poisoning, strangling, decapitation, etc.
Maiming	Causing someone permanent injury and disability, e.g. cutting off limbs, burning, piercing the eyes of elderly people alleged to be witches or wizards, etc.
Dismembering	Chopping off part of someone's body, e.g. a woman cutting off the husband's sexual organs.
Disfiguring and mutilation	Destroying someone's appearance and physically changing the original appearance of the body, e.g. pouring acid on the face, scalding, scarification, genital modification, etc.

3.3.3 Economic abuse/violence

These are forms of violence related to income, support, employment, and means of livelihood.

Economic abuse/violence includes deprivation of basic needs; unreasonable deprivation of economic or financial resources that one is entitled to, including household necessities, medical expenses, school fees, rent, mortgage, etc.; deprivation of inheritance; disposal of property without consent; withholding financial support; denial of employment; and denial of resources or opportunities or services.

TYPE OF ECONOMIC ABUSE	DESCRIPTION
Enticement	Asking girls and women for sexual favours in return for employment or other benefits; luring children into sex with money and material benefits.
Trafficking	The recruitment, transportation, transfer, harbouring, or receipt of a person, by means of threat or use of force or other forms of coercion, for the purpose of exploitation, e.g. as domestic workers, sexual workers, or forced labour.
Dispossession	Taking away what rightly belongs to another person, e.g. taking away from widows the property of the deceased husband.
Servitude	Giving someone too much work or making one work like a slave.
Vandalism	Deliberate destruction of someone's property, e.g. a wife breaks utensils or burns the house or her husband's car to show her displeasure.
Confiscation	Keeping one's paycheques, credit cards, or other sources of funds; a husband, for example, keeping certain items owned by his wife (e.g. keys, property) and thereby preventing access to means of mobility and livelihood and other necessities.
Neglect	Failing to provide food, shelter, health care, education, and protection to one's dependents, e.g. a woman who only gives birth to girls being neglected by her husband, girls being denied education, and older persons being denied health care and food.
Denial of resources	Taking away the money the woman earns so the male partner has absolute control over the family income. Denying a wife access to land and other productive resources.
Economic blackmail	Using financial power over the spouse who has fewer resources.

3.3.4 Emotional/psychological violence

These are forms of violence that cause disturbance to one's mind and feelings. This includes the following: abuse/humiliation; stalking; sexual harassment and confinement; lack of support that may cause harm to the health, safety, and well-being of a person entitled to the support; name calling; intimidation; threats; and intimate partner violence. The accompanying table shows examples and explains some aspects of emotional/psychological violence.

TYPE OF EMOTIONAL/ PSYCHOLOGICAL VIOLENCE	DESCRIPTION
Verbal insults	Use of offensive words against someone.
Humiliation	Making someone feel ashamed or useless, e.g. being beaten up in public or in front of one's own children, being undressed in public, being forced to do a sexual act in public, or being forced to witness the rape of one's spouse, child, or parent.
Intimidation	Instillation of fear through threats, bullying, and pressure to do or not do something, e.g. defiled children being threatened with death if they report their defilers.
Confinement and immobilization	Denying someone freedom of movement, e.g. a husband locks his wife in the house and keeps her incommunicado, or breaking one's legs to prevent escape, etc.
Silence	Refusing to talk to one's husband or wife as a way of punishing him/her.

3.3.5 Harmful traditional practices/cultural forms of violence

These are rooted in traditions and customs. These kinds of GBV constitute a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination, and physical and mental integrity. They include female genital mutilation, forced circumcision, early marriage, forced marriage, infanticide and/or child neglect, widow inheritance, and disinheritance.[6] The accompanying table presents some examples and explains some aspects of harmful traditional practices/cultural forms of violence.

6 Draft National Policy on Prevention of and Response to Gender-based Violence and *Keeping the Promise: End Gender-based Violence.*

HARMFUL TRADITIONAL PRACTICES/CULTURAL FORMS OF VIOLENCE	DESCRIPTION
Genital mutilation	The act of cutting, sewing up, or disfiguring genital organs, usually as a rite of passage but sometimes as a form of retaliation, punishment, or military or cultural domination.
Scarification	The act of etching physical marks on one's body, usually as a rite of passage.
Forced and/or arranged marriage	The act of forcing someone to marry a person not of their own choice, e.g. families forcing their daughters to marry rich old men able to pay fatter bride price, and betrothing children and marrying them off to pre-determined suitors.
Early/child marriage	The act of making children (i.e. those below 18 years of age) marry.
Abduction	Physical removal of a person from one place to another by force or trickery, e.g. girls carried away by their suitors.
Forced widow inheritance	Marital union with a widow against her will in the name of culture.
Discrimination	Biased treatment against someone because of his/her sex, e.g. denying girls education and women property.
Honour killing or maiming	Injury or death caused by family members or their agents against one of their own to preserve the family's honour, e.g. abduction and killing of girls who have sexual relations outside of wedlock or relationships with people of a lower social class or from a different race or ethnic group.
Derogatory folklore	Folktales, proverbs, riddles, and songs that depict certain groups as inferior or encourage/glorify violence against them.
Objectification and commoditization	Treatment of someone as property, e.g. regarding women as property or sexual objects available through purchase or for use to meet ritualistic purposes.
Ghost marriage	Acquisition of a wife for a son who died before getting married, died at war, or disappeared in his youth. The woman is kept by the boy's family and arrangements are made for her to have children for the dead or lost boy by proxy.

3.3.6 Gender-based violence in politics

GBV in politics includes political harassment committed against those in active public life. It can take many other forms, including physical, sexual, and psychological violence, threats, harassment, and intimidation. GBV in politics also includes sexist stereotypes and images in the media that focus on bodies, sexuality, and traditional social roles, as well as undue pressure to quit posts on the basis of gender.

The table below presents some examples and explains some aspects of GBV in politics.

Table 5 shows an analysis of forms of violence reported to the HAK Helpline between 2015 and October 2018.

TYPE OF GENDER-BASED VIOLENCE IN POLITICS	DESCRIPTION
Sexist stereotypes	Emphasizing bodies, sexuality, and traditional social roles rather than focusing on a candidate's competence, capacity, and contribution as a leader.
Intimidation	This can take the form of pressure to resign from posts or relinquish ambitions on the basis of gender.

3.4 Consequences of gender-based violence

GBV has serious, far-reaching consequences. GBV survivors are at high risk of severe and long-lasting health problems and even loss of life. At the societal level, GBV can lead to social stigma, rejection, break-up of families, homelessness, dispossession, and destitution. Apart from GBV survivors' human rights being violated, they have to direct their resources towards medical, legal, and psychosocial services. Family members of GBV survivors spend disproportionate time and resources securing reprieve for GBV survivors.

At the national level, GBV affects the Kenyan economy, as working hours are lost and financial resources are directed towards mitigating the cost of GBV.

Table 5: Analysis of violence by Healthcare Assistance Kenya (HAK) from information received on its helpline (1195) between January 2015 and October 2018

HAK Helpline 1195 analysis per type of abuse and gender

Type of abuse	*2015*		*2016*		*2017*		*2018*		*Grand total*
	Female	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	
Rape	39	1	31	2	68	3	75	0	*219*
Defilement	195	0	136	0	220	2	146	0	*699*
Physical assault	392	43	381	39	630	65	518	63	*2,131*
Sodomy	2	8	4	9	2	15	0	18	*58*
Female genital mutilation	6	0	15	0	16	0	5	0	*42*
Child/forced marriage	28	0	16	0	25	0	26	0	*95*
Sexual harassment	21	1	3	2	12	1	12	1	*53*
Child labour	6	7	4	1	3	1	4	2	*28*
Child abduction	27	13	16	9	64	35	43	20	*227*
Child abandonment	19	17	12	16	7	10	18	11	*110*
Child neglect	226	183	199	182	492	451	276	218	*2,227*
Economic abuse (denial of opportunity	41	34	30	21	62	42	15	13	*258*
Economic abuse (denial of resources)	257	71	146	36	195	11	71	13	*800*
Psychological torture	458	137	579	179	1,059	230	928	177	*3,747*
Custody and maintenance	2	5	0	0	2	1	3	6	*19*
Grand total	**1,719**	**520**	**1,572**	**496**	**2,857**	**867**	**2,140**	**542**	**10,713**

In politics and public life, GBV limits aspirants' (especially women's and youths') political opportunities and discourages or prevents them from exercising their political rights, including their rights as voters, candidates, party supporters, or public officials. It also negates the gains made in the quest to enhance gender equality in politics and threatens democracy. Each form of GBV has its consequences, although there are various overlaps among them.

3.4.1 Sexual and reproductive health consequences

GBV has grave sexual and reproductive health consequences. It can deter survivors from seeking reproductive health and family planning services. There is cyclic link between GBV and HIV among persons living with HIV/AIDS (including women, children, and adolescents) and members of key populations such as prisoners; men who have sex with men; lesbian, gay, transsexual, and intersex persons; and sex workers. GBV can expose survivors to HIV; conversely, people living with HIV, particularly women, are likely to experience GBV when they disclose their status to spouses. The Kenya Demographic and Health Survey 2014 showed that women who have experienced GBV are 48 per cent more likely to be infected with HIV than those who have not. Other sexual and reproductive health consequences include the following:

- Unplanned pregnancies and children
- Induced, unsanitary, and dangerous abortions
- Sexually transmitted infections, including HIV
- Barrenness due to disease and injury
- Sexual dysfunction
- Injury to reproductive organs, leading to lifelong malfunctions
- Early pregnancy
- Destabilization of the menstrual cycle
- Deformed genitalia and related health complications
- Depression
- Suicidal tendencies

3.4.2 Physical consequences

- Injury
- Bleeding
- Disability
- Permanent disfigurement
- Death
- Stunted physical growth (for children)
- Fistula

3.4.3 Economic consequences

The cost of GBV is enormous. A study on the economic cost of GBV by the National Gender and Equality Commission estimates that the annual total out-of-pocket medical-related expenses (money that survivors or their families paid out of their own financial resources) were estimated at a staggering KES 10 billion. The productivity losses from serious injuries were estimated at about KES 25 billion, and from minor injuries at KES 8 billion. The total loss amounts to KES 46 billion, which translates to about 1.1 per cent of Kenya's gross domestic product.[7] This shows that GBV imposes direct and indirect costs on survivors and their families and society at large. These costs include the indirect costs of accessing justice – for example, time burden and opportunity costs associated with delays are prohibitive. There are also direct costs – for example, medical examinations, filing fees, and expenses for witnesses.[8]

The following are some of the economic consequences of GBV:

- Reduced economic opportunities and productivity due to illness, impairment, depression, etc.
- Increased burden due to medical costs, unwanted children, abortions etc.
- Diversion of resources for treatment and care
- Extra burden, especially for women, who bear the burden of care for family members with HIV/AIDS and very often assume the responsibility of children orphaned by AIDS
- Severe strain on health services as they struggles to cope with illnesses resulting from violence and its consequences (e.g. HIV/AIDS), which are essentially preventable
- Loss of productivity in the workforce, which compromises delivery of services in different sectors and eventually reduces gross national product
- Reduced investments as savings are diverted to medical treatment
- Diversion of labour to care for the sick, hence a loss in productivity that leads to reduced food security and standards of living

3.4.4 Emotional/psychological consequences

- Fear, timidity, shame, and self-hate
- Trauma, depression, introversion, and suicidal tendencies
- Loss of self-esteem and confidence
- Teasing and humiliation by peers

7 Ibid.
8 National Gender and Equality Commission, *Gender-based Violence in Kenya: The Economic Burden on Survivors*, 2016, p. 33–36.

- Internalization, tolerance, and acceptance of future violence
- Inability to trust others, especially in cases of intimate partner violence
- Emotional detachment
- Sleep disturbance
- Post-traumatic stress disorder

3.4.5 Social and cultural consequences

- Alienation and rejection
- Loss of respect and dignity among peers, family, and community
- Rejection, stigmatization, and neglect of children resulting from rape or incest
- Identity crisis for children born out of sexual violation
- Emergence of new family set-ups, e.g. street families
- Early marriage in a bid to reclaim family's honour
- Loss of children's right to education as a result of early marriage
- Exclusion of victims from important communal events such as burial rites
- Poor performance and increased dropping out of school
- Slow rate of development due to withdrawal syndrome and limited interaction with peers
- Development of deviant and criminal tendencies
- Stigma and discrimination for life
- Repeat violation due to perceived vulnerability
- Breakdown in heterosexual relationships, including marriage
- Restricted access to services
- Strained relationships

3.4.6 Consequences of gender-based violence in politics

- Restricted ambition
- Loss of respect among peers
- Loss of good leaders
- Perpetuation of gender discrimination and gender stereotypes

- Poor governance
- Shunning of politics by good leaders
- Governance and leadership gap

3.5 Perpetrators of gender-based violence

3.5.1 Perpetrators and survivors of gender-based violence

One of the most common forms of violence is that perpetrated by a husband or an intimate male partner. Women are often emotionally involved with and economically dependent on those who victimize them. This has major implications for both the dynamics of abuse and the approaches to dealing with them. Although women can also be violent in relationships with men, the overwhelming burden of partner violence is borne by women at the hands of men. Data suggests that partner violence accounts for a significant number of murders of women and that men are the majority perpetrators of GBV against girls and women and also against fellow men in all the categories outlined above. But they can and should be actors against the vice.[9]

Various service providers, including schoolteachers, health workers, law enforcement officials, religious leaders, caregivers in children's homes, domestic staff, and child minders, are often among the perpetrators of violence. In armed conflicts, combatants are the key perpetrators of violence. Musicians, storytellers, and other artists inadvertently perpetrate violence against women and girls through their negative portrayal of women and girls in their products. The mass media are key perpetrators of violence, especially through movies and music that glorify violence. Some parents are perpetrators of violence against children through acts of commission and omission. The following list itemizes and explains how different categories may be perpetrators.

i. Intimate partners: Many forms of GBV are committed by husbands, wives, boyfriends, and girlfriends, including murder, physical assault, marital rape, date rape, battery, sexual violence, neglect, vandalism of property, confiscation of property, forced sodomy, etc.

ii. Family members, close relatives, acquaintances, and friends: People who are trusted and expected to provide protection can perpetrate incest, battery, trafficking, exposure to pornography, neglect, denial of education, disinheritance, femicide, scarification, and

9 Men for Gender Equality Now, *Against Patriarchy: Tools for Men and Boys to further Gender Justice*, 2013.

female genital mutilation. They are usually not reported since they are close acquaintances and even providers, such as fathers, stepfathers, grandfathers, brothers, uncles, domestic workers, and neighbours.

iii. Influential community members: This group enjoys positions of authority that they can easily abuse. They may include teachers, leaders, politicians, religious leaders and business people. The survivor may find it difficult to report because of fear of retaliation, loss of privileges, or pressure to protect the perpetrator's 'honour'. Examples of GBV perpetrated are sexual exploitation, sexual harassment, procurement, forced prostitution, battery, and trafficking.

iv. Security forces (soldiers, police officers, guards): This group wields power to grant and withhold rights and privileges. They can manipulate this power in abusive ways, e.g. through sexual blackmail, arbitrary arrest, extrajudicial killing, violation of those who report to them, and concealment of evidence.

v. Humanitarian aid workers: Staff of humanitarian aid organizations hold positions of great authority and command access to vast resources, including money, influence, food, and basic services; unfortunately, some use this power to commit GBV, especially sexual exploitation and abuse.

vi. Institutions: Institutions may perpetrate GBV by omission or commission. For example, institutions can provide discriminatory social services that maintain and increase gender inequalities, e.g. withholding information, delaying or denying medical assistance, offering unequal salaries for the same work, and obstructing justice. They may also not act to prevent or respond to GBV and may indeed systematize cultures that encourage GBV.

MODULE 4: THE NATIONAL LEGAL AND POLICY FRAMEWORK TO ADDRESS GENDER-BASED VIOLENCE IN KENYA

This module outlines the international legal framework to address GBV in Kenya and the national policy framework to address GBV in Kenya, and also identifies the international and regional instruments that complement the national legal and policy framework.

Purpose: To apply the key provisions of the international and regional treaties and national laws and policies for mitigating GBV and providing services to survivors.

Expected learning outcomes: By the end of this module, the participant should be able to:

1. Demonstrate an understanding of the international human rights framework for preventing and responding to GBV.
2. Demonstrate an understanding of the regional laws and treaties for preventing and responding to GBV.
3. Be aware of the Kenyan national legal and policy framework for addressing GBV.
4. Explain key terminologies used in selected laws addressing GBV.
5. Outline the different offences in the in the various laws.
6. Discuss some aspects of the Sustainable Development Goals and how they address GBV.

Module overview

Unit	Content	Learning methods	Materials
The international legal framework to address GBV in Kenya	Application of 1. International instruments 2. Regional instruments 3. The constitution 4. Statute law in GBV prevention and response	Interactive presentation, scenarios, cases	LCD projector, flip chart and stand, assorted marker pens, PowerPoint slides, sticky notes, case scenario printouts
The national policy framework to address GBV in Kenya	Application of national policies in GBV prevention and response	Interactive presentation, cases	LCD projector, flip charts and stand, assorted marker pens, PowerPoint slides, sticky notes, case scenario printouts

4.1 The international legal framework to address gender-based violence in Kenya

Kenya is a signatory to several international and regional instruments (treaties and declarations) that prohibit GBV. By virtue of Article 2(6) of the Constitution of Kenya 2010, these international obligations that have been ratified by Kenya become part of Kenyan law. Key international documents/instruments include the following: the International Covenant on Civil and Political Rights; the Convention on the Rights of the Child (1989); the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Pornography, and Child Prostitution; the Optional Protocol on the Convention of the Rights of the Child on Child Trafficking, Child Prostitution and Child Pornography; the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children (adopted 2000); UN Security Council Resolution 1820; the ILO Convention 182 on the Worst Forms of Child Labour; the Sustainable Development Goals; and the 1951 Refugee Convention.

Regional instruments include The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; Agender 2063.

4.2 International instruments to address gender-based violence

A number of international documents/instruments address GBV: the International Covenant on Civil and Political Rights; the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Pornography, and Child Prostitution; the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children (adopted 2000); UN Security Council Resolution 1820; ILO Convention 182 on the Worst Forms of Child Labour; and the 1951 Refugee Convention.

The key international instruments that address GBV are listed in detail below.

Sustainable Development Goals (SDGs)

Goal 5: Achieve gender equality and empower all women and girls.

- 5.1: End all forms of discrimination against all women and girls everywhere.
- 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
- 5.3: Eliminate all harmful practices, such as child, early, and forced marriage and female genital mutilation.

Goal 11: Make cities and human settlements inclusive, safe, resilient, and sustainable.

- 11.7: By 2030, provide universal access to safe, inclusive, and accessible green and public spaces, in particular for women, children, older persons, and persons with disabilities.
- 11.7.2 (indicator): Proportion of persons victim of physical or sexual harassment, by sex, age, disability status, and place of occurrence, in the previous 12 months.

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels.

- 16.1: Significantly reduce all forms of violence and related death rates everywhere.
- 16.2: End abuse, exploitation, trafficking, and all forms of violence against and torture of children.

- 16.3: Promote the rule of law at the national and international levels and ensure equal access to justice for all.

Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development.

Universal Declaration of Human Rights

Universal Declaration of Human Rights (1948) states that:

- Everyone is free and equal.
- Everyone has the right to life, liberty, and security.
- No one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment.
- Everyone has the right to due process, freedom of expression and thought, to move, to take part in government, to own property, to enjoy culture, to work and have leisure and social security.

Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)

- Defines discrimination against women.
- Condemns discrimination in all forms; it does not challenge traditions/customs, but only what is discriminatory towards women.
- Mandates the state to eliminate discrimination in public and political life, law and legal issues, education, employment, health care, marriage, and family, as well as against rural women.

Under the CEDAW Resolution 1997, governments have the duty to:

- Refrain from engaging in violence against women.
- Prevent, investigate, and punish acts of violence against women, whether committed in the household or in society.
- Provide access to just and effective remedies and specialized assistance to victims of violence.

The UN Convention Against Torture and Cruel and Degrading Treatment

Defines torture as an act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for obtaining information or confession. Such acts:

- Constitute a domestic crime
- Must be prevented
- Must be investigated and punished
- Are extraditable

In addition, the state must not expel anyone to a place where s/he will be tortured; the state must train law enforcement and military to avoid such acts.

The Beijing Declaration and Platform for Action (adopted in 1995 at the Fourth World Conference on Women)

- Identified specific areas of action for governments to take in prevention of and response to violence against women and girls.
- Violence against women features as a chapter and one of the twelve areas of priority action.
- Has an expansive definition of forms of violence.
- States submit reports on the implementation of the Beijing Declaration and Platform for Action.

Convention on the Rights of the Child

- Defines a child as anyone under 18 years.
- No discrimination on any basis.
- Protection and care, including from all physical and sexual violence, exploitation, prostitution, pornography, and trafficking.
- Right to life.
- Right to parents, so long as not abusive; both parents are equally responsible and have equal rights.
- Best interests of the child are the standard.

Declaration on the Elimination of Violence against Women/General Assembly Resolution 48/104 (landmark declaration adopted in 1993 that is seen as complementary to CEDAW)

- Defines violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life'.
- Provides a framework for analysis and action at national and international levels.
- Promoted the designation of November 25 as International Day for the Elimination of Violence against Women and the appointment of a Special Rapporteur on Violence against Women.

United Nations Security Council Resolution 1325 on Women, Peace, and Security (passed in 2000 unanimously)

- First UN Security Council resolution that links women to the peace and security agenda.
- Calls for protective measures for women and girls in refugee settings.
- Prevents sexual and gender-based violence in armed conflict.
- Emphasizes the responsibility of all states to put an end to impunity for perpetrators.
- The UN Security Council adopted Resolution 1889 in 2009, which aims to strengthen the implementation of Resolution 1325.
- National/regional action plans on Resolution 1325 have been adopted with limited funding.

Agreed and adopted conclusions of the 57th Commission on the Status of Women, 2013

- Elimination and prevention of all forms of violence against women and girls
- Better implementation of existing laws and policies to end violence against women
- Development and implementation of effective multisectoral policies and strategies and allocation of sufficient resources for their implementation
- Independent women's shelters and other services
- Need for research and comprehensive collection of data on violence against women

United Nations Convention on the Rights of Persons with Disabilities

Urges states to:

- Abolish laws, regulations, customs, and practices that constitute discrimination (Article 4).
- Prohibit discrimination on the basis of disability and guarantee equal legal protection (Article 5).
- Guarantee freedom from torture and from cruel, inhuman, or degrading treatment or punishment, and prohibit medical or scientific experiments without the consent of the person concerned (Article 15).

In addition, laws and administrative measures must guarantee freedom from exploitation, violence, and abuse. In case of abuse, states shall promote the recovery, rehabilitation, and reintegration of the victim and investigate the abuse (Article 16). The convention states the principle of reasonable accommodation. Special attention is given to those who face multiple discrimination – women and children.

International Criminal Court (ICC)

The founding statutes of the ICC and other international courts include crimes of sexual violence – rape, sexual slavery, forced sterilization, forced pregnancy, forced prostitution, and other forms of grave sexual violence.

Kenya has domesticated the ICC in the International Crimes Act Chapter 16 of 2008.

4.3 Regional legal and policy instruments to address gender-based violence

At the regional level, other instruments include the Maputo Plan of Action (2007–2015 and 2016–2030) on universal access to sexual and reproductive health rights, as well as the International Conference of the Great Lakes Region Protocol.

The key regional instruments are listed in detail below.

Solemn Declaration on Gender Equality in Africa (2004)

- Accelerate the implementation of gender-specific economic, social, and legal measures aimed at combating the HIV/AIDS pandemic and effectively implement both the Abuja and Maputo protocols.
- Ensure the full and effective participation and representation of women in peace processes, including the prevention, resolution, and management of conflicts and post-conflict reconstruction in Africa.
- Expand and promote the gender parity principle to all organs of the African Union.
- Ensure the active promotion and protection of all human rights for women and girls, including the right to development.
- Effectively monitor the Solemn Declaration in the six thematic clusters: Governance, Peace and Security, Human Rights, Health, Education, and Economic Empowerment.

The African Charter on the Rights and Welfare of the Child

- Every child has a right to live.
- Children should be protected from all forms of torture, inhuman or degrading treatment, and especially physical or mental injury or abuse, neglect, or maltreatment, including sexual abuse.
- Children should be protected from all forms of sexual exploitation and sexual abuse.
- Children should be protected from the use of narcotics and the illicit use of psychotropic substances.
- Governments should take appropriate measures to prevent the abduction, sale, or trafficking of children for any purpose.

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)

- Girls' and women's right to be protected from sexual harassment (right to equality in education)
- Dedicated article on violence against women and reference throughout the document
- Expressly bans harmful practices such as female genital mutilation
- Women's reproductive rights as human rights; expressly guarantees a woman's right to control her fertility

African Union Gender Policy and Action Plan (2010)

- Creating an enabling and stable political environment
- Legislation and legal protection actions against discrimination, for ensuring gender equality
- Mainstreaming gender in all key issues/sectors of development
- Promoting the effective participation of women in peacekeeping and security, including efforts aimed at reconciliation in post-conflict reconstruction and development

African Union Agenda 2063

Aspires for:

- An Africa of good governance, respect for human rights, justice, and rule of law
- A peaceful and secure Africa
- An entrenched and flourishing culture of human rights, democracy, gender equality, inclusion, and peace; prosperity, security, and safety for all citizens; and mechanisms to promote and defend the continent's collective security and interests

At the regional level, other instruments include the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; the Maputo Plan of Action (2007–2015 and 2016–2030) on universal access to sexual and reproductive health rights; the Solemn Declaration on Gender Equality in Africa (2004); the International Conference of the Great Lakes Region Protocol; The African Charter on the Rights and Welfare of the Child;[1] and the African Union Gender Policy and Action Plan (2010).

4.4 National laws

These laws are listed along with their provisions for GBV.[2]

1 Information obtained from the Draft National Policy for the Prevention of and Response to Gender-based Violence.
2 List adapted from the Enhancing Local Resilience towards Prevention of and Response to Gender Based Violence Programme (*Reproductive, Maternal, Newborn, Child, and Adolescent Heath and GBV Training Manual for Male Champions*) 2018, and Keeping the Promise: End Gender-based Violence Campaign in Kenya, 2017.

The Constitution of Kenya 2010

Chapter 4: Bill of Rights

- Affirms the country's commitment to nurturing and protecting the well-being of the individual, the family, communities, and the nation (preamble).
- Guarantees every person the right to freedom and security of the person, which includes the right not to be subjected to any form of violence from either public or private sources (Article 29c) or subjected to torture in any manner, whether physical or psychological (29d).
- Guarantees every child the right to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment, and punishment (Article 53-1d).
- Mandates the Parliament to enact legislation providing for the protection, rights, and welfare of victims of offences (Article 50-9).

Chapter 7: Representation of the People

A political party shall not engage in or encourage violence by, or intimidation of, its members, supporters, opponents, or any other person (Article 91-2b).

Children's Act (No. 8 of 2001)

- Makes provisions for the safeguards of the rights and welfare of children.
- Stipulates that all activities done on behalf of children should be in the best interests of the child.
- Secure for the child such guidance and correction as is necessary for the welfare of the child and in the public interest.
- Non-discrimination.
- Right to parental care.
- Protection from harmful cultural rites, etc.
- Protection from sexual exploitation.
- Realization of the rights of the child.
- Survival and best interests of the child.

The Penal Code (Chapter 63)

The Penal Code prohibits all acts of violence in its provisions.

Sexual Offences Act (No. 3 of 2006)

The Sexual Offences (Dangerous Offenders DNA Databank) Regulations of 2008

- Provides for prevention and the protection of all persons from harm from sexual acts and access to justice and psychosocial support
- Establishes offences.

Regulations were established to realize the supervision of dangerous offenders pursuant to Section 39.

Provides that the director shall, for purposes of criminal identification, establish and maintain a databank to be known as the Dangerous Offenders DNA Databank.

Persons with Disabilities Act (No. 14 of 2003)

- Provides for the rights and rehabilitation of persons with disabilities.
- Achieves equalization of opportunities for persons with disabilities.
- Establishes the National Council for Persons with Disabilities.
- Protects the rights of persons with disabilities, including protection against all forms of violence.

HIV and AIDs Prevention and Control Act (No. 14 of 2006)

- Provides measures for the prevention, management, and control of HIV and AIDS.
- Provides for the protection and promotion of public health and for the appropriate treatment, counselling, support, and care of persons infected with HIV or at risk of HIV infection, and for connected purposes.

Employment Act (No. 11 of 2007)

- The act prohibits the discrimination and harassment of employees on the basis of sex, guaranteeing equal remuneration for work of equal value (Section 6).
- Prohibits sexual harassment at the workplace.
- Mandates employers to create a policy statement prohibiting sexual harassment at the workplace.

Counter-Trafficking in Persons Act (No. 8 of 2010)

- Prevents, suppresses, and punishes trafficking in persons, especially women and children.
- Sets out the definition of trafficking in persons and exploitation and explains particular instances of trafficking, which include acquisition of travel documents by entry and exit into the country and particularly promotion of child trafficking.

Prohibition of Female Genital Mutilation Act (No. 32 of 2011)

Prohibits the practice of female genital mutilation and safeguards against violations of a person's mental or physical integrity.

Victim Protection Act (No. 17 of 2014)

- Gives effect to Article 50(9) of the constitution on fair hearing.
- Provides for protection of victims of crime and abuse of power, and provision to them of better information and support services.
- Provides for reparation and compensation to victims.
- Provides special protection for vulnerable victims.
- Provides for the protection, rights, and welfare of victims of offences.
- Proscribes discrimination based on gender.
- Victims who become witnesses in criminal proceedings will find enhanced protection in the Witness Protection Programme, which is cross-referenced in the Victim Protection Act.
- The Sexual Offences Act of 2006 and the Counter-trafficking in Persons Act of 2010 have been embedded in the victim protection law, thus affording greater protection to victims of trafficking in persons and sexual abuse.

Witness Protection Act (No. 16 of 2006)

- Recognizes age and gender as some of the factors that would render a victim vulnerable, therefore requiring special protection.
- Provides for the removal of the survivor from the place of abuse to a safe space as one of the protection measures under the act.

Matrimonial Property Act (No. 49 of 2013)

- Provides for the rights and responsibilities of spouses in relation to matrimonial property.
- Prohibits the eviction of a spouse from the matrimonial home by or at the instance (instigation) of the other spouse during the subsistence of the marriage, except by order of a court.

Marriage Act of 2014 (No. 4 of 2014)

- Provides for the marriageable age and types of marriages.
- Guarantees parties to a marriage equal rights at the time of the marriage, during the marriage, and at the dissolution of the marriage.
- Sets a mandatory minimum marriage age of 18 years for both parties to a marriage and considers void any marriage contracted with a person below the minimum age (Section 4).
- Identifies offences related to marriage and sets penalties.
- Defines marriage as the voluntary union of a man and a woman.
- Prohibits inducing consent to marry by coercion or fraud.
- Provides an exit for survivors of GBV from abusive marital unions on grounds of cruelty.

Protection against Domestic Violence Act (No. 2 of 2015)

- Recognizes that domestic violence, in all its forms, is unlawful behaviour.
- Provides for the protection and relief of members of a family from domestic violence.
- Makes provisions to ensure that, where domestic violence occurs, there is effective legal protection for its victims.
- Empowers the police to take action against domestic violence.

- Empowers the courts to make orders to protect victims of domestic violence.
- Empowers the survivor and other individuals and institutions to take action against domestic violence.

Computer Misuse and Cybercrimes Act (No. 5 of 2018)

- Provides for offences relating to computer systems.
- Enables timely and effective detection, investigation, and prosecution of computer and cybercrimes.
- Facilitates international cooperation in dealing with computer and cybercrime matters.
- Deals with the matters related to sexual harassment and other forms of GBV.

Political Parties Act (No. 11 of 2011)

- Prohibits political parties from engaging in or encouraging violence by their members or supporters.
- Prohibits political parties from engaging in or encouraging any kind of intimidation of opponents, any other person, or any other political party.
- Prohibits the registrar from registering a political party which accepts or advocates the use of force or violence as a means of attaining its political objectives.

Elections Act (No. 24 of 2011)

- Prohibits the use of force or violence during election periods.
- Prohibits direct or indirect use of the threat of force, violence, or harassment.
- Prescribes offences relating to elections.

Basic Education Act (No. 14 of 2013)

Provides that no pupil shall be subjected to torture and cruel, inhuman, or degrading treatment or punishment, in any manner, whether physical or psychological (Section 36).

Teachers Service Commission Act (No. 14 of 2012)

- Gives provision for cancelling the registration of teachers in cases of misconduct.
- Provides guidelines for teacher–student relationships and teachers' conduct, with the aim of preventing and responding to cases of GBV within the school environment.

Legal Aid Act (No. 6 of 2016)

- Provides affordable, accessible, sustainable, credible, and accountable legal aid services to indigent persons in Kenya in accordance with the constitution.
- Provides a legal aid scheme to assist indigent persons to access legal aid.
- Promotes legal awareness.
- Supports community legal services by funding justice advisory centres, education, and research.

International Crimes Act (No. 16 of 2008)

- International crimes are offences that transcend national borders, often prohibited in international treaties and conventions agreed upon by the international community of states.
- Sexual violence is recognized as an international crime when it is committed in the context of massive or large-scale attacks or violations against individuals and communities.
- Sexual offences as international crimes are prohibited in the International Crimes Act of 2008.

Electoral Offences Act (2016)

- Prohibits the use of violence, including sexual violence in elections.
- Provides that infliction of injury, damage, harm, or loss against another person in the context of an electoral process is an offence attracting a fine of not more than USD 20,000 or up to six years imprisonment or both.

The Criminal Procedure Code (Revised Edition) 2012

- Makes provision for the procedure to be followed in criminal cases that include gender-based violence offences and sexual offences.
- Section 3 of the Criminal Procedure Code requires that offences under any law that include sexual and gender-based violence offences shall be investigated, tried, and dealt with in accordance with the provisions of the Criminal Procedure Code.

4.5 The national policy framework to address gender-based violence

National Policy for Prevention of and Response to Gender-based Violence, 2014

The policy sets out a GBV prevention and response coordination structure, which includes the executive, legislature, and judiciary in order to achieve the following objectives:

- Facilitate a coordinated approach to GBV and ensure effective programming.
- Improve the enforcement of laws and policies towards GBV prevention and response.
- Increase access to quality and comprehensive support services across sectors.
- Improve the sustainability of GBV prevention and response interventions.

For more information: http://www1.uneca.org/Portals/ngm/Documents/GenderPolicy.pdf.

National Framework towards Response to and Prevention of Gender-based Violence in Kenya, 2015

The framework provides a strategy for effective coordinating the various state and non-state actors' responses to domestic violence in Kenya.

The framework provides the following:

- Establishes one integrated and functional SGBV multisectoral monitoring and evaluation system
- Monitoring and evaluation of national efforts in the prevention of and response to SGBV
- Contributes to evidence-informed funding, advocacy, decision making, and programming

Kenya Vision 2030

- Kenya Vision 2030 is a long-term policy plan for accelerating the transformation of Kenya into an industrializing middle-income nation by 2030.
- It acknowledges that cases of GBV are increasing and lays out strategies to reduce the same and the vulnerabilities that surround it.

For more information: http://www.vision2030.go.ke/.

The Vision 2030 Second Medium-term Plan (2013–2017)

- Emphasizes the need for the establishment of integrated one-stop sexual and gender-based violence response centres in all health-care facilities in Kenya.
- Undertakes public awareness campaigns against female genital mutilation and early and forced marriages.
- Recognizes that the genesis of gender-based violence is gender inequality in various forms, including unequal power relations and sociocultural practices that discriminate against women and girls.

For more information: http://www.vision2030.go.ke/.

National Policy on Gender and Development, 2011

This is a comprehensive overall framework for guiding gender mainstreaming within the different sectors and line ministries involved in development to allow for them to participate in the sectors and benefit from the development actions.

Sessional Paper No. 2 of May 2006 on Gender Equality and Development

This is in tandem with the National Policy on Gender and Development; it provides a framework for gender mainstreaming and outlines strategies for implementing programmes in various sectors: agriculture, health, education, the environment, and information and communications technology, as well as the legal sector.

For more information: http://www1.uneca.org/Portals/ngm/Documents/Gender_Mainstreming%20Action%20Plan%20final%20-Apr08.pdf.

National Guidelines on the Management of Sexual Violence

- The guidelines establish government standards for service provision, which includes counselling, treatment, and management of injuries, sexually transmitted diseases, post-exposure prophylaxis, HIV care, and pregnancy prevention.
- Provides detailed information on the management of sexual violence in a manner involving several parties and in several stages, including information on steps to be taken when treating a survivor of sexual violence (e.g. preservation of evidence for court use, psychosocial support, and other ethical issues).

For more information: http://www.svri.org/nationalguidelines.pdf.

The National Multisectoral Monitoring and Evaluation Framework for Response to and Prevention of Sexual and Gender-based Violence

The National Multisectoral Monitoring and Evaluation Framework for Response to and Prevention of Sexual and Gender-based Violence in Kenya was developed under the auspices of the National Gender and Equality Commission in collaboration with LVCT Health, I-TECH, and the Centre for Disease Control. The framework:

- Provides a mechanism for monitoring the progress of response and prevention management programmes.
- Provides a systematic mechanism for the coordination of the response and prevention mechanism.

- Facilitates the availability of credible and reliable data for policy and programme decision making.
- Facilitates the timely submission of data for routine, periodic reporting for stakeholders' consumption and international reporting.

The framework takes cognizance of and complements other related national frameworks, including:

- The National HIV and AIDS Monitoring, Evaluation and Research Framework (2009/2010–2012/2013)
- Monitoring and evaluation framework for the Kenya Health Sector Strategic Investment Plan (July 2012–June 2018)
- Vision 2030 implementation framework.

The linkage between this framework and other related national frameworks is noted for reporting purposes.

For more information: http://www.ngeckenya.org/Downloads/National-ME-Framework-towards-the-Prevention-Response-to-SGBV-in-Kenya.pdf.

Education Gender Policy (2007)

- Addresses the prevention of and response to school-related gender-based violence.
- Recommends the following: mainstreaming policies that address GBV at all education levels; establishing modalities for dealing with SGBV, including harassment; developing a framework for coordination of stakeholders involved in efforts to provide a safe learning environment.

MODULE 5: INSTITUTIONAL MECHANISMS IN THE PREVENTION OF AND RESPONSE TO GENDER-BASED VIOLENCE (DUTY BEARERS)

This module outlines the institutional mechanisms for mitigating GBV and focuses on the roles and responsibilities of the duty bearers with regard to preventing and responding to GBV. The duty bearers include both national and county governments.

The ministry responsible for gender equality is the overall government machinery in preventing and responding to GBV.

Purpose: Discuss institutional mechanisms for mitigating GBV and the duty bearers' roles and responsibilities in prevention and response to GBV.

Expected learning outcomes:

1. Demonstrate an understanding of the roles and responsibilities of various duty bearers.
2. Discuss how the various sectors work with each other to prevent and respond to GBV.

Module overview

Unit	Content	Learning methods	Materials
Institutional mechanisms for protection in the prevention of and response to GBV (duty bearers)	1. Defining roles and responsibilities of first-line duty bearers 2. Defining roles and responsibilities of various other duty bearers	Interactive presentation, case scenarios, case studies, role plays	LCD projector, flip chart and stand, assorted marker pens, PowerPoint slides, sticky notes, case scenario printouts

All ministries, whether stated or not, have a role to play in the prevention of and response to GBV related to:

- Policy formulation and implementation on GBV issues specific to their sector
- Service provision and capacity building on GBV issues
- Coordination of all peace-related interventions in Kenya
- Provision of a framework for mobilizing, coordinating, and consolidating county peace committees at the subcounty level
- Managing and coordinating disaster response at the national level, including the GBV response

The **duty bearers** identified in this resource pack are those actors who have a particular direct and indirect responsibility to respect, promote, and realize human rights and to abstain from human rights violations with regard to GBV.

1. National and county governments
2. Judiciary
3. Ministry in charge of health
4. Ministry in charge of internal security (with a focus on the regional administration, especially the regional coordinators, county commissioners, and assistant county commissioners)

5. National Police Service
6. Office of the Director of Public Prosecutions
7. Government Chemist and its successor institutions
8. Prisons Correctional Services
9. Probation and Aftercare Services
10. Ministry in charge of gender equality (the State Department of Gender Affairs)
11. Ministry in charge of education
12. Department of Children's Services
13. Parliament
14. National Gender and Equality Commission
15. Teachers Service Commission and Kenya Institute for Curriculum Development
16. County assemblies
17. The media
18. Civil society and non-governmental organizations (including faith-based and community-based organizations) focusing on GBV
19. Administration, including chiefs and their assistants

Rights holders
Community members, men, women, boys, and girls.

5.1 The national government

The national government has the overall duty and responsibility to:

1. Ensure the safety and security of all citizens and protect citizens' right to be free from violence.
2. Ensure the full implementation of the constitution.
3. Provide leadership and political goodwill for GBV prevention and response initiatives.
4. Ensure an environment that facilitates the adequate prevention of and response to gender-based violence.

5.2 First-line duty bearers (or service providers)

The sectors that can play a crucial role in the immediate multisectoral GBV intervention and referrals are:

1. Health-care services, including psychosocial services
2. Law enforcement institutions, including police and justice

This section clarifies the roles and responsibilities of sectors that provide services to GBV victims/survivors. It provides a better understanding of the mandates and limits of institutions and service providers, and also serves as a basis for developing an effective referral system.

It outlines the standard operating procedures that guide the service providers, presenting the services specific to each institution/organization. All services provided should be focused on the victim/survivor's needs and offered using a multisectoral and holistic approach that is adaptable to the victim/survivor's needs and available resources in a sustainable manner.

Each service provider should have specific detailed intervention protocols and SOPs that outline their roles and responsibilities in the prevention of and response to GBV. SOPs are important in the development and implementation of a response programme because they set the guiding principles, ethical standards, and coordinated multisectoral service provision.

All institutions/organizations engaged in multisectoral response to GBV should follow the agreed guiding principles and should ensure adequate resources are available to provide appropriate services to any victim/survivor.

5.3 The health sector

5.3.1 The ministry in charge of health

The mandate of the Ministry of Health is to provide health services, create an enabling environment, and regulate and set standards and policy for health service delivery. This is done through an integrated approach in the provision of curative and rehabilitative services.

1. Providing universal health care.
2. Providing medical treatment and psychosocial care to GBV survivors.
3. Providing and coordinating medical supplies during emergencies.
4. Providing sufficient budget allocation for comprehensive care and capacity building for national referral hospitals.
5. Mobilizing resources.
6. Enhancing coordination and linkages with other sectors.
7. Generating data to inform policymaking and for monitoring and evaluation.
8. Developing national policies, guidelines, standards, protocols, and training curricula for GBV service delivery.
9. Disseminating and ensuring the implementation of GBV policies within all the tiers of the health system.
10. Ensuring compliance with and enforcement of GBV polices and regulations.
11. Building the capacity of health service personnel through training and mentorship on clinical management of GBV.
12. Providing supportive supervision through the county and sub-county health providers to ensure quality service delivery on GBV.
13. Creating public awareness on GBV.

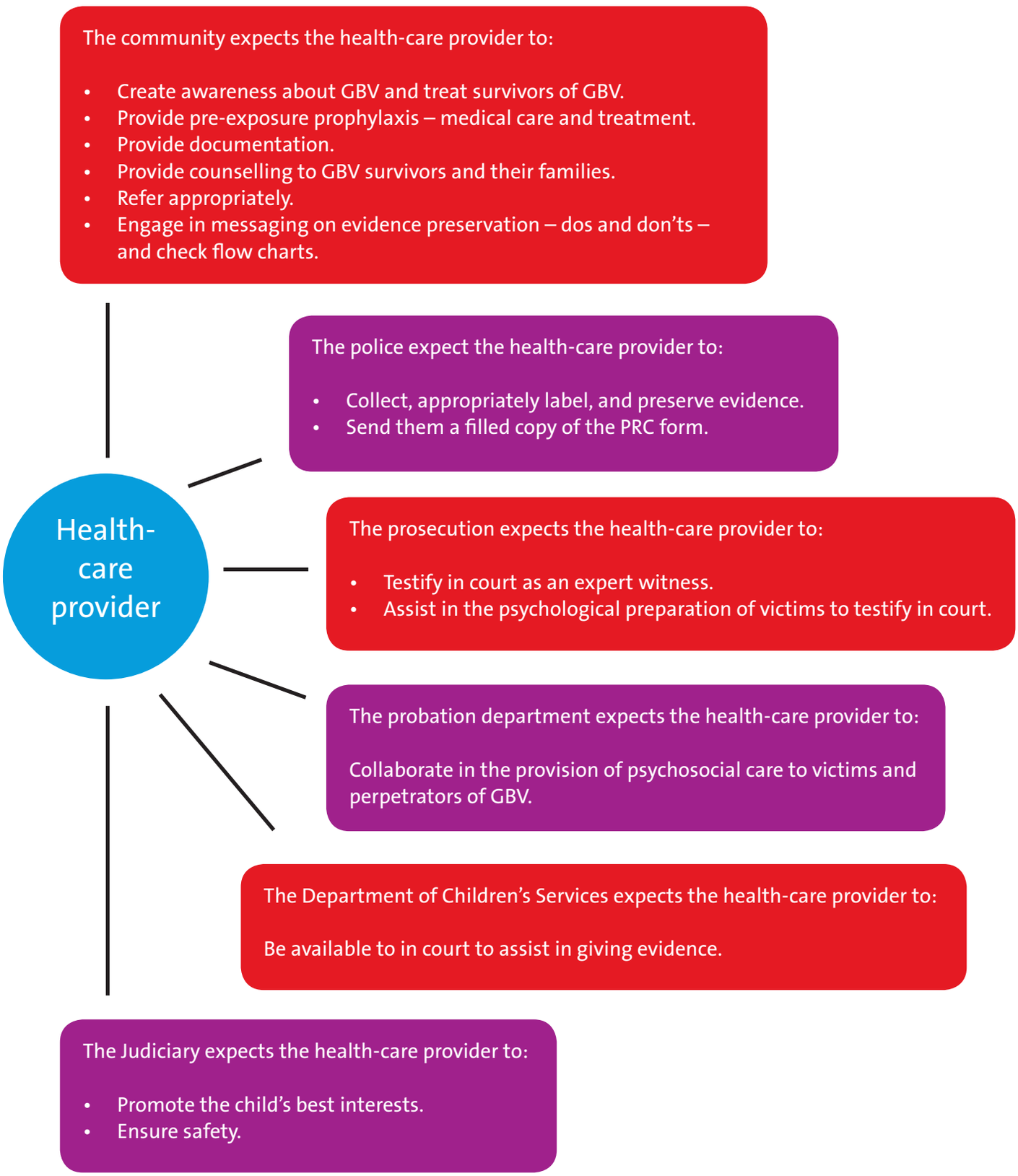
5.3.2 Standard operating procedures for management of survivors at the health facility

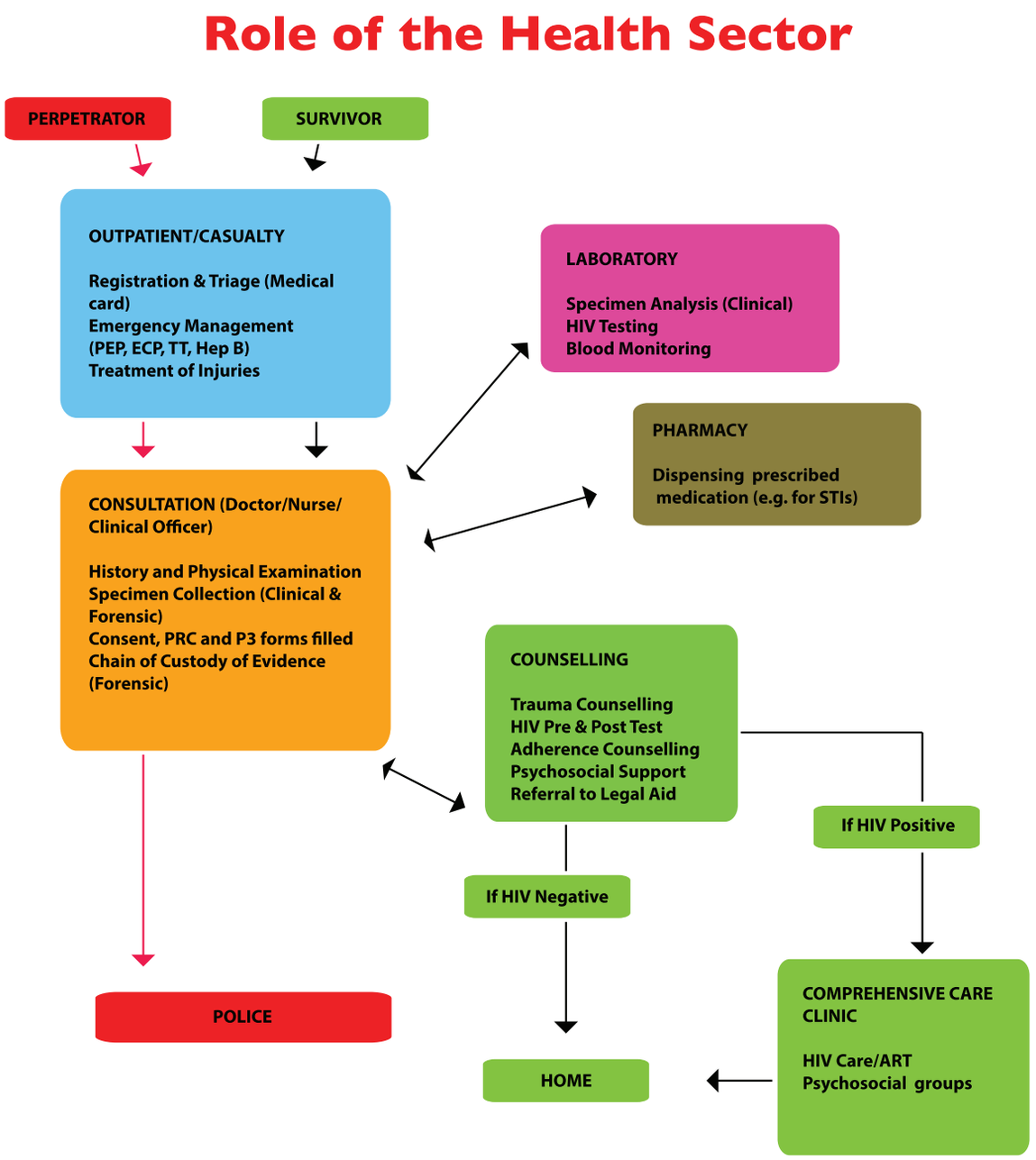
1. Offer first-line support to all survivors of GBV.
2. Take the medical history of the survivor and conduct further tests based on the report (ensure confidentiality in the process).
3. Conduct the relevant medical examinations.
4. Treat any physical injuries suffered in the course of violation.
5. Provide the survivor with post-exposure prophylaxis, pre-exposure prophylaxis, and emergency contraception where needed.

6. Provide prophylaxis for sexually transmitted infections and hepatitis B prevention.
7. Offer psychosocial support as an ongoing integrated service.
8. Ensure referral of survivors to other essential services (including social services, legal aid, HIV support organizations, and economic support).
9. Document medical findings in the PRC form (Ministry of Health form 363) and by filling out the medical sections of the P3 form, which is free.
10. Support survivors with the preservation of evidence.
11. Testify in court about medical findings should the survivor pursue legal action.
12. Be non-judgmental, supportive, and validating.
13. Provide practical care and support that responds to his/her concerns, but does not intrude.
14. Ask about history of violence and listen carefully, but do not pressure the client to talk (care should be taken when discussing sensitive topics while interpreters are involved).
15. Help survivors access information about resources, including legal and other services that the client might find helpful.
16. Ensure the consultation is conducted in private and commit to confidentiality.
17. Provide or mobilize social support.
18. If possible, assist the client to increase safety for herself and her children, where needed.

5.3.3 Quick tips: expectations of the health-care provider

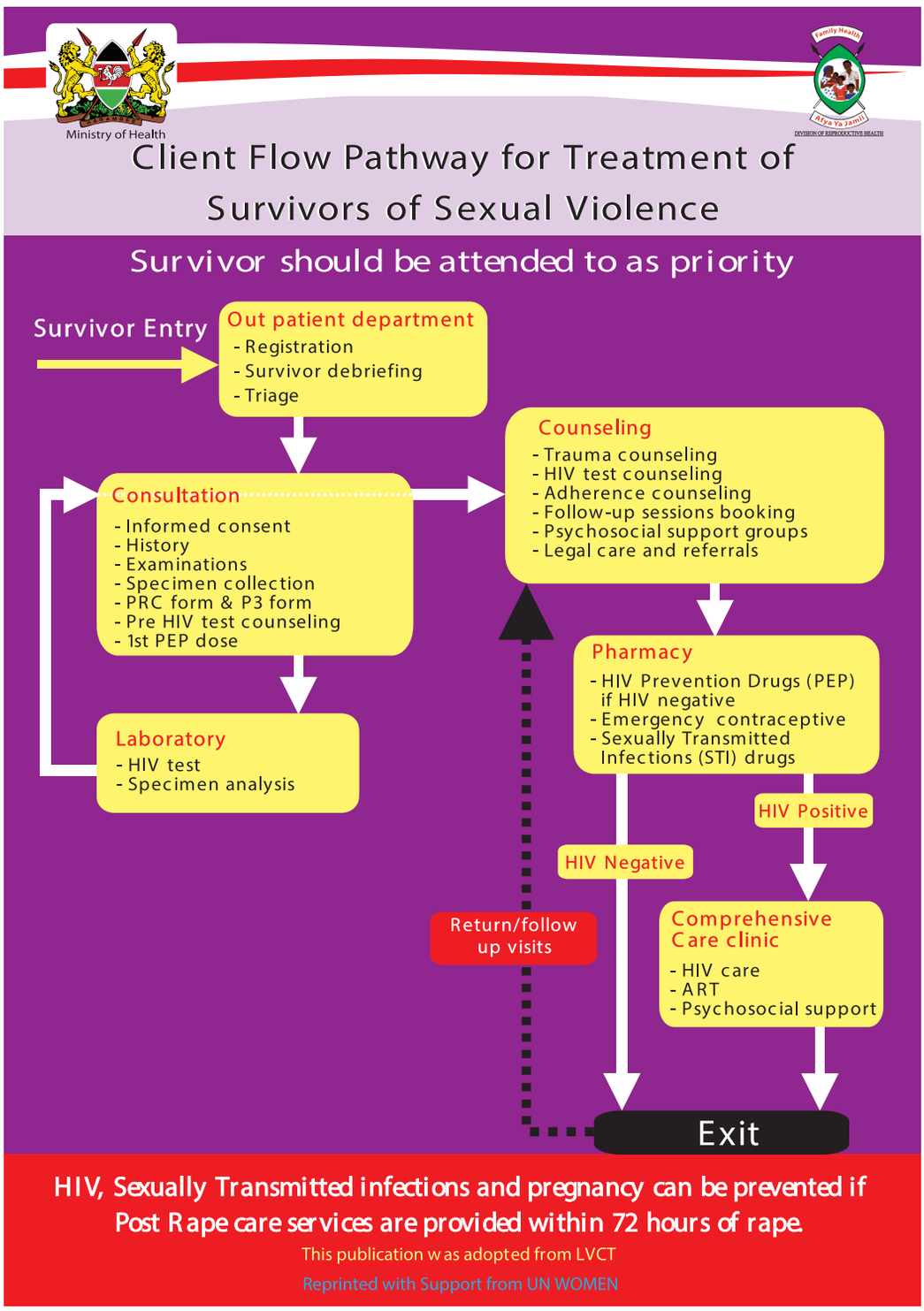
In prevention of and response to GBV, the other sectors expect the health-care provider to undertake the following.


The community expects the health-care provider to:
• Create awareness about GBV and treat survivors of GBV.
• Provide pre-exposure prophylaxis – medical care and treatment.
• Provide documentation.
• Provide counselling to GBV survivors and their families.
• Refer appropriately.
• Engage in messaging on evidence preservation – dos and don'ts – and check flow charts.
The police expect the health-care provider to:
• Collect, appropriately label, and preserve evidence.
• Send them a filled copy of the PRC form.
Health-care provider
The prosecution expects the health-care provider to:
• Testify in court as an expert witness.
• Assist in the psychological preparation of victims to testify in court.
The probation department expects the health-care provider to:
Collaborate in the provision of psychosocial care to victims and perpetrators of GBV.
The Department of Children's Services expects the health-care provider to:
Be available to in court to assist in giving evidence.
The Judiciary expects the health-care provider to:
• Promote the child's best interests.
• Ensure safety.



5.3.4 Referral pathway for gender-based violence: Health Sector

Information from the Multisectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya (TFSOA, 2013).



Flowchart adapted from an LVCT publication/pamphlet.

At the Health Facility

- Health care provider collects and documents data using most current client level data collection tools - PRC form (MOH 363) and SGBV Register (MoH 365)
- SGBV focal person fills the SGBV summary tool (MOH 364) at the end of the month and hands it over to the facility HRO before 5th of the following month
- The facility HRO sends the SGBV summary tool (MOH 364) to the Sub-county HRIO by 5th of the following month for entry into DHIS 2

At the Sub County

- The SCHRIO receives SGBV Summary (MOH 364) from all the facilities in the Sub County and checks for any data quality issues
- The SCHRIO address the identified data quality issues with assistance from the HROs of the facilities concerned and the Sub County RH Coordinator before entering the data in DHIS 2
- The SCHRIO enters the SGBV data from all the facilities in the Sub County in DHIS 2 by 15th of the following month
- SCHRIO analyses SGBV data on quarterly basis and disseminate findings to users and policy makers
- The SCHRIO and Sub County RH Coordinator hold quarterly data review and feedback meetings with SCHMT and other stakeholders to inform them of the SGBV status in the Sub county

At the County Level

- The CHRIO and CRHC check the data reported in DHIS 2 for data quality issues
- The CHRIO gets all the identified data quality issues addressed by the respective SCHRIOs by 20th of the following month
- CHRIO does SGBV data analysis for the Sub Counties in the County and gives feedback to stakeholders
- The CHRIO and CRHC use the quarterly Data Review meetings to address data quality concerns for the facilities in the county
- CHRIO and CRHC Work with the Ministry of Health (National) to print and distribute SGBV data tools to the health facilities expected to report SGBV data set
- The CHRIO holds quarterly data feedback meetings with CHMT and other stakeholders in the County to inform them of the SGBV status in the County

At the National Level

- Policy making, strategic planning, Program tracking and Technical and logistics support
- National M&E Unit checks the SGBV data reported in DHIS 2 for data quality issues
- The National M&E Unit gets all the identified data quality issues addressed by RMHSU by 20th of the following month
- National M&E Unit does SGBV data analysis for the Sub Counties in the County and gives feedback to stakeholders
- National M&E Unit uses the quarterly Data Review meetings to address data quality concerns for the facilities in the county
- National M&E Unit Works with RMHSU to print and distribute SGBV data tools to counties
- National M&E Unit holds quarterly data feedback meetings with RMHSU and other stakeholders to inform them of the SGBV status in the Country

Table adapted from the National Standard Operating Procedures for the Management of Sexual Violence Against Children, 2018.

5.3.5 Documentation and use of data at various levels of the health-care system

5.3.4 Referral pathway for gender-based violence: Health Sector

See the accompanying diagrams.

5.3.5 Documentation and use of data at various levels of the health-care system

See the accompanying diagram.

5.3.6 Role of the National AIDS Control Council and the National AIDS and STI Control Programme in the response to GBV

1. Mainstream GBV into HIV strategies and policies in Kenya.
2. Provide technical assistance and enhance stakeholders' capacities on the integration of GBV into HIV and AIDS programmes.
3. Engage in advocacy and communication on linkages between GBV and HIV.
4. Mobilize resources and align the integration of GBV into HIV response in Kenya.
5. Provide integrated GBV/HIV service delivery provision.

5.4 Law enforcement and justice sector

The law enforcement and justice sectors include the National Police Service, the Judiciary, and the Director of Public Prosecutions.

5.4.1 The National Police Service

The National Police Service is established under Article 243 of the Constitution of Kenya. It consists of the Kenya Police Service and the Administration Police Service. The duties, functions, and powers of the National Police Service are set out in the National Police Service Act. Under Section 24 of the act, the functions of the Kenya Police Service are as follows:

1. Provision of assistance to the public when in need
2. Maintenance of law and order

3. Preservation of peace
4. Protection of life and property
5. Investigation of crimes
6. Collection of criminal intelligence
7. Prevention and detection of crime
8. Provision of specialized stock theft prevention services
9. Apprehension of offenders
10. Enforcement of all laws and regulations with which it is charged
11. Performance of any other duties that may be prescribed by the Inspector-General under this Act or any other written law from time to time

5.4.2 The functions of the Administration Police Service

The functions of the Administration Police Service, in Section 27 of the same act, are as follows:

1. Provision of assistance to the public when in need
2. Maintenance of law and order
3. Preservation of peace
4. Protection of life and property
5. Provision of border patrol and border security
6. Provision of specialized stock theft prevention services
7. Protection of government property, vital installations, and strategic points as may be directed by the Inspector-General
8. Rendering of support to government agencies in the enforcement of administrative functions and the exercise of lawful duties
9. Coordinating with complementing government agencies in conflict management and peacebuilding
10. Apprehension of offenders
11. Performance of any other duties that may be prescribed by the Inspector-General under this Act or any other written law from time to time

As the key investigating body within the Republic of Kenya, the National Police Service has a central responsibility to respond to and prevent GBV. The police refer cases of GBV to other service providers within the public justice system, and are often the first place where

incidents of GBV are reported. Police are often the first members of the law enforcement system that sexual and domestic violence victims interact with. As a result, how officers respond to a victim can have a significant impact on whether the victim pursues legal remedies for the violence suffered.[1]

Evidence collection is critical in GBV cases. Thorough investigations can help ensure that prosecutors have sufficient evidence to corroborate the victim's testimony.

5.4.3 Role of the National Police Service in the prevention of gender-based violence[2]

1. Conduct in-service training for serving police officers and new recruits on GBV: a) enhance training on GBV preventive and responsive policing as a stand-alone programme in all established County Police Training Centres and Regional Training Centres; b) establish a database of officers trained in GBV preventive and responsive policing; c) hold regional meetings quarterly, and one national meeting annually, for officers handling GBV, in partnership with the other sectoral government agencies, civil society, and other stakeholders, for knowledge and information exchange.
2. Educate the community on various aspects of GBV through community policing and *Nyumba Kumi* initiatives such as: a) enhanced collaboration between the National Police Service and the Community Policing Committees; b) partnering with civil society to create community awareness on GBV through various forums, including the media, public *barazas*, and training of community champions; c) partnering with institutions of learning (schools, colleges, universities).
3. Increase patrols and other security measures that deter and prevent sexual and gender-based offences from occurring, through focused and targeted gender-responsive policing.
4. Collect and disseminate data on GBV that will inform policies, legislation, and programming; develop a GBV data collection training tool, and train officers on its use.
5. Establish monitoring and evaluation training tools to assess the effectiveness of systems.
6. Regularly consult with other structures/departments/agencies to prevent gender-based violence.

1 *Prosecutor's Manual*, ODPP, 2015.
2 The role of the National Police Service in the prevention of GBV, as highlighted and identified in the multisectoral SOPs and the National Police Service SOPs, as well as the *Duty Bearers Handbook for the Prevention of and Response to Sexual Violence* and the activities identified by the National Police Service SOPs.

5.4.4 The role of the National Police Service in response to gender-based violence[3]

In addition to its role in the prevention of GBV and violence against women and girls, the NPS also has a role in responding to incidents. The NPS is usually the first responder at crime scenes, and is also endowed with investigative, arrest, and charge powers. The multi-sectoral SOPs for the prevention of and response to sexual violence highlight the role of the police. Below are the identified activities.

1. Establish functional and accessible gender units at police stations, police posts, outposts, camps, and patrol bases.
2. Operationalize gender units in all police stations, police posts, outposts, camps, and patrol bases. The gender units should offer survivors confidentiality and privacy; be fully staffed by officers trained and sensitized on GBV issues; and be well resourced with computers, stationery, transport, specialized investigative equipment, and communication facilities.
3. Train and capacitate officers to handle persons living with disabilities, and make available facilities for recording statements; provide awareness-raising and other informative material in braille, audio, and sign language in compliance with the constitution.
4. Maintain a register for GBV within the gender unit.
5. Ensure the survivor is asked their preference regarding the gender of the officer to handle the case, and abide by the preference where possible; explain to the survivor if an officer of their preferred gender is not available.
6. Swiftly arrest and charge suspects when there are reasonable grounds. Failure to do so may be considered neglect of duty. Officers must justify failure to arrest and properly document it.
7. Establish emergency toll-free numbers for all police stations.
8. Provide a P3 form to all survivors at no cost: a) work out mechanisms with the Ministry of Health and Treasury for the provision of P3 forms at no cost; b) ensure every gender unit has a computer and internet connection to enable them to print out P3 forms; C) where computers and internet are a challenge, P3 forms should be supplied.
9. Collect and properly preserve exhibits; improve the capacity of officers in the collection, handling, and preservation of forensic evidence, and provide adequate equipment for the collection of forensic evidence for DNA testing.
10. Ensure security for the survivor: a) create a database of safe places and partner with accredited agencies offering places of safety; b) liaise with the Department of Children's Services to provide care and protection for all child survivors.

3 Ibid.

11. Ensure security for witnesses, suspects, children in conflict with the law, and any other person whose security is threatened: a) liaise with the agency in charge of witness protection; b) advise the prosecution on the safety and security needs of suspects or children in conflict with the law.
12. Submit and collect exhibits from the government chemist: a) provide safe and secure transport for officers ferrying forensic samples; b) liaise with the government chemist to establish laboratories in each county.
13. Make available exhibits and witnesses for the prosecution when required: a) establish effective systems for tracking, storing, and producing exhibits; b) establish a system for the timely issuance of witness summons.
14. Give evidence in court as and when required; ensure that all police officers required in court to testify are released and facilitated to attend court.
15. Advise any complainant of domestic violence of all relief measures available to the complainant, including access to shelter and medical assistance, or assist the complainant in any other suitable way.
16. Enforce protection orders.
17. Discourage kangaroo courts.
18. Use alternative dispute resolution mechanisms strictly in accordance with the law – sexual violence is not subject to adjudication by alternative dispute resolution.

5.4.5 The standard operating procedures for gender-based violence

This are the step-by-step procedures to be adopted by police officers in all police stations, police posts, outposts, camps, and patrol bases when handling GBV cases upon receiving a report of a violation. Police officers are expected to:

1. Ensure that reports and statements are taken in private for confidentiality. No statements should be taken at the front desk in the presence of all and sundry.
2. Record the incidence of violation/abuse in the Occurrence Book and explain to the survivor the process that shall ensue. At this point, the officer may assess whether the survivor needs counselling and may invite a counsellor to attend to the survivor. The officer may also take advice from a medical practitioner in this regard.
3. Issue the survivor with a P3 form free of charge for his/her visit to the health facility. A police officer *must* escort the survivor to the nearest health facility within 72 hours for rape and related cases, or as soon as the violation is reported.
4. Ensure that the medical personnel collect samples/exhibits found either on the clothes or on the body of the victim.

5. Collect all medical exhibits obtained by the medical personnel and the clothes of the survivor in an appropriate container made from appropriate material. They must not under any circumstances be put in a polythene bag.
6. Collect a copy of the duly filled P3 and PRC form from the examining clinician.
7. Ensure that the chain of custody of the exhibits is maintained.
8. Visit the scene of the crime for the collection of more exhibits and to carry out any further investigations that relate to the case.
9. Take the survivor to a calm, private environment where his/her statements will be recorded. As far as possible, the statement should be recorded by an officer trained on handling GBV cases.
10. In case the statement reveals an additional offence or a separate offence from the one initially recorded in the Occurrence Book, the officer should record a new entry, amending the previous entry.
11. Record a comprehensive statement with all the relevant details about the alleged offence.
12. Record statements from witnesses who have accompanied the survivor.
13. Ensure that the suspect is arrested.
14. Record a statement from the suspect.
15. Where necessary, escort the suspect to the nearest health facility for his/her samples to be taken.
16. Draft a charge sheet, with the statement of offence and particulars properly set out.
17. Ensure that the charge sheet is signed by the Officer Commanding Police Station or Deputy OCS and take the suspect to court within 24 hours.
18. Where it is not possible to charge the suspect within 24 hours, document the activities that took place in the intervening period and reasons for the inability to charge him/her. An apprehension report form/sworn affidavit should be prepared/acquired and presented to the court.
19. Where the survivor and the suspect are both under the age of 18, a Social Enquiry Report should be prepared.
20. In cases of incest, or where the survivor is aged 18 and below and is a dependent of the suspect, arrest and charge the suspect; coordinate with the Department of Children's Services to rescue the survivor.
21. Ensure the exhibit memorandum form is filled appropriately.
22. If the suspect denies the charge(s), ensure all witnesses are bonded on time and are available to give evidence in court.
23. If it is apparent that the survivor is untruthful, an inquiry file should be opened and presented to the ODPP seeking further directions on how to proceed with the case.
24. In the case of complaints filed by an individual with special needs, the case should be referred to an officer specially trained to address their needs. Open a case file and assign it a Serious Crime Register Number.

5.4.6 Quick tips: expectations of the police and the prosecution

Police

What the prosecution expects the police to do:

- Conduct proper investigations on incidents of GBV.
- Arrest the suspect.
- Record comprehensive statements from survivors, witnesses, and suspects.
- Escort survivors and suspects to hospital for medical examination.
- Draft the charge sheet, with a proper statement of offence and particulars of the charge.
- Maintain proper chain of custody of exhibits.
- Collect and properly preserve exhibits.
- Present suspects to court within 24 hours.
- Present and produce exhibits in court.
- Bond and produce witnesses to attend court.
- Conduct additional investigations where required to do so.
- Advise on further statement recording.
- Trace suspects and/or sureties where necessary.
- Rescue vulnerable survivors.
- Present previous records of the suspect.
- Present police case files to prosecution at least three days before the hearing date.
- Testify in court.
- Provide affidavits for use in opposing applications for bail and bond.

Prosecution

What the police expect the prosecution to do:

- Advise on whether the charge has been properly drafted.
- Advise on whether additional statements need to be recorded.
- Advise on whether further investigations need to be conducted.
- Present information in the police case file to the court.
- Where necessary object to release of suspects on bail/bond.
- Prioritize cases of GBV, especially where survivors/witnesses are in court.
- Examine witnesses in court.
- Recommend counselling for survivors where necessary.
- Carry out a pre-trial.
- Invoke protection mechanisms in court where necessary.
- Facilitate linkages with the Witness Protection Agency.

5.4.7 The Judiciary and the police

The Judiciary expects the police to:

1. Present the suspect in court.
2. Present and produce exhibits in court.
3. Testify in court.
4. Execute court warrants on suspects and/or sureties where necessary.
5. Supervise sex offenders.
6. Provide security within the court.
7. Keep and maintain a Sexual Offenders Register.

The police expect the Judiciary to:

1. Promptly dispense justice.
2. Prioritize cases of GBV, especially where survivors/witnesses are in court.
3. Keep and maintain a Sexual Offender's Register.

5.4.8 The ministry in charge of health and the police

The Ministry of Health expects the police to:

1. Escort survivors and suspects to health facilities.
2. Collect and store samples/exhibits obtained from survivors and suspects.
3. Provide P3 forms for survivors.
4. Collect duly filled copies of PRC forms.
5. Refer survivors for further requisite services.
6. Provide security for suspects admitted in hospital.
7. Bond medical personnel to testify in court.

The police expect the Ministry of Health to:

1. Properly obtain and preserve evidence from survivors and suspects.
2. Correctly complete and hand over the P3 and PRC forms free of charge.
3. Comply with court orders.

4. Report cases of GBV.
5. Attend court to give evidence.

5.4.9 The Department of Children's Services and the police

The department of children's services expects the police to:

1. Interview child survivors in a respectful manner.
2. Inform the department of the needs of survivors.
3. Make appropriate referrals of cases.
4. Provide safe holding places for children separate from adults.

The police expect the department of children's services to:

1. Rescue vulnerable child survivors.
2. Provide psychosocial support to child survivors.
3. Support the judicial process by providing a Social Enquiry Report.
4. Provide reintegration and aftercare services for children survivors or children in conflict with the law.
5. Provide updates of children under their care.

5.4.10 National government administrative officers and the police

National government administrative officers expect the police to:

1. Arrest and charge the suspect.
2. Record statements from survivors and witnesses.
3. Undertake thorough investigations.
4. Arraign the suspect in court.
5. Prevent crime through community policing strategies / *Nyumba Kumi*.
6. Bond witnesses to attend court.
7. Prepare witnesses to attend court.
8. Provide witness protection together with the Witness Protection Agency.

The police expect the national government administrative officers to:

1. Report cases of GBV.
2. Collect, preserve, and hand over evidence exhibits to the police.
3. Assist in locating witnesses.
4. Assist in locating crime scenes.
5. Assist in locating suspects released on bond.
6. Create awareness on GBV.
7. Give evidence in court.

5.4.11 The government chemist and the police

The government chemist expects the police to:

1. Properly collect and store any samples from survivors and suspects.
2. Maintain proper chain of custody.
3. Properly mark and label all exhibits.
4. Present samples for analysis on time.
5. Properly fill in the exhibit memo.
6. Collect the results and analysed exhibits promptly.
7. Deliver bonds for court attendance.
8. Package samples and exhibits individually.

The police expect the government chemist to:

1. Properly receive, document, mark, and label all samples/exhibits.
2. Properly store samples/exhibits.
3. Properly analyse samples/exhibits.
4. Prepare a report on the scientific findings in a timely manner.
5. Timeously analyse and report findings.
6. Attend court to give evidence.

5.4.12 The prisons department and the police

The prisons department expects the police to:

1. Escort children in conflict with the law to borstal (youth detention) institutions.
2. Produce proper committal warrants/documents for any GBV remandees.

The police expect the prisons department to:

1. Provide psychosocial support for ex-convicts.
2. Reintegrate ex-convicts into the community.
3. Rehabilitate offenders.
4. Hold suspects in remand as required.

5.4.13 The Probation and Aftercare Services department and the police

The Probation and Aftercare Services department expects the police to:

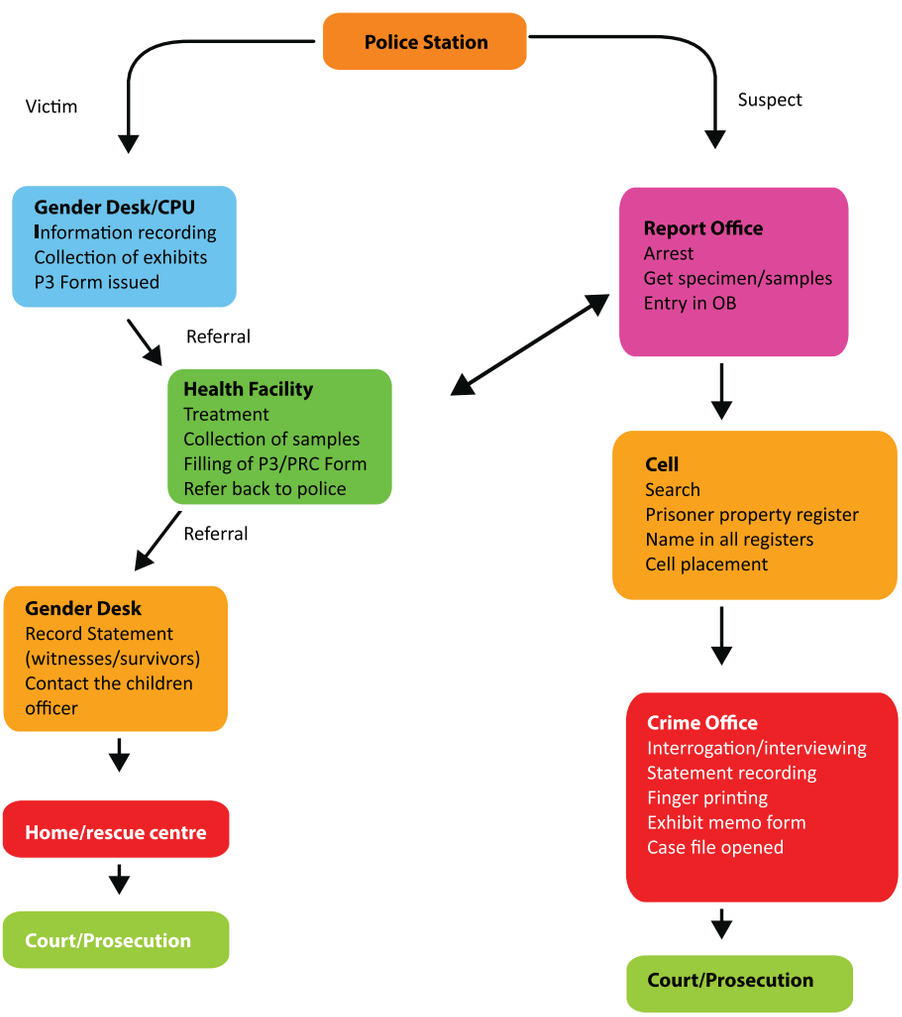
1. Provide information on previous convictions.
2. Apprehend offenders who breach non-custodial orders and probation terms.
3. Attend and participate in probation case review meetings.
4. Arrest ex-convicts who breach their terms of release and aftercare conditions.

The police expect the Probation and Aftercare Services department to:

1. Report ex-offenders and ex-convicts who breach terms of release.
2. Provide the police with information on offenders and survivors.
3. Participate and collaborate in crime prevention strategies.
4. Reintegrate and supervise offenders released through the power of mercy.
5. Supervise psychiatric offenders given conditional release.
6. Sensitize the police on non-custodial sentencing.

Referral Pathways for Sexual Violence

Role of the National Police Service



5.4.15 Referral pathway for gender-based violence: National Police Service

Information from the Multisectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya (TFSOA, 2013).

5.4.14 Communities/civil society and the police

Communities/civil society expect the police to:

1. Arrest, investigate, and charge suspects of GBV.
2. Sensitize the community on the prevalence of GBV, highlighting hotspots.
3. Offer victim, witness, and suspect protection.
4. Keep confidentiality and do not expose informers.
5. Sensitize the community on related laws, rights, and protections.
6. Develop community policing liaisons for enhanced security.
7. Enhance rapport with the community to enable them develop trust and confidence in the National Police Service.
8. Bond witnesses in time, at least three days before the hearing.

The police expect communities/civil society to:

1. Report cases of GBV.
2. Collaborate with the police in arrest of GBV suspects.
3. Assist the police to trace witnesses.
4. Build the capacity of police officers.
5. Provide places of safety for survivors.
6. Help sensitize the community on GBV.

5.4.15 Referral pathway for gender-based violence: National Police Service

See accompanying diagram.

5.5 The Office of the Director of Public Prosecutions

The prosecution of all cases in Kenya is vested in the Office of the Director of Public Prosecutions (ODPP). Article 157(6) of the Constitution of Kenya sets out the functions and powers of the ODPP:

1. Instituting and undertaking criminal proceedings against any person before any court (other than a court martial) in respect of any offence alleged to have been committed
2. Taking over and continuing any criminal proceedings commenced in any court (other than a court martial) that have been instituted or undertaken by another person or authority, with the permission of the person or authority
3. Discontinuing any criminal proceedings instituted or taken over

These powers and functions can be exercised by the DPP in person or through officers to whom he has delegated the powers. Currently, the powers to undertake criminal prosecutions are delegated to state counsel working within the ODPP in relation to cases at the High Court, Court of Appeal, and Supreme Court. The power to prosecute cases in the magistrate's courts is currently delegated to police prosecutors specifically appointed for that purpose. Since GBV cases are initially prosecuted before magistrate's courts, police prosecutors often prosecute them. The ODPP often only directly gets involved in the prosecution of GBV cases on appeal.

5.5.1 The role of the Office of the Director of Public Prosecutions in preventing gender-based violence

1. Educating the community on the provisions of the Sexual Offences Act, the Penal Code, and other laws that address GBV
2. Support in the development and review of existing policies and pieces of legislation relevant to addressing GBV

5.5.2 The role of the Office of Director of Public Prosecutions in response to gender-based violence

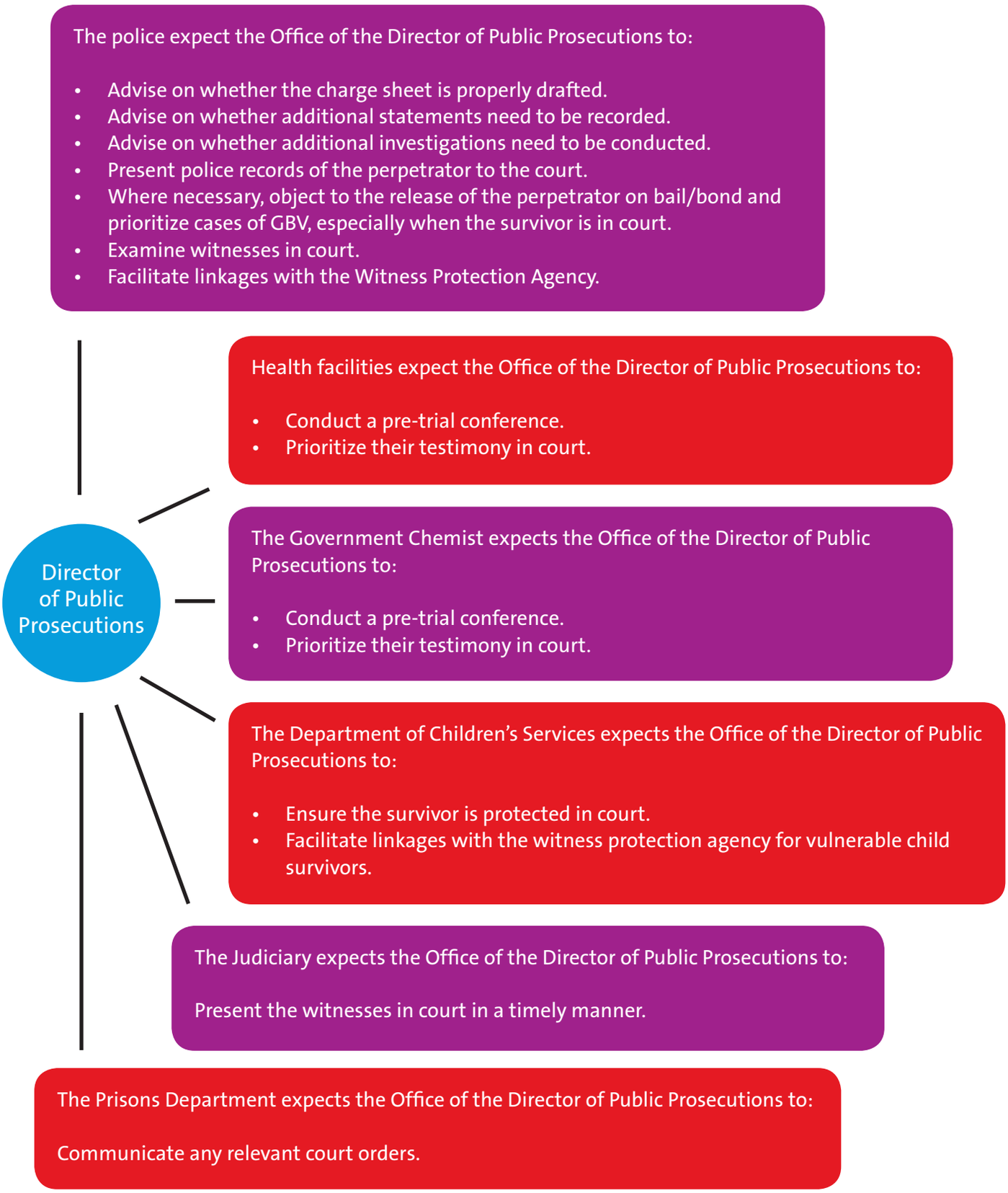
1. Complementing the police in the investigation of GBV offences
2. Ensuring the correct charges are drafted
3. Meeting and preparing survivors and witnesses of GBV cases for the court process
4. Presenting evidence in court – both exonerating and incriminating evidence
5. Examining and cross-examining witnesses in court
6. Making relevant applications in court – for example, protection of vulnerable witnesses, counselling of survivors, treatment of offenders, assessing the survivors or witnesses, and sentencing of the convict

5.5.3 Standard operation procedures of the Office of Director of Public Prosecutions in gender-based violence cases

1. Assess the charge sheet and ensure that the statement of offence and particulars of the offence are correctly drafted.
2. Ensure all the relevant statements have been properly recorded.
3. If additional statements need to be recorded, guide the investigating officer on this.
4. Where the suspect has been detained for more than the constitutionally allowed time before being charged in court, proactively raise the matter, giving the reasons for the delay, and seek the court's indulgence.
5. Liaise with the investigating officer to confirm the situation of the survivor. Where the survivor is a dependent of the suspect, the prosecutor should persuade the court not to grant bail and/or seek the imposition of strict conditions that will not interfere with the healing of the survivor.
6. Conduct a pre-trial briefing with the survivor. This should be done in an appropriate environment.
7. Make an application for the survivor to be treated as a vulnerable witness and for legal protective mechanisms to be adopted. These protective mechanisms include the survivor testifying in camera, allowing an intermediary in court to provide support to the survivor, and ensuring that the suspect does not intimidate the survivor in any way (e.g. creating some physical distance between them).
8. Seek to have the court give priority to cases involving sexual abuse, especially when the survivor is due to testify. This will reduce the traumatization experienced by the survivor.
9. In cases where experts are in court, apply that the court should give priority to taking their evidence.
10. Liaise with the Department of Children's Services for any counselling or protection needs of the survivor.
11. Liaise with the Witness Protection Agency for protection of the survivor or witnesses.
12. Alert the court when there could be instances of miscarriage of justice, e.g. repealed sections/sentences.

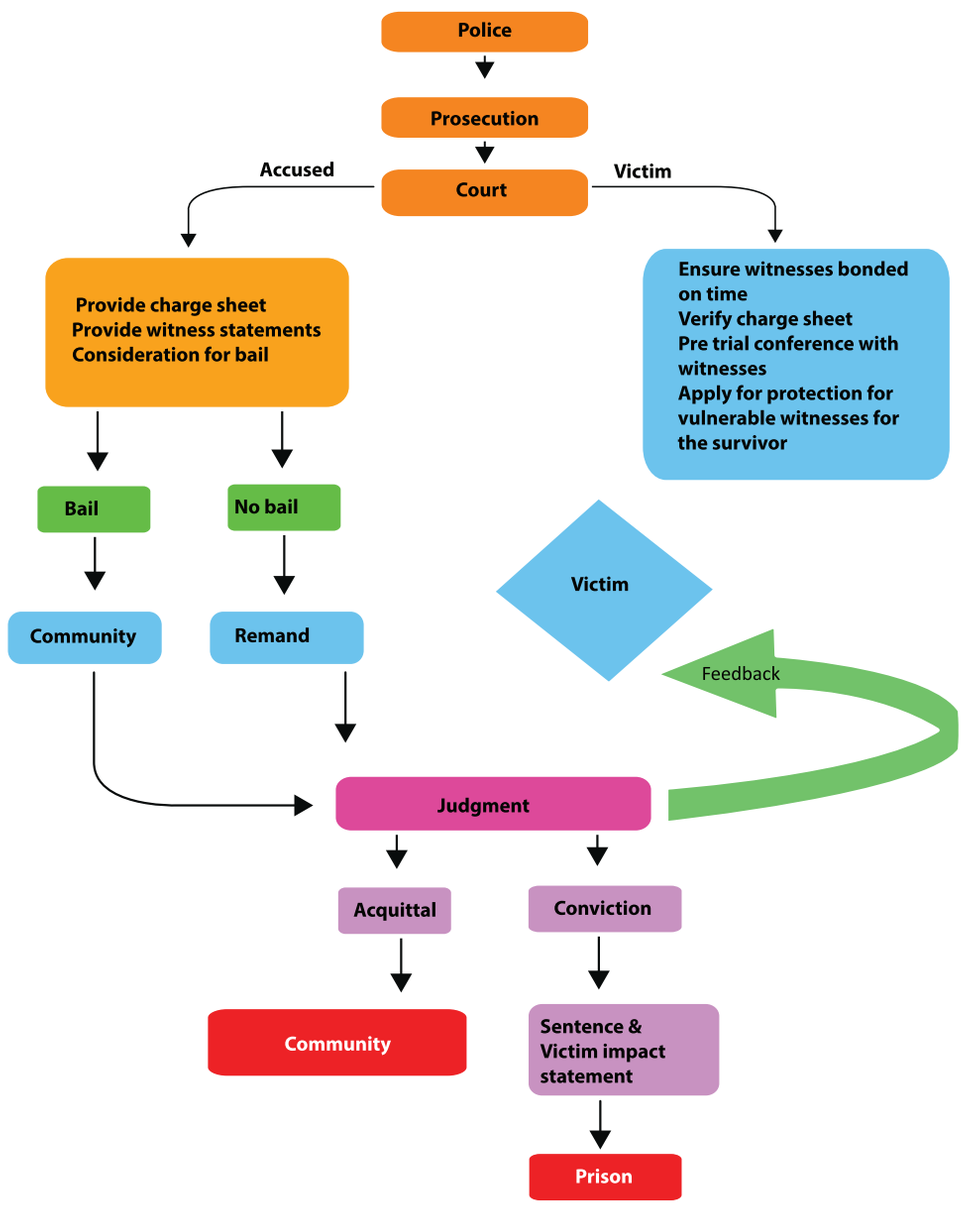
5.5.4 Quick tips: expectations of the Office of the Director of Public Prosecutions

In the prevention of and response to issues of GBV, other sectors expect the ODPP to undertake a variety of actions.


The police expect the Office of the Director of Public Prosecutions to:
• Advise on whether the charge sheet is properly drafted.
• Advise on whether additional statements need to be recorded.
• Advise on whether additional investigations need to be conducted.
• Present police records of the perpetrator to the court.
• Where necessary, object to the release of the perpetrator on bail/bond and prioritize cases of GBV, especially when the survivor is in court.
• Examine witnesses in court.
• Facilitate linkages with the Witness Protection Agency.
Director of Public Prosecutions
Health facilities expect the Office of the Director of Public Prosecutions to:
• Conduct a pre-trial conference.
• Prioritize their testimony in court.
The Government Chemist expects the Office of the Director of Public Prosecutions to:
• Conduct a pre-trial conference.
• Prioritize their testimony in court.
The Department of Children's Services expects the Office of the Director of Public Prosecutions to:
• Ensure the survivor is protected in court.
• Facilitate linkages with the witness protection agency for vulnerable child survivors.
The Judiciary expects the Office of the Director of Public Prosecutions to:
Present the witnesses in court in a timely manner.
The Prisons Department expects the Office of the Director of Public Prosecutions to:
Communicate any relevant court orders.

Referral Pathways for Sexual Violence

Role of the Director of Public Prosecutions



5.5.5 Referral pathway for gender-based violence: Office of the Director of Public Prosecutions

Information from the Multisectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya (TFSOA, 2013).

5.5.5 Referral pathway for gender-based violence: Office of the Director of Public Prosecutions

See accompanying diagram.

5.6 The Judiciary

The Judiciary is created by Article 10 of the constitution as the third arm of the Government of Kenya. Article 159(2) states that the courts should implement the following principles when hearing cases:

1. Justice shall be done to all, irrespective of status.
2. Justice shall not be delayed.
3. Alternative forms of dispute resolution including reconciliation, mediation, arbitration, and traditional dispute resolution mechanisms shall be promoted, subject to clause 3.
4. Justice shall be administered without undue regard to procedural technicalities.
5. The purpose and principles of this constitution shall be protected and promoted.

5.6.1 The role of the Judiciary in preventing gender-based violence

1. Sensitizing the community on legal provisions
2. Sentencing convicted GBV offenders
3. Granting orders that safeguard those who are vulnerable or at risk of GBV
4. Support in the development and review of existing policies and pieces of legislation relevant to addressing GBV

5.6.2 The role of the Judiciary in response to gender-based violence

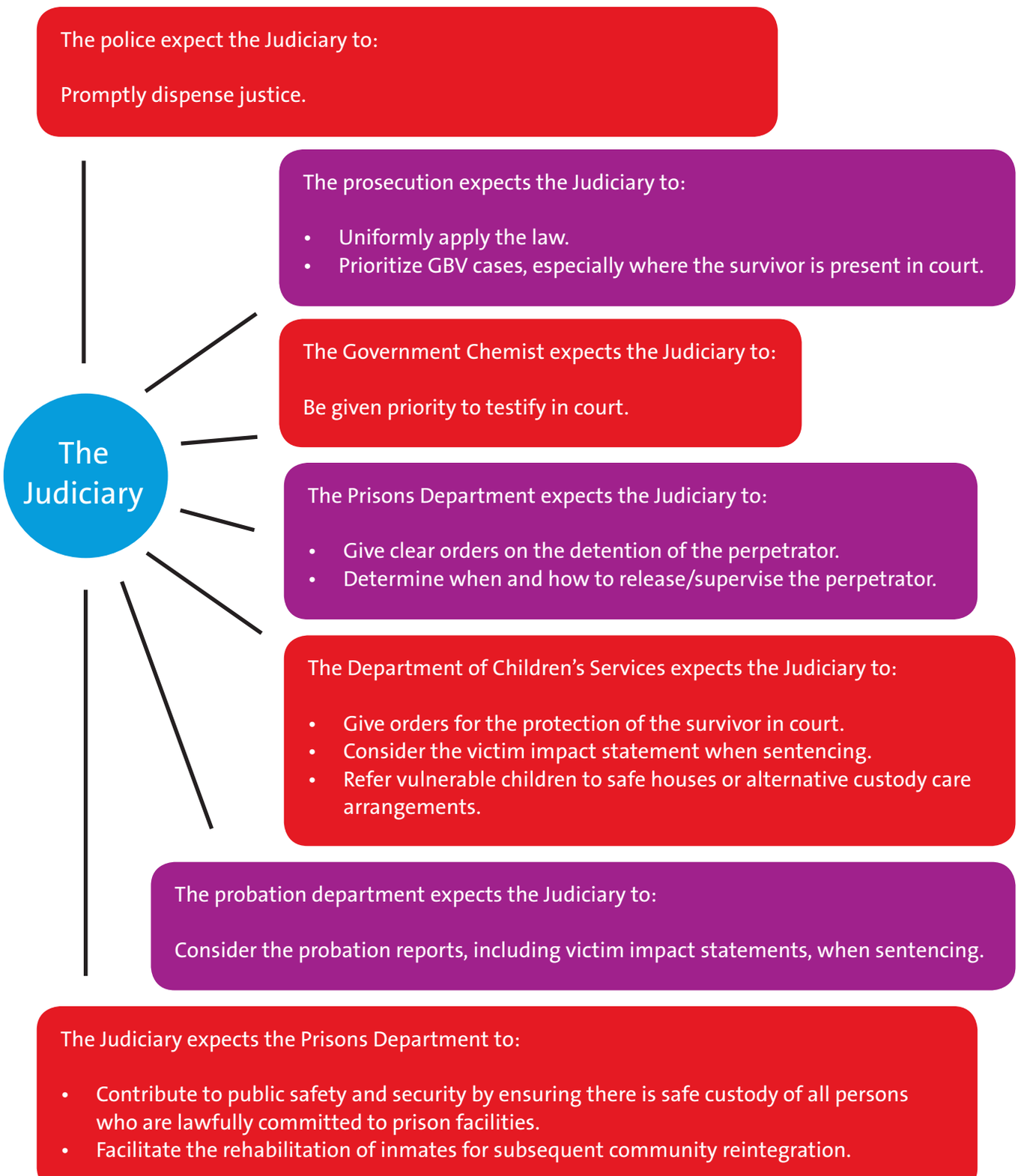
1. Adjudicate cases involving GBV and implement the various provisions of the law, especially the Sexual Offences Act and the Prevention of Domestic Violence Act, in a specific case.
2. Address concerns of service providers to be able to adequately respond to GBV through the Judiciary's various structures, including the Court User Committees.
3. Create new procedures/practices by providing interpretation on the various legal provisions in appropriate cases.
4. Adjudicate cases as provided by law.

5.6.3 Standard operating procedures for the Judiciary in gender-based violence cases

1. Prioritize cases involving sexual abuse. This should especially be done when the survivor and expert witnesses are due to testify.
2. Ensure that the survivor is at all times treated as a vulnerable witness and that the relevant protective mechanisms are therefore put in place.
3. Ensure that the cross-examination of the survivor is conducted in a respectful manner without badgering the survivor.
4. Liaise with the Department of Children's Services to ensure the needs of the survivor are considered.
5. Set precedents (judge made laws).
6. Adjudicate cases as provided in the law.

5.6.4 Quick tips: expectations of the Judiciary

In the prevention of and response to issues of GBV, other departments require the Judiciary to undertake a variety of actions (see diagram).


The police expect the Judiciary to:
Promptly dispense justice.
The prosecution expects the Judiciary to:
• Uniformly apply the law.
• Prioritize GBV cases, especially where the survivor is present in court.
The Government Chemist expects the Judiciary to:
Be given priority to testify in court.
The Judiciary
The Prisons Department expects the Judiciary to:
• Give clear orders on the detention of the perpetrator.
• Determine when and how to release/supervise the perpetrator.
The Department of Children's Services expects the Judiciary to:
• Give orders for the protection of the survivor in court.
• Consider the victim impact statement when sentencing.
• Refer vulnerable children to safe houses or alternative custody care arrangements.
The probation department expects the Judiciary to:
Consider the probation reports, including victim impact statements, when sentencing.
The Judiciary expects the Prisons Department to:
• Contribute to public safety and security by ensuring there is safe custody of all persons who are lawfully committed to prison facilities.
• Facilitate the rehabilitation of inmates for subsequent community reintegration.

5.7 The Government Chemist

The Government Chemist Department provides analytical services in forensic investigations conducted by the police. The Government Chemist plays a role in analysing murder, sudden deaths, and GBV cases, among others. The Government Chemist is also able to provide services to prove or disprove the paternity/maternity of children. This information could be used to acquit or convict a suspect accused of defilement or child stealing or neglect. The Government Chemist thus assists in the dispensation of justice and can play an important part in deterring perpetrators and responding to GBV.

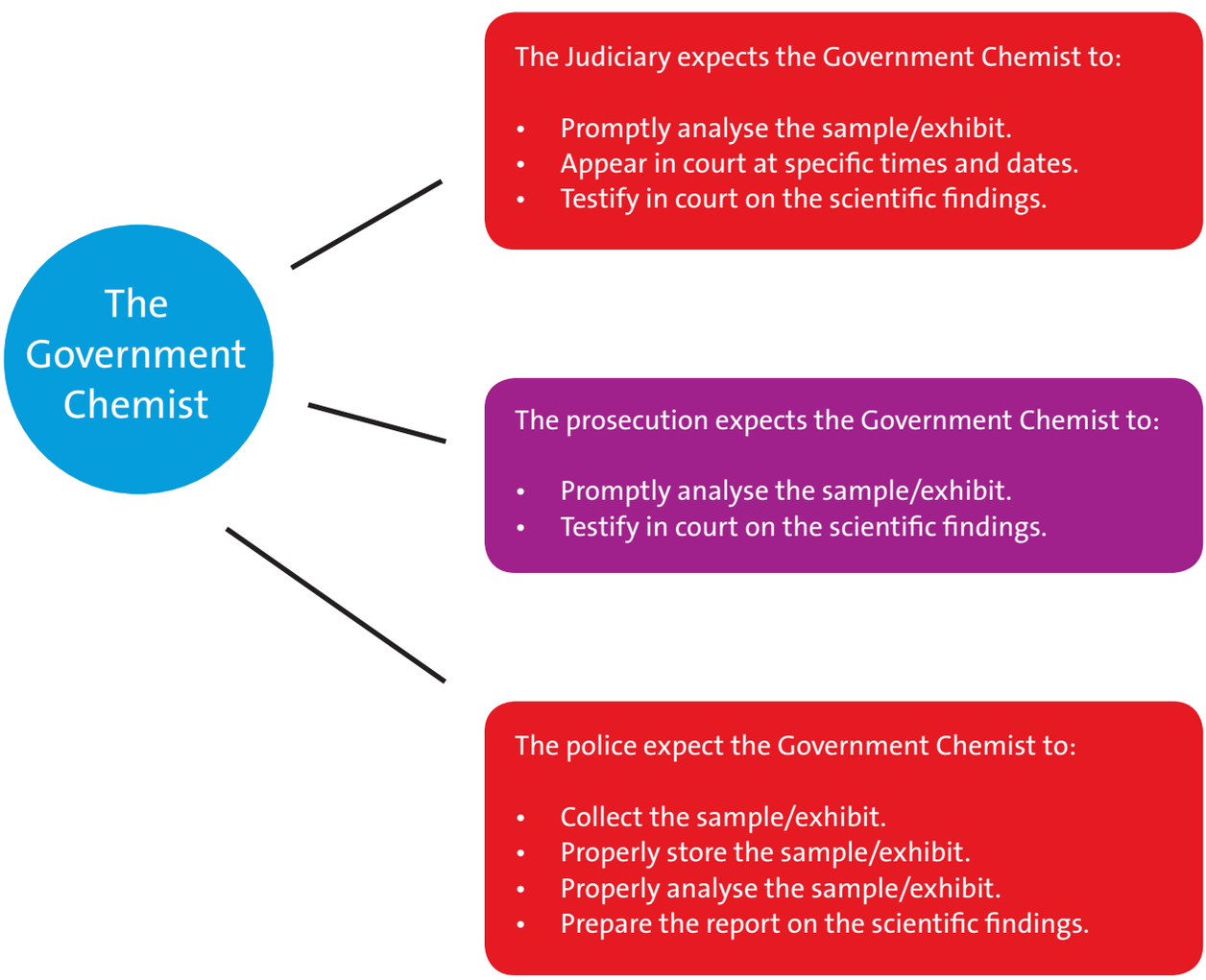
5.7.1 The role of the Government Chemist in response to gender-based violence

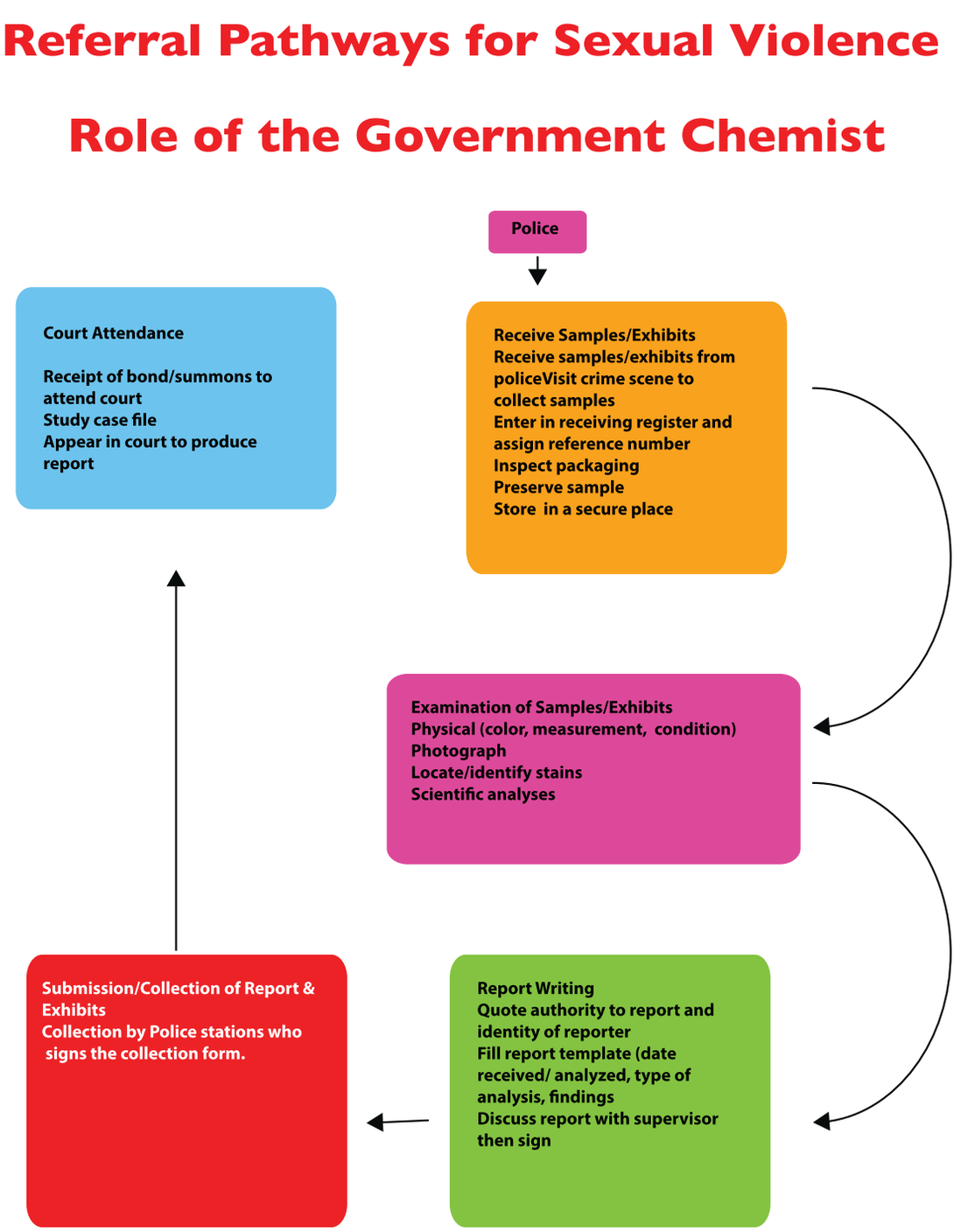
1. Aiding the police in case investigations through scientific analysis
2. Building the capacity of actors, including health practitioners and the police, in the collection, dissemination, and analysis of samples and exhibits
3. Storage of perpetrator DNA database
4. Capacity building of police officers on the collection and preservation of samples/exhibits
5. Establishing standard operating procedures
6. Visiting scenes of crimes where required
7. Receiving samples from GBV cases from police
8. Storing and securing exhibits away from the general public
9. Checking the packaging of samples to ensure correctness and note if there has been any interference
10. Checking that the memo forms are filled properly and match what has been submitted
11. Conducting physical examination of the samples received
12. Conducting scientific examination of the samples received
13. Analysing the scientific evidence
14. Data interpretation of the findings
15. Preparation of a scientific report by the analyst
16. Calling the investigating officer to collect the report and exhibits as soon as the report is prepared
17. Confirming the identity of the person collecting
18. Releasing the report and exhibits only to the investigating officer or to a police officer to whom the investigating officer has delegated in writing

19. Ensuring the officer collecting the report and exhibits signs a copy of the report and retains a copy
20. Presenting the report to court when bonded to attend court; the report should be presented by the analyst or, where absent, any other analyst familiar with his work and signature and handwriting

5.7.2 Quick tips: expectations of the Government Chemist

In the prevention of and response to issues of GBV, other sectors require the Government Chemist to undertake the following actions.





5.7.3 Referral pathway for gender-based violence: Government Chemist

Information from the Multisectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya (TFSOA, 2013).

5.7.3 Referral pathway for gender-based violence: Government Chemist

See accompanying diagram.

5.8 Other duty bearers (or non-immediate service providers)

5.8.1 The ministry in charge of internal security (with a focus on the regional administration, especially regional coordinators, county commissioners, and assistant county commissioners)

1. Ensure there is adequate security for GBV prevention, including pre-emptive measures.
2. Conduct public sensitization forums on GBV, e.g. *barazas*.
3. Coordinate GBV response mechanisms.
4. Assist in arresting alleged and actual perpetrators of GBV.
5. Monitor, collect, and share relevant data related to GBV cases.
6. Liaise with other structures/departments/agencies to mitigate and respond to cases of GBV.

5.8.2 State Department of Correctional Services: Prisons Department

The State Department of Correctional Services includes the Prisons Department and Probation and Aftercare Services.

5.8.2.1 The role of the Prisons Department in preventing gender-based violence

1. Proper supervision of prisoners
2. Identification and classification of high-, moderate-, and low-risk offenders for purposes of rehabilitation
3. Isolation of repeat sexual offenders
4. Proper rehabilitation programmes that reduce recidivism

5.8.2.2 The role of the Prisons Department in responding to gender-based violence

1. Containment of offenders under humane conditions
2. Rehabilitating offenders
3. Handing over of sex offenders for supervision
4. Reporting cases of GBV in places of detention to police for investigation
5. Providing evidence of cases of GBV in places of detention
6. Training of Prisons Department officers on handling GBV offenders

5.8.2.3 Standard operating procedures for cases of gender-based violence in prison

Once a prisoner reports a case of GBV in a prison setting, the following should apply:

1. The prison officer should reassure the survivor that action will be taken.
2. The case report should be recorded in the prison Occurrence Book (the statement should be taken in a confidential and private setting).
3. The survivor should be taken to report the incident to the police, a P3 form filled, more evidence and exhibits collected, and witnesses identified.
4. If there is a health facility at the prison, medical examinations of the survivor should be conducted and the appropriate findings documented for the court process (if there is no health facility at the prison, the prison officer should escort the survivor to an external health facility).
5. At the health facility, the survivor should be provided with post-exposure prophylaxis, pre-exposure prophylaxis, emergency contraceptives, etc. as needed.
6. If the survivor was abused by fellow prisoners sharing a cell, the prison officer should arrange for an alternative safe place for the inmate in order to avoid further abuse or intimidation.
7. The prison officer should make the inmate and witnesses available to testify in court if necessary.
8. The prison officer should ensure that the survivor is referred for psychosocial support services as well as legal and other services.

5.8.2.4 Sector expectations of the Prisons Department

In prevention of and response to GBV, the other sectors expect the Prisons Department to undertake the following.

The police expect the Prisons Department to:

1. Report cases of GBV in prison.
2. Facilitate the collection and preservation of any exhibits.
3. Investigate reported cases of GBV and record statements from relevant witnesses.
4. Facilitate police to visit scenes of crimes.
5. Give notification when perpetrators are due for release.

Health facilities expect the Prisons Department to:

Escort a survivor in prison to a medical facility.

The prosecution expects the Prisons Department to:

Provide updates on the progress of convicts for the purpose of presentation to the power of mercy advisory committee, with emphasis on no mercy for sexual offenders.

The Judiciary expects the Prisons Department to:

Present perpetrators in their custody to court when required.

Probation and Aftercare Services expect the Prisons Department to:

- Give notification when perpetrators are due for release.
- Allow counselling of perpetrators.

5.8.3 State Department of Correctional Services: Probation and Aftercare Services

5.8.3.1 Probation and Aftercare Services

This department was established to assist in the generation of information for the dispensation of justice and generally for the supervision of offenders in the community, subject to the provision of relevant statutes. The services related to the perpetrators of sexual violence include resettling and reintegrating ex-offenders back to society. Currently, the department enforces court orders and generates Social Enquiry Reports for the effective administration of justice. In addition, the department superintends the community service orders programme. The recipients of their aftercare services include those who were Borstal inmates, long-term prisoners, and psychiatric offenders.

5.8.3.2 The Role of Probation and Aftercare Services in the prevention of gender-based violence

1. Proper supervision of ex-convicts
2. Psychosocial support to perpetrators, including counselling
3. Proper reintegration of the ex-convicts into society

5.8.3.3 The role of Probation and Aftercare Services in response to gender-based violence

1. Providing Social Enquiry Reports on perpetrators of GBV to the court
2. Providing casework services to offenders
3. Supporting ex-offenders with rehabilitation and reintegration
4. Making periodic home visits to ex-offenders' homes and providing reports on the progress they have made
5. Referring ex-offenders to other service providers for support (including psychosocial support, economic empowerment, etc.)
6. Providing victim impact statements to courts as required by Section 33 of the Sexual Offences Act, the Children's Act, the Mental Health Act, and the Power of Mercy Act
7. Psychosocial support for victims of sexual violence
8. Supervision of sex offenders upon release from prison
9. Provision to the court of a report on the treatment and rehabilitation of offenders
10. Providing the victim with information on the offender and on the criminal justice process
11. Facilitation of victim offender reconciliation (where feasible) in order to provide effective rehabilitative services to both the offender and the victim
12. Providing pre-release assessment reports to the Power of Mercy Advisory Committee
13. Supervision of child offenders found guilty of sexual offences
14. Providing environmental adjustment reports and reintegration plans for child sex offenders released on aftercare from various corrective centres
15. Linking up with the Judiciary on cases of dangerous sexual offenders placed under post-prison supervision and who are contained in the judicial register for dangerous sexual offenders
16. Sensitizing the community on non-custodial sentences and supervising offenders in the community

5.8.3.4 Standard operating procedures in managing released sex offenders

The Probation Officer, upon receiving the ex-inmate, undertakes the following:

1. Receive the offender and facilitate adjustments in the community, including addressing immediate reintegration challenges.
2. Enable the offender to understand the penal release conditions set out by the releasing authority/instrument.
3. Draw a reintegration plan based on the final home report and information on the level of rehabilitation and skills from the institutions the offender is coming from.
4. Effect appropriate supervision in accordance with probation practice guidelines.
5. Seek the support of other relevant organizations for the empowerment of the offender, where appropriate (i.e. provision of resource packs, counselling, etc.).
6. Refer the offender for further specialized treatment/therapy where there is need.
7. Make monthly home visits to ascertain the progress made by the ex-inmate.
8. Make necessary arrangements for reconciliation in all cases, and where appropriate initiate compensation for survivors.
9. Present reports to respective probation case committees at various probation stations, as may be necessary.

5.8.3.5 Standard operating procedures in working with victims of sexual violence

The Probation Officer working with the victim of sexual violence should undertake the following:

1. Interviewing the victim to establish the victim's feelings at the time the crime was committed, any loss or harm suffered due to the alleged crime, the victim's feelings as to the appropriate sentence, and the victim's views concerning the crime, the person responsible, and the need for restitution
2. Notifying the victim on the steps taken by the court at various stages of trial, including any court orders made and their implications for the accused and the victim
3. Notifying the victim of the offender's imminent release from custody (including bail and release on license or parole)
4. Notifying the releasing authority or body on the personal circumstances of the victim
5. Notifying the victim of any intended/suggested meetings with the offender
6. Provision of psychosocial services to the victim during the trial process, the detention period, and the reintegration period of the ex-offender

5.8.3.6 Sector expectations of Probation and Aftercare Services

The Prosecution expects the probation department to:

- Prepare the victim impact statement in court.
- Provide counselling for the survivor.

The Judiciary expects the probation department to:

- Prepare victim impact statements.
- Recommend an appropriate sentence for the perpetrator.
- Recommend rehabilitation programmes.
- Enforce the community service orders.
- Enforce orders on counselling and supervision of convicted perpetrators.
- Report any offender who breaches court orders.

The Prisons Department expects the probation department to:

- Provide pre-release reports of offenders.
- Supervise ex-offenders.
- Reintegrate ex-offenders into society.

The police expect the probation department to:

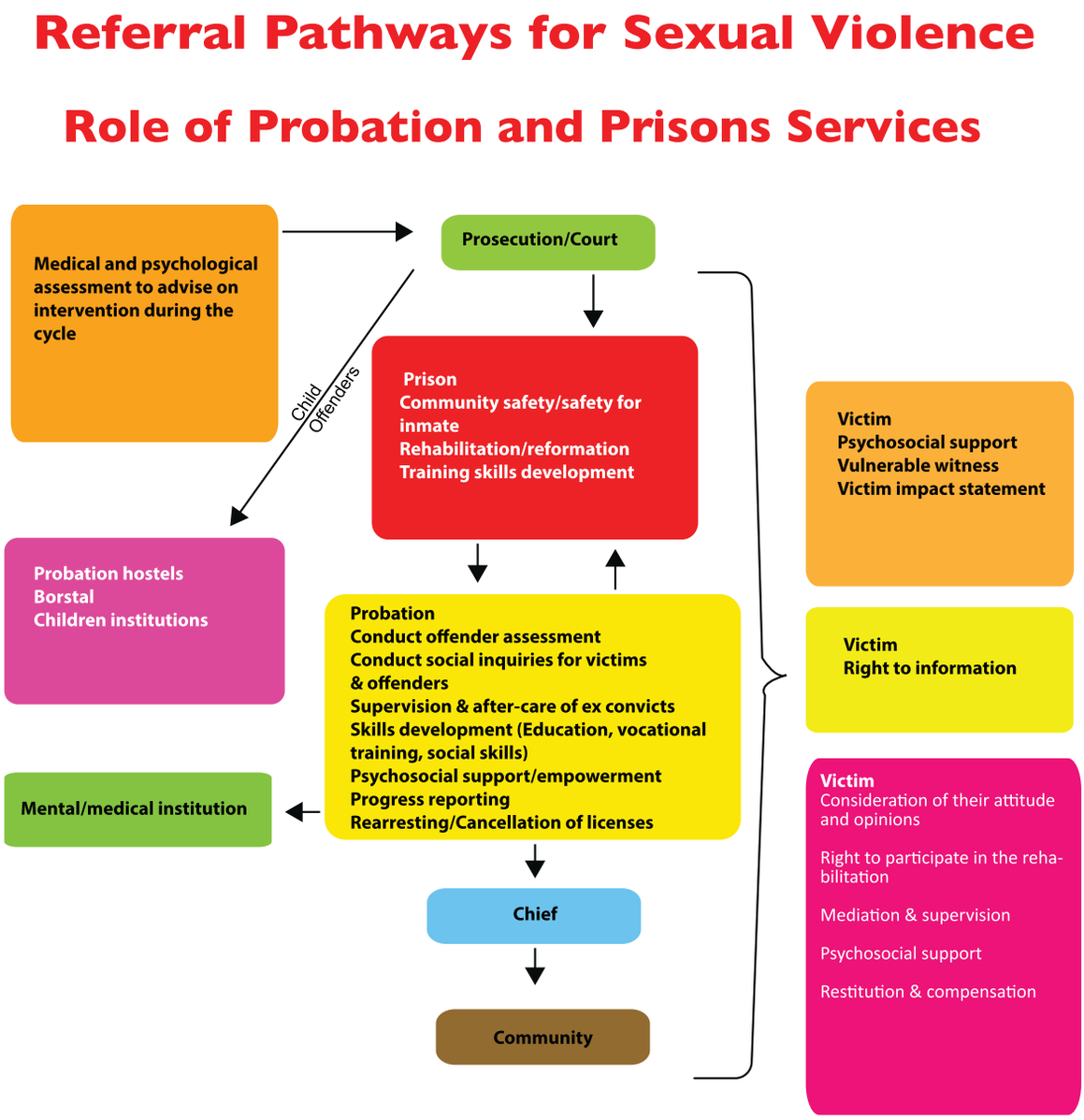
Report ex-offenders who breach terms of release.

The Department of Children's Services expects the probation department to:

Counsel survivors.

5.8.3.7 Referral pathway for gender-based violence: State Department of Correctional Services

See accompanying diagram.



5.8.3.7 Referral pathway for gender-based violence: State Department of Correctional Services

Information from the Multisectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya (TFSOA, 2013).

5.8.4 The ministry in charge of education

The Ministry of Education develops and establishes policies to be implemented by schools and colleges; the Kenya Institute for Curriculum Development develops the education curriculum. The Teachers Service Commission is a constitutional body created by Article 237 of the constitution. It has a role in educating learners on GBV issues and ensuring that schools and colleges operate in a way that will prevent sexual abuse. The types of GBV that can occur in learning institutions and their environment include the following:

1. GBV related to school access – Children may be abused and exploited on their way to and from school, either because they are far from the relative safety of the school environment (especially in rural areas) or because of general insecurity in their vicinity. In the latter case, they may fall prey to gang violence, attacks by armed groups, or sexual harassment.
2. GBV perpetrated by staff in the learning institution (teaching and non-teaching staff) – This can arise without an appropriate code of ethics on the appropriate professional distance between the learner and teacher, and from impunity among teachers (especially in rural areas) and others.
3. GBV among students – This results from unequal power relations between girls and boys, older and younger students, or students from different social, national, or ethnic backgrounds.
4. GBV among the staff in the school – This could be a result of power relations between the head teacher and other teachers or between teachers and non-teaching personnel, and can be related to promotions or employment.

5.8.4.1 The role of the education sector in the prevention of gender-based violence

1. Sensitizing learners about GBV
2. Training teachers on GBV prevention and management – the Ministry of Education undertakes training for teachers on guidance and counselling
3. Establishing and supporting child rights clubs – championing the prevention of GBV
4. Sensitizing learners on GBV through co-curricular education activities such as drama, debating, sports, etc.
5. Mainstreaming GBV issues in the school curriculum
6. Maintaining a database of teachers charged with and convicted of GBV
7. Ensuring all teachers are registered and inducted before taking up their duties in the various schools
8. Vetting teachers for sexual offences before recruitment
9. Collection and dissemination of data on GBV within schools to inform policy development and implementation

10. Releasing learners to return home early, especially in insecure learning environments
11. Ensuring codes of conduct on acceptable relationships between teacher and learner and among learners are disseminated in the schools (to the learners and the staff) and to the community
12. Enforcing codes of conduct, especially on teacher–learner relationships
13. Encouraging learners to express themselves regarding any issues they face, whether inside or outside the school
14. Organizing regular discussion groups with boys and girls (separately and together) as well as between different generations to help them understand the causes of and solutions for GBV
15. Formulating and operationalizing a GBV prevention and response policy in education
16. Working with affiliate agencies to ensure there are enough teachers trained (pre-service and in-service) on GBV/trauma counselling
17. Building the capacity of schools' Boards of Management and field officers on GBV prevention and response, so as to empower parents to ensure they do not compromise when it comes to abuse by teachers

5.8.4.2 The role of the education sector in response to gender-based violence

1. Train teachers on how to identify/detect a learner who has experienced GBV.
2. Immediately after occurrence, receive and document reported cases of GBV within the school community.
3. Conduct administrative investigation of reported cases as per the Ministry of Education and TSC guidelines.
4. Report each case to the law enforcement agencies, including the police, the chief, and the Department of Children's Services, as guided by the TSC circular of 2010.
5. Provide guidance and counselling services to child survivors of GBV.
6. Refer GBV cases for medical, legal, and psychosocial support.
7. Ensure that teachers who commit sexual offences are disciplined.
8. Establish a database on the occurrence, prevalence, and type of GBV in areas of jurisdiction.
9. Empower the school community (especially the students) on the various forms of GBV and what to do in cases of GBV.
10. Encourage complete confidentiality of the information provided in order to prevent stereotyping of the survivor by other learners.

5.8.4.3 Standard operating procedures for cases of gender-based violence at school

When a case of GBV is reported in a school environment, the following steps should be taken:

1. The teacher/caregiver receiving the case should assure the child survivor and guarantee confidentiality in handling the case.
2. If the head teacher is the perpetrator, the matter should be referred to the TSC county office and the police for further investigation.
3. The teacher should take the case details in a confidential setting and identify other types of support required by the survivor.
4. Guidance services should be provided to the survivor by the teacher, who then refers the child to the health facility within 72 hours, as well as to agencies providing psychosocial support.
5. Inform the parent/guardian.
6. The teacher should make themselves available to testify in court if necessary.
7. Record any incident of sexual abuse.
8. Liaise with the police to facilitate the recording of witnesses (other students) and collection of evidence.
9. Ensure the suspect is suspended from the institution pending the determination of the case.
10. Ensure the learning environment is supportive of the pupil/student after the ordeal to minimize cases of stigma.

Note: All these processes should be undertaken in consultation with the School Management Committees in primary schools or the Board of Governors in high schools and colleges.

5.8.4.4 Sector expectations in relation to the education department

The police expect the education sector to:

- Report all instances of abuse.
- Record statements with the police when required.
- Facilitate the police to record statements from witnesses.
- Allow the police to visit the scene of the crime if the GBV occurred in an educational institution.

Health facilities expect the education sector to:

Escort a survivor for medical treatment.

The Department of Children's Services expects the education sector to:

- Debrief the survivor.
- Refer to the Department of Children's Services for further management.

The Prosecution expects the education sector to:

Testify in court when required.

The Judiciary expects the education sector to:

Testify in court when required.

5.8.5 The Department of Children's Services

The Department of Children's Services refers to the government department legally charged with dealing with the administration of children's services. Personnel include the responsible minister, officers of the National Council of Children's Services, the Director and Deputy Director of Children's Services, and Children Officers. The powers and functions of the department are set out in the Children Act. The department is often the first place a child survivor of GBV may seek help, either directly or by being referred.

5.8.5.1 The role of the Department of Children's Services in the prevention of gender-based violence

1. Training members of the Area Advisory Councils (created by the Children Act)
2. Community sensitization on children's rights, including protection from GBV
3. Training community members on response to and prevention of GBV

5.8.5.2 The role of the Department of Children's Services in response to gender-based violence

1. Recording cases of child survivors of GBV
2. Undertaking social investigation and following up on cases of GBV
3. Making appropriate referral of GBV cases to a relevant service provider, including the police, health facilities, etc.
4. Facilitating placement of child survivors of abuse in safe custody (these include child protection units and children's charitable institutions)
5. Supporting the child survivor during the court process – this entails the provision of psychosocial support
6. Facilitating the reintegration of the child survivor into the family and community in cases where the child has been placed in temporary safe custody

5.8.5.3 Standard operating procedures for the Department of Children's Services

1. Record the incident of abuse (the Children's Officer records the case details and identifies the type of support needed by the survivor in the course of case follow-up). This statement should be taken in a confidential setting.
2. The Children's Officer reassures the child survivor that the offence is not their fault and that action will be taken.
3. Refer all reported cases of GBV to all relevant service providers, including the National Police Service.
4. Accompany the survivor to the nearest health facility for medical examination.
5. Assess the counselling needs of the survivor and refer him/her to a service provider.
6. Assess whether the survivor is at risk of revictimization and, if so, ensure that the child is placed in a children's institution.

5.8.5.4 The role of the National Council of Children's Services

The National Council of Children's Services was established under the Children Act as a body corporate to exercise general supervision and control over the planning, financing, and coordination of children's rights activities and to advise the government on all issues related to children.

- Coordinate and guide children's protection programmes.
- Establish Child Protection Centres.
- Recruit Child Protection Officers.
- Establish Area Advisory Councils to coordinate child protection programmes within the counties.

5.8.5.5 Referral pathway for gender-based violence: Department of Children's Services

See accompanying diagram.

5.8.6 The Ministry of Interior and Coordination of National Government

The ministry is mainly charged with the responsibility of public administration, internal security, and campaigning against drug and substance abuse. The county administration has been decentralized to the grass-roots in order to provide a framework for the quick interpretation, dissemination, and implementation of government policies. In addition, the provincial administration has a role in the maintenance of law and order, prevention and detection of crime, conflict resolution, development coordination, and championing campaigns against drug and substance abuse.

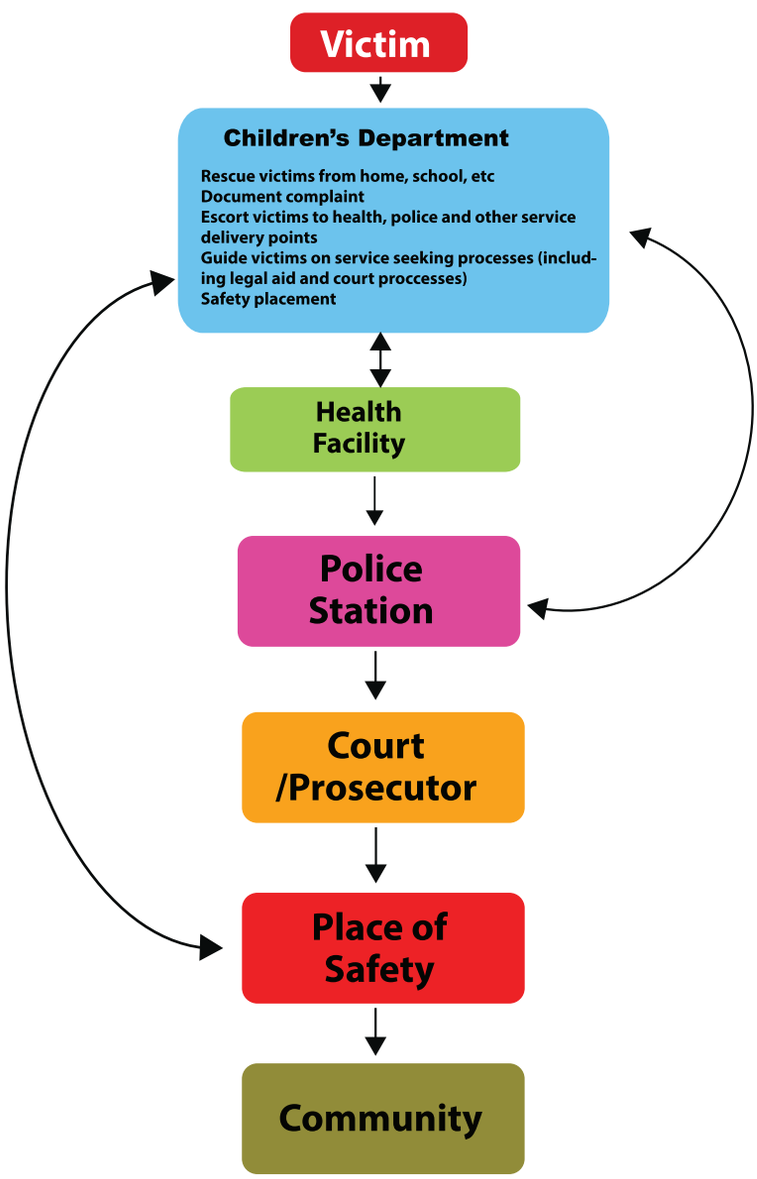
In this section we will focus on the provincial administration, especially the office of the chief and assistant chief, which is a critical link between the government and the people at the community level.

5.8.6.1 The role of the Ministry of Interior and Coordination of National Government in the prevention of gender-based violence

1. Sensitize the community on GBV issues, for instance through barazas, social media, radio, campaigns, public rallies, and other platforms.
2. Explore partnerships with male community groups, youth and children's clubs, sports associations, schools, vocational institutions, microfinance clubs, and other organizations.
3. Involve male religious and traditional leaders in processes that bring different perspectives on gender roles to their community.
4. Explore and expand the use of male and female outreach workers, trainers, and leaders.

Referral Pathways for Sexual Violence

Role of Children's Department



5.8.5.5 Referral pathway for gender-based violence: Department of Children's Services

Information from the Multisectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya (TFSOA, 2013).

5.8.6.2 The role of the Ministry of Interior and Coordination of National Government in response to gender-based violence

1. Receiving and documenting cases of GBV reported within their areas of jurisdiction
2. Assisting in initial investigations and relevant inquiries
3. Assisting police in apprehending perpetrators of GBV
4. Referral of survivors of GBV to other service providers – e.g. the police, health service providers, the Department of Children's Services, legal aid providers, etc.
5. Supporting the rehabilitation and reintegration of GBV ex-offenders into their communities
6. Giving evidence in court when required

5.8.6.3 Standard operating procedures for the Ministry of Interior and Coordination of National Government

1. Record all instances of sexual abuse in the incident report form.
2. Refer all cases of sexual abuse to the health facility and thereafter to the police as soon as possible.
3. Assist the police in tracing the location of potential witnesses, the scene of crime, and the whereabouts of the suspect.
4. Record the identity and location of convicted perpetrators who have been released, and supervise their reintegration.

5.8.6.4 Sector expectations in relation to the Ministry of Interior and Coordination of National Government

The community expects the ministry to:

- Create awareness on GBV.
- Arrest perpetrators and assist in the supervision of ex-offenders.

The police expect the ministry to:

- Report cases of GBV.
- Collect and preserve evidence.
- Locate witnesses.
- Locate scenes of crimes.

- Locate perpetrators released on bond.
- Assist in the supervision of ex-offenders.

The health facilities expect the ministry to:

Escort survivors to the health centre.

The Prosecution expects the ministry to:

- Locate witnesses.
- Testify in court.
- Assist police to trace and locate witnesses.
- Assist police to trace perpetrators.

The Judiciary expects the ministry to:

- Assist the police to locate the perpetrator and/or sureties.
- Assist police to locate witnesses.
- Assist the probation department to make victim impact statements.

The probation department expects the ministry to:

- Assist to locate the survivor and his/her relatives.
- Assist in the supervision of ex-convicts.

5.8.6.5 Chiefs' and assistant chiefs' roles and responsibilities

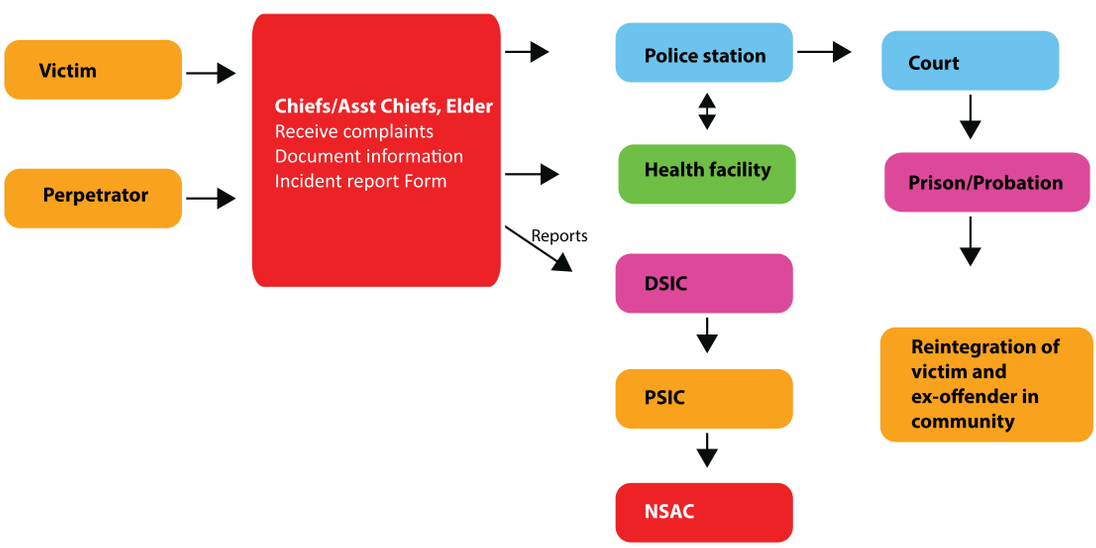
1. Report GBV cases.
2. Advocate against GBV.
3. Assist in the reintegration and support of survivors in the community.
4. Create community mechanisms for the prevention of and response to GBV.

5.8.6.6 Referral pathway for gender-based violence: chiefs and assistant chiefs

See accompanying diagram.

Referral Pathways for Sexual Violence

Role of the Chief's Office



5.8.6.6 Referral pathway for gender-based violence: chiefs and assistant chiefs

Information from the Multisectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya (TFSOA, 2013).

5.8.7 The ministry in charge of gender

The ministry in charge of gender (currently the Ministry of Public Service, Youth and Gender Affairs) is responsible for policy formulation and implementation. The department charged with coordinating the prevention of and response to GBV under this ministry is the State Department for Gender Affairs.

5.8.7.1 The State Department for Gender Affairs

The mandate of the State Department for Gender Affairs is to promote gender equity, social justice, women's rights, and improved and sustainable livelihoods for vulnerable groups through increased sensitization, resource mobilization, and institutional linkages. This is mainly achieved through gender mainstreaming in the development process, capacity building, community participation, and public–private partnerships. This is in addition to facilitating the implementation of GBV prevention and response programmes and national GBV policies, ensuring compliance to international instruments, and coordinating activities.

5.8.7.2 The role of the State Department for Gender Affairs in the prevention of and response to gender-based violence

1. Gender policy management
2. Developing special programmes for women's empowerment
3. Gender mainstreaming in ministries/departments/agencies
4. Community mobilization
5. Domestication of international treaties/conventions on gender
6. Developing policies and programmes on GBV

5.8.8 The Kenya National Bureau of Statistics

The Statistics Act 2006 specifically mandates the Kenya National Bureau of Statistics to:

- Act as the principal agency of the government for collecting, analysing, and disseminating statistical data in Kenya.

- Act as the custodian of official statistics.
- Conduct the Kenya Population and Housing Census every ten years, and such other censuses and surveys as the board may determine.
- Maintain a comprehensive and reliable national socio-economic database.
- Establish standards and promote the use of best practices and methods in the production and dissemination of statistical information across the National Statistical System.
- Plan, authorize, coordinate, and supervise all official statistical programmes undertaken within the National Statistical System.
- Develop national GBV indicators.
- Collect, manage, and analyse data.
- Provide official GBV-related statistics.
- Map GBV hotspots.
- Provide county-specific data such as GBV county profiles.
- Build capacities for GBV data collection and management.
- Provide national health and demographic data to the Kenya Demographic and Health Survey.

5.8.9 The National Treasury

The National Treasury derives its mandate from the Constitution of Kenya 2010, the Public Management Act 2012, and Executive Order No. 2/2013. Its mandate includes formulating, implementing, and monitoring macroeconomic policies involving expenditure and revenue; mobilizing domestic and external resources for financing national and county government budgetary requirements; preparing the annual Division of Revenue Bill and the County Allocation of Revenue Bill, as well as preparing the National Budget; and executing/implementing and controlling approved budgetary resources to ministries, departments, and agencies and other government agencies/entities.

Regarding GBV, the National Treasury:

- Ensures gender-responsive budgeting.
- Ensures resource allocation budgets for GBV prevention and response.

5.8.10 The public transport industry

The public transport industry in Kenya plays a central role in mobility, politics, and the economy, and thus there is a dire need to change existent violent trends by ensuring that the public, especially women and girls, feel safe on Kenya's roads. Transport policies and operations need to respond to the different security needs of women and men through an integrated and safe public transport system that provides safe commuting services to the population. Yet women and girls have reported attacks in public transport vehicles and in terminals in Nairobi and other towns.

These attacks include being stripped of their clothing by *matatu* (public minibus) drivers and conductors, and being sexually violated in public service vehicles (acts of harassment include inappropriate touching and grabbing, indecent exposure, and lewd comments). This is evidence that the public transport system in Kenya is not safe for women and girls. The problem is not restricted to *matatus*; women suffer sexual abuse and harassment when using *boda bodas* (motorcycle taxis), while waiting for buses, and even when walking through public transport terminals. It is therefore important to highlight the role of the public transport industry in the prevention of and response to GBV.

5.8.10.1 Role of the Ministry of Transport in preventing and responding to gender-based violence

1. Register all public transport employees and display their details to members of the public. Incidents of misbehaviour should be recorded in the database, and any person with a sexual harassment record should not be hired by any *matatu* organization.
2. Ensure the transport industry adopts and disseminates sexual harassment policies with clear procedures on how to respond to, report, and document sexual harassment cases.
3. Provide designated areas for women in each bus to reduce incidents of harassment. Since harassment also happens during boarding and alighting, consider providing women-only queues so that women and the elderly can board and alight from the front of the bus, while men board and alight from the back. Provide seating for pregnant women, the elderly, people with disability, and adults with small children.
4. Equip *matatus*, buses, and bus stops with cameras to monitor anti-social activities and generate evidence that can be used when prosecuting these acts. Create an effective complaint reporting and redress mechanism. The police will also play a role.
5. Design bus stops and stations with sufficient capacity to accommodate current and future daily users.
6. Provide security features such as internal and external lighting and cameras. A transparent façade can improve visibility inside and outside the bus stop.

7. Incorporate level boarding and other universal access features on public transport vehicles to aid boarding for vulnerable groups.
8. Ensure adequate lighting and weather protection for *matatu* and *boda boda* stages.
9. Improve street lighting to increase both perceived and real security.

5.8.10.2 Role of the National Transport and Safety Authority in preventing and responding to GBV

1. Integrate gender sensitization for informal public transport operators into the driving schools' curriculum; ensure drivers and staff are trained in customer service and are sensitive to the needs of women.
2. Develop standard operating procedures for bus drivers, conductors, and station/terminal attendants on how to address and prevent incidents of sexual harassment.
3. De-license drivers, conductors, and *matatu* organizations that perpetrate GBV.
4. Provide emergency phones and numbers in public service vehicles and bus stations to aid in the reporting of GBV.
5. Engage with civil society organization to provide training, particularly on women's safety and security, to help *matatu* operators and management gain a better understanding of women's mobility challenges and safety concerns. The training should tackle various forms of harassment and the procedures to follow when an incident is observed or reported.

5.8.10.3 Role of Public Service Vehicle Savings and Credit Cooperatives in preventing and responding to gender-based violence

1. Provide passengers with information, including fare charts and real-time bus arrival information.
2. Provide emergency phones and numbers in public service vehicles and stations to aid in the reporting of violence against women and girls.

5.8.11 Constitutional commissions

The constitutional commissions generally have the following functions:

- Monitor, facilitate, and advise on the integration of principles of equality and freedom from all forms of discrimination.

- Ensure compliance with all treaties and conventions ratified by Kenya relating to issues of equality and freedom from discrimination.
- Act as oversight and redress mechanisms where justice has been denied or delayed or there has been abuse of power.

5.8.11.1 The National Gender and Equality Commission

The National Gender and Equality Commission (NGEC) was established by an Act of Parliament following the promulgation of Kenya's new constitution in 2010. The NGEC is mandated to promote gender equality and freedom from discrimination. As part of this broad mandate, the NGEC will work with other relevant institutions in the implementation of policies for the progressive realization of the economic and social rights specified in Article 43 of the constitution and other written laws.

Beyond developing standards for the implementation of these policies, the NGEC will also make efforts to ensure that budgetary provisions are made to support the realization of these rights. One of the key issues to be address is that of sexual and gender-based violence, and ensuring that survivors receive the all the services they are entitled to, as provided by the constitution.

5.8.11.2 The role of the National Gender and Equality Commission in preventing and responding to gender-based violence

1. Oversee, coordinate, advise, and audit and monitor the implementation of gender-responsive legislation.
2. Advise the government on gender-responsive measures that will aid the government in the promotion of human rights and elimination of GBV.
3. Facilitate the mainstreaming of gender equality and inclusion, with attention given to special interest groups.
4. Conduct audits on the status of special interest groups, including minorities, marginalized groups, persons with disability, women, youth, and children in an effort to promote human rights and eliminate GBV.
5. Establish a databank on issues relating to equality and freedom from discrimination (which includes elimination of GBV) for different affected interest groups.
6. Monitor compliance with national and international treaties that Kenya is a signatory to with regard to GBV.
7. Coordinate the National GBV Sub-cluster Working Group.

8. Work with state and non-state actors to advocate for developing measures for preventing and responding to GBV generally and in politics.
9. Enhance coordination, collaboration, and networking among different state and non-state stakeholders to address GBV.
10. Support the establishment and strengthening of county GBV coordination mechanisms within the counties.
11. Ensure equality and inclusion, e.g. regarding persons with disabilities.
12. Ensure monthly meetings of SGBV bodies.
13. Ensure sensitization of key duty bearers.
14. Ensure community sensitization, establishment of youth-friendly programmes, and strengthening of institutions in order to curb SGBV.
15. Undertake monitoring and evaluation.
16. Advise the government on measures that will aid the prevention of and response to GBV in politics.
17. Assist counties in establishing, coordinating, and strengthening the county GBV working groups.

5.8.11.3 The Teachers Service Commission

The functions of the TSC include employing teachers, assigning teachers to schools, exercising disciplinary control over teachers, and terminating the employment of teachers.

The role of the TSC in preventing and responding to GBV includes the following:

1. Ensuring the proper distribution of trained teachers on GBV.
2. The Ministry of Education, Science and Technology and the TSC to refer disciplinary cases for legal action.
3. Capacity building of teachers and students on GBV prevention and response.
4. Speeding up disciplinary action and taking appropriate measures.
5. Discouraging a culture of silence and stigma among teachers and students.
6. Setting up and implementing policies related to gender issues for GBV prevention and response in schools.
7. Entering into partnerships to address GBV.
8. Establishing codes of ethics and conduct (through trainings, manuals, and seminars).

5.8.11.4 The Office of the Ombudsman

The Commission on Administrative Justice, also known as the Office of the Ombudsman, is an independent commission established by the Commission on Administrative Justice Act 2011, pursuant to Article 59(4) of the Constitution of Kenya. The commission is mandated to address all forms of maladministration and promote good governance and efficient service delivery in the public sector by enforcing the right to fair administrative action.

The role of the commission in the prevention of and response to GBV includes the following:

- Making available a platform for dialogue among various stakeholders
- Investigating complaints
- Making recommendations to various stakeholders

5.8.12 The role of the county government in preventing and Responding to gender-based violence

1. Ensure public participation in matters of preventing and responding to GBV.
2. Establish a budgetary advisory council with a mandate to address funds for the prevention of and response to GBV.
3. Strengthen county interventions in the prevention of and response to GBV.
4. Create a county-specific policy/strategy for the prevention of and response to GBV.
5. Strengthen the implementation of existing programmes and put in place new programmes for the prevention of and response to GBV.
6. Put in place clear county coordination mechanisms to address county-specific GBV.
7. Establish rescue centres and GBV recovery centres.
8. Be innovative and creative and find local solutions to the vice of GBV (within the law) that address the needs of survivors.
9. Build the capacity of the various service providers within the county for the appropriate prevention of and response to GBV.
10. Encourage community conversations on the best ways to prevent and respond to GBV within the county.
11. Support health and education infrastructure within the county to enable them to prevent and respond to GBV.
12. Undertake a concerted sensitization and awareness campaign on the prevention of and response to GBV.

13. Ensure that preventing and responding to GBV is in the agenda of the county civic education programme.
14. Ensure that GBV is exposed and does not remain a hidden affair within the county.
15. Encourage both formal and informal education institutions to counter negative customary practices in the county.
16. Put in place innovative facilities to help with the prevention of and response to GBV.
17. Put in place mechanisms whereby county departments synergize and support each other in response to GBV.
18. Support economic empowerment of vulnerable groups to reduce GBV in the county.
19. Profile the achievements of the county regarding preventing and responding to GBV.
20. Ensure that services are available to survivors of GBV.
21. Support the generation of county-specific data.
22. Establish a County GBV Services Board to manage GBV.
23. Ensure budget allocations towards GBV response and prevention.
24. Conduct civic education.

5.8.13 The role of the county assembly in the prevention of and response to gender-based violence

1. Ensure the mainstreaming of GBV issues into the County Integrated Development Plan.
2. Ensure that the laws passed at the county level are gender sensitive.
3. Allocate sufficient funding to gender-responsive initiatives.
4. Ensure public participation.
5. Build the capacity of members of county assemblies on gender issues.
6. Offer overall legislative oversight on GBV issues.

5.8.14 The role of the County Executive Member for Health and County Director of Health in preventing and responding to GBV

1. Ensure GBV-related policies and guidelines are made and implemented at the county level.
2. Ensure free, timely comprehensive GBV services (medical and psychosocial).

3. Ensure the capacity building of health workers and community health volunteers on GBV prevention and response.
4. Ensure adequate resources are allocated to address GBV.
5. Ensure compliance with and enforcement of policies and regulations.
6. Infuse GBV into the County Health Sector Strategic Investment Plan and County Integrated Development Plan.
7. Ensure inclusion of GBV prevention and response in the broader Health Strategic Plan.
8. Ensure effective implementation of free GBV services at county facilities (medical superintendent).
9. Ensure referral of survivors to relevant service delivery platforms such as shelters (medical superintendent).
10. Support the establishment of GBV recovery centres.
11. Support a one-stop shop for survivors of GBV.
12. Ensure that an adequate proportion of resources are allocated to GBV services.
13. Ensure quarterly monitoring and evaluation reports are submitted on the progress made on preventing and responding to GBV.
14. Ensure the presence of anti-GBV strategies.
15. Ensure the presence of a service charter indicating free GBV services.
16. Increase the cases referred to various service delivery platforms.

5.8.15 Role of political parties in preventing and responding to gender-based violence

1. Take action to address violence against women in politics.
2. Expose violence against women in politics and to condemn it.
3. Institute internal mechanisms to guard against violence against women in politics, including through signing an 'open and safe' election pledge that opposes all forms of violence and intimidation against women.
4. Put in place appropriate mechanisms for interventions to prevent and respond to GBV and to ensure the physical safety of women and other vulnerable groups in politics.
5. Produce and disseminate information on violence against women in politics.
6. Censure individuals and groups that perform and tolerate GBV in politics.
7. Work with a wider legal effort to address GBV and violence against women in politics.
8. Refer GBV cases to the police.

5.8.16 Role of the Independent Electoral and Boundaries Commission in preventing and responding to gender-based violence

1. Ensure adherence to electoral laws that address violence.
2. Undertake civic and voter education that includes the prevention of and response to GBV in nominations and elections.
3. Develop a code of conduct for candidates and parties contesting elections that strictly prohibits GBV in politics.
4. Monitor compliance with the legislation and code of conduct, and take action against offenders.
5. Investigate and prosecute electoral offences by candidates, political parties, or their agents.
6. Take action in cases of incidents of violent offences relating to elections.
7. Enforce the electoral code of conduct with all political parties and every person who participates in an election or referendum.

5.8.17 The role of the Registrar of Political Parties in preventing and responding to gender-based violence

1. Take appropriate action in cases of incidents of violent offences by political parties and their members.
2. Deregister political parties that accept or advocate the use of force or violence as a means of attaining their political objectives.

MODULE 6: CIVIL SOCIETY, THE PRIVATE SECTOR, AND OTHER ACTORS (INTERMEDIARIES)

Civil society encompasses groups or organizations working in the interest of the citizens, but operating outside of the governmental and for-profit sectors. Organizations and institutions that make up civil society include labour unions, non-profit organizations, religious organizations, and other service agencies that provide an important service to society but generally ask for very little in return.

Purpose: Discuss roles and responsibilities of intermediaries in the prevention of and response to GBV.

Expected learning outcomes:

1. Demonstrate an understanding of the roles and responsibilities of various intermediaries in the prevention of and response to GBV.
2. Discuss how the various intermediaries work with duty bearers and others to prevent and respond to GBV.

Module overview

Unit	Content	Learning methods	Materials
Civil society, the private sector, and other actors (intermediaries)	1. Understanding the roles and responsibilities of various intermediaries in the prevention of and response to GBV. 2. Discuss how the various intermediaries work with duty bearers and others to prevent and respond to GBV.	Interactive presentation, case scenarios, case studies, role plays, etc.	LCD projector, flip chart and stand, assorted marker pens, PowerPoint slides, sticky notes, case scenario printouts

6.1 The role of civil society organizations

Civil society organizations (non-governmental, community-based, and faith-based organizations; women's and youth organizations) in Kenya are important stakeholders in addressing GBV issues in the country. These organizations remain key in building the capacity of service providers within the government and other actors, and also in the holistic management of issues of GBV, from both a preventive perspective and a response perspective. Civil society organizations complement government efforts and also mobilizes resources for service delivery to those who are vulnerable and to survivors of GBV.

The media, as part of civil society, plays an important socializing role in people's lives. The media not only provides the lens through which we view society, but also makes a value judgment on events. As a result, the media can have a positive or negative role in relation to combating GBV. For example, stereotyping females and the commoditization of sex can influence the minds of would-be offenders. On the other hand, reporting on the type of punishment imposed on convicted offenders could arguably have a deterrent role. Since each journalist has preconceived notions and prejudices, it is important to ensure that these do not get in the way of reporting objectively on GBV and that the reporting correlates with constitutional and legal principles such as the right to privacy.

Civil society essentially complements government in GBV prevention and response, with groups playing different roles depending on which sectors they are aligned to.

The responsibilities include the following:

1. Undertaking advocacy initiatives, informed by international standards
2. Community mobilization and awareness raising among vulnerable populations on a number of themes, including:
    - Victims/survivors' rights to have their complaints considered by the formal justice system
    - The importance of undergoing a medical examination within a short time frame following a violation for the purpose of obtaining a medical report as crucial evidence
    - The need for victim and witness protection
3. Capacity strengthening
4. Oversight for accountability
5. Evidence building and advocacy
6. Complementing government efforts in the provision of various services (especially health, psychosocial, security, and legal services) to survivors of SGBV
7. Technical support to the government for delivery of SGBV services
8. Advocacy for justice for survivors of SGBV

6.2 The role of the media

The media is an important socializing influence in people's lives. Negative and stereotypical images regarding GBV in the media and the ways in which the media reports GBV (often as a lesser crime or violation) can contribute to the acceptance and normalization of gender-based violence. The general assumption that the media is neutral and objective is not accurate; each media representative brings to the coverage his/her views, opinions, beliefs, and attitudes. These inform the way in which media representatives view a particular issue. The media does not simply transfer information to society without making judgments. The media informs our understanding of issues, and therefore has a critical role to play.

The media's role includes the following:

1. Engage in advocacy messages to address myths, rumours, and misconceptions about GBV.
2. Inform local communities about GBV, including raising awareness about GBV as a crime.
3. Influence the shaping of positive behaviour through deliberate reporting on GBV.
4. Adhere to media guidelines that encompass sensitive reporting on GBV cases, including protecting the privacy/confidentiality of the survivors.
5. Through the Media Council of Kenya, put in place appropriate sanctions for misreporting on GBV, and also put in place a recognition and award scheme for reporting on GBV.
6. Avoid coverage that leads to victimization or marginalization.
7. Report on incidents of GBV in politics, but in a manner that does not exacerbate the situation by perpetuating the violence.
8. Undertake concerted public sensitization.
9. Engage in gender-sensitive reporting.
10. Take on a public watchdog function.
11. Provide a platform for awareness raising, education, outreach, reporting of cases, and citizen concerns and opinions.
12. Use technology to map GBV in all counties.

6.3 The role of the private sector

1. Complementing the government's efforts in GBV prevention and response.
2. Influencing and implementing policy and laws on ending GBV.

3. Keeping the government in check on the implementation of laws and policies.
4. Ensuring that workplace programmes on GBV prevention and response are in place and functional.
5. Co-financing through public–private partnerships, including corporate social responsibility initiatives.
6. Providing GBV-related services e.g. private health facilities, learning institutions.
7. Supporting the roll-out of policies, e.g. employee-related policies such as anti–sexual harassment policies at the workplace

6.4 The role of the National Council for Persons with Disability

The council will ensure that GBV response and prevention takes into account the needs and rights of persons with disability.

6.5 The role of trade unions

Trade unions will integrate GBV and sexual harassment issues into collective bargaining agreements and will protect labour rights as they related to GBV.

6.6 The role of academia and research institutions

Academic and research institutions such as universities and the National Gender Research and Documentation Centre should support evidence generation, evidence analysis, and knowledge management.

6.7 The role of communities

Communities are made up of men, women, boys, and girls and have different roles and responsibilities:

1. Ending bystander apathy on GBV
2. Being champions of change
3. Promoting community action against SGBV
4. Playing an active role in reporting and preventing GBV, as well as supporting referrals
5. Strengthening grass-roots interventions together with the ministry concerned
6. Giving evidence in court

6.8 The role of faith-based organizations in preventing gender-based violence

Faith-based organizations are well placed to play a role in the prevention of GBV in that they have structures for supporting and reaching communities cost effectively. However, these organizations should be undertake this role in a non-judgmental manner.

Faith-based organizations can do the following:

- Engage other stakeholders in addressing GBV.
- Strengthen grass-roots interventions together with the ministry concerned and civil society organizations.
- Promote men as change agents in the prevention of GBV.
- Introduce peer education programmes and projects for members.
- Teach life skills.
- Create a non-judgmental environment for conversations on GBV prevention, reporting, referrals, and linkages.
- Provide safe protective spaces.

6.9 The role of men and boys in preventing and responding to gender-based violence

Men and boys can encourage behaviour change and be role models to other men and boys, modelling respectful relationships. They can encourage protective behaviour and promote health-seeking behaviour. Men and boys can also support equal opportunities for both boys and girls, and the fair distribution of roles.

6.10 The role of women and girls in preventing and responding to gender-based violence

- Reporting
- Referring
- Seeking and sharing information on where to get help, available services, etc.

6.11 The role of development partners

- Co-financing
- Technical assistance

MODULE 7: MULTISECTORAL COORDINATION IN THE PREVENTION OF AND RESPONSE TO GENDER-BASED VIOLENCE

This chapter states the guiding principles for multisectoral coordination regarding GBV and briefly describes the functions of multisectoral coordination interventions and services; reporting and referral systems; training programmes; documentation, reporting, transmitting, and data analysis systems; and prevention and awareness-raising activities.

Purpose: To attain knowledge on an effective multisectoral response to GBV.

Expected learning outcomes: By the end of this unit, the participants should be able to do the following:

1. Define effective multisectoral coordination in the prevention of and response to GBV and its importance.
2. Describe the institutions/organizations engaged in multisectoral response to GBV.
3. Describe the coordination of the various sectors with regard to preventing and responding to GBV.
4. State the principles that guide multisectoral coordination.
5. Describe the functions of multisectoral coordination intervention/services; reporting and referral systems; as well as documentation, reporting, transmitting, and data analysis systems.
6. Discuss interventions and services.
7. Describe reporting and referral mechanisms.
8. Explain documentation, reporting, transmitting, and data analysis processes.
9. Describe prevention and awareness raising activities.
10. Discuss training programmes.

Module overview

Unit	Content	Learning methods	Materials
Multisectoral coordination in the prevention of and response to GBV	1. Effective multisectoral coordination in the prevention of and response to GBV 2. Institutions/organizations engaged in multisectoral response to GBV 3. Principles that guide multisectoral coordination 4. The functions of multisectoral coordination intervention/services, and documentation, reporting, transmitting, and data analysis systems 5. Reporting and referral	Interactive presentation	LCD projector, flip chart and stand, assorted marker pens, PowerPoint slides, sticky notes, case scenario printouts

7.1 The multisectoral response to gender-based violence

A multisectoral approach in responding to GBV is about different actors working together to establish a coordinated multisectoral and inter-agency response, with a view to preventing and responding to GBV, which is a key concern for a number of sectors in Kenya, both in government and among non-governmental organizations. Indeed, GBV is both a human rights issue and a public health concern that has a number of negative outcomes for the survivor. Sexually transmitted infections, unwanted pregnancy, and social stigma are just some of the consequences of sexual violence.

GBV raises challenges that may seem overwhelming when actors act in isolation to others. A multisectoral response to GBV aims to support inter-institutional and multi-disciplinary interventions and referral actions by establishing a common procedural framework for the relevant actors, especially for professionals who work directly with GBV victims/survivors. However, it is also a guide for policymakers, stakeholders, and service providers in developing or strengthening existing GBV programmes or initiatives.

A multisectoral approach to GBV prevention and response is a holistic and coordinated approach aimed at harmonizing and correlating programmes and actions developed and

implemented by a variety of institutions in the areas of health and psychosocial welfare as well as law enforcement (police, prosecutors, and justice departments).

Experience reveals that no single sector or agency can adequately address all elements of GBV prevention and response. A multisectoral approach is required. In Rwanda, for example, the Ministry of Gender and Family Promotion is the central government institution mandated to ensure the strategic coordination of policy implementation in the area of gender, family, women's empowerment, and children's issues. It plays a leading role in the implementation of the gender agenda. Its mission is to guarantee a secure environment for all family members; empower women and girls; promote non-discrimination, complementarity, and gender equality; design and implement positive masculinity; eradicate GBV; and reinforce family unity and positive parenting.[1]

The multisectoral approach calls for holistic inter-agency efforts that promote the participation of people of concern, interdisciplinary and inter-organizational cooperation, collaboration, and coordination across key sectors, including (but not limited to) the health, psychology, legal, justice, and security sectors. A 'sector' comprises all the institutions, agencies, individuals, and resources that are targeted towards a specific goal. For example, the health sector includes the Ministry of Health, hospitals, health-care centres, health-care providers, health-care administrators, health-care training institutions, health supplies actors, etc.

Proper coordination in addressing GBV often engages a wide range of government and other actors. It is vital to ensure that survivors receive adequate care, and that prevention and response efforts are varied, wide-reaching, and appropriate, while avoiding duplication of efforts.

Establishing a coordination mechanism for GBV is also critical in helping to ensure more responsible and responsive action across the country. The overall aim of coordinated action is to provide accessible, prompt, confidential, and appropriate services to victims/survivors according to a basic set of guiding principles and standards, and to put in place mechanisms to prevent incidents of GBV.

Some of the benefits of having a functional multisectoral team include the following:

1. A multisectoral response to GBV leads to increased levels of safety and support for GBV victims/survivors through an effective, immediate, and consistent services network.
2. Coordinated activity among relevant institutions/organizations improves the quality of services provided to GBV victims/survivors by facilitating access to the training programmes of multisectoral team members.

1 http://socialprotection.org/institutions/rwanda-ministry-gender-and-family-promotion-MIGEPROF.

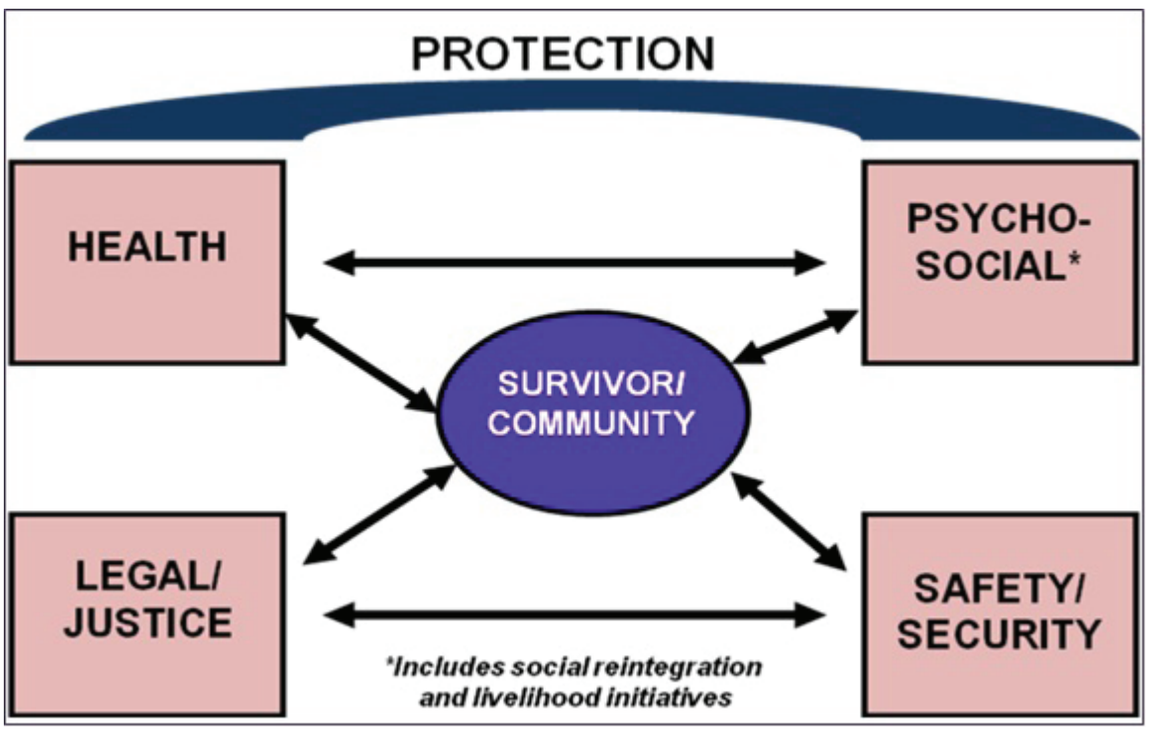
3. A network of well-trained service providers, with the necessary skills and appropriate behaviours, will offer sensitive and efficient support adapted to survivors' needs and will reduce the risk of revictimization.
4. A network of effective and qualitative services will increase the trust of victims/survivors in the capabilities of mandated institutions/organizations.
5. Strategic planning and overall coordination of all GBV prevention and response initiatives in the country.
6. Continuous policy development that is informed by the realities on the ground.
7. Accountability across all sectors for prevention and response mechanisms.
8. Facilitating the sharing of all relevant materials on GBV, from the community level to the policy level.
9. Development of protocols for the management of data (i.e. gathering, analysis, dissemination).
10. Providing support for research activities to ensure evidence-based initiatives and interventions.
11. The multisectoral response to GBV brings durable and sustainable changes and helps to create an institutional and community culture that GBV is not acceptable and tolerable.
12. Collaborative monitoring and evaluation on the situation of GBV.

7.2 Objectives of the multisectoral response to gender-based violence

The multisectoral intervention and referral approach represents a comprehensive response to GBV and has the following objectives:

1. Ensure and facilitate access to support services for GBV victims/survivors.
2. Integrate and mainstream interventions throughout all programmes by using agreed inter-institutional working rules and tools.
3. Ensure accountability at all levels and in all involved institutions.
4. Ensure coordinated actions for addressing and preventing GBV.
5. Ensure more accurate data regarding GBV cases and their intervention and referral histories.

7.3 How the multisectoral intervention works



Virtual Knowledge Centre to End Violence against Women and Girls, http://www.endvawnow.org/en/articles/1503-the-multi-sectoral-model.html

7.4 Guiding principles of multisectoral response for institutions and organizations addressing gender-based violence[2]

1. Victim/survivor-centred approach

All service providers engaged in multisectoral response to GBV prioritize the rights, needs, and wishes of the victim/survivor.

2 UNFPA (2015), *Multi-sectoral Response to GBV: An Effective and Coordinated Way to Protect and Empower GBV Victims/Survivors.*

2. Partnership and coordination
Ensure a coordinated multisectoral approach through the formation of or strengthening of working groups addressing issues of GBV (examples are the current GBV working groups). The multisectoral response to GBV implies good cooperation and coordination of involved institutions/organizations.

3. Participation
Ensure equal participation by women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programmes through the systematic use of participatory assessments on issues related to GBV.

Participative management: The rules regarding multisectoral intervention and referral, and strategies and action plans, including planning, implementing, monitoring, and evaluating programmes, should be done in a participatory manner, including the input of beneficiaries (if applicable).

4. Strategic planning
The policies that address the GBV phenomenon should be translated into inter-institutional common strategies, with specific objectives and activities.

5. Integrated services
The procedures for intervention and referral, as well as protection measures, require a multidisciplinary approach based on a unified work methodology.

6. Prevention
An effective integrated approach sets the prevention of GBV as a priority.

7. Accountability
Ensure accountability at all levels, including signing of codes of conduct for service providers. All interventions/organizations have to ensure accountability (and measures of it) for staff to implement and respect the agreed programmes/rules and to follow these guiding principles in their work.

8. Sustainability
Despite political changes or staff turnover/demotivation, once the multisectoral response to GBV is assumed, the institutions/organizations should ensure all the necessary conditions to implement and sustain this approach. The institutions/organizations that convene to be part of a multisectoral mechanism to address GBV have to adhere, without exception, to a

set of principles that represent the foundation for their interventions/assistance, referral, attitudes, and behaviour in addressing GBV.

9. Gender equality
Promote gender equality and power relations that protect and respect the rights of women, men, boys, and girls regarding GBV.

10. National and international standards
International and national laws should be adhered to at all times.

11. Mainstreaming
Strive to mainstream and integrate GBV response and prevention in all interventions.

7.5 Guiding principles for caregivers and service providers

1. Ensure a prompt response to the needs of the survivor.
2. Ensure the safety of the survivor and his/her family at all times.
3. Respect the confidentiality of the affected person(s) and their families at all times.
4. Maintain the dignity of the survivor while providing the services required.
5. Be respectful and non-judgmental.
6. Be patient and do not press the survivor when s/he is not ready to disclose information.
7. Avoid repetitive interviews.
8. Respect the wishes, rights, and dignity of the survivor(s) when making any decision on the most appropriate course of action to respond to a GBV incident; bear in mind the safety of the wider community as well as the individual concerned.
9. Ensure non-discrimination in the provision of services to survivors of GBV.
10. Ensure as much as possible that the management of survivors of sexual violence is undertaken by persons of the same gender as the survivor.

7.6 Guiding principles for children[3]

1. Apply the above principles to children, including their right to participate in decisions that will affect them.

3 Ministry of Health Reproductive and Maternal Health Service Unit (2018), *Standard Operating Procedures for the Management of Sexual Violence against Children*.

2. If a decision is made on behalf of the child, the best interests of the child shall be the overriding guide and the appropriate procedures should be followed.
3. Ensuring safety.
4. Ensuring comfort by establishing rapport and giving encouragement to the child.
5. Ensuring appropriate confidentiality.
6. Ensuring participatory decision making with the child survivor.
7. Ensuring fair and equal treatment, with no discrimination.
8. Strengthening the child's resiliencies.
9. Ensuring that the health and welfare of the child takes precedence over the collection of evidence.
10. Using a 'child-first' approach to care.
11. It is crucial to minimize the number of persons who come into contact with the child survivor in the course of care; this is to ensure adherence to the guiding principles.
12. An adolescent has the right to seek care without the consent of a parent or guardian.

7.7 About multisectoral coordination

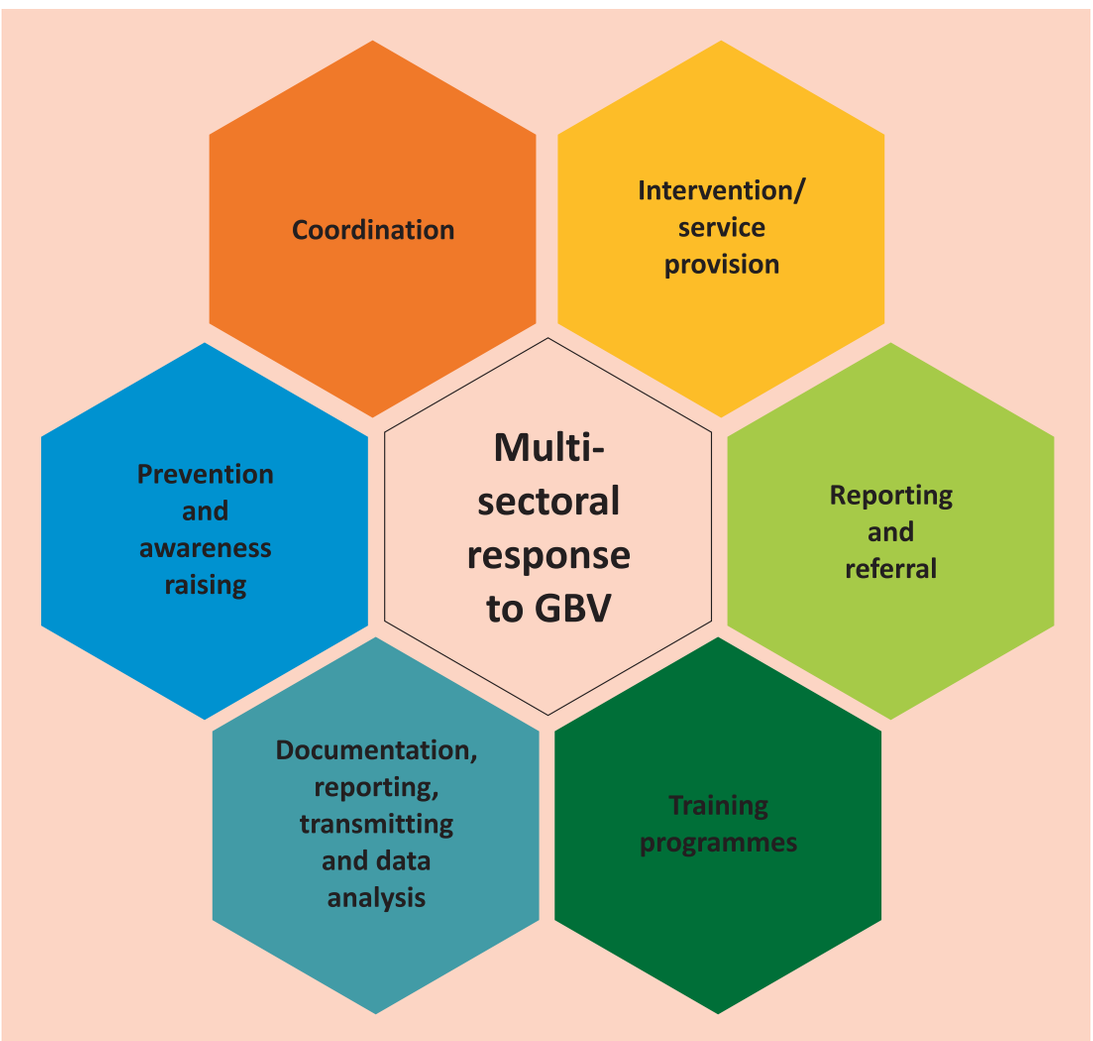
Multisectoral coordination encompasses all actors in GBV. It entails working collaboratively to respond to GBV mainly through strategic planning; gathering and managing data; identifying gaps and problem solving; and joint monitoring and evaluation. Multisectoral coordination of GBV response and prevention in Kenya has been challenging, and an adequate mechanism is only in its formative stages at best.
An effective GBV integrated approach includes both prevention and response strategies. Prevention consists of reducing or eliminating the root causes of GBV and the situation-specific factors that contribute to, perpetuate, or increase the risk of GBV. Response activities target the consequences or outcomes of incidents of GBV.

It is important to note that a GBV integrated approach is not limited to a multisectoral coordination mechanism or the referral of GBV cases. An effective multisectoral response to GBV entails more than partnership and communication among involved institutions. It is a complex mechanism of intervention and collaboration, with a clear procedure that gives a unitary framework for all actors. The framework can be built by implementing the following six functions:

1. Intervention/services
2. Reporting and referral system

3. Training programmes
4. Documentation, reporting, transmitting, and data analysis systems
5. Prevention and awareness-raising activities
6. Coordination

7.8 Chart showing the six functions in the complex intervention and collaboration framework



UNFPA (2015), *Multi-sectoral Response to GBV: An Effective and Coordinated Way to Protect and Empower GBV Victims/ Survivors*, https://eeca.unfpa.org/sites/default/files/pub-pdf/Multisectoral%20response%20to%20GBV.pdf.

7.9 Functions of an effective multisectoral response to gender-based violence[4]

Intervention/services

The multisectoral GBV intervention implies an assemblage of comprehensive services for GBV victims/survivors that reduce the effects and consequences of harmful experiences and prevent further trauma, including re-victimization.

Also, offer the chance to identify the immediate needs of GBV victims/survivors and to develop, implement, and monitor an individualized intervention plan, according to the identified needs and available resources.

All intervention actions must be focused on the victim/survivor's needs, implemented in a multisectoral and holistic manner, adaptable, and sustainable.

1. Identification. The first step in responding to GBV is to recognize/identify the victim/survivor and the reasons to initiate the intervention. It is important to take into account the victim/survivor's autonomy, confidentiality, and security.

2. Evaluation. A correct and complete evaluation of the potential/existing risk factors, needs, and resources is necessary to understand the social, familial, and individual context that affect the victim/survivor's situation. For example, types of violence, relations with family members, social integration in the community, the victim/survivor's mechanism of understanding and problem solving, and economic implications all have to be evaluated. This step has to include obtaining informed consent for case management services if appropriate or for referral to other service providers.

3. Service provision/intervention. The intervention plan will be developed depending on the expectations and what is required in order to protect the GBV victim/survivor and possibly make the perpetrator accountable. It contains the outcomes, plan of actions, methods, and timeline, and also determines the type of services and resources needed in order to address the established goals. This is the moment when needed referrals are planned. The implementation and coordination of the intervention plan (the service provision itself) consists of translating the intervention plan into actions. In multisectoral case management, different service providers could implement part of the intervention plan actions and one service provider, designated to be the case manager, could do the coordination of the

4 Ministry of Health Reproductive and Maternal Health Service Unit (2018), *Standard Operating Procedures for the Management of Sexual Violence against Children*. This part is largely drawn from UNFPA (2015), *Multi-sectoral Response to GBV: An Effective and Coordinated Way to Protect and Empower GBV Victims/Survivors*.

intervention plan and the implementation of actions. The coordination function consists of deliberate organization/coordination of the victim/survivor's support services delivered by two or more service providers (with the victim/survivor's involvement in the decision-making process) to facilitate access to appropriate and effective services. Coordinating the delivery of support services will facilitate the judicious involvement of professionals and use of other resources needed to carry out all required intervention actions. This can be ensured through the regular exchange of information among service providers involved in the intervention plan implementation.

4. Follow-up and closure. The outcomes' status is evaluated and intervention plan adjustments are made if needed. The intervention ends either when the best possible outcome has been attained, or the needs/desires of the victim/survivor have changed.

Reporting and referral system

These five steps of referral should be observed at all entry points:

1. Information. The victim/survivor should be informed about possible referrals for services.

2. Agreement and informed consent. Prior to any other step of referral, the victim/survivor's agreement should be obtained, as well as informed consent for information sharing. The victim/survivor has the right to choose the referral service and to ask for limitations on the shared information.

3. Complete information and decision. The referral itself will be made according to the victim/survivor's choice and should be preceded by complete and correct information about service providers, following the '3Ws' scheme described below:

4. Referral itself. The referral should be accompanied by a short written report and a telephone discussion with the service provider, as a method for avoiding a situation where the victim/survivor has to repeat their story and answer the same questions in multiple interviews, re-experiencing the psychological trauma caused by the GBV incident. At this stage is important to encourage autonomy, empowering the victim/survivor to do the referral by herself/himself.

5. Accompany the victim/survivor to the referred service provider, if needed and possible.

Training programmes

Training programmes are an investment in human resources with a direct impact on the quality of intervention.

Training programmes for all service providers, from all sectors, at all levels are essential to i) improve the systemization and functioning of the GBV-related services network; ii) build the capacity of institutions/organizations to develop and implement programmes that address GBV, including specialized services; and iii) develop a culture of partnership, social solidarity, and accountability of service providers towards GBV.

The training programmes for multidisciplinary teams should cover GBV in theory and legal frameworks; the practical aspects of intervention, referral of GBV cases, and multisectoral response to GBV; and the role, tasks, and responsibilities of various institutions and organizations in addressing GBV. Continuous training for service providers represents a quality standard in response to GBV.

Documentation, reporting, transmitting and data analysis systems

Each GBV case should be documented by all service providers to which the case was reported; the documentation provides at least a comprehensive summary of the most relevant information about an individual GBV incident, if not the case history. The documentation of a GBV case can be made using standardized forms, handwritten notes, charts, photos, paper registries, etc. Collecting relevant data about each GBV case and gathering them in a database will:

1. Generate data for monitoring and evaluating GBV case progress.
2. Offer a clear view on the disclosed cases in a specific area.
3. Help to evaluate the functioning of a multisectoral response to GBV.

The objective of the documentation and data analysis is to generate data for making decisions at different levels (institution/organization, local, regional, and country) in order to:

1. Support the operational functioning of a response to GBV at all levels
2. Monitor and control the functioning of a response to GBV at different levels
3. Plan the activity

Prevention and awareness-raising activities

Stopping GBV before it occurs by addressing the root causes is the aim of prevention efforts. The common elements that need to be addressed are power and control of one person over another person, and gender inequality and discrimination

GBV prevention aims to understand the causes of GBV and the contributing factors, and to establish strategies to reduce or eliminate them. Prevention requires longer-term planning and implementation to envisage substantive changes in the economic, social, and political status of GBV victims/survivors along with changes in the social norms that tolerate abusive behaviours.

Awareness raising is a fundamental component of primary prevention strategies, aiming at:

1. Changing attitudes, behaviours, and beliefs that normalize and tolerate GBV among the general public

2. Preventing men and women from becoming GBV victims/survivors or perpetrators

3. Informing the wider public and especially victims/survivors about the resources available to tackle the problem

GBV awareness-raising activities attempt to focus the attention of the overall community on GBV, mobilizing community-based efforts and mass media campaigns. GBV awareness-raising activities have a positive influence on the attitudes of victims/survivors, who may be sensitized to recognize GBV forms and consequences. This can change their perception of GBV and empower them to remove themselves from violent situations (this may increase the demand for specialized services).

Coordination

A multisectoral response to GBV aims to set up an inter-institutional framework to cover the many primary and immediate needs of GBV victims/survivors.
A multisectoral strategy should develop an effective mechanism for responding to GBV based on inter-institutional cooperation and partnership.

There should be a participatory management style, and credit and responsibility should be shared. Partnerships are critical to the success of a multisectoral response to GBV, because they offer a wide safety net for support and referral.

The stages of progressive partnership engagement include:

1. Exchanging information among interested groups
2. Aligning efforts on a common activity
3. Planning, organizing, and coordinating activities together
4. Implementing planned activities in the framework of a formal partnership (memorandum of understanding, collaboration protocol, or contract) to define the terms of collaboration, content, and funding

7.10 National coordination under the Joint Programme on the Prevention of and Response to Gender-based Violence

Various structures and bodies provide oversight and accountability in the coordination of activities under the Joint Programme on the Prevention of and Response to Gender-based Violence.

7.10.1 The National Steering Committee on Gender-based Violence

The National Steering Committee on GBV is the highest level of coordination at the political level. It provides national-level strategic policy direction and mobilizes resources for GBV prevention and response. It also forms the Gender Sector Working Group (which is an aid coordination mechanism to promote harmonization and improve alignment and coordination effort to support the country's priorities on gender equality among the government, development partners, civil society groups, and other partners).

7.10.2 The National Gender-based Violence Taskforce

The National GBV Taskforce convenes stakeholders working in the area of GBV and draws members from among state and non-state actors, development partners, the UN, and the private sector. The taskforce will be responsible for providing technical advice to the programme and supporting resource mobilization.

7.10.3 County Steering Committee on Gender-based Violence

At the county level, the County Steering Committee on GBV will be the highest level of coordination. Each of the 47 committees (one per county) will be responsible for providing county-specific policy direction, monitoring the implementation of activities, identifying challenges and mitigating strategies, and coordinating reporting to the National Steering Committee.

The County Steering Committee on GBV will meet biannually to monitor progress towards county-specific achievement of the GBV prevention and response programmes within the county. The County Steering Committee on GBV will also share information on policy and legal decisions in connection with GBV prevention and response at the county level. The committee will be responsible for establishing the Subcounty Steering Committee on GBV.

7.10.4 United Nations coordination on gender-based violence

Within the UN system in Kenya, GBV issues are coordinated under the auspices of the UN Gender Working Group. All UN agencies are members. The UN Gender Working Group is an internal coordination and knowledge management mechanism, and one of the mechanisms set up to ensure the implementation of the UN Development Assistance Framework support of gender equality and women's rights. Within the UN Gender Working Group, there is a UN Technical Working Group on GBV, which is a coordination, knowledge management, and advocacy space for agencies to address GBV issues. Within the UN system, accountability is vested with the Resident Coordinator, as the chair of the UN Country Team and the co-chair of the UN Development Assistance Framework National Steering Committee.

7.10.5 Programme management structures

The overall governing structure of the joint programme is the Joint Programme Steering Committee, which reports to the UN Country Team and the National GBV Steering Committee of the Gender Sector Working Group.

The Joint Programme Steering Committee is co-chaired by the Ministry of Public Service, Youth and Gender Affairs, UN Women, and UNFPA and will meet quarterly. The committee provides overall strategic guidance and leadership to the joint programme.

7.10.6 Programme Management Team

A Programme Management Team, which is chaired and coordinated by the Joint Programme Coordinator has been set up. The Program Management Team consists of all outcome leads and the two mandated lead agencies of the UN GBV Technical Working Group and has the responsibility to ensure the implementation, oversight, and monitoring of the Joint Programme on the Prevention of and Response to GBV.

7.10.7 Joint programme Outcome Teams

For the purpose of ensuring programmatic focus, the Programme Management Team works with the Joint Programme on the Prevention of and Response to GBV Outcome Teams, which have the responsibility of planning, monitoring, and implementing activities within a specific outcome. The outcome teams align and integrate their activities with relevant national and county coordination mechanisms to ensure continued alignment and response by the joint programme to national priorities, in particular the national GVB policy.

Lead agencies are identified for each outcome of the joint programme, based on their mandate and internal capacities. A lead agency is primarily responsible for coordinating the provision and/or facilitation of technical support in the assigned outcome. Specific terms of reference for the lead agencies will be developed and approved by the UN Country Team. Outcome leads are also members of the Programme Management Team. Outcome Teams meet once a month or as necessary. Outcome lead team members will join the national and county coordination mechanisms.

7.10.8 Communication

The joint programme Outcome Teams work on presenting a coherent strategy for the programme and the expected results. This will entail maximizing the use of in-house communication expertise to develop joint messaging around the progress and expected results of the joint programme.

7.10.9 Regular reviews

A mid-term review of the joint programme will be conducted at the end of the second year. The formal mid-term review will aim at improving the performance of the programme and will provide recommendations and specific corrective measures needed for the timely, smooth implementation of the rest of the programme period.

7.10.10 End evaluation

The Joint Programme on the Prevention of and Response to GBV is subject to an end evaluation, which is to be conducted in the last quarter of the final year of the implementation. It will include a comprehensive assessment of the impact and contribution of the various aspects of the programme to the achievement of the mid-term plans of Vision 2030 and the relevant UN Development Assistance Framework outcomes. In addition, the joint programme will participate in the UN Development Assistance Framework scheduled reviews.

7.10.11 Reporting

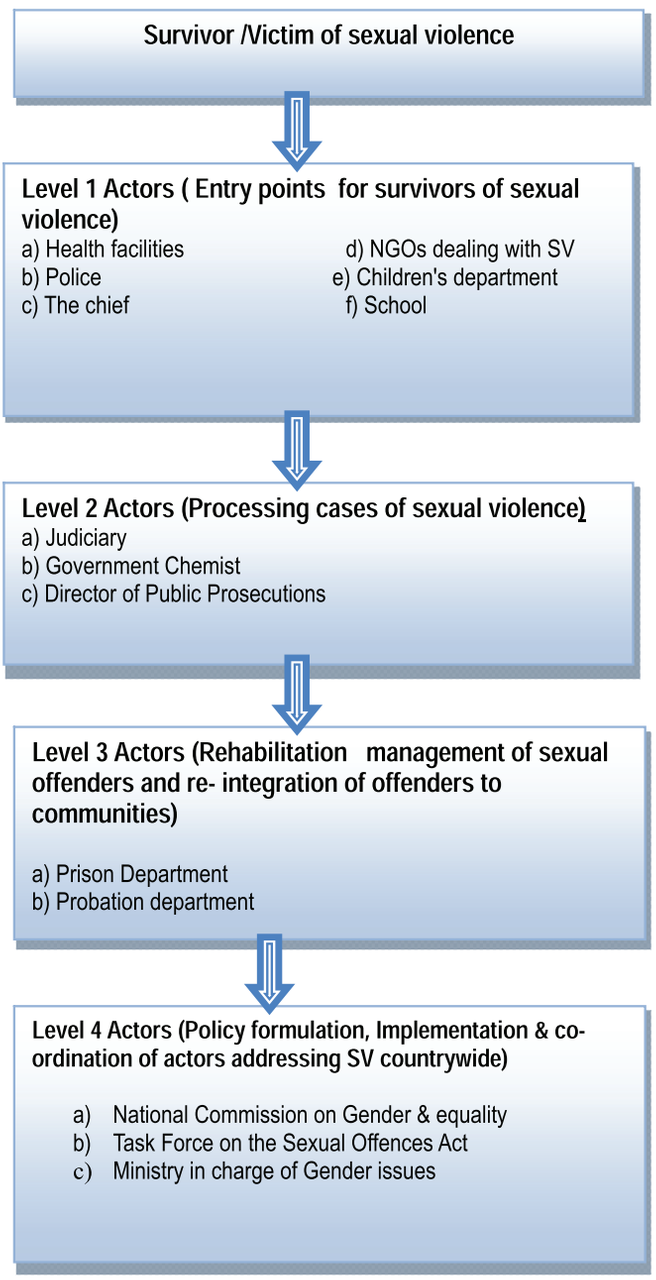
The planning, implementation, and reporting of the joint programme is the responsibility of the participating government ministries, departments, and agencies, as well as UN agencies and development partners. Consolidation of the reports is the responsibility of the lead ministry, with inputs from the participating state and non-state actors.

7.10.12 Referral pathway

See accompanying diagram.

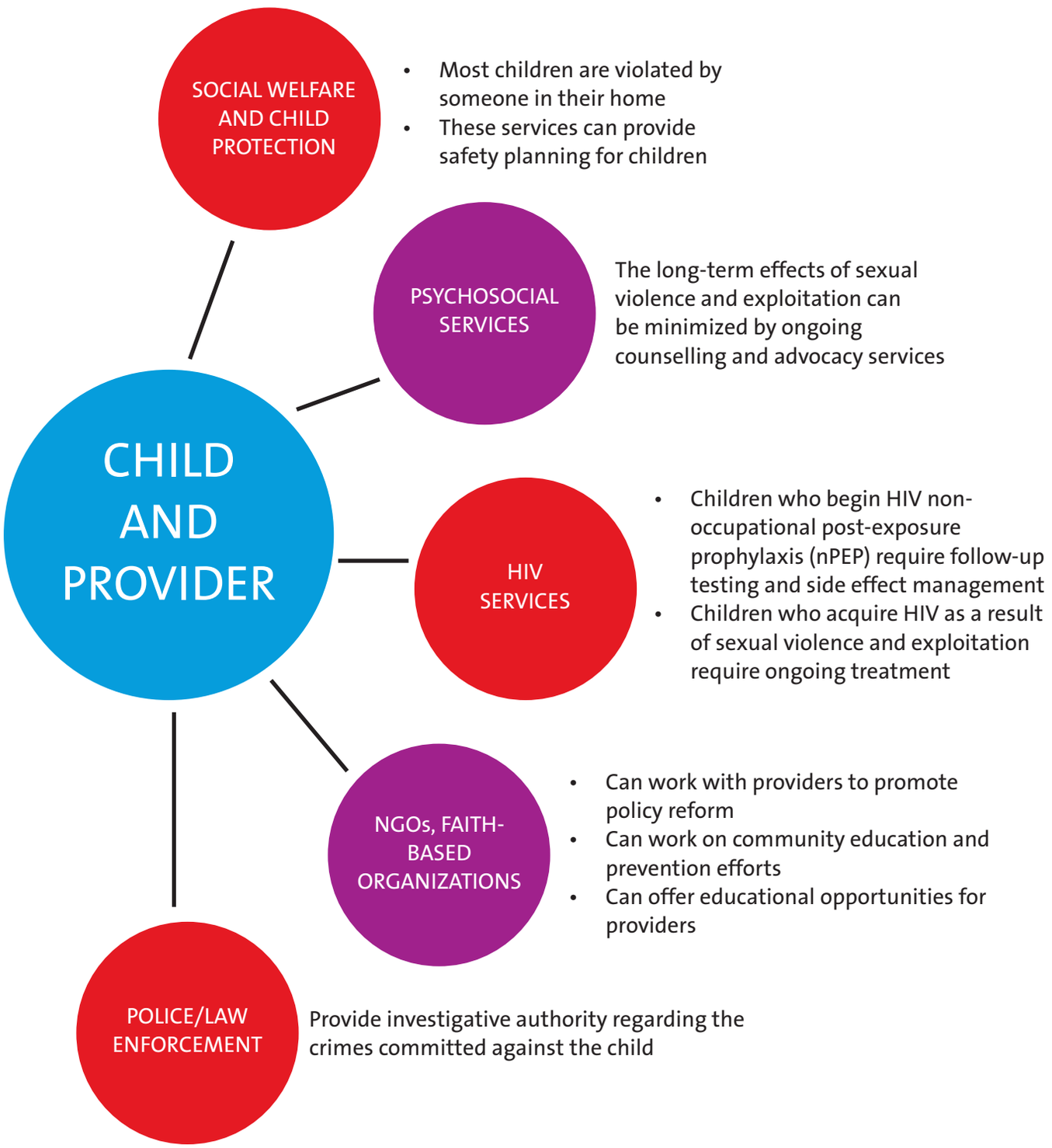
7.10.13 Children's referral and linkages between health care and community resources

See accompanying diagram.



7.10.12 Referral pathway

Information from the Multisectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya (TFSOA, 2013).



7.10.15 Children's referral and linkages between health care and community resources

MODULE 8: GUIDE FOR RESOURCE PERSONS

This resource pack can be used by resource persons (trainers/facilitators) to train duty bearers, intermediaries, or rights holders directly. The resource pack can also be used for the training of trainers. Training institutions and non-governmental organizations will find it useful. This module has been written to provide guidance to the trainer on how to deliver the training to achieve the objectives outlined in the various sections. It provides the trainer/facilitator with the pertinent information and guidelines to facilitate the effective delivery of the training. This includes information about training approaches, training logistics, pre-training preparations, tips for conducting training, and recommendations.

This wide-ranging resource pack is designed to build the capacity of duty bearers to effectively and comprehensively prevent and respond to GBV. It can be used for a two- or three-day training session or may be used for specific topical training over a shorter period.

Purpose: To build the capacity of resource persons (facilitators/trainers) to deliver effective trainings to duty bearers/rights holders.

Expected learning outcomes:

1. Use learning guides and checklists in training on preventing and responding to GBV.
2. Use appropriate training methodology.
3. Plan and manage training sessions on preventing and responding to GBV.
4. Choose an appropriate minimum package for a selected method of training.
5. Apply training tips and recommendations for effective training.
6. Use appropriate tools to both assess the acquisition of knowledge, skills, and attitudes and, if possible, follow up participants after training to assess the effect of the training at the workplace.

Module overview

Unit	Content	Learning methods	Materials
Guide for resource persons	1. Planning 2. Training methodology 3. Managing training sessions 4. Choose an appropriate minimum package for a selected method of training 5. Training tips	Interactive presentation, scenarios	LCD projector, flip chart and stand, assorted marker pens, PowerPoint slides, sticky notes, assessment forms

8.1 Planning and managing a training

This resource pack should be used as a source of information. This chapter is to guide the facilitator/trainer to use the resource pack as a training tool. The facilitator/trainer should be familiar with the concepts and terminology of GBV and the contents of each chapter for effective training. This will enable the facilitator/trainer to explain the various themes in his/her own words and to use suitable language for the participants, in addition to preparing relevant training aids. The suggestions and tips given here are guidelines that the facilitator/trainer should adapt creatively to suit the needs of the trainees and specific situations.

8.2 Dealing with your prejudices and stereotypes as trainer

Before you start, examine whether you have discomfort with conducting some sessions, as you may have some prejudices. For example, growing up you may have witnessed domestic violence in your family, and therefore it is a painful topic for you. Discuss your concerns with the relevant persons and arrive at a solution (for example, getting a co-facilitator to facilitate the sensitive session and receiving psychosocial support). You also may not be entirely convinced that it is possible to eliminate gender inequalities and prefer a lifestyle of structural inequalities that places men ahead of women in private and public spheres. You also may not support women's and girls' empowerment programmes, as you might think they generally disempower boys and men. In such cases, explore why you think like this and discuss with

the relevant persons how to proceed. Again, this may involve a co-facilitator. It is important that as a trainer you are in a good frame of mind and in a good emotional space. It is ideal if you are teaching what you believe in and what constitutes your own lifestyle.

It is critical to have a gender perspective and the ability to engage participants, listen to them, and inspire them. Gender cuts across all subjects, but it is not necessary to focus primarily on gender while facilitating. It may be necessary to reflect on gender needs through a special discussion and analysis. React cautiously but firmly to unfriendly and potentially gender-biased attitudes that participants may demonstrate. Help participants question these attitudes, and challenge the stereotypes in order to prevent this from happening again. Give both females and males equal opportunity to present their views. Use materials that portray females and males in a gender-sensitive manner.

8.3 Categories of trainings

There are three main categories of trainings:

1. Sensitization
2. Training of trainers
3. Training of end users – duty bearers, intermediaries, and rights holders

The suggestions provided here are suitable for adult learning; however, they are not exhaustive. The facilitator/trainer should adapt the suggestions in a creative manner as appropriate for the needs of the participant and the realities of the particular situation. Thus, the suggestions in this training guide can be modified to suit the participants' availability, context, and characteristics.

8.4 Training types

For the purpose of this resource pack, there is a minimum package that must be covered depending on the type of training selected. These are laid out in the tables and addressed to duty bearers (holders of office in government agencies), intermediaries (faith-based organizations, non-governmental organizations, the private sector, institutions) and rights holders (women, youth, persons with disability, children, men).

The types of trainings covered in this resource pack are:

1. Joint training
2. Multisectoral training
    - Training of facilitators/trainers
    - Refresher training
    - Community sensitization
    - Client/sector-based training
    - On-the-job training

8.4.1 Training of facilitator/trainers

These facilitators/trainers have been sensitized on GBV, have worked to combat GBV, have done previous trainings on GBV, and have a good mastery of the training content. They can be selected and given more elaborate training to equip them with improved knowledge and training skills so as to conduct training for others. During such training, detailed coverage is given to GBV terminologies, the legal and policy framework related to GBV, an overview of GBV, roles and responsibilities, and multisectoral service delivery and coordination. The trainees are then given opportunities to train others under the supervision of an experienced facilitator/trainer who provides them with technical backup and guidance for improvement. Below is a sample training of trainers programme.

Expectation: The participants will be able to facilitate training for participants applying adult learning methodologies.

8.4.2 Minimum content of various trainings

See the accompanying table.

8.4.3 Refresher training

Refresher trainings bring together participants to improve their skills, update themselves with new and emerging trends and information on GBV through remedial training, share their experiences, and analyse their challenges.
Such sessions allow facilitators/trainers to conduct training on specific topics, followed by detailed critiques and repeat training. Refresher trainings also expose facilitators/trainers to new resources and the use of different training techniques for different topics.

Duty bearers (holders of office in government agencies)	Intermediaries (faith-based organizations, non-governmental organizations, the private sector, institutions)	Rights holders (women, youth, persons with disability, children, men)
i. Skills for setting the climate (introductions, norms, objectives, expectations, responsibilities, general outlook)	i. Skills for setting the climate (introductions, norms, objectives, expectations, responsibilities, general outlook)	i. Awareness of norms, objectives, expectations, responsibilities, general outlook
ii. Skills and knowledge for unpacking terminologies	ii. Skills and knowledge for unpacking terminologies	ii. Knowledge of terminologies
iii. Skills and knowledge to implement a legal and policy framework	iii. Skills and knowledge relating to a legal and policy framework	iii. General knowledge and awareness about the implications of a legal and policy framework
iv. Skills and knowledge to recognize all forms, types, consequences, and perpetrators of GBV and how to hold them accountable	iv. Skills and knowledge to disseminate information on all forms, types, consequences, and perpetrators of GBV and advocacy on GBV	iv. Understanding of GBV forms, causes, consequences, and perpetrators of GBV and able to take action – e.g. reporting, condemning, demanding action
v. Knowledge of multisectoral service provision, coordination, and referral pathways – i.e. health, police (SOPs)	v. Knowledge of multisectoral service provision, coordination, and referral pathways – i.e. health, police (SOPs) – so as to complement the work of the mandated persons	v. Knowledge of available services so as to report ethically, demand, and utilize the relevant services on GBV
vi. Skills and knowledge on documentation, custody of data, and ethically use and management of data	vi. Skills and knowledge on documentation, custody of data, and ethically use and management of data	vi. Understanding and knowledge on documentation, custody of data, and ethically use and management of data
vii. Skills and knowledge on roles and responsibilities so as to provide mandated services	vii. Skills and knowledge on roles and responsibilities so as to provide complementary services	vii. Skills and knowledge on roles and responsibilities so as to demand services and accountability

8.4.2 Table of minimum content of various trainings

8.4.4 Community sensitization

Community sensitization are sessions conducted for community members to create awareness about GBV terminologies, laws related to GBV, an overview of GBV, roles and responsibilities, and multisectoral service delivery and coordination.

Expectation after community sensitization: Knowledge and understanding
Community sensitization may be conducted by those who have been trained as facilitator/trainers.

Training models to deliver this training:

1. Face to face/classroom – residential and non-residential
2. On-the-job training – same setting
3. Virtual/e-learning

8.4.5 Minimum content of various sensitization training

See accompanying table.

8.4.6 Client/sector-based training

This is tailor-made training to enable a client (usually an organization, department, or institution) to develop internal mechanisms for dealing with GBV. Such trainings may be based on demand and may be preceded by a training needs assessment in order to ensure relevance to the client. They may cover GBV terminologies, laws related to GBV, an overview of GBV, roles and responsibilities, and multisectoral service delivery and coordination.

8.5 Training methods

There are various training/facilitation methods that the trainer/facilitator can use. Interactive, experiential, visual, and participatory methods are recommended because they: enhance memory, sustain interest, create an informal atmosphere, enhance teamwork, create

Duty bearers (minimum information)	Intermediaries (minimum information)	Rights holders (minimum information)
i. Setting the climate (introductions, norms, objectives, expectations, responsibilities, general outlook)	i. Setting the climate (introductions, norms, objectives, expectations, responsibilities, general outlook)	i. Setting the climate (introductions, norms, objectives, expectations, responsibilities, general outlook)
ii. Terminologies	ii. Terminologies	ii. Terminologies
iii. Legal and policy framework	iii. Overview of GBV	iii. Legal and policy framework (simplified)
iv. Overview of GBV	iv. Legal and policy framework (simplified)	iv. Overview of GBV
v. Sector information – i.e. health, police (SOPs)	v. Referral pathways	v. Reporting/ethical considerations/Survivor oriented
vi. Referral pathways	vi. Some sector information such as health and police SOPs as relevant	vi. Some sector information such as health and police SOPs as relevant
vii. Documentation	vii. Documentation	vii. Documentation

8.4.5 Table of minimum content of various sensitization training

ownership of results, lead to shared responsibility, pool knowledge and experiences, and break hierarchies. It should be noted, however, that participatory methods can require more time, resources, energy, and space than conventional methods. It can also be disorderly if not well structured. The choice of method depends on the participants, available resources, time, space, content to be covered, and the trainer/facilitator's familiarity with the method. The table gives short descriptions of some relevant participatory methods that can be used in conducting the training.

Lecturettes

- Short lectures to transfer information from the trainer to the participants without much interaction.
- Useful when introducing new content and explaining concepts.
- It is important to allow for questions and answers from participants.
- Use short exercises, use visual learning resources, and intersperse examples, anecdotes, and humour to make it lively. Handouts may be provided at the end on key content covered.

Resource person/guest speaker

- This involves the use of a guest speaker or resource person knowledgeable on the subject or with vast experience of the issue.
- The speaker can deliver a lecture and then receive questions and comments from participants, or the interaction may be structured in other ways. For instance, the session may also be structured as an interview or television talk show. This can be done with advance preparation.

Personal testimonies

- A personal testimony is a first-hand story by an invited presenter or participant.
- In training on GBV, testimonies are useful in bringing the reality to participants.
- People can relate their personal experiences with violence as perpetrators, survivors, or actors, or a taped testimony can be used.
- In using personal testimony, it is necessary to identify and brief the testifier in advance.

Case studies

- This refers to a verbal narrative, pictorial, or audio-visual rendition of a factual or fictional event/situation to illustrate specific variables and provide a platform for learning.
- Case studies are very good in illuminating problems, showing causal linkages, and exploring optional solutions. A good case study should be relevant, short, illustrative, rich in content, and debatable.

TRAINING METHODS

- The facilitator needs to select the case study carefully, identify the learning points, prepare questions for discussion, facilitate the discussion, and draw out the relevant lessons.

Audio-visual learning resources

- These are electronic learning resources that transmit information through a combination of image and sound, e.g. films and videos.
- There are various videos and films that can be used for conducting training on GBV. The facilitator should research and select relevant audio-visual materials, preview them to identify key lessons, determine the duration (hence the usability during sessions), and draft discussion questions.
- Short materials may be used within the sessions, while long ones may be screened in the evenings or during weekends.

Role plays

- Role plays are dramatic illustrations of situations to depict processes, attitudes, behaviours, or other factors. In training on GBV, they may be used to explore causal factors and consequences, the role of different agents, constraints, facilitating factors, and solutions.
- In using role plays, participants are often divided into groups, assigned to develop short dramatic scenes on a topic or theme, and given time to rehearse. They then present the scene, after which a discussion is held to draw lessons.

Group work

- This common training method can take different forms.
- Essentially, participants are divided into small manageable groups and assigned to discuss a given topic before presenting their views. Participants may be divided randomly, by interest, by specialization, by seating order, etc.
- Within groups, participants often divide roles and assign individuals as moderators/chairs, rapporteurs, and presenters. The typical group often has five to eight participants.
- Group work can also be formed on the basis of a 'buzz group', in which two or three participants discuss a given topic without breaking from plenary and then present their points.
- Group work should be guided by a specific topic/question and given enough time. The points presented should also be discussed and recorded.

Field visits

- This is a visit by trainees to a specific location to obtain information through observation, interviews, or personal experience.
- In training on GBV, participants visit communities, police stations, chiefs' camps, hospitals, prisons, non-governmental organization offices, shelters for survivors, and religious organizations to get practical insights into the issues at hand.
- Field visits need to be guided by specific objectives and be planned carefully, taking into account seasons and weather conditions, the availability of people to be visited, travel arrangements, and administrative factors.
- A field contact should link the group with the field sources of information.
- Participants can be organized into groups to look out for specific information, agreeing on the methods to use and developing group norms to standardize behaviours while in the field.
- The findings are processed after and presented for discussion in the plenary.

Games and exercises

- These are interactive activities that liven up the learning experience.
- They should be used at different times with specific purposes.
- For instance, there are: ice-breakers to make participants comfortable with one another; warm-ups to start the day on a common note; energizers in between sessions to boost people's energy levels; didactic exercises to illustrate ideas and reinforce learning; team-building exercises to enhance group synergy; and evaluative exercises to capture the main lessons and gauge the success of events.
- The facilitator needs to choose appropriate games and exercises, allocate them time, conduct them using clear instructions, and debrief about them if they are connected to content.

8.6 Facilitation guide

1. Go through the resource pack and be familiar with each chapter.
2. Go through the tips on conducting sessions and be familiar with them.
3. At the commencement of the training, ask participants to identify what they would do before, during, and after training.

4. Explain the key steps.
5. Reinforce the presentations made by the participants.
6. Let participants identify or develop games and exercises that can be used to conduct GBV training where relevant. Have them take the rest of the participants through the games used.
7. Use power walks/energizers when necessary.
8. As relevant, divide participants into groups and assign each group a specific topic on GBV to prepare.
9. Give groups a stipulated time to prepare their sessions.
10. Let groups report back to the plenary on the assigned topic.
11. In plenary, discuss the specific topic and provide feedback.
12. Have the participants also critique themselves and receive feedback from their colleagues.

8.7 Pre-training preparations

8.7.1 Designing training

The design of training takes two stages. Training design also involves the proper targeting of a target audience who can cascade the training information acquired and for sensitization purposes target a general audience, as well as maintaining a set of trainees as future trainers.

Stage 1

The first is the overall programme that shows the details below:

1. Title of event……
2. Justification……..
3. Objectives……....
4. By the end of the workshop, participants will be able to:
   - ……
   - ……
   - ……....
5. Venue (resourcing for the venue, where, why, when, how)

6. Participants (invitations, identification, and confirmations)
7. Facilitators and resource persons (who, why, programme)

Stage 2

The second stage is the session design. It consists of the following:

- Topic and subtopics
- Session objectives
- Steps and methods
- Duration per step
- Learning resources and training materials/tools, e.g. case studies, practical examples, stationery, handouts, manuals, presentations, visual aids (projectors)
- Logistics, i.e. refreshments and travel
- Protocol considerations
- Questions/questionnaires to assess what learning has taken place

8.7.2 Resource materials that may be needed

- Flip charts
- Marker pens
- Masking tape
- Case studies
- Music recordings
- Video clips
- Posters and photos
- Notebooks
- Pens
- Projectors
- Public address system
- Refreshments
- Job aids

8.8 Steps during the training

Be familiar with the contents and structure of the resource pack.

Facilitator/trainer should use their own creativity and additional resources to make the training event dynamic, useful, and relevant.

Stage One: Breaking the ice – the facilitator/trainer should create an environment in which the participants feel free with one another and with the facilitator/trainer, and there should be an atmosphere of trust and togetherness.

Stage Two: Expectations and fears – summarize the clusters of expectations and fears.

Stage Three: Workshop objectives and programme

1. Go over the pre-set workshop objectives.
2. In plenary, ask participants if their expectations are adequately catered for in the objectives. If there are expectations that are useful and valid but not reflected in the objectives, have them incorporated. If there are any expectations not related to the workshop, diplomatically explain that the workshop will not be able to address them.
3. Explain how you intend to deal with each fear.

Stage Four: Norms and learning contract

Put up the norms to be observed by participants as follows: punctuality, respect, full participation, teamwork, confidentiality (phones off or on silent mode), and concentration.

Stage Five: Workshop Committees

Assign individuals or set up the following committees, each with two or three participants, to handle the respective tasks outlined below. See the accompanying table of responsibilities.

8.9 Delivery of training

This consists of a number of activities:

1. Opening formalities: There may be a need for an official opening ceremony presided over by an invited guest or official from the sponsoring organization. Otherwise, the first session is usually a process in which participants, facilitator/trainers, and resource persons are introduced, training expectations and fears are outlined, training objectives are specified, the programme is explained and negotiated, the methodology is explained, behavioural norms are agreed upon, and responsibilities are shared out.
2. Session coverage: Every training event is divided into logically sequenced sessions that are assigned facilitators/trainers and durations. During session delivery, the facilitator/trainer needs to ensure efficiency and effectiveness in covering the content adequately, applying participatory methods, managing time and group dynamics, and monitoring learning.
3. End-of-day evaluation: At the end of each training day, facilitators/trainers are encouraged to do the following:
   - Review key learning from the day. This can take the form of a guided discussion and recorded on flip chart paper, in which participants themselves identify key learning points.
   - Check with participants if there are any outstanding questions, issues, or concerns from the day/lesson.
   - Inform participants of the next day's schedule and topics.
4. Action plan: Ask participants to make a commitment to themselves stating what they will do after the training, when, and how. Agree on three priority actions.
5. Closing formalities: At the end of the training, there should be: development of action plans on how participants will apply the learning, proposals on follow-up to the training, evaluation of different aspects of the training, issuing of certificates (if necessary), and an official closing ceremony.

8.10 Tips for conducting training

Tips for conducting training are meant to guide the user on the steps to follow in covering the content. The tips are suggestions that an experienced facilitator/trainer can use as they are or modified. Depending on the time available, the training needs of the participants, and other practical considerations, the facilitator/trainer can select relevant tips.

1. Plan thoroughly for every training assignment; no two training activities are exactly the same.
2. Give participants a chance to share their experiences in dealing with GBV (duty bearers, intermediaries, and right holders) and what would have been a better alternative to deal with their experience.
3. Use participatory methods to ensure that everyone contributes. Probe silent participants for their perspectives.
4. Allow arguments and discussions. They help to clarify issues and reveal people's concerns.
5. Do not marginalize participants who are more critical or who appear to be more sceptical than others.
6. Ask participants questions to help them critically look at the issues under discussion.
7. Use real-life examples as illustrations.
8. Use humour, but avoid demeaning references and stereotypes.
9. Use role plays as a springboard for discussions where relevant.
10. Ensure that there is a clear distinction between violence against women and girls and GBV (refer to definitions and terminologies).
11. Use language that the target audiences understand.
12. Ensure documentation of the training, i.e. reports, photos, and video recording (prior consent is required as per international instruments and standards), minutes, etc.
13. As a good practice, ensure you have pre/post-training evaluations for monitoring and evaluation purposes.

Follow up – it is sometimes necessary to follow up those who have been trained in order to: assess how they are applying the skills and knowledge gained; provide back-up technical assistance; detect difficulties; and record lessons for future training exercises. This can be done through reporting at the appropriate GBV working group. It may also be done by bringing the participants to a follow-up forum to discuss their experiences.

8.11 Report writing

It is routine to compile training reports. Such a report is useful as a record of proceedings; a future reference for participants and facilitators; a source of information for others; an accounting document; and a reminder of action plans. A good report should contain the following:

1. An executive summary of the objective, content, processes, and outputs.
2. Introduction on the type of training, its objectives, participants, facilitators, venue, process, and topics covered.
3. Proceedings session by session.
4. Conclusion, covering outputs and follow-up steps – e.g. resolutions and action plans.
5. Appendix containing a list of participants, the training programme, handouts, and other materials that could be diversionary in the main report.

It is prudent to produce the report as soon as possible after the training.

Committee/individual	Responsibility
Evaluation and recap	• Capture key lessons from sessions and present them the next morning. • Gather feedback from participants on each session and present to facilitators at the review meeting at the end of the day.
Logistics	• Keep track of comments on the memo board and notify facilitators. • Assist facilitators/trainers to improve the workshop. • Ensure that the training room is neat, well arranged, and ready for sessions. • Keep track of all training equipment and place it in the right places. • Assist facilitators/trainers with all the mechanical work during the workshop.
Welfare	• Track all the concerns of participants related to their personal welfare – e.g. food, accommodation, health, time off, etc. • Report concerns to facilitator/trainers and seek solutions with the relevant quarters.
Timekeeping	• Monitor the pacing of sessions and remind facilitators/trainers of any lapses. • Mobilize participants to report to sessions on time. • Coordinate group entertainment sessions.
Games and exercise	Lead participants in games and exercises during the workshop – e.g. warm-ups in the morning, energizers during sessions, etc.

Table of responsibilities to be assigned to individuals or committees

REFERENCES

Children Act 2001

Constitution of Kenya 2010

Counter-Trafficking in Persons Act 2010

Basic Education Act 2014

Elections Act, 2011

HIV and AIDS Prevention and Control Act 2006

Independent Electoral and Boundaries Act

Kenya Vision 2030

Legal Aid Act 2016

Marriage Act 2014

Matrimonial Property Act 2013

National Framework toward Response and Prevention of Gender Based Violence in Kenya 2015

National Guidelines on Management of Sexual Violence in Kenya 2009

National Health Sector Standard Operating Procedures on Management of Sexual Violence in Kenya 2014

National Monitoring and Evaluation Framework on Sexual Violence

National Policy on Gender and Development 2011

National Policy for Prevention and Response to Gender Based Violence 2014

National Sexual Reproductive Health and Rights, HIV, SGBV and Tuberculosis Integration Framework 2018–2022

National Standard Operating Procedures for the Management of Sexual Violence against Children 2018

Penal Code Chapter 63 of the Laws of Kenya

Prohibition of Female Genital Mutilation Act 2011

Protection against Domestic Violence Act 2015

Sexual Offences Act 2006

Sessional Paper No. 2 of May 2006 on Gender Equality and Development

Victim Protection Act 2014

Witness Protection Act 2006

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Gender-based violence is a global issue. GBV is a life-threatening health and human rights issue that can have a devastating impact on women, men, boys, and girls, as well as families and communities. Although GBV affects women, girls, men, and boys, women and girls are disproportionately affected. There is a direct correlation between women's and girl's subordinate status in society and their greater vulnerability to violence.

This resource pack seeks to contribute to building the capacity and commitment of duty bearers and other actors to effectively prevent and respond to GBV at all levels of society. The resource pack is based on the understanding that GBV is a cross-cutting issue affecting the lives of children, young people (girls and boys), women, and men in diverse dimensions, including health, economy, culture, psychology, education, livelihoods, and politics.

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