The background of the cover is a photograph of a fishing net being pulled out of the water, creating a large splash. A small blue boat is visible in the background. The sky is dark and cloudy.

A SITUATIONAL ANALYSIS OF LAWS AND POLICIES ADDRESSING GENDER-BASED VIOLENCE IN HOMABAY COUNTY

Abridged Version

JULY 2020

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**Women's
empowerment is
intertwined with
respect for human
rights.**

— MAHNAZ AFKHAMI

**The world has never yet
seen a truly great and
virtuous nation, because
in the degradation
of women, the very
fountains of life are
poisoned at their source.**

-- LUCRETIA MOTT



EXECUTIVE SUMMARY

What is Sexual and Gender Based Violence? A human rights and public health issue in Kenya and the world with devastating long term consequences on the physical and mental well-being of the survivors.

The term sexual and gender-based violence has been used interchangeably to describe human rights violations that have been socially tolerated in many parts of the world. Sexual and gender-based violence is a particularly disturbing phenomenon which exists in all regions of the world and Kenya is not an exception. Survivors deserve support, dignity, respect and justice.

UNHCR to emphasise the urgency of protection interventions that address the criminal character and disruptive consequences of sexual violence for victims or survivors and their families.



Defined as

...any harmful act that is perpetrated against one person's will and that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life.

The UN Declaration on the Elimination of Violence against Women (1993) defines gender-based violence 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 deprivations of liberty, whether occurring in public or in private life.

In many societies, women have culturally occupied a subordinate status; and the gender relations therein have rendered women and girls disproportionately vulnerable to various forms of sexual and gender-based violence. To support this argument, Cornwall Andrea states:

Men's violence is a key determinant of the inequities and the inequalities of gender relations that both disempower and impoverish women. Violence is a fundamental dimension of human poverty. Yet, men's natural aggression' is often invoked as a defining characteristic of an essential gender difference and as an explanation for gendered hierarchical arrangements in the political and economic contexts of richer and poorer countries alike.

WHY SGBV: sexual and gender-based violence is attributable to culturally acceptable imbalanced power relations between the male and female genders. In Kenya, the forms of sexual and gender-based violence vary across cultures but are identifiable to any of the following but not limited to sexual violence; sexual exploitation and breakdown of social order and widespread violence. A collapse in social order exacerbated sexual violence as a tool to terrorize individuals.

How is SGBV addressed in Kenya: Through a comprehensive set of policies, legislations and programs to respond to these needs. Although various legislations, policies and service guidelines on sexual violence exist, the changes in the medico-legal environment and the emerging dynamics of sexual violence, and gaps in the legal provisions and service guidelines have made it necessary to review sexual violence guidelines. In 2010, a new Constitution was promulgated in Kenya creating 47 counties that are semi-autonomous governance structures that have the constitutional and legislative mandate to make interventions on behalf of their communities. Still, statistics on HIV, early sexual debut and sexual violence are not available in many counties and thus interventions are not well informed, and where structured, the same is premised on national data.

Sexual and Gender-based violence is regulated by a number of laws and policies:

- The Sexual Offences Act of 2006
- The Protection Against Domestic Violence Act of 2015
- The HIV and AIDS Prevention and Control Act of 2017
- The National Guidelines on the Management of Sexual Violations of 2009.

In spite of the existence of the aforementioned laws, County Legislation reflective of their own unique challenges remains lacking. In light of the constitutional mandate of county assemblies as per Article 185 of the Constitution, the legislative power of the assemblies has not been exercised to make county laws, policies and design unique directives and frameworks. To date, there have been a handful of documented collation of laws, policies that have been enacted at the county level regulating the sexual and reproductive.

Purpose: On the basis of this, the Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN) with funding from the Danish Family Planning Association (DFPA) conducted a situational analysis of the policies, statistics and existing data on the incidences of gender-based violence, teenage pregnancies and HIV prevalence in adolescent and young women in Homa Bay County as well as describing GBV reporting systems, access to justice for GBV survivors and identify barriers that hinder access to justice in the county.

Methods: Our methodology included desktop review, primary data collection using qualitative methods, data extraction from health facilities, and mapping of police stations that manage GBV incidences. The analysis was in partnership with the Gender Violence Recovery Centre and Family Health Options Kenya.

Findings:

There is an elaborate legislative framework at the national level which addresses extensively the issues related to sexual and gender-based violence, adolescent reproductive health as well as HIV and AIDS. There are reported high levels of SGBV cases in the county where the main perpetrators are males. The respondents identified SGBV cases by varied social cultural factors and practices such as wife inheritance, economic activities such as fish for sex and legal illiteracy among the populace. At the point of field work, the County Assembly was in the process of formulating an SGBV policy. There are many non-state actors in the county with funding from different donors that work on SGBV prevention

and response. This poses the danger of duplication of effort as well as likelihood of double reporting on incidences, hence the risk of erroneous data if coordination mechanisms are not watertight.

Challenges:

Challenges exist in the application, implementation, monitoring and evaluation of SGBV prevention and management at the county level. This is attributed to:

- I. uncoordinated multi-sectoral implementation of SGBV programmes
- II. low levels of legal literacy among officials and the community
- III. biased socio-cultural ideologies
- IV. inadequate resources to implement integrated, comprehensive programmes
- V. institutional inadequacies at health facility levels
- VI. legal and law enforcement issues.

Opportunities: There are opportunities for the Homa Bay County to execute an integrated and yet comprehensive SGBV program. These include:

- i. Supportive County Government, County Assembly and a proactive County Health Management Team;
- ii. A vibrant and well spread civil society with programs across the county;
- iii. An existing Technical Working Group;
- iv. A formed Gender Policy Development Committee; and
- v. A County Government Policy on Sexual and Gender-Based Violence - 2017 developed by National Gender and Equality Commission.

Recommendations

KELIN continues to increase coverage of programs to increase legal awareness within the county. This will result and increased reporting of SGBV cases and subsequently an increase in the number of SGBV cases being addressed through the legal infrastructure in the county. KELIN should partner with the County Government and other non-state actors.

Other recommendations

- i. The project should roll out the MoH guidance on who can fill the P3 form, legally required for prosecution. Some health care providers seem not to be aware of the new circular on who can fill the P3 form, by the Ministry of Health.
- ii. Cost and affordability: Charges levied at health facilities as part of the cost sharing a hindrance to access. Payments are required for consultation, lab tests, filling P3 forms and some medication.
- iii. SGBV policy: Homa Bay County has an active SGBV Technical Working Group., committed to developing a Policy on SGBV. They should fast track the development of the policy, to streamline processes among various actors
- iv. Training and capacity development: Increase awareness on rights and obligations as well as legal literacy for a better response to SGBV through community information, media and social networks e.g. faith and women's groups.
- v. Pre and in-service training for health care providers, police officers, religious leaders and local authority would facilitate establishment of a critical mass of well-informed duty bearers. Train paralegals to prepare clinical staff on responsibilities of collection, preservation of forensic evidence, and giving testimonies in Court.
- vi. Stakeholder coordination: There is a strong private and public partnership in the county with numerous implementing partners serving the county in SGBV and other facets. Coordination is however weak. We recommend for a need to form a firm coordination structure to galvanize resources and optimize efficiencies.
- vii. Safe houses: They offer refuge for survivors of SGBV. In Homa Bay County, the available safe house are for for children. Considerations for supporting a system of 'safe havens' for women within the community is important.
- viii. Community-based protection systems; Communities should be encouraged to identify the SGBV risk, causes, consequences, prevention and response strategies. Related to this, survivor protection is imperative.
- ix. Data: Data on teenage pregnancies, SRH and SGBV is essential for informing policy. Support for an efficient strategic information management for SGBV is a priority.
- x. Resource allocation: Budgetary allocation for commodities, registers, evidence collection and preservation kits, essential stationery such as P3 forms and travel logistics for CHWs and others needing to appear as court witnesses.
- xi. Local authority: Involve chiefs. They play a pivotal role in community governance through *nyumba kumi* and have been identified as facilitators or bottlenecks to prevention, access to justice and post-SGBV care services for SGBV survivors.
- xii. Legal services vs socio-cultural norms: There still exists cultural practices that are in contradiction with the law and which facilitate the prevalence of SGBV in Homa Bay County. Such as wife inheritance, where the women involved have no say. Those women who have defied the practice are stigmatized, which makes others to accept it out of the fear of stigma. SGBV cases are also not reported in the effort to preserve family relations, for instance where a child is defiled by a close family member or the direct care-giver of the child. This therefore calls for increased socio-legal education starting at community level for better response to SGBV.
- xiii. Expediting the course of justice: Reporting of cases does not necessarily guarantee justice. Moreover, delayed justice empowers perpetrators and encourages a continuation of this vice. The process of seeking justice is very traumatizing and frustrating and this in one way or another make the survivors of violence to drop cases and/or not opt for the legal process.

1.0 Introduction

KELIN is a human rights NGO working to protect and promote health-related human rights in Kenya, by providing legal services and support, training professionals on human rights, advocacy campaigns that promote awareness of human rights issues, research and influencing policy that promotes evidence-based change.

KELIN has enshrined sexual and reproductive health rights as one of its key thematic areas. Under this arm, we aim to advocate for the integration of a human rights-based approach in all laws, policies and operational frameworks relating to reproductive health. Therefore KELIN commissioned a Situational Analysis of Laws and Policies to inform its gender-related interventions within Homa Bay County.

BACKGROUND

Studies conducted by the National AIDS Control Council indicate that almost

½ of new HIV infections are among adolescents and young people.

- In 2017 HIV prevalence among males aged 15-24 years was estimated at 1.34%
- In 2017 HIV prevalence among females aged 15-24 was estimated at 2.61%.
- This translates to 184,718 young adults living with HIV in 2017 (ibid). According to NACC, in 2017 there were approximately **52,800** new infections across all ages; **44,800** among adults aged 15+ years and **8,000** among children aged below 14 years.
- Nairobi contributed 7,159 new infections while Homa Bay contributed (4,558) new infections. These are the two leading counties. For 15 - 24 years, Homa Bay County is among the five counties that has over 1,000 new infections at 1,852 infections (ibid).
- Of the total number of people living with HIV

in 2017, **6%** were among children 0-14 years of age. Half of the children (50 percent) living with HIV were from seven out of the 47 counties, namely, Homa Bay (10,722), Siaya (9,501), Kisumu (9,439), Nairobi (8,137), Migori (6,161), Kakamega (4,224) and Nakuru (4,026).

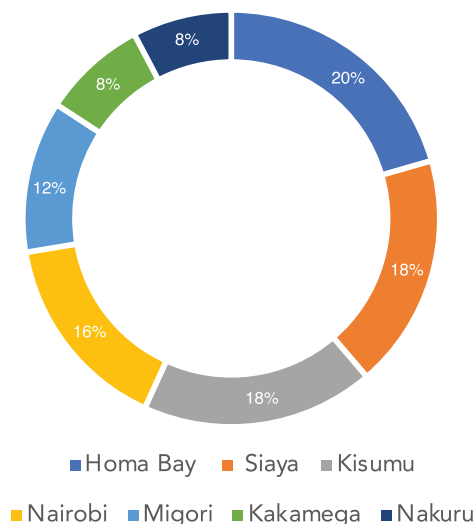
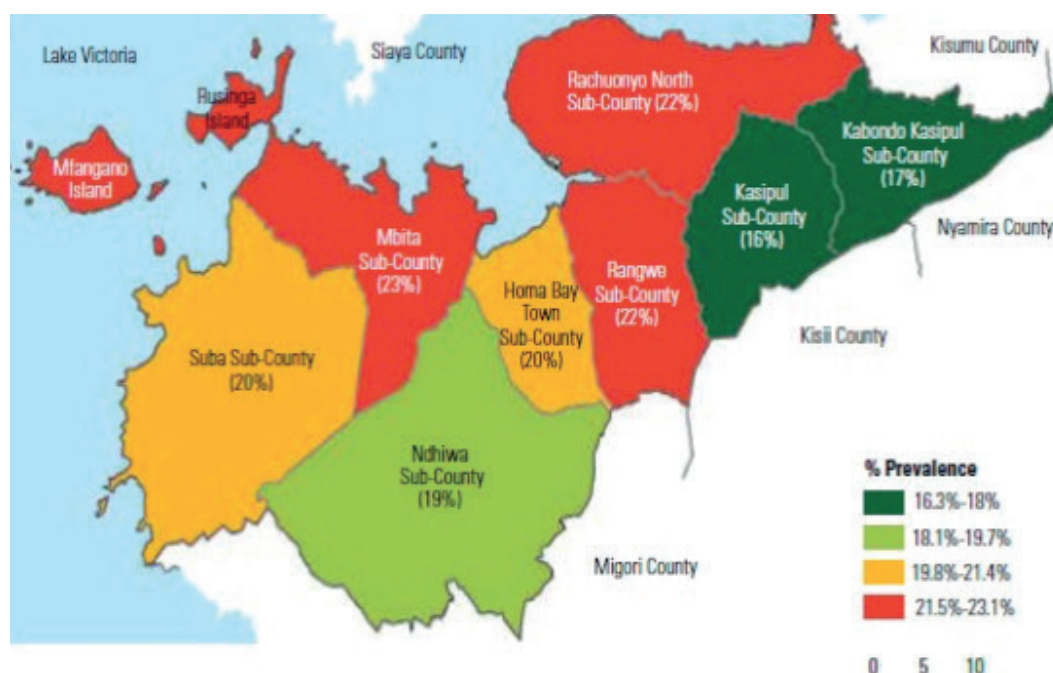


Figure 1: Geospatial Perspective of HIV Situation in Homabay County



Source: Homabay County HIV Strategic Plan 2014/2015-2018/2019

Nationally

Kenya Demographic and Health Survey (2014) and United Nations Population Fund (UNFPA) Ministry of Health's research on Incidence and Complications from Unsafe Abortion.

- 15 percent of girls aged 15 - 19 have already had at least one birth.
- 378,397 adolescent girls in between 10 and 19 years became pregnant between July 2016 and June 2017.
- 1/2 of all Post Abortion Care (PAC) clients are less than 25 years of age (48%) with 17% aged 10-19 years old.- These statistics affirm a general trend of early sexual debut and increased unintended pregnancies nationally.

In Homa Bay County

- Women (20 - 49 years old) and men (20 - 54 years old) first had sex by age 16. Women in the County first have sex two years earlier than the national trend.
- Secondly, half of Homa Bay County women (25 - 49 years old) first married by age 18 and half of the men (30 - 54 years old) by age 24. At the national level, women and men in the same age groups first married by age 20 and 25, respectively. Early marriage among girls is therefore common in Homa Bay County.

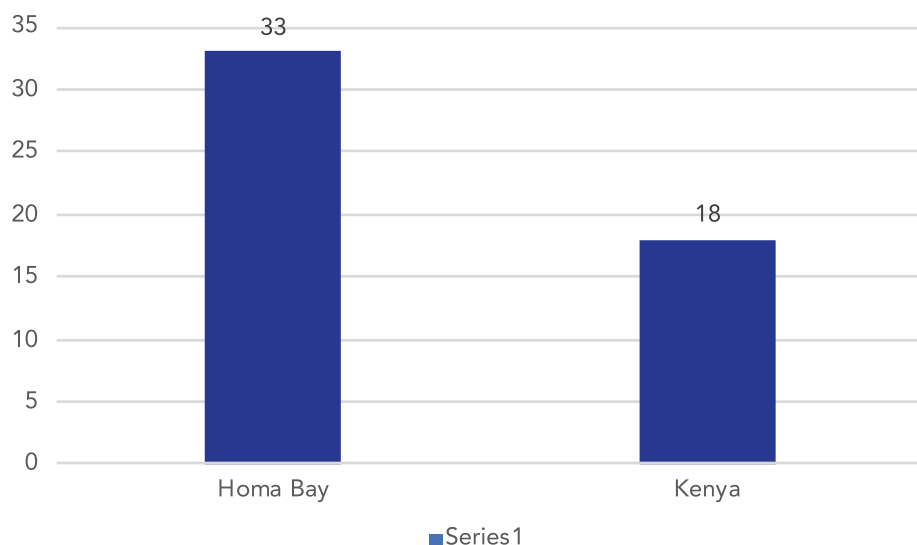
TEEN PREGNANCY

HOMA BAY

- 33% of girls aged 15 - 19 years in the county have begun bearing children
- 2.1 percent are pregnant with their first child and 31.2 percent have ever given birth
- Fertility rate for girls aged 15 - 19 is 178 births per 1,000 girls

NATIONALLY

- 18 percent of girls between 15-19 have begun child bearing
- 3.4 percent are pregnant and 14.7 percent, have ever given birth
- Fertility rate is 96 births per 1,000 girls



Graph 1: Percentage of women aged 15 - 19 years who have begun bearing children

Contraceptive use among adolescents

Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Homa Bay County, three in five currently married girls aged 15 - 19 years (56 percent) use modern contraceptives which is high compared to two in five (37 percent) at national level).

There is still an unmet need for contraceptives among currently married girls in Homa Bay. About one in ten (11 percent) currently married girls aged 15 – 19 years would like to avoid pregnancy but are not using a modern contraceptive method compared to 23 percent at national level.

2.0 SITUATIONAL ANALYSIS APPROACH AND METHODOLOGY

2.1 The purpose of the situational analysis

Objectives of the assignment

The assignment aimed at achieving the following objectives:

- Analysis of laws and policies on GBV and their contextualization to Homa Bay County;
- Provide statistics on SGBV, teenage pregnancies and HIV in adolescents and women in Homa Bay and describe SGBV reporting systems;
- Characterise access to justice for SGBV survivors and identify barriers; and
- Map of SGBV services using coordinates; describing structures, facilities and staffing relating to SGBV at county and sub-county levels including the government and non-governmental institutions, police, health facilities and safe houses.

3.0 SITUATIONAL ANALYSIS FINDINGS

3.1 Review of laws and policies relating to GBV

Overview of legislative and policy framework for adolescent sexual and reproductive health

Kenya has a young population with the majority (24 percent) being below 20 years. This young population has implications on the social, economic and political agenda of the country. They are vulnerable to early and unintended pregnancies, unsafe abortions, female genital mutilation (FGM), child marriages, sexual violence, malnutrition and reproductive tract infections including sexually transmitted infections (STIs) as well as HIV and AIDS.

This segment of the population requires close attention of all sectors of government, development partners and other stakeholders for

the country to attain the Vision 2030, African Youth Charter (2006) and the Post - 2015 Development Agenda through Sustainable Development Goals (SDGs). They need to be positioned in healthcare, rights and entitlements, and included in the government policy formulation and allocation of resources. Kenya has made progress in addressing the ASRH concerns including a near universal coverage of HIV and AIDS information (KDHS, 2015). According to the Adolescent Reproductive Health Policy, Kenya has a good legal and policy environment that the government committed to in addressing the issues affecting adolescents.

There are also international commitments that Kenya is a signatory to as well as our constitution which addresses Sexual Reproductive Health issues in the various legislative and policy frameworks.

Sexual and gender-based violence Facts from KDHS report of 2014

- 45% of women and 44% of men aged 15-49 years have experienced physical violence since age 15
- 20% of women and 12% men experienced physical violence within the 12 months prior to the survey. The main perpetrators of physical violence against women are husbands, whereas the main perpetrators against men are parents, teachers, and others.
- 14% of women and 6% of men aged 15-49 years report having experienced sexual violence at least once in their lifetime.
- Overall, 39% of ever-married women and 9% of men aged 15-49 years report having experienced spousal physical or sexual violence.
- Among women and men who have ever experienced spousal violence (physical or sexual), 39% of women and 24%, respectively, reported experiencing abuse; forced prostitution; domestic violence; human trafficking; forced or early marriages; and harmful traditional practices such as female genital mutilation, honour killings and widow inheritance. This type of violence reflects gender inequality in a society where men exercise power over women and girls.³
- 47% of women aged 15-49 years reported to have experienced either physical or sexual violence.
- 33% of all women in this age bracket have experienced physical violence only,

- 3% have experienced sexual violence,
- 12% experienced both physical and sexual violence.
- 54% of women aged 40-49 years. have experienced SGBV
- women who are divorced, separated, or widowed are more likely to be exposed to violence (60 percent) than their married (42 percent) and never-married (25 percent) counterparts.



JUSTIFICATIONS FOR VIOLENCE

Table 2: Conceptualizing GBV

The table below gives a summary of the causal factors at different levels in the society.'

Individual perpetrator	Relationship	Community	Society
<ul style="list-style-type: none"> • Witnessing marital violence as a child • Absent or rejecting father • Being abused as a child • Alcohol use 	<ul style="list-style-type: none"> • Marital conflict • Male control of wealth and decision-making in the family 	<ul style="list-style-type: none"> • Poverty, low socio-economic status, unemployment • Associating with peers who condone violence • Isolation of women and family 	<ul style="list-style-type: none"> • Norms granting men control over female behavior • Acceptance of violence as a way to resolve conflict • Notion of masculinity linked to dominance, honor and aggression • Rigid gender roles

Source: Heise, L. *Violence Against Women: An integrated, ecological framework*, 1998, cited in *Population Reports/CHANGE*, Volume XXVII, No. 4, December 1999

TACKLING SEXUAL AND GENDER-BASED VIOLENCE

"There is no specified time and place to define when SGBV occurs. Violence occurs in cultures and in all legal regimes. Its occurrence is not limited to where there is breakdown of law and order, but also where the legal infrastructure is functioning and stable".



KEY LAW/INSTRUMENT
Universal Declaration of Human Rights (adopted 10 December 1948 UNGA Res 217 A (III) (UDHR)
Vienna Declaration and Program of Action: World Conference on Human Rights (adopted 12 July 1993 UN Doc. Conf. 157/23)
Committee on the Elimination of Discrimination Against Women: General Recommendations No. 19: <i>Violence Against Women</i> , 1992 1993) 19; 2017
UN General Assembly, Declaration on the Elimination of Violence Against Women (1993) 1998)
UN Resolution on Elimination of Domestic Violence Against Women (adopted 19 February 2004 UNGA Res 58/147)
Beijing Declaration and Platform for Action (adopted 17 October 1995
UNSC Resolution 1820 (2008) 1960 (2010)
The International Covenant on Civil and Political Rights (ICCPR) is an international human rights treaty adopted by the United Nations (UN) in 1966. It is one of the two treaties that give legal force to the Universal Declaration of Human Rights (the other being the International Covenant on Economic, Social and Cultural Rights, ICESCR).
African Commission on Human and Peoples' Rights, Resolution on the Right to a Remedy and Reparation for Women and Girls Victims of Sexual Violence, (2007)
African Commission on Human Rights 262 Resolution on Women's Right to Land and Productive Resources - ACHPR/ Res.262(LIV)2013
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (adopted 11 July 2003) (Maputo Protocol)

Source: Bastick, Hug and Takeshita for DCAF. 2011. *International and Regional Laws and Instruments related to Security Sector Reform and Gender*



STRENGTHS

- There are many actors on SGBV in Homa Bay.
- Presence of an Area Advisory Council with a multisectoral approach which includes police, religious leaders, community members, area education office, DC, NGOs – CRS, ChildFund, World vision, and FHOK.
- Available social and media forums form avenues for changing norms including the children's assembly, chief's *barazas*, and local radio stations such as Nam Lolwe FM and Star FM.

WEAKNESSES

- The reality of lengthy legal processes with limited legal support.
- The lack of legal support especially for widows disinherited of their land.
- Transportation limitation for the police.
- Families dropping off cases from the legal system, rescinding accounts and withdrawing survivors and witnesses all of which affect the pursuit for justice.

SWOT

OPPORTUNITIES

- Increased involvement of MoH and NGOs.
- Stakeholder coordination of the many actors on the ground is promising for achieving more milestones on SGBV prevention and response through resource rationalization and leveraging.
- Increased sensitization from KELIN.
- Responses to cases by police and hospital should be expedited.
- Livelihood support especially for orphans and widows to mitigate their vulnerability.
- Facilitate community engagement to help families address property issues while parents are still alive.

THREATS

- Homa Bay is ranked second after Narok on matters teenage pregnancies.
- According to senior government officers, Ndhiwa and Rangwe have a fairly high occurrence of SGBV cases. These are challenging starting points for interventions to turn around.
- Multiple loopholes in access to services for SGBV survivors such as corruption among chiefs and the police.
- Underreporting of cases.
- Delayed judicial processes.
- Population segments with religious practices that do not allow for medical care also have high unreported cases of SGBV.
- Subservient role and level of women's participation in decision making is a confounding threat to gains made on SGBV. Empowerment of girls and parents in the course of their studies and through targeted livelihood support is crucial in reducing their vulnerability to SGBV.



National Legal and policy framework

Sexual and gender-based violence has been for long associated with the spread of HIV. Sexual violence is also globally recognized as a violation of one's fundamental rights. Thus the state through its legislative arm formulated, enacted and amended legislation geared towards eliminating all forms of violence. Sexual violence takes many forms, including rape, sexual assault, defilement, incest, and many others. Violence against women reflects gender inequality in a society where men exercise power over women and girls.

The sexual offences laws in Kenya include the Penal Code, Sexual Offences Act, the Children Act, the Protection Against Domestic Violence Act and the FGM Act.

The Sexual Offences Act

Sexual offences Act was enacted in 2006 to delineate the acts that qualify as sexual offences and to establish a means of punishing offenders, to prevent such offences and to protect all persons from unlawful sexual acts. This Act consolidates all laws relating to sexual offences and repealed most of the provisions in the Penal Code relating to sexual offences. The Act also creates several new sexual offences such as gang rape, sexual assault, sexual harassment, child pornography, and trafficking for sexual purposes among others.

Notably, the Act provides for minimum mandatory sentences for specific sexual offences, as opposed to the Penal Code which only provided for maximum sentences and left room for discretion in sentencing.

Key definitions under the Sexual Offences Act

OFFENCE	DEFINITION	PENALTY IF FOUND GUILTY
Section 3: Rape	When a person has sex with another person and the other person does not consent or the consent is obtained by force or by means of threats or intimidation.	A jail term not less than 10 years in prison but it can be increased to a life time sentence if the offense causes permanent injury.
Section 4: Attempted Rape	A person who even just tries to rape another is guilty of attempted rape.	The respondent is liable upon conviction to imprisonment for a term of not less than five years but which may be enhanced to life imprisonment depending on the circumstances of the case.
Section 5: Sexual Assault	Sexual assault is committed when any person unlawfully penetrates the genital organs of another person with any part of his/her body or with an object.	A person found guilty of sexual assault is liable to imprisonment for a term not less than 10 years but the jail term can be increased to life imprisonment depending on the circumstances of the case.
Section 7: Acts which cause penetration or indecent acts committed within the view of a family member, child or person with mental disabilities	A person who intentionally commits rape or an indecent act with another person in front of a family member, a child or a person with mental disabilities.	If found guilty of this offence, a person is liable upon conviction to imprisonment for a term of not less than 10 years.
Section 8: Defilement	A person who commits an act which causes penetration with a child is guilty of an offence termed defilement.	<ul style="list-style-type: none"> Defilement of child of less than 11 years attracts life imprisonment; Defilement of a child aged 12 - 15 years is liable upon conviction to imprisonment for a term of not less than 20 years; and Defilement of a child aged 16 - 18 years is liable upon conviction an imprisonment for a term of not less than 15 years.

Section 12: Promotion of sexual offences with a child	A person or company that manufactures, supplies or distributes and promotes any material aimed at sexual offences with a child.	<ul style="list-style-type: none"> Is guilty of an offence and liable upon conviction to imprisonment for a term of not less than five years. Where the accused person is a juristic person (registered company) the company will pay a fine of not less than KES 500,000.
Section 14: Child sex tourism	A person who makes plans for another person to travel anywhere in or outside Kenya so that the person traveling can commit a sexual offence to a child.	<ul style="list-style-type: none"> If found guilty shall be jailed for a minimum of 10 years and such a company if found guilty shall be fined a minimum of KES 2,000,000.
Section 15: Child prostitution	<ul style="list-style-type: none"> When one keeps a child in a place so that the child can be sexually abused or made to do a sexual activity or to take part in any indecent exhibition or show; When one obtains and gives out a child for sexual intercourse or any form of sexual abuse or indecent exhibition or show; When one uses printed materials, television, radio, advertisements or other similar means to make a person use a child for sexual intercourse or any other form of sexual abuse, or indecent exhibition or show A person takes advantage of his/her influence over a child or his/her relationship with a child to give that child to others for sexual intercourse or other forms of sexual abuse, or indecent exhibition or show; A person threatens or uses violence towards a child to force them to enter sexual intercourse or any other form of sexual abuse, or indecent exhibition or show; When one gives a child or his/her parents money or gifts so that the child can be used for sexual intercourse or sexual abuse, or indecent exhibition or show; and When one owns, leases, rents, manages, occupies or controls any moveable property like a car or immovable property like a house for committing sexual offences with a child. 	This offence carries a jail term of a minimum of 10 years.
Section 16: Child pornography	<ul style="list-style-type: none"> Sell, lease, distribute, or publicly display any obscene material that has the naked image of any child; Import, export, or transport any obscene material that has the naked image of any child; Take part in or receive any profits from any business involving obscene materials with the naked image of any child; Advertise such obscene materials with the naked image of any child; and Offer or attempt to do any act which is an offence under this section. 	<ul style="list-style-type: none"> A first-time offender gets a jail term of not less than six years OR to a fine of not less than KES 500, 000 or both; and If the same person is convicted for a second time they shall be jailed for a minimum of seven years without the option of a fine.

Sections 20 & 21: Incest by male and female persons	A person who has sexual intercourse with someone who he/she knows is his/her: <ul style="list-style-type: none"> • Daughter/son, • Granddaughter/grandson, • Sister/brother, • Mother/father, • Niece/nephew, • Aunt/uncle, • Grandmother/grandfather 	This offence carries a jail term of a minimum of 10 years.
Section 23: Sexual harassment	A person in a position of authority or holding a public office who continuously makes any sexual advances or requests which he/she knows are unwelcome is guilty of sexual harassment.	This offence carries a minimum jail term of three years OR to a fine of not less than KES 100, 000 or both.
Section 26: Deliberate transmission of HIV and sexually transmitted diseases	A person who knows that he/she has HIV/AIDS or any other life threatening sexually transmitted disease and still goes ahead to spread the disease is guilty of this offence, whether or not he/she is married to the other person.	This offence carries a minimum jail term of 15 years but which can be increased to a life sentence depending on the circumstances.
Section 29: Cultural and religious offences	This offence occurs when a person is forced based on cultural or religious reasons to engage in a sexual act or any act that amounts to an offence under this Sexual Offences Act.	This offence carries a minimum jail term of 10 years.

Source: Consolidated Popular Version of Gender-Based Violence Laws of Kenya, LVCT Health 2015

3.2 Protection Against Domestic Violence Act

This Act compliments provisions in the Sexual Offences Act as well as provisions for protection of children under the Children Act.

This Act was enacted into law in 2015 to provide for the protection and relief of victims of domestic violence. The Act provides for the protection of a spouse and any children or other dependent persons who may be subjects of domestic violence. Forms of violence identified include abuse; child marriage, female genital mutilation, forced marriage, forced wife inheritance, sexual violence within a marriage (marital rape), virginity testing and widow cleansing. Damage to property, defilement, economic abuse, emotional or psychological abuse, harassment, incest, intimidation, physical abuse, sexual abuse, stalking, and verbal abuse among other related offenses have been identified by this Act as forms of domestic violence..

Victims of abuse can apply to a resident magistrate for a protection order against the perpetrator. Protection orders will remain in force and may be reviewed from time to time depending on the prevailing circumstances of the victims. Where a victim of domestic violence suffers personal injuries or damage to property or financial loss as a result of the domestic violence, the court hearing the claim

for compensation may award such compensation in respect of such injury or damage or loss as it deems just and reasonable. A respondent who has been served with a copy of the protection order and who contravenes the order commits an offence and is liable to a fine not exceeding KES 100, 000 or to imprisonment for a minimum period of 12 months; or both.

3.3 The Children Act

The Children Act, Chapter 141 is a Kenyan law that addresses provisions for parental responsibility, fostering, adoption, maintenance, guardianship, care and protection of children; to make provision for the administration of children's institutions; to give effect to the principles of the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child and for the connected purposes for the safeguards of the rights and welfare for the children.

The Children Act aimed at consolidating all legislation that affects children in Kenya. The Act promotes and safeguards all interests of a child within any unit of care. The Act provides that a child shall be entitled to protection from physical and psychological abuse, neglect or any other form of exploitation including sale, trafficking or abduction by any other person. The Act further makes provisions for protection

of children from harmful cultural practices such as female circumcision that have potential negative effects on children. In safeguarding children from all forms of sexual exploitation, the Act provides that “a child shall be protected from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity and exposure to obscene materials”.

Policy tools and instruments

1. Sexual and gender-based violence in Kenya: A call for action

This policy brief discusses key challenges faced in dealing with SGBV and proposes a multi-sectoral approach in seeking more adequate address to this human rights issue and health problem. The policy brief observes that:

“With the formal justice system riddled with so many hurdles, many families of SGBV survivors run to traditional justice systems that are geared towards reaching a consensus rather than securing justice for individual survivors.”

“We call on the government to identify one body to coordinate various actors, increase education and /or awareness of the Sexual Offences Act, establish standardized gender desks in all police stations, provide adequate medical care for SGBV survivors and establish rescue centers or safe houses in areas with high SGBV incidence”.

2. National Guidelines on Management of Sexual Violence, 2014

The National Guidelines on the Management of Sexual Violence was designed to give general information about management of sexual violence in Kenya and focusses on the necessity to avail services that address the needs of a sexual violence survivor, be they medical, psychosocial, humanitarian and/or legal.

The Ministry of Health developed comprehensive guidelines to address the medical, psychosocial, legal and humanitarian needs of sexual violence survivors. The main goal is to ensure that the needs of survivors are addressed as much as possible.

The guidelines;

- Cater for the needs of children since in many of the health facilities, children

comprise a significant percentage of the survivors of sexual violence.

- They single out all the aspects of child management that differ from those of adults.
- Give a general outline of the procedures relating to medical management of sexual violence including providing information about the first steps to be taken after meeting a survivor of sexual violence.
- Highlight ethical issues, how to get a history and what every healthcare provider in every institution needs to know about management of the health related problems of sexual violence.
- Provide information on the main psychological consequences of sexual violence and some counselling procedures.
- These guidelines are clear on forensic management which is essential in helping survivors access justice by ensuring availability of credible evidence that sexual violence indeed took place and help link the perpetrator to the crime.
- Information on appropriate collection and preservation of specimens, proper documentation and the maintenance of the chain of evidence is elaborated as well

3. National Framework Toward Response and Prevention of Gender-Based Violence in Kenya

The framework was developed out of the realization that there were numerous interventions to fight SGBV which were not coordinated. The national framework thus provides for coordinated response mechanisms by all actors with the aim of strengthening response. It recognizes the social complexity of SGBV and recommends for a strong multisectoral approach in dealing with SGBV in Kenya in line with the existing international accords. After analysing existing policy, legislative responses as well as programmatic interventions, strengths and weaknesses, the framework further recommends capacity enhancement for law enforcers for them to effectively respond to SGBV.

4. County Government Policy on Sexual and Gender-Based Violence, 2017

This Model County Policy on Sexual and Gender-Based Violence (SGBV) was prepared

by the National Gender and Equality Commission. It provides for strategies to facilitate and enhance implementation of the national legislation and policy frameworks on SGBV at the county government level contextualized to the respective county needs.

Key County legislations and policy implementation challenges

Despite Kenya enacting a progressive constitution and existence of many elaborate policy and legal instruments, there are gaps especially at county level that make the favorable policy environment ineffective in addressing SGBV. Below are some of the challenges affecting Homa Bay County:

(a) **Disjointed efforts by various actors**

In Homa Bay County, could be hindered by dependence on donor support, varied donor requirements, lack of a coordinating mechanisms, piecemeal application of the legislative and policy framework, and lack of capacity among others. Devolution seems to derail efforts aimed at unifying the responses against SGBV in the face of devolved functions of departments that could coordinate responses.

(b) **Limited human and fiscal resources**

Inadequacy in resources, both human and financial, has resulted in limited or piecemeal implementation of programmes geared towards elimination of SGBV. In Homa Bay County, there is limited evidence that the county has allocated resources towards fighting SGBV.

The current County Integrated Development Plan identifies among other things, inadequate staffing as one of the challenges the county is facing. This affects dissemination and implementation of the existing legal and policy infrastructure for SGBV at county and sub-county levels.

(c) **Challenges posed by the legal system**

Adhering to legal procedures can be intimidating, especially for rural women, girls and survivors of SGBV with limited or no education at all. In addition culture subjugates girls and women from "speaking for themselves." Another key challenge for the SGBV survivors is the lack of knowhow on what processes to follow to get legal aid or lack of resources to hire a lawyer. Court procedures prevent survivors from seeking

formal legal redress due to lack of privacy. Court processes are fraught with tension and numerous legal barriers. For instance, the requirement that investigations must be complete within 24 hours is most likely not attainable especially in rural areas given that an official medical examination report must be completed by a certified doctor or clinical officer. The long period of time it takes before a case is concluded may at times make many survivors abandon the course of justice.

(d) **Biased social cultural ideologies on SGBV**

Forms of sexual and gender-based violence are often tolerated as part of cultural practices and this, by and largely, has greatly frustrated the implementation of legislation and policies. "Out of court" settlements are often embraced in total disregard and widow cleansing of the feelings of the SGBV survivors. Other socio-cultural practices such as widow inheritance are never viewed as a form of SGBV. Other practices such as bride price may be interpreted to mean that a woman has been "bought" and she consequently remains a property of the buyer.

(e) **Legal illiteracy**

Lack of or limited education has been cited as a key factor in access to legal and judicial services. Legal literacy enables communities, groups and individuals to appreciate their human rights and entitlements as enshrined in the Constitution and other legal instruments. Lack of awareness and education are the main causes for injustices being meted out to the marginalized populations, especially women and girls.

(f) **Institutional inadequacies at health facilities**

Health facilities lack adequate resources, knowledge and skills on collection and lab processing of forensic evidence, as well as equipment used in the collection and processing of forensic evidence such as rape kits, laboratory reagents, and the DNA (Deoxyribonucleic Acid) analysing machine. Inadequate drugs e.g. antiretrovirals for PEP and antibiotics for STI prophylaxis is another issue. They also lack adequate personnel at health facilities to provide comprehensive services for SGBV survivors including psychosocial support.

(g) **Lack of shelter for SGBV survivors**

There were only two shelters which were mentioned, run by non-governmental

organizations in the county. Even these two shelters lack enough capacity to handle survivors with increased demand. The absence of safe shelters and information about the shelters for victims of SGBV complicates situations for victims who then are forced to bear the pain and indignity for lack of a place for refuge or temporary accommodation.

What opportunities exist in Homa Bay County?

- Increased awareness of SGBV
- (a) *Laws and policies against SGBV and which promote human rights and development*
National Framework for response and prevention of Gender-Based Violence in Kenya provide for not only a conducive policy environment but also a nearly comprehensive legislative and policy framework upon which SGBV can be combated effectively in Kenya, and within Homa Bay County.

While the population is aware about SGBV, ignorance and complacency of the community in reporting is still a challenge

- Civil society organizations
- (b) *County Government Policy on Sexual and Gender-Based Violence - 2017*
The policy framework is designed for counties. It is a model policy to be adopted by the County Assemblies to quickly formulate SGBV policies that are in tandem with county specific needs. The existence of this policy provides an opportunity for the Homa Bay County Assembly to adopt and enact a policy that will address increasing cases of SGBV in the county.

These organisations help in monitoring of

the implementation of government policy regarding SGBV. The networks also aid in the data collection in different regions and thus ensure the availability of better and updated data on the trends in SGBV.

Community knowledge, attitudes and practices about gender and gender-based violence

Community profiling and descriptions of various forms of GBV

A cross section of the Homa Bay community interviewed in the course of this situational analysis had a generally good understanding, women are the main victims in majority of instances. Physical violence was prominently described, the most concerning for respondents being sexual violence. Emotional and psychological violence such as abusive language was cited as a form of GBV in lesser instances, indicating a greater awareness of SGBV particularly among respondents who had received training on GBV. Violence against men was reported as an occasional occurrence.

"Men fear reporting to avoid shame."
(AGYW FGD participant).

Defilement of minors is the major type of sexual violence that is reported. However incest cases are often not reported

'...the ones that are not reported usually involve incest cases; they are dealt with within the family where the victim cannot go and report the perpetrator. Wives cannot go and report their husbands. It is dealt with at family level and it dies off like that.' (KII Rangwe).



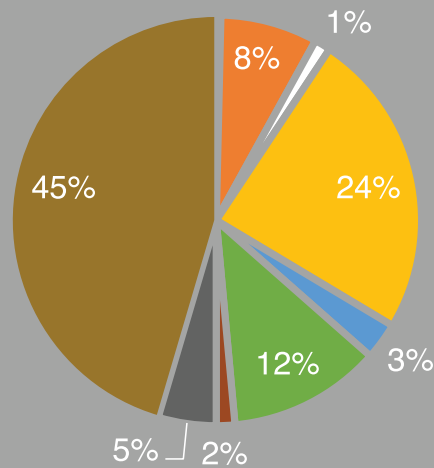
Populations at increased risk of GBV:

This section presents findings on the types of GBV reported by various categories of respondents in Homa Bay. It highlights some inherent risks among population groups and highlights common perpetrators as reported by respondents in the Homa Bay community. Organizations and government departments that have a role in the response to GBV and in the delivery of various services are profiled. This section also provides an indication of the current operational situation with regard to provision of services.

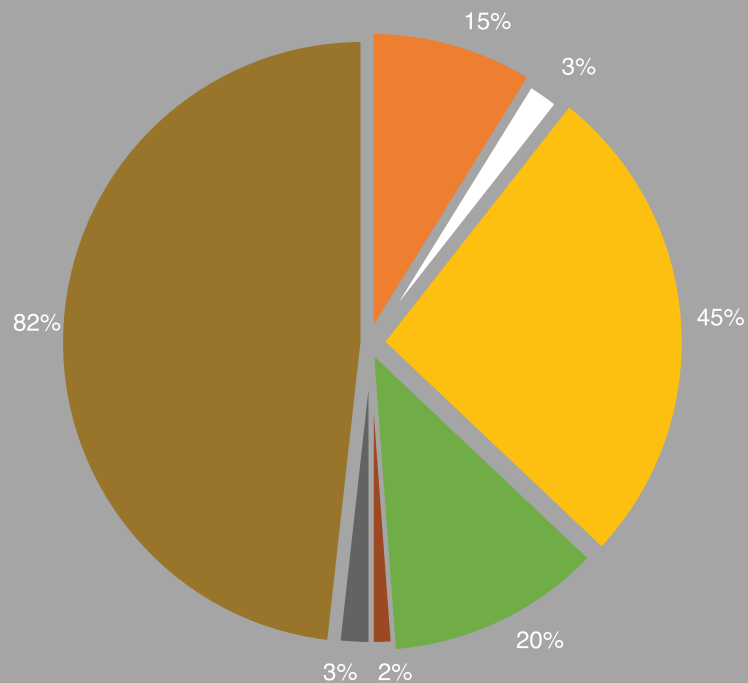
POPULATION GROUP	KEY DRIVERS AND RISKS	CURRENT POINTS FOR SGBV SERVICES/ GAPS
Minors	Defilement and incest by fathers, known and unknown persons	<ul style="list-style-type: none"> • Chiefs required to expedite cases to police and health facilities; • Community fairly sensitized on timely treatment seeking action through CHVs; • Police stations have gender desks and express services for SGBV cases; • Only one safe house in Homa Bay; • Challenges in obtaining P3 forms; • Alternative dispute resolutions; and • Complainants rescinding accusation.
Adolescent girls and young women	Rape. Murder	Need for support structure beyond the DREAMS project.
Female-headed households	Disinheritance by male relatives.	Need for legal support.
Widows	Disinheritance of land by male relatives.	Lack of awareness on the legal support structures.
Women in abusive marriages	Cultural inhibitions on reporting abusive husbands.	Limited understanding on legal recourse.
Women at the workplace	Workplace sexual harassment.	Follow through limited by workplace hierarchy and the risk of loss of livelihood.
Orphans	Early marriage by foster parents.	Limited clarity on support structures.
School girls	Sex for rides by <i>boda boda</i> riders	Low reporting. Unclear path for support. Need for provision of sanitary towels and personal effects
Fisherfolk women	Sex for fish requirements by men in beach communities	Widely considered as a normalized practice
Persons with mental or physical disabilities	Sexual assault by care givers and neighbours	No reported provisions for social safeguards.
Female sex workers	Sexual assault by men and non-reporting of cases.	Low reporting. Unclear path for support.
Women living with HIV	Stigma and discrimination at the workplace and in community settings.	Unclear on any provisions.

Survivors receiving post SGBV care**Survivors receiving post-SGBV care, Homa Bay 2018**

■ 0-11 Yrs M ■ 0-11 Yrs F ■ 12-17 Yrs M ■ 12-17 Yrs F ■ 18-49 Yrs M
 ■ 18-49 Yrs F ■ 50 yrs+ M ■ 50 yrs+ F ■ Total M ■ Total F

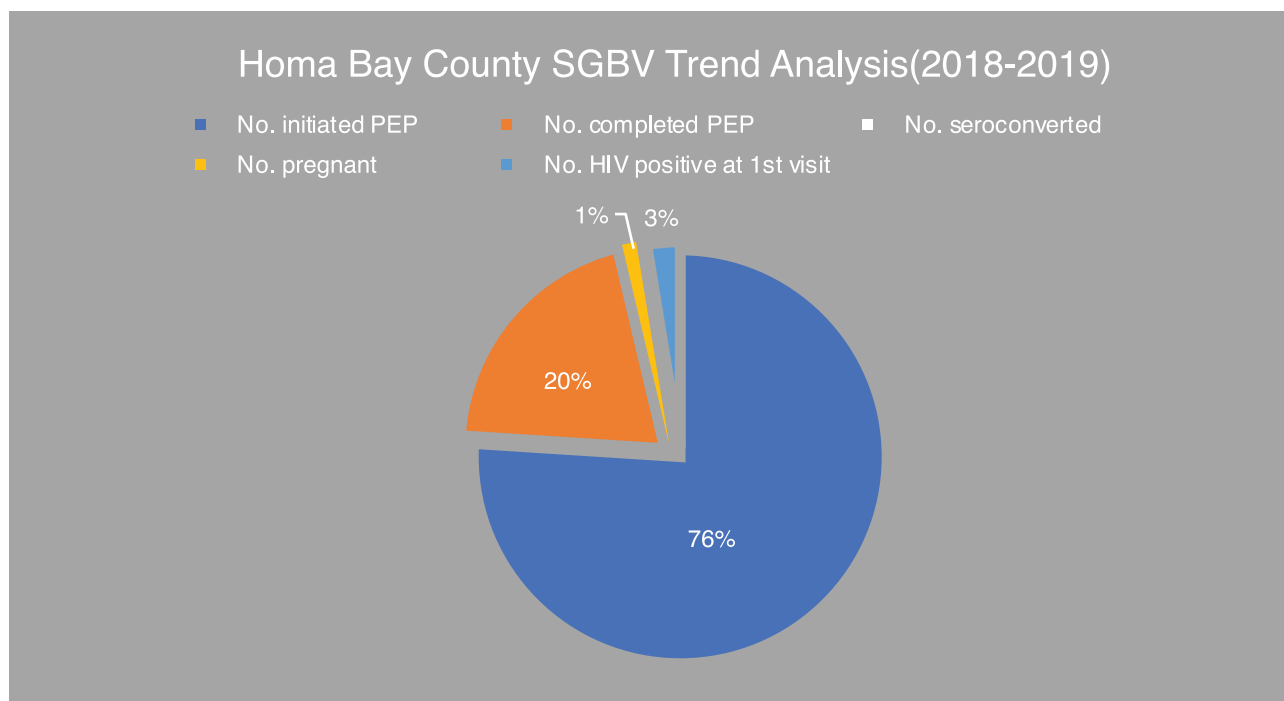
**Survivors receiving post-SGBV care, Homa Bay 2019 (Jan-June)**

■ 0-11 Yrs M ■ 0-11 Yrs F ■ 12-17 Yrs M ■ 12-17 Yrs F ■ 18-49 Yrs M
 ■ 18-49 Yrs F ■ 50 yrs+ M ■ 50 yrs+ F ■ Total M ■ Total F



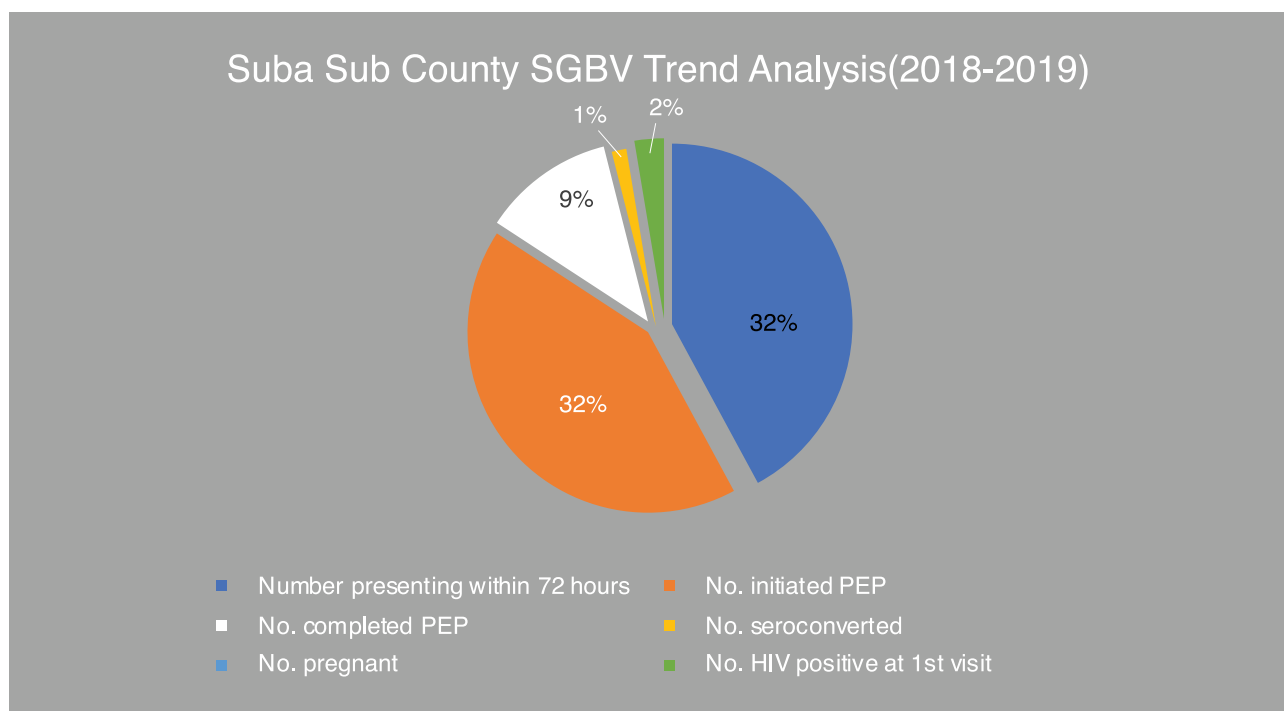
Source: County Health Records Information Office

Homa Bay County SGBV trend analysis (2018-2019)



Source: Homa Bay County SGBV Health Records

Graph 4: Suba Sub County SGBV trend analysis

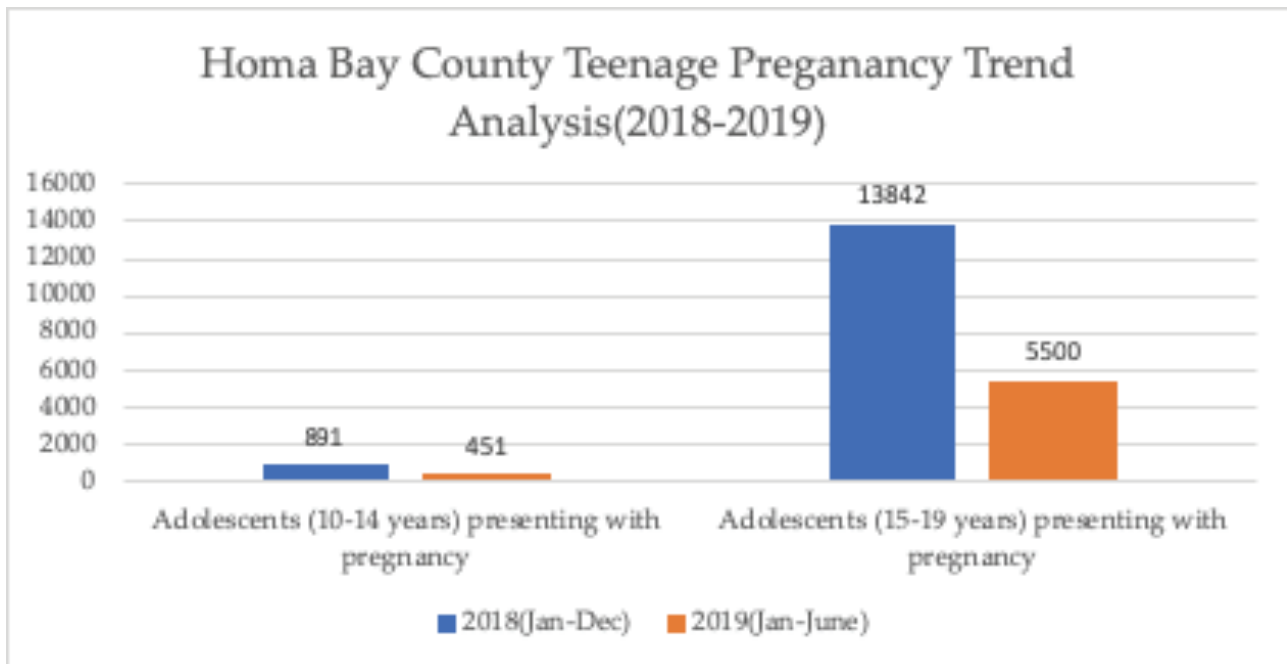


Source: Suba Sub-County SGBV Health Records

Teenage pregnancies

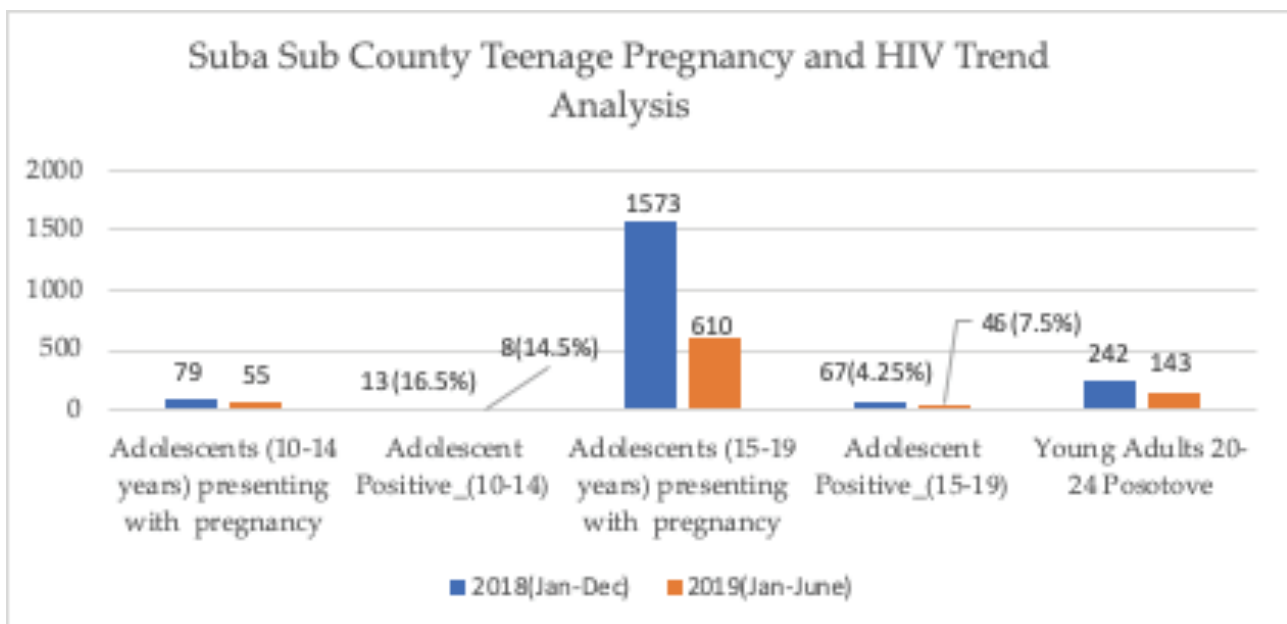
The results from graph 3 show teenage pregnancies are still on a high increase and prominently demonstrate a dire need of sexual reproductive health interventions amongst this vulnerable adolescent population. HIV prevalence among the pregnant adolescents is significantly high at 14.5 percent among the younger adolescents aged 10 - 14 years and a half of that among 15 - 19 year-olds whose prevalence stands at 7.5 percent.

Homa Bay County teenage pregnancy trend analysis (2018-2019)



Source: Homa Bay County SGBV Health Records

Suba Sub County teenage pregnancy and HIV trend analysis



Source: Suba Sub-County SGBV Health Records

Reporting on GBV

The data collection process for this situational analysis identified a significant gap with the absence of non-sexual GBV data. While physical assault such as wife battering and other forms of GBV were often reported across KIIs and FGDs as one of the most common forms of GBV, data is absent. This relates to the fact that these forms of GBV are generally underreported and/or are treated as injuries at health facilities OPD. Moreover, the MoH 365 Register is inclined to sexual violence. While other key agencies such as the police and chiefs report handling several assault cases between genders, the data is unavailable for analysis. This is therefore an important consideration for response planning on assuring that the multisectoral coordination has a hub of data to guide programmatic decision making.

Channels of reporting GBV

- Sexual assault cases are reported at a health facility due to the time-sensitive nature of the violation, while for non-sexual GBV, it is often to the chief and subsequently the police. The awareness about timeliness in seeking medical attention in the case of sexual assault seems reasonably comprehended hence a health facility is largely the first place to seek help.

"Women being battered by their husbands, some women hide such cases from us, but we get to find out when we visit the health facility."

- Defilement cases are reported to the chief and then the child is taken to hospital for PEP and other services. The urgency to take sexual assault cases to hospital necessitates that the survivor is hurriedly taken to a health facility, whether or not a report has been made to the chief. It is also common to have these cases reported to clan elders as a first step. Child defilement is reported mainly by parents, particularly mothers. Conversely, in some instances, parents are enablers to SGBV. Children's Officers were cited as an essential point for reporting defilement cases and one that promises a good legal follow through. The community has solid confidence in the supportive and impeccable practice in the role of the Children's Officer. They do not get compromised. Contact with the Children's Officer is normally after the child has been provided with medical treatment. In cases where an on-going abuse is unearthed, the Children's Officer may then be the first person

to be contacted for assistance.

"Cases related to children are reported to parents, who end up covering the cases and demanding support from the perpetrators (sort of an out of court settlement)." Participant, Religious Leaders FGD.

Domestic violence cases are reported to the chief first. Village elders are cited as a primary part of the community local authority structure, hence another primary level of contact in the reporting channel. But there are challenges with reporting to the chief

"Most of the people in the area have no faith in chiefs, because most of them like money and they usually take money from the perpetrators and the cases do not go far." FGD Suba

- Owing to the stigma associated with various forms of SGBV, third party reporting is common, as explained in the response below from an FGD in Kendu Bay.

"The one who has experienced this violence feels shy to report the cases. So mostly you will get reports from the neighbors from the third party who will report the cases to the Imams." FGD Kendu Bay.

- Religious leaders also receive cases of SGBV but they only focus on counseling and reconciliation, and may ultimately refer weighty cases to the chief. Women also commonly report their cases to their peers through their organized social groups. Reporting domestic violence to authorities is considered an infringement of the Luo culture. An optional channel is therefore reporting it to parents.
- Another point of reporting in the community channel is through community champions who also provide oversight for SGBV and receive reports on violations. They report to the police and follow up with health facilities to support survivors.

What hinders reporting of SGBV cases

- 'most domestic violence cases go unreported because reporting the matter would look like an infringement of the Luo culture.' A woman cannot leave with the children because if you

do the children will die or fall sick.”

2.

The cultural expectation is the acceptance of wife beating and other practices such as coerced wife inheritance. The stigma and reproach around domestic violence are a deterrent to reporting. A woman may actually earn herself a nickname in the village ‘*odhi-oduogo*’ (*the one who goes and comes back*). Secondly, the anticipated consequences of familial and social exclusion are to be expected. Respondents explained that a woman may be required to go back to her abusive marital home by her own parents. No one will welcome her back at her parents’ home after marriage. It is common for married women to report their domestic violence cases to their parents, rather than to the legal authority as it is considered inappropriate to report your husband. In light of these two socio-cultural hindrances community respondents have widely recommended the inclusion of community elders and religious leaders in GBV trainings in order to provide them with a reasonable understanding of GBV and its appropriate response.

3. **Experiences and perceptions affecting reporting and service access for SGBV cases**
Reporting and access to SGBV services is

characterized by fairly mixed experiences. On the one hand, the reporting and service structures are well known to the community, yet the impediments to receiving services serve as a deterrent to access. The two facets, that is, reporting and access are surrounded by social, bureaucratic and affordability complexities and discourage survivors from seeking justice. Additionally, they also serve to encourage perpetrators through a heightened sense of impunity. Survivors of SGBV often report cases and fail to follow up on them driven by a fear of jeopardizing the future of those children. It was commonly reported by respondents across the groups interviewed that cases often get withdrawn by individuals and families after being reported to police and courts. The other factor that stalls the justice process is when survivors, especially children, are taken away by parents for relocation, leaving the case without the essential witnesses.

4. Out of court settlement: Dispute resolution out of court has hindered many from pursuing the legal route.

Homa Bay County key institutions in SGBV response UNFPA works through the national office Gender Officer to support the Homa Bay County in combating SGBV cases

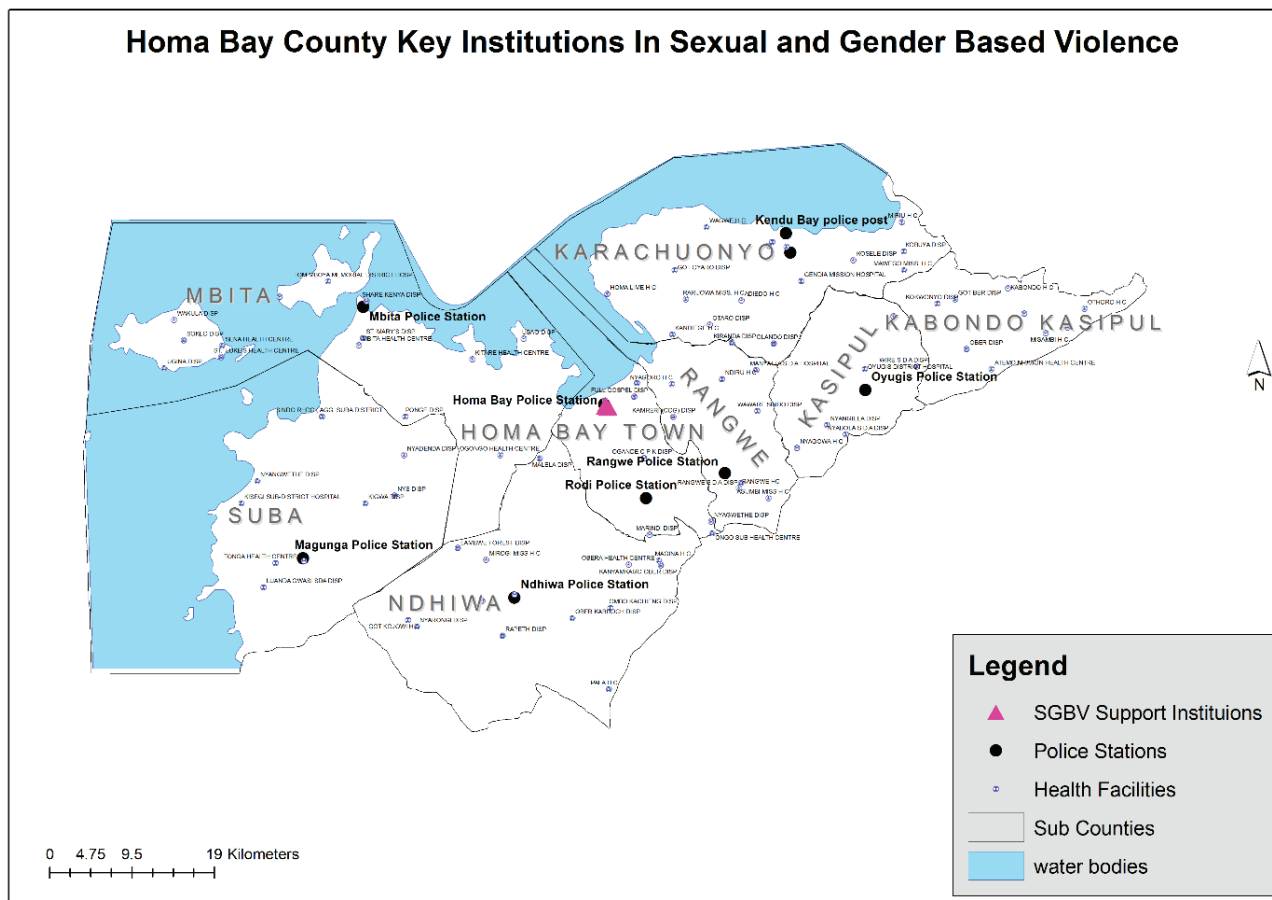


Table 9: Training and capacity for provision of SGBV services

Police GBV staffing and related needs at sub county Stations

	Main GBV cases reported	Gender desk staffing	GBV training for officers	Designated room with privacy	Key needs & challenges	Estimated # GBV cases per month	Estimated prosecutions last one year
Rangwe	<ul style="list-style-type: none"> - Defilement - Assault – couples - Assault – relatives 	2 female officers 4 male officers	Yes	none	<u>Needs</u> Stationery Telephone Airtime Fuel Rape kits Evidence bags <u>Challenges</u> - Interference by relatives - Alternative dispute resolution	5	10
Mbita	<ul style="list-style-type: none"> - Defilement - Assault 	2 female officers 1 male officer	Yes	-	<ul style="list-style-type: none"> - Survivors report and fail to follow up cases - Withdrawal of cases - Alternative dispute resolution 	30	Information not availed

Ndhiwa	<ul style="list-style-type: none"> - Defilement - Rape - Assault - relatives 	3 female officers	Yes – Plan International	None	<p><u>Needs</u></p> <p>Stationery Telephone Airtime Transport to hospital</p> <p><u>Challenges:</u></p> <ul style="list-style-type: none"> - Interference by relatives - Alternative dispute resolution - Survivors recant their statements - Continued violence when survivors go back to abusive environments - Survivors especially children get relocated by parents hence no follow up on cases 	5-10	N/A
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*Data provided on actual cases and prosecutions in the table above is anecdotal. It was based on the on-duty Police Officer's estimated recall as actual records were not shared as discussed in previous parts of this report. This was a significant limitation in conducting this situational analysis.

Community perceptions on availability, accessibility and dependability of SGBV services

Community involvement in supporting survivors and their reintegration into the community is fairly robust. It emanates from a social network in which social safeguards, particularly regarding children, are essentially everyone's responsibility. When a member of the community for instance becomes aware of an on-going violence against a child that is unreported, they will take the initiative to report it to the local authorities, mainly the chief or elders, as well as church leaders. The community also plays a big role in offering refuge to survivors, at least on a temporary basis.

KEY INSTITUTIONS OFFERING SGBV SERVICES. CHIEFS

Chiefs report that they respond positively to cases of sexual assault. The channel for referring these cases to hospital is very clear and was consistently described by all the interviewed chiefs. Their role is to ensure the survivors get to hospital in a timely manner to secure evidence. They refer some cases to police and arbitrate on others. They also have a role in sensitizing survivors on their rights. Chiefs also refer cases to the children's department and to the police and link victims needing help to KELIN for legal support.

Cases reported to chiefs however are subject to



biased attention because they are dealing with people from the same community. They tend to advise on community-level arbitration. However, the arbitration alternative is perceived as void of justice. *"There is no justice when a case is solved through arbitration,"* observed a participant during the religious leaders FGD, in Rangwe.

In certain instances, chiefs encourage conflicting parties to solve the cases themselves. This relates to SGBV cases in general. It is therefore not uncommon to find local leaders such as chiefs brokering an out of court compensation in a case of defilement, in

which case, “cases end at the chiefs and never reach the police,” observed a KII participant in Ndhiwa. Similarly, in Homa Bay an FGD reported that chiefs contribute to SGBV by taking money from the perpetrators, hence the case cannot be handled appropriately due to this interference.

The police

The police response is a fairly mixed bag of responses. Police were reported to responding quickly to cases of sexual assault and in following up issues, especially when there is a witness. They arrest perpetrators and provide prompt help for children, including transport and linking children to hospitals and to the children’s department. Survivors of SGBV are attended to immediately. However, a supportive police system may be hampered by a corrupt local authority system.

“The police treat such cases very well. However, the chief does not handle these cases well because he demands money for the cases to be effectively handled,” observed a KII participant in Suba.

The presence of a female County Commander currently in office is associated with the remarkably good staffing across the county with gender desk

officers. However, respondents have had varied experiences with access to SGBV services.

A CHV reported that “the police ask so many questions that are demeaning to us and the survivors. Many people fear reporting those cases to the police.” It is also not uncommon to hear of police receiving bribes from perpetrators. “Police get compromised. Cases get dismissed. They tell the victims to sort their matters at home.”

Participant, Parents of Survivors FGD

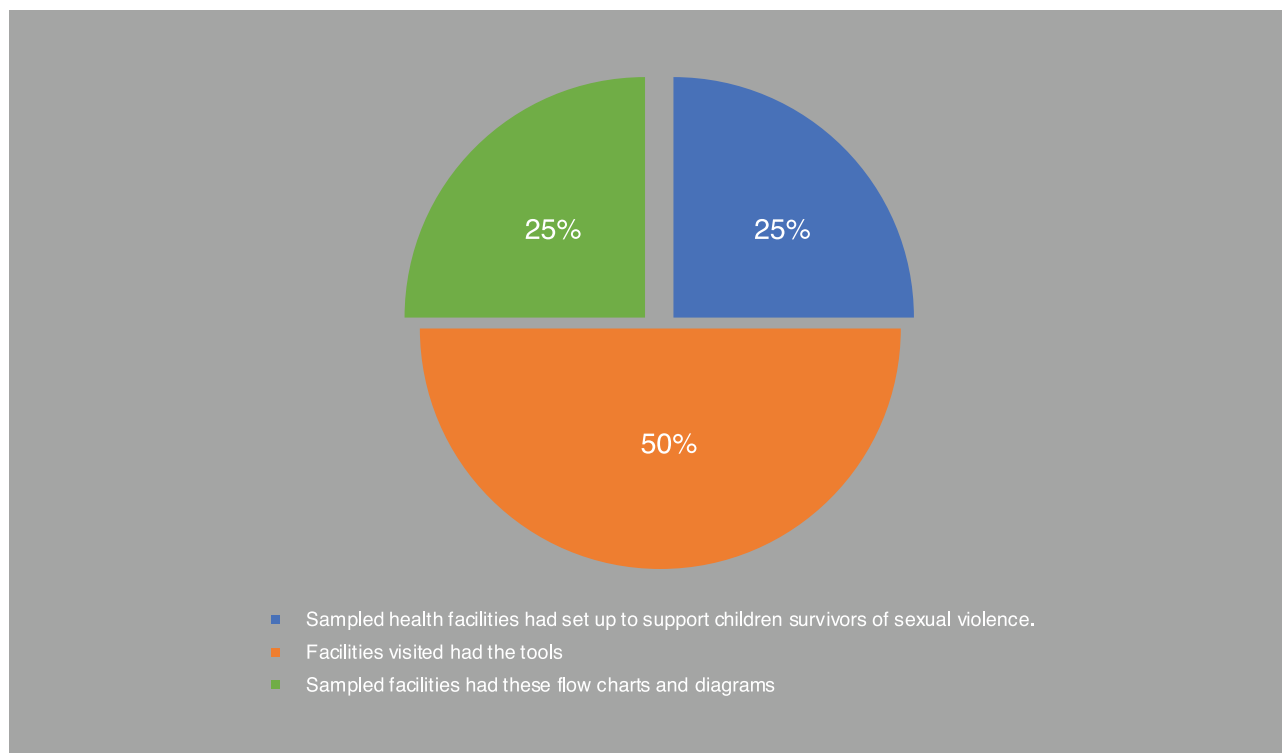
“Police commonly ask for money for fuel to enable them provide transport,” survivors FGD in Ndhiwa.

“The police lack the will to handle SGBV cases in many instances. They consider the cases a burden to them so they feel the victim or their family should facilitate their transportation to the police station and hospital.” KII, Karachuonyo.

Police demand KES 1,000 to get P3.” KII Homa
This demand is made both at the hospital and police station. Other amounts mentioned are KES 300 - 500 for a P3 form.



HEALTH SERVICES



"Response is therefore based on how much you pay...Sometimes they waive fees for sexually assaulted children, particularly when the case generates public interest." KII, Homa Bay.

Health provider attitude may be repulsive to survivors because sometimes staff may be rude to survivors. This discourages survivors from reporting or following on with the treatment process or further assistance. The community also voiced their concerns around the usefulness of P3 forms, that is, the extent to which they may lack the detail to support the evidence required. The information may not be satisfactory for use in serving justice to an SGBV case.

Children's department

Non-governmental implementing partners are well structured to provide a full array of services. FHOK, a youth-friendly clinic, was observed. It has trained health providers, linkage with government facility to issue a P3 form, PEP, emergency contraception, STI prophylaxis and counseling.

The gap is in the availability of paralegal services as these are not available in the area. Other actors cited as providing a favorable response to SGBV include FIDA Kenya (legal advice) and the Afya Ziواني DREAMS project (through the safe spaces operated by I Choose Life). Cases escalated to organizations hold a better promise for a follow-through on justice.

"A class 5 girl was impregnated by an older man. A CHV reported the case to the organization implementing the DREAMS project. The organization reported the case to the police and then it was forwarded to court." KII Suba.

Rescue facilities for SGBV

RESCUE FACILITY	SERVICES	NEEDS OF SURVIVORS	ORGANIZATIONS
Makongeni Rescue Centre	<ul style="list-style-type: none"> Shelter Counselling Psychosocial Medical Capacity: 20 children 	<ul style="list-style-type: none"> Safety Counseling Medical services Legal services Follow-on safety 	<ul style="list-style-type: none"> Plan International County health services Other partners
Homa Bay Children's Home	Short- and long-term care		Children's social protection services
Friends and relatives' homes	No services while in hiding	<ul style="list-style-type: none"> Loneliness Rejection Social isolation 	Women seek shelter from friends and relatives away from home area
Hope School Rusinga	<ul style="list-style-type: none"> Schooling Institutional support for OVC 	<ul style="list-style-type: none"> Education Safe home 	Rescue center for young girls

Community capacity and training on SGBV

Trainings on GBV that have been provided to various community units:

TRAINING ORGANIZATION	PERSONS TRAINED	TRAINING YEAR/DURATION	TOPICS
KELIN	AGYW	2 days	<ul style="list-style-type: none"> Land rights Orphans violation SRHR
	Judiciary officers, village elders, and Court Users Committee members	2015 2018	<ul style="list-style-type: none"> HIV and AIDS Land rights Widows and orphans rights SRHR
	Chiefs Paralegals	1 month	<ul style="list-style-type: none"> Paralegal work Procedure for handling SGBV Human rights and the law Handling evidence
FHOK	Chiefs, local leaders and religious leaders	2 days	GBV SGBV
Plan International	ToTs – FHOK staff		SGBV SRHR
FIDA (K)	Children's Officer		<ul style="list-style-type: none"> Formal and on-the-job child care and protection SGBV
World Vision DAVELINK	DREAMS project stakeholders		SGBV
CAHODEK IRCK ADRA Homa Bay Interfaith Network WOFAK	Religious leaders		<ul style="list-style-type: none"> Handling survivors of SGV Widows and orphans rights

Availability of key services for SGBV survivors

ACTIVITY	OBSERVATION
GBV Coordinator for harmonizing multisectoral engagement.	Available
Multi-sectoral and inter-agency procedures, protocols, practices, and reporting forms established in writing and agreed upon by all sectors/ agencies/ persons engaged in providing GBV-related services.	MoH reporting well standardized for SGBV. Other sectors limited.
Directory of organizations providing GBV-related services	Not available
Written procedures distributed to organizations for multi-sectoral referral and coordination.	Not available
Inter-sectoral coordination meetings held quarterly and led by GBV coordinator or lead GBV agency for setting and attended by GBV focal points.	GBV TWG in place
Factors contributing to GBV identified in coordination meetings (through trend analysis of GBV reports).	Trend analysis not available
Inter-sectoral strategies to address contributing factors developed and regularly reviewed and monitored.	Identified but not developed, reviewed nor monitored
Protocol established and adopted by all sectors of client flow and referrals through sectors.	Policy document in progress
Standard documentation of GBV incidents	Partially
Use of GBV incident report information for coordination of prevention and response activities.	Not available
Ethical and safety standards in place for all sectors and for coordination	Limited resources on privacy
Community/local/county and national government participation in GBV assessment, program planning, and coordination.	County Commissioner's Office involved.
Periodic (biannual) coordination training to ensure that participating sectors engage in coordination and understand protocols for coordination.	Local chiefs involved in training and planning. Gap in multisectoral participation reported.

ACTIVITY	OBSERVATION
Zero tolerance policy for relief/humanitarian workers who abuse their power, with codes of conduct and reporting mechanisms in place.	Not observed on majority notice boards.
<input type="checkbox"/> Monthly multi-sectoral, multi-agency meetings attended by all relevant <input type="checkbox"/> Meeting notes distributed.	The GBV TWG is active
Community meetings on GBV issues regularly held for purposes of information-gathering and education.	Meetings scheduling is irregular.
Ongoing advocacy to ensure protection activities are occurring in all sectors.	Examples reported include chiefs <i>barazas</i> and faith-based forums.
Ongoing advocacy to ensure gender analysis completed before policies/programs are designed and implemented	No indication of systematic analysis.
Beneficiaries involved in assessment, anplanning and implementing programmes.	Not done

GBV Coordination – Response (These refer to the responsibilities of the GBV coordinator/lead/ or agency/sector focal points to ensure appropriate GBV services to survivors)

ACTIVITY	OBSERVATION
Ensure appropriate psychosocial services by conducting advocacy, programme development, training, etc.	No GBV coordinator .

Ensure appropriate health services by conducting advocacy, programme development, training, etc.	County Clinical Officer holds brief.
Ensure responsive security system by conducting advocacy, programme development, training, etc.	Trained Gender Officers are fostering responsiveness in the security system.
Ensure appropriate protection actions by conducting advocacy, programme development, training, etc.	No coordinator
Assure confidentiality within sectors and across sectors.	No coordinator
Coordinate solutions for survivor safety needs as appropriate (ration cards, housing, non-food items).	No coordinator
Maintain, analyze, and report data generated from service delivery and from other sources. Use data for coordination and programme improvement.	SGBV data is sent to sub-county HRIOs by respective health facilities, collated and sent to County HRIO.

"The processes of seeking justice is very traumatizing and frustrating. This causes the victims to give up on pursuing legal processes. This delayed justice empowers the perpetrators..."

KII Homa Bay (Women Representative Office).

Final Recommendations for teenage pregnancy and ASRH

- Homa Bay County is second to Narok County in the prevalence of teenage pregnancy. This problem is interlinked to the high incidences of SGBV and HIV prevalence especially among girls aged 12 - 24 years. This study therefore recommends the implementation of integrated Adolescent Sexual Reproductive Health (ASRH) and life skills programmes in schools and community that will encourage girls to stay in school
- Community based programmes that address the retrogressive cultural practices like early marriages should be developed and rolled out through easy and accessible media and information, education and communication (IEC) materials. These programmes should also enhance the ability of parents and guardians to have an honest dialogue on sex and sexuality with their children.
- Training and capacity development to boost information in the community: Adolescent Sexual Reproductive Health including teenage pregnancy through community information and awareness through media and social networks such as faith based organisations, women's groups, children's assembly, chief's *barazas*, and local radio stations such as Nam Lolwe FM and Star FM.
- Data for decision-making: Pooling together all ASRH data in the county is essential for informing policy. It was difficult to gather data on teenage pregnancy in the county. State and non-state actors in the county need to come up with a mechanism of enhancing data collection, collation and analysis of data on teenage pregnancy.
- There is need for coordination of various actors in the county through technical working groups, mapping of services and actors with strong County Government involvement in leading this coordination.

Recommendations for HIV prevention, care and treatment

- Over the last five years, Homa Bay County has recorded a significant drop in the prevalence of HIV from a high of 26 percent to the current 20.7 percent.

We recommend that the county should continue with the multi-sectoral and integrated approach that has proved impactful in the reduction of HIV prevalence.

This strategy should continue and also be aligned to the implementation of the global 90:90:90 strategy to end AIDS by the year 2030.

