SEXUAL AND GENDER BASED VIOLENCE:
FIRST ANNUAL COAST POLICY CONFERENCE

10TH DECEMBER 2009
WHITE SANDS HOTEL
MOMBASA, KENYA

Report on Conference Proceedings
Acknowledgements

As conference convener, I would like to thank all individuals and organizations who participated in the SGBV Conference—Mombasa for their time and valuable contributions and engagement.

Primary thanks for this conference go to Dr. Nduku Kilonzo of Liverpool VCT and Dr. Jill Keesbury of the Population Council, Zambia for having and activating a vision for a sexual violence research agenda in Kenya. Our initial meetings in late 2007 and early 2008, followed by a two-day workshop in June 2008, that they supported, are finally fully realized because of these two pioneers in SGBV and their organizations who support the research and programmes to end all types of violence in Kenya, if not throughout the continent of Africa. LVCT researchers and staff Jane Thiomi, Rukia Yussin and Carol Ajema, among others, were also incredibly gracious and flexible in the process of organizing our research efforts.

Thanks as well to our colleagues in Nairobi within the Kenyan Ministry of Health for their work on SGBV issues and especially those present, including Drs. Meme and Nyaberi for their enthusiasm, representation and on-going support.

In Mombasa, many thanks to Dr. Siminyu the Provincial Director, Medical services (MOH) Mombasa and Dr. Maganga, Chief Administrator, Coast Province General Hospital for their support of this conference and their agreement to include the Gender Based Violence & Recovery Centre, at CPGH, as part of the programme—one example of their commitment to enhancing services throughout the hospital. Thanks also go to Dr. Jennifer Othigo for her incipient and on-going support to build a sustainable and replicable SGBV services throughout the Coast Province. To ICRH-Kenya I personally extend my thanks to Dr. Reyners and Dr. Temmerman for allowing me the grounded SGBV experience in Mombasa during the year and a half of my tenure at the organization.

No conference is successful without its administrators and all of the logistics, both minute and grand, that they complete. Therefore, a huge and deeply appreciated thanks to Lucy Ng’ang’a of the Population Council, Nairobi, for facilitating flights and all administration aspects of this conference on such short notice and to Prisicilla Njogu of ICRH-Kenya for helping with local involvement that could not be directly coordinated from Nairobi. This report was completed with the hearty assistance of the conference rapporteur, Ms. Lucie Odhoch. Any misinterpretations of the notes or discussion are the sole responsibility of the authors.

The conference was made possible by the Population Council under the aegis of the African SGBV Regional Network, which is supported by the Swedish-Norwegian HIV/AIDS Team in Africa.

M. Catherine Maternowska, PhD, MPH
Bixby Center for Global Reproductive Health
University of California, San Francisco
Mombasa, Kenya
5 January 2010
# Table of Abbreviations

- **AIDS**: Acquired Immune Deficiency Syndrome
- **CGPH**: Coast Provincial General Hospital
- **CME**: Continuous Medical Education
- **DRH**: Division of Reproductive Health
- **DV**: Domestic Violence
- **EC**: Emergency Contraception
- **FP**: Family Planning
- **GBV**: Gender Based Violence
- **GC**: Government Chemists
- **HCW**: Health care workers
- **HIV**: Human Immunodeficiency Virus
- **ICRH-K**: International Centre for Research & Health-Kenya
- **IEC**: Information, Education Communication
- **IPV**: Intimate Partner violence
- **LVCT**: Liverpool Voluntary Counseling & Testing
- **MOH**: Ministries of Health
- **MOMS**: Ministry of Medical Services
- **MOPHS**: Ministry of Public Health & Sanitation
- **MSM**: Men having Sex with Men
- **NCGD**: National Commission on Gender & Development
- **NGOs**: Non-Governmental Organizations
- **OB/GYN**: Obstetrics & Gynecology
- **OPD**: Out Patient Department
- **OSC**: One Stop Centers
- **PDMS**: Provincial Director of Medical Services
- **PDRH**: Provincial Director of Reproductive Health
- **P3**: Kenya Police Medical Examination Form
- **PEP**: Post Exposure Prophylaxis
- **PMTCT**: Prevention of Mother to Child Transmission
- **PNC**: Post Natal Care
- **PRC**: Post Rape Care
- **PRC1**: Post Rape Care 1 form
- **RH**: Reproductive health
- **SGBV**: Sexual and Gender Based Violence
- **SOA**: Sexual Offences Act
- **STI**: Sexually Transmitted Infections
- **SW**: Sex Workers
- **UN**: United Nations
- **UNFPA**: UN Fund for Population Activities
- **VCT**: Voluntary Testing and Counseling
# Table of Contents

1. **Introduction**  
   1.1. Conference Details  
   1.2. Conference Overview and Goals  
   1.3. Opening Remarks  

2. **Conference Proceedings**  
   2.1. History of the Research Strategy  
   2.2. The Strategy’s Focus  
   2.3. Benefits of a Common Research Strategy for Kenya  

3. **Presentations: Sexual and Gender Based Violence Overviews**  
   3.1. Responses for Survivors of SGBV in Eastern and Southern Africa  
   3.3. Division of Reproductive Health: The SGBV Response  
   3.4. The Gender Based Violence & Recovery Centre, CPGH  

4. **Presentations: Legal Issues & Human Rights**  
   4.1. Standards for Maintaining the Chain of Evidence in PRC Services  
   4.2. Gender Based Rights Among Muslim Women  
   4.3. Health & Legal Rights Programme  

5. **Presentations: The Community and Vulnerable Populations**  
   5.1. Eradication of Violence: The Girl Child Project  
   5.2. MSM Service Needs  
   5.3. GBV in Kenyan Prisons  
   5.4. Sex Workers & the Police  
   5.5. Psychological Services for Survivors  

6. **Moving the Research Strategy Forward**  
   6.1. Questions, Responses and Possible Research & Interventions  
   6.2. Consensus Building  
   6.3. Official Closing  

Appendix A: Programme  
Appendix B: List of Participants
1. Introduction


While political commitment is growing sound scientific evidence addressing the prevalence and context of SGBV in Kenya as well as studies testing interventions in the medical services, psychosocial and legal sectors remains thin. Without improved evidence through both research and monitoring & evaluation, the Kenyan Ministry of Health and its Division of Reproductive Health will not gain a footing in moving policy and practice forward. Acknowledging this, the Bixby Center for Global Reproductive Health/ICRH-Kenya, Liverpool VCT and the Population Council/Nairobi held a two day workshop in June 2008 to discuss a SGBV research strategy for Kenya. The consortium invited frontline practitioners and implementers of SGBV services for the first day of the workshop and interested donors for day two to join in an interactive discussion addressing key research areas and priorities, jointly discussed, decided upon and now being disseminated at the First Annual Coast Policy Conference, December 2009.

The First Annual Coast Policy Conference coincided with the dissemination of a major study carried out by LVCT addressing the chain of evidence and medico-legal readiness of the PRC services in Kenya (funded by the Population Council through the African Regional SGBV Network). Joining forces, LVCT, Population Council and Dr. Maternowska (ICRH-Kenya and UCSF) planned the event as a merged day of SGBV activities.

1.1. Conference Details

The meeting convened at 8:30 am but due to flight cancellations from our Nairobi-based participants, several presentations were delayed or postponed until later in the programme, nonetheless the audience was oriented to the programme (see Annex A) and the conference goals. Jane Thiomi, LVCT and Catherine Maternowska, Bixby Center, UCSF and ICRH-K co-led this discussion and welcomed participants to introduce themselves after which, ground rules were set including respecting everyone’s opinion, free and honest discussions and full participation. Introductions proceeded (see Annex B: list of participants) with a broad consortium of participants from both Nairobi and the Coast, including the public and private health services—notably district, provincial and national Ministry of Health Involvement, the education sector, the general development and NGO sector, the community and municipality sectors (including representation by numerous chiefs), the Kenyan Police, the judicial and law sectors, and independent university researchers and organizations. Seventy-six participants attended the event, well surpassing expectations.
1.2 Overview and Goal of the Conference
The goal of the conference, established at the start, was twofold: first, to disseminate a significant study conducted by LVCT on the medico legal preparedness of PRC services in Kenya and to promote related MOH guidelines and second, to disseminate: Sexual Violence: Setting the Research Agenda for Kenya, written in 2008 and printed in November 2009. The idea was to take audience participants step-by-step through different types of research presentations covering, if not linking, medical, legal and community issues around sexual and gender-based violence in Kenya while demonstrating an array of research methodologies (qualitative & quantitative), disciplinary approaches (epidemiology, anthropology, political science, psychology, clinical medicine and community-based studies) and assess the action oriented outcomes to improve medical and community services.

The result was a dynamic conference—with considerable engagement, discussion and debate. Notably, challenges within each sector were explained from representatives of those sectors, opening up dialogue that has not been occurring and lending way to more innovative system-wide solutions. Many of the participants gained new perspectives from this cross-sectoral format and the discussions that ensued.

1.3 Opening Remarks
The conference participants were most honored to have Dr. Maurice Siminyu, Provincial Director of Medical Services declare the conference officially opened. He welcomed the participants and thanked all the organizations who have partnered with MOH for their good work. Dr. Siminyu reiterated CPGH’s commitment to create quality emergency treatment and recovery services for survivors of sexual and gender-based violence. He emphasized that the growing awareness around SGBV and also the need to build services throughout the country based on best practices. Dr. Siminyu also acknowledged the work of Dr. Jennifer Othiogo who has been incipient to the start of the GBVRC and her predecessor as Chief Administrator, Dr. Helton Maganga also already showing a focused concern on improving gender-based violence care and treatment with the staff at CPGH.

2. Conference Proceedings

2.1 History to the Research Strategy
Dr. Maternowska provided history to the research strategy for participants. She reported that on June 10-11, 2008, a workshop was held to discuss the current context of SGBV in Kenya with the aim of producing key research questions that could help consolidate efforts to uncover the context, prevalence and related medical, legal and community issues that currently impede effective service provision in Kenya. Participants hailed from Kisumu, Mombasa, Nakuru and Nairobi and represented practitioners, researchers, policy makers and donors. The workshop was designed to be “hands on” with day one designed to discuss current approaches and issues with practitioners and researchers from around the country. On day 2 of the workshop donors were invited to attend and participated in four groups—of their choice: medical issues, legal issues, community issues and psycho-social issues—representing what are often the four pillars of comprehensive SGBV service provision. The groups spent nearly a half day debating issues and challenges within the given sector and were asked to convene with the larger group and provide four to six key research questions for that particular sector. The result was a lively debate with presentations that followed. After the workshop Kilonzo, Keesbury and Maternowska worked as a team to produce the report being disseminated at this conference (albeit with substantial delays due to production and printing issues) with each sector highlighted and framed by key research questions for colleagues throughout Kenya to consider and enact.
2.2 The Strategy’s Focus
Four key strategic research areas have emerged from the 2008 workshop were:

- Understanding the nature, contexts and prevalence of sexual violence
- Documenting and evaluating prevention initiatives
- Researching innovative ways to improve access to, uptake and delivery of quality sexual violence care, treatment and rehabilitation services
- Improving knowledge on vulnerable and priority populations
- Designing of user-friendly research tools

The conference was designed to highlight aspects of these strategic areas with approaches from multiple disciplines and with as much a Coast Province focus as possible offering ample evidence of Kenya’s commitment to improving research and services around SGBV. It was emphasized, as the Population Council has long promoted, the need to have comprehensive care on SGBV, including community involvement, a responsive justice system/legal care and full medical care and treatment, including counseling. A concerted effort to enhance both systems (through referrals, screening and linkages between sectors) is, as was noted, equally important to singular strategic strategies within each sector.

2.3 Benefits of a Common SGBV Research Strategy for Kenya
The following were highlighted as universal benefits of having a research strategy in Kenya that focuses on SGBV:

- Common understandings to common problems
- A Kenyan appropriate guide to inform research practices
- Methodologies to inform research practice
- Dissemination, ultimately of the evidence produced, to impact policy and practice

The morning session continued with presenters on various aspects of SGBV both regionally, nationally and locally—giving context and substance to the key issues both in terms of programme activities and research.

3. Presentations: SGBV overviews

3.1 Responses to SGBV in Eastern and Southern Africa-Population Council
Dr, Chi-Chi Undie of Population Council facilitated this session providing an overview of trends throughout the region based on work with the African Regional SGBV Network. The report noted:

- The African Regional SGBV Network has been established to document feasibility and effectiveness of comprehensive responses. This includes 9 countries and more than 20 partners, supported by Swedish-Norwegian HIV/AIDS Team, OGAC-PEPFAR, USAID-PEPFAR and CIDA-GEESP;
- 80% of survivors are women and that a substantial proportion of African women have experienced violence by their husband/partner and about half of all reported cases of sexual violence are children under 19 years;
- 77 percent of male survivors were children in Mombasa, Kenya (980 over period Aug 2007- May 2009 46% were less than 10 years; 21% were aged 10 – 14 years; 10% were aged 15 – 19 years;
• In Eastern and Southern Africa, there is rapidly growing awareness of prevalence and effects of sexual (adult and child), domestic, and gender-based violence in general populations and that there are equally emerging laws, policies and service delivery guidelines, but services remain sporadic, and need strengthening and services integration.

• There remains:
  o Confusion around use of forensic evidence in prosecutions;
  o Little engagement with, and strengthening of, police services for supporting survivors;
  o Lack of attention to trauma counselling and providing family support;
  o Responses in humanitarian / post-conflict settings often separate from those in general populations.

• Emerging response strategies include
  o One-stop integrated medico-legal centers;
  o Integrated, comprehensive health services with referral for police/legal services;
  o Help desks at health clinics;
  o Strengthening police responses;
  o Establishing bi-directional linkages between police and health facilities.

In conclusion, Undie stated that there is increased awareness of the prevalence and health consequences of SV and IPV/DV in general populations however, the challenge now is how best to respond to what may be a hyper-endemic violence public health issue throughout Eastern and Southern Africa.

3.2 National Guidelines on the Management of Sexual Violence in Kenya-MOPHS
Dr. Margaret Meme, from the Division of Reproductive Health, Gender Unit, provided an overview of the Ministry’s vision and activities around sexual violence, with a very explicit focus on forensics at the national level.

• Forensic evidence defined as any and all object that can establish that a crime has been committed;
• Types of evidence include: tangible, transient and trace;
• The collection of the evidence includes a chain of medico-legal people in both the police and public health systems—with no room for mistakes;

Dr. Meme emphasized the need for training in all sectors to ensure that courts had ample evidence and reiterated Ministry’s commitment to this process.

3.3 Division of Reproductive Health-Response. Plans and Commitment to SGBV-MOPHS
Dr. Jennifer Othigo, representing the Division of Reproductive Health, emphasized the universally complex nature of SGBV as a socio-medical challenge. In Kenya, SGBV services are under the mandate of the Division of Reproductive Health (DRH) in the Ministry of Public Health & Sanitation (MOPHS).

Othigo highlighted:

• Integrated treatment and care must include the community, legal and justice system and medical;
• Since 2003, DRH has been scaling up post rape care services, conducted research, put policies in place such as SOA, decentralization of service delivery, trainings on PRC and SGBV management and revised PRC 1 and 2 forms to PRC form;
• There is a need to develop quality assurance systems for PRC services, M & E plans—and integration into HHMIS data for national level; Integrate RH, HIV and SGBV services in facilities, target children and involve Ministry of Education & Office of Police;
• GBVRC at CPGH is the first national centre in a provincial hospital dating to August 2007 when services were first initiated; the GBVRC hopes to become a national training site.

3.4 The Gender Based Violence Recovery Centre-Coast Province General Hospital
This session was facilitated by Dr. Ethel Avuvika of the Casualty Department of CPGH with data generated courtesy of ICRH-Kenya.

• Participants were informed that PRC and SGBV services including mental health and legal counseling were available at CPGH and trends in Mombasa follow those of other sites including:
• Nearly 80% of all survivors are under 18, making this a very young cohort along the Coast, with 80% female and 20% males;
• Inability of staff to medically or socially handle child-population, lack of training on the topic;
• Poor follow-up by clients;
• There is a need to continue improving the triage process from reception to casualty to recover services, specifics include--
  o Need to incorporate more police involvement
  o Staff shortage or disinterest (low priority for) in survivors

• The GBVRC works with ICRHK and other NGOs locally to provide health & legal rights services, and will soon work to provide more child-friendly services as well.

4. Presentations: Legal Issues and Human Rights

4.1 Standards for Maintaining the Chain of Evidence in PRC Services-LVCT
Rukia Yassin, researcher from LVCT, presented findings on the chain of evidence study. Few studies have evaluated the relationship between medico-legal evidence collected and the resulting legal outcomes. The study sought to uncover gaps in the system that may be preventing due legal process and, therefore, full recovery for all survivors.

The study indicated the following:

• Majority of survivors are children below 15 years, yet HCWs still face challenges in handling children:
• Lack of skill in how to obtain specimen from children using existing tools e.g. speculum;
• Delayed presentation—delayed disclosure;
• Lack of trust for the HCWs by the children;
• Lack of clarity of specimens to be collected from male child;
• P3 form(Kenya Police medical examination form):
  o Not easily accessible to all survivors
  o Doctors not given a copy of the P3 form for their own records
  o Can only be signed in by a medical doctor
  o Most HCWs not willing to fill it in Fear of being requested to attend court proceedings
  o Paper trail of evidence: most of the documents in use, but no responsible
  o Facility/police stations don’t have slots for documenting referrals made
The study recommended that all service providers should be trained on how to offer PRC services.

4.2 Gender Based Rights Among Muslim Women in Mombasa-U Gent Law Dept

Dr. Marlene Renders of the Human Rights Centre, Ghent University Law School, Belgium reported that women’s human rights and Islam create an uneasy tension that is being reconfigured in interesting ways through grassroots participation in Mombasa. She presented findings on her formative field work, ongoing for a year now, with plans to expand this largely qualitative research from the political science perspective.

- Muslims, while Kenyan citizens, are not always recognized with full rights as noted in debates around the national integration of the Khadi into the secular system—Muslim women are doubly stigmatized;
- Issues of gender, violence and family sustainability are often not fully addressed in the Khadi systems and the formal systems can be too overwhelming for poor and stigmatized women to access;
- Multiple paths to justice for Muslim women include-family councils, wards chief’s offices, formal courts, informal women’s counseling (an elder woman, for example) and increasingly NGOs;
- The emergence of progressive Muslim-centered human rights groups gave rise equally to individual cases within families; the overload of these cases has lead to very specific women's organizations that are both lead by women and provide services for women—in both culturally and religiously sensitive ways;
- Carving out space within Islamic and Western discourses needs an approach that is pragmatic, collective and effective and women are creating this space;
- Key now will be to integrate these small successes into the larger system of referrals and legal and justice systems around gender based rights.

Renders will continue her research in the area and is interested in exploring in broader sense mitigation from the community, legal and medical sectors around gender and rights among Muslims during her next year of scholarly study in Mombasa, during 2010-2011.

4.3 The ICRH-Kenya Health & Legal Rights Programme

Liz Aroka, legal networking officer heads the Health & Legal Rights Programme at the GBVRC (funding from OSIEA) presented on this new programme which will have a significant evaluation component.

- The HLRP began in 2009 and has as its goal the training of 25 community-based paralegals;
- Paralegals will be trained for 6 months with a combination didactic and practice-based curriculum based on current FIDA and PASANE work already used;
- The programme will focus on advocating for the rights of marginalized populations in Mombasa to ensure improved access to legal services around human rights violations.

Aroka explained how archiving the creation of this programme will add to service integration lessons.
5. Presentations: The Community and Vulnerable Populations

5.1 The Girl Child
Buluma Bwire, also a lawyer by training, of Plan International, began research on girls’ and boys’ tensions around the prevention and treatment of gender-based violence in Kilifi in 2008. Using action oriented research--AOR (also called participatory action research—PAR)) the project seeks to create opportunities for action learning and participatory advocacy to influence change on child protection.

He presented the following findings:

- Violence against girls, such as early marriage, FGM, and other harmful traditional practices such as discrimination based on gender are common along the Coast;
- Sexual, physical, emotional, cultural and socio-economic violence categories have been identified;
- Venues for violence include homes and schools, leaving few places where children—girls or boys—can feel safe;
- Bwire displayed media materials produced from the first phase of research addressing SGBV.

Next steps to the process will be to apply the PAR results, generated from the community level, to design interventions and then test them while also enhancing the capacity of staff partners and communities and government.

5.2 MSM Services Needs – KEMRI-Wellcome
Alan Muhaari, Head of the Community Section at KEMRI-Wellcome Trust in Kiliifi presented on Men Having Sex with Men (MSM) service needs among a highly stigmatized population.

- The sex worker cohort interviewed in this study has high HIV prevalence-- men (23%) and women (32%);
- Screenings for STI and comprehensive care as well as detailed sexual histories—including sexual violence-- were collected among the cohort;
- Among males, 8.9% admitted during ACASI interviews that they had been raped.
- Preliminary findings suggest that among MSM populations need services, including protection, care and treatment for violence.

Based on findings, Muhaari suggested that service provision be addressing issues such as the
  o Low condom use & use of lubricants
  o Low perception of risk despite counselling
  o Alcohol & substance use
  o Sex worker client perception of risk of anal sex low
  o Violence and IV drug use
5.3 GBV in the Kenyan prisons – MUHURI
Husna Mbarak introduced the work of MUHURI, a human rights NGO founded 1997, contributing towards the national and international struggles to promote and protect the enjoyment of human rights and civil liberties by all. She reviewed the work of MUHURI in prison settings and how this relates to gender-based violence.

- The Access to Justice programme presented as one of many projects ensuring the right to a fair and speedy trial based on the guarantee and promotion of human rights and legal literacy in police stations, courts and prisons;
- The project completed a survey on offences related to SGBV and identified the following:
  - Assault
  - Arson
  - Malicious Damage to property
  - Grievous/Bodily Harm
  - Incest
  - Affray/public brawl
  - Child-related offences
  - Defilement
- Crime reported among inmates and occurring 60% or more of the time include grievous/bodily harm, affray/public brawl, malicious damage to property and assault (in nearly 90% of cases).
  - Improve education in the community & target;
  - Recognize that legal and social needs will need to be tailored to Muslim Sharia law and social norms of the community.

Mbarak emphasized the need to prison programmes as part of the SGBV systems approach beginning with improved service referrals.

5.4 Sex Workers & the Police – ICRH-Kenya
Given a very tight schedule and as moderator of the afternoon session, Dr. Maternowska provided a brief verbal overview of this ICRHK study. Funded by OSIEA, this study sought to explore issues of violence against sex workers in the Mombasa area—including regular round-ups and gender-based violations (including sexual and physical assault)—once imprisoned.

- The study team conducted 8 focus group discussions and participant observation to collect data on types and frequency of violations among five different types of sex workers in Mombasa—male, female, home-based, clubs and street-based.
- In-depth interviews are on-going.
- The study also trained sex workers in basic human rights and has trained sex workers themselves to begin collecting evidence on violations within the community and against them.
- Data has not yet been analyzed. But preliminary conclusions indicate that sex workers do not feel safe access the clinical services for gender-based violence.

The study provides another example of the types of marginalized populations that suffer from extreme forms of violence and without protection from the law.
5.5 Psychosocial services for SGBV survivors – KNH

Dr. Omondi, from Kenyatta National Hospital, one of Kenya’s only child psychiatrists, provided insight into client case loads and challenges at KNH, GBVRC.

Findings include:

- Similar survivor statistics to those found in Mombasa—with the majority of cases under 18 years old and primarily female, with a nonetheless significant young male population;
- Sexual violence, physical violence and the neglect of children most commonly reported by survivors;
- Typical challenges in the sectors were:
  - Medical—follow-up of survivors and staff shortages at the hospital
  - Effective reporting to fulfill national data standards;
  - Legal—case evidence, extended duration of the cases, etc.
  - Community—fear of reporting and retaliation, poverty limiting access to services;
- Psychosocial challenges arise around:
  - Choice of care (partners disagree on child’s best interest)
  - Children born of rape face major psycho-social challenges
  - Guilt, self-esteem issues, suicide, PTSD, somatisation disorder—all common manifestations in the long term;
- Perpetrators also pose a challenge since they are often major breadwinners for family or seen as stability in the family;
- Case studies of two younger clients provided to illustrate complications of psychological care given pre-existing illness or context issues.

Dr. Omondi emphasized the need for research on alternative therapeutic options as well as child-friendly approaches and exploration of the perpetrators.

6. Moving the Research Strategy Forward

6.1 Questions, Responses and the Potential for Research & Interventions

The purpose of this session was to divide participants into three breakaway groups; medical, legal and community then have designated presentation from the audience; however, due to time constraints (caused by multiple flight delays) especially for participants from the very North Coast and Nairobi, the plan was altered by consensus. All the discussions were done on the floor and facilitated by Dr. Maternowska.
The following issues emerged from the engaged discussion:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
<th>Potential Research or Intervention</th>
</tr>
</thead>
</table>
| PRC form- Previously we had PRC 1 and 2, which one is the operational one currently? Availability of the PRC form? | ✓ PRC 1 & 2 form now called the PRC.  
✓ The new PRC form will be operational once gazetted (happening soon). It will mandate for a greater breadth of experts to appear as witnesses in a court of law.  
✓ Suggestions that the Government should make budgetary allocations for the issues including the PRC form | ✓ Monitor and evaluate dissemination of new PRC forms;  
✓ Monitor and evaluate signing and witness activities through medical and legal record reviews. |
| To what extent do we involve private sector? Are they trained to use the PRC form?           | No response.                                                                                                                                                                                             |                                                                                                                                 |
| Should post-rape kits be used? If yes, should they be locally assembled vs. those outsourced from other countries? | ✓ There is no need for special kits, as they are very expensive; the most important thing is gathering the correct evidence and this point was emphasized by the Government Chemist. | ✓ Feasibility study on use and costs of rape kits.                                                                  |
| Need for a presentation from the police and their challenges—can we hear more from this sector? Training of police on software by UNHCR, does the system work? | ✓ Police representatives were invited to the meeting, but due to orders from Nairobi and pressure from lobbying groups, they are not necessarily free to speak on the Department’s behalf nor influence decision-making. Working towards an environment where such conversations and discussions are more acceptable is needed. Police could not comment much on the discussions due to protocol issues. | ✓ Design PAR forums for police to voice concerns in a safe, approved and protected environment;  
✓ Assess feasibility (use and cost) of computerizing police reporting.                                                                 |
<table>
<thead>
<tr>
<th>5</th>
<th>Sexual violence is high among children and incest is even more common among families.</th>
<th>✓ Police reporting is part of the training to strengthen the gathering of evidence. The software was provided by UNHCR for data collection though there has been no follow-up and it seems that UNFPA is trying to help standardize data collection with the MOH.</th>
<th>✓ This requires a community response and chiefs suggested that they play a greater role in this, such as, becoming paralegals under the new ICRHK paralegal programme.</th>
<th>❖ PAR among various community groups as essential formative work on children; From PAR results design and test prevention and referral interventions at community level linking to systems wide approach (police and medical).</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Can sex workers be trained to work at the SGBV clinics to combat stigma?</td>
<td>✓ Some felt it will increase the need for trained staff and especially counselors.</td>
<td>✓ The idea was considered as a potentially strong way to promote improved SW advocacy and access to the clinic enhancing links directly to the recovery centers, but with due caution since sex work remains illegal in Kenya.</td>
<td>❖ Test use of different types of “survivor advocates” for clients: sex workers, community health workers, volunteers, etc. compare effectiveness and acceptability.</td>
</tr>
<tr>
<td>7</td>
<td>To what extent does SV contribute to HIV prevalence? How can we raise funds specifically on SV to ascertain the extent to which violence is both prevalent and interacting with other public health issues?</td>
<td>✓ It’s possible to combine research on HIV with SGBV and there has been one significant conference on this issue—the overlap is significant.</td>
<td></td>
<td>❖ Look at interaction between HIV infections and survivors through a) review of clinical records assessing prevalence; b) screening for violence at CCC; or c) broader study</td>
</tr>
</tbody>
</table>
| 8 | What roles (positive or negative) are administration police and chiefs playing in combating spread of SGBV and what are their perceptions of these issues? Stigma and cultural barriers where Incest, SV, etc. has happened are not always effectively addressed. | ✓ Protection of offender by the community must be explored.  
✓ Community has poor understanding of policies and systems; they want to take law into their own hands.  
✓ Often the PA and Chiefs are accused of colluding with offenders.  
✓ PA’s are aware of evidence handling. | ✓ Desk review of donor and funding neglect of SGBV using latest KDHS statistics and donor histories.  
✓ PAR with community stakeholders and identification of key areas on stigma, cultural perceptions, etc. PAR with community on same;  
✓ Establish M&E ‘report card’ system for reporting and referring for SGBV—highlight and honor best practices. |
| 9 | What has been done about the prosecution? Majority of the offended are women, why is it that most of the cases are handled by men yet it is the woman who is the offended? Frequently the prosecutor, judge, and investigators are male.  
What happens where the perpetrator and the victim are both minors? | ✓ The workings of the prosecution process needs to be examined and a proper gender balance is needed.  
✓ The legal practitioners need to give guidelines on consensual sexual among the minors. | ✓ Review of SOA and its effectiveness using SOA Task Force and other polities as sources in addition to assessing court proceedings;  
✓ Formative exploratory research with front line providers on child and young adolescent clients; similar in communities where child violence is high. |
6.2 Consensus building

Many of the issues discussed above, as demonstrated in column three, could be translated into effective-action oriented or applied research providing contextual information and narrative understandings of providers (police, medical and community) and/or survivors’ perspectives on these issues as formative research to shape a then more rigorous community or clinic-based intervention.

Still, participants were eager to create a list of key issues that they feel are priority concerns, many of these priorities repeating issues raised during the questions and response session. Some of these issues are logistical and require improved government and donor planning while others are much more complex requiring thoughtful research consideration.

MEDICAL

- Make available the PRC forms to all clinics in need;
- Include issues of SGBV into HIV/AIDS research but push to keep funding streams separate as well as complementary;
- Devise protocols for assembling locally produced rape kits that are clear, with proper collection of evidence noted; decentralized the kits, perhaps more importantly the services, to District and Dispensary levels of medical services;
- Provide refresher course for all medical and community workers in SGBV needed on all aspects of comprehensive care;
- Have qualified and SGBV-trained doctors on duty at casualty units around the country;
- Do consistent and regular gap analyses in all sectors individually and then comprehensively as a care, treatment and recovery system.

LEGAL

- Raise awareness of prosecutors, magistrates, police and others who have sex with the survivors’ reminding them of the absolute need to punish such offences as with all other perpetrators;
- Police should not be marginalized and need to be trained; there is a need to work with various police stations as police transfers very high and involve the police in more decision making;
- Investigating SGBV crimes is cumbersome, there is a need to streamline and simplify such efforts;
- Delayed forensic reports is a big challenge that needs to be addressed
- Allow intern doctors to sign bonds
- Submit to the constitutional review committee issues around SGBV
PSYCHOLOGICAL & COMMUNITY-BASED ISSUES

- Use of counseling psychologist in all areas addressing SGBV, critical especially for children
- Use the indigenous and powerful system of Chiefs to create awareness on SGBV, including assisting in the Immediate and appropriate referrals of cases
- More time for the seminars on multi-sect oral issues around SGBV
- Chief government chemist to incorporate societal views in their work
- Activism and human rights need to infuse the work of SGBV
- Inclusion of boy child is central to improving services in Kenya

6.3 Official closing

The conference was to be officially closed at 5 pm by Anisa Omar the Provincial Director, Public Health and Sanitation – Mombasa, however she was not present and protocol issues as to who was the right person to act on his behalf emerged. It was finally agreed that the highest representative from Dr. Anisa Omar’s office would close the conference on her behalf.

Participants were asked to take the knowledge gained and begin applying it towards improved services and prevention not only for all survivors but also for those vulnerable to violence or standing dangerously close to its pathway.
Appendix A

Dissemination meeting from Kenya: Findings from “Standards Required in Maintaining the Chain of Evidence in the Context of Post Rape Care Services” & A Sexual Violence Research Strategy

December 10\textsuperscript{th}, 2009, White Sands Hotel
Mombasa, Kenya

<table>
<thead>
<tr>
<th>AGENDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30</td>
</tr>
</tbody>
</table>
| 8:30 – 8:50 | Introductions and overview of the meeting
Jane Thiomi, Regional manager Eastern and Coast, LVCT |
| 8:50 – 9:00 | Welcome and Opening Remarks
Dr Maurice Siminyu, Provincial Director, Medical Services (MOH), Mombasa |

**LEGAL & MEDICAL SESSION MODERATOR (ELIZABETH NJOKI, LVCT, Nairobi)**

| 9:00-9:15 | Efforts undertaken by Ministry of Health in providing services to survivors of sexual violence
Dr. M. Jane Othigo, Provincial Director of Reproductive Health (MOH), Mombasa |
| 9:15-9:35 | Overview of Sexual and Gender Based Violence in Eastern and Southern Africa
Dr. Chi Chi, Population Council, Nairobi |
| 9:35-10:00 | Presentation on the chain of evidence study findings
Rukia Yassin, LVCT, Nairobi |
| 10:00-10:20 | Revised National PRC Guidelines based on the chain of evidence study findings
Dr. Margaret Meme, Department of Reproductive Health, Nairobi |
| 10:20-10:50 | Discussions based on the chain of evidence study findings
Jane Thiomi, LVCT, Eastern & Coast Region, Nairobi |
| Tea Break 10:50-11:00 |

Sexual Violence Research Strategy for Kenya
Dr. Catherine Maternowska, Bixby Center for Global Reproductive Health UCSF & ICRH-Kenya, Mombasa

**LEGAL & MEDICAL SESSION MODERATOR (Helton Maganga, CPGH, Mombasa)**

| 10:45 –11:00 | From Local to Universal -- Expanding the concept and practice of health and human rights among Muslim women in Mombasa
Dr. Marleen Renders, Human Rights Centre, Ghent University Law School, Belgium |
| 11:00-11:15 | Health &Legal Rights Programme
Elizabeth Aroka, Legal Officer, ICRH-Kenya, CPGH, Mombasa |

GBVRC, Coast Province General Hospital, Mombasa
Drs. Risa and Avuviuka, CPGH, Mombasa |
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 11:15—1:00 | Discussion (question and answer session)  
Jane Thiomi, Regional manager Eastern LVCT, Nairobi |
|        | **Invitation to Lunch 1:00—2:00 pm**                                                        |
| 2:00—2:10 | **COMMUNITY & VULNERABLE POPULATIONS: SESSION MODERATOR**  
(Catherine Maternowska, UCSF/ICRHK, Mombasa) |
| 2:00—2:10 | The Girl Child  
*Buluma Bwire Bawaya, PLAN* |
| 2:10—2:20 | **MSM Service Needs**  
*Allan Muhaari, KEMRI-Wellcome Trust, Kilifi* |
| 2:20—2:40 | **Sex workers & the Police**  
*Catherine Maternowska, ICRH-Kenya, Mombasa* |
| 2:40—3:00 | **Gender Based Violence and the Kenyan Prisons**  
*Husna Abdalla Mbarak, MUHURI, Mombasa* |
| 3:00—3:10 | **Psychosocial Services for SGBV Survivors**  
*Josephine Omondi, KNH GBVRC, Nairobi* |
| 3:10—3:45 | **Making Commitments to a Research Agenda: Breakaway sessions**  
- Medical  
- Legal  
- Community |
| 3:45—4:15 | **Reporting Back: Moving the Strategy Forward**  
*Designated presenters from the audience, facilitated by Liz Aroka and Catherine Maternowska* |
| 4:15—4:30 | **Official Closing**  
*Anisa Omar, Provincial Director, Public Health & Sanitation, Mombasa* |
|        | **Tea & Departure 4:30**                                                                   |
## Appendix B: List of Participants

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESIGNATION</th>
<th>ORGANIZATION</th>
<th>TEL NO.</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mildred Omoachi</td>
<td>Sociologist</td>
<td>ICRH-Kenya</td>
<td>0728-953571</td>
<td><a href="mailto:minlando@yahoo.com">minlando@yahoo.com</a></td>
</tr>
<tr>
<td>Fatuma .M. Achani</td>
<td>Legal Council</td>
<td>FIDA KENYA</td>
<td>0721-797095</td>
<td><a href="mailto:fatuma@fidakenya.org">fatuma@fidakenya.org</a></td>
</tr>
<tr>
<td>Marleen Renders</td>
<td>Legal Researcher</td>
<td>Ghent University Law School,</td>
<td>0714-267878</td>
<td><a href="mailto:marleen.renders@ugent.be">marleen.renders@ugent.be</a></td>
</tr>
<tr>
<td>Susan Kadide</td>
<td>HIV/AIDS Coordinator</td>
<td>Coast Women Rights Advisory</td>
<td>0720-407016</td>
<td><a href="mailto:cowerright@yahoo.com">cowerright@yahoo.com</a></td>
</tr>
<tr>
<td>Gwama Francis</td>
<td>DPNO</td>
<td>MOPHS</td>
<td>0722-537263</td>
<td><a href="mailto:francis.gwama@yahoo.com">francis.gwama@yahoo.com</a></td>
</tr>
<tr>
<td>Eve Njeri</td>
<td>Program Manager</td>
<td>Women Network Centre</td>
<td>0720-758366</td>
<td><a href="mailto:womens.network2@gmail.com">womens.network2@gmail.com</a></td>
</tr>
<tr>
<td>Lucy Njoroge</td>
<td>Administrator</td>
<td>WNC</td>
<td>0722-274711</td>
<td><a href="mailto:Lucianjoroge@yahoo.com">Lucianjoroge@yahoo.com</a></td>
</tr>
<tr>
<td>Ethel Avuviaka</td>
<td>MD</td>
<td>CPGH GBVRC</td>
<td>0720-424227</td>
<td><a href="mailto:eavuviav@yahoo.co.uk">eavuviav@yahoo.co.uk</a></td>
</tr>
<tr>
<td>Millicent Soy</td>
<td>Police</td>
<td>Kenya Police - Malindi</td>
<td>0721-428139</td>
<td></td>
</tr>
<tr>
<td>Ronny Mwaluma</td>
<td>Coordinator</td>
<td>SWAK / FIDA MONITOR - MALINDI</td>
<td>0722-666354</td>
<td><a href="mailto:ronnymwaluma@yahoo.co">ronnymwaluma@yahoo.co</a></td>
</tr>
<tr>
<td>Fatuma Dume</td>
<td>Clinical Officer</td>
<td>MOPHS - MOMBASA</td>
<td>0733-864720</td>
<td><a href="mailto:fatumadume@yahoo.com">fatumadume@yahoo.com</a></td>
</tr>
<tr>
<td>Eunice Mwiti</td>
<td>Police</td>
<td>KENYA POLICE – C.P.S</td>
<td>0723-172300</td>
<td></td>
</tr>
<tr>
<td>Paul Nganga</td>
<td>Police</td>
<td>Kenya Police</td>
<td>0722344643</td>
<td></td>
</tr>
<tr>
<td>Bernard . K. Magut</td>
<td>Police Officer</td>
<td>Kenya Police</td>
<td>0724-393399</td>
<td><a href="mailto:dranekip@safaricomsms.co">dranekip@safaricomsms.co</a></td>
</tr>
<tr>
<td>Dr. Helton Maganga</td>
<td>Chief Administrator</td>
<td>CPGH</td>
<td>0722-364540</td>
<td><a href="mailto:mnjamah@yahoo.com">mnjamah@yahoo.com</a></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Title</td>
<td>Organization</td>
<td>Contact Information</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------</td>
<td>---------------------------</td>
<td>------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>16</td>
<td>Elizabeth Muski</td>
<td>Police Officer</td>
<td>Kenya Police</td>
<td>0722-253442</td>
</tr>
<tr>
<td>17</td>
<td>Margaret Kibuchi</td>
<td>Police Officer</td>
<td>Kenya Police</td>
<td>0729-955177</td>
</tr>
<tr>
<td>18</td>
<td>David Onyaberi</td>
<td>Program Officer</td>
<td>MOPHS - DRH</td>
<td>0734-349676 <a href="mailto:ogegan@yahoo.com">ogegan@yahoo.com</a></td>
</tr>
<tr>
<td>19</td>
<td>Charity Mbungua</td>
<td>Program Officer</td>
<td>LVCT</td>
<td>0722-634021 <a href="mailto:charity@liverpoolvct.org">charity@liverpoolvct.org</a></td>
</tr>
<tr>
<td>20</td>
<td>Jane. K.Thiomi</td>
<td>Regional Manager</td>
<td>LVCT</td>
<td>0722-387324 <a href="mailto:jane@liverpoolvct.org">jane@liverpoolvct.org</a></td>
</tr>
<tr>
<td>21</td>
<td>Joshua Malingi</td>
<td>Assistant Chief</td>
<td>OOP</td>
<td>0733-466001 <a href="mailto:malingijoshua@yahoo.com">malingijoshua@yahoo.com</a></td>
</tr>
<tr>
<td>22</td>
<td>Anna Leddy</td>
<td>Volunteer</td>
<td>FSD</td>
<td><a href="mailto:annamleddy@gmail.com">annamleddy@gmail.com</a></td>
</tr>
<tr>
<td>23</td>
<td>Mary Paul</td>
<td>Program Coordinator</td>
<td>Foundation For Sustainable Development</td>
<td>0713-959418 <a href="mailto:maryallegrapaul@gmail.com">maryallegrapaul@gmail.com</a></td>
</tr>
<tr>
<td>24</td>
<td>Dr Marcel Reyners</td>
<td>Country Director</td>
<td>ICRH KENYA</td>
<td><a href="mailto:Marcel.reyners@icrhk.org">Marcel.reyners@icrhk.org</a></td>
</tr>
<tr>
<td>25</td>
<td>Dorothie Ogutu</td>
<td>Peer Educator</td>
<td>ICRH KENYA</td>
<td>0729-303968 <a href="mailto:dorothie.akoth@yahoo.com">dorothie.akoth@yahoo.com</a></td>
</tr>
<tr>
<td>26</td>
<td>Mercy Maina</td>
<td>Nurse</td>
<td>ICRH KENYA</td>
<td>0727-691206 <a href="mailto:mercy.maina@icrhk.org">mercy.maina@icrhk.org</a></td>
</tr>
<tr>
<td>27</td>
<td>Joscath Kithusi</td>
<td>Police Officer</td>
<td>Changamwe Police Station</td>
<td>0721-718937</td>
</tr>
<tr>
<td>28</td>
<td>Jonathan Rono</td>
<td>Police Officer</td>
<td>Changamwe Police Station</td>
<td>0720-209321</td>
</tr>
<tr>
<td>29</td>
<td>Hellen Jemeli</td>
<td>Nurse (GBVRC)</td>
<td>ICRH KENYA</td>
<td>0728-002774 <a href="mailto:hellen.jemeli@icrhk.org">hellen.jemeli@icrhk.org</a></td>
</tr>
<tr>
<td>30</td>
<td>Elijah Mtwana</td>
<td>MLTO</td>
<td>CPGH</td>
<td>0733-839946 <a href="mailto:mtwanaelijah@yahoo.com">mtwanaelijah@yahoo.com</a></td>
</tr>
<tr>
<td>31</td>
<td>Juma.S.Mangi</td>
<td>MLTO</td>
<td>Malindi Distct Hospital</td>
<td>0720-947307 <a href="mailto:jumamangil@yahoo.com">jumamangil@yahoo.com</a></td>
</tr>
<tr>
<td>32</td>
<td>Susan. N. Mambo</td>
<td>RA</td>
<td>ICRH KENYA</td>
<td>0720-353748 <a href="mailto:mambosuzzaine@yahoo.co">mambosuzzaine@yahoo.co</a></td>
</tr>
<tr>
<td>33</td>
<td>George. L.</td>
<td>Chief Chemist</td>
<td>Government Chemists</td>
<td>0725-677644 <a href="mailto:ogudageorge@yahoo.com">ogudageorge@yahoo.com</a></td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Position</td>
<td>Department/Agency</td>
<td>Contact Information</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------</td>
<td>------------------------------------</td>
<td>------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>34</td>
<td>Munga Mwambura</td>
<td>Co-ordinator</td>
<td>CISP - MALINDI</td>
<td>0729-364508 <a href="mailto:mungamwa@yahoo.com">mungamwa@yahoo.com</a></td>
</tr>
<tr>
<td>35</td>
<td>Philip Jagero</td>
<td>Program Director</td>
<td>Kenya Legal Defence Fund</td>
<td><a href="mailto:kenylegaldefence@yahoo.co">kenylegaldefence@yahoo.co</a></td>
</tr>
<tr>
<td>36</td>
<td>Elise Nom Der Elst</td>
<td>Social Scientist</td>
<td>KEMRI WELLCOME</td>
<td>0710-866576</td>
</tr>
<tr>
<td>37</td>
<td>Dr Margaret Meme</td>
<td>Senior Assistant DMS</td>
<td>DRH/MOHPHS</td>
<td>0722-849835 <a href="mailto:magmeme2004@yahoo.com">magmeme2004@yahoo.com</a></td>
</tr>
<tr>
<td>38</td>
<td>Mary K Wambo</td>
<td>Tracer</td>
<td>ICRH KENYA</td>
<td>0733-824638 0714-222467 <a href="mailto:mary.wambo@yahoo.com">mary.wambo@yahoo.com</a></td>
</tr>
<tr>
<td>39</td>
<td>Dr. Fiona Mbai</td>
<td>Research Director</td>
<td>ICRH KENYA</td>
<td>0724-033177 <a href="mailto:Fiona.Mbai@icrhk.org">Fiona.Mbai@icrhk.org</a></td>
</tr>
<tr>
<td>40</td>
<td>Safina Mwali mu</td>
<td>Co-ordinator</td>
<td>LVCT-COAST</td>
<td>0728-465483 <a href="mailto:safina@liverpoolvct.org">safina@liverpoolvct.org</a></td>
</tr>
<tr>
<td>41</td>
<td>Emily Karisa</td>
<td>DDPHN</td>
<td>DMOH OFFICEMALINDI</td>
<td>0723-885578 <a href="mailto:Emilymnlewa@yahoo.com">Emilymnlewa@yahoo.com</a></td>
</tr>
<tr>
<td>42</td>
<td>Dr. Siminyu</td>
<td>PDMS - COAST</td>
<td>MOMS</td>
<td>0722-389373 <a href="mailto:siminyumaurice@yahoo.co">siminyumaurice@yahoo.co</a></td>
</tr>
<tr>
<td>43</td>
<td>Dr. J. Othigo</td>
<td>Private clinician</td>
<td>ObGyn</td>
<td>0722-411543 <a href="mailto:mj_othigo@yahoo.com">mj_othigo@yahoo.com</a></td>
</tr>
<tr>
<td>44</td>
<td>Norah Kathure</td>
<td>Police Officer</td>
<td>Likoni Police Station</td>
<td>0720--998836</td>
</tr>
<tr>
<td>45</td>
<td>Rose Owiso</td>
<td>Police Officer</td>
<td>Likoni Police Station</td>
<td>0723-549033</td>
</tr>
<tr>
<td>46</td>
<td>Elizabeth Musili</td>
<td>Sergeant</td>
<td>Nyali Police Station</td>
<td>0722-253442</td>
</tr>
<tr>
<td>47</td>
<td>Margaret Kibuchi</td>
<td>Police Constable</td>
<td>Nyali Police Station</td>
<td>0729-955177</td>
</tr>
<tr>
<td>48</td>
<td>Muchela Hadley</td>
<td>GBV ADVISOR</td>
<td>NCGD-UNFPA</td>
<td>0722-649022 <a href="mailto:hadley.muchela@gmail.com">hadley.muchela@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Title</td>
<td>Organization</td>
<td>Phone</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------</td>
<td>--------------------------------</td>
<td>---------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>49</td>
<td>Grace Okumu</td>
<td>Advocate</td>
<td>G.A OKUMU &amp; CO</td>
<td>0722-829168</td>
</tr>
<tr>
<td>50</td>
<td>Beatrice M Mumo</td>
<td>Tracer</td>
<td>ICRH KENYA</td>
<td>0723-058330</td>
</tr>
<tr>
<td>51</td>
<td>Milly Odongo</td>
<td>TFSOA</td>
<td>TFSOA</td>
<td>0772-967239</td>
</tr>
<tr>
<td>52</td>
<td>Christine Katingima</td>
<td>Doctor</td>
<td>ICRH Kenya</td>
<td>0722-390395</td>
</tr>
<tr>
<td>53</td>
<td>Biyumbe Abdul</td>
<td>Tracer</td>
<td>ICRH Kenya</td>
<td>0724-567642</td>
</tr>
<tr>
<td>54</td>
<td>Agnes Karanja</td>
<td>Tracer</td>
<td>ICRH Kenya</td>
<td>0721-591494</td>
</tr>
<tr>
<td>55</td>
<td>Lydia Mbaya</td>
<td>Counsellor</td>
<td>ICRH Kenya</td>
<td>0722-827125</td>
</tr>
<tr>
<td>56</td>
<td>Millicent Nyandege</td>
<td></td>
<td>ICRH Kenya</td>
<td>0722-651410</td>
</tr>
<tr>
<td>57</td>
<td>Wilkister Ombidi</td>
<td></td>
<td>ICRH Kenya</td>
<td>0722-516914</td>
</tr>
<tr>
<td>58</td>
<td>Zacharia Menza</td>
<td>Village Elder - Malindi</td>
<td>Village Elder</td>
<td>0720-903514</td>
</tr>
<tr>
<td>59</td>
<td>Vicky Kirui</td>
<td>Police Officer</td>
<td>Makupa Police Station</td>
<td>0722-426647</td>
</tr>
<tr>
<td>60</td>
<td>Edward Kaberia</td>
<td>Police Officer</td>
<td>Makupa Police Station</td>
<td>0722-728631</td>
</tr>
<tr>
<td>61</td>
<td>Meshack.M</td>
<td>DASCO</td>
<td>Kilifi</td>
<td>0722145473</td>
</tr>
<tr>
<td>62</td>
<td>Dr. Christine Kerubo</td>
<td>MO</td>
<td>Kilifi District Hospital</td>
<td>0722-711519</td>
</tr>
<tr>
<td>63</td>
<td>Miriam Muringi</td>
<td>P.O</td>
<td>AFH</td>
<td>0721-511184</td>
</tr>
<tr>
<td>64</td>
<td>Dr. Josephine Omondi</td>
<td>Child Psychiatrist</td>
<td>KNH</td>
<td>0720-474609</td>
</tr>
<tr>
<td>65</td>
<td>Thomas Omwenga</td>
<td>Project Manager</td>
<td>Child Aid</td>
<td>0721-614009</td>
</tr>
<tr>
<td>66</td>
<td>Elizabeth Njoki</td>
<td>Researcher</td>
<td>LVCT</td>
<td>0721-903304</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Position</td>
<td>Organization</td>
<td>Phone</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------</td>
<td>-------------------</td>
<td>--------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>67</td>
<td>Lucy Odhoch</td>
<td>Counsellor</td>
<td>KCA</td>
<td>0723-354147</td>
</tr>
<tr>
<td>68</td>
<td>Mohamed Nzaro</td>
<td>Chief</td>
<td>O.O.P</td>
<td>0722-771620</td>
</tr>
<tr>
<td>69</td>
<td>Buluma Bwire</td>
<td>Lawyer</td>
<td>PLAN International</td>
<td>0722-735211</td>
</tr>
<tr>
<td>70</td>
<td>Allan Muhaari</td>
<td>Community Health</td>
<td>KEMRI - KILIFI</td>
<td>0733-685187</td>
</tr>
<tr>
<td>71</td>
<td>Ella Mtana</td>
<td>Director</td>
<td>COBA Development Agency</td>
<td>0710-710521</td>
</tr>
<tr>
<td>72</td>
<td>Husna A Mbarak</td>
<td>Human Rights Officer</td>
<td>MUHURI</td>
<td>0720359522</td>
</tr>
<tr>
<td>73</td>
<td>Chi Chi Uundie</td>
<td>Associate</td>
<td>Population Council</td>
<td>0724-697784</td>
</tr>
<tr>
<td>74</td>
<td>Rukia Yassin</td>
<td>Project Officer</td>
<td>LVCT</td>
<td>0721528129</td>
</tr>
<tr>
<td>75</td>
<td>Priscilla Njogu</td>
<td>Administration</td>
<td>ICRHK</td>
<td>0722558087</td>
</tr>
<tr>
<td>76</td>
<td>Lucy Nganga</td>
<td>Data Manager</td>
<td>Pop Council</td>
<td>0722883451</td>
</tr>
<tr>
<td>77</td>
<td>Catherine Maternowska</td>
<td>Social Science &amp; Policy</td>
<td>UCSF &amp; ICRH Kenya</td>
<td>0723 207 927</td>
</tr>
</tbody>
</table>