APPLICATION OF A COMMUNITY CENTERED MULTI-SECTORAL RESPONSE TO GENDER BASED VIOLENCE IN AN INFORMAL SETTLEMENT:

The Experience of the Women’s Justice and Empowerment Initiative (WJEI) in Kibera

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Gender based Violence (GBV) Statistics in Kenya

• 12 % of women age 15-49 report that their first sexual intercourse was forced against their will

• 1 in 5 Kenyan women (21%) has experienced sexual violence

• Almost half (45%) of women age 15-49 have experienced either physical or sexual violence

• 6.3% of Kenyan adults age 15-49 are HIV infected; women - 8.0%; men - 4.3%
Situation Analysis of GBV Status in Kibera & Nairobi – USAID Kenya

• In 2007/8 Kenya witnessed an unprecedented scale of civil strife following disputed national elections
• High rates of sexual violence reported in slums
• Among post-election sexual violence survivors interviewed in Kibera, only 23% reported the matter to the police (CARE ECA RMU, 2008)
• Poorly coordinated GBV response – unclear and ineffective response mechanisms
• Low levels of knowledge on what to do if violence occurs, the Sexual Offences Act (2006) & linkages with other social & economic factors
WJEI Pilot Project Design

• **Duration**: October 2009 – Feb 2011 ~ 1 year
• **Project strategy**: Government based Multi-sectoral prevention & response model; operated at facility & community levels
• **Project sites**: Kibera & Kenyatta National Hospital
• **Key Partners**: USDOJ, Provincial Administration, KNH, PSI Kenya, local NGOS, CBOs & drama groups
Multi-Sectoral Approach to GBV

Inter-agency & Multi-sectoral Framework for Prevention & Response to Gender-based Violence

Protection

Co-ordination, Guiding Principles, Referral Networks

Health

Psycho-Social

Legal / Justice

Safety & Security

Community (individuals, leaders, groups)

- UN organisations
- NGOs (local, international)
- Government authorities
- Local/host communities
KEY OBJECTIVES OF PILOT PROJECT

1. Increase **awareness** in Kibera about GBV prevalence, **laws and rights** regarding the Sexual Offences Act (SOA-2006)
2. Increase **awareness** about **negative cultural** values, beliefs and practices perpetuating GBV in Kibera
3. Increase **awareness about victim care and support services** in Kibera and its environs
4. Increase **male involvement** in fighting GBV in Kibera
5. Support the **establishment of a one stop shop** model Gender based Violence Recovery Centre at the Kenyatta National Hospital (KNH)

*This would ultimately contribute to increased reporting of GBV and increased community action in addressing GBV*
METHOD

• **Community entry forums** for Provincial Administration and community leaders including leaders from women groups, youth, peace committees, health committees, etc

• **Community outreach activities** held on raising awareness on GBV, how to prevent & respond, the Sexual Offences Act (2006) and showing love and care to survivors – targeting adults, youth, children

• Activities to **enhance capacity of health care workers** (including counselors) and **renovations** of KNH
METHOD

• Formation of grass root **GBV working groups** based on administrative boundaries & a division level Kibera GBV working group for **overall coordination of GBV activities** in the informal settlement

• **Training** on GBV prevention, response and coordination (importance of **safety, privacy & confidentiality** emphasized)

• **Mapping** of available services and service points – medical, psychosocial, legal aid, safety & security including shelters
METHOD

• Participatory selection of **37 community response team members** according to strengths & pillars of response e.g. community health workers (medical & PSS), paralegals (legal aid & security), elders/ peace committee leaders (security), CBO & women’s group leaders (shelters/ safe spaces)
• Supported with monthly transport & communication allowance of US$21
• Drawing of **referral services map** displaying service points/ persons & community response team members - telephone numbers and location details
METHOD

• **Distribution of referral map** to the community and administration during outreach sessions

• Development of a **case documentation form** for data collection – protocols to ensure confidentiality

• **Monthly case conferences** held with community volunteers and duty bearers from service points such as the health care workers, police, Government department heads (children’s department, education) held to review cases referred

• Monthly case conferences identified ways of **making GBV response more efficient and effective** with minimum cost and no harm to survivor
METHOD

• Raised accountability levels of duty bearers as they are challenged by the community volunteers on gaps / lapses in service provision

• Monthly case conferences held away from community

• Data entry and analysis with periodic feedback in community case conferences

• Other community activities complementing: male champions’ network established, strengthening of local safe spaces/ shelters, women’s econ. activities
RESULTS

• **165 survivors** referred by community volunteers for multi-sectoral services – medical, PSS, legal aid, safety & security

• **Increased numbers** of GBV survivors presented at the KNH and the MSF Belgium Clinic in Kibera

• MSF Belgium Clinic reported increased cases presenting from 2 – 4 per month to an average of 20 cases per month

• **Greater confidence** of local community in reporting

• **Greater confidence** by local community and Government in jointly responding to cases
The number of male and female survivors have drastically increased over the years - KNH

**TREND OF SURVIVORS**

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<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
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<td>12</td>
<td>111</td>
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<tr>
<td>Y 2007</td>
<td>46</td>
<td>204</td>
</tr>
<tr>
<td>Y 2008</td>
<td>22</td>
<td>372</td>
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<tr>
<td>Y 2009</td>
<td>53</td>
<td>375</td>
</tr>
<tr>
<td>Y 2010</td>
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Community Case Conference Trends

Trend (Feb – Dec 2010)

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<tbody>
<tr>
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<tr>
<td>Dec</td>
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165 survivors assisted (29-m; 136-f) (17.6%-m; 82.4%- f) 47.9% - under 18 years
DISCUSSION/CONCLUSIONS

• Contributes to increased reporting of GBV cases as referral services are accessible within the community through the community volunteers

• Contributes to enhanced quality of GBV response services in health facilities, police, Government departments due to accountability challenges raised in community case conferences

• Offers opportunities to integrate other sectors such as HIV, FP/RH, women’s economic empowerment, male involvement, child protection
DISCUSSION/CONCLUSIONS

• Enhances the coordination of multi-sectoral partners – legal aid, community shelters, medical & PSS

• Effective model for raising demand for services – when complemented by outreach activities such as creating awareness targeting various age/sex groups on GBV

• Builds the capacity of Government and local partners on the ground for GBV response for sustainability e.g., raises Government participation and ownership of process

• High investment in coordination & capacity building of community and key stakeholders is key to success
DISCUSSION/CONCLUSIONS

Challenges

• High expectations by local Kibera community
• Poverty
• Hangover of tribal politics from post-election violence
• Group dynamics
• Guaranteeing absolute (100%) confidentiality at community level - rather focused on lowering risks of exposure of survivors e.g., venues of community case conferences, coding of case documentation forms instead of names of survivors, data entered & stored in project office away from community
“When we shout, they beat us! This time round, the walls will do the shouting for us”