



Policy

On Sexual And Gender
Based Violence 2020

MIGORI COUNTY



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FOREWORD

The County Government of Migori has recognized that violence against boys, girls, men and women has hampered their socio-economic development. In an endeavor to address these injustices, Migori County has developed this policy to address the challenges that promote the different forms of violence as well as cohesively manage responses to it.

This policy is aimed at ensuring long-term and sustainable changes towards the reduction and eventual elimination of Sexual and Gender Based Violence (SGBV) in Migori County. Key are the proposed strategies aimed at addressing prevention, response, management and mitigation, applying a holistic and multi-sectoral approach.

The County Government of Migori commits to create an enabling environment, allocate adequate resources and strengthen partnerships for effective coordination.



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EXECUTIVE SUMMARY

Different counties in Kenya experience different forms of sexual and gender based violence (SGBV) in varying proportions. In Migori County, harmful traditional practices such as forced widow inheritance, child marriage and female genital mutilation (FGM), continued to be practiced, often in secrecy. Other common forms of SGBV reported include domestic violence, child labor, sexual exploitation and abuse (SEA) and different forms of sexual violence such as rape and defilement. Women and girls of low education status and those economically dependent on their male partners or relations are most vulnerable to SGBV which is mainly perpetrated by men.

Kenya has robust policies, laws and Institutional frameworks on SGBV prevention and response and is a signatory to various international and regional human rights frameworks. Efforts have been made by state and non-state actors to address SGBV in the county, yet despite the above, SGBV persists. There is low awareness of SGBV among the communities members, weak multi sectoral coordination of SGBV services, lack of clear referral pathways across services, lack of reliable data and information management system, weak enforcement of existing laws, inadequate capacity of the duty bearers to implement policies and deliver services and general gaps between actual

legislation and the experiences of services through the referral pathway.

This policy recognizes the unique county context and seeks to address these gaps and challenges by providing a comprehensive framework for SGBV. It highlights five priority areas and proposes broad strategies from which stakeholders can develop wider interventions. It clarifies the roles of different sectors and invites participation of all in SGBV prevention and response effort. It is a guide for duty bearers in designing SGBV interventions in strengthening existing ones and in allocating adequate resources to the priority issues. This policy calls for effort to adopt a coordinated multifaceted approach to address the county SGBV needs through a common approach to align and harmonize all multi – sectoral prevention and response action.

The Migori county policy on SGBV hopes to establish a supportive environment that addresses the complex needs of survivors and their families and adequately provides coping mechanisms through involvement of all, including men and boys. This policy aspires to ultimately transform social norms, attitudes and practices that discriminate against women and girls, by establishing a climate of non- tolerance for SGBV.



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Agness Awinja Okong'o,

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ABBREVIATIONS

| | | | |
|----------------|---|-----------------|--|
| AIHA | American International Health Alliance | MTP | Medium Term Plan |
| COG | Council of Governors | NPS | National Police Service |
| CHMT | County Health Management Team | NGEC | National Gender and Equality Commission |
| CIDP | County Integrated Development Plan | NGO | Non-Governmental Organizations |
| CHSSP | County Health Sector Strategic Investment Plan | NCPD | National Council for Population and Development |
| CECM | County Executive Committee Member | ODPP | Office of the Director of Public Prosecutions |
| CBO | Community Based Organization | OB | Occurrence Book |
| CSO | Civil Society Organization | PEV | Post-election Violence |
| COC | Chain of Custody | PRC | Post Rape Care |
| CUC | Court Users Committee | PWD | Persons with Disability |
| CHV | Community Health Volunteer | P3 | Kenya Police Medical Report Form |
| FBO | Faith Based Organization | SGBV | Sexual and Gender Based Violence |
| FIDH | International Federation for Human Rights | SRH | Sexual and Reproductive Health |
| FGM | Female Genital Mutilation | SDG | Sustainable Development Goal |
| GBV | Gender Based Violence | SEA | Sexual Exploitation and Abuse |
| GOK | Government of Kenya | SDGA | State Department of Gender Affairs |
| HIV | Human Immunodeficiency Virus | UDHR | Universal Declaration on Human Rights |
| HCP | Health Care Provider | UN Women | United Nations Entity for Gender Equality and the Empowerment of Women |
| IP | Implementing Partner | UNFPA | United Nations Population Fund |
| IEBC | Independent Electoral and Boundaries Commission | UNICEF | United Nations Children's Fund |
| KDHS | Kenya Demographic and Health Survey | UNIFEM | United Nations Development Fund for Women |
| KNCHR | Kenya National Commission on Human Rights | VAWiE | Violence Against Women in Elections |
| KNBS | Kenya National Bureau of Statistics | WHO | World Health Organization |
| MDAs | Ministries, Departments and Agencies | KHRC | Kenya Human Rights Commission |
| M&E | Monitoring and Evaluation | | |

DEFINITION OF TERMS

| | |
|--|--|
| Adolescent | Any person aged between 10 and 19 years, as defined under the National Adolescent Sexual and Reproductive Health (ASRH) Policy, 2015 |
| Child | A person who has not attained the age of 18 years |
| Child Marriage | Means marriage or cohabitation with a child, or any arrangement made for such marriage or cohabitation |
| Child Labour | Any situation where a child provides labour in exchange for payment |
| Defilement | An act which causes penetration of a child's genital organs in accordance with the Sexual Offences Act, 2006 |
| Domestic violence | Violent acts committed by a family or household member against another, such as child abuse or the mistreatment of one's spouse. It can refer to physical harm inflicted on a member of a household or family, by another member of the same household or family. Often interchangeably referred to as Intimate Partner Violence (IPV) |
| Duty bearer | Those actors who have an obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations. The term is most commonly used to refer to state actors, but non-state actors can also be considered duty bearers. |
| Female Genital Mutilation (FGM) | FGM is a human rights violation that comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons |
| Gender Based Violence | An umbrella term for any harmful act perpetrated against a person based on their gender. The nature and extent of specific types of GBV vary across cultures, countries, and regions. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; harmful traditional practices such as female genital mutilation, honour killings, widow inheritance among others. |
| Harmful Traditional Practices | Forms of violence which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practices. They include FGM, child marriage and forced widow inheritance. |

| | |
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| Multisectoral Approach | Is the holistic inter-organizational and inter-agency efforts that promote participation of people of concern, interdisciplinary and inter-organizational cooperation, and collaboration and coordination across key sectors, including (but not limited to) health, psychosocial, legal/justice and security. |
| Perpetrator | A person or a group that directly inflicts, supports and condones violence or other abuse against a person or a group of persons. |
| Rights-holder | Any individual or social group that has particular entitlements in relation to specific duty-bearers. In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights |
| Sexual Violence | Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. It includes but is not limited to rape, sexual assault, sexual harassment, child sexual abuse, sexual exploitation and abuse, child and forced marriage, FGM, forced prostitution, forced abortion, denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases among others (WHO) |
| Sexual Offence | Any offence prescribed in the Sexual Offences Act 2006 |
| Sexual Exploitation and Abuse (SEA) | Any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. SEA further encompasses acts of transactional sex, solicitation of transactional sex and exploitative relationships; as well as sexual activities with minors. |
| Safe house/ safe shelter/ rescue center | A residential facility providing short-term intervention for survivors of SGBV in crises. This intervention includes meeting basic needs as well as providing support, counseling and skills development. |
| Stakeholders | Both state, non-state and community actors including the police and health providers. Office of the Attorney General, Office of the Director of Public Prosecution, Probation, Prisons, faith-based organizations, public officials and civil society organizations, donors, media, private sector, community based organizations, cultural leaders, community members and others. |
| Victim/Survivor | Person who has experienced gender-based violence. The terms victim and survivor can be used interchangeably. The term 'victim' is often used in the legal sector, while 'survivor' is commonly used in the health and psychosocial sectors. |

01

Background Information

1.1 Nature and Extent of Sexual and Gender-Based Violence in Kenya

Sexual and Gender-Based Violence (SGBV) is a complex, persistent and widespread violation of human rights. It cuts across the boundaries of age, race, culture, education, wealth and geography, and occurs in families, learning institutions, workplaces, religious places and in all social structures across the world. SGBV manifests in various forms including sexual violence, intimate partner violence (IPV), female genital mutilation (FGM), trafficking in persons (TIP), child marriage, emerging trends of technology based abuse among others.

According to KDHS, (2014), there is high prevalence of SGBV in Kenya, with variations cutting across various forms and geographic locations. Almost half of Kenyan men and women have experienced physical violence in equal proportions (44 and 45 percent) respectively. Most victims of sexual violence, however, are female (14 percent) while 3 percent are male. Divorced, separated and widowed women experience a greater scale of violence than their never-married counterparts¹.

One in five (21 percent) of Kenyan women age 15-49 have undergone FGM, a practice that varies across ethnic communities. A Kenyan study reveals vast experiences

of Violence against Children (VAC), with 32 percent girls and 18 percent boys having experienced sexual violence. Seven percent of whom received money as payment for their violation². **In 2013, the Kenya Police Service received 3,596 defilement cases; 913 cases of rape, 242 of incest and 124 of sodomy³.**

SGBV is deeply rooted in unequal power relations and gender inequalities and fueled by different factors. Key among them is socio-cultural influences that normalize, tolerate and perpetuate violence, as well as the weak and slow implementation of SGBV policies. The National Crime Research Survey shows a generally low knowledge and awareness of what SGBV entails. SGBV is mostly perceived to entail infliction of bodily harm inflicted by a man on a woman, and only in adult-adult relations; few people view abuses on children as SGBV. As such, harmful traditional practices on women such as FGM and child marriage persist because they are seldom viewed as SGBV⁴

The consequences of SGBV are numerous and far-reaching, resulting in serious physical, psychological, social and economic effects. SGBV has a direct impact on

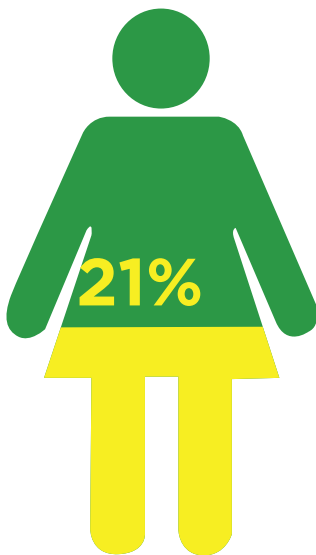
¹ The Kenya Demographic and Health Survey. (2014)

² Kenya Violence Against Children Study, Kenya VACS (2010)

³ African Woman and Child Feature Service. (2015)

⁴ National Crime Mapping Study Public Perceptions Of Crime Patterns And Trends In Kenya August (2017)

an individual's enjoyment of the basic human rights to life, health, education, work, privacy, and to the freedoms to expression, movement, from torture, discrimination, among other human rights. Survivors of SGBV often suffer bodily harm in the form of bruises, burns, fractures and disability. They may also experience poor sexual and reproductive health (SRH) including unintended pregnancies, risk of HIV infection, obstetric and perinatal complications, poor health and even death. SGBV can affect child survival and development by increasing infant mortality, lowering birth weight, contributing to malnutrition, causing disabilities and affecting children's participation in school. Three out of every ten girls get pregnant as a result of sexual violence. Pregnancy-related complications and unsafe abortions are a leading cause of death among girls age 15-19 in developing countries, including Kenya⁵.



**One in five
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The cost of SGBV to women, men, their children, families and communities is a significant obstacle to their optimal participation in development, the reduction of poverty and realization of Sustainable Development Goals (SDGs). Cases of SGBV remain significantly underreported in the country due to fear and stigma experienced by survivors, as well as the lack of support and the unreliability of public services. Many of the effects are hard to link directly to SGBV because they are not always easily recognized by service providers as evidence of SGBV, leading to the mistaken assumption that SGBV is not a

problem. However, failing to appreciate the magnitude and hidden nature of SGBV, and neglecting to address its impact on individuals, families and communities can limit the ability of survivors to fully recover⁶.

With the high burden of GBV in Kenya, it is imperative that counties prioritize investment in the provision of care for survivors of GBV. This investment must, however, be guided by evidence on the cost of providing these services. According to National Gender and Equality Commission publication on cost of providing SGBV services, the mean cost of providing a minimum package of GBV services, as defined in the one-stop model in a first referral public hospital (county referral hospital), is **KES 44,717 (USD 502)** per survivor, while the median cost is **KES 43,769 (USD 492)**. Of these costs, legal costs consumed the largest share of resources. The total cost of providing GBV services under the one-stop center model to all 47 counties over a five-year period (2014–2019) is **KES 10,798,520,644 (USD 121,331,692.6)**. Over 90 percent of the resources for GBV services come from development partners. (National Gender and Equality Commission publication, 2016).

The weak coordination and accountability mechanisms for GBV response services at national and county levels equally affect access to holistic survivor-centered services and support. The Government of Kenya (GOK) has played a critical role in developing a broad spectrum of policies and legislations⁸ that give guidance and necessitate relevant state agencies to act in addressing SGBV in its various forms. Kenya's progressive Constitution (2010) prohibits all forms of violence and exalts the freedom and the security of the person among others. It is the duty of the state, non-state actors, the civil society, communities and all actors across diverse sectors to protect those affected by SGBV and deliberately act to avert future violence. Access to SGBV prevention and response services is critical to save lives, restore the safety, dignity and health of survivors, and enhance their equitable access to resources and participation in development.

⁵ The Kenya Violence Against Children Study, Kenya VACS (2010)

⁶ IASC. (2015). Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Camp Coordination and Camp Management Food Security and Agriculture Reducing Risk, Promoting Resilience, and Aiding Recovery

⁷ IRC. (2014). My Action Counts. An Assessment of GBV Responses in Nine Counties of Kenya.

1.2 Rationale of the County SGBV Policy

The County government in collaboration with other arms of the National government, has the responsibility of ending SGBV. This is especially so considering that Kenya has a very progressive Constitution that prohibits any form of violence and exalts the freedom and the security of the person, among other rights and freedoms⁹. Addressing SGBV is part of the government's commitment to eliminating gender inequalities, leading to the achievement of the Sustainable Development Goal number 5 (SDGs) by 2030¹⁰.

All survivors have the right to protection and access to services. Consequently, there is a need for a clear mechanism of strengthening the legal and policy frameworks on SGBV to ensure an effective and efficient referral pathway. These are integral components of SGBV prevention and response as they pave way for access to health services, psycho-social support and justice¹¹.

This policy articulates Migori County's strategy and actionable priorities, provides leadership, strengthens governance; stakeholder coordination and collaboration; supporting data and evidence for decision making and meaningful engagement the of community in SGBV prevention and response for service delivery. This policy provides strategies for enhanced implementation of the national legislation and policy frameworks on SGBV at the County level, domesticated to the county needs, drivers of SGBV and priorities. It provides a framework for duty bearers and right holders in developing and strengthening the existing programmes and/or initiatives and will facilitate the development of a comprehensive Monitoring and Evaluation framework. It aims to be gender transformative and gender synchronized to bring long-term and sustained change.

The proposed National Gender and Equality Commission policy on SGBV for counties emphasizes that devolved systems of governments will champion structural, system and operational reforms towards SGBV. The high prevalence of SGBV in Migori County and its negative impact on the society necessitates the development of a comprehensive policy framework which ensures that interventions and strategies effectively respond to the unique country context¹². Like many other counties, Migori is still faced with challenges in planning, identification of strategic partners, resource mobilization, integration and implementation of services, multi-sectoral coordination, inter-agency collaboration and demand creation for service¹³.

SGBV prevention and response interventions require significant human and financial resources. Currently, there is a gap in financing for comprehensive SGBV interventions. This policy will therefore provide a framework within which stakeholders and county government can utilize coordinated efforts to finance SGBV initiatives. It will enhance the mainstreaming of SGBV interventions in the policies and actions of all related Government Ministries, Departments and Agencies (MDAs). This policy provides a framework that will enable an actionable, coordinated and well financed SGBV implementation framework. The County Government of Migori will, therefore, work closely with the national government and non-state actors for the effective implementation of this policy.

The successful implementation of this policy will enable Migori County to account for its contribution in the attainment of the SDGs, as prioritized by the GOK in the third MTP (2018- 2022), against the relevant monitoring indicators identified by the Kenya National Bureau of Statistics (KNBS).

⁸ National Gender and Development Policy (2000); the Children's Act (2001); Sexual Offences Act (2006); the Education Gender Policy (2007); the Multisectoral Standard Operating Procedures for Prevention and Response to Sexual Violence in Kenya (2013); the National Guidelines on Management of Sexual Violence in Kenya (2014); the National Policy on GBV Prevention and Response, Vision 2030 MTP among others.

⁹ Constitution of Kenya, 2010

¹⁰ UN Women

¹¹ SIDA, (2015). Preventing and Responding to Gender-Based Violence: Expressions and Strategies

¹² National Crime Mapping Study Public Perceptions Of Crime Patterns And Trends In Kenya August (2017)

¹³ UN Joint Programme on RMNCAH, 2016- 2020



1.3 Policy Goal

The overall goal of this policy is to contribute towards the elimination of SGBV in Migori County.





Situational Analysis

2.1 Nature and Extent of SGBV in Migori County

Migori County is perhaps the most diverse county located in the former Nyanza Province of South Western Kenya. It covers a geographical area of 2,596.5 sq. km with a total population of 916,661 (51.4 percent female; 48.6 percent male)¹⁴. The county has a child rich population, where 0-14-year old constitute 50% of the total population. This is due to high fertility rates among women with a total fertility rate of 5.6 births per woman compared to the national average of 3.9 births per woman². Geographically, the county borders Homabay County to the West, Kisii to the North, Narok to the North East, Tanzania to the South, Uganda and Lake Victoria to the South West.

Administratively, Migori County is divided into 8 constituencies/sub counties and 40 wards. Migori is a cosmopolitan county whose main ethnic communities are: Luo, Kuria, Suba, Luhya, Kisii and Somali among others. The county is endowed with fertile soils and natural mineral deposits such as copper and gold. Agriculture is the main economic activity followed by fishing and mining. The poverty rate of Migori County is 45.8%³ with low literacy levels. 20% of residents have no formal education while 65% have primary education. Transition rates from primary to secondary school is as low as 52%² with only 15% of the residents having secondary education or above⁴.

According to the UN WOMEN report 2015, Nyanza region where Migori County is, recorded 49.5% physical violence. This is higher than the national average of 19.4%. 72.6% of survivors in Nyanza were unwilling to pursue justice.

In 2016, Ninety (90) cases of SGBV among adolescents aged 10-17 years presented to health facilities in Migori (DHIS2 2016). However, it is worth noting that there are many cases that go unreported and facility-based data is inadequate and may not reflect the magnitude of sexual and gender based violence.

SGBV in Migori County is widespread and is a socially tolerated human rights violation which negatively affects men, women, boys and girls. SGBV in Migori County manifests in various forms including; rape, defilement, incest, sexual exploitation and abuse (SEA), female genital mutilation (FGM), domestic violence, forced widow inheritance, child marriage among others. SGBV disproportionately affects women and girls; however, men and boys are also affected.

2.2 Female Genital Mutilation (FGM)

FGM is a common practice in parts of Migori County, particularly among Kuria and Kisii communities and also among the minority Somali population. It is mostly carried out on young girls between infancy and age 15. According to a national survey in 13 counties, Migori emerged second (26.8 percent) in the prevalence of forceful initiation of girls¹⁵. The practice of FGM is often justified by cultural and religious beliefs. The fear of stigmatization compels girls to undergo FGM, which is often carried out with unsterilised blades or knives. Traditional circumcisers are still the main people carrying out the practice, at 73

percent for girls age 0-14 and medicalization of FGM at 20%¹⁶

FGM is associated with a series of health complications, dependent on the extent and type of tissue removed. Risks include: severe pain; excessive bleeding (haemorrhage); genital tissue swelling; infections (such as tetanus); urinary problems; injury to surrounding genital tissue, sexual problems (pain during sex, inability to have sex or, reduced sexual pleasure); genital scarring; problems with childbirth (difficult delivery, excessive bleeding, caesarean section, higher risk of stillbirth); need for later surgeries (such as cutting open a narrow vaginal opening); shock and death. Additionally, survivors of FGM experience psychological effects such as low self-esteem, post-traumatic stress disorder, anxiety disorder and depression¹⁷.

2.3 Child Marriage

A survey conducted in Migori County shows that 17 percent of women aged 15-49 years in the county are married before age 15, while 57 percent are married before age 18. About 31 percent of adolescent girls aged 15-19 years are presently married. Poverty, low education status, family honour and the need for stability during unstable socio-economic periods are major driving forces for child marriage¹⁸. Women who married as children are more likely to experience, accept and tolerate domestic violence. There is little documented evidence of the impact of child marriage among boys. However, they too face challenges such as sexual violence, diseases and economic deprivation.

2.4 Child Labour

Almost half (49 percent) of children aged 5-14 years in Migori County (51 percent girls and 46 percent boys) are engaged in child labour. Of these, About 50 percent of these children reside in the rural areas compared to 43 percent from the urban areas. In urban areas of Migori, children are engaged in the informal sector as domestic helpers, in street begging and hawking. Child prostitution

and other forms of child exploitation are also known to exist in Migori. In rural areas of Migori, child labour is most common in the sugar cane plantations, around the lake and gold mines.

The county Department of Children's Services (DCS) estimates that more than 300 children drop out of school every year to work in the gold mines of Nyatike, Suna East, Kuria West and Suna West. A Research conducted by Odero (2009) reveals that child labour is high at fish beaches in Migori and is largely driven by the death or absence of parents/guardians, high poverty levels, cultural orientation, government failure to enforce child protection regulations¹⁹.

2.5 Sexual Exploitation and Abuse (SEA)

Poverty is a persistent problem in Migori County that drives young people to engage in menial work including small scale farming, domestic work, boda-boda, small businesses and casual labour²⁰. The SEA of minors is common within the context of child labour, especially in the gold mining and fishing industries. Within the fishing beaches of Lake Victoria, the practice of 'sex for fish' has been repeatedly reported by the media. Locally referred to as 'jaboya.' Female fishmongers are known to indulge in sex with fishermen as a form of barter trade. Fishermen are reported to prefer young girls because of their vulnerabilities and inability to negotiate for safe sex and are subject to abuse and this increases their risk of HIV infection, STIs and unwanted pregnancies.

Sexual exploitation is also common in work places especially among young people seeking employment. They are forced to offer sex in exchange for positions and opportunities and this further puts them at risk. Learning institutions are also involved where students become victims of sexual exploitation by their teachers. Almost one third (32 percent) of young women aged 15-24 years in Migori County had sex before age 15²¹.

¹⁵ National Crime Research Centre. (2014). Gender Based Violence in Kenya.

¹⁶ National Bureau of Statistics-Kenya and ICF International. 2015. 2014 KDHS Key Findings. Rockville, Maryland, USA: KNBS and ICF International

¹⁷ World Health Organization

¹⁸ Kenya National Bureau of Statistics. (2011). Multiple Indicator Cluster Survey. Kenya, Migori County

¹⁹ Odero, J. A (2009). The dynamics of child labour along fishing beaches of Lake Victoria: a case study of Sori beach in Migori county

²⁰ NCPD. (2017). 2015 Kenya National Adolescents and Youth Survey (NAYS). Nairobi, Kenya: NCPD.

2.6 Domestic Violence

A survey by the National Crime Research Centre (2014) reveals that the prevalence of domestic violence in Migori County stands at 86.6 percent being among the top five rates in the country. Common acts of violence reported between intimate partners are mostly physical in nature such as being slapped or thrown at objects that could hurt, being kicked, dragged and beaten and being hit with a fist or something that could hurt.

Surprisingly, another survey in the county reveals that 68 percent of women aged 15-49 years feel that their husband/partner has a right to hit or beat them for various reasons, including child neglect, going out without permission, arguing with him, refusal to have sex with him and serving him “burnt” food. Domestic Violence is normalized in most relationships due to the patriarchal nature of the Migori society where men are the decision makers and women are called upon to submit

2.7 Factors Enabling SGBV in Migori County

2.7.1 Weak Enforcement of Laws

Non-compliance to National SGBV laws, policies and frameworks by state duty bearers breeds a culture of impunity and creates a lack of confidence in public services. This hinders reporting by survivors while at the same time, perpetrators get away with their crimes and most often then become repeat offenders.

2.7.2 Poverty

The poverty index of Migori County stands at 46.7 percent, against a national average of 47.2 percent²¹. Most young people in Migori County are engaged in menial work including small scale farming, domestic work, boda-boda, small businesses and casual labour. Poverty drives young people to engage in these income generating activities, with the encouragement of their parents/ guardians to meet the ever-rising cost of living. However, Poverty also leads to child labour, child marriage and SEA.

Some of the factors that drive people to poverty in Migori include Child headed households, skewed employment opportunities that favour older folks, illiteracy, lack of capital and corruption. Poverty denies young people an opportunity for education and economic independence, keeping them vulnerable to abuse.

2.7.3 Cultural beliefs and Practices

Migori is a cosmopolitan county with people of different cultural and religious backgrounds. Different forms of

SGBV are often justified by cultural and religious beliefs. The practice of FGM, for instance, believed to be crucial for social acceptance and increasing marriage prospects for girls; uncircumcised women have a lower social status, are shunned by peers and banned from some social activities. The fear of stigmatization and social exclusion compels girls to undergo FGM. Other forms of violence perpetuated by culture include Forced wife inheritance and same-sex marriages among women.

Cultural beliefs sometimes perpetuate patriarchy and qualify gender inequalities where boys are mostly given priority in status and inheritance.

2.7.4 Low Awareness on available SGBV services and human rights

Insufficient information at the community level on available SGBV services and where to seek support limits reporting of SGBV incidences. Similarly, there is lack of information and skills to prevent violence from happening e.g. in schools where teachers are not skilled to address SGBV incidences and confined institutions (prisons and remand centres).

Women who have low education levels and are economically dependent on their male partners remain vulnerable to SGBV, with men being the most common perpetrators. Parents and guardians with low literacy levels are known to encourage their children to participate in child labour, whose terms and conditions

²¹ Kenya National Bureau of Statistics. 2013. Migori County Multiple Indicator Cluster Survey 2011, Final Report. Nairobi, Kenya: Kenya National Bureau of Statistics.

²² Commission on Revenue Allocation (2011). Kenya County Fact Sheets.

are exploitative, risky and abusive²³

Beyond formal schooling, many lay people are not familiar with Kenya's laws on human rights and are unable to recognize SGBV as a legal problem and seek legal redress. Many people do not know where to find information on the law, how to protect themselves against violence and when to obtain suitable legal assistance. Parents with low education levels may not understand the justice process clearly enough to have confidence that the legal system will provide a remedy²⁴.

2.7.5 Election related violence

Migori county records an upsurge in SGBV reported cases during the election period due to lawlessness and break down of community and government structures. The Kenya National Commission on Human Rights (KNCHR) reports heightened incidents of sexual violence following the announcement of the Presidential results in 2017 by the IEBC, especially from Nairobi, Western and Nyanza provinces. Of the 201 cases recorded country wide, gang rape and rape accounted for over 7 percent of cases, defilement at 1.07 percent, and sodomy contributed to 1.6 percent. These incidents were reported in Migori County as well as other parts of the country, where 96.2 percent of women and 3.24 percent men were affected, including 9 percent minors aged between 7 to 17 years old. These acts of lawlessness and premeditated sexual violence were majorly perpetrated by security agents and civilians.

In July and August 2018 Kenya Human Rights Commission (KHRC) together with the International Federation for Human Rights (FIDH) documented instances of sexual violence in Vihiga, Kisumu. and Migori Counties that clearly show a systemic pattern of sexual attacks on women and girls before, during and after elections. The attacks have traumatized not only the victims and the survivors, but their families as well. Importantly, KHRC received elections monitoring reports indicating that women and girls faced sexual violence in the hands of security forces whilst policing the opposition strongholds of Western and Nyanza regions. This called for KHRC to invest in supporting the victims and survivors in seeking

accountability for the sexual violations as well as making recommendations to deter future occurrences of similar incidents in times of turmoil.

The overall objective of the research is to develop a report on sexual violence during the 2017 electioneering period targeting Kisumu, Vihiga and Migori counties. In specific, the research was seeking: Prevalence And Patterns Of Sexual Violence During The Elections Period, Risk Factors for Perpetration of Sexual Violence During The Elections Period, Sexual Violence Impact and Consequences, Social Contexts for Sexual Violence Perpetration, Effectiveness of Prevention and Response Measures to Sexual Violence and Utility and Efficacy of Remedies Availed and Applied to Survivors of Sexual Violence.

The research also provided the following recommendations:

Prevention, Survivor Centered Approach, Mapping of Sexual violence and assessments need to take place prior to an election. Survivor rights need to encompass responsive actions like legal representation and access to quality services among others.

2.7.6 Online Abuse

Social media is currently a very popular medium for communication and has both positive and negative implications. With its capacity to go viral, it has been exploited negatively for political and economic benefits. Women especially have borne the brunt of the abuse, through posting of sexually explicit photo-shopped images, fake conversations and fake news with long lasting damage to relationships at family and community level. Young people have reported, bullying and emotional abuse by friends, colleagues and unknown persons, some resulting in suicide.



National Legislative And Policy Frameworks

Kenya has been at the forefront in efforts to eliminate all forms of SGBV especially since the promulgation of the Constitution 2010. All international and regional legislative and policy frameworks adopted and ratified by Kenya have become part of the domesticated laws to fight SGBV.

3.1 Summary of National Legislative Framework Addressing Elements of SGBV

| Statute | Summary |
|--|---|
| The Constitution of Kenya, 2010 | Provides that every person has a right to freedom and security of their person which includes the right not to be subjected to any form of violence from either public or private sources, any form of torture whether physical or psychological or cruel, inhuman or degrading treatment. The right to security means that the Constitution safeguards women's rights against SGBV and any other related form of gender-based violence. |
| The Penal Code Cap 63 Laws of Kenya | Other than bigamy which is provided for under section 171, there are no provisions for such forms of SGBV as marital rape, wife or husband battery, domestic violence etc. Some of these offences are only derivative of main offences such as assault under section 250 and 251. |
| The Children's Act, 2001 | This Act defines a child, provides for child care and sets the age of marriage at 18 years in line with the Convention on the Rights and Welfare of the Child. The Act: <ul style="list-style-type: none"> • Guarantees children (both girls and boys) the right to protection from physical and psychological abuse, neglect and any other form of exploitation including sale, trafficking or abduction (Section 13). • It also protects children from female circumcision, early marriage or other cultural rites, customs, or traditional practices which are harmful to the child's development. • Protects children against discrimination on any grounds including sex, religion, creed, custom, language and other status among others. • Prohibits sexual exploitation of children as well as actions that expose children to torture or cruel or inhuman treatment such as circumcision or child marriages (Section 14). |

**HIV & AIDS
Prevention and
Control Act 2006**

Prohibits deliberate transmission of HIV, outlaws discriminatory acts and policies based on one's HIV status in all places and safeguards' rights and dignity of those already affected. This Act has the potential to promote women's protection against rape and other forms of sexual violence because it prohibits knowingly and recklessly infecting another person with HIV.

**The Sexual
Offences Act (SOA),
2006**

- The SOA is the law governing sexual offences in Kenya. It defines sexual offences, provides for the prevention and the protection of all persons from harmful sexual acts, and enhances access to justice and psychosocial support.
- It Prohibits different types of sexual violence committed against men, women and children, including attempted rape, rape, sexual assault, indecent acts, defilement, gang rapes, sexual harassment, child pornography, child prostitution, child sex tourism, exploitation of prostitution, incest, deliberate transmission of HIV including other life threatening sexually transmitted diseases, and cultural and religious offences (Sections 3, 5, 8, 10, 20, 21, 26, and 29)
- It provides for hefty penalties for rape and other forms of sexual violations, which should have a deterrent effect on perpetration. It further provides that the high court shall maintain a Register of convicted sexual offenders.

The SOA Medical Treatment Regulations (2012) further makes the following provisions:

- The right to medical treatment by a victim, suspect, a person convicted, or witness of a sexual offence provided by a medical practitioner or designated person (nurse or clinical officer) all registered in accordance with their respective Acts.
- The medical treatment expenses incurred in a public hospital by a victim, suspect, a person convicted or witness of a sexual offence, shall be borne by the Government
- A victim of a sexual offence shall be entitled to receive medical treatment at any medical facility, whether they have or have not reported the matter to the police.
- The Minister may enter into agreements with private hospitals or any other health facility to be designated as public hospitals for purposes of the Act.

The SOA Rules of Court (2014) provide that:

- Testimonies of witnesses may be expedited as necessary to meet the ends of justice.
- Sentences for minors shall consider the provisions of section 191 of the Children Act (No 8 of 2001)
- Practical special measures and arrangements shall be taken to protect vulnerable witnesses. Their opinions shall be sought and shall prevail in the interest of justice so long as there is no risk of prejudice.
- Any application to discontinue an investigation into the commission of a sexual offence shall only be made to the court by the authorization of the Director of Public Prosecutions (DPP)
- The court may order collection of samples from a child born alive if it is alleged that the child is a consequence of the sexual offence.

**Witness Protection
Act, 2006**

Makes provision for the protection of witnesses in criminal and other proceedings.

| | |
|--|---|
| <p>Employment Act, 2007</p> | <p>The Act prohibits discrimination and harassment of employees based on sex, guaranteeing equal remuneration for work of equal value.</p> |
| <p>Counter Trafficking in Persons Act, 2010</p> | <p>Sets out the definition of trafficking in persons and exploitation and explains instances of trafficking which include acquisition of travel documents by entry and exit into the country and particularly promotion of child trafficking.</p> |
| <p>Prohibition of Female Genital Mutilation Act, 2011</p> | <p>Prohibits the practice of FGM and safeguards against violation of a person’s mental or physical integrity. It further makes provision that anyone convicted of participating in the practice—traditional circumcisers, parents, doctors, nurses, even the person who supplies the premises or the FGM tools—will be subjected to imprisonment and a fine.</p> |
| <p>Elections Act, 2011, & Political Parties Act, 2011</p> | <p>This Act prescribes offences in relation to elections, and among others:</p> <ul style="list-style-type: none"> • Prohibits the Registrar of Political Parties from registering a political party which accepts or advocates the use of force or violence as a means of attaining its political objectives • Prohibits the use of force or violence during election period • Prohibits directly or indirectly, use of threat or force, violence, harassment or otherwise preventing the conduct of any political activity or preventing a person from attending or participating therein • Makes it an offence for a person to, directly or indirectly inflict or threaten to inflict injury, damage, harm or loss on or against a person so as to compel support for a particular candidate or political party; or to vote in a particular way or refrain from voting • Prohibits the use of language which is threatening, abusive or insulting or engagement in any kind of action which may advocate hatred or incite violence or influence the voters on grounds of ethnicity, race, religion, gender or any other ground of discrimination • Prohibits candidates from engaging in or knowingly aiding or abetting violence or intimidation against the opponents of the candidate or any other person, during a nomination or an election campaign. • Punishment under this Part – disqualification by the Commission and ineligibility to participate in the elections • Prohibits use of violence and intimidation during elections • Requires political parties, leaders, office-bearers, candidates and supporters to sign a binding code of conduct and specifically commit to a set of lawful acts including preventing, avoiding and condemning violence and intimidation. • Defines punishment on conviction- fine not exceeding one million shillings or imprisonment for a term not exceeding five years or both. |
| <p>The Land Act, 2012</p> | <p>Secures rights of women to matrimonial property</p> |
| <p>The Land Registration Act, 2012</p> | <p>Requires spousal consent in any dealings with matrimonial property</p> |

Matrimonial Property Act, 2013 Provides for the rights and responsibilities of spouses in relation to matrimonial property. It prohibits the eviction of a spouse from the matrimonial home by or at the instance of the other spouse during the subsistence of the marriage, except by order of a court.

Marriage Act, 2014 **The Act:**

- Prohibits marrying a person below 18 years. It sets a mandatory minimum marriage age of 18 years for both parties to a marriage and considers void any marriage contracted with a person below the minimum age (Section 4)
- The Act guarantees parties to a marriage, equal rights at the time of the marriage, during the marriage and at the dissolution of the marriage.
- Identifies offences related to marriage and sets penalties
- Prohibits inducing consent to marry by coercion or fraud

Victim Protection Act, 2014 Seeks to protect the dignity of victims through victim support services including health, psycho-social, legal and economic support.

The Protection Against Domestic Violence (PADV) Act, 2015 **This Act recognizes domestic violence, in all its forms, is unlawful behavior. It:**

- Makes provisions to ensure that, where domestic violence occurs, there is effective legal protection for its victims
- Empowers the police to take action against domestic violence
- Empowers the courts to make orders to protect victims of domestic violence
- Empowers the survivor and other individuals and institutions to take action against domestic violence.

Legal Aid Act, 2016 Makes provisions for providing affordable, accessible, sustainable, credible and accountable legal aid services to Kenyans in accordance with the Constitution, supporting community legal services and promoting alternative dispute resolution (ADR) methods that enhance access to justice in accordance with the Constitution.

Content Adapted from the NGEV. (2017). Keeping the Promise. End GBV Campaign. Duty Bearer's Handbook.

Summary of Key Policy Frameworks on SGBV

| Statute | Summary |
|---|---|
| Multi-sectoral SOPs for Sexual Violence Prevention and Response (2013) | A comprehensive guide on protection, care and treatment of sexual violence survivors as well as management of sex offenders. It responds to the need to standardize service provision among different service providers across sectors and provides for linkages for effective referrals. |
| National Policy for Prevention and Response to GBV (2014) | This policy puts in place a framework to accelerate implementation of laws, policies and programmes for prevention and response to GBV by state and non-state actors, towards elimination of GBV in Kenya. |

| | |
|---|--|
| <p>National Guidelines on Management of Sexual Violence in Kenya(2014)</p> | <p>A policy framework that guides health care providers on clinical management of survivors of sexual violence including examination, treatment, preservation of forensic evidence, psycho-social support, referrals among others.</p> |
| <p>National Adolescent Sexual and Reproductive Health (ASRH) Policy (2015)</p> | <p>Provides for the protection of the rights of adolescents and recommends an array of multi-sectoral/ multi-pronged SGBV prevention and response approaches for this group. The policy goal is to enhance the SRH status of adolescents in Kenya and contribute towards realization of their full potential in national development.</p> |
| <p>Education and Training Sector Gender Policy (2015)</p> | <p>It promotes enabling environments for provision of gender responsive quality education in the country. Among other specific objectives, it seeks to ensure safe and secure learning and work environment free of sexual harassment and other forms of GBV</p> |
| <p>The National Reproductive Health Strategy (2009-2015)</p> | <p>Provides for the implementation of Post-Rape Care Services ensures the inclusion of sexual violence as a key issue within the Reproductive Health Strategy and sets the development of standards for post rape care service delivery</p> |
| <p>National Police Service SOPs for Prevention and Response to GBV in Kenya (2015)</p> | <p>A guide for police officers in SGBV prevention and response. The SOPs seek to educate officers on relevant laws, cultural background and standards relating to management of SGBV, to enhance effective investigations, community sensitization, collaborations, policing and improved survivor experiences when they report to the police.</p> |
| <p>Keeping the Promise, End GBV campaign- Duty Bearers 'Handbook (NGEC, 2015)</p> | <p>The national 'Keeping the Promise End GBV Campaign' seeks to provoke and sustain a transformative shift in perceptions towards GBV from a culture of tolerance and normalization of GBV to a new orientation that affirms accountability and sustainable remedies. The Duty Bearers Handbook spells out duty bearers' respective roles and enables them to effectively deliver on prevention and response to GBV.</p> |
| <p>SOPs for Management of Sexual Violence against Children (2018)</p> | <p>A policy framework that guides health care providers on clinical management of children survivors of sexual violence considering the best interests of the child.</p> |
| <p>Vision 2030 (Medium Term Plan 3 (MTP 3) 2018- 2022</p> | <p>Under the Social pillar, the MTP 3 of Vision 2030 prioritizes GBV prevention and response including: enhancing favourable social norms (at institutional, community and individual levels), enhancing utilization of quality essential GBV services, strengthening referral pathways and eradicating FGM. It further seeks to strengthen gender responsive budgeting in public finance management and participation of women in economic development towards realizing gender equality.</p> |

3.3 Legislation and Policy Implementation Challenges in Kenya

i. Lack of a County SGBV Policy

The County Government of Migori is yet to pass any specific laws on SGBV, yet this is recognized as a concrete milestone in compliance with national and international standards. Despite the existence of national policies and legal SGBV frameworks, the coordinated implementation of the same has been lacking in Migori County²⁵.

ii. Weak Coordination of SGBV Services

The weak coherence of mandate between the national and devolved government, and between different Ministries, Departments and Agencies (MDAs) at the county level affect the county's ability to mainstream SGBV interventions, carry out planning, allocate resources, deliver and monitor services in a coordinated manner. To effectively address the multiple and cross-cutting issues related to SGBV, it is important that all the relevant players participate fully in the process. There is a need to cease the silo approaches to SGBV programming by strengthening collaboration and accountability within both state and non-state actors to enhance access to holistic survivor-centred response services and effective prevention programs.

iii. Inadequate Domestic Funding

Inadequate financial resources affect the ability to prevent and mitigate SGBV across both state and non-state actors. Programmes cannot be well implemented where resources are either limited or are not there completely. It is the prerogative of the County Government of Migori to set aside adequate domestic resources to fill the large funding gap and to enhance mainstreaming of SGBV prevention interventions in the policies and actions of relevant MDAs.

iv. High Cost of Services

SGBV imposes tremendous costs on survivors and their families. The average cost of medical expenses per

survivor, according to a study by the NGEK, amounts to KES 16,464. Additional costs are incurred in reporting to the chief, community structures and police, yet most male survivors (70 percent) are self-employed in agriculture, while most females (43.8 percent) are self-employed in non-agricultural work. The average monthly income for those in formal and informal employment is KES 18,623. The cost of treating a survivor, who required surgery and a hospital stay of three days in a mission hospital in Migori, was estimated at KES 30,000, covering consultation, bed, theatre, medication, and counselling²⁶. With a poverty rate of 46.7 percent²⁷, it becomes extremely costly and literally impossible for survivors of SGBV in Migori County to seek help and services, especially if access to these services is at a cost solely to the survivor. Other charges include costs attached to the P3 filling and/or purchase of drugs contrary to the medical treatment regulations

v. Weak Referral Processes

The lack of information by rights holders and duty bearers on the SGBV referral pathway inhibits the complete access of services by survivors. A clear referral pathway addressing all possible entry points should be documented and disseminated to all duty bearers and widely in the community.

vi. Mistrust in Public Services

When issues of SGBV are trivialized, or when cases of violence are tolerated either through action or non-action, or when customs and traditions are prioritized over the respect for fundamental freedoms and rights belonging to survivors, people lose trust that the system will enforce sexual abuse law

vii. Lengthy Judicial Processes

Judicial processes in Kenya are generally lengthy and draining for survivors; it is estimated that most GBV court cases are concluded in three years. Long judicial

processes delay justice and discourage reporting of cases. This process is emotionally and economically draining, and most victims and witnesses get tired along the way and stop attending court proceedings. This coupled with cases of corruption and bribery within the judicial system and breaches of confidentiality cause people to lose trust in the legal process²⁸. The Judiciary needs to recognize, embrace and take leadership of the court users committees (CUCs) to streamline processes and strengthen the effectiveness and efficiency of the courts to deliver timely justice in accordance with the law.

viii. Low Capacity of Duty Bearers

The ability of the public health sector in Kenya to effectively respond to SGBV is limited by the capacity of service providers to offer services, collect and document evidence²⁹; inadequate infrastructure and medical supplies, among others. The low capacity of the National Police Service (NPS) to conduct investigations, manage crime scenes and evidence is a major challenge to the successful prosecution of SGBV cases in Kenya. Further, few police stations have well-resourced and functional gender and child protection units, and the few that exist are limited in effectiveness and efficiency. Duty bearers should be better resourced and frequently trained on

SGBV so that they can detect and handle both child and adult cases appropriately and effectively in their line of duty.

ix. Lack of Safe Shelters

Persons experiencing violence and those fleeing violence or conflict may be at risk of experiencing further violence should they return to their places of residence, hence require safe protection. Despite the evident high prevalence of different forms of SGBV in Migori County, not a single public safe shelter exists in the county. Shelter needs for residents include: adequate shelter space, food and clothing, psychosocial counseling, medical care, legal assistance, security from perpetrators, employment and education opportunities, and follow up services after leaving the shelter. The lack of awareness of the importance of safe shelters by duty bearers is a deterrent to investment in this critical life-saving crisis intervention.

x. Stigma

The fear of stigma, threats and intimidation from perpetrators and family members reinforces SGBV and is also a barrier to seeking help by survivors.

Other challenges affecting policy implementation and access to services include:

- 1 Trivialization of SGBV experienced by men and boys.
- 2 Challenges in addressing realities e.g. dilemma of handling the issue of sex between minors.
- 3 Variation of quality, availability and accessibility of services for SGBV survivors
- 4 Lack of essential services e.g. SGBV recovery centres, protection mechanisms (especially for adults) and forensic laboratories
- 5 Weak generation of evidence and SGBV data to strengthen interventions and influence financing and poor monitoring and evaluation mechanisms for strategic programming.



Policy Objectives and Actions

Introduction

The International Human Rights Law sets principles, ideals and standards which obligate states to comply with at national level. SGBV is one of the leading forms of human rights violations which ought to be eliminated. This section highlights policy objectives and broad strategies for implementation of prevention, response and, mitigation strategies at the county level.

To strengthen systems, institutions, structures and process to address SGBV in Migori County.



4.5 Objective 1:

To enforce county-specific legislative policy frameworks relevant to SGBV

This objective promotes support for the implementation of this policy, through the involvement of state and non-state actors in joint prevention efforts within their spheres.

Key county actions include:

1. Mainstreaming of SGBV interventions in policies and actions of all related Ministries, Departments and Agencies (MDAs)
2. Review of policies, legal frameworks and procedural standards as required.
3. Capacity enhancement of duty bearers to effectively implement policies
4. Civic education and public awareness programs to enhance public participation



4.6 Objective 2:

To establish a multi-sectoral mechanism for coordination and partnership

SGBV is a cross-cutting issue with multiple challenges that cannot be holistically addressed in an uncoordinated manner. This objective emphasizes the importance of a collaborative and coordinated SGBV response which brings together key sectors, including the police, the legal and justice system, social services and health.

Key county actions include:

1. Establish common SGBV coordination framework across the country.
2. Establish inter-institutional and multi-disciplinary SGBV coordinating mechanisms across MDAs, NGOs, the private sector and community actors/ members.
3. Strengthen coordination of multi-sectoral service providers for effective referrals
4. Lobby for County Government resource allocation for SGBV coordination
5. Enhance public participation



4.7 Objective 3:

To increase access to and utilization of quality and comprehensive SGBV Services

Migori County has a wealth of stakeholders engaged in SGBV prevention and response. To promote and support the implementation of the County SGBV Policy, joint efforts by all these actors are required. Thematic service delivery areas such as health, law enforcement, judiciary, protection and probation services require a specialized response by SGBV experts, beyond basic prevention and mitigation activities. Other actors can undertake prevention and mitigation activities within their spheres. This will be aligned to adhere to the roles and responsibilities of all sectors as provided for in the duty bearers handbook³⁰.

Key county actions include:

1. Operationalize relevant policies and regulations on SGBV
2. Establish infrastructure and facilities to enable the delivery of quality and comprehensive SGBV services across sectors including SGBV commodity management, SGBV recovery centres, forensic labs, safe shelters and spaces, gender and child protection units.)
3. Capacity development of duty bearers(health, police, social sectors, legal aid) on SGBV prevention and response
4. Public education and public awareness programs; enhance public participation for the management of SGBV



4.8 Objective 4:

To design, enhance and sustain community-owned SGBV mitigation intervention

The physical and psychological consequences of SGBV not only affect the affected individuals' well-being and survival but often place survivors at a greater social and economic disadvantage. These consequences extend to relationships at the family and community levels, based on attitudes towards victims of rape or children born from rape, among others³¹. This objective emphasizes the importance of addressing the impact of SGBV on individuals, families and communities; most of the community interventions will cut across SGBV prevention and response.

Key county actions include:

1. Facilitate community involvement in design and implementation of interventions geared towards SGBV prevention and response
2. Strengthen structures as a nyumba-kumi, community peace structures as other local reporting structures including FBO to encourage reporting of SGBV cases as they happen.
3. Promote economic empowerment of the vulnerable groups e.g. Re-integrating reformed (and juvenile) offenders in the community;
4. Strengthen community policing such as **"Nyumbakumi"** to encourage reporting of SGBV cases as they happen
5. Establish survivors networks within the county.
6. Empower communities on advocacy against harmful social cultural practices that fuel SGBV

³⁰ NGECC. (2017). Keeping the Promise. End GBV Campaign. Duty Bearer's Handbook.
³¹ IASC 2015



4.9 Objective 5:

To generate data for evidence-based decision making

This Objective emphasizes the importance of generating an array of good data and utilizing it to guide decision making and enhance monitoring of progress made in all efforts to eliminate SGBV in Migori. This will be done in collaboration with all the sectors including health, police, judiciary and community. The county will invest in ensuring generation of accurate, relevant and consistent data, and proper dissemination to influence policy and program development.

Key county actions include:

1. Establishing effective data and information sharing mechanism for all SGBV cases
 2. Capacity development of duty bearers to effectively use the local data for decision making.
 3. Collaborate with different stakeholders in research, evaluation of interventions and documentation of evidence-based practices in the county for scale up
 4. Use local data to monitor county trends and progress over time, to inform future program design and implementation
-



Policy Implementation

Introduction

This section articulates sector-specific as well as multi-sectoral responsibilities so that each sector understands and can dispense its roles effectively and efficiently, while contributing to a holistic coordinated multi-sectoral response. This policy guides all future decisions and processes to ensure that all issues revolving around SGBV are well understood and implemented in the County. Preventing and responding to SGBV will require effective collaboration with all relevant

actors. The County government will ensure that the implementation agenda for change, as articulated in this policy, is effectively monitored and regularly reviewed, through collaboration between the National and County governments, development partners, civil society organizations and the private sector. The goal is to fast track the elimination and prevention of any forms of SGBV within the present and future generations.

5.2 Institutional Framework

The overall responsibility for implementing and coordinating the SGBV interventions will be vested in the office of the Governor and the Directorate of Gender. Enhanced coordination of SGBV prevention and response interventions will however be achieved through a defined coordination mechanism involving actors across all the key sectors so that structural, systemic and individual protections are institutionalized.

5.3 Summary of SGBV Actors, their Roles and Responsibilities

| Institution | Mandate |
|--|---|
| The County Government of Migori | <ul style="list-style-type: none"> • Ensure the mainstreaming of SGBV issues in CIDP • Develop, enforce and review county policies and strategies for SGBV; ensure SGBV is mainstreamed in all county department policies, guidelines and curricula • Establish and implement clear county SGBV coordination mechanisms • Allocate domestic budgets for SGBV programs • Establish facilities and infrastructure to deliver SGBV prevention and response services such as SGBV recovery centres, forensic labs and safe shelters • Undertake community awareness creation campaigns and ensure public participation • Address economic realities that support economic empowerment of vulnerable groups by establishing opportunities for women, young people, PWDs etc in education and local economic development • Establish monitoring and evaluation mechanisms for SGBV interventions; ensure generation and utilization of county specific data in decision making. • Build capacity of Members of County Assemblies (MCAs) on gender issues |

| | |
|---|---|
| County Assembly | <ul style="list-style-type: none"> • Offer overall legislative oversight on SGBV issues and ensure that the county laws passed are gender responsive • Ensure the mainstreaming of SGBV issues in CIDP and allocation of adequate funding to SGBV initiatives • Ensure public participation in SGBV issues • Regulation of labour laws and rights |
| County Executive (Across MDAs) | <ul style="list-style-type: none"> • Ensure dissemination and compliance to SGBV policies, guidelines and protocols by respective duty bearers • Adequate resource allocation for effective SGBV prevention programmes and service delivery i.e. financial, infrastructure, human resources etc. • Establish functional departments (and working groups) in charge of SGBV • Ensure implementation of SGBV policies, programmes and services. • Enhance capacity development of duty bearers to deliver SGBV services • Implement, monitor and evaluate mechanisms for quality assurance and to enhance decision making • Network and collaborate with strategic partners and the private sector in SGBV prevention and response |
| Private Sector Sole proprietors and partnership, small and medium sized businesses, multi-national corporations, professional associations, trade associations, trade unions | <ul style="list-style-type: none"> • Implement work place SGBV policies and good human resource practices that prevent sexual harassment, child labour/exploitation in establishments • Create awareness amongst workers, members and clients and participate in campaigns against FGM, child marriage and other forms of SGBV. • Strengthen the capacity of managers to implement workplace SGBV policies • Ensure transparent SGBV reporting mechanisms that hold perpetrators accountable for their actions • Establish opportunities for women and young people in local economic development e.g. vocational/soft skills training, micro-finance, job placement • Include women and girls' safety in existing and future workplace initiatives • Provide information and support to those experiencing SGBV e.g. psychosocial support, flexible work schedules, paid leave etc. |
| Civil Society Organizations International and local NGOs, FBOs, CBOs, women and youth organizations | <ul style="list-style-type: none"> • Create community awareness on FGM, child marriage, other forms of GBV, the law etc.; promote critical reflection and dialogue on gender equality • Participate in policy advocacy, formulation and implementation • Provide and strengthen existing essential services to the public (health, police, justice, social services, coordination) in line with the law • Establish opportunities for women and young people in local economic development • Identify and engage male champions on gender equality and ending SGBV • Build capacities of county authorities and service providers to implement policies and effectively prevent and respond to SGBV • Co-financing of SGBV service delivery |

| | |
|---|---|
| <p>Media Mainstream media, web-based and social media, media associations</p> | <ul style="list-style-type: none"> • Create community awareness on FGM, child marriage, other forms of GBV, the law etc.; promote critical reflection and dialogue on gender equality • Engage in advocacy to address myths and misconceptions about SGBV • Report SGBV incidents in a professional, ethical and survivor-centred manner that does not exaggerate the situation • Cultivate safe spaces that encourage dialogue and do not condone online abuse and other form of violence |
| <p>Community structures Council of elders, community elders, clan elders, religious leaders, community volunteers, women and youth groups, community members</p> | <ul style="list-style-type: none"> • Create community awareness on FGM, child marriage, other forms of GBV, the law etc.; promote critical reflection and dialogue on gender equality through existing platforms e.g. chiefs' barazas, health outreaches, household visits, religious and social gatherings • Participate in policy advocacy, formulation and implementation • Design, implement and monitor community-led SGBV interventions • Provide information and support to those experiencing SGBV e.g. community-based safe spaces; and referral to other services • Discourage informal resolution of sexual offences through kangaroo courts and encourage formal reporting. • Hold duty bearers accountable |

5.4 A Multi-Sectoral Approach for SGBV Response

Interventions geared towards caring for survivors of sexual and gender-based violence are often complex and multi-levelled comprising medical, psychological, social, protection, prevention of recurrence and access to justice.

The actors, therefore, need to appreciate how roles played by different sectors relate, best practices and challenges in this field and advances being made. To optimally address the needs of survivors of sexual and gender-based violence, the following sectors will be crucially involved.

Health

- One-stop centre for GBV at referral & sub-county health facilities
- Examination and Treatment
- Forensic evidence collection and storage
- Psychosocial support/ counseling
- Referrals to relevant services
- Medical reports (e.g. PRC form)
- Expert witness in court

Protection

- Safe shelters/ spaces
- Psychosocial support/ counseling
- Referrals to relevant services
- Protection orders
- Expert witness in court
- Livelihood initiatives

Police

- Reports (P3, OB, COC)
- Investigation
- Forensic evidence management
- Arrest of perpetrators
- Protection of survivors and witnesses
- Referrals to relevant services
- Expert witness in court

Survivors

Legal/ Justice

- Survivor friendly courts
- Independent and timely trial & determination of cases
- Facilitate witnesses
- Facilitate legal aid
- Protection orders

Prosecution

- Public prosecution of SGBV cases
- Represent state in SGBV trials, applications and appeals
- Advisory on prosecutions to survivors and other court users

Probation

- Social integration of perpetrators
- Livelihood initiatives

Health: The priorities for the health sector is provision of essential and critical medical and psychosocial services to enable complete healing of survivors. Further, the health sector is responsible for forensic evidence management to facilitate access to justice for survivors.

Law Enforcement: The core responsibility for the law enforcement is to ensure access to justice for the survivor, within a minimum acceptable turnaround time. This includes protection of witnesses, collection and presentation of evidence in a timely and quality way, as well as arrest of perpetrators.

Judiciary: The key role of the Judiciary is to exercise its independent authority to ensure that access to justice for survivors is achieved.

Protection: This sector is charged with the responsibility for safety and well-being of survivors- ensuring their protection from physical and psychological harm arising from violence and assisting them to claim their rights, access available remedies and recover from the effects of abuse.

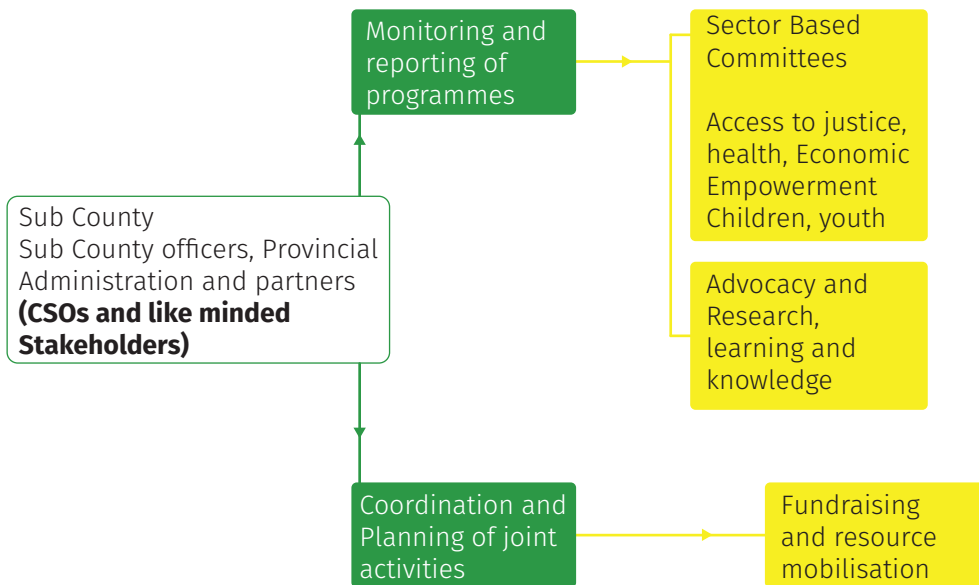
Director of Public Prosecutions (DPP): The DPP is charged with the responsibility for timely and quality prosecution of SGBV cases.

5.5 Annex 1: Proposed County Co-ordination Structure



5.6 Annex 2: Sub-county Co-ordination Structure

The proposed structure will facilitate coordination of GBV Prevention and response, advocacy and capacity building of communities on SGBV



5.7 Monitoring and Evaluation of SGBV Interventions

4.7.1 Indicators for Policy Objectives

| Specific Objective | Indicators |
|---|--|
| Objective 1: To enforce county specific legislative frameworks and policies relevant to SGBV | <ul style="list-style-type: none"> i. Number of laws, policies or procedures drafted, proposed, or adopted to improve prevention of or response to SGBV at the county level ii. Percentage of county government budget allocated to SGBV |
| Objective 2: To establish a multi-sectoral mechanism for coordination and partnership | <ul style="list-style-type: none"> i. Existence of a multi-sectoral coordinated referral system ii. Number of service providers, community leaders, etc trained to identify, refer, and care for SGBV survivors |
| Objective 3: To increase access to quality and comprehensive SGBV Services | <ul style="list-style-type: none"> i. Number/ proportion of service providers (health, police, social sectors, legal aid) personnel trained in preventing and responding to SGBV (according to established protocols) ii. Number of people reached with individual or small group level community SGBV-prevention and response interventions iii. Proportion of institutions that offer comprehensive SGBV services iv. Proportion of health units that have commodities for the clinical management SGBV v. Percent of SGBV survivors who report to health facilities (within 72 hours for PRC cases) and receive appropriate medical care |
| Objective 4: To design, enhance and sustain community owned SGBV mitigation intervention | <ul style="list-style-type: none"> i. Number of community members/ households/ wards reached with SGBV messaging ii. Number of men and boys engaged in interventions on gender norms change iii. Number of CSO implementing SGBV programmes |
| Objective 5: To generate data for evidence-based decision making | <ul style="list-style-type: none"> i. Prevalence of various forms of SGBV ii. Proportion of facilities reporting SGBV data in DHIS- disaggregated by sex and age iii. Number of SGBV related studies undertaken |

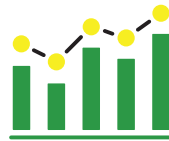
Data Management

Should influence how much money to allocate to address mitigation responses on management

Organized according to prevention and response

This to ensure there is a monthly report presented to a central place that is collected and shared. Also show what sort of response, including referrals.

Organized according to type of validation



Organized according to date

County will be able to show the type of violence frequency

Organized according to gender disaggregation, age, location and status

Who is affected the most (demographics and referral) for specific violence on the referral.

5.8 Financing of SGBV Interventions

Financing of SGBV and related programmes rests with the Migori County Government. The County government will ensure adequate budgetary allocations for the implementation of SGBV interventions in every financial year. The county Government will invest in leveraging on partnerships with the private sector to enhance their corporate social responsibility, NGOs and CBOs to strengthen community-based prevention and response initiatives, and with development partners to seek out funding for SGBV services. Further, there will be a deliberate effort to ensure annual allocations for GBV prevention and response from the county Government.

County government commits to integrate the budgetary process within CIDP and other relevant working documents towards the fight against SGBV in implementation of this policy. The Directorate of Gender shall engage the relevant Assembly Committees in order to allocate enough resources for SGBV activities. The county directorate of gender shall mobilize departments, stakeholders and partners in the implementation of SGBV activities including requesting for supplementary budget to cater for the shortfall should a need arise.

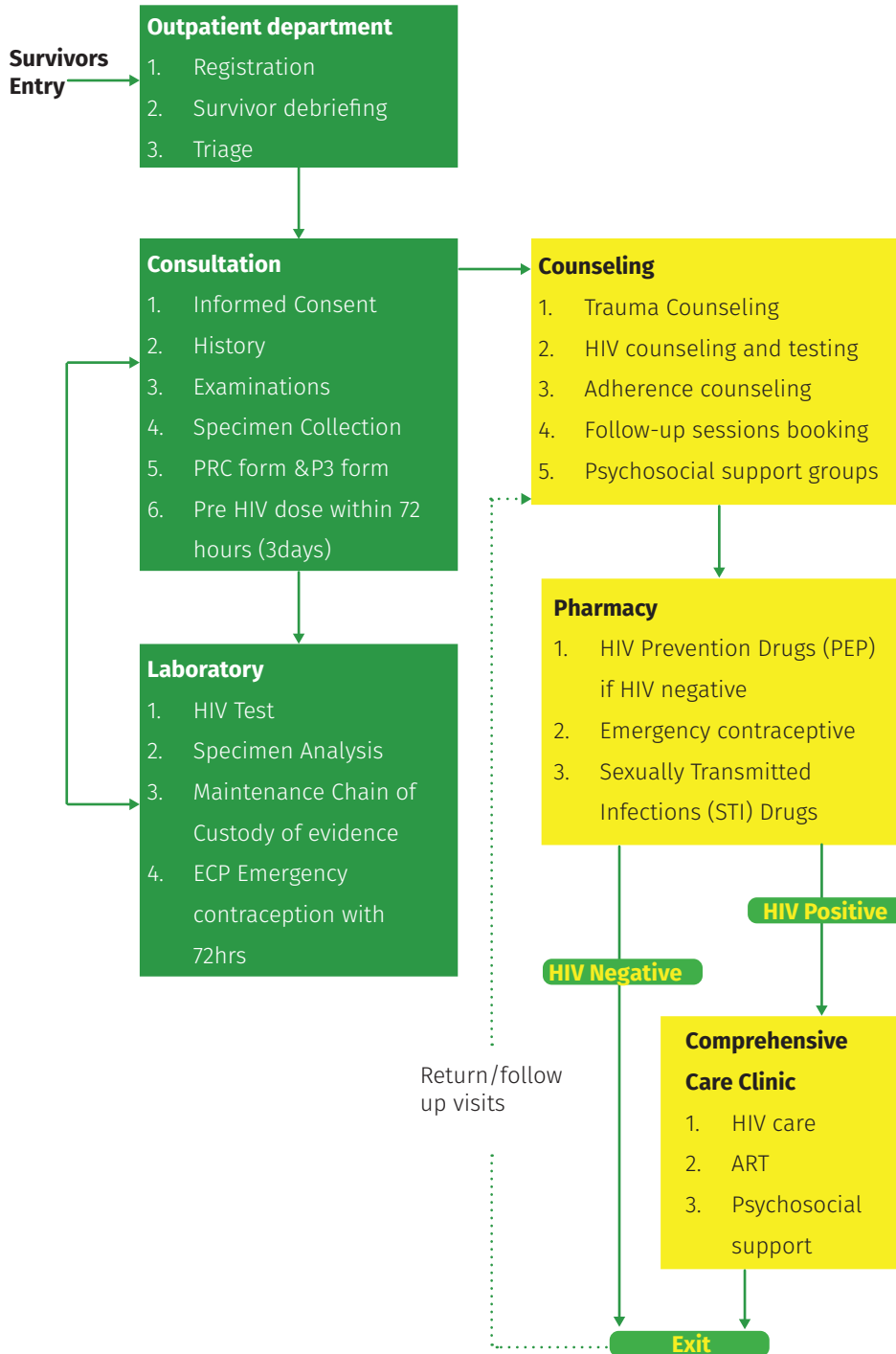
Policy Review

This Policy will be implemented within a five (5) year period and shall be subjected to review as need be, considering the social and economic realities associated with SGBV.

SURVIVOR FLOW CHART

Client Flow Pathways for Treatment of Survivors of Sexual Violence

Survivor should be attended to as priority



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