

**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

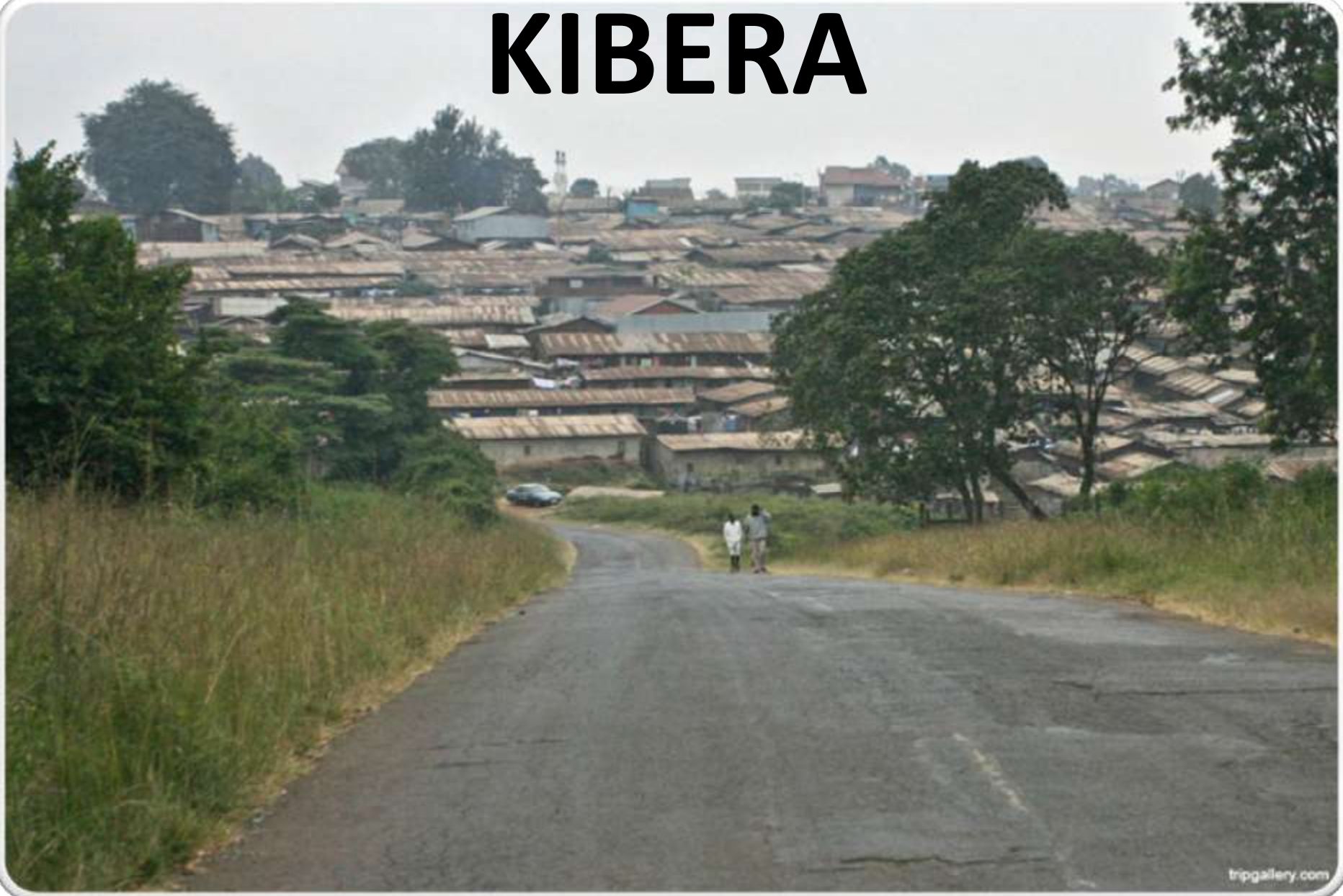
Multi-Sectoral Approach to GBV

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

P r o t e c t i o n



KIBERA



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

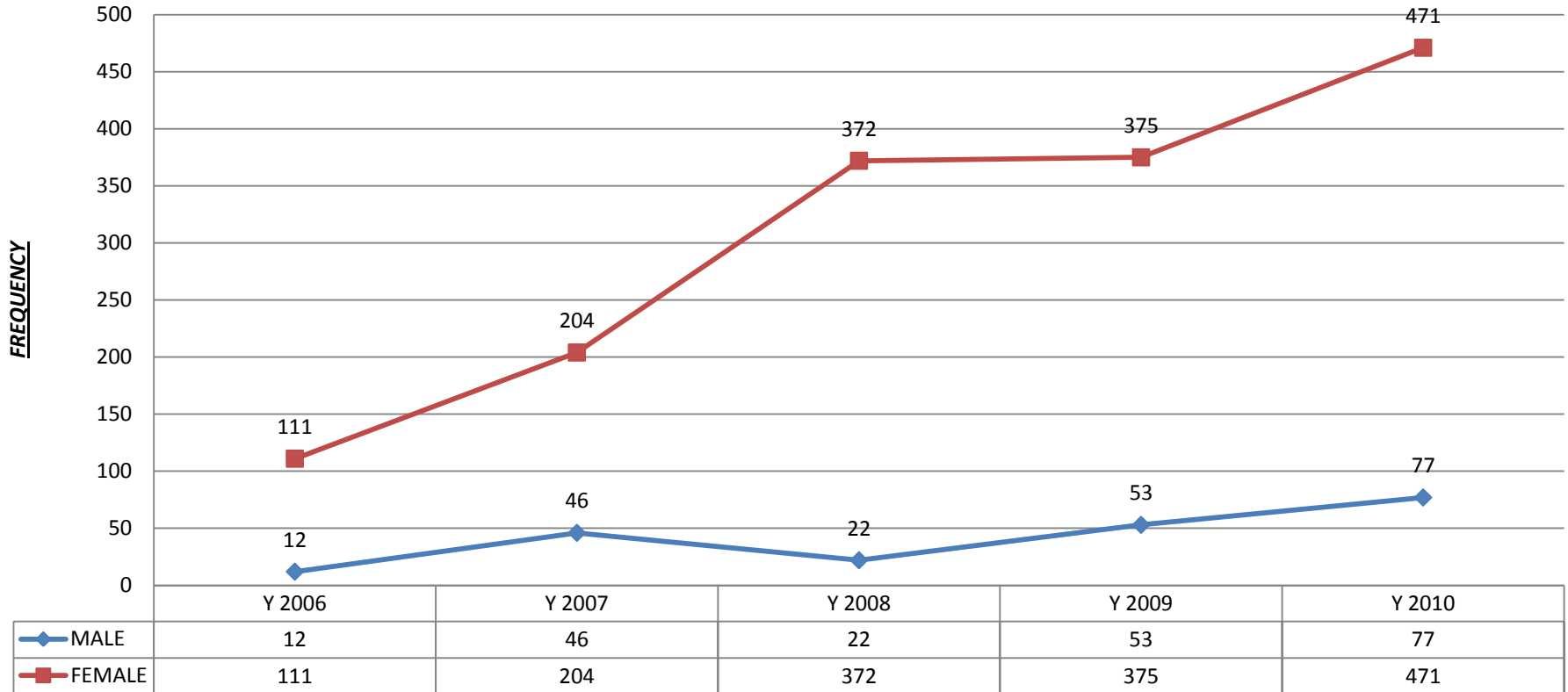
- **Raised accountability levels of duty bearers** as they are challenged by the community volunteers on gaps / lapses in service provision
- Monthly case conferences **held away** from community
- **Data entry and analysis** with periodic **feedback** in community case conferences
- **Other community 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

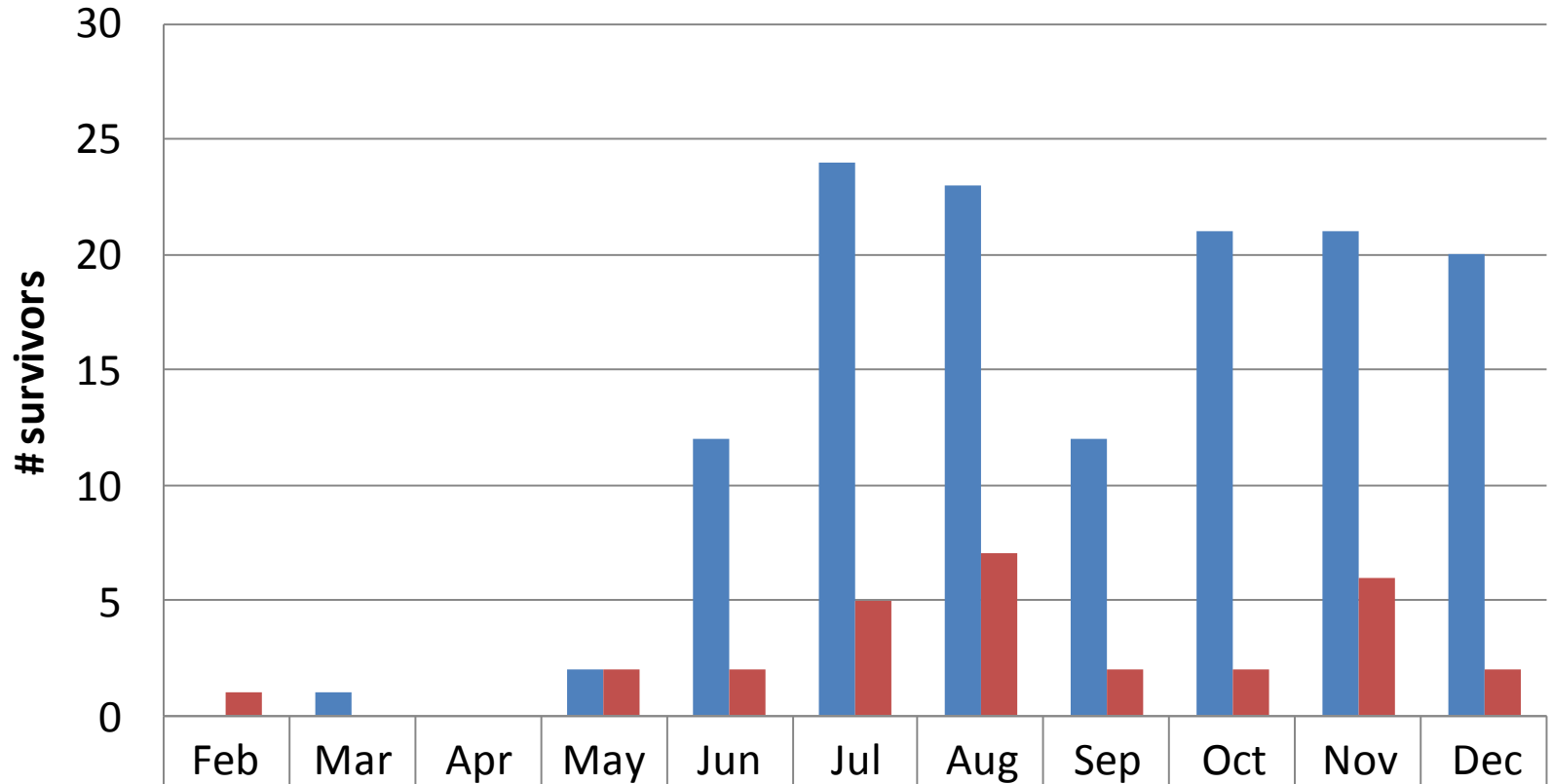
The number of male and female survivors have drastically increased over the years - KNH

TREND OF SURVIVORS



Community Case Conference Trends

Trend (Feb – Dec 2010)



Female	0	1	0	2	12	24	23	12	21	21	20
Male	1	0	0	2	2	5	7	2	2	6	2

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”

