

Building Communities of Action Towards Ending GBV

Baseline Survey on Gender Based Violence



WHRDHUB
WOMEN HUMAN RIGHTS DEFENDERS HUB

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Abbreviations/Glossary

CSV	Comma Separated Values
FGD	Focused Group Discussions
FGM	Female genital Mutilation
GBV	Gender-based Violence
GBRCs	Gender-Based Recovery Centers
HAK	Healthcare Assistance Kenya
KDH	Kenya demographics Household Survey
KII	Key Informant Interviews
NGEC	National Gender and Equality Commission
PSC	Prestige Support Canter
SGBV	Sexual Gender-based Violence
SOPs	Standing Operating Procedure
SPSS	Statistical Package for Social Scientists
UN	United Nations
NDP	United Nations Development Programme
WHRDs	Women Human Rights Defenders
KAP	Knowledge Attitude and Practices

Acknowledgement

We extend our heartfelt gratitude to all the women human rights defenders and communities of action who contributed to the success of this research on the Situation of Gender-Based Violence in Nairobi, Kitui, and Kwale Counties.

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Finally, we express our sincere appreciation to the community members, stakeholders, and field teams whose contributions have informed the findings and recommendations of this study. Your voices have laid a strong foundation for advancing gender equality and addressing gender-based violence in Kenya.

About WHRD Hub

The Women Human Rights Defenders Hub (The Hub) is a feminist initiative led by Women Human Rights Defenders (WHRDs) who have been in the forefront advocating for rights, giving safety and support to women defenders in Kenya and establishing feminist networks of WHRDs through community organizing.

The Hub envisions a world in which fundamental human rights and freedoms are universally recognized and respected by all, and where everyone has the right to defend these rights and freedoms without fear of threats or attack. The Hub supports WHRDs through the following programmatic interventions; Safety & Security; Wellbeing; Femtorship; Livelihoods; and Movement Building. These programmes are designed to strengthen WHRDs collective and individual capacities in order to manage their activism work.

Executive Summary

An estimated 1 in 3 women globally experiences physical or sexual violence during their lifetime¹. This translates to about 736 million women that are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner. According to the World Health Organizations, this number has remained largely unchanged over the past decade (Ibid). The age of violence starts early – between the ages 15 -24. Men and boys are also victims, though less frequently reported. According to the Kenya Demographic and Health Survey (KDHS), 45% of women aged 15-49 have experienced physical or sexual violence. These figures represent one of the highest in the region. It has been noted that a lot of these cases are not reported because of patriarchal, societal and socio-cultural factors. Girls and women from the traditionally poor and marginalized communities in Kenya are particularly at risk given lack of adequate community support structure, lack of awareness and information, strong patriarchal system and proliferation of traditional and customary justice system.

The Women Human Rights Defenders Hub (The Hub) is a feminist initiative led by Women Human Rights Defenders (WHRDs) who have been in the forefront advocating for rights, giving safety and support to women defenders in Kenya and establishing feminist networks of WHRDs through community organizing. The Hub envisions a world in which fundamental human rights and freedoms are universally recognized and respected by all, and where everyone has the right to defend these rights and freedoms without fear of threats or attack. Supported by UNDP Amkeni Wakenya, the Hub seeks to implement a project titled ‘Building Communities of Action Towards ending GBV’, meant to enhance the capacities of WHRDs who are in the lead of fighting for the rights of GBV victims and survivors as first responders. The approach also seeks to build strong communities of action by sensitizing community members to be in the forefront of ending GBV especially at community and family level. The project “Mapping of GBV Realities, a three-county survey to enhance Knowledge Building and Response”, was meant to interrogate the GBV situation so as to inform response and knowledge building in the areas of GBV response at the target counties. This will inform gender responsive mechanisms and by extension inform gender responsive policies at the respective counties.

1 World Health Organization (9 March 2021): Devastatingly pervasive: 1 in 3 women globally experience violence: <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>

The Gender Knowledge, Attitudes, and Practices (KAP) Baseline Survey was conducted to assess prevailing perceptions, behaviors, and practices related to gender equality and gender-based violence (GBV) in Kwale, Kitui, and Nairobi counties. Conducted between October and early November 2024, the study aimed to explore how social, cultural, and legal factors influence gender norms while examining GBV awareness, community attitudes, and existing interventions. The survey combined quantitative and qualitative approaches, utilizing structured interviews, questionnaires, and focus group discussions (FGDs) to gather insights from diverse stakeholders and community members. Target respondents included individuals with expertise in GBV prevention, women human rights defenders, and general community members drawn from Kibera and Ruaraka constituencies in Nairobi, Kinango Constituency in Kwale, and Kitui South Constituency in Kitui.

The study revealed that awareness of gender equality and GBV laws has improved significantly across the three counties, though critical gaps remain in attitudes, particularly concerning women's autonomy and rights. Persistent traditional practices continue to undermine gender equality, with variations across regions highlighting the need for tailored interventions. While some communities demonstrate proactive efforts to address GBV, challenges such as stigmatization and underreporting persist. The survey also identified gaps in the implementation of gender and GBV policies at both county and national levels and emphasized the importance of collaboration among stakeholders to address these issues effectively.

The findings point to the need for sustained community engagement, enhanced education on legal rights, and stronger government commitment to gender equality and GBV prevention. By identifying opportunities for building sustainable community responses and strengthening collaborative efforts, the study provides a foundation for designing targeted interventions that promote equitable gender relations and improve GBV responses at the county level.

CHAPTER ONE: Background

The Kenya Demographic and Health Survey of 2023 noted that women in Kenya continue to face GBV disproportionately highlighting that 40% of women in Kenya have faced Gender and Sexual Gender Based Violence (GBV/SGBV) from their partners in their lifetime. While GBV might manifest physically, the effects remain psychological, physical, and emotional. Meaning it is a problem that overall affects the safety, security and wellbeing of women.

Despite Kenya making many strides towards gender equality and mainstreaming, GBV remains one of the greatest obstacles towards the realization of gender equality. This is because culturally, GBV as a cultural practice continues to limit the empowerment of women by destroying their dignity by engaging in this harmful activity.

Supported by UNDP Amkeni Wakenya, the Hub seeks to implement a project titled 'Building Communities of Action Towards ending GBV' to enhance the capacities of WHRDs who are in the lead of fighting for the rights of GBV victims and survivors as first responders. The approach also seeks to build strong communities of action by sensitizing community members to be in the forefront of ending GBV especially at community and family level.

Based on the foregoing, Prestige Support Centre (PSC) was engaged to conduct three-county baseline survey in Nairobi, Kitui and Kwale Counties to inform the project design. The survey sought to interrogate the GBV situation so as to inform response and knowledge building in the areas of GBV response at the target counties. This baseline report will inform gender responsive mechanisms and by extension inform gender responsive policies at the respective counties.

1.1. Scope of work

The scope of work was to:

- 1) Review existing gender policies at the county level and GBV-specific policies at the National level.
- 2) Conduct a baseline survey in three counties (Kwale, Kitui & Nairobi) interrogating the status of GBV. The Baseline survey to cover/interrogate the following.

- (i) **Identify Existing Efforts of Collaboration Towards Ending GBV**
Assess the current partnerships between governmental bodies, NGOs, community organizations, and other stakeholders in the fight against GBV, and highlight successful collaborations that have made a tangible impact.
- (ii) **Identify Opportunities for Building Sustainable Community Responses to GBV**
Explore ways to strengthen community-driven initiatives, focusing on developing long-term strategies and resources that will allow local communities to effectively address GBV and support survivors.
- (iii) **Understand Community Perceptions and Attitudes Towards GBV**
Investigate how different communities view GBV, including prevalent cultural norms, misconceptions, and levels of awareness, to tailor interventions that resonate with local populations.
- (iv) **Examine the Role of Community Members in Perpetuating or Ending GBV**
Analyze the role that community members play in either supporting or combating GBV, identifying behaviors, attitudes, and social practices that either reinforce or challenge GBV within these communities.
- (v) **Identify the Role of Women Human Rights Defenders in Ending GBV**
Recognize the contributions of women human rights defenders in the fight against GBV, focusing on their diverse roles, experiences, and challenges in advocating for women's rights and combating gender-based violence.

(a) Develop report of the survey

1.2. Expected Deliverables

The deliverables of the baseline survey were:

- A detailed report of the baseline survey findings, including analysis of GBV service delivery and community awareness.
- Recommendations for improving access to justice and support services for GBV survivors and first responders.
- Data insights to inform future project interventions and policy advocacy work.

1.3. Methodology

1.3.1. Preliminary task

Preliminary review included desk research and review of existing gender and GBV-specific policies at the county level for Kwale, Kitui, and Nairobi, as well as relevant national-level frameworks. This provided a contextual foundation for the baseline survey and aligned data collection with existing policy efforts.

1.3.2. Sampling Design and methods

A mixed-methods research design that comprised of both quantitative and qualitative methods in data collection was applied. The survey used a combination of randomized and stratified sampling for community members and snowball sampling to reach hard-to-reach populations affected by GBV.

A diverse sample representing the target population was segregated across several demographic variables:

- (a) Age: Participants aged 18 and above to capture insights from both younger and older generations.
- (b) Gender: A balanced representation of male and female respondents to examine differing perspectives on gender issues.
- (c) Education Level: Inclusion of participants with varying levels of education (primary, secondary, tertiary) to understand how educational background influences gender Knowledge, Attitudes and Practices (KAP).
- (d) Geographic Location: Ensuring representation from urban (Nairobi), semi-urban (Kitui), and rural (Kwale) areas to capture regional variations in gender attitudes and practices.

1.3.3. Sample Size Determination

The sample size for the survey was determined using a sample size calculation methodology that examined the knowledgeable people targeted in at the ward level. A total of 73 survey respondents were received from the targeted project locations. We considered a 95% confidence level and a 5% margin of error. Individual respondents for the survey were selected using simple random sampling based on the community household list. This method helped ensure that the sample size accurately represented the target communities.

1.3.4. Sampling Frame

County name	Constituency Name	Ward name	Sample Size
Nairobi	Kibra Constituency.	Lindi Ward	25
	Ruaraka Constituency	Korogocho Ward	
Kwale	Kinango Constituency:	Kinango ward.	22
		Ndavaya ward.	
Kitui	Kitui South Constituency	Ikanga/Kyatune ward.	26
		Mutomo/Kibwea ward.	
Total			73

1.3.5. Data collection

Quantitative data was collected using a structured questionnaire which was administered to a representative sample of community members and stakeholders. This was done using online google forms.

Qualitative data was collected through In-depth interviews and focus group discussions to key stakeholders, including WHRDs, government officials, survivors of GBV, and community leaders. Google forms was used for digital data collection to ensure accuracy and confidentiality. A consultant shadowed the data collection process, analyzing data sets every evening to ensure reliability and accuracy.

Data collection tools utilized during the survey are Appended to this report.

1.3.6. Ethical Consideration

Ethical requirements for the study was adhered to during the survey, ensuring adherence to ethical standards in research involving human subjects. Key ethical considerations include:

- ◆ **Informed consent:** Participants were provided with detailed information about the purpose, procedures, potential risks, and benefits of the research. Consent was obtained from participants prior to their participation.

- ◆ **Confidentiality and anonymity:** Participants' identities and responses remained confidential, with data anonymized during analysis. Unique identifiers were used to link data without revealing personal information.
- ◆ **Right to Withdraw:** Participants were presented with the right to withdraw from the survey at any time without penalty, ensuring autonomy and respect for their choices.

1.3.7. Data analysis

The collected data was processed and analyzed using a combination of qualitative and quantitative methods to address the research objectives.

1.3.8. Quantitative Data Analysis

The survey data, collected via Google Forms, was downloaded in Comma Separated Values (CSV) format for analysis. Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS) and Microsoft Excel. Descriptive statistics were the primary focus, with frequency tables used to identify patterns and cross-tabulations employed to disaggregate the data. The findings are presented in tables and charts for clarity and better comprehension.

1.3.9. Qualitative Data Analysis

Qualitative data was analyzed through content analysis, where information was categorized into themes aligned with the research objectives.

1.3.10. Triangulation and Reliability

Triangulation of information from various data sources was carried out to enhance the reliability of the findings and ensure that the survey responses effectively addressed the research objectives.

1.3.11. Quality control

Quality control measures were integral throughout the study, with rigorous steps taken before, during, and after data collection. Pre-testing of the questionnaire was conducted twice: first by the developers before scripting and later by trained enumerators after scripting, with feedback incorporated into the final tool. Research field supervisors provided ongoing technical support, including spot checks, resolving selection issues, and daily reviews of group questionnaires to ensure accuracy, consistency, and completeness.

1.3.12. Limitations of the study

The limitations of the survey were:

- (a) Cross-Sectional study: The survey involved cross-sectional study to collect data from population at a single point in time. Use of Longitudinal studies could be more beneficial for exploring changes in Knowledge, attitudes and practices among respondents over time.
- (b) Response Bias: The reliance on self-reported data may have introduced response bias, as participants might have provided socially desirable answers rather than reflecting their true beliefs or practices.
- (c) Sample biasedness: Although efforts were made to ensure a diverse and unbiased sample, challenges in recruiting participants from certain demographic groups such as marginalized communities may have affected the biasedness of the sample.

CHAPTER 2: Legal and Policy Framework

1.4. Overview of Gender-Based Violence (GBV)

Gender-Based Violence (GBV) remains a significant global challenge, prevalent across many cultures and societies. It manifests in both private and public spheres as one of the most pervasive forms of human rights violations. GBV is frequently used as a tool to sustain and reinforce gender power imbalances. While GBV affects individuals across all genders, global consensus recognizes that women and girls disproportionately bear the brunt of this violence. Studies estimate that one in three women worldwide has experienced physical or sexual violence, often inflicted by an intimate partner.

National legal and policy frameworks:

In Kenya, as in the rest of the world, a complex set of social and structural factors drive GBV. Harmful gender norms, which rigidly define and enforce gender roles, and support the right of men over women's bodies and sexuality, perpetuate GBV. Also, a culture of silence around violence against women and girls and acceptance of violence to discipline women and children and settle interpersonal disputes increase the risks of violence and harassment and contribute to a low level or lack of GBV reporting. Further, intersecting axes of inequality—gender, poverty, class, age, ethnicity, disability, and others—heightens the risk of GBV for marginalized and vulnerable groups. In Kenya, GBV manifests in various forms, including domestic violence, sexual violence, female genital mutilation, and other harmful practices. The country has made significant strides in addressing GBV through the development and implementation of robust legal and policy frameworks at both the national and county levels.

The 2010 Constitution of Kenya, along with laws such as the Sexual Offences Act 2006 and the Protection Against Domestic Violence Act 2015, provides a solid legal basis for preventing and responding to GBV. Additionally, national bodies like the National Gender and Equality Commission (NGEC) play a crucial role in promoting gender equality and protecting vulnerable groups. However, the effectiveness of these national frameworks depends significantly on their implementation at the county level.

Kenya has several laws to address gender-based violence (GBV), including:

- The Constitution of Kenya: Guarantees equality, freedom from discrimination, and

the right to security and freedom of the person. Article 10 of the Constitution is on the National Values and Principles of Governance. It highlights such principles as equality, equity, inclusiveness and non-discrimination. These principles provide an anchorage for gender equality

- The Sexual Offences Act (2006): Defines sexual offenses and provides for the investigation and prosecution of offenses.
- The Protection Against Domestic Violence Act (2015): Addresses domestic violence.
- The Prohibition of Female Genital Mutilation Act (2011): Prohibits female genital mutilation.
- The Counter-Trafficking in Persons Act (2011): Addresses trafficking in persons.
- The National Policy for Prevention and Response to Gender-based Violence (2014): Accelerates the implementation of legislation, policies, and programs to prevent and respond to GBV.
- The Kenya Citizenship and Immigration Act (2011): Allows married women to confer citizenship to their husbands.

Furthermore, the Government of Kenya (GOK) has also expanded the criminalization of abuse and requires police and government departments to provide survivors with medical services and protection.

Citizens can share, report or seek help through an active toll free national GBV hotline in Kenya, Healthcare Assistance Kenya (HAK)1195.

County government's legal and policy frameworks

County governments in Kenya are responsible for contextualizing national policies, allocating resources, and ensuring that local laws and practices align with national standards. The three-County baseline “survey on understanding gender-based violence” aims to address the critical issue of Gender-Based Violence (GBV) in the three counties. Despite efforts made towards gender equality, GBV remains a persistent challenge in Kenya, affecting women disproportionately. In alignment with the project, Building Communities of Action Towards Ending GBV, this consultancy seeks to enhance community response and policy frameworks to address GBV at both the county and national levels.

The review will also delve into how the counties of Kwale, Kitui, and Nairobi have adapted and implemented these national frameworks, highlighting successes, challenges, and areas for improvement.

Kwale County legal and policy frameworks

Laws	Policies and Guidelines
□ Kwale County SGBV Prevention Protection Act, 2023	□ Kwale County SGBV Standard Operating Procedures, 2023

In Kwale County, significant progress has been made with the enactment of the Kwale County SGBV Prevention Protection Act, 2023. This legislation is a milestone in strengthening existing laws and providing enhanced protection for victims while ensuring justice for perpetrators. Collaboration with civil society organizations and community leaders is crucial for widespread impact.

Additionally, the Kwale County SGBV Standard Operating Procedures, 2023, should be developed in line with the model legislative framework provided by the National Gender and Equality Commission (NGEC) and IDLO, ensuring they are comprehensive and aligned with national standards.

The Kwale County SGBV Prevention Protection Act, 2023, there is no clear concise definitions in the Acts of what constitutes ‘ABUSE’ in the case of a child, or the specific forms and types attributed to sexual abuse common to Kwale County would be best captured in the Bill, lest the risk of leaving out harmful traditional practices and violations. Administration of Justice section is not clear on Kwale Act.

These SOPs should include clear guidelines for reporting, investigating, and providing support services to victims, as well as mechanisms for holding perpetrators accountable.

Nairobi City County legal and policy frameworks

Laws	Policies and Guidelines
□ Nairobi City County SGBV Prevention, Response and Control Act, 2021	□ Nairobi City County GBV Service Directory □ Nairobi City County GBV Sermon and Khutba Guide □ Nairobi County Social Behaviour Change Communication Strategy: Sexual Reproductive Health Rights and Gender-Based Violence □ Draft Nairobi City County Child Protection and Safeguarding Policy, 2022

Nairobi City County SGBV Prevention, Response and Control Act, 2021, reflects the county’s commitment to addressing GBV through a structured legal framework. To fully implement this act, the county should focus on urban-specific challenges such as higher

rates of sexual and domestic violence, enhancing law enforcement and judicial responses to GBV cases.

On the other hand, the Nairobi City County GBV Service Directory is another valuable resource that should be widely disseminated and regularly updated to include all relevant service providers, such as healthcare facilities, safe houses, and counselling services. Ensuring that the directory is user-friendly and accessible to all segments of the population, including those in marginalized communities, is essential. Nairobi City County has tried to define and capture harmful practices.

Kitui County legal and policy frameworks

Kitui County has the Kitui County Gender and Workplace Gender Policy, 2024, an important step towards addressing GBV in employment settings. This policy should be developed with input from various stakeholders, including employees, employers, and community leaders. It should include mechanisms for reporting and addressing GBV incidents in the workplace. The policy should also be part of a broader strategy to address GBV in rural settings, where community-based initiatives and traditional leader engagement are crucial. Engaging communities, including men, boys, women, and girls, is essential for changing harmful social norms and ensuring the sustainability of GBV prevention efforts.

Analysis of Policy Effectiveness and Gaps.

1. Service delivery in health, justice, and security, does not mention or guarantee quality and periodic reviews.
2. Safeguarding procedures and ethics are not well contained in Standing Operating Procedure (SOPs)
3. In reviewing the documents, the Consultant was cognizant of the fact that a bill is a draft of a proposed law, while an act is the law that results from a bill having passed through a legislative process and being ratified. The consultant therefore applied the following criteria:
4. Whether the policy statements were clear, concise and SMART.
5. Whether they answered the 5Ws – What, Where, Why, when, Who;
6. Whether there was a clear intersection between health, security, and justice sectors at County with Court Users Committee (CUC).

Having looked at the respective Acts specifically, the Consultant makes the following general Observations:

1. It is encouraging to note that all the three Counties have made some efforts towards enacting legal and policy frameworks on GBV that are in place and are aligned to national frameworks.
2. Dealing with service provision calls for confidentiality to survivors, and therefore, the Acts should include the principles.

3. Definition of term “GBV” is wide, hence if reference is about SGBV then it ought to be narrowed into the clear and precise definition. That means including definitions or types of SGBV prevalent in the respective Counties and their nature.
4. Any current research statistics could be included in the introductory part of SoPs, e.g. from the Kenya National Bureau of Statistics or KDH Surveys.
5. Intersectional approach to be applied from the following sectors: education, policing, livelihood, health, and justice, mainstreaming GBV across line ministries. Education seems left out.
6. Documents be anchored on existing legal Instruments; Kenya has standards and guidance addressing GBV and for providing support to survivors, duty bearers and state are accountable. At the national level, there is the National Policy for Prevention and Response to Gender Based Violence 2014, stressing on multi-sectoral approach for prevention and response. The National Guidelines on the Management of Sexual Violence 2014 has clear steps in treatment of sexual survivors, including preservation of evidence and issues of Psycho-Social Support. And the National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya in 2014 which sets out indicators for ME of the different sectors to prevent and respond to sexual violence. Constitution of Kenya, CRC, Sexual Offences Act, Penal Code.
7. As part of key stakeholder, Ministry of Education needs to be included especially when dealing with school age going children caught up in any forms of GBV either as perpetrators or survivors.
8. Use of word “victim” be revised to “Survivor”.

CHAPTER THREE: Research Finding

1.5. Community Perceptions and Attitude Towards GBV

1.5.1. Demographics

The response rate by Gender across three counties is indicated in Table 3.1. below:

Table 3.1: Response by Gender

County	Male	Female	Total	% of total sample
Nairobi	5	22	27	37%
Kwale	9	7	16	22%
Kitui	4	26	30	41%
Total Sample	18	55	73	100%
% of gender	25%	75%	100%	

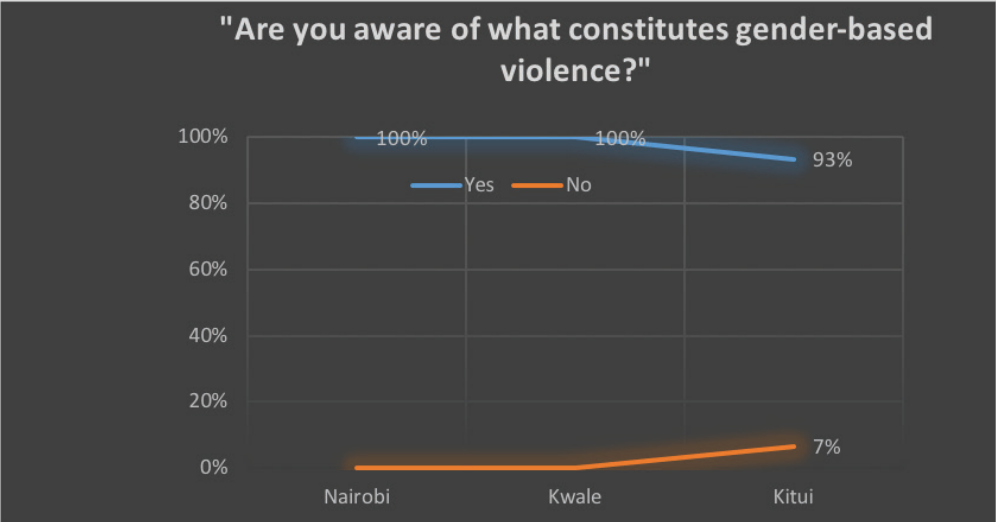
A total of 73 respondents from three counties participated in the survey; 37%, 22%, and 41% of the respondents were drawn from Nairobi, Kwale and Kitui Counties, respectively. In terms of gender, three quarters of the respondents (75%) were of female gender while a-quarter of the respondents (25%) were of male gender.

1.6. Knowledge about GBV

1.6.1. Awareness of GBV Concepts

Awareness on GBV is indicated in Figure 3.1. below:

Figure 3.1: Awareness on gender-based violence



Majority of the respondents in Nairobi, Kwale and Kitui counties understood the GBV concepts and legal protections as indicated in Figure 3.1.

1.7. Types of GBV recognized

Types of GBV recognized is indicated in Table 3.2. below:

Table 3.2: Types of GBV

Type of GBV	Nairobi	Kwale	Kitui
Physical violence	85%	81%	100%
Sexual violence	100%	81%	93%
Psychological/emotional abuse	67%	75%	70%
Economic abuse	48%	44%	73%

Most respondents recognizing multiple forms of GBV. Physical violence and sexual violence were most prevalent across three counties, followed by Psychological/emotional abuse and Economic abuse.

1.8. Sources of GBV Information

Table 3.3: Source for getting most information on GBV

	Nairobi	Kwale	Kitui
Community awareness programs	52%	38%	7%
Social media	4%	31%	13%
Local Radio Stations	0%	6%	27%
TV stations	0%	6%	33%
Newspaper	0%	0%	0%
Family/friends	4%	13%	7%
Government campaigns	4%	0%	0%
NGOs or support groups	33%	13%	7%
Religious institutions	4%	0%	7%

Sources for getting most information on GBV was varied across three counties as indicated in Table 3.3. In Nairobi County, most of information was obtained through Community awareness programs and NGOs or support groups. In Kwale County, most of information was obtained through Community awareness programs and social media. In Kitui County, most of information was obtained through Local Radio Stations and TV Stations.

1.9. Knowledge of GBV Services

Majority of the respondents were aware of services available for GBV survivors within the community. 100%, 88% and 80% of the respondents in Nairobi, Kwale and Kitui counties respectively, were aware of services available for GBV survivors.

1.9.1. Knowledge of Legal Consequences

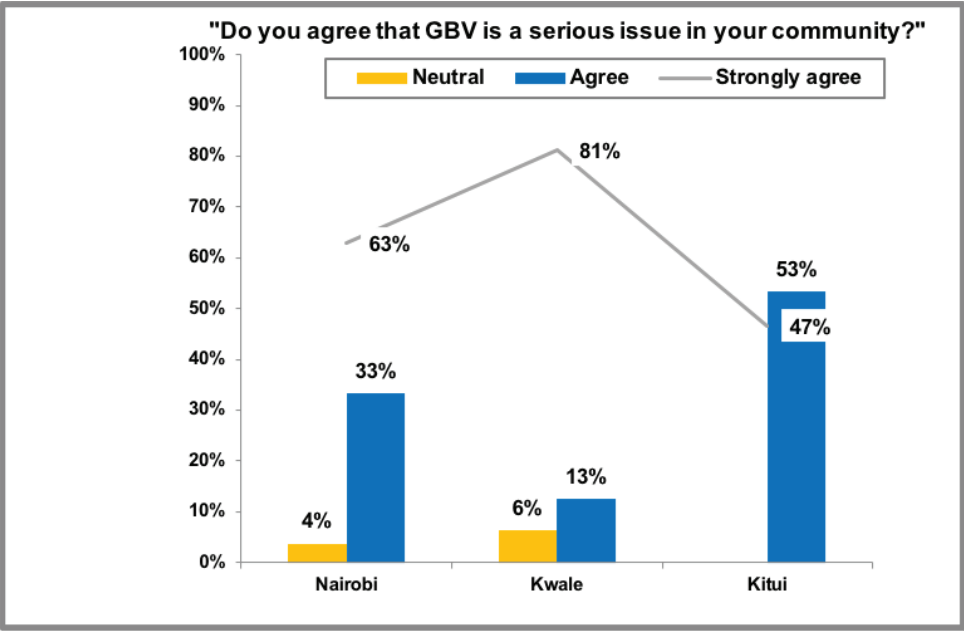
Majority of the respondents were aware of the legal consequences for GBV perpetrators. 100%, 88% and 94% of the respondents in Nairobi, Kwale and Kitui counties respectively, were aware of the legal consequences for GBV perpetrators.

1.10. Attitudes Toward GBV

1.10.1. GBV as a Community Concern

Majority of the respondents agreed that GBV is a serious issue in your community as indicated in Figure 3.2. All respondents in Kitui County agreed GBV is a serious community issue, 94% agreed in Kwale County while 96% agreed in Nairobi County. This demonstrates need to strengthen existing efforts in fighting GBV.

Figure 3.2: GBV as community Concern



1.10.2. Perceptions of Victim Blaming

Table 3.4: Perception of blaming GBV Survivors

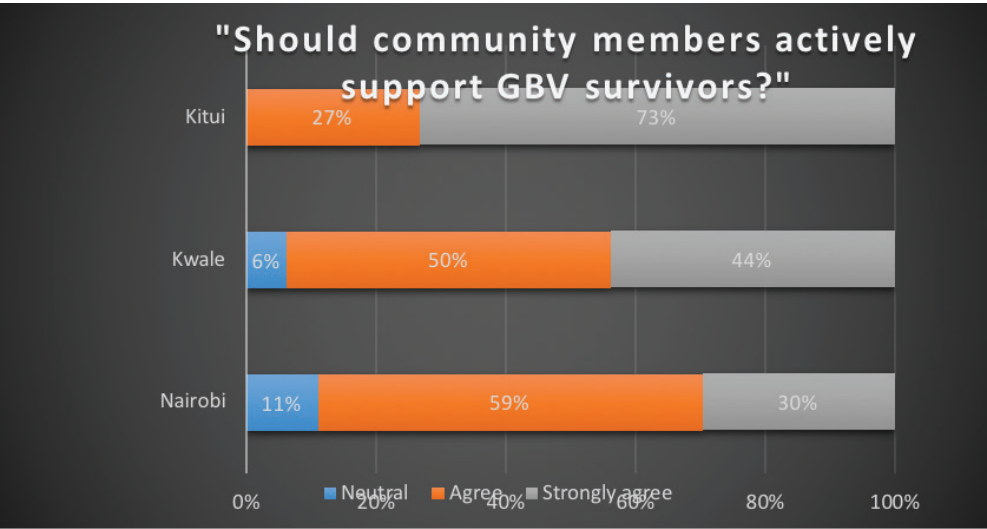
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Nairobi	4%	0%	19%	59%	19%
Kwale	0%	25%	25%	44%	6%
Kitui	0%	0%	3%	70%	27%

Majority of the respondents as indicated in Table 3.4 believed that survivors of GBV are often blamed for the violence they experience. 78%, 50% and 97% of the respondents in Nairobi, Kwale and Kitui Counties respectively agreed that survivors of GBV are often blamed for the violence they experience. 25% of the respondents in Kwale County disagreed noting that survivors of GBV are not blamed.

1.10.3. Support for Survivors

The findings reveal strong support for community involvement in helping GBV survivors across Nairobi, Kwale, and Kitui counties as indicated in Figure 3.3. All respondents in Kitui County are likely due to effective local awareness initiatives, 94% of the respondents in Kwale County, and 89% of the respondents in Nairobi County agreed that community members should actively support GBV survivors. This calls for need to come up with support mechanisms of GBV survivors. Overall, these findings indicate a foundation for community-based GBV support, with opportunities for tailored regional interventions to improve further engagement. Targeted awareness programs complimented with enhancement of existing community networks could enhance support to GBV survivors.

Figure 3.3: Support of GBV Survivors



1.10.4. Belief in Traditional Gender Norms

Table 3.5: Perception of Men having more authority than women in Household

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Nairobi	59%	22%	11%	7%	0%
Kwale	25%	44%	6%	6%	19%
Kitui	0%	20%	0%	7%	73%

The findings on community beliefs about traditional gender norms, specifically whether men should hold more authority than women in a household, reveals significant regional differences across Counties as indicated in Table 3.5. In Nairobi, a majority of respondents (81%) disagree with this statement, reflecting more progressive attitudes and possibly greater exposure to gender equality advocacy.

In contrast, Kitui shows a high level of agreement (80%), with many respondents endorsing male authority in the household, suggesting that traditional norms remain strong and potentially influence broader gender-based dynamics. A-fifth of the respondents (20%) disagreed that male should have authority over female gender in the household.

Kwale presents a mixed response, with 69% of the respondents agreeing and 25% of the respondents disagreeing, indicating a transitional perspective where traditional norms coexist with evolving views on gender roles. These findings highlight varying degrees of acceptance of traditional gender norms across the regions, suggesting that tailored, context-sensitive approaches are needed to address gender equity in each community GBV acceptance.

Perception of Reporting GBV

Majority of the respondents across all three counties perceived that reporting GBV incidents was beneficial to the community as indicated in Table 3.6. 93%, 88% and 93% of the respondents in Nairobi, Kwale and Kitui Counties respectively agreed that GBV incidences should be reported. Consequently, there is need to strengthen reporting mechanisms of GBV incidents.

Table 3.6: Perception on reporting GBV

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Nairobi	0%	0%	7%	52%	41%
Kwale	6%	0%	6%	38%	50%
Kitui	0%	0%	7%	33%	60%

3.7 Practices Related to GBV

1.10.5. Frequency of GBV Reporting

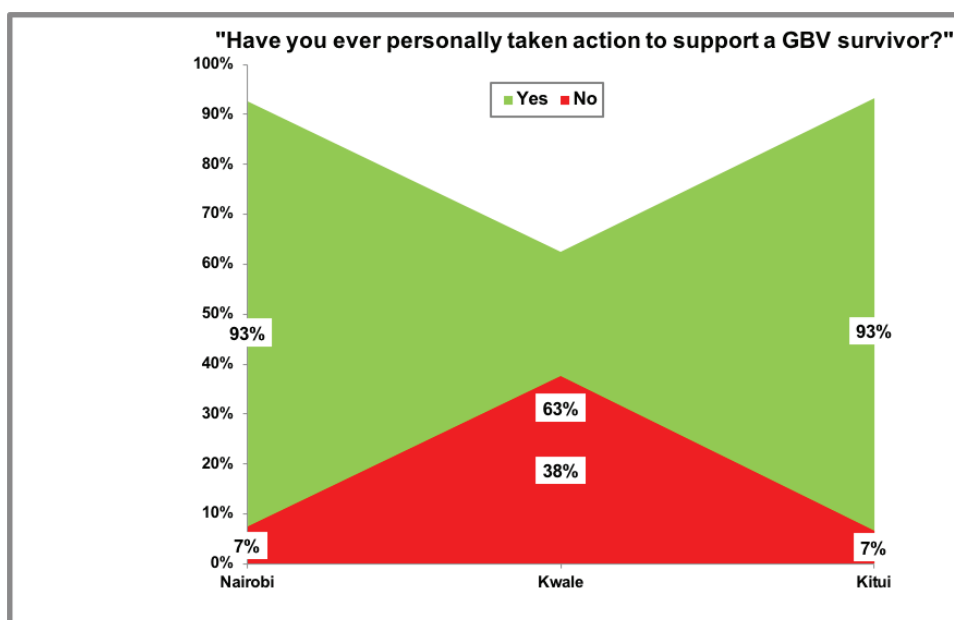
Table 3.7: Perception on reporting GBV

	Never	Rarely	Sometimes	Often	Always
Nairobi	4%	0%	7%	67%	4%
Kwale	0%	63%	25%	13%	0%
Kitui	0%	0%	40%	3%	57%

Frequency of reporting GBV is indicated in Table 3.7. Nairobi shows higher reporting rates whereby approximately two-thirds (67%) report on GBV. This is driven by better access to formal support systems and greater awareness through community programs and NGOs. Kitui has moderate reporting frequency where 57% of the respondents always report while 40% of the respondents sometimes report. This is influenced by mass media, and traditional norms. Kwale has lower reporting rates whereby 63% of the respondents rarely report. This may be due to limited access to formal reporting mechanisms and a reliance on social media, which may not effectively support official reporting.

1.10.6. Support Actions Taken for GBV Survivors

Figure 3.4: Personal action to support GBV Survivor



Majority of the respondents took personal action to support GBV survivor as indicated in Figure 3.4. 93% a piece of the respondents in Nairobi and Kitui Counties indicated they took personal action to support GBV survivors. In Nairobi, there was high engagement in support actions such as reporting incidents and providing resources, facilitated by numerous NGOs and community organizations. Kitui showed involvement, with some respondents supporting survivors through local initiatives. In Kwale, personal support actions were lower (63%), reflecting limited community-based support structures and possibly stronger victim-blaming attitudes that discourage active assistance.

In terms of action taken to support GBV survivors, the key action taken across three counties as indicated in Table 3.8 was directing GBV survivors to support organizations as indicated by 67%, 62% and 55% in Nairobi, Kwale and Kitui Counties, respectively.

Table 3.8: Perception on reporting GBV

	Reported to Authorities	Provided emotional support	Directed them to a support organization	Other
Nairobi	23%	4%	67%	7%
Kwale	19%	19%	62%	0%
Kitui	3%	40%	57%	0%

1.11. Existing Efforts of Collaboration towards Ending GBV

1.11.1. Support Services Available to GBV Survivors

Table 3.9: Support services for GBV survivors

	Nairobi	Kwale	Kitui
Shelters	63%	19%	73%
Counseling	81%	69%	100%
Legal aid	93%	44%	33%
Medical services	89%	56%	73%
None	0%	13%	0%

Table 3.9 indicates support services across three counties. In Nairobi, there is greater access to a comprehensive range of support services, including shelters, counseling, legal aid, and medical services, backed by a strong civil society and NGO-led response. In Kitui, while essential services like counseling, shelters and medical care are available, there is noticeable legal aid, making these services less accessible compared to Nairobi. In Kwale, a significant proportion of respondents reported the inadequate support services with counselling being the key support service, highlighting the severe challenges faced by survivors in the region. 13% of the respondents in Kwale County indicated that there are no support services.

In terms of perception on the effectiveness of available support services for GBV survivors, there was regional variation. In Nairobi, services are viewed as effective by 78% of the resorted, supported by better infrastructure, well-trained personnel, and ongoing community engagement. Kitui has mixed perceptions with 75% noting they were effective while 25% noted they were somewhat effective, likely due to resource constraints that lead to inconsistent service delivery. In Kwale, effectiveness is perceived as low with half of the respondents (50%) indicating they were somewhat effective, which is attributed to inadequate service provision, limited human resources, and low funding for GBV programming.

1.11.2. Participation in Awareness Programs

Participation in GBV awareness programs varies significantly across Nairobi, Kitui, and Kwale as indicated in Table 3.10. In Nairobi, there is high engagement in awareness programs, primarily driven by extensive community and NGO-led initiatives that provide education and foster active community involvement. Kitui shows occasional participation, where mass media and community programs contribute to awareness, though logistical challenges may limit broader outreach. In contrast, Kwale has lower participation rates, with a heavy reliance on social media for information. This reliance may limit the effectiveness of awareness efforts, as social media does not provide the structured, comprehensive education that community programs and NGO initiatives offer in other regions.

Table 3.10: Participation in Awareness programmes

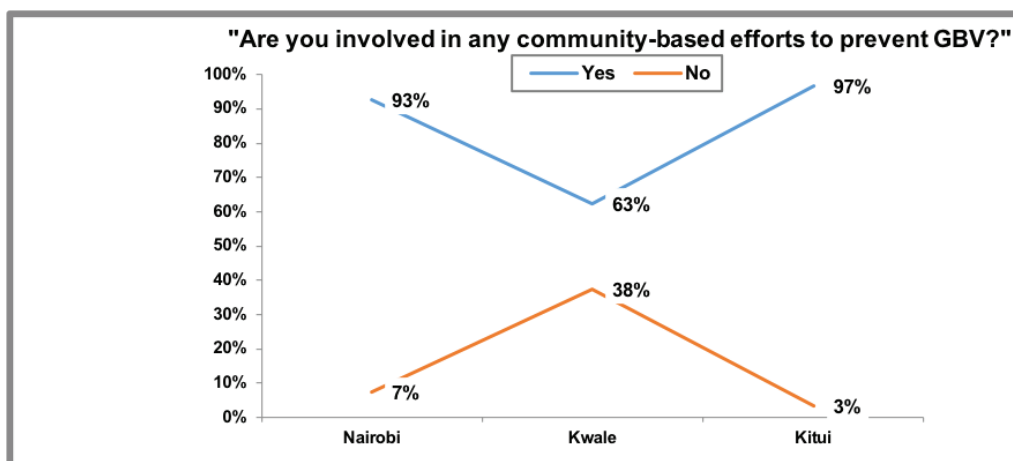
	Never	Rarely	Occasionally	Frequently
Nairobi	4%	4%	59%	33%
Kwale	19%	38%	19%	25%
Kitui	7%	17%	70%	7%

1.11.3. Communication on GBV with Family/Friends

In Nairobi and Kitui, there were frequent discussions about GBV within families and among friends as indicated by 59% and 70% of the respondents in Nairobi and Kitui Counties, respectively. In Kwale, discussions are rare with half of the respondents (50%) indicating discussions on GBV don't exist. This is likely due to deeply rooted traditional norms that discourage open conversation about GBV.

1.11.4. Involvement in Community Prevention Efforts

Figure 3.5: Involvement in Community Prevention efforts



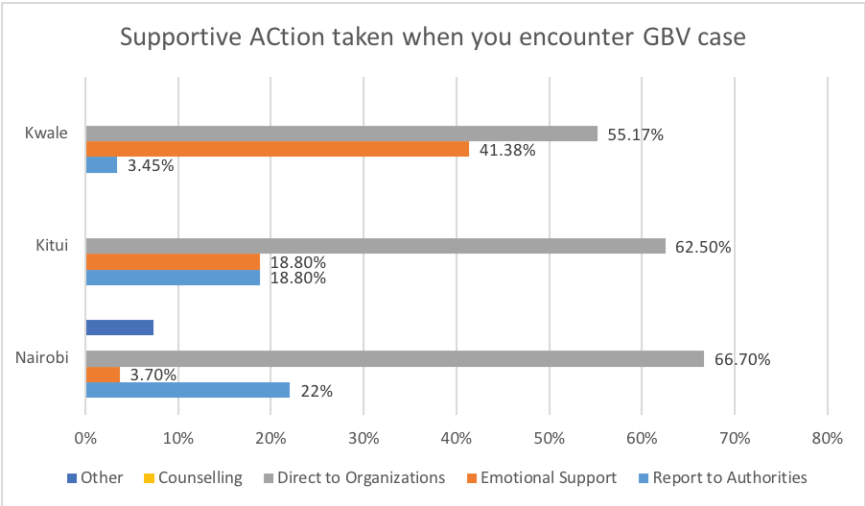
The involvement of community-based efforts to prevent GBV is indicated in Figure 3.5. In Nairobi, there is high involvement in GBV prevention efforts (97%), with many community members actively participating as volunteers, organizers, or committee members. Kitui shows involvement of 93% of the respondents, with a significant number of volunteers and some participation in local committees and organizers, suggesting need for increased engagement. In Kwale, involvement is limited (63%), with fewer community members taking active roles in prevention, reflecting potential barriers like lack of awareness, resources, or prevailing victim-blaming attitudes.

CHAPTER 4: Building Communities of Action

1.12. Interrogate role of community members in perpetuating or ending GBV

The study shows that the communities in Nairobi, Kwale and Kitui have different ways of engaging the duty-bearers and service providers whenever they come across cases of GBV and decide to act. The study shows that 67% of respondents in Nairobi would refer them to support organizations, with only 22% to local authorities.

In Kitui only 55.17% indicated they would refer GBV victims to support organizations, while 41.38 % will provide emotional support. Whereas in Kwale 62.5% would direct them to support organizations and 18.8% would refer report to authorities and provide emotional support respectively.



There are also significant support services in the community. In Nairobi, the study shows shelters, counselling, legal aid and medical services as the major services available to GBV survivors (51.9); Kitui, counselling remains the primary mode of service at (25%), following by shelter, legal and medical aid combined at 18.8%.

In Kitui, Shelter, counselling and medical services are the major point of community supported response to GBV survivors at 32.14%, following why a combination of the same services and medical aid at 21.43%.

These data shows the level of community involvement at various levels in addressing the GBV in their communities. The study FGD and KII responses also indicated coordination among different grassroots level organization led by WHRDs at the grassroots levels, religious leaders, community leaders including chiefs across different areas.

1.13. Identify role of women human rights defenders in all their diversities towards ending GBV

The study uncovered the indispensable role of Women Human Rights Defenders (WHRDs) in addressing and mitigating gender-based violence (GBV) within diverse communities. It highlighted that WHRDs serve as the primary conduits of information on GBV prevention and response measures. This knowledge dissemination often occurs through their direct engagement with community members and collaboration with local actors, creating an impactful grassroots response network.

A key finding of the study was the pivotal function of WHRDs in providing critical support mechanisms for GBV survivors. These mechanisms include disseminating information about referral pathways, shelters, legal aid, and healthcare services. Respondents overwhelmingly acknowledged that the success of GBV prevention and response initiatives is firmly anchored by WHRDs. This endorsement underscores the credibility and effectiveness of their efforts in addressing the immediate and systemic challenges faced by survivors.

The study further identified robust structures within Nairobi's Kibera slums where WHRDs collaborate with various organizations and community groups. These include women's groups, churches, CREAM, Kigali Center, SHOFKO, Kibera Justice Centre, the GBV hotline, and World Vision. In Kwale, organizations like Dada Arising have played an equally critical role in raising GBV awareness. Churches and religious institutions also emerged as key players in both regions, offering counseling and spiritual guidance to survivors. As highlighted by a participant in Kitui, "Church leaders were suggested to provide guidance and counseling to survivors" (Ms. Munyoki, Kitui FGD).

In addition, the study found that organizations are increasingly forming networks to synergize their efforts in combating GBV. These alliances enable resource sharing and capacity building in areas such as referrals, safe housing, and victim support services, creating a more cohesive and sustainable response system.

Despite these efforts, the study revealed gaps in community engagement with GBV awareness programs. While 70.37% of respondents in Kitui occasionally participated in such programs, participation rates in Kwale were lower, with 24% frequently and 18.8% occasionally engaging. Alarming, 37.5% of respondents across the study areas rarely participated in awareness initiatives. However, those who engaged consistently reported the programs to be highly effective in shaping community perceptions and actions toward GBV prevention and response.

The findings conclusively demonstrate that WHRDs are not just facilitators but indispensable agents of change in combating GBV. Their efforts, complemented by organizational networks and community-based structures, provide a lifeline to survivors and form the backbone of sustainable GBV prevention and response frameworks. Investing in and scaling the capacities of WHRDs is not just a moral imperative but a strategic necessity in the fight against GBV.

1.14. Opportunities for Building Sustainable Community Response.

The study has revealed several significant findings which can be leveraged to build sustainable community response.

- a) Existing Awareness Structures; In Nairobi, Kitui and Kwale, there exist local structures for conducting awareness on GBV at different levels of effectiveness and success. These structures, including those of WHRDs in each project locations can be utilized to amplify advocacy and awareness programmes to reduce GBV.
- b) Community awareness; In all three locations at least 93% of the respondents are aware of what GBV is and its negative impact on the community. This alone provides an opportunity and entry-pointy for programmatic development and implementation to leverage knowledge, build awareness and reduce GBV in each area.
- c) Existing local legal structures to be leveraged; As the policy review has established, there are existing legal and policy framework both at the national level and domesticated at the county levels. These policies are explicitly advocating against GBV and were participatory developed. The Hub can leverage these policies in collaborating with and strengthening the capacity of duty bearers.
- d) Existing strategies for information management; There are identified sources of GBV information from the study. Nairobi has NGOs, Kitui multimedia, especially radio and Kwale is Community Awareness programmes as sources of information on GBV. The Hub can leverage these channels to conduct meaningful advocacy and awareness programmes.
- e) Proclivity for GBV Messaging; When asked what they do when they come across GBV cases, majority of respondents mentioned different approaches, from community counselling in Kitui to reporting to Authority as the major course in Nairobi. The Hub can take advantage of these common systems to strengthen existing community response programmes to exacerbate advocacy, awareness and GBV message and response Mechanism, while also pursuing a more robust mechanism.
- f) Readiness for participation in awareness programmes; When asked whether they would do something when they come across GBV case, over 80% indicated they would respond in different ways ranging from counselling referral, to reporting to local authority and referral to NGOs as the major response within the 3 counties where the project was conducted. These major areas can be leveraged to improve response mechanism

Across board, with a varying degree of aversiveness to GBV, many respondents believed in ending GBV across all counties with Kwale still believing, to some degree, that the customary laws and traditional system should take precedence. These findings shows that the community structures, systems and commitments to ending GBV are there in the three targeted communities albeit with different levels of commitments, capacities and capabilities.

Results Analysis Framework

Result area	Comment
Assess Existing Gender and GBV Policies: GBV exist and varies across context.	Driven by cultural norms, poverty, lack of information, limited systems, patriarchy and perceptions/attributions. Policy reforms exists at various levels. Needs resources to enforce; see Kwale and Nairobi comparatively.
Identify existing collaborative, stakeholders-wide initiatives aimed at ending GBV;	There exists collaborations at different levels, albeit with weaknesses on resources, structures, engagement, social norms and injustice (distributive, legal etc). Strong in Nairobi, Kitui and Kwale (Economic abuse, distributive justice- see policy analysis)
Identify community-driven opportunities and strategies to build and sustain GBV, with a focus on local ownership and resilience;	Social enthusiasm exist albeit with different levels. Referral, medical, legal and reporting systems exists with enthusiastic community support. Have different levels of weaknesses. Community systems support in Kwale; mass media in Kitui and NGOs programmes in Nairobi. Focus on Change perception in Kwale and Kitui and strengthen community systems; reinforce NGO engagements and collaborations with LG and local communities.
Assess current community perceptions, cultural beliefs, and attitudes toward GBV to understand the social context, barriers, and facilitators in GBV prevention;	Nairobi has progressive attitude, Kitui has subjugating social structures. Rural Kwale witness strong patriarchy and strong social perceptions.
Explore the role of community members in either perpetuating or helping to end GBV, with attention to social norms, practices, and collective responsibility.	Community support existing programmes across board. Nairobi has cultural mix; Kitui and Kwale dominate in perceptions. But exhibit progressive attitude towards a more safety community given the responses. Knowledge and information will be very strategic in these areas; enhanced collaboration.
Roles and contributions of WHRDs, in advocating for GBV prevention, supporting survivors, and promoting policy and behavioral change at the community level.	Kwale programmes have vibrant WHRDs. Nairobi benefits from abundance of support systems and active WHRD with limited capacities and resources (exacerbated cases)

Conclusion and Recommendations

1.15. Conclusion

The study revealed distinct dynamics of gender-based violence (GBV) across Kitui, Nairobi, and Kwale Counties, highlighting regional variations in awareness, support systems, and societal attitudes. At a national level, Kenya has established robust legal frameworks to combat GBV, such as the 2010 Constitution, the Sexual Offences Act (2006), and the Protection Against Domestic Violence Act (2015). These are further supported by government institutions tasked with spearheading GBV prevention and response efforts. However, a critical disconnect exists between policy and practice, primarily due to limited resources, entrenched social and gender norms, and weak local response systems.

In Nairobi, the study identified a well-established ecosystem of GBV awareness and response initiatives led by NGOs, WHRDs, and religious institutions. Over 93% of respondents were aware of what constitutes GBV, and many recognized WHRDs as a major source of information and support for survivors, including services such as shelters, legal aid, medical care, and counseling. Despite strong awareness levels, participation in GBV awareness programs was noted as inconsistent, with many individuals only engaging when directly called upon. Local authorities emerged as the primary reporting mechanism in the city, demonstrating a relatively robust system of response.

Kitui, while benefiting from radio as a key channel for GBV messaging, demonstrated moderate engagement with GBV initiatives. Support services were fewer compared to Nairobi, and deeply ingrained patriarchal norms limited community-wide participation. Counseling services were identified as the primary response option for survivors, underscoring a reliance on traditional mechanisms over formal systems.

Kwale faced significant challenges due to limited infrastructure and poverty, which severely restricted the availability and accessibility of GBV response mechanisms. The region relies heavily on community awareness programs, but these are underfunded and constrained by conservative attitudes that hinder the adoption of progressive GBV norms. Although awareness levels are improving, the lack of sustained support for community-driven initiatives limits the long-term impact of these programs.

Across all three counties, the role of WHRDs was recognized as central to GBV awareness and response. Their work in disseminating information on referral pathways, shelters, legal options, and healthcare has proven invaluable. However, the study also highlighted the need for more resources, collaboration, and community ownership of GBV interventions. In regions like Kitui and Kwale, where patriarchal structures dominate, transformative approaches are necessary to challenge and change societal norms.

The findings underscore the importance of tailoring GBV interventions to regional contexts. Nairobi's proactive stance offers a model for resource allocation and community involvement, while Kitui and Kwale require targeted strategies to address gaps in awareness, support systems, and societal attitudes. The study calls for policies that promote open community dialogue, strengthen under-resourced regions, and leverage diverse information channels to enhance GBV prevention and response. By addressing these regional disparities, stakeholders can foster more sustainable, context-sensitive solutions to combat GBV effectively.

1.16. Recommendations

To strengthen GBV responses across Nairobi, Kitui, and Kwale, a series of targeted policy and programmatic interventions are recommended:

Recommendations for Government:

Maintaining high standards in GBV support services in Nairobi County:

- ◆ Ensure continued investment in shelters, legal aid, and counseling services.
- ◆ Use Nairobi's programs as models for guiding regional improvements.

Filling gaps in support services in Kitui and Kwale:

- ◆ Expand shelters and ensure consistent access to legal and medical support.
- ◆ Address resource constraints by securing sustainable funding.

Policy clarity and multi-sectoral collaboration:

- ◆ Improve clarity on county-specific GBV-focused laws and policies in Kwale, Kitui, and Nairobi.
- ◆ Expand collaboration across sectors to enhance service delivery.
- ◆ Ensure confidentiality in GBV service provision to build trust with survivors.

Research into access barriers in Kitui and Kwale:

- ◆ Investigate systemic barriers to accessing GBV services and develop government-led solutions.

Recommendations for CSOs:

Targeted educational outreach in Nairobi:

- ◆ Focus on programs for younger community members to sustain prevention efforts and foster active community roles in GBV responses.

Awareness campaigns in Kitui and Kwale:

- ◆ Organize community-wide initiatives to promote open dialogue about GBV and shift attitudes away from victim-blaming.
- ◆ In Kitui, local media use like TV and radio for outreach.
- ◆ In Kwale, expand beyond social media to reach broader audiences and counter misinformation.

Specialized training for support staff in Kitui and Kwale:

- ◆ Provide targeted training for legal, medical, and psychosocial support providers to enhance their capacity to respond effectively.
- ◆ Future research on community engagement challenges in Kitui and Kwale:
- ◆ Lead studies on effective awareness, reporting, and support mechanisms, contributing insights to refine GBV strategies.

Shared Responsibility (Government & CSOs):

- ◆ Collaborate on multi-sectoral partnerships to implement these initiatives effectively.
- ◆ Jointly evaluate Nairobi's established programs for adaptability and long-term impact, with both sectors contributing expertise and resources.



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