

Republic of Kenya



County Government
of Kakamega

Department of Health Services

Sexual & Gender Based Violence Policy

2020-2030





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FOREWORD

Kenya has a progressive Constitution and has made major strides in developing legislative and policy frameworks on prevention, response, and management of Sexual and Gender Based Violence (SGBV). At the international and regional level, there are several instruments that protect women and girls against SGBV. Kenya is a signatory to most of the commitments in these instruments and has developed legislative and policy frameworks to address SGBV.



Kakamega County Sexual and Gender Based Violence Policy has been prepared to provide guidance to the County Government, stakeholders and the public on critical elements and policy directions on SGBV. This policy will help dispel misconceptions on gender based violence and provide a frame- work for effective SGBV prevention and response. It will go a long way into enforcing the United Nations Convention on the Rights of Persons With Disability (UNCRPWD), the UN Convention on the Rights of the Child, UN Declaration on the Elimination of Violence against Women, Beijing Declaration and Platform for Action of 1995, and the African Union (AU) Protocol on the Rights of Women in Africa (Maputo Protocol, 2003). The Policy will further provide a mechanism for coordinating the response to SGBV in Kakamega County.

This policy was developed through a consultative process involving stakeholders at community, sub county, county and national levels. The stakeholders included the Judiciary, Persons with Disability, the County Assembly, the National Police Services, and Government Departments of Education, Children, Gender, Social Services and Youth.

It is my hope that this policy will bring long-term and sustained change. I urge all stakeholders and development partners to foster partnerships and work with the County Government of Kakamega in its implementation.



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We also thank the First Lady H.E. Priscilla Oparanya, the County Assembly Health committee, County Executive Committee Members (CECM), the Senator and Women Representative Kakamega - County, Chief Officers, County Commissioner, Youth and Gender Advisors in the office of the Governor and the County Health Management Team for their valuable input.

We acknowledge the valuable technical feedback from the various stakeholders such as County Attorney, Ministry of Social Services, Youth Sports and Culture, County Children's Department, the United Persons Disabled of Kenya (UPDK), the Judiciary, National Police Service and the Office of the Director of Public Prosecution.

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Finally, we are grateful to our CECM Dr Collins Matemba, the Chief Officers, Mr. Fanual Angaya Wemali, Dr Brenda Makokha and the County Government staff who were instrumental in the design, formulation and completion of the policy.



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TABLE OF CONTENTS

FOREWORD	v
ACKNOWLEDGEMENTS	vii
TABLE OF CONTENTS	ix
REFERENCES	x
DEFINITION OF TERMS	xi
ACRONYMS & ABBREVIATIONS	xiii
1. BACKGROUND INFORMATION	2
● 1.0 Introduction	2
● 1.1 Situation Analysis	3
● 1.2 Statement of the Problem	4
● 1.3 Vision	5
● 1.4 Mission	5
● 1.5 Rationale	5
● 1.6 Guiding Policy Principles	6
● 1.7 Legal Framework	7
2. POLICY ISSUES & STATEMENTS	12
● 2.1 Create an enabling environment for the prevention of sexual and gender-based violence	13

● 2.2 Develop strategies for response to SGBV	14
● 2.3 Strengthen multi-sectoral co-ordination of SGBV prevention and response	16
● 2.4 Monitoring and evaluation and research on SGBV	17
● 2.5 Reduce high number of teenage pregnancies in the County	18
3. POLICY IMPLEMENTATION	19
● 3.1 Collaboration with other Actors	20
● 3.2 Coordination Framework	20
● 3.3 Financing and Resource Mobilization for SGBV interventions	27
● 3.4 Policy Review	27
4. MONITORING & EVALUATION	28
● 4.1 Monitoring and Evaluation	29
● 4.2 The Monitoring and Evaluation Frameworks	29
REFERENCES	30
ANNEX	32

DEFINITION OF TERMS

Adolescent – These are persons aged between 10 and 19 years as defined under the National Adolescent Sexual and Reproductive Health Policy, 2015.

Child Marriage – This is a situation where marriage, cohabitation or any arrangement is made for such marriage or cohabitation with someone below the age of 18 years.

Defilement - An act which causes penetration of a child's genital organs.

County Executive Committee Member - Minister responsible for Health Services.

Child - Any human being under the age of eighteen years.

Sexual Based Violence – Actual, attempted or threatened (vaginal, anal or oral) rape, including marital rape; sexual abuse and exploitation; forced prostitution; transactional/survival sex; and sexual harassment, intimidation and humiliation.

Gender Based Violence - Violence visited upon a person based on their gender.

Inhuman Treatment - A cruel act; a deliberate infliction of pain and suffering, abuse, ill-treatment, ill-usage, maltreatment.

Harmful Practices - All behavior, attitudes and/or practices which negatively affect the fundamental rights of people as their right to life, health, dignity, education and physical integrity.

Multi-sectoral approach- The holistic inter-organizational and inter-agency efforts that promote participation of people of concern, interdisciplinary and inter-organizational cooperation, collaboration and coordination across key sectors, including (but not limited to) health, psychosocial, legal/justice and security.

Safe house/shelter - A residential facility providing short-term intervention for victims of SGBV in crisis. This intervention includes meeting basic needs as well as providing support, counseling and skills development.

Stakeholders – Actors (persons or organizations) with a vested interest in the prevention and response to SGBV.

Unwholesome treatment - Treatment not conducive to physical or mental health.

Victim – Any natural person who suffers injury, loss or damage as a consequence of an offence.

Survivor - One who lives through affliction.

Vulnerable groups - Groups that experience a high risk of poverty and social exclusion than the general population.

Minimum package of health services- These include detailed history, examination and documentation, initial Counselling, HIV counselling and testing, management of injuries, first doses Post Exposure Prophylaxis, Emergency Contraceptive and follow-up.

ACRONYMS & ABBREVIATIONS

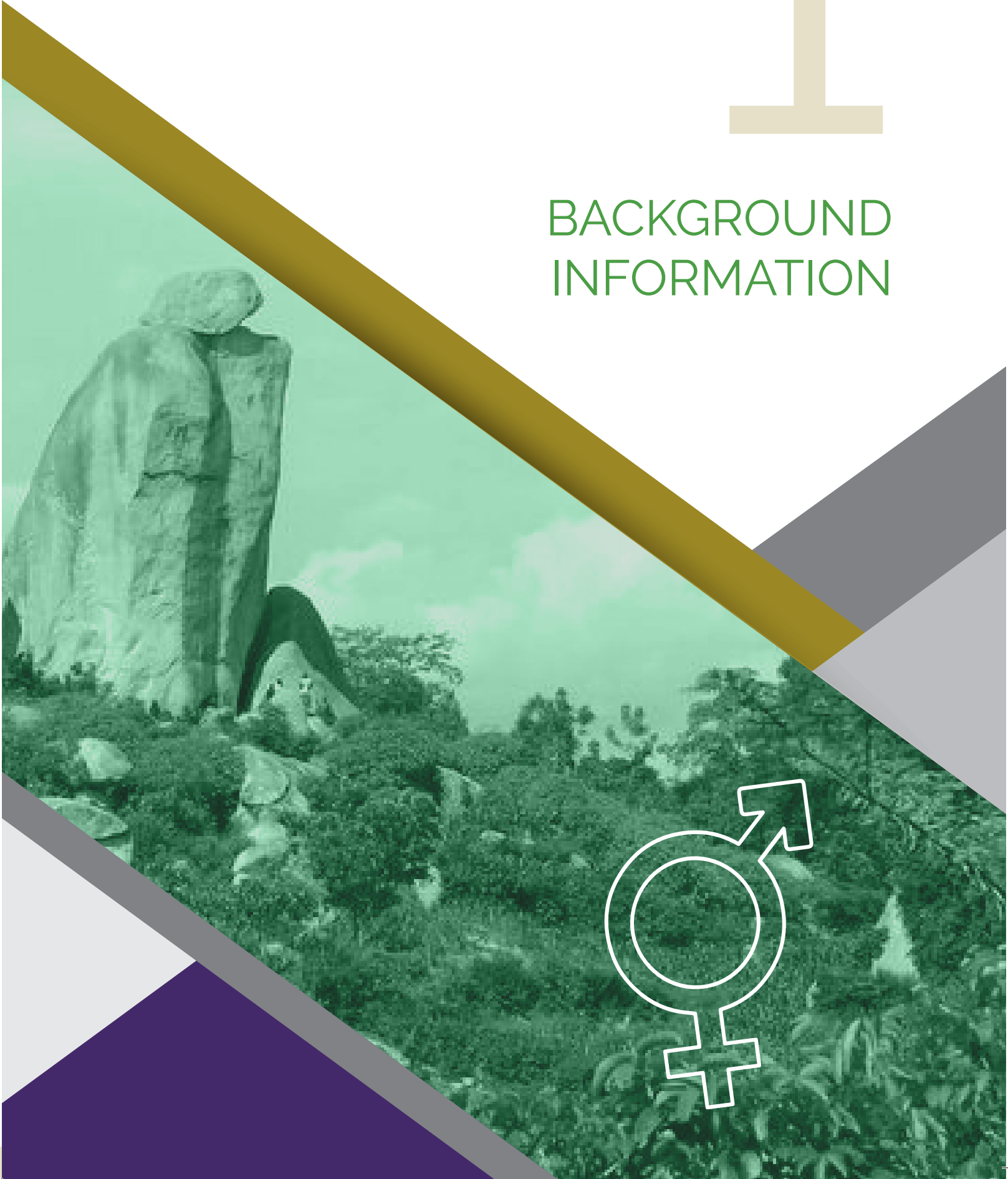
AMREF	African Medical Research Foundation
AU	African Union
CECM	County Executive Committee Member
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CHMT	County Health Management Team
CIPEV	Commission of Inquiry into the Post-Election Violence
CRC	Convention on the Rights of the Child
CRI	Crime Scene Investigation
CSW	Commission on the Status of Women
DEVAW	Declaration on the Elimination of Violence against Women
EGPAF	Elizabeth Glaser Paediatric AIDS Foundation
GBV	Gender Based Violence
GOK	Government of Kenya
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
KDHR	Kenya Demographic and Health Report
KDHS	Kenya Demographic and Health Survey

KHIS	Kenya Health Information System.
KNCHR	Kenya National Commission on Human Rights
LSK	Law Society of Kenya`
M & E	Monitoring and Evaluation
NAYS	National Adolescent and Youth Survey.
NGEC	National Gender and Equality Commission
NGO	Non-Governmental Organizations ODPP
ODPP	Office of the Director of Public Prosecutions
PBCMD	Peace Building and Conflict Management Directorate
PIK	Peace Initiative Kenya
SGBV	Sexual-Gender Based Violence
TSC	Teachers Service Commission
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
SDG	Sustainable Development Goals
SGBV	Sexual and Gender based violence
TSC	Teachers service Commission
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

UNIFEM	United Nations Development Fund for Women
UNCRPWD	United Nations Convention on the Rights of Persons with Disabilities
UDPK	United Disabled Persons of Kenya
WHO	World Health Organization

1

BACKGROUND INFORMATION



1.0 Introduction

Sexual and Gender based Violence (SGBV) refers to any act of violence that is perpetrated towards persons against their will and is based on gender norms and unequal power relationships (UNHCR, 2003). It encompasses threats of violence and coercion which can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It's harmful to women, girls, men and boys. The inclusion of the fight against SGBV among the United Nations Sustainable Development Goals (SDGs) is informed by the need for concerted international effort in fighting this global problem. SDG number 5 aims to achieve gender equality, empower all women and girls and specifically targets to eliminate all forms of violence against women and girls in the public and private spheres. It also aims at eliminating child trafficking, sexual and other types of exploitation, all harmful practices such as early and forced marriage and female genital mutilation (WHO Report, 2015). According to the World Report on Violence and Health: Violence by intimate Partner, World Health Organization, 2002 women are disproportionately affected by GBV.

The National Crime Research Center report (2018) indicates that Kakamega County defilement cases accounted for 2.9% of all crimes compared to 7.1% at the national level. Gender based violence accounted for 5.8% of the cases compared to the national estimate of 9.2%. Women of low education status who are economically dependent on their male partners remain more vulnerable to SGBV. Jewkes (2002) cites men as the most common perpetrators and attributes this to the unequal power relationships between them and women. Cases of GBV against men are rare due to the cultural stigma hence the low numbers that have been reported nationally at 3% (WHO, 2013).

Despite the existence of policy and legislation to address SGBV at the national level, SGBV continues to be a persistent problem in Kakamega County partly due to lack of co-ordination in the existing framework. There is need for further formulation of policies and legislations at the county level to complement the efforts of the National Government in addressing SGBV. This policy

takes cognisance of the roles of the different actors in combating SGBV and introduces a multi-sectoral approach in order to improve co-ordination.

1.1 Situation Analysis

In Kenya, it is estimated that almost half (45 percent) of women aged 15-49 have experienced either physical or sexual violence (KNBS, 2014). The National Crime Research Centre data (2014) provides a grim image of instances of SGBV. The center has so far supported over 21,341 survivors of SGBV, out of whom 56% were women, 36% girls, 5% boys and 3% men.

The Kenya National Adolescent and Youth Survey (2015) reported that the main health problems affecting youth in Kakamega County include: sexually transmitted infections, HIV/AIDS, drug and substance abuse, teenage pregnancy and SGBV.

Lisiagali (2014), observes that Nairobi County tops in the number of GBV cases reported through the 1195 hotline number. It is followed by Kakamega, Kisumu and Vihiga counties in that order. The most affected districts in Kakamega County were Mumias and Kakamega South. Kakamega County reported a total of 911 SGBV cases between 2016 and 2018. Lugari and Lurambi contributed the highest number at 373 and 112 respectively. The SGBV cases in the county have since risen to 816 in a single year (2020). About 70 % of these cases (survivors) reported to a health facility within the recommended time of 72 hours for emergency preventive services. Despite having scanty data on persons with disability affected by SGBV, there is a rising trend of PWD reported survivors of rape from only 3 in 2019 to 18 in 2020.

Teenage pregnancy has become a growing concern in the county. In 2020, Kakamega had the third highest number of teenage pregnancies in the country at 14,768, after Nairobi and Narok (MOH, 2021). This was a quarter of all the 53,110 pregnancies reported in the country. The country had a total of 332,137 teenage pregnancies in that year. In 2018 and 2019, the county had 16,969 and 17,489 teenage pregnancies respectively, contributing 29.6% and 31.2% of all pregnancies reported in the respective years. From 2016 to

2019, there has been a progressive rise in teenage pregnancies reported in the county from 4,206 in 2016, to 8,465 in 2017, to 16,969 in 2018, to 17,489 in 2019.

1.2 Statement of the Problem

Despite Kenya government's interventions on legislative and/or policy framework, SGBV still remains a serious challenge to society. There is increased concern with high number of people subjected to various types of violence ranging from rape, physical assault and emotional abuse. The National Crime Research Center report (2016) indicates that, defilement cases in Kakamega County accounted for 21.2% of all crimes against 17.3% at the national level. Gender based violence accounted for 6.7% of the cases against a national estimate of 8.3%. It is estimated that almost half (45 percent) of women aged 15-49 have experienced either physical or sexual violence. Kakamega County is among the counties with the highest burden of sexual and gender-based violence in the country.

The National Crime Research center shows improvement in the proportions of reported crimes that are related to SGBV from 6.7% in 2016 to 5.8% in 2018. However, the absolute numbers of cases of SGBV remains consistently high. Over the past five years, Kakamega has been among the top ten counties in the numbers of rape cases reported annually, with 816 cases in 2020 alone. The county is also among the leading in cases of teenage pregnancies in the country. Over the past five years, there has been a progressive rise in teenage pregnancies reported annually from 4,206 in 2016 to 17,489 (MOH, 2019).

There are many efforts by state and non-state actors working on prevention and response to SGBV in the county and the country at large. However, there is need for stronger coordination mechanisms to improve efficiency, reduce duplication and link SGBV survivors and prevention needs to relevant stakeholders. There is low reporting of SGBV cases and services. There also exists a poor non-harmonized monitoring and evaluation system for SGBV. As a result, many SGBV cases and interventions go unreported. This leaves a gap in the much needed data for decision making to guide SGBV interventions.

The major forms of GBV in the county are: sexual violence, psychological/emotional violence, physical violence and economic violence. Sexual violence is the major form, manifesting itself locally as rape, defilement and teenage pregnancy, domestic gender based violence, incest and sodomy. There is a tendency of SGBV cases being settled out of court, and this denies survivors access to justice, while promoting the vice.

1.3 Vision

A County free from Sexual and Gender Based Violence.

1.4 Mission

To eliminate all forms of SGBV in order to improve the quality of life.

1.5 Rationale

National data reveals high SGBV prevalence in Kenya with variations cutting across various forms and geographic locations. Women and girls are disproportionately affected by SGBV. However, men and boys also experience SGBV. The various forms of SGBV are rape, defilement and teenage pregnancy, domestic gender-based violence, incest and sodomy.

In Kakamega County, there is evidence of growing burden of sexual violence against women and children, Persons with Disabilities and the elderly. Sexual and gender based violence is closely tied to negative health outcomes. In addition to injuries, some of which can be near-fatal or fatal, women who experience GBV are at higher risk of negative sexual, mental and reproductive health outcomes. In Kakamega County, 15,372 teenage pregnancies were reported in 2020 alone with Lugari sub county reporting the highest at 1,696 (MOH, 2020). This highlights the dangers facing women and the girl child. It affects individuals, their families and the entire community. At the individual level SGBV results in pain and psychological trauma. At the social level it results into breakdown of the family unit.

Economically, SGBV results in an economic burden on the government in terms of increased spending on health care, social services, the civil and criminal justice system, absenteeism from work, and lost productivity and output. SGBV creates an unequal political landscape in which all those affected are denied the opportunity to participate in decision making for development. The other factor complicating the response to SGBV is the stigma towards those affected by SGBV. Often victims are not heard nor believed, while families tend to fix the assault cases as private matters and deals made within communities without involving law officers. This limits reporting of SGBV cases. In addition, there is limited information to survivors who experience violence on where to seek support. Furthermore, there is also lack of standardized data management tools, systems and a monitoring and evaluation framework for SGBV intervention.

A policy framework on effective SGBV prevention and response is necessary. This policy will facilitate the development of a comprehensive M&E framework for SGBV prevention and response interventions. It will provide an enabling environment for adequate resource mobilization from the County government and its partners.

1.6 Guiding Policy Principles

This policy adheres to the Kenya Constitution, 2010 and upholds the following principles.

1. Equal access to health, social services and justice for all affected by SGBV
2. Integrity in the implementation of laws, policies and programs on SGBV
3. Multisectoral collaboration
4. Accountability at all levels for all those involved in programs targeting SGBV
5. Inclusivity in the planning, implementing, monitoring and evaluation of GBV programmes.

6. Confidentiality of survivors/victims and their families
7. Political good will
8. Research guided gender-based violence response.

1.7 Legal Framework

1.7.1 Introduction

Kenya has enacted several pieces of legislations and policies to provide a framework for response, prevention and management of SGBV. These Include:

The Constitution of Kenya, 2010

Article 29 provides that every person has a right to freedom and security of the 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, inhuman or degrading treatment. The right to security means that the Constitution safeguards women's right against SGBV and any other related form of gender-based violence.

Employment Act, 2007

Section 5 and 6 of the Act prohibits discrimination and harassment of employees on the basis of sex, and guarantees equal remuneration for work of equal value.

Counter Trafficking in Persons Act, 2010

The Act seeks to implement Kenya's obligations under the United Nations Convention against Transnational Organized Crime. It Prevents, suppresses and punishes trafficking in persons especially women and children to provide for the offences relating to trafficking in persons and for connected purposes.

Prohibition of Female Genital Mutilation Act, 2011

Prohibits the practice of Female Genital Mutilation and safeguards against violation of a person's mental or physical integrity.

The Land Act, 2012

Secures rights of women to matrimonial property in line with article 40 of the Constitution.

The Land Registration Act, 2012

Requires spousal consent in any dealing with matrimonial Property.

Matrimonial Property Act, 2013

Provides for the rights and responsibilities of spouses in relation to matrimonial property.

TSC Act, 2012

Provides for awareness in schools on gender discrimination.

Marriage Act, 2014

Provides for the types of marriages and the minimum age. 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.

The Protection Against Domestic Violence (PADV) Act, 2015

The Act provides for the protection and relief of members of a family from domestic violence.

Persons with Disability Act, 2003

Promotes and protects the rights and freedoms of person with disability.

National Gender and Development Policy, 2000

Makes recommendations on diverse issues on violence including amendments of SGBV laws, more so the Penal Code to include gender related crimes; privacy in conducting SGBV hearings; SGBV tailored trainings on agents in the judicial system; setting up safe shelters for victims of domestic violence and ensuring access to information.

Kenya Adolescent Reproductive Health Policy, 2003

Recommends development of safety nets and rehabilitation, rescue mechanisms for victims of sexual abuse and violence and enhancing measures to protect young people in penal institution from sexual abuse.

National Adolescent Sexual Reproductive Health Policy, 2015

Provides for mechanisms for addressing adolescents' Sexual and Reproductive Health (SRH) needs. It recommends multifaceted approaches to adolescent SRH issue which provides for mitigation of risk factors and puts in a safety net for early detection and prevention of SRH challenge.

National guidelines on the management of sexual violence, 2014

It is a guiding policy framework on procedures and services for management of survivors of sexual violence and explicitly recognizes sexual violence as a serious human rights and health issue which calls for imperative attention by all concerned. It further provides elemental information on management of sexual violence in a multi-pronged manner. Gives medical practitioners information on steps to be taken when treating a survivor of sexual violence, preservation of evidence for court use, issues of psycho-social support and other ethical issues related to the management of health related problems of sexual violence.

Gender Education Policy, 2007

Addresses prevention and response to school related gender-based violence. It recommends mainstreaming of policies that address GBV at all education levels; establishing modalities for dealing with SGBV including harassment; and developing and implementing clear anti-sexual harassment and anti-gender based violence policies at all levels in the Ministry of Education and all educational institutions.

Vision 2030 Second Medium Term Plan, 2013-2017

Emphasizes the need for establishment of integrated one stop SGBV response centres in all healthcare facilities in Kenya and undertaking public awareness campaign against FGM, early and forced marriages.

The National Reproductive Health Strategy, 2009-2015

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.

Multi-sectoral Standard Operating Procedures for prevention of and response to sexual violence in Kenya, 2013

This framework was developed by the task force on the implementation of sexual offenses Act to provide for minimum package of health care to be accorded to survivors.

1.7.2 Policy Objectives

The following are the objectives of the SGBV policy:

1. Create an enabling environment for the prevention of sexual and gender-based violence.
2. Develop strategies for response to SGBV.
3. Strengthen multi-sectoral co-ordination of SGBV prevention and response.
4. Strengthen monitoring and evaluation and research on SGBV.
5. Reduce high number of teenage pregnancies in the County.

2

POLICY ISSUES & STATEMENTS



2.1 Create an enabling environment for the prevention of sexual and gender-based violence

The high cost of SGBV cuts across social economic and political sectors. There is need for the County Government to put in place measures to prevent SGBV with the objective of total elimination.

2.1.1 Key Issues



The major issues to be addressed are:

- a. Socio-cultural orientation that leads to downplaying the experience of male survivors of SGBV leading to limited support.
- b. Inadequate understanding of gender and gender roles perpetuated by negative cultural belief systems.
- c. Inadequate knowledge and understanding of SGBV among the community and the SGBV actors on law, legal rights and individual responsibilities.
- d. Lack of relevant county legislation on prevention and response to SGBV.
- e. Inadequate awareness and capacity to address SGBV.
- f. Sexual harassment at the workplace.

2.1.2 Policy Statements



The County Government of Kakamega shall:

- a. Undertake public education, capacity building and sensitization on SGBV in the community and among other actors including men, youth, adolescents and PWDs.

- b. Promote gender equality and SGBV prevention programmes in learning institutions and departments.
- c. Undertake legal literacy and legal rights awareness on SGBV through legal aid clinics and partnerships for legal aid support.
- d. Develop relevant legislation on prevention and response.
- e. Actively involve men and boys in SGBV prevention and response programs.
- f. Facilitate programmes that support awareness and prevention of sexual harassment at the work place.

2.2 Develop strategies for response to SGBV

The rising trend of SGBV in Kakamega County calls for mechanisms to ensure provision of quality and comprehensive services for SGBV survivors across social, health and criminal justice systems. Effective response to SGBV requires a multisectoral and inter agency collaborative approach.

2.2.1 Key Issues



The main issues to be addressed include:

- a. Lack of specialised centres for recovery and rehabilitation of SGBV survivors.
- b. Inadequate and inaccessible services to all SGBV survivors in communities.
- c. Referral processes for survivors are not clearly defined or known in the community
- d. Inadequate capacity in health facilities and among service providers for SGBV management.
- e. Poor management of evidence to support SGBV medico-legal cases across all levels – survivor, community, health facilities and police.

2.2.2 Policy Statements



The County Government of Kakamega shall –

1. Establish and operationalize SGBV recovery and rehabilitation centres and promote the establishment of safe houses and shelters.
2. Promote socio-economic support to SGBV survivors to facilitate reintegration to communities.
3. Establish a functional referral mechanism for SGBV survivors.
4. Strengthen health facilities capacity to support SGBV survivors.
5. Ensure allocation of adequate finances to support services at all levels within the County;
6. Engage media in broadening knowledge of evidence preservation, sensitization against SGBV and promote sensitive reporting;
7. Ensure gender mainstreaming in all policy functions and operations, especially in relation to the handling of SGBV victims;
8. Sensitize and train stakeholders at all levels on proper management of evidence for SGBV cases.
9. Ensure disaggregated data and the specific needs of men and women, boys, girls and Persons With Disabilities affected are incorporated into the planning, delivery and evaluation of humanitarian and disaster response;
10. Develop community owned resource structures to respond to SGBV.
11. Provide a County toll-free 24/7 telephone hotline and online service for survivors of violence against women, men and children providing information, support and counseling;
12. Support operation of existing local structures that prevent and respond to SGBV in the County; and
13. Collaborate with state and non-state actors to strengthen capacity in rescuing SGBV survivors and post-trauma support

2.3 Strengthen multi-sectoral co-ordination of SGBV prevention and response

Prevention and response to SGBV requires multi sectoral approach. For effective linkage among the stakeholders, the vulnerable and survivors of SGBV, there is need for a strong coordination mechanism.

2.3.1 Key Issues



The main areas to be addressed are:

- a. Inadequate data on SGBV stakeholders.
- b. Duplication of roles by SGBV stakeholders and the two levels of government.
- c. Weak link between SGBV survivors and relevant stakeholders/actors.
- d. Inadequate resources for SGBV prevention and response; and
- e. Exposure of the public to alcohol, drugs and pornography.

2.3.2 Policy Statements



The County Government of Kakamega shall:

- a. Keep an updated inventory of SGBV stakeholders.
- b. Establish an SGBV multi-sectoral stakeholder co-ordination mechanism involving all actors.
- c. Provide a link between SGBV survivors and appropriate stakeholders & actors.
- d. Mobilize and allocate adequate resources for SGBV prevention and response.

- e. Develop and enforce regulatory measures to curb abuse of alcohol, drugs and public exposure to pornography that is likely to result in moral degradation.

2.4 Monitoring and evaluation and research on SGBV

Available survivor data on SGBV is often incomprehensive and incomplete, making progress and gaps in SGBV prevention and response extremely difficult to measure.

2.4.1 Key Issues



The key areas to be addressed include:

- a. Poor documentation of SGBV response services.
- b. Inadequate data management tools for SGBV prevention and response.
- c. Multiple reporting formats and lack of a standard unique identifier for SGBV survivors.

2.4.2 Policy Statements



The County Government of Kakamega shall:

- a. Improve collection, analysis and use of data and research to enhance SGBV prevention and response efforts
- b. Provide adequate tools for SGBV reporting.
- c. Harmonise SGBV reporting systems and advocate for standard reporting tools and a unique identification system.

2.5 Reduce high number of teenage pregnancies in the County

The county has had growing numbers of teenage pregnancies over the past five years. Whereas the perpetrators are of cross cutting ages, most of the victims are under age school going girls, and this amounts to sexual violence against children.

2.5.1 Key Issues



The salient issues to be addressed are:

- a. High numbers of teenage pregnancies.
- b. High school dropouts due to teenage pregnancies; and
- c. Limited access to sanitary towels by adolescent girls.

2.5.2 Policy Statements



The County Government of Kakamega shall:

- a. Promote a multi-sectoral approach on the prevention and response to teenage pregnancies.
- b. Implement the return to school policy for adolescent mothers; and
- c. Promote access to menstrual hygiene through provision of sanitary towels to adolescent girls.

3

POLICY IMPLEMENTATION



This section deals with implementation and coordination structures in an attempt to articulate inter-agency responsibility and coordination mechanism. This policy will therefore guide all future decisions and processes to ensure that all issues revolving around SGBV are well understood. The County Government will ensure that the implementation agenda for change, as articulated in this policy, is effectively monitored and regularly reviewed.

This policy will be implemented through a multi-sectoral and integrated approach including collaboration between the national and county governments with external support from development partners, civil society, legal fraternity and the private sector. The goal is to fast track the prevention and elimination of any forms of SGBV within the present generation. At both national and county levels, there is political will and commitment to address SGBV as a violation of human rights and an impediment to economic development. However, preventing and responding to SGBV is rendered complex by the fact that it cuts across many sectors and reflects deeply rooted cultural and social practices.

3.1 Collaboration with other Actors

The County Government of Kakamega, Department of Health Services will work closely with the National Government, development partners and other stakeholders in the elimination of SGBV.

3.2 Coordination Framework

The purpose of a comprehensive coordination structure is aimed at ensuring:

- a. Adequate and efficient utilization of public resources and mobilization of additional funds required for
- b. building and strengthening the infrastructure for SGBV response across sectors;
- c. Timely uptake of response and support services by SGBV victims or survivors and their families and ultimately, access to justice; and

- d. Collection and collation of information on SGBV prevalence and interventions to inform policy and legal reforms and programming at county levels

At the County level, the implementation of the Policy will be aligned to coordination and management systems which comprise of County SGBV Stakeholders Forum and County SGBV Technical Committee.

3.2.1 Kakamega County SGBV Steering Committee

The County SGBV Steering Committee will be responsible for providing county strategic policy direction, oversight the implementation of relevant laws and policies, mobilizing resources for SGBV prevention and response. The Committee shall meet on a semi-annual basis to monitor progress and achievement of the SGBV policy. It will also share information on policy and legal decisions affecting SGBV prevention and response at the county level. The Committee will be chaired by the County Women Representative. Other Committee members include: Her Excellency the County First Lady, County Executive Members, County Health Management Team representation, Chairs of County Assembly Committees, relevant development partners and private sector actors.

3.2.2 Kakamega County SGBV Stakeholders Forum

There shall be the Kakamega County SGBV Stakeholders Forum which will be responsible for sharing experiences, strategies, lessons learned and making proposals for inclusion in to the SGBV plan and work plans. It shall be chaired by CECM for Health Services. The secretary will be the County Director of Health Services. Other members shall consist of the directors responsible for Gender, Social Services, Youth Affairs, CSOs, representatives from religious groups, childrens' department, finance department, legal services, the Judiciary, the Police Service and Correctional Services, human rights groups, County Assembly, national and county administration, PWDs, professional support services and others co-opted as need be. The members shall meet regularly to advise the County Chief Officers in charge of Health services on

policy implementation. The forum will work in consultation with external partners when necessary.

3.2.3 Kakamega County Gender TWG in Health

There shall be established the Kakamega County Gender TWG. It will be responsible for the co-ordination and oversight of all initiatives relating to GBV and shall be chaired by the Director, Health Services. The secretary will be the County SGBV coordinator. The TWG shall consist of the Directors responsible for Gender, Social Services, Youth Affairs, children's' department, and representatives from the Judiciary, Police Service, Correctional Services, human rights, PWD, Professional Support Services and others as may be co-opted. The members shall meet quarterly to advise the County Chief Officers in charge of Health services on policy implementation. The TWG will work in consultation with external partners when necessary.

3.2.4 County SGBV Unit

This will be a technical unit at the County Department of Health Services responsible for coordinating day to day operations of the SGBV activities in the County. This unit will be tasked with the implementation of policy recommendations and actions from the SGBV steering committee and the TWG. It will be actively involved in implementation of SGBV commitments in the County AWP and Performance Contract in line with County Health Sector Strategic Plan and County SGBV Strategic Plan. This Unit will be headed by a County SGBV coordinator appointed by the Chief Officer, Health Services. The unit will have representatives at the Sub-County, facility and community level.

3.2.5 Roles and responsibilities of different departments/sectors/organizations in SGBV

The National Police Service

- Recording all complaints made and investigating the same.
- Visiting scenes of crime and collecting available evidence including physical evidence.

- Recording of statements and compiling a case file for prosecution purpose.
- Processing of the scenes of crime and arresting suspects in connection with the evidence available.
- Escorting victims and offenders for medical attention where applicable.
- Aligning offenders with their files before court.
- Availing witnesses to testify before court and presenting evidence of their findings.

The Judiciary

- Prosecution of all cases presented before court.
- Promoting reconciliation of SGBV cases.
- Ensure speedy and fair hearing of all cases before court
- Convicting offenders appropriately as per the evidence adduced
- Ensure rights of all persons before court are respected.
- Tasking probation officers to come up with inquiry reports to enable the court to give fair judgement.
- Provide legal services.
- Ensure that Magistrates and Judges are comprehensively trained on matters of gender based crimes.
- Ensure full implementation of the Witness Protection Act in relation to gender based criminal cases.
- Develop and constantly review rules relating to gender based crimes.
- Ensure prosecution of all SGBV cases.
- Collection of relevant SGBV data.

Ministry of Social Services

- Establish a gender mainstreaming committee at the county.
- Establish a county gender mainstreaming policy.
- Coordinate all gender activities in the county ministries.
- Create partnerships in support of capacity building for staff and public awareness on SGBV prevention and response.
- Ensure establishment and operationalization of rescue centres, safe space and shelter within the county.

Department of Children's Services

- Rescue and offer placement of the child victims of SGBV.
- Hold community sensitization forums on child rights, child abuse and child protection in relation to SGBV.
- Offer counseling services to victims of SGBV and their families.
- Reintegration of rehabilitated child victims of SGBV.
- Linking the child victims of SGBV to other agencies for other support services.
- Opening care and protection files for child victims of SGBV whose cases are before the judicial system.
- Link child offenders of SGBV to rehabilitation programs.

Department of Health Services

- Provide integrated and comprehensive services for victims of SGBV at primary, secondary and tertiary care levels.
- Quality data collection, research and knowledge sharing on SGBV.
- Sensitize, educate, train, supervise, support and monitor health personnel.
- Develop, disseminate and monitor SGBV management protocols and guidelines.

- Strengthen Inter-sectoral collaboration, networking and partnership with other ministries, civil society, NGOs (incl. Disabled Peoples Organizations) and the private sector to enhance awareness, prevention, monitoring and management of SGBV.
- Screening to ensure early diagnosis and intervention as an integrated part of reproductive and sexual health services.
- Emotional support and counseling for the survivors.
- Treatment and management of SGBV survivors as per the guidelines.
- Referral to legal, social and community services in recognition of the need for safety, legal justice and social services.
- Community-based care with early identification and support to victims of SGBV and their families.

Development partners

- Provide a campaign platform for awareness, education and policy dissemination.
- Co-funding of the SGBV program as per the County Government priorities.
- Strengthening health systems.

Social media

- Provision, analysis and dissemination of SGBV information and policy.
- Serves as a public watchdog.
- Provide a campaign platform for awareness and education for all stakeholders.
- Gender responsive coverage of SGBV interventions.

National and County Administration

- Oversight
- Coordinate security responses
- Facilitate access to justicePrivate Sector
- Engagement in Public-Private Partnerships and CSR towards components of SGBV prevention,protection and response.
- Financing of SGBV programmes.
- Participation in data collection on SGBV trends in the county.
- Implementation of the SGBV policy through adoption of Codes of Conduct aimed at tackling SGBVat the workplace.
- Provision of SGBV services and infrastructure.

Training Institutions

- Advocacy
- Incorporating SGBV in their teaching curriculum
- Research
- Capacity building

Ministry of Education

- Enlightening and sensitizing parents, community and stakeholders on SGBV contributing factors andthe need for protection.
- Ensure safety of all students from SGBV in learning institutions.

County Assembly Health Committee

- Enact legislation and approve regulations relating to SGBV.
- Oversight role.
- Support advocacy and sensitization on SGBV.

Civil Societies/ Paralegal

- Provision of SGBV services and infrastructure.
- Participation in data collection and analysis (research).
- Resource mobilization for SGBV policy implementation.
- Designing appropriate programs and interventions.
- Advocating for appropriate policies and legislation for prevention and response to SGBV.
- Complementing County Government efforts in awareness creation and policy dissemination.
- Developing strategies for multi stakeholder interventions to mitigate the impact of SGBV.
- Build capacity of the vulnerable and PWDs to prevent and/or respond to SGBV.
- Providing rehabilitation for SGBV victims through establishment of safe havens for victims or survivors and setting up kitties to support SGBV victims/survivors.

3.3 Financing and Resource Mobilization for SGBV interventions

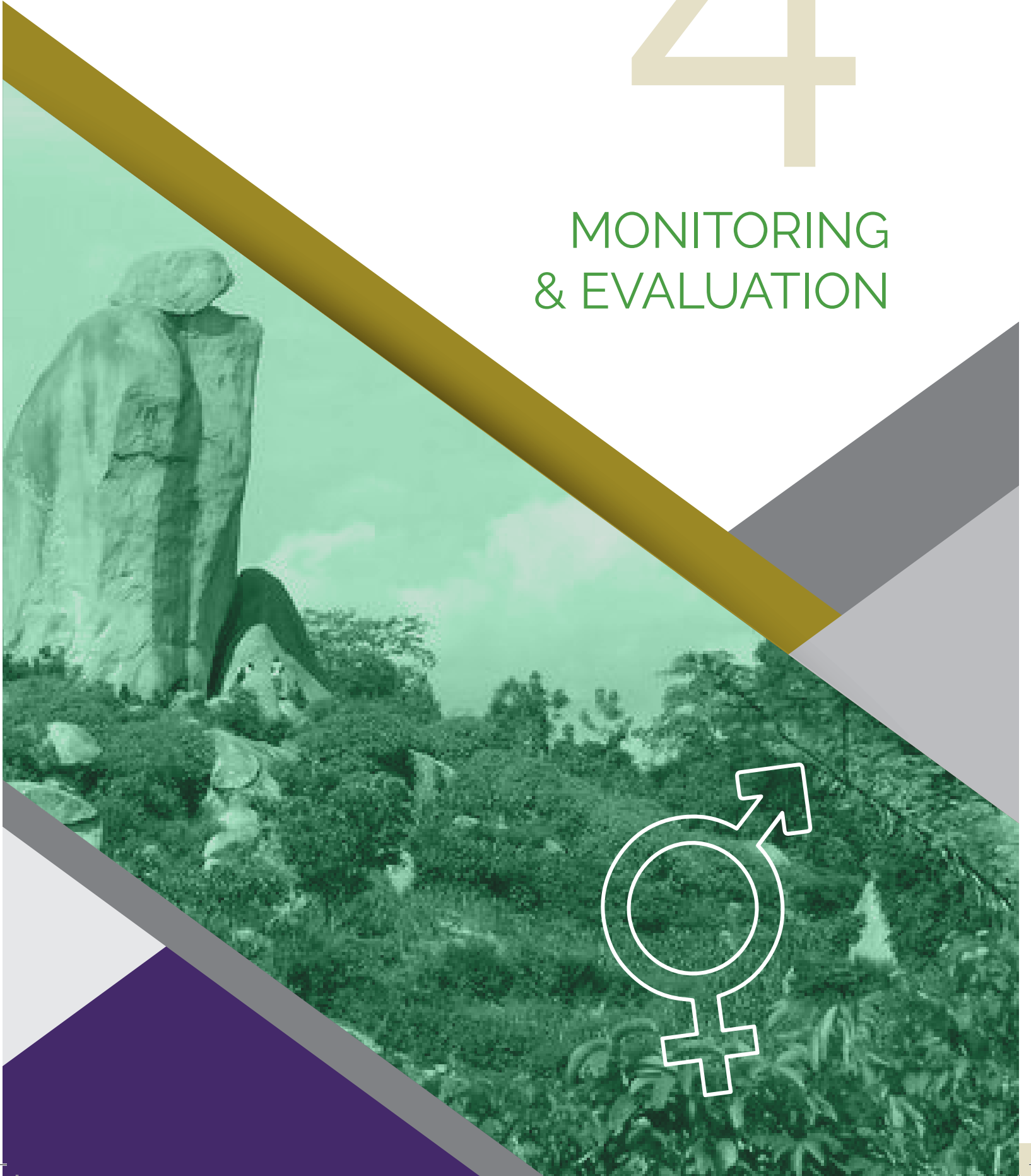
The responsibility of financing the fight against SGBV rests with the County Government of Kakamega. The County will ensure that adequate budgetary allocations are made for implementation of SGBV interventions every financial year through the County Treasury. The County Government will also mobilize funds from various stakeholders to support SGBV interventions.

3.4 Policy Review

This Policy shall be reviewed within three (3) years.

4

MONITORING & EVALUATION



4.1 Monitoring and Evaluation

Monitoring of the implementation plan for SGBV in Kakamega County will be done through various approaches such as supportive supervision, routine data quality assessments and review meetings. This will enable tracking of policy implementation progress so that corrective measures can be made as and when required. Evaluation of this policy will be done in three stages namely: formative (baseline), mid-term and end-term. Monitoring and Evaluation results shall be disseminated to key stakeholders through the following media: E-Bulletin, Press Conferences, Kakamega County Website,

4.2 The Monitoring and Evaluation Frameworks

In order to facilitate the monitoring and evaluation of this policy for SGBV Kakamega County, the Logic Model and result based frameworks will be adopted. In these models, high level indicators will be defined to measure the achievements of major program interventions that will contribute to achievement of the strategic objectives mentioned in this SGBV policy. The table below outlines the M&E framework to be used.

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ANNEX

Kakamega County Sexual Gender Based Violence Policy Monitoring & Evaluation matrix

POLICY OBJECTIVE FOCUS	STRATEGY	INDICATORS	BASELINE	TARGET 2030
Prevention	Develop an SGBV prevention environment.	Developed SGBV prevention, facilities capacity and services	0	80%
	Develop county sexual harassment prevention guidelines at the workplace.	County sexual harassment prevention guidelines at the workplace developed	0	1
	Reduce vulnerable Groups.	Proportion of vulnerable groups.	20%	80%
Response Strategies	Increase access to quality and comprehensive response and support services across sectors	Proportion of SGBV cases accessing quality and comprehensive response and support services across sectors	40%	80%
	Facilitate the establishment and strengthening of existing Recovery Centre / safe houses/ shelters	Number of Recovery Centre / safe houses/ shelters established	0	4
	Improve accountability for SGBV response	Number of SGBV accountability policies developed	0	2
Coordination of SGBV Services	Establish a County SGBV Unit	Established County SGBV Unit	0	1
Monitoring and Evaluation	Build a cohesive and common system for monitoring SGBV data and implementation of the policy.	Monitoring and Evaluation plan developed	0	1

