

IN THE TRENCHES

DATA ANALYSIS 2020

Tackling SGBV in the Midst of COVID-19 Pandemic



**WANGU
KANJA**
FOUNDATION

Background and Introduction

Wangu Kanja Foundation (WKF) is a nonprofit organization founded in 2005 and it focuses on promoting prevention, protection and response towards ending Sexual and Gender Based Violence. WKF envisages a society that is safe and free from all forms of violence. WKF convenes the Survivors of Sexual Violence in Kenya Network that brings together a unified voice of the survivors to address all forms of sexual violence and to amplify their voices across the country. The movement is anchored within the already existing community structures for purposes of ensuring innovation and sustainability.

The Kenya government adopted strict measures to counter the spread of the COVID-19 virus. However, the measures, as necessary as they are, continue to have particular impact on women and children, including elevating the risk of Sexual and Gender Based Violence SGBV. Just two weeks after the first case of COVID-19 was reported in Kenya on the 13th of March 2020, the National Council on Administration of Justice reported a significant spike in sexual offences in many parts of the country. They noted that “in some cases, the perpetrators are close relatives, guardians and/or persons living with the victims.” Notably, the report pledged that “the courts would consider giving directions on early hearing dates in such cases.”

Sexual and Gender Based Violence (SGBV) and the threat of such violence, exercised through individuals, communities and institutions in both formal and informal ways, violates individuals particularly women and girls’ human

rights, constrains their choices and agency, and negatively impacts on their ability to participate in, contribute to and benefit from development. According to the Ministry of Health, it is widely reported that women and girls are experiencing distinct challenges and risks associated with the COVID-19 pandemic. The outbreak has exacerbated already existing risks of SGBV. Confinement has led to the increase of intimate partner violence while at the same time worsening women’s socio-economic situation thus leading to increased sexual exploitation and abuse by community members, gate keepers and leaders as well as care givers workers.

“Programming based on changing perceptions, and attitudes towards ensuring comprehensive care and support for survivors of SGBV and their families should be enhanced.”

The Sexual and Gender Based Violence (SGBV) data analysis is part of the European Union funded action titled “Covid-19: Enhanced Preparedness and Action: Social Safety Nets for Vulnerable Households Living in Informal Settlements in Nairobi, Kenya”. Data collection was done electronically by Human Rights Defenders (HRDs) using Open Data Kit (ODK) programme known as Kobo Toolbox. The toolbox (*application*) is a free open-source tool for mobile data collection, available to all. It is used for primary data collection in humanitarian emergencies and other challenging field environments. It allows for collection of data in the field using mobile devices such as mobile phones or tablets, as well as with paper or computers (*data analysed in this report were collected through mobile phones*). The project also involved other partners i.e. Concern Worldwide,



Kenya Red Cross Society, Acted, IMPACT Initiatives, CREAM, Wangu Kanja Foundation and Oxfam Kenya. The project had a Start date and end date of the reporting period: 1st September 2020 – 31st October 2020. The project's main objective was to “mitigate the economic and social impacts of COVID-19 for 17,440 vulnerable households in Nairobi informal settlements through social safety nets”.

One of the outputs of the project was to Support SGBV prevention and response efforts through Wangu Kanja Foundation (WKF) and Center for Rights Education and Awareness (CREAW) to ensure that they in turn continue to provide support to SGBV survivors. The two organisations were to focus on giving support to people who reported SGBV after March 2020 when the first COVID-19 case was reported in Kenya. The support was also to ensure protection against the increased SGBV and domestic violence linked to the COVID-19 crisis. This report is based on analysis of SGBV data recorded by Human Rights Defenders (HRDs) from four informal settlements i.e., Mukuru, Lunga Lungu, Korogocho and Gitare Marigo, in Nairobi.

Overall Goal: To contribute to reduced prevalence of Sexual & Gender Based Violence (SGBV) in Kenya and lead to improved efforts in providing necessary services to survivors through effective and ethical data collection and analysis.

Rationale for Data Analysis

From the narrative of the SGBV cases reported it is important to note that:

- a). Information extracted from Kobo Toolbox and other reporting mechanisms can be translated into statistics regarding the circumstances of the abuse e.g., occurrence, type or form of violence, place (*public or private*), single or multiple assailants, weapons used or not age and sex of the survivor among others;
- b). Some of this information is needed to identify patterns that may lead to programmatic changes. For example, analysing the number and frequency of violence by context may indicate a need to modify service coverage;
- c). Demographic data on the age and sex of survivors can also be critical when aggregated. For instance, by monitoring the number of male survivors reporting cases of abuse it is apparent that SGBV against males especially boys is seemingly commonplace;
- d). By identifying a significant proportion of children who have experienced abuse (*up to 90 defilement cases reported via Kobo Application alone*), it is a clear pointer that efforts should be put in place to to adapt psychosocial support and health care to respond to the needs of the children.
- e). The impact of COVID-19 and its nexus with SGBV is strongly localized and complex. Notably, the most significant drivers overwhelmingly appear to be the socio-economic impact and physical restrictions which make it more difficult especially for women and children to escape violence or seek support and legal redress.

f). COVID-19 laid bare the lack of sustainable, structural and societal support to meaningfully address and respond to SGBV cases across the country. In this context, Civil Society Organizations (CSOs) continue to fill gaps in essential services provision, prevention and response programming.

Importance of Reporting Cases of SGBV:

- ▣ Documentation of cases of SGBV helps in a better understanding of the *context, trends, prevalence and characteristics*;
- ▣ Helps in creation of a database (*source of information*) for SGBV cases for analysis to inform *evidenced-based interventions* i.e. advocacy, policy formulation, programming and coordination;
- ▣ Enhances *Survivor-Centered* and *Do No Harm* approaches to ensure that survivors' (*rights holders*) voices are amplified for accountability and access to justice including their participation in development of interventions aimed at reclaiming their dignity.

Number of Cases Recorded Via the Kobo Toolbox

A total of 584 cases were captured through the open data kit (Kobo toolbox) categorized either as: sexual violence, domestic violence, physical abuse or others (*which included cases of child maintenance, neglect, property inheritance amongst others*). Out of these 474 were females and 110 males.



'Cases Reported Disaggregated by Type of Violence

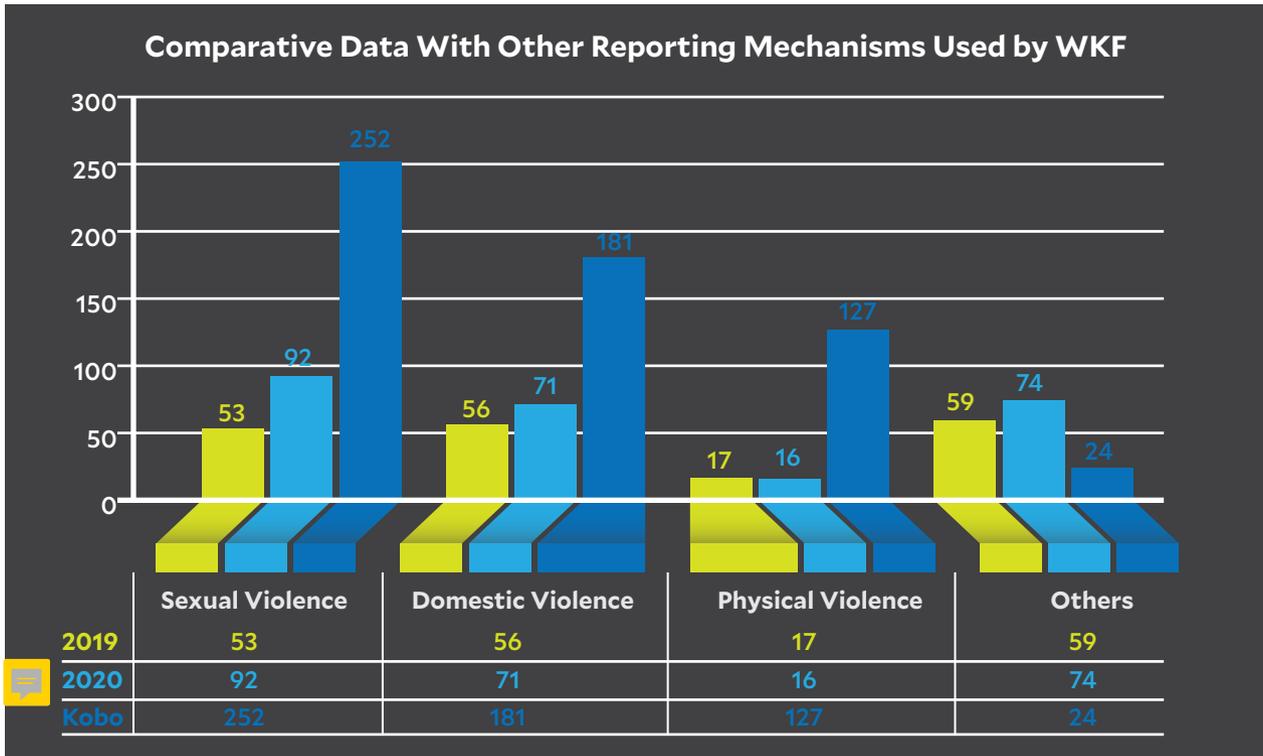
Cases of sexual violence remain high as reflected in the matrix. This is a pointer that a programming shift ought to take place to ensure reduction and subsequent elimination of these cases. Sadly, defilement cases were also high between the period of March to October 2020 and this can be attributed to the closure of schools that made children more susceptible to violence.

Kobo	
Rape (F)	136
Rape (M)	23
Defilement (F)	77
Defilement (M)	13
Attempted Defilement (F)	3
Domestic Violence	181
Physical Violence	127
Others	24
Total Cases	584

Comparative Analysis

WKF uses others reporting mechanisms which include direct reporting by the survivors (*herein referred to as Walk-In and the SMS Platform using short code 21094*). The figure below illustrates data captured via the three channels which clearly shows the escalation of the SGBV cases particularly in 2020. The spike in cases has largely been attributed to the COVID-19 pandemic.

1 Other forms of violence as stated herein included denial of property inheritance; like land other household commodities, blocking someone from joining social grouping like 'chamas' etc.



Cases within the Criminal Justice System

It is important to note that while so many cases were reported to the police and the chiefs, remarkably few of them found their way to the courts. This requires further analysis to understand the phenomena but at the same time, it is worth noting that not all people who report cases are actually interested in going through with the cases to the court.

Status	SMS Platform		Walk-In		Kobo	Total
	2019	2020	2019	2020		
Police	34	21	39	82	189	389
Chief	6	8	3	4	2	22
Cases in Court	1	0	20	0	14	35
Cases Concluded	0	0	0	0	0	0
Sentenced	0	0	0	0	0	0

Some people actually prefer alternative dispute resolution especially in domestic violence cases and where the survivor is dependent on the perpetrator for their survival. *Constitution of Kenya article 159 (2), (c) stipulates that: In exercising their judicial authority, the courts shall be guided by the principles- alternative forms of dispute resolution including reconciliation, mediation, arbitration and traditional*

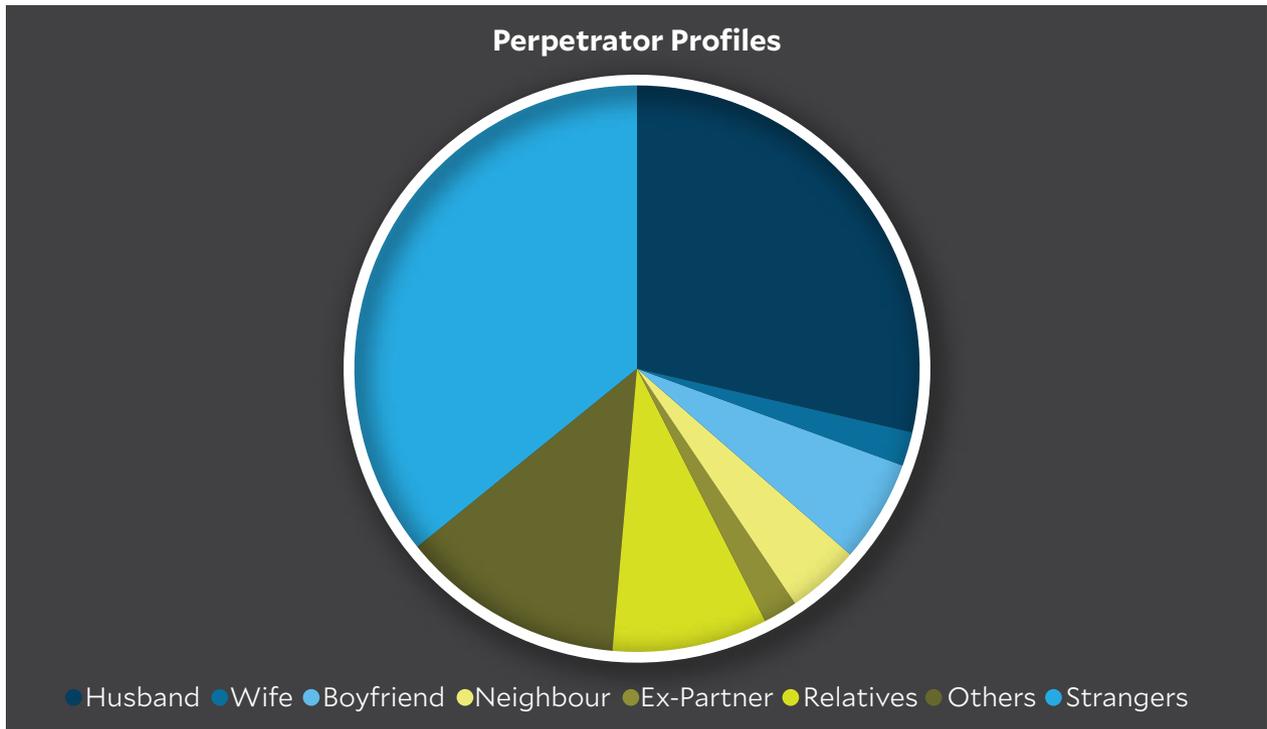
dispute resolution mechanisms shall be promoted if they do not contravene the bill of rights. On the other hand, the long and tedious legal process makes other people become lethargic, coupled with stigma and ostracization that sometimes comes with the pursuit of justice by survivors of SGBV. That might explain the situation below including low evidentiary threshold, poor investigation, threats and intimidation of survivors and witnesses among other reasons.

Cases by Age Cohorts

Notably, the two age cohorts of 19 – 25 and 26 – 35 should be targeted with interventions with regards to prevention, protection and response given the high number of cases reported by the two groups.

	0 – 10	11 – 18	19 – 25	26 – 35	36 – 45	46+
Walk-In	34	62	62	60	25	5
SMS Platform	5	38	85	94	38	5
Kobo	47	69	88	224	114	42
Total Clients	86	169	235	378	177	52

The analysis further sought to get more information with regards to the profiles of the perpetrators as shown in the figure below. It was clear that majority or higher percentage of the perpetrators were close relatives or people who were known to the survivors.



Injuries Caused & Weapons Used

A number of survivors reported having experienced some form of injuries. On the left side of table below the types of injuries inflicted, and on the right side a list of weapons that were used by different perpetrators;

Type of Injury Inflicted	Type of Weapons Used
<ul style="list-style-type: none"> ▣ Head injuries (including cuts) ▣ Broken jaw ▣ Broken nose ▣ Broken tooth/teeth ▣ Swollen leg ▣ Pelvic injuries ▣ Genital injuries ▣ Swollen eyes and facial scratches ▣ Body burns and stabs ▣ Whip marks ▣ Broken arm 	<ul style="list-style-type: none"> ▣ Knife ▣ Machete ▣ Hammer ▣ Metal rod ▣ Club ▣ Hot Water ▣ Sticks ▣ Candle ▣ Whip ▣ Belt

Intervention Domains

Engaging with duty bearers on prevention, protection and response to SGBV in diverse communities;

- ▣ Reporting and follow up of cases through the criminal justice system;
- ▣ Targeting men and boys (as perpetrators, survivors and allies);
- ▣ Targeted messaging for different age cohorts and perpetrators;

Match the courage of survivors with the determination to do what it takes to provide the requisite help!

- ▣ Enhancing protection mechanisms for survivors and their families including children and witnesses;
- ▣ Community involvement in awareness creation for SGBV prevention, bystander action and survivor support.

Cost of SGBV

- ▣ Costs of SGBV are widespread throughout the society. Every recognizable effect of violence has a cost whether it is *direct, indirect or Intangible*.

Direct costs come from the use of goods and services for which a monetary exchange is made. Direct costs exist for capital, labour and material inputs;

Indirect costs stem from effects of SGBV that have an imputed monetary value even though they do not involve an actual monetary exchange, such as lost income or reduced profits;

Intangible costs such as premature death, pain and suffering for which there is no imputed monetary value in the economy.

Access to Justice

Access to justice is well anchored in the Constitution of Kenya (CoK) in various articles which include:

- ▣ Article 22(1) of the Constitution of Kenya provides that every person has a right to institute a claim that a right or fundamental freedom has been infringed, violated or denied.
- ▣ Article 48 of the Constitution requires the State to ensure access to justice to all persons and the fees required, if any, should be reasonable and should not impede justice.
- ▣ In addition, the right to access to justice is further echoed under Article 159(1) of the Constitution that the courts and tribunals are to ensure that justice is not delayed, that it is done to all and administered without undue regard to procedural technicalities.

Despite the legal underpinnings, access to justice, especially by the marginalized and underprivileged members of the society, has been hindered by several factors.

Barriers to Survivors Accessing Justice

Knowledge of rights and the legal process:

Lack of adequate information about what exists in the law, what prevails in practice, and limited popular knowledge of rights;

- ▣ **Long delays:** Duration of time it takes to resolves criminal matters; prohibitive costs of using the legal system; lack of available and

Sustainable, long-term, coordinated and holistic approach to curbing SGBV and ending violence against women and girls is more likely to have a greater and sustained impact, through coordination amongst different efforts and stakeholders to facilitate holistic and integrated multi-sectoral approaches.

affordable legal representation (*inaccessible legal aid*), that is reliable and has integrity;

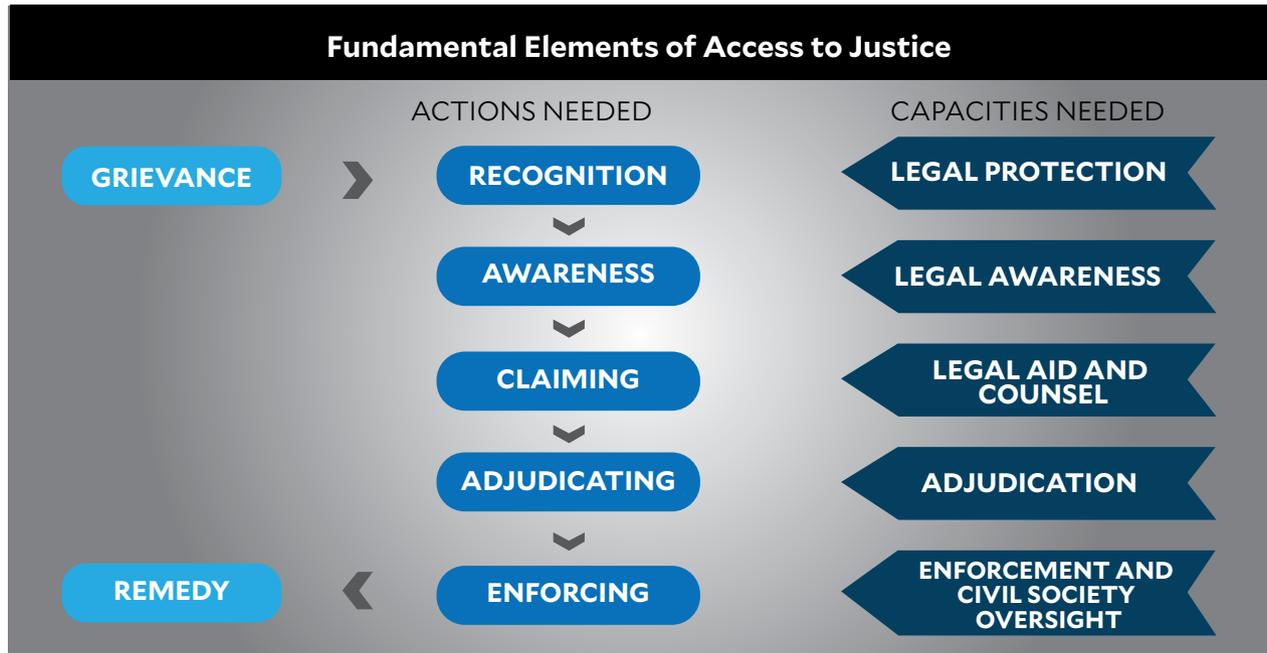
- ▣ **Corruption:** For instance, reports and statements are sometimes altered, demand for money, compromise etc;
- ▣ **Severe limitations in existing remedies provided either by law or in practice:** most legal systems fail to provide remedies that are preventive, timely, non-discriminatory, adequate, just and deterrent.

Other barriers include:

- ▣ Not getting timely psychosocial support;
- ▣ Bias and limited public participation in reform programmes;
- ▣ Inadequate safe spaces and shelters;
- ▣ Intimidation of survivors and witnesses;
- ▣ Inaccessibility of service points.

Fundamental Elements of Access to Justice

The capacity and actions needed to achieve access to justice, following a human rights-based approach, are outlined below:



Source: UNDP Access to Justice- Practice Note

Suggestions and Recommendations for Ensuring Access to Justice:

Effective reforms leading to access to justice require an integrated approach that includes:

a). **Legal awareness:** Strategies to promote legal awareness should be undertaken by both government and non-government actors. *It is important to note that* legal awareness is the foundation for ensuring protection of rights especially those from poor and marginalised communities including fighting injustice. Most people cannot seek remedies for injustice when they do not know what

their rights and entitlements are under the law. Information on remedies for injustice must be made available to the public and knowledge provided to them must serve their practical purposes.

b). **Policies and programmes:** Improving institutional capacities to provide remedies in relation to adjudication, due process, enforcement mechanisms (*police and correctional facilities*), and civil society efforts to foster accountability. Furthermore, there is need to ensure an explicit focus building people's capacity to be able to demand justice. To this end, the concerns

of the disadvantaged need to be included in programme conception and design from the outset so that they do not fall through the cracks of justice reform.

- c). **Capacity Strengthening:** Strengthening capacities to seek remedies through formal and informal mechanisms. Capacity development for access to justice requires building on existing strengths and solutions. It is important to pay attention on enhancing people's own capabilities rather than substituting national actors with external actors.
- d). **Multi-Sectoral Participation:** Justice system reforms need to engage actors beyond the circle of legal professionals. There is need to engage in wide participation that include all the sectors and actors within the legal justice system. More importantly, duty-bearers, right-holders, academia, bar associations and civil society organizations should be consulted on an ongoing basis. It is also important to strengthen leadership to effectively conduct the participatory process.
- e). **Resource Allocation:** There is need to provide resources to ensure the availability of services to the public.

Ultimately, this call for different stakeholders to identify or rather locate the availability of resources both human and material and how they be utilized towards prevention, protection and response to Sexual and Gender Based Violence (SGBV).

Possible Activities Can Include:



- ▣ Building strong advocacy and awareness about increased SGBV during COVID-19;
- ▣ Proactively challenging gender stereotypes and harmful masculinities, accentuated under COVID-19 circumstances (e.g. increased household care work for women, financial insecurity/unemployment), with targeted messages for men in order to encourage healthy ways of coping with stressful situations;
- ▣ Provide information, including through public service announcements, to survivors of SGBV, for instance, on service referrals, or how to safely continue employment, using accessible formats for different groups of people;
- ▣ Engage with media outlets to continue to raise the visibility of increased SGBV, demonstrating how the risk factors that drive violence are exacerbated in the context of COVID-19;
- ▣ Sensitize and engage the private sector on how to prevent and respond to SGBV within the workplace and in the communities;
- ▣ Working with local authorities to ensure that public spaces are safe for women and girls throughout different stages of the COVID-19 pandemic.

Recommendations:

The restrictions imposed in response to the COVID-19 pandemic are making it harder for survivors to report abuse and seek help and for service providers to respond efficiently. However, in recent years, significant gains have been made in protecting women and children from violence. We must not allow those gains to

be lost during the current turmoil. We must do all we can to keep everyone safe now more than ever before particularly women and children.

Different sectors must work collectively towards:

- a). **Adaptation of SGBV prevention, protection and response programming:** This may require development of new or enhanced programming to integrate COVID-19 risk mitigation measures. Social behavioral change and communication programmes such as mass media campaigns, radio, mobile and virtual theatre may be explored and utilized as part of a broader intervention focused shifting social norms and cultivating positive masculinities. There is need to mitigate the risk of both COVID-19 and SGBV for marginalised groups including women, children and persons with disabilities in the communities. Additionally, programmes that combine socio-economic empowerment of women and men in line with gender transformative programming should be enhanced at the local levels;
- b). **Development of survivor-centered programmes:** Within the context of COVID-19, scaling up, replication and adaptation of tested and proven methods that put the survivors at the heart of any programming and ensure their support should be strengthened. This could include testing prevention strategies that can rely on virtual or blended approaches (for instance, integrating survivor support virtually into programming which may also include encouraging healthy ways of coping, linking those in need with guidance and support services e.g. cash transfers (like the one already offered through the support of Oxfam), food banks and

provision of essentials items such as dignity kits to women and girls etc. On the other hand, provision of economic support and empowerment programmes to mitigate the vulnerabilities exacerbated by SGBV and to support survivors escaping abusive situations (e.g. interventions to prevent the sale of assets or resources owned by women or to mitigate the impact of the economic crisis on livelihoods, without which women maybe forced into situations that put them at risk of SGBV).

- c). **Enhance efforts to ensure provision, availability and accessibility of legal aid:** These should include judicial protection and other essential safety and security measures and justice services for survivors of SGBV during the COVID-19 pandemic, including through electronic or other remote means, and potentially associated training for handling SGBV cases virtually, for all court users i.e. lawyers, prosecutors and judges and magistrates. It is also important to strengthen the application of Alternative Dispute Resolution (ADR) as anchored within Article 159 of the Constitution of Kenya (Cok)
- d). **Encourage informal (and virtual) social support networks:** Within the contexts of pandemics, there are a number of options to scale-up and leverage existing online and virtual platforms for online support networks. In settings without options for online platforms, options for text-based (i.e. *WhatsApp*) applications can be encouraged, building on existing women's groups and collectives.

Reporting mechanisms such as the Mobile Application (*MobApp*) for reporting cases of sexual violence developed by the Survivors of Sexual Violence Network in Kenya should be adopted to enable women and children in distress to reach out for help, and to address the challenges posed by COVID-19 with regards to reporting of cases.

e). **Working with and supporting government:**

This calls for different stakeholders' collective response that should include: providing protection, maintaining essential health and socio-economic welfare services, including mental health and psychosocial support; case management and emergency alternative care arrangements; ensuring social protection for the most vulnerable women and children especially in the informal settlements, communicating with and engaging service providers with evidence-based information and advice. All these should be done in a coordinated manner so as to avoid duplication of efforts and wastage of resources.

f). Civil Society Organisations (CSOs) operating on the front line of community response are in dire need for sustained support and increased investment. Many shelters and support centers for survivors of SGBV are closed or struggling to procure food and other essential items necessary to take up cases including health care services.

g). Consequently, Human Rights Defenders (HRDs) and activists on the front lines are experiencing stress, burnout, anxiety and vicarious trauma as they navigate the ongoing impacts of the pandemic and

increased need for their services, while continuing to operate in challenging and uncertain environment.

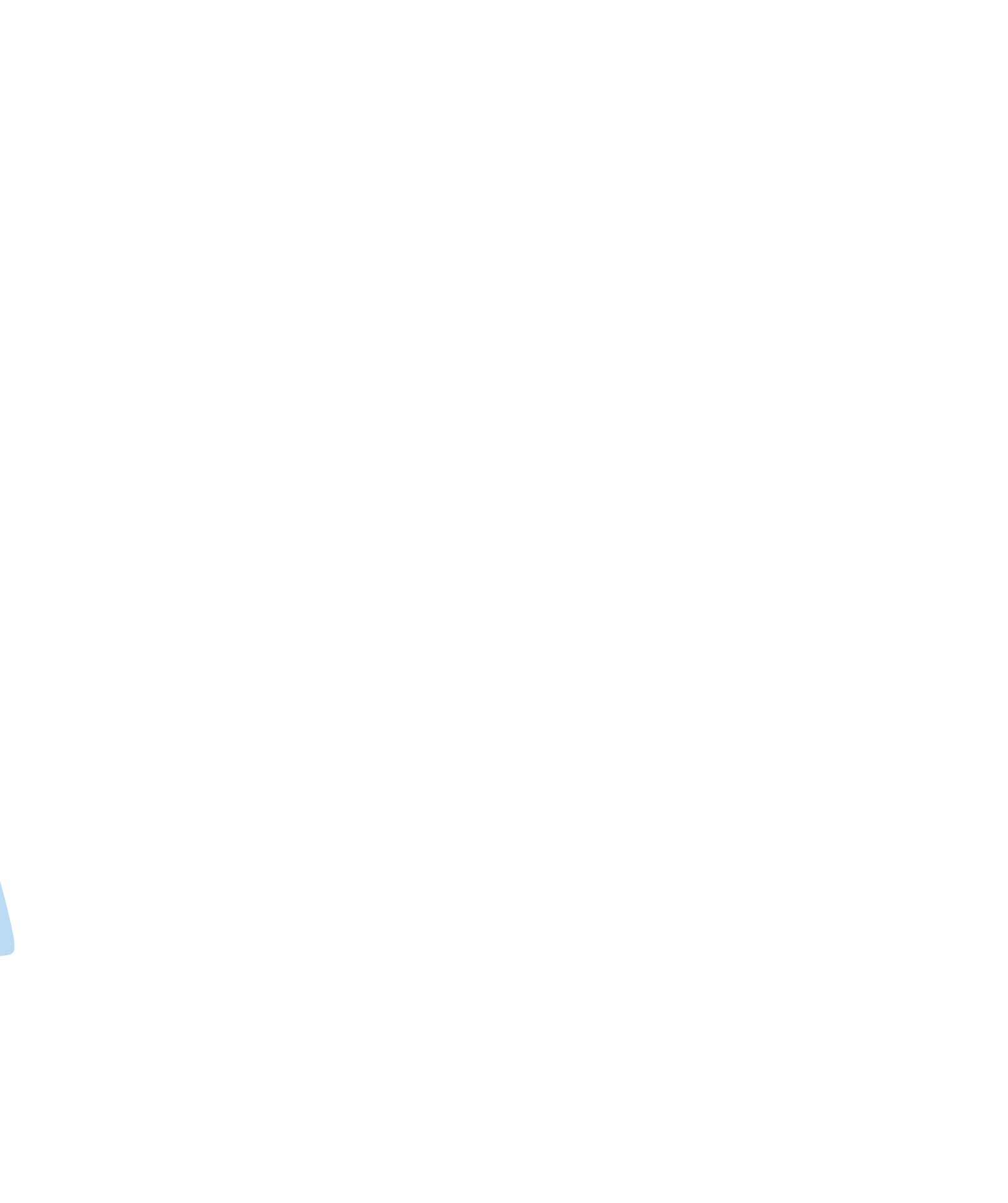
Concluding Thoughts

It is important to note that integrated multi-sectoral approaches that use a variety of methods to create change are better able to tackle SGBV, especially in terms of 'primary prevention' efforts – stopping violence before it occurs and providing protection for the vulnerable especially women, children, persons with disabilities and the elderly who are normally at risk of violence. Interventions need to address the root causes of SGBV and the conditions (*across different levels*), which affect especially women and children's risks of experiencing violence. **This does not mean that WKF must work at all levels and across all sectors in order to achieve results but rather seek to work in liaison and in partnerships with diverse group of actors to sustain change at all levels.**

**I'M COMMITTED to PREVENTING
Sexual Violence!**

WHAT ABOUT YOU?

**SPEAK OUT!
REACH OUT!
STAND OUT!**





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